



# Internal and external factors of providing quality traditional health services in public health centres in Tabanan District, Bali, Indonesia



I Wayan Murdita,<sup>1,2\*</sup> Dyah Pradnyaparamita Duarsa,<sup>3</sup> I Nyoman Hariyasa Sanjaya<sup>4</sup>

## ABSTRACT

**Background and purpose:** Traditional health services has been integrated into health services at the public health center (PHC), however, its implementation remains suboptimal. Situational analysis is required to identify implementation factors of traditional health services. This study aims to explore key strengths, weaknesses, opportunities and threats of providing quality traditional health services at PHCs in Tabanan District.

**Methods:** A qualitative study using an explorative case study design was conducted across PHCs in Tabanan District between January and February 2020. We utilized a SWOT analysis framework to facilitate our study. Data were collected through semi-structured in-depth interviews with 14 informants. They were purposively selected to allow rich data being collected. Six informants were considered as key informants and eight informants were considered as supporting informants. Data were analyzed using thematic approach.

**Results:** The strengths of PHCs in Tabanan District to provide quality traditional health services include commitment and competency of

health providers, trust towards traditional medicine from health staff and community members, promotional activities, the tariff scheme and an established partnership with traditional healers. The weaknesses include limited numbers of staff, high workload of existing health providers and lack of supporting facilities and financial assistance. The opportunities include support from the community, the potency of traditional medicines, availability of government regulations, an established collaboration between traditional and conventional health services and potential customers brought by tourism industries of Bali Province. The threats include unlicensed traditional healers, lack of support from local governments and irresponsible promotional conducts.

**Conclusion:** Our study reveals key strengths, weaknesses, opportunities and threats of providing quality traditional health services at the PHC level in Tabanan District. Findings from our SWOT analysis can be used to develop strategies for improving implementation of traditional health services at the PHC level.

**Keywords:** SWOT analysis, traditional health services, public health centers.

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<sup>1</sup> Tabanan III Public Health Center, Tabanan, Bali  
<sup>2</sup> Public Health Postgraduate Program, Faculty of Medicine, Udayana University

<sup>3</sup> Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

<sup>4</sup> Department of Obstetrics and Gynecology, Faculty of Medicine, Udayana University

## INTRODUCTION

Universal Health Coverage (UHC) aims at ensuring all people have access to quality and affordable health services and providing financial risk protection when they get ill.<sup>1</sup> Almost half of the world's population do not enjoy the highest attainable standard of health, and more than 100 million are at higher risk of becoming poor due to high healthcare costs they have to pay when they get sick. This situation have led to formulation of ambitious target to achieve UHC by 2030 endorsed by all member states of the United Nations – as a core element of sustainable development goals (SDGs).<sup>2</sup>

The World Health Organisation (WHO) states that safe, quality and effective traditional health services indirectly contribute to providing equal access to health services for all people, and consequently can contain healthcare costs. These premises have motivated the WHO to integrate

traditional health services into the conventional or modern healthcare system.<sup>1</sup> Traditional health services are defined as empirical health practices or approaches using medicines or other methods to treat, diagnose or prevent illness that have been practiced for generations and are adaptable to local norms.<sup>3</sup>

Following the WHO's recommendation, the Indonesian Government encourages the provision of traditional health services in hospitals and primary healthcare facilities.<sup>4</sup> However, the utilization of traditional health services in Indonesia remains low. The Basic Health Survey (*Riskesdas*) in 2018 found only 31.4% households ever used traditional health services, a small increase from 30.4% in 2013.<sup>5</sup>

The Indonesian Health Bill No. 36/2009 states that traditional health services are one among 17 types of health services in Indonesia.<sup>6</sup> The commitment of the Indonesian Government to improve the quality of traditional health services is

\*Correspondence to: I Wayan Murdita; Tabanan III Public Health Center, Tabanan, Bali; Public Health Postgraduate Program, Faculty of Medicine, Udayana University; [yan\\_murdita@yahoo.co.id](mailto:yan_murdita@yahoo.co.id)

further enhanced through various regulations. For example, the Government Regulation No. 103/2014 on Traditional Health Services; the Health Minister Regulation No. 61/2016 on Empirical Traditional Health Practices; the Health Minister Regulation No. 37/2017 on Integration of Traditional Health Practices; and the Health Minister Regulation No. 15/2018 on Complementary Traditional Health Practices.<sup>7</sup>

Alongside the national government, the Bali Government is also committed to improve the quality of traditional health services in Bali Province through enactment of the Bali Governor Regulation No. 104/2018 on the National Health Insurance Coverage (or locally called *Peraturan Gubernur Bali Nomor 104/2018 tentang Jaminan Kesehatan Nasional Krama Bali Sejahtera*). It outlines that traditional health services are included as additional benefits of the national health insurance program for people who reside in Bali.<sup>8</sup> The Performance Accountability of Government Institution Report (LAKIP) of the Traditional Health Service, Directorate Ministry of Health of Indonesia between 2015 and 2018 stated that traditional health programs have been implemented by most public health centers (PHCs) in Indonesia, however, its implementation remains suboptimal.<sup>7</sup> The Bali Province Health Office had reported similar situation for Bali Province in 2018 stating that the implementation of traditional health programs across PHCs in Bali remains limited and suboptimal.<sup>9</sup>

Studies regarding implementation of traditional health services at PHCs have been conducted in various locations in Indonesia such as Semarang, Makassar and Karo District North Sumatra. These studies suggest that quality implementation of traditional health services remains very limited. These studies largely focus on investigating barriers to quality implementation of traditional health services at PHCs.<sup>10-12</sup> Studies or publications related to situational analysis to identify key strengths, weaknesses, opportunities and threats of providing quality traditional health services at PHCs are scarce. Indeed, developing key strategies to improve the quality of traditional health services at PHCs requires a robust situational analysis to identify internal and external drivers leading to quality improvement. Such analysis includes four components – strengths, weaknesses, opportunities and threats (SWOT), which all can influence the quality and effectiveness of traditional health services at PHCs. In addition, SWOT analysis has been widely used within the strategic management domain, including health service management.<sup>13</sup>

Tabanan is one among nine districts/cities of

Bali Province. It is characterized by its agricultural society enabling herbal remedies can be locally sourced. Furthermore, some people who reside in difficult to access subdistricts such as Pupuan, West Selemadeg and Baturiti face significant access barriers to healthcare facilities due to distance and geographical locations. The use of traditional health practices/services within these areas could assist community members in dealing with mild to moderate health issues. However, the Tabanan District Health Profile in 2018 reported that the implementation of traditional health services at PHCs remains suboptimal leading to limited utilization.<sup>14</sup> This study was aimed at exploring key strengths, weaknesses, opportunities and threats of providing quality traditional health services at PHCs in Tabanan District. Findings of this study can be used to facilitate development of strategies to optimize implementation of traditional health services at PHCs.

## METHODS

A qualitative study using an explorative case study design was conducted in Tabanan District from January to February 2020. Informants were purposively selected to provide rich information related to the topic of this study. A total of 14 informants were participated in the study comprising of six key informants and eight supporting informants. The head of PHCs with suboptimal (3 persons) and optimal (3 persons) traditional health services were recruited as key informants. Supporting informants were health staff in PHCs with suboptimal (2 persons) and optimal (2 persons) implementation of traditional health services, the Head of Referral and Traditional Health Division, Tabanan District Health Office (2 persons), clients of traditional health services (2 persons) and traditional healer (1 person).

Our study adopted SWOT Analysis framework to unpack facilitators or barriers to quality implementation of traditional health services. SWOT analysis is an instrument widely utilized in strategic management, including healthcare and health service management. SWOT analysis comprises of four key elements: internal component or within organization (strengths and weaknesses) and external component or outside organization (opportunities and threats).<sup>13</sup>

Data were collected through a semi-structured in-depth interview funneled by an interview guideline. Key interview questions included four major topics (strengths, weaknesses, opportunities and threats). We explained the study to the informants prior to data collection. We asked the informants to sign informed consent prior to the





**Table 1. Socio-demographic characteristics of informants**

| Code* | Age (year) | Sex | Occupation*        | Level of Education        | Position                            | Working duration (year) |
|-------|------------|-----|--------------------|---------------------------|-------------------------------------|-------------------------|
| R1U01 | 42         | M   | PNS                | Master's in Public Health | Head of PHC                         | 14                      |
| R1U02 | 48         | M   | PNS                | Medical Doctor            | Head of PHC                         | 14                      |
| R1U03 | 54         | F   | PNS                | Medical Doctor            | Head of PHC                         | 18                      |
| R2U04 | 49         | M   | PNS                | Dentist                   | Head of PHC                         | 13                      |
| R2U05 | 49         | M   | PNS                | Medical Doctor            | Head of PHC                         | 16                      |
| R2U06 | 57         | M   | PNS                | Master's in Public Health | Head of PHC                         | 25                      |
| R1P01 | 54         | F   | PNS                | Diploma in Sanitation     | Health Promotion Officer            | 30                      |
| R1P02 | 48         | M   | PNS                | Bachelor of Nursing       | Nurse                               | 29                      |
| R2P03 | 51         | M   | PNS                | Bachelor of Nursing       | Nurse                               | 30                      |
| R2P04 | 53         | M   | PNS                | Diploma in Nursing        | Nurse                               | 21                      |
| RP05  | 54         | M   | PNS                | Master's in Public Health | Head of Traditional Health Division | 29                      |
| RP06  | 32         | F   | Contract           | Diploma in Midwifery      | Midwife                             | 4                       |
| RP07  | 50         | F   | PNS                | Diploma in Nursing        | Nurse                               | 31                      |
| RP08  | 52         | F   | Traditional Healer | Senior High School        | -                                   | 20                      |

\*R1=informants from PHCs with optimal traditional health services, R2=informants from PHCs with suboptimal traditional health services, RU=key informants, RP=supporting informants, RP01-RP04=health staff providing traditional health services, RP05=official from the district health office, RP06-RP07=consumers, RP08=traditional healer, PNS=*Pegawai Negeri Sipil* (or public servant)

health staff.

*"We are often responsible for multiple programs at the PHC, not only with the traditional health program but also other programs"* (Official from the district health office, RP05)

Other key weakness identified from our study is lack of facilities and support system to implement traditional health services. For example, unavailability of a dedicated room to provide traditional health services, or unavailability of guidelines or standard operational procedures for different types of services.

*"... limited facilities to support the program, for example no specific room to provide the services..."* (The head of PHC, R2U05)

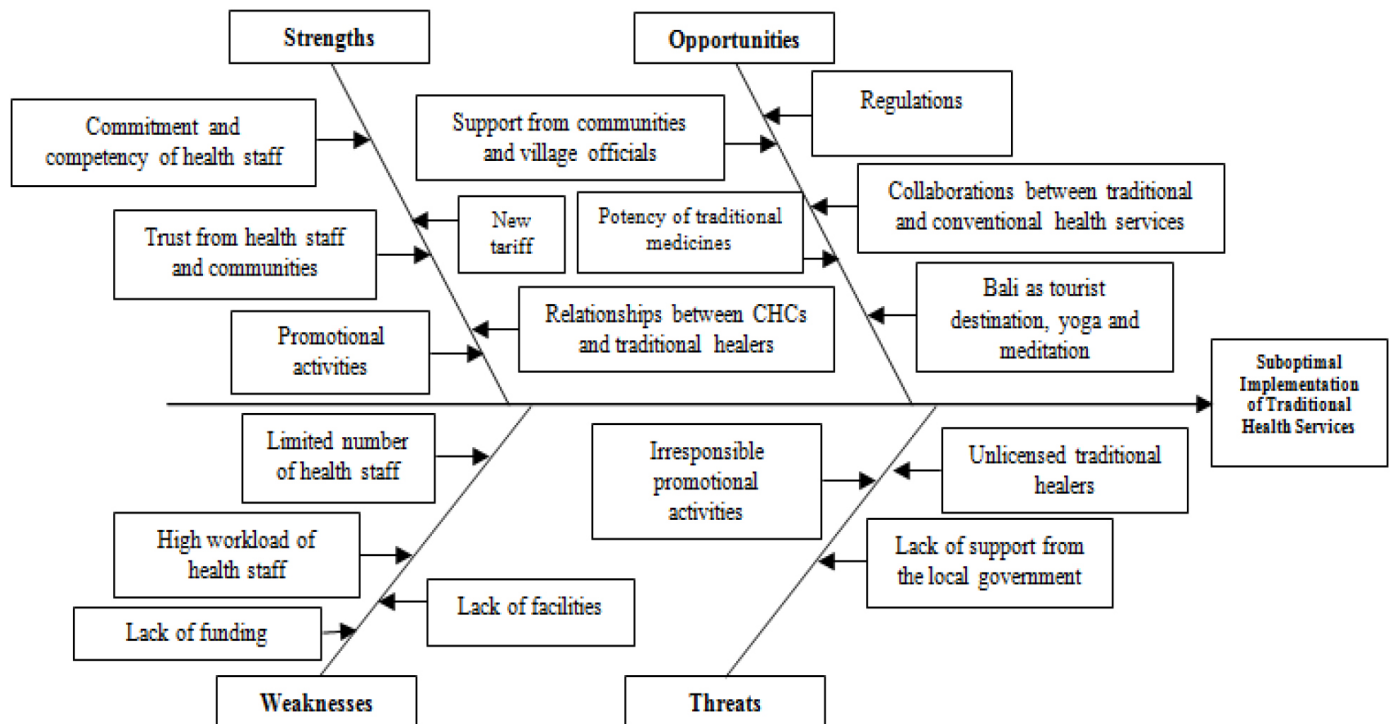
*"No standard operational procedures outlining how each service should be delivered..."* (The head of PHC, R1U03)

Limited funding or financial assistance to provide traditional health services is also another key weakness emerged from our study. It is expressed by PHCs with optimal and suboptimal traditional health services. It can be seen from the

following quote:

*"... [the financial assistance] is still limited... In 2019 we received enough budget, but now is reduced, the problem is we had designed more activities that require more funding..."* (Health staff providing traditional health services, R1P01)

Key weaknesses emerged from this study are applicable to both PHCs with optimal and suboptimal traditional health services. These findings are consistent with a study conducted in the Halmahera PHC (Semarang) in 2016, which found that quality implementation of traditional health services is impeded by: lack of health workforce, limited budget, lack of incentives for health providers and lack of facilities.<sup>10</sup> These key weaknesses can negatively influence the implementation of traditional health services at the PHC level. For example, limited number of health staff at PHCs along with high workload can lead to reduce performance. Furthermore, allocated budget from the district health office is also being reduced from the previous year which can negatively affect the coverage of the program, especially community



**Figure 1.** Key themes from the SWOT analysis

education and outreach activities.

Although health staff with appropriate skills and competencies are available at PHCs, implementation of traditional health services is impeded by the limited number of staff, high workload and lack of incentives. The head of traditional health program at the PHC is also responsible for other programs as well as providing indoor clinical care for patients. This situation is worse when supporting facilities, associated budget and incentives for health staff are limited.

#### **External factors: opportunities and threats** **Key opportunities**

Opportunities in this study are defined as external situations that facilitate PHCs to provide quality traditional health services. Firstly, the ongoing support from community members towards traditional health services. This includes an active participation of community members and village officials in many activities conducted by the traditional health program in their jurisdiction. Community members expressed their support and they hope that the program will be further developed. These can be seen from the following quote:

*“Community members and village officials in these three villages are very supportive...” (The head of PHC, R1U03)*

Ongoing support from community members

is influenced by their beliefs and the empirical evidence of the use of traditional medicines for generations, and often is an integral part of their cultural practices, as can be seen in the following quote:

*“... I think this is an opportunity, the local wisdoms and cultural practices of the community... Community members are enthusiastic about traditional medicines, including traditional herbal remedies because it is part of their local wisdoms...” (The head of PHC, R1U01)*

All informants agreed that government regulations provide significant opportunities to further develop traditional health services at the PHC level, especially regulations from the national government. These regulations provide the basis for providing traditional health services at the PHC level and should be capitalized by local governments and PHCs to improve traditional health services.

*“From our perspective as primary care provider, regulations from the national government and Bali Governor regarding the provision of traditional and complementary medicines in hospitals and PHCs are indeed opportunities that should be effectively utilized...” (The head of PHC, R2U05)*

Furthermore, existing collaborations between conventional (western medicine) and traditional health services within the PHC level provide significant opportunities to further develop









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