

# **SOCIAL WELFARE IN INDONESIA (A LITERATURE STUDY)**

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**Abstract:** Social welfare is not a new term issue either in global or national discourses. Since 1960's the United Nations has addressed the issue of social welfare as one of activities of international community. In Indonesia, the term of social welfare can be found in Law No.11 of 2009. Looking for this miserable portrait in development of social welfare it means that since Indonesia independence 69 years ago our country did not make any progress. According the Constitution in Indonesia, everyone has the right to adequate social welfare and health care services. The concrete solutions which one of them is if they can give insurance to their patients' therefore they have a guarantee related their health.

**Keywords:** social welfare, the issues, concrete solutions

## **Introduction**

Indonesia is often identified as a state which propose the idea of welfare state that reflected from constitution (UUD 1945). In industrialized, civilized, and rapidly changing society, social welfare become an important function within its national development strategies. Social welfare is not a new term either in global or national discourses. At the same time, we also known that the main target or receivers of social welfare are the poor and helpless people, such as homeless, street children, child labor, and migrant workers.

Although the general population especially those facing social problems, such as person with disabilities, person with HIV/AIDS, and victims of domestic violence which can also be the receivers of social welfare programs. The situation of social welfare in Indonesia can be seen in the Human Development Index (HDI). In 2015, Indonesia's HDI ranked 110 among 188 countries of the world. If we had compared with the index in the ASEAN neighboring countries, it can show that Indonesia's standard of living was above the Philippines (115), Viet Nam (116), Laos (141), Cambodia (143), and Myanmar (148). Moreover, this position was stand far away below Singapore (11), Brunei Darussalam

(31), Malaysia (62), Thailand (93) (in UNDP, 2015). Therefore, this low of HDI index does not only indicate the failure of economic development. This is supported by the fact that poverty and human misery in Indonesia are still among the most serious problems in Indonesia.

## **Literature Review**

Since 1960's the United Nations has addressed the issue of social welfare as one of the activities of international community (in Suharto, 2006). The United Nations defines social welfare as activities which organized to help individuals or communities to meet their basic needs and improve their welfare in agreement with the interests of family and society. On the other hand, DuBois and Miley (2005) define social welfare as those social requirements and processes directly concerned with the prevention and treatment of social problems, the development of human resources, and the improvement the quality of life. Both definitions are basically defined that social welfare is an institution or a field of activities involve organizing activities carried out by government and private institutions which pointed at preventing and addressing social problem as well as improving the quality of life of individuals, groups, and society.

In Indonesia the term of social welfare can be found in Law No.11 of 2009 concerning "Social Welfare" which is contains related to two kinds of meanings about social welfare; firstly, social welfare as a condition in which material, spiritual, and social needs of citizens are fulfilled; and secondly, social welfare as an organized activity generally known as the development of social welfare which implemented in the form of social services consisting of social rehabilitation, social security, social empowerment, and social protection (in Suharto, 2009).

Looking for this miserable portrait in development of social welfare it means that since Indonesia independence 69 years ago our country did not make any progress. The problems are related to the progress which relatively slow and other countries pressure which can make faster progress for their countries. If we look for the last decade, economic liberalization and political democratization have made major improvement. The economic system is now perceiving the shift from overregulated economy to market, and the political system has also shifted from centralist to decentralist. However, among the on-going progress we can see the fact that the progress of other countries is faster than Indonesia.

As a country with extraordinary natural resources and the potentials of comparative advantages, the downside of Indonesia's development should make us aware that something is wrong in the development strategy and the issues of social welfare development and there is several factors explaining why the country still faces serious and complex social problems. Now, we see there are five issues which worth to be highlighted factors that is facing of Indonesia, such as: the mainstream approach of national development in Indonesia relies heavily on economic growth and foreign debt within the context of neoliberalism policy interventions; poverty improvement programs are dominated by project-oriented interventions employing ad-hoc, partial, and residual; public policy is mainly concerned with state administration and bureaucracy affairs. It lacks of responding in social policy

issues which concerned with social welfare strategies as social rehabilitation, social insecurity, social empowerment, and social protection which are administrated in a very established and sustainable ways.

### **Research Methodology**

The research methods that are followed gather information pertaining to the current state of multiculturalism in public libraries. Each of the information gathering techniques are discussed in the following section. The publication, the A to Z of Social Research defines that a literature review as a systematic search of published work to find out what is already known about the intended research topic. A literature review serves many important purposes, including establishing the need for the research, broadening the horizons of the researcher, and preventing the researcher from conducting research that already exist.

Primary sources can be identified through several different electronic means that are described in this journal. Persons conducting literature reviews can summarize the results in narrative form or a quantitative form known as meta-analysis that is described.

A literature review is used to develop research questions of different types, such as descriptive, correlational, or interventionist. We can also gain benefit by looking outside of published scholarly research to community members to provide a different perspective on what needs to be studied and how it should be studied. In this case, using a literature review can summarize all past research efforts, and because of this, are increasingly being used as a way of addressing the rapid accumulation of health care information.

Because reviews, rather than primary research, are now being used as the basis for many health care decisions. It is important that they are conducted with the same rigor of the primary research. To ensure this rigor, the past two decades have seen a progressive evolution in review methodology, to the point where reviews are now considered research. Despite this development, the standard of many published reviews remains

poor. This high standard must be applied during the conduct of the reviews and in the reporting of the methods used.

### Results and Discussion

Welfare state is characterized by a universal right to social welfare and health care services. The scope, accessibility and quality of health care services have been developed systematically over the last decades. Preventive, there is an equal primary health care and specialized medical care services as well as environmental health care are essential elements of the social welfare and health care system. The objective is a socially sustainable society which requires everyone to treat fairly, so that social inclusion and participation are stimulated, that everyone's health and functional capacity are promoted and that support and services are available. To achieve a socially sustainable society, welfare, and health in equalities between citizens must be reduced and the status of the weakest improved. The focus must be shifted to promoting health and functional capacity, preventing social and health related problems, and from treating illness to active promotion of well-being. Health aspects relating to the status of the living environment should be factored into all social decision making. Reforming the structure and content of social welfare and health care services is one of the society's most important goals in the coming year.

For example, health among Finns has improved in the 21<sup>st</sup> century. Finland's population was approximately 5.4 million in 2012, and the biggest change in the demographic structure is aged. At the same time, life expectancy has increased continuously. Welfare and health differences between populations of group, on the other hand that have remained unchanged or even grown slightly. Sometimes the differences in the morality, sickness rates, functional capacity, and perceived health between socioeconomic groups, regions, and the genders. Many diseases that have traditionally been common among Finns have decreased but new kinds of health problems have taken their place. Lifestyle

related to diseases are increasing and the percentage of overweight adolescents has tripled in the last 30 years. The functions from health care services can improve population health besides many other factors such as living and working conditions, education, income and lifestyle, living environment and culture, health behavior and social inclusion, also play a significant role. By influencing these factors, population health can be significantly improved and socioeconomic discriminations in health can be reduced. Legislation, tax policies, and the targeting of services are important means. From this fact, we can recognize that the responsibility of social welfare and health care in the world become one of the important agenda must be implemented by stakeholders who appertain with social welfare.

Metropolises form hospital districts that are frequently responsible for the provision of specialized medical care. Hospital districts plan and develop the provision of specialized medical care to ensure that primary health care and specialized medical care form an effective whole. Hospital districts provide specialized medical care services that cannot be expediently incorporated into primary health care. They are also responsible for coordination and quality control of municipal laboratory and imaging services, medical rehabilitation, and other specialized services, research, development, education and training as well as the harmonization of municipal health care information system. The writer already interviewed three of BPJS users in Banjarmasin, they stated that BPJS sometimes did not used because of the difficulty related to complex insurance arrangement when they were in hospital. Whereas they had already paid for the promoting of BPJS collectively months, however they did not get some benefits which from their compensated. Those problems were not only problem by them as society but also everyone had the same problem related with health services, particularly in Banjarmasin.

Health care is divided into primary health care and specialized medical care.

Local authorities operate health centers which represent citizens' first point for health care services. Banjarmasin has approximately 3 health centers and several branches of community health clinics.

### Conclusion

If we talk about health care service, the objective of preventive is to promote health and well-being and to prevent illness and diagnose them as early as possible. Those are mostly professional and free of charge for clients. General health checks are provided to find out people well-being and health habits and the family circumstance. That service includes appointments with nurses, midwives and doctors, home visits, and other group events. Medical care must give according to patients' medical needs and harmonized treatment principles, which care plans are produced as necessary.

Medical care is available from health centers. They operate doctors for patients with acute or long-term illness and it also often have areas for patients in need of hospital care. Medical care in this case includes: tests, diagnosis, treatment, preventing and treating illness and alleviating pain, guidance to promote patients' commitment to treatment and self-care, and referral to further treatment. Moreover, in Banjarmasin which occur otherwise, patients who have BPJS card served with worse facilities that did not make patients comfortable residing in a hospital too long. They already feel if they were paid substantially ought to get comfort while at hospital.

We can conclude that social welfare and health care services are not enough to solve the problems related to people's lifestyle and living environments. However, population health is also affected by decisions relating to community structure, exercise, and education. Strong towns that oversee all services can be develop more cohesively. According to the Constitution in

Indonesia, everyone has the right to adequate social welfare and health care services. If we want have a social welfare appropriately so that stakeholders related to this case must have ability to understand the functions of public health services, understand the role of their profession, communicate and cooperate each other, ensure and responsibilities to other members, care with patients' problem, and respectful with their condition. If they can give insurance to their patients' therefore they have a guarantee related their health.

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