
Role Of Government In Improving Health Anak Dalam Tribe In Sarolangun District

Usi Lanita¹⁾, M. Ridwan²⁾, Yufi Afrilia Nadillah³⁾

^{1,2,3)} Faculty of Medicine and Health Sciences, Jambi University

*Corresponding Author

Email : usilanita@unja.ac.id

Abstract

The Suku Anak Dalam eradication program in Sarolangun Regency continues to be carried out in an effort to eradicate poverty. Various parties have collaborated but the results have not shown sufficient success in improving welfare and health. The research aims to determine the government's role in improving health programs for the Anak Dalam Tribe in Sarolangun Regency. Data collection techniques were carried out through in-depth interviews and document reviews. This research is qualitative research with a total of 15 research informants consisting of the health office, health center, and social service. The government has made efforts to improve the welfare of the Anak Dalam Tribe community, in the health sector it has carried out education, and mass treatment. The Child Tribe Financing Program is still an obstacle in its implementation. Support from cross-sectors has yet to show good and integrated results in supporting the welfare of the tribal children. The need for sustainable program collaboration in improving the welfare of the Suku Anak Dalam. Collaboration between the government, the business world, and non-governmental organizations has the potential to accelerate the increase in the welfare of the Anak Dalam tribe.

Keywords: Collaboration, Government, Anak Dalam Tribe

INTRODUCTION

Regional alienation, this Remote Indigenous Community bears limited circumstances in reaching other areas to meet their needs. Apart from that, the distance is considered to be far and the conditions are limited in terms of transportation facilities, so this community needs more energy so that it can fill its needs to the full.¹ At present, there is still a lack of involvement of all components, including the government, the private sector, stakeholders, and the local community to contribute to the development of Remote Indigenous Communities. To improve the welfare of Remote Indigenous Communities, various efforts need to be made, one of which is the effort to empower Remote Indigenous Communities in a comprehensive, integrated and sustainable manner through all cross-sectors². The Sarolangun District Health Office has the responsibility to improve the quality of health services by providing plans to solve health-related problems.³ Suku Anak Dalam (SAD) have a remote life, far from transportation facilities and health service facilities, for this reason, it is necessary to examine in depth the experience of SAD regarding the use of health services so that stakeholders can find out the needs and actions that must be taken to improve the health conditions of SAD.

From the initial survey, the Sarolangun District Health Office has implemented several programs that have been created, namely health service programs (mass treatment by Public health center), health education, and distribution of contact materials such as milk, biscuits, shampoo, soap, toothpaste, toothbrushes, etc. . other. However, the program has not been implemented optimally, as there are still people of the Anak Dalam tribe who have not bathed with soap, and do not understand the importance of maintaining health. The Health Office only carries out part of the regulations routinely in the form of health checks and mass treatment so regulations that lead to a healthy lifestyle independently are not optimal.

The funds provided by the government are not sufficient, as there are still people of the Anak Dalam tribe who lack medical equipment and treatment. Problems with health services do not exist

because SAD health services are the main part that is carried out by the health service together with the Public health center and are carried out every month, but this service has not been successful because the Anak Dalam community still has a low level of understanding of the Suku Anak Dalam on the services that have been provided in the form of health checks, health, and other treatments.

From the initial survey at the Pematang Kabau Public health center, Sarolangun Regency, which is in the Air Hitam SAD Sub-District, there are still many who have not received full health services or promotive efforts. From the survey, it was found that there were also several residents who were attacked by the disease, namely Infants (2 people), Toddlers (3 people), Children (22 people), Teenagers (24 people), Adults (6 people), Elderly (4 people). Judging from these data, the Health Service, followed by the private sector, needs to re-record all residents of the Anak Dalam Tribe so that there are no doubts about health workers when distributing their health services to Public health centers and Hospitals. guarantee health.

Other research shows that there are still problems in the jungle community or SAD, such as the large number of jungle people who give birth to traditional birth attendants, babies who are not weighed regularly and not given exclusive breastfeeding, not using the latrines during defecation and urination, not using clean water, not brushing their teeth. , still don't have KIS, don't clean the yard, smoke, and don't take out the trash in its place.

RESEARCH METHODS

This research is a qualitative case study research. Methods of data collection through in-depth interviews and document review, then analyzed using the Miles and Huberman method. The informants in this study amounted to 15 people from the health service, health center, and social services. Selection of informants with *Purposive sampling technique*.

RESULTS AND DISCUSSION

In 2011 in Jambi Province, the KAT (Remote Indigenous Community) data collected totaled 28,886 people or 6,773 households. The number of Remote Indigenous Communities of the Anak Dalam Tribe and Within the Duano Tribe spread across 8 Regencies, 18 Districts, 20 Villages, and 28 regions totaling 1,828 KK. Batanghari (620 families), Muaro Jambi (75 families), Sarolangun (249 families), East Tanjab (76 families), Bungo (128 families), Merangin (165 families), West Tanjab (100 families) and Tebo (415 families).

Based on data from the Sarolangun Regency Social Service (2019) it is known that there are 2,213 people from the Anak Dalam tribe spread across 7 sub-districts. Most of the Anak Dalam ethnic groups are in Air Hitam Subdistrict, namely, 2,548 people and the least of the Anak Dalam ethnic groups are in Batang Asai Subdistrict, namely 24 inhabitants. It is also an achievement that as many as 515 people of the Anak Dalam tribe have been built, but there are 2 sub-districts that are declared to live permanently in housing that has been provided by the government, namely in Bathin VIII District and Air Hitam District. Meanwhile, in the sub-districts of Cermin Nan Gedang and Lemonade, they have not been declared settled.

The results of research related to the government's role in improving the health of the Suku Anak Dalam (SAD) in Sarolangun Regency can be seen from several functions. The functions are related to *stewardship, resource creation, financing, and service delivery*.

Stewardship

Based on the results of the study, it was found that the stewardship carried out by the Health Service for the Suku Anak Dalam (SAD) community had been carried out in accordance with the decision letter (SK) of the Head of the Sarolangun Regency Health Office Number 18 of 2021 concerning the Flying Health Care Team in the Context of Supporting Services Health At the 2021 DTPK determined by the Head of the Health Service. As stated by informant 2 *"there has been a decision letter (SK) made by the head of the service to support the fostering program for the Internal Child Tribe (SAD), so basically, there is a management decision letter (SK)"*. This result was also supported by Informant 5 who stated *"if the rules are clear, the head of the health service has already made them for the activities at SAD, we just have to go to the field and I am here as the staff"*. The Decree contains the assignment of the team of coaches, activity steps such as providing health services, interacting with other communities, and recording and reporting systems. Then it was also supported by other researchers who stated that based on the Jambi Governor's decision Number 360/Kep.Gub./Sosnakertrans/2014, Concerning the Establishment of the Jambi Province Remote Indigenous Community Working Group, the working group referred to in the Governor's Decree has the task of synchronizing and coordinating planning, implementing, monitoring, evaluating, and reporting on the social welfare empowerment of remote indigenous communities.⁶

From the results of the research, it was also found that stewardship was carried out in the form of carrying out training which was carried out every month side by side with the Public health center around the Anak Dalam Tribe and other cross-sectors, coaching in the form of providing health information, disease prevention and conducting rounds of the Public health center. This research is supported by other studies which state that the districts of Tebo and Muaro Bungo have prepared a mobile health center program that is carried out every month. The forms of activities also vary, ranging from medication, health counseling, and Integrated Healthcare Center for toddlers. This health service program is directly guided by the Jambi Provincial Health Office and implemented in each district where there are Remote Indigenous Communities.

This research is also supported by other research which states that in order to maintain health, they are given counseling on Clean and Healthy Living Behavior (PHBS) such as washing hands properly and properly, brushing their teeth every day, and carrying out routine health checks at the nearest health service.⁸ Counseling is carried out by Rumah Sehat Yogyakarta with the aim of educating the community on the importance of maintaining health and providing information about various types of diseases, and methods of treatment. or settlements, introducing ways of reproduction, introducing new cultures, formal education, health facilities, providing religion, and prohibiting interaction with other communities.

The Health Office and the Community Health Centers make an in-depth approach to the internal child population, providing complete facilities and infrastructure as well as sufficient budget funds to achieve the program that has been set. The supporting factors for the ongoing Suku Anak Dalam health program are in the form of good cooperation between cross-sectors in implementing the programs made, and adequate facilities and infrastructure. As the results of interviews with informant 1 stated *"supporting factors in the form of health workers who are ready to go into the field, government support in the form of funds for fostering SAD is quite good and appropriate, many cross-sectors are supporting factors in the ongoing Suku Anak Dalam health program, in that place, there is a health center servant"*.

From the results of the research, it was also found that the inhibiting factor in running the health program was the lack of understanding from the Anak Dalam tribe, both knowledge, and its routine application. This can be seen from informant 5 who stated *"the obstacle in SAD residents is that sometimes they want to do counseling, but sometimes there are those who want to listen, sometimes they don't"*. The success of the program is directly influenced by the level of community

participation, if the level of participation is high then the success rate of the program will be high as well, and vice versa¹⁰. However, this is contrary to other studies which say that now they know the exchange rate of money, making it easier for them to buy and sell at the village market. They have knowledge in the form of nature, namely experts, and are good at hunting animals, planting trees so that they are fertile quickly and which trees can damage the elements of the soil.

Other inhibiting factors include the distance to the Suku Anak Dalam area which is quite remote and remote, as well as inadequate road access. It can be seen from the statement of informant 4 "*the long distance to enter their area, the road is not proper, there is a tradition of yellow soil that is laid out so that when the ground is dry it is very dusty, when it rains it becomes muddy*". The territory of Indonesia has many areas that are difficult to reach by routine basic health services such as mountainous areas, inland and swamps, small islands, island groups, and coastal areas, border areas.¹² Other research also stated that access to travel from the district city to the residence of SAD residents, before they were empowered, took two to four hours, with the condition of a dirt road, if in the rainy season, the conditions were slippery and muddy.¹³ This was also supported by other research which stated that the location of the community SAD is far from residential areas and access roads to settlements that are not good are problems faced in getting access to health services.

From the problems obtained by researchers regarding stewardship, it is hoped that there will be a need for coordination between Regional Apparatus Organizations (OPD) in planning program activities for the inner child tribe. So that activities do not overlap and are right on target. One of the programs that are the focus of activities is welfare improvement. Preparing the capabilities of the tribal people so that they can change jobs from shooting and concocting to jobs in the service sector, for example being a tailor, and other creative industries such as weaving or fishing, and maintenance.

Creating Resources

From the results of the research, it was found that the human resources at the Sarolangun Regency health office were sufficient, but special resources in the Anak Dalam area, it was not enough because there were no health workers living there yet. This can be seen from informant 1 "*resources are still lacking, there are facilities such as the auxiliary health center for internal child tribes but there is a shortage of health workers, no one can live permanently*". Limited human resources are also a factor in programs that cannot be implemented optimally.

As for the availability of resources for the health services of the Suku Anak Dalam, it is the same as that of the surrounding community, the difference is that it is providing services to the Suku Anak Dalam by means of direct visits to the area of the Suku Anak Dalam on a regular basis every month. Information from reporter 5 namely "*the same as the general public is the only thing that distinguishes us who visit their place every month to carry out services, coaching, health checks*". Supported by other researchers who stated that health services for the Anak Dalam Tribe aim to make the Anak Dalam tribe understand a healthy lifestyle, the dangers of disease, the importance of healing using drugs, and utilizing health service facilities.

There are no obstacles in the resources for health services because there are sufficient facilities, both health and mobility facilities, as stated by informants 2 and 3, that two-wheeled and four-wheeled vehicles are available. There are resource facilities provided to tribal children for health services such as the availability of mobile health center cars, sufficient medicines, auxiliary health centers (PUSTU), and the availability of special inpatient care for tribal children in health centers and hospitals. Other researchers also stated that facilities and infrastructure improved after empowerment, including roads from the ground, then paved, there were toilet facilities, diesel lighting, educational facilities with smart parks, there was already a health center, there was already a church for worship, and community meetings, there was a community hall. Social.¹⁶

Assistance for Suku Anak Dalam needs special attention. The behavior will change if live-in assistance is provided so that health workers are needed to live in settlements, not only to treat but to prohibit healthy living for members of the Anak Dalam tribe. We recommend that the health team come from various cross-scientific areas such as public health, midwifery, and environmental health workers so that they can increase healthy behavior change in the inner child tribe.

Financing

The results of the research showed that health financing or health funds for the tribal community had been formed in a special fund in accordance with the proportions and needs of the tribal children. This special fund ranges from IDR 40,000,000.00 (forty million rupiahs) and is used to carry out routine exercises every month for the tribal children. It can be seen from informant 5's password "*funds are at most around 40 million and that is considered sufficient*". This research was supported by other researchers who stated that the government visited the remote indigenous community of the Suku Laut in the Riau Archipelago Province, to provide social assistance for the local community of IDR 1.4 billion.

As for the coaching efforts provided such as self-hygiene coaching, namely bathing cleanly using soap, toothpaste, toothbrushes, and shampoo, these funds are also used to provide additional food ingredients for toddlers and healthy food for the tribe of children in the group. From the results, it is also known that there are no obstacles related to the tribal children's funds because the funds for the tribal children are already detailed according to the needs of the tribal children so there are no shortages and excess funds. This is in accordance with the confidentiality of informant 2 "*there are no obstacles because it is clear according to the technical instructions, what is important is according to the rules for using the budget*". Funding for the tribal children is not only from the government but also from companies or CSR in order to increase the capacity of the tribal people. The local government must cooperate with Non-Governmental Organizations (NGOs) to help accelerate the development of the health and welfare of the tribe of children in Sarolangun Regency. NGOs have national and international networks so that they can assist in solving social exclusion problems to become social inclusion for the Suku Anak Dalam. It is hoped that outsiders will be able to help with limitations and underdevelopment so that they can accelerate the health and socio-economic improvement of the Orang Rimba community.

Delivering Service

Based on the results of the research, it is known that the Suku Anak Dalam health service program has been carried out routinely every month, while health program activities such as mass circumcision, free medical treatment, as well as mobile health centers, mobile health centers carry out various activities such as health promotion, maternal and child health, and disease control and prevention. As information from informant 2 stated, "*there was counseling, treatment, circumcision, mass circumcision that was received by the community and SAD*". Likewise, the statement from informant 5 that "*programs implemented include free treatment, health checks, mobile health centers, counseling every month, but there is no special Integrated Healthcare Center*". As for relevance to the target objectives, it has been carried out in accordance with the Standard Operating Procedures so that these efforts are in order to achieve the predetermined targets. The established health service program will be carried out continuously for the next 5 years.

There are obstacles in the provision of health services in the form of the tribal people who still often wander or move from place to place, so that it is difficult for health workers to provide full health services to the tribal people. In this case, according to the statement by informant 4, "*the obstacle is that SAD still likes to move around, even though we already know that this day or date we will still come when their activities are not available so it is difficult for us to provide services*". This research is supported by other researchers who stated that the values adopted by the Indonesian people are not in accordance with SAD culture, one of which is SAD which still adheres to a

melancholy culture that causes obstacles to activities carried out by SAD to stop and they look for another place to live in the forest.

Other studies also say that the limited health service efforts for KAT are caused by difficulties reaching KAT who live in groups and are scattered in the forest and often change places (Melangun).¹⁹ However, the results differ from other studies which state that the current condition of melancholy culture has Disappeared because of a large amount of land used for oil palm plantations, which resulted in the loss of forest for the Kubu community as their living space.

Other inhibiting factors are The Anak Dalam tribe is used to the assistance system, when health workers wanted to visit the Anak Dalam Tribe area with assistance then the Anak Dalam Tribe wants to fully gather with health workers, if health workers don't bring help, the Anak Dalam Tribe won't gather, This habit becomes an obstacle to achieving the target of health service goals. The solution from the government, if there are obstacles, is to increase cooperation efforts with both Jenang and Tumenggung as well as other cross-sectors so that the desired goals can be achieved.

CONCLUSION

The government needs to collaborate with the business world and non-governmental organizations in improving the welfare of the Anak Dalam Tribe. The programs made are still very limited in terms of financing and wide coverage as well as internal tribal issues to improve welfare.

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