

HAS INCLUSIVE HEALTH ACCESS IN JAKARTA'S PUBLIC HEALTH CENTER BEEN FULFILLED?

Sudahkah Akses Kesehatan Inklusif pada Puskesmas di Jakarta Terpenuhi?

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Abstract

Background: Each individual, including persons with disabilities, has a guaranteed right to access healthcare services. Indonesia has ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) through Law No. 19 of 2011. However, Persons with Disabilities (PWD) still experience difficulties and restrictions in accessing health services.

Aims: Examine the fulfillment of inclusive health access for PWD in the Public Health Center (PHC) as a form of inclusivity in health development in Jakarta. This research will finally analyze whether local regulations have accommodated the fulfillment of health rights for PWD.

Method: Using qualitative and descriptive methods by raising case studies that are used in-depth and thoroughly. This study was conducted in three PHCs in South Jakarta. The reason for choosing the location is because Jakarta is an area that has regional regulations on PWD, and the proportion of PWD is 22.1% nationally. The informants in this study were selected by purposive sampling techniques involving 15 informants who conducted in-depth interviews.

Results: The mandate of local regulations has not realized inclusive health services for PWD. Marked by lack of information, the absence of health services specifically even though there has been social assistance in the form of KPDJ (Jakarta Disability Card), accessibility that is not yet disability-friendly, and commitment from local governments that are lacking because there is no evaluation, especially in the health sector so that the environment is not inclusive.

Conclusion: Providing access to health services for PWD in South Jakarta PHC is still not inclusive. Policy evaluation is needed, considering that local regulations on PWD have been revised in 2022. Data collection on the number of PWD in the PHC work area needs to be carried out to meet their health needs.

Keywords: access, disability, health, inclusive, public health center

Abstrak

Latar Belakang: Setiap orang telah dijamin haknya termasuk penyandang disabilitas untuk mengakses pelayanan kesehatan. Indonesia telah meratifikasi Konvensi PBB tentang Hak Penyandang Disabilitas (CRPD) melalui Undang-Undang Nomor 19 tahun 2011. Namun, faktanya mereka masih terbatas ketika mengakses layanan kesehatan.

Tujuan: Bertujuan untuk mengkaji pemenuhan akses kesehatan inklusif bagi penyandang disabilitas di puskesmas sebagai bentuk inklusivitas dalam pembangunan kesehatan di Jakarta.

Metode: Menggunakan metode kualitatif dan deskriptif dengan mengangkat studi kasus yang digunakan secara mendalam dan menyeluruh. Penelitian ini dilakukan di tiga Puskesmas di Jakarta Selatan. Alasan pemilihan lokasi tersebut karena Jakarta sebagai daerah yang memiliki peraturan daerah tentang penyandang disabilitas dan proporsi penyandang disabilitas berada di angka 22,1% secara nasional. Informan dalam penelitian ini dipilih dengan teknik purposive sampling yang melibatkan 15 informan yang dilakukan wawancara indept

Hasil: Pelayanan kesehatan inklusif bagi penyandang disabilitas belum terwujud sesuai dengan amanat peraturan daerah. Ditandai dengan minimnya informasi, belum adanya pelayanan kesehatan secara khusus meskipun telah ada bantuan sosial berupa KPDJ (Kartu Disabilitas Jakarta), aksesibilitas yang belum ramah disabilitas, dan komitmen dari pemerintah daerah yang kurang karena belum ada evaluasi terutama di bidang kesehatan sehingga lingkungan tidak inklusif.

Kesimpulan: Pemenuhan akses pelayanan kesehatan bagi penyandang disabilitas di Puskesmas Jakarta Selatan masih belum inklusif. Evaluasi kebijakan diperlukan mengingat peraturan daerah tentang penyandang disabilitas telah direvisi pada tahun 2022. Pendataan jumlah penyandang disabilitas di wilayah kerja puskesmas perlu dilakukan untuk memenuhi kebutuhan kesehatannya.

Kata kunci: akses, disabilitas, inklusif, kesehatan, puskesmas



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Introduction

Health is a fundamental human right that is required for the fulfillment of all other human rights. This is the foundation for the state's responsibility as an obligation holder to see health as necessary for everyone, including persons with disabilities (PWD). The most common issues that PWD face while seeking health care are their inability to fund treatments and trouble in transportation to health facilities (Maart *et al.*, 2019). The complexities surrounding the provision of health services for PWD have been exacerbated by the ongoing pandemic. PWD face a significantly higher susceptibility to contracting COVID-19 and experiencing mortality, with a risk that is four times more compared to those without disability (Aguilar, 2017).

Based on the findings of a study by the Global Burden of Disease, it is indicated that PWD constitute 15.3% of the global population (Husain, 2022). The data pertaining to PWD in Indonesia is derived from two comprehensive surveys, namely Basic Health Research (RISKESDAS) conducted by the Ministry of Health and Nasional Socio-Economic Survey (SUSENAS) conducted by the Central Statistics Agency (BPS) (Table 1).

Table 1. Percentage of PWD in Indonesia based on *Susen* and *Riskesdas* 2018

Age Groups (year)	Person with Disabilities	
	SUSENAS 2018	RISKESDAS 2018
5 – 17	0.98%	3.3%
15 – 59	1.75%	22%
≥ 60	15.85%	22% (Mild Disability) 1.1% (Moderate Disability) 1% (Severe Disability)

The Government acknowledges the international dedication to the Sustainable Development Goals (SDGs) in ensuring inclusivity for all individuals, as evidenced by its endorsement of various agreements, including the United Nations Convention on the Rights of PWD (CRPD) through the enactment of Law Number 19 of 2011 on the Convention on the Rights of Persons

with Disabilities. Then, the Government implemented modifications to the legal framework and regulatory provisions outlined in Law No. 8 of 2016. Jakarta is a region that has implemented the Jakarta Provincial Regional Regulation Number 4 of 2022. According to the Jakarta branch of the Central Bureau of Statistics (BPS) data, the total count of PWD in 2022 amounted to 44,456 individuals. The percentage of those aged 18-59 with disability in Jakarta constitutes 22.1% of the total national figure. This numerical value serves as a representation of the population of PWD who are of productive age (18-59 years old). The Jakarta Disability Person's Card (KPDJ) program was initiated by Jakarta in 2019. The intended audience of this KPDJ comprises PWD who belong to the socioeconomically disadvantaged and are allocated a budget of Rp. 300,000 per PWD. Subsequently, in August 2023, the number of beneficiaries increased to 21,172 PWD. However, it does not cover supplementary expenses incurred while utilizing healthcare services.

After the ratification of the CRPD, the issue of 'inclusive' became massive. An essential characteristic of an inclusive urban environment is its commitment to being. The presence of infrastructure designed to accommodate PWD has the potential to enhance their skills, specifically in relation to the realization of accessing inclusive health services. According to a research conducted by Ndaumanu (2020), there were reports from families with disability stating that they had not received any efforts toward health services. This is also inconsistent with the requirements of relevant legal regulations pertaining to the comprehensive range of health services.

According to an alternative approach, the provision of health services and care for PWD should address the constraints associated with disability by considering five key dimensions: affordability, availability, accessibility, accommodation, and acceptability (Meade *et al.*, 2014). These components consist of (1) the participation of PWD, (2) the availability of disability rights services, (3) the fulfillment of accessibility, and (4) an inclusive attitude (Maftuhin, 2017).

This paper presents a comprehensive picture of access to health services that can answer the needs and rights of PWD. The complexity of the problem of inclusive health access for PWD is often only answered with social assistance. This answer cannot yet be a solution that can accommodate the needs of PWD for basic health services that are ideal for them. Problems such as lack of participation of PWD, lack of support for physical facilities in PHC, lack of PHC personnel in communicating with them, and the absence of special health programs for them often become obstacles in fulfilling the accessibility of inclusive basic health services for PWD.

The Objectives

This study aims to provide a complete overview of the accessibility of inclusive PHC capable of meeting the healthcare needs and rights of PWD. This research is focused on examining the fulfillment of inclusive health access for PWD in basic health services as a form of inclusivity in health development in Jakarta. The final stage of this study will analyze whether local regulations have accommodated the fulfillment of their right to health.

Method

The study was conducted in Jakarta for four months, from July to November 2021. The research was conducted at several specific healthcare facilities located in the South Jakarta region, including the Pasar Minggu District Health Center, East Pejaten Village Health Center, and Jagakarsa Village Health Center. The selection of the place that Jakarta has local regulations for PWD. The objective of this study is to elucidate the optimal provision of healthcare services for PWD. The conceptual framework is illustrated in Figure 1.

Within the conceptual framework, researchers have identified four key factors that have the potential to influence the establishment of an inclusive health service system for PWD. This study used qualitative research methods, utilizing case studies and in-depth interview of the research subject. The selection of

informants was conducted using purposive sampling approaches. The study engaged a total of 15 informants, with limitations imposed by the COVID-19 pandemic preventing the recruitment of a larger sample size. These informants are 1) The Head of PHC; 2) Health professionals, including doctors, nurses, and administrative officers; 3) The comparison of disability and its impact on the individual and their family; 4) Non-governmental Organization (NGO) observers and their role in monitoring and assessing various situations. The data collected from informants in this study have been gathered with their informed consent.



Figure 1. Concept Framework.

Results and Discussion

Participation of PWD

The concept refers to the comprehensive involvement of PWD in decision-making and the implementation of policies. While Jakarta has implemented legal disability laws, its health services have not been exclusively focused on PWD. Furthermore, PHC in Jakarta including the research location, does not have data on PWD in their community. The availability of comprehensive data regarding PWD, including their names, addresses, and specific types of disabilities, will greatly assist PHC in effectively mapping out health programs for PWD. The lack of data also makes it difficult to meet their health needs. This was also acknowledged by PHC officers.

"...there is no disability health program and there are no home visit programs. We know that they are more vulnerable but our resources are limited..." (YH, 45 years old)

Another issue that arises is the lack of Disability Committee in Jakarta, resulting in suboptimal implementation of disability protection and rights fulfillment. The presence of the Disability Committee in Jakarta serves to facilitate the examination and monitoring of the fulfillment of rights for persons with disabilities, ensuring that no citizen of Jakarta is marginalized.

Regrettably, the durability of derivative rules pertaining to the realization of health rights is lacking up to the present day. In Jakarta, unlike the disability program in Jogjakarta, there is a lack of specialized health insurance coverage specifically tailored for PWD. According to RK, a 27 years old PWD, the process of obtaining assistance was too long.

"... They said JKN can get crutches, but I am very difficult to get it. This is all I got from the NGO. Even though I regularly pay JKN dues, not the free ones...." (RK, 27 years old).

Prior to the onset of the COVID-19 pandemic, individuals encountered challenges in obtaining healthcare treatments as a result of prevailing societal obstacles in their surroundings. The lack of prior focus on PWD in health programs at PHC was exacerbated during the pandemic, resulting in additional marginalization and limited access to essential healthcare services. According to the AZ, 35 years old with visual problems sought medical assistance during the COVID-19 pandemic.

"..The situation was quite crowded. We don't know what covid is. There is no information to those of us with disabilities. Before the pandemic, there were no health activities for us, especially during the pandemic..." (AZ, 35 years old).

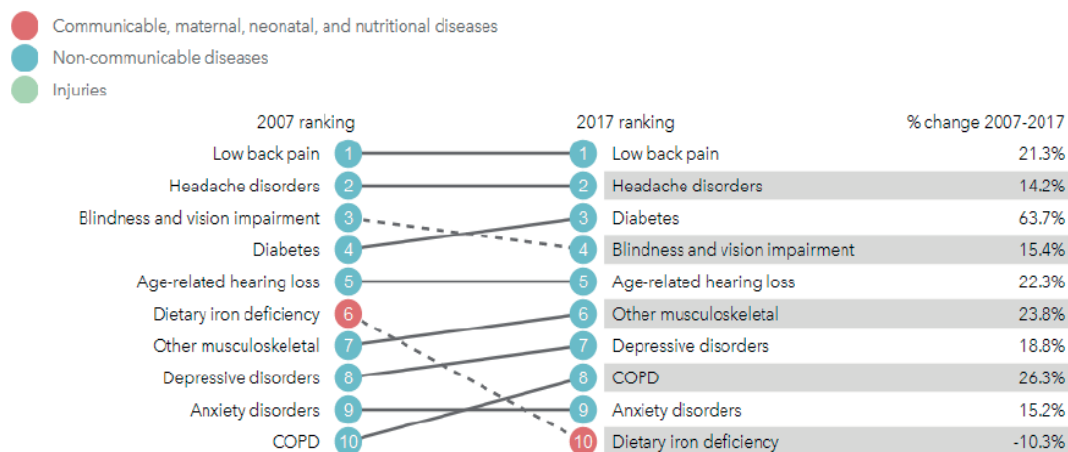
The experiences encountered by PWD throughout the COVID-19 pandemic align with the sentiments of Aguilar (2017), which highlighted that a significant number of PWD perceive a sense of exclusion and marginalization. The implementation of measures such as social or physical separation and self-isolation presents significant challenges for those who rely on external help and assistance for basic activities such as eating, dressing, and bathing.

The study's findings about participation align with (Rosdianti, 2016) assertion that an effective affirmative action strategy involves the provision of reasonable accommodations, which serve to eliminate obstacles and enable individuals to engage in their social activities. The social model of disability perceives impediments as resulting from deficiencies in public policy rather than inherent limits of individuals (Jackson *et al.*, 2020).

As indicated, the presence of inadequate infrastructure in PHC of Jakarta can be categorized as a failure in design, policy, and urban planning since it fails to ensure equitable access for those with disabilities. The collection of data by the PHC is currently deemed insignificant. The assertion that data collection is unnecessary at the PHC is an incorrect assumption. The effective integration of participation indicators for PWD to express their health-related demands has not been adequately addressed.

Availability of Rights Services

This statement encompasses the concept of endeavors aimed at delivering services, facilities, programs, or infrastructures, which encompass the provision of social rehabilitation and social protection. Multiple research has indicated that PWD is identified as a demographic with obstacles in accessing healthcare services (Siti and Roosiermatie, 2019). Furthermore, as a result of their limited understanding and awareness regarding the articulation of their rights as members of society, these individuals experience marginalization across all domains of life.



Source: IHME (2018)

Figure 2. Changes in 10 Diseases that cause disability 2007-2017

The primary measures to address diseases involve preventive and promotive interventions. These interventions aim to mitigate the occurrence of additional functional disabilities. Figure 2 presents information regarding the alterations observed in ten disorders that contribute to disability, as reported by the Institute for Health Metrics and Evaluation (IHME, 2018).

The prevalence of diseases leading to disability has given rise to corresponding shifts in the landscape of health issues. The data pertaining to the three primary disorders that contribute to disability reveals that diabetes accounts for the highest proportion at 63.7%. The occurrence of disability in individuals is not solely attributed to sickness but can also arise from accidents and natural calamities. Below are several quotes pertaining to health programs.

"...It must be admitted that during COVID-19, have no information. Including for vaccine, there is no such thing as home visit. Disability has been difficult to live plus COVID-19." (VM, 54 years old).

According to the findings from the interview, the PHC has implemented a comprehensive vaccination program. It is important to acknowledge that the administration of immunizations in home care settings is not implemented. In line

with a declaration by the Ministry of Health in 2021, it is imperative to prioritize the vaccination of PWD as a preventive measure during the COVID-19 pandemic.

However, this endeavor necessitates the enhancement of vaccine-related information dissemination. PWD are at an elevated risk of contracting COVID-19 because of various factors. It is imperative to maintain a balance between preventive health service initiatives and promotive health service initiatives.

"...in PHC, there is also no special counseling program for disability. Usually it is also one of the same counseling activities to the elderly, school children, pregnant women.." (DA, 46 years old).

The aforementioned remark indicates the absence of information supply or promotional initiatives explicitly targeting PWD within the three PHC locations. According to a study conducted by (Propiona, JK, 2019), it has been observed that preventative and promotive interventions for PWD have not yet been widely implemented inside primary healthcare centers.

In the context of health conditions, both routine circumstances and crises such as the COVID-19 pandemic, it is of utmost significance to enhance consciousness regarding the rights of individuals and communities. Moreover, it is imperative to

guarantee that those with disabilities are accorded equitable treatment and are treated with due regard for their inherent worth and value (Schiariti, 2020). Additional research undertaken by Schuengel *et al.* (2020) further emphasizes the significance of adopting an inclusive approach in implementing sustainable measures to mitigate the spread of COVID-19 or any future pandemics.

The provision of PHC rights services ensures the availability of assistive equipment and physiotherapy to enable individuals to perform their everyday activities. The presence of physiotherapy health workers might be described as negligible. In order to access advanced health facilities, PWD are need to obtain a reference letter from the PHC. Here is a stated by PWD during the in-depth interview.

"Disability should no longer need to go to the PHC to take care of referrals. Just come to Hospital. It's a waste of money " (EA,39 years old)

There are Health Aids for Disability According to Article 24 of Minister of Health Regulation No.52/2016 (Table 2), the majority of PWD expressed a lack of awareness of the availability of assistive devices such as crutches or prostheses. The results of the assessment on the indicators pertaining to the provision of rights services have not been effectively implemented.

Additionally, the implementation of physical distancing measures has proven difficult for PWD. The lack of proficiency in sign language or physiotherapy among healthcare professionals further exacerbates the challenges associated with the accessibility to rights services. There is discrimination against PWD in terms of their access to health services.

In the context of community and non-governmental organization (NGO), the establishment of their presence within the PHC environment has not yet been realized. In relation to indicators pertaining to assistive equipment for PWD, it is

noteworthy that excessive waiting times and the limited price coverage by the National Health Insurance Scheme (JKN) are also prevalent concerns. A further discovery suggests that the implementation of tiered referrals for those with a disability is unnecessary, as they can be directed to healthcare facilities without intermediaries.

Respondents with disabilities expressed a need for enhanced accessibility and inclusivity in the physical infrastructure of PHC, highlighting the necessity for improvements in disability-friendly facilities to their health service requirements.

Economic Aspects

PWD who have economic disadvantages encounter challenges in generating sufficient cash to cover their healthcare expenses. The restricted availability of healthcare services resulting from the limited mobility of individuals with disabilities hinders their capacity to access and utilize healthcare facilities.

According to Susenas 2020, PWD in Jakarta have additional monthly expenditure of Rp.264,125. The supplementary expenses in Jakarta are the most elevated in Indonesia. The findings of (Yulaswati *et al.*, 2021) align, indicating that households with disabilities have an average out-of-pocket health expenditure that exceeds the national average of Rp.150,947. In relation to the preceding table pertaining to assistive devices, as an illustration, it is worth noting that adaptable wheelchair aids are characterized by a high cost. Certain items are required to be imported and are subject to customs entry fees due to their classification as luxury goods.

Physical Access

The significance of accessibility for PWD cannot be overstated, as it is imperative to have facilities that can adequately accommodate their specific requirements. The provision of accessible facilities enables those with impairments to effectively engage in their mobility. According to (Dahlan and Anggoro, 2021), the lack of available public amenities leads to the marginalization of PWD.

Table 2. Health Aids for Disability According to Article 24 of Minister of Health Regulation No.52/2016

Medical	Rate (IDR)	Conditions
Glasses	PBI-Institutional/ Government Aid Beneficiaries Class 3 Care Rights: IDR 150,000 Class 2 Care Rights: IDR 200,000 Class 1 Care Rights: IDR 300,000	Given at the earliest every two years Minimum Medical Indications: spherical 0,50 and astigmatism 0,250 Given at the earliest once every 5 years on medical indication
Hearing Aids	Maximum IDR 1,000,000	The Gesture of the moving device is Prosthetic leg, and a prostetic hand
Motion tools Prostheses	Maximum IDR 2,500,000	Given as early as once every 5 years on medical indications
Stretched Teeth	Maximum IDR 1,000,000	Given as early as once every 2 years on indication Medical for the same teeth Full Dental prosthesis maximum IDR 1.000.000 Each jaw is a maximum of IDR 500,000
Spinal girdle	Maximum IDR 350,000	Given at the earliest once every 2 years on medical indications
Collarneck	Maximum IDR 150,000	Given at the earliest once every 2 years on medical indications
Crutch	Maximum IDR 150,000	Given at the earliest once every 5 years on medical indications

Subsequently, the aforementioned policy was supplemented by a more practical directive in the shape of Regulation of the Minister of Public Works Number 29/PRT/M/2006. These provisions encompass various elements, including parking areas, pedestrian lanes with guiding blocks, clear signage, accommodating toilets with handrails, spacious elevators equipped with buttons for individuals with visual impairments, building furniture, and essential equipment and tools such as alarms, emergency buttons, and lighting. Additionally, entrances and ramps are required to have

a specific slope to replace steps (Irwanto and Thohari, 2017).

Regrettably, the implementation of these regulations has not been extended to PHC facilities. It was observed that the three PHCs did not comply with disability-friendly facilities. The availability of modern physical infrastructure is restricted to the inclusion of ramps and railings, which is also a recent addition at the Pasar Minggu District Health Center. The installation of handrails at specific locations within PHC proves to be highly beneficial in facilitating the accessibility to health facilities for those with disabilities. Ramps and handrails are present in front of the entrance of the Pasar

Minggu District Health Center. No additional physical accessibility features catering to those with disabilities were identified. Currently, the presence of the PHC is non-existent due to the dismantling of its infrastructure. Based on the data, it may be inferred that the state of the remaining two PHCs is characterized by a higher degree of dehumanization toward PWD. The two health centers lack physical accessibility. The study's findings revealed a lack of essential amenities, including ramps, handrails, and wide toilet doors, within the PHC. Consequently, individuals using wheelchairs encounter difficulties accessing these facilities. Additionally, the absence of disabled parking spaces and guide blocks further exacerbates the accessibility challenges faced by PWD. In the case of individuals who are deaf, the number shown by the calling machine is not visible in PHC. The physical infrastructure of the PHC building is characterized by its unwelcoming ambiance, comprising two distinct levels. The upper floors of the facility are specifically designated to cater to the healthcare needs of marginalized and disadvantaged populations.

".. the facilities at PHC are not suitable for disability. That's why PWD who come to the PHC are very rare. Most of his family only takes care of referral letters.."(EA, 39 years old)

The next stage that needs to be done is procuring accessible physical facilities for PWD, such as guiding blocks, ramps, running text, disability toilets, and parking areas. However, whether in a modern urban area, an inclusive-claimed city and a human rights city, all city residents have access to quality health services. Health service disparities also occur in urban areas that, in this study site, still bear the status of the national capital.

Inclusive Attitude

The inclusive approach is characterized by its non-discriminatory nature and ability to provide fulfillment and protection. The lack of inclusivity PHC in Jakarta is evident through the absence of physical accessibility amenities. The use of

a community-based rehabilitation method has the potential to foster inclusive attitudes towards disability. Social workers engage in collaborative efforts and interpersonal interactions with PWD.

"...We actually also realize that our health services for PWD are far from perfect. Starting from buildings that are not feasible, our health workers who do not have sign language competence and no physiotherapy..."(IS, 40 years old)

Moreover, based on the study's findings, the aspirations for an inclusive environment have not been effectively fulfilled, both by the Jakarta government officials and the community.

Study Limitation

The present investigation was carried out during the initial stages of the COVID-19 epidemic, coinciding with the implementation of societal restrictions. The scope of the study has been restricted to South Jakarta, thereby excluding other regions within Jakarta. It is imperative for the long-term viability of this study to possess comprehensive knowledge and serve as a valuable resource for policymakers.

Conclusion

Based on the findings and subsequent analysis, it can be inferred that the adequate provision of comprehensive healthcare services for PWD has not been effectively implemented in compliance with local regulations. PWD possess an equal entitlement to avail themselves of comprehensive healthcare services at PHC, ensuring inclusivity. Based on the empirical evidence, it can be deduced that the adequacy of fulfilling the right to health is lacking, both in the pre-pandemic era and during the ongoing COVID-19 crisis. One of the defining features of this phenomenon is the limited availability of health information and services for PWD.

Additionally, it is marked by a lack of accessibility to such resources. The effectiveness of local governments and

authorities in the health sector, with regard to safeguarding and ensuring the realization of the right to health, has been suboptimal. This can be attributed, in part, to a limited understanding of the imperative nature of prioritizing the well-being of those with disabilities as an integral component of the Jakarta populace. In order to surmount these challenges, a number of suggestions might be proposed to the province administration of Jakarta.

Suggestions

The accessibility of data pertaining to PWD will give insight into the prevalence of PWD and their unique situations and facilitate the elimination of obstacles. Based on the available statistics, the PHC can effectively implement health promotion initiatives.

Policies promoting inclusivity in healthcare. The provision of health services to PWD necessitates the utilization of an established healthcare system that is tailored to accommodate the specific needs associated with their respective disabilities. It is imperative to construct additional PHC facilities that adhere to standardized designs, ensuring accessibility for individuals with a disability. The incorporation of inclusive health care plays a significant role in endeavors to enhance health outcomes, encompassing the expansion of accessibility and alleviation of financial burdens associated with preventative, promotive, curative, and rehabilitative components. Researchers have indicated that PWD require specialized health insurance, particularly with regard to assistive devices.

Hence, it is imperative for the Jakarta government to exert ongoing endeavors in order to establish a city that is both accommodating and accessible for PWD. Maximizing the involvement of the respective actors throughout the implementation stage is crucial. It is imperative to conduct socialization efforts among policymakers to address the issue of accessibility in inclusive urban development.

Abbreviations

PWD: Persons with Disabilities; CRPD: Convention on The Rights of Persons with Disabilities; (KPDJ): Jakarta PWD-Card; BDT: Unified Database; *Nasional Sosio-Economic Survey (SUSENAS)*: Socio-Economic Survey; Basic Health Research (*RISKESDAS*); Public Health Center (PHC).

Declarations

Ethics Approval and Consent to Participate

The database was purged of all respondent identities. The participants in this study have provided written agreement to partake in the research and have been approved by the Institutional Review Board of the Indonesian Institute of Sciences (IPSK-LIPI) to ensure ethical considerations are met.

Conflict of Interest

The authors assert that there are no significant financial, professional, or personal conflicts of interest that could potentially impact the findings of the study.

Availability of Data and Materials

Secondary data on PWD can be found in the *Susenas and Riskesdas* datasets.

Authors' Contribution

JKP develops, creates, analyzes the study's concept, and evaluates the manuscript.

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