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**ACUPRESSURE PROGRAM AT THE HEALTH CENTERS IN SOUTH JAKARTA IN 2018**

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**Abstract.** Traditional Health Services is a treatment or therapy using methods and medication that is based on the experience and skills of our ancestors that can be accounted for and is in accordance with the norms prevailing in the community. One example is acupressure, which is a healing method that uses pressure on certain points of the body or acupuncture points. This type of service has been regulated in various laws on traditional health. However, not all Health Centers provide this service. In South Jakarta City, there are only two Health Centers that provide acupressure services. This is a qualitative research, and aims to analyze the policies and implementation of the implementation of acupressure services in the Health Centers and its obstacles. The data was collected through in-depth interviews and document review. In this study we found that the quality and quantity of health workers trained in acupressure and their comprehension of the program was inadequate. In addition, the room for acupressure is only found in health centers that have provided this service. Communication is still a problem, because there is no regulation socialization regarding the regulation of acupressure services for policy implementers. However, 60% of patients were satisfied with the services provided.

**Keywords:** Acupressure, Health Centers, input process output.

**Abstrak.** *Pelayanan Kesehatan Tradisional adalah pengobatan/atau perawatan dengan cara dan obat yang berdasarkan pada pengalaman dan keterampilan turun temurun secara empiris, dapat dipertanggungjawabkan dan diterapkan sesuai dengan norma yang berlaku di masyarakat. Salah satu diantaranya adalah akupresur. Akupresur merupakan suatu cara penyembuhan dengan teknik penekanan titik-titik tertentu pada tubuh (titik-titik akupunktur) yang menggunakan jari-jari tangan ataupun alat bantu seperti batang kayu. Pelayanan jenis ini sudah dituangkan dalam berbagai undang-undang tentang kesehatan tradisional. Namun, tidak semua puskesmas menyelenggarakan layanan ini. Di Kota Jakarta Selatan, hanya terdapat dua Puskesmas yang menyelenggarakan pelayanan akupresur. Penelitian ini adalah penelitian kualitatif, dan bertujuan untuk menganalisis kebijakan dan implementasi pelaksanaan pelayanan akupresur di Puskesmas serta hambatanya. Metode pengumpulan data melalui wawancara mendalam dan telaah dokumen. Dalam penelitian ini ditemukan bahwa kualitas dan kuantitas tenaga kesehatan yang terlatih akupresur dan mengerti tentang program masih belum mencukupi. Selain itu, ruangan untuk akupresur hanya terdapat pada puskesmas yang sudah menyediakan pelayanan ini. Komunikasipun masih menjadi masalah, karena belum ada sosialisasi regulasi tentang pengaturan pelayanan akupresur bagi pelaksana kebijakan.*

**Kata kunci:** Akupresur, Puskesmas, input proses output.

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## INTRODUCTION

Traditional Health Services is a treatment or therapy using methods and medication that is based on the experience and skills of our ancestors that can be accounted for and is in accordance with the norms prevailing in the community.<sup>1</sup> Based on the 2013 RISKESDAS data Traditional Health Services (Yankestrad), Indonesian people still often use this type of treatment. This is mainly used by underprivileged people in Indonesia.<sup>2</sup>

Meanwhile, traditional medicine has become the concern of various countries as an alternative to conventional medicine. This is seen from the results of

the agreement of the World Health Organization (WHO) meeting at the Congress on Traditional Medicine held in Beijing in November 2008 that safe and useful traditional health services should be integrated into the health care system.<sup>4</sup> Even in the 2009 World Health Assembly, WHO encouraged its member countries to develop traditional health services in their countries according to local conditions.<sup>5</sup> In addition, in the Declaration of the 7th ASEAN Health Ministers on April 22, 2004 in Penang Malaysia, traditional health services was recommended to be integrated into the health care system which is part of basic health services.<sup>4</sup>

## Literature Review

Traditional Health Services is an alternative to conventional health services. This is outlined in the 2011 Guidelines for the Implementation of Traditional Skills Health Services issued by the Ministry of Health of the Republic of Indonesia.<sup>1</sup> This guideline is also supported by the various laws governing its implementation, including Law No. 36/2009, Law No. 36/2009, Law No. 36/2014 concerning health personnel, Regulation No. 103/2014 on Traditional Health Services, and a regulation from the Minister of Health of the Republic of Indonesia No. 37/2017 concerning Traditional Health Integration Services.<sup>6</sup> These laws are one of the three pillars that support the implementation of traditional health in Indonesia.<sup>1</sup>

Integrated Traditional Health Services is a type of health service that combines conventional health services with complementary traditional health services, as an supplement or substitute of conventional treatment.<sup>7</sup> This Minister Regulation aims to regulate the integration of complementary traditional health services into health care facilities to obtain safe, good-quality, effective and standardized, also to provide reference for health workers and health service facilities in the implementation of traditional integration health services, as well as the implementation of tiered guidance and supervision by the Central Government and Regional Governments.<sup>8</sup>

Traditional health services are divided into several types, they are potions, skills (with tools and without tools), and thinking skills.<sup>2</sup> Law no. 36/2009 states that traditional health services are divided into traditional health skills and potions.<sup>9</sup> Based on the type, traditional health services consist of traditional empirical, complementary and integration health services.<sup>1</sup>

Based on the 2013 RISKESDAS data, the Traditional Health Service (Yankestrad), 89,753 out of 294,962 (30.4%) Households (RTs) in Indonesia make use of the Yankestrad in the past year and the proportion of RTs who utilize the highest Yankestrad in South Kalimantan (63.1%) and lowest in West Papua (5.9%). The most types of traditional health services utilized by RT are skills without tools (77.8%) and potions (49.0%).<sup>2</sup> These results indicate that Yankestrad is widely used. From Silvianty's (2016) study of the use of traditional health services for the poor in Indonesia, it is known that 40.09% of Indonesia's population using traditional health services aged between 35-54 years, 52.5% of whom were women, and 76.43% from him living in rural areas.<sup>3</sup>

The type of traditional health services studied in this study is acupressure. Acupressure is a way of healing with the technique of suppressing certain points on the body (acupuncture points) that use fingers or assistive devices such as wooden sticks. This is an acupuncture technique that facilitates the flow of energy in the body

so that the stagnant energy can flow smoothly.<sup>1</sup> the acupressure program is a health service that relies on promotive and preventive or promotional and prevention activities. There is proof that acupuncture, including acupressure, is effective for nausea and vomiting related post-operative recovery, pregnancy, cancer chemotherapy, and motion sickness.<sup>10</sup>

The Ministry of Health implements a program to improve the performance of health resources through education and training for health workers, especially training in traditional health service personnel, through training in acupressure services for Health Centers with funded by the central government and deconcentration funds. Support from the Regional Government is also necessary.<sup>4</sup>

According to the Directorate of Traditional Health Services the total number of health workers who have been trained in acupressure in DKI Jakarta Province was 44 people, in Central Jakarta 7 people, South Jakarta 13 people, North Jakarta 8 people, East Jakarta 14 people and Thousand Islands 1 person. However, not all health centers have acupressure services, it is only found in South Jakarta. According to Rachmawati, the social, economic, and political conditions, at the area of her research was not supportive. There was also no regulation that regulates the integration of traditional healthcare into the healthcare facility. So that the cost of action for this type of treatment has not been regulated.<sup>11</sup> Therefore, this study analyzes the policy and implementation of the implementation of acupressure services at the Health Centers in South Jakarta in 2018.

According to George C. Edward III, there are four factors that influence the implementation of policies that work simultaneously and interact with one another are:<sup>12</sup>

1. Communication with three indicators, namely transmission, clarity, and consistency.
2. Resources
3. Disposition or attitude
4. Bureaucratic structure

## METHODS

This was a qualitative research study. The data was collected through in-depth interviews, observation and literature review. In addition, a questionnaire was also used to determine the level of patient satisfaction. This research was conducted in South Jakarta in March 2018 till May 2018. This research covers the input (trained health workers, facilities and infrastructure, and policies), process (process of acupressure service program), output (acupressure services measured by increase in the number of patient), outcome (patient satisfaction); and the theory of George C Edwards III's policy implementation that is influenced by four variables, namely Communication (Clarity and

consistency), Resources (financing and authority), Disposition (commitment) and Bureaucratic Structure (mechanisms and coordination between institutions) to support the research concept. Data analysis techniques used start from data compilation, data is made in the form of transcripts and classified in the form of a matrix.

**RESULTS AND DISCUSSION**

**Informant Characteristics**

11 informants were selected using purposive sampling. The informants were officials from the Ministry of Health, South Jakarta Health Services, Heads of the Health Centers, doctors and healthcare staff trained in acupressure. The informants were ages between 32-57 years old. They held Bachelor, Masters, and Specialist degrees.

**Input Components**

In collecting information on the input components, health workers who have been trained have not optimally performed acupressure services at the existing Health Centers in South Jakarta. Most of the informants mentioned that trained health workers were competent to perform acupressure services, but the quantity and quality were not sufficient for the implementation of acupressure services, especially when compared to the workload and other occupational duties at the Health Centers, also the rotation of staff that has an impact on acupressure services because the trained health personnel were transferred.

The more technical the policies implemented are and the greater the expertise needed from policy implementers, the greater the lack of personnel who have adequate skills and will hamper its implementation. This means that a limiting policy is necessary for each Health Centers for health workers trained in acupressure to continue to be able to carry out acupressure services.<sup>13</sup>

**Table 1.** Equipment and Facilities for Acupressure at the Health Center

Health Centers that Provide Acupressure Services	Yes	No	Health Centers without Acupressure Services
1. Room	v		-
2. Examination bed	v		-
3. Registration book	v		-
4. Wooden tools	v		-

Based on Government Regulation number 103/2014 article 15, the implementation of traditional integration health services in the Health Service is determined by the head of the health care facility concerned, can stand

alone or join other poly.<sup>6</sup> Health Centers that have provided acupressure services have no problems with infrastructure, services were provided in the same room. While Health Centers that have not implemented it, have limited space.

Support for the acupressure program is evident through a Decree on acupressure from the Head of the Health Center and the standard operating procedure (SOP) for acupressure. Most informants stated that those exist.

In accordance to Minister of Health decree no. 37/2017 article 16 that states that integrated traditional healthcare services at the Health Centers should be provided according to the conventional healthcare services flow and be included into the SOP set by the Head of the Health Center.<sup>8</sup> Health Centers that have those services have a decree from the Health of the Health Center that determines the person in charge of the program and on its SOP.

**Process Components**

In this study it was found that new patients always followed the conventional healthcare path, but old and recurrent patients could go directly to the acupuncture/acupressure clinic. This is in accordance to the Minister of Health Regulation No. 37/2017 on the implementation of integrated traditional health services in the Health Centers after the patient registers according to the conventional healthcare service flow.

**Output Component**

Acupressure services are measured by its implementation and the number of patients treated with acupressure. Some informants said that the results of acupressure services were not yet optimal because there were few patient visits. Patient visits to traditional health services were still lower than other clinic visits, only 2.12% of total clinic visits.

**Outcome component**

Patient satisfaction is the goal of acupressure services which is measured through a questionnaire. This questionnaire was distributed to patients that have received treatment. The results of this questionnaire can be seen in table 2.

**Table 2.** Distribution of Patient Satisfaction After Therapy

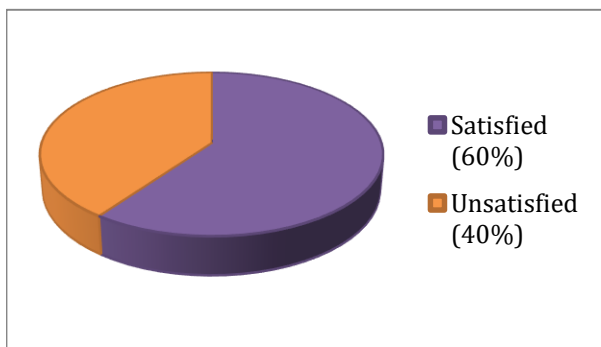
Variable	Mean	Standard Deviation	Minimal-Maximal	95% Confidence Interval
Satisfaction	92,33%	9,38%	80 - 100	87,94%-96,73%

The average patient satisfaction was 92.33% (SD: 9.38%). The lowest value was 80 and the highest value was 100. The results indicated that the range of

satisfaction was between 87.94% to 96.73% (95% CI).

**Table 3.** Distribution of Patients According to their Satisfaction Levels After Therapy

	No. of persons	Percentage (%)
<b>Satisfied</b>	12	<b>60</b>
<b>Unsatisfied</b>	8	<b>40</b>
<b>Total</b>	<b>20</b>	<b>10</b>



**Diagram 1.** Satisfaction level of patients

Distribution of respondents according to the level of patient satisfaction after being treated, 60% of respondents said they were satisfied, while 40% said they were not satisfied. However, one patient stated that he was dissatisfied with the results of therapy from acupressure services.

**Overview of the implementation of acupressure services at the Health Centers**

The 4 types of factors that influence the implementation of acupressure services are:

**1. Communication**

For the clarity of the implementation of policies at the Health Center, we investigate the process and the level of comprehension of the policy, whether it was implemented correctly and sufficiently, to prevent misconceptions. Most informants stated that there weren't any specific regulation that acted as guidelines for acupressure services at the health center, there was only a general regulation.

For consistency, information that has been given by policymakers is consistent with existing regulations. Although there was information inconsistencies between policy makers in the regions and implementers at the Health Centers cause by the lack of socialization on the regulations regarding acupressure services. The implementer were only trained on how to perform acupressure.

**2. Resources**

As for financing, there is no Regional Regulation (PERDA) on the tariff for acupressure services. Acupressure services are still free for both general patients and BPJS patients. The Health Center set the tariff according to the regional regulations. Therefore some feedback from the Health Center to the Provincial Health Office is necessary to set the funding as a reward point for the implementers at the Health Center.

For authority, the informants stated that the implementation of the policy was the authority of the Health Centers leaders. If the leaders supports this policy, the acupressure service policy can be implemented. In addition, the Provincial Health Office must support and emphasize these policies. In general, there were no problems in the authority of the policy implementers, because they were fully authorized by the Head of the Health Center to perform their tasks and duties.

**3. Disposition (commitment)**

The disposition or commitment is the attitude of the implementers in implementing a policy. Most of the informants stated that the implementers were committed in implementing the policies. However, they do not comprehend the policies and regulations that regulate it.

**4. Bureaucratic Structure (mechanism, coordination between institutions)**

The bureaucratic structure evaluates how the policy was implemented and the coordination between institutions were in the implementation. Therefore, socializing the guidelines and regulations on acupressure services and the coordination between the Provincial Health Office, Health Services, and the Health Center is necessary to ensure the continuation of this program.

**CONCLUSIONS**

1. Although not optimal, policies and implementation of acupressure services at Kebayoran Lama Health Center and Kebayoran Baru Health Center in South Jakarta was supported by Decrees and SOP. The problem is the lack of support from the Provincial Health Office and the Health Office for the implementation of acupressure services.

2. The implementation of acupressure services at the Health Centers in South Jakarta is still unclear and inconsistent, especially in terms of regulations that regulate only up to policy makers (Central and

Provincial Health Office). However, the regulation has not been socialized to implementers.

3. Sources of financing (tariffs) for acupressure services at Health Centers in South Jakarta have not been set in the Regional Regulation.

4. There is sufficient commitment from the implementing staff for acupressure services at the Health Centers in South Jakarta. After being trained they are committed to applying additional competencies. The readiness of facilities for acupressure services at the Health Centers in South Jakarta is good even though in some Health Centers facilities are still a constraint due to the limited space/rooms available.

## SUGGESTIONS

1. The guidelines or regulations on acupressure services and coordination of the Provincial Health Office, the Health Service Unit and the Health Centers should be socialized so that the program remains sustainable.

2. Knowledge and understanding of implementing policies regarding acupressure services should be improved through periodic monitoring and evaluation activities to strengthen disposition.

3. Incorporate traditional complementary health services, in this case acupressure, into the City Regional Strategic Plan / SPM.

## REFERENCES

- Ministry of Health, Republic of Indonesia. Guidelines for Tradisional Healthcare Skills and Services. Jakarta, 2011.
- Research and Development Bureau for Health. 2013 Basic Health Research (RISKESDAS). 2013 National Report, p.8. Jakarta, 2013.
- Maharani ST, Mustofa, and Hasanbasri M. *Pemanfaatan pelayanan kesehatan tradisional bagi penduduk miskin di Indonesia : Analisis Data RISKESDAS 2013*. Universitas Gadjah Mada. Yogyakarta: 2016.
- Ministry of Health, Republic of Indonesia. Training of Trainers (TOT) Curriculum and Module for Acupressure Services for Staff at the Public Health Center. Ministry of Health, Republic of Indonesia. Jakarta, 2014.
- World Health Organization. WHO Traditional Medicine Strategy 2014-2023. Hal.1-76. 2013. Downloaded on 09/09/2016 from [http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf?ua=1).
- Ministry of Health, Republic of Indonesia. Government Regulation No. 103/2014 on Traditional Healthcare Services. *Hukum Online* 2014. Hal. 1–39.
- Ministry of Health, Republic of Indonesia. 2016 Performance Accountability Report of The Directorate of Traditional Healthcare. Ministry of Health, Republic of Indonesia. Jakarta, 2016.
- Ministry of Health, Republic of Indonesia. Minister of Health Regulation No. 37/2017 on Integrated Traditional Healthcare. Ministry of Health, Republic of Indonesia. Jakarta, 2017.
- Ministry of Health, Republic of Indonesia. Law No. 36/2009. *Vasa Indonesia* 2009; p. 1–33. Downloaded on 09/09/2016 from: [http://www.hukor.depkes.go.id/up\\_prod\\_uu/UU No. 36 Th on Health.pdf](http://www.hukor.depkes.go.id/up_prod_uu/UU%20No.%2036%20Th%20on%20Health.pdf).
- Dent HE, Dewhurst NG, Mills SY, and Willoughby M. Continuous PC6 wristband acupressure for relief of nausea and vomiting associated with acute myocardial infarction: a partially randomised, placebo-controlled trial. *Complementary Therapies in Medicine* 2003;11(2):72–77.
- Rahmawati A; Jati SP; Sriatmi A. *Analisis Implementasi Pengintegrasian Pelayanan Kesehatan Tradisional di Puskesmas Halmahera Kota Semarang*. *Jurnal Kesehatan Masyarakat* 2016; 4(1):12-22.
- Dewi RK. *Studi Analisis Kebijakan*. PUSTAKA SETIA. Bandung, 2016.
- Winarno B. *Kebijakan Publik: Teori & Proses*. Media Pressindo (Anggota IKAPI). Yogyakarta, 2007.