The Impact of Poverty on Healthcare Service Disparities in Indonesia

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Abstract

Poverty remains a structural factor that exacerbates healthcare inequality in Indonesia. This study aims to analyze the relationship between poverty levels and public access to healthcare through a systematic literature review of scholarly publications over the past decade. The findings indicate that low-income populations face economic, geographic, and administrative barriers that limit access to quality healthcare. Inequality is further intensified by the uneven distribution of medical personnel and healthcare facilities between urban and rural areas. The National Health Insurance (JKN) program has expanded financial protection for the poor, yet its implementation still requires improvements in equity and effectiveness. This study underscores the importance of cross-sectoral policies focusing on equitable resource distribution, primary care strengthening, and community empowerment to establish an inclusive and socially just healthcare system.

Keyword: *poverty*, *inequality*, *healthcare services*, *national health insurance*

INTODUCTION

Poverty in Indonesia remains a structural challenge that is difficult to eradicate, despite various national programs implemented continuously. According to the Central Statistics Agency (BPS) in 2025, Indonesia's poverty rate reached 8.47 percent, equivalent to 23.85 million people. Although this figure shows a declining trend in recent years, the disparity in welfare between urban and rural areas remains high. Such inequality directly affects access to essential services, particularly healthcare. In many regions, low-income communities continue to face obstacles related to financial limitations, geographical distance, and inadequate health infrastructure. Meanwhile, middle- to upper-income groups, especially those living in urban areas, have easier access to well-equipped medical facilities. This phenomenon underscores that poverty is not merely an economic issue but also a social and health-related one, as it concerns the fundamental human right to adequate healthcare.

Research on the relationship between poverty and healthcare inequality is essential because it reflects one of the core aspects of social justice and human development. Health serves as a key indicator of national welfare that cannot be achieved without equitable access to medical services. Although the government has introduced the National Health Insurance (JKN) through BPJS Kesehatan, its implementation has not been fully effective in reaching poor and marginalized populations. Administrative barriers, uneven service quality, and unequal distribution of medical personnel indicate systemic gaps within Indonesia's healthcare system. Therefore, this study is significant for understanding how poverty reinforces healthcare disparities and how public policy can be directed toward closing these gaps sustainably.

Healthcare inequality does not merely reflect economic disparity but also demonstrates broader social consequences for human development. People living in poverty often delay medical treatment due to financial constraints or limited access to facilities, which ultimately worsens their health conditions. This situation creates a vicious cycle of poverty, in which poor health reduces economic productivity and, in turn, deepens poverty itself. When access to quality healthcare is limited to certain segments of society, overall life quality becomes uneven. Such inequality may hinder the achievement of the Sustainable Development Goals (SDGs), particularly Goal 3, which emphasizes good health and well-being for all without discrimination. Hence, this research is not only relevant to the fields of economics and health but also has broader implications for social policy and sustainable development in Indonesia.

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Previous studies have highlighted the close relationship between poverty and healthcare access both in Indonesia and other developing countries. Rosana (2019) explains that poverty limits the fulfillment of basic needs, including healthcare, which leads to a higher risk of chronic diseases. Herawati (2019) found that disparities in rural healthcare facilities are a major factor worsening inequality. Haemmerli and Powell-Jackson (2021) demonstrated that the quality of primary healthcare services for poor communities remains far behind that of wealthier urban areas. Meanwhile, Maulany (2021) pointed out that the unequal distribution of referral systems and medical personnel exacerbates access barriers for low-income populations. Although these studies have provided valuable insights, most have focused on sectoral aspects and have yet to comprehensively examine how structural poverty deepens disparities within the national healthcare system.

In light of these conditions, this study seeks to provide a more comprehensive analysis of how poverty serves as a determining factor in widening healthcare disparities in Indonesia. Through a systematic literature review of scholarly publications over the past decade, this research aims to identify the relationship between poverty levels, access to healthcare facilities, and the effectiveness of public policies. The main focus is to explore the structural dimensions of healthcare inequality—including the distribution of facilities, human resources, and the effectiveness of the JKN program in reaching vulnerable groups. Therefore, the findings of this study are expected to provide empirical contributions to the formulation of fairer, more inclusive, and sustainable health policies in Indonesia

RESEARCH METHOD

This study employs a systematic literature review method aimed at gaining an in-depth understanding of the relationship between poverty and healthcare inequality in Indonesia. This approach allows researchers to examine complex social phenomena using secondary data from various credible scientific sources (Creswell, 2016; Snyder, 2019). Data were gathered from reputable national and international journals, academic books, official publications from institutions such as the Central Statistics Agency (BPS) and the Ministry of Health, as well as reports from international organizations such as WHO and the World Bank relevant to the Indonesian context. The literature was selected based on specific criteria, including publications issued within the past decade (2015–2025), peer-reviewed status, and relevance to themes of poverty, social inequality, and healthcare access. This approach is appropriate for analyzing socio-economic disparities without the need for direct field data collection (Kitchenham & Charters, 2007).

A content analysis approach was applied to identify major themes, theoretical frameworks, and empirical findings from the selected studies. The literature was categorized into subthemes such as poverty as a structural determinant, inequality in healthcare delivery, distribution of medical resources, and the effectiveness of public health policies, including the National Health Insurance (JKN). The analysis involved examining the consistency of theories, methods, and socio-economic contexts across different studies (Bowen, 2009). This process enabled the researcher to uncover the interrelationships among variables and explain how economic inequality deepens healthcare disparities in Indonesia. The analysis was conducted iteratively to ensure validity and consistency, with critical cross-comparison of findings to strengthen the scientific rigor and minimize interpretive bias (Snyder, 2019).

To ensure research credibility, conceptual triangulation was implemented by comparing multiple academic perspectives and previous empirical findings relevant to the topic. This process enhances data reliability and maintains analytical objectivity (Nowell et al., 2017). Such a systematic approach aligns with qualitative research principles emphasizing transparency and accountability in analytical interpretation (Creswell & Poth, 2018). Therefore, the literature review method in this study not only synthesizes prior research but also identifies research gaps and constructs a comprehensive theoretical framework. Through this approach, the study aims to produce a deep analytical understanding of the causal relationship between poverty and healthcare inequality while providing an empirical foundation for developing equitable and inclusive public health policies in Indonesia.

RESULTS AND DISCUSSION

The systematic literature analysis reveals consistent patterns indicating that poverty plays a substantial role in exacerbating healthcare service disparities in Indonesia. National secondary data

referenced in the review—including the Central Statistics Agency (BPS) figure for March 2025 indicating a poverty rate of 8.47% (≈23.85 million people)—provides an empirical anchor that underscores the scale of the problem. Across studies, there is consensus that access barriers are not solely financial (direct medical costs and insurance premiums) but also include indirect costs such as transportation, lost income during care-seeking, and medications not fully covered by insurance. These findings highlight that poverty statistics alone do not capture the full burden of healthcare access; household liquidity and indirect cost burdens are critical determinants of care-seeking behavior.

A second dominant theme is the uneven distribution of healthcare facilities and resources as a structural mechanism that deepens inequalities. The reviewed literature indicates that primary care readiness and provider competency in many regions—particularly rural and underdeveloped areas—lag substantially behind urban centers (Haemmerli & Powell-Jackson, 2021). Such disparities manifest in differences in service readiness scores, provider knowledge, and availability of basic medical equipment. Consequently, urban residents tend to receive faster and more comprehensive care, while poor populations in remote areas face prolonged referrals, limited service scope, and delayed treatments—factors that increase the risk of complications and chronic disease burden.

Third, the effectiveness of public policy—especially the National Health Insurance (JKN)—emerges as a contested domain in the literature. On the one hand, JKN has expanded formal financial protection and lowered formal cost barriers for many low-income households. On the other hand, studies reflect implementation gaps: administrative complexities that disadvantage vulnerable beneficiaries, mismatches between insurance ownership and the availability of quality services, and imbalances between financial coverage and service supply (Pratiwi, 2019; Maulany, 2021). In short, insurance enrollment does not automatically translate into timely access to quality care if infrastructure and human resources are unevenly distributed.

The medium- and long-term health consequences are a further focus of discussion. Delay or avoidance of care by poor households—driven by a combination of cost and access barriers—contributes to increased prevalence of conditions progressing into chronic, complicated illnesses that are costly to manage. This dynamic reinforces a negative cycle: poor health reduces household productivity, undermines economic capacity, and may push families closer to extreme poverty. Moreover, spatial inequality—evident in eastern provinces such as Papua and Maluku experiencing severe shortages of facilities and health personnel—demonstrates that geographic dimensions amplify the effect of poverty on population health outcomes.

From a policy perspective, the literature review highlights potential intervention areas. First, policy responses must move beyond insurance coverage expansion toward strengthening supply-side capacities: improving primary care readiness, redistributing healthcare workforce, and investing in infrastructure in disadvantaged areas. Second, JKN administrative procedures should be simplified and supplemented with targeted measures (e.g., transport subsidies, community outreach services) to address indirect cost barriers. Third, promotive-preventive programs and community empowerment (health literacy) should be scaled up as prevention strategies that reduce dependence on expensive curative services. An integrated implementation across social-economic and local health interventions is likely to reduce disparities more effectively than isolated sectoral measures. In synthesis, the findings indicate that poverty functions as a structural determinant shaping access, quality, and outcomes of healthcare services. Observed health inequities are the product of interactions among household economic conditions, the spatial distribution of medical infrastructure, and the effectiveness of public policies. Consequently, poverty alleviation and health equity efforts must be cross-sectoral and systemic—integrating social protection, primary care strengthening, workforce redistribution, and contextually tailored promotive-preventive initiatives. These conclusions invite further empirical field research to evaluate the effectiveness of combined policy packages and to derive policy recommendations that are rigorously tested in the Indonesian context.

CONCLUSION

The findings indicate that poverty serves as a fundamental structural factor that deepens healthcare inequality in Indonesia, influencing accessibility, service quality, and overall health outcomes. This disparity arises from the interplay of economic constraints, geographical barriers, and policy weaknesses that have yet to fully reach poor and remote populations. National programs such as the National Health Insurance (JKN)

have made notable progress in expanding financial protection, yet challenges remain in administrative complexity, uneven workforce distribution, and disparities between urban and rural healthcare facilities. Therefore, a more holistic and cross-sectoral policy approach is required—emphasizing equitable resource distribution, strengthened healthcare infrastructure, and the empowerment of primary care services at the community level. The government must also reinforce promotive and preventive strategies through health education and community participation to foster self-reliant health management. Collaborative engagement among central and local governments, private sectors, and civil society is essential to build an inclusive and socially just health system. With systematic and sustainable efforts, healthcare disparities in Indonesia can be substantially reduced, ensuring equal rights to quality healthcare for all citizens.

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