

Aksesibilitas kesehatan maternal di Kabupaten Tangerang, 2006

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Abstrak

Persalinan oleh tenaga kesehatan merupakan salah satu faktor penting untuk mengurangi angka kematian maternal atau ibu. Persalinan yang didampingi tenaga kesehatan terampil di Indonesia masih rendah, yaitu hanya 52,4% dari ibu hamil (bumil) yang mendapatkan pelayanan kesehatan secara lengkap. Penelitian ini mencoba mencari gambaran faktor aksesibilitas yang berpengaruh terhadap pemanfaatan pelayanan kesehatan maternal. Penelitian ini menggunakan desain penelitian potong lintang, dari survey "Kinerja Pelayanan Kesehatan berdasarkan Indikator Kabupaten Tangerang Sehat 2010", Dinas Kesehatan Kabupaten Tangerang-Banten tahun 2006. Pemeriksaan kehamilan (Ante Natal Care/ANC) pada kunjungan satu kali 97,6%, dengan 85,7% memeriksakan kehamilannya ke bidan. Kunjungan pertama (K1) yang benar/murni sebesar 73,3%, dan kunjungan minimal 4 kali dan lengkap (K4) sebanyak 52,5%. Persalinan yang ditolong oleh tenaga kesehatan sebanyak 80,3%. Pemilihan tempat bersalin di pelayanan kesehatan sebesar 70,7%. Pemanfaatan pelayanan kesehatan maternal lengkap (utilisasi) adalah pemanfaatan pelayanan K4, dan melahirkan dengan didampingi petugas kesehatan yang terlatih, jika didistribusikan terhadap akses ekonomi, dapat diterangkan oleh variabel kemampuan membayar (ATP), sedangkan akses sosial diwakili oleh pengetahuan risiko kehamilan, risiko melahirkan, ANC dan keterlibatan dalam pengambilan keputusan. Faktor aksesibilitas fisik tidak ada yang dapat menerangkan terjadinya perbedaan proporsi utiliasi tersebut. Uji multilevel, membuktikan ada perbedaan random intercept dari level 1 ke level 2, dengan median odds ratio (MOR)= 2,13, berarti ada perbedaan median OR variabel independen pada level 1, terhadap level 2, di tingkat kecamatan. Perbedaan dapat dijelaskan dengan faktor suplay, yaitu rasio bidan per 10.000 penduduk, meskipun nilai IOR (0,24-4,16), melalui 1, yang berarti efek variasi kecamatan relatif lebih besar dari variabel kontekstual.

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Maternal Health Accessibility in Tangerang District Banten, 2006. Indonesia has developed many programs to reduce maternal death, which is beliefs related to access to maternal care, but still only limited pregnant women have access to health facility. This research tried to show which variables that contribute the decision to utilize the maternal health care. Using secondary data from survey "Kinerja Pelayanan Kesehatan berdasarkan Indikator Kabupaten Tangerang Sehat 2010", conducted in 2006, by the Health District Office, Kabupaten Tangerang-Banten.. Maternal health utilization was consisted of complete antenatal care (ANC) examination, and delivery attended by professional birth attendance. In term of the ante natal care (ANC), 97.6% of the respondents had at least one time ANC to the health personnel, and 85.7% to the midwife. Complete ANC and at least 4 times meet medical personnel (K4) was 52.5%. Delivery by professional health attendance was around 80.3%, and 70.7% of the delivery were obtained in the health facility. Maternal health utilization is explained by variables ATP (ability to pay) from economic accessibility, and from the social accessibility by knowledge of ANC, knowledge of risk from the pregnancy, risk of giving birth and the involvement in decision making process to choose service delivery, but there was no physical accessibility could explained the utilization difference. Multilevel analysis proved

that there was a random intercept from level I to level II, with MOR=2.13. It means there was a difference in median of OR in the level I to level II. The difference can be explained by the supply factor, which is measured by midwife ratio to 10.000 population, with IOR (0.24 ? 4.16). Since the variation of IOR exceeded 1, it means the variation among the sub-district is relatively bigger than the contextual variable (midwife ratio). Still this research could explain that midwives were playing the very important role in maternal health accessibility in district level.