

Model utilisasi layanan penanganan balita sakit di masyarakat = Model of service utilization on community case management of childhood illnesses

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Abstrak

Penelitian ini bertujuan untuk mengembangkan model utilisasi layanan penanganan balita sakit di Masyarakat. Studi ini dilakukan di Kabupaten Timor Tengah Selatan (TTS), Nusa Tenggara Timur, Indonesia yang menerapkan program MTBS-M/REACH sejak tahun 2010. Penelitian ini dirancang sebagai studi ekologi yang menggunakan rancangan penelitian cross sectional untuk studi kuantitatif. Sejumlah 5.502 dari 7.675 anak usia 0-59 bulan terlibat dalam studi ini. Analisis kluster dilakukan untuk menghasilkan data 40 desa sebagai unit analisis statistik. Berdasarkan analisis multivariat regresi linier berganda didapatkan bahwa tingkat keberdayaan masyarakat dapat memprediksi utilisasi layanan promotif-preventif ($= 0.355$; $R^2 = 16\%$). Secara bersama-sama, tingkat keberdayaan masyarakat ($= 0.196$) dan availabilitas kader ($= 0.678$) dapat memprediksi utilisasi layanan kuratif dengan $R^2 = 52.5\%$. Model spasial menunjukkan pola bahwa semakin tinggi aksesibilitas suatu desa, semakin tinggi utilisasi layanan di desa tersebut. Studi ini menyimpulkan bahwa upaya penanganan balita sakit di masyarakat melalui program MTBS-M relevan untuk diterapkan di banyak daerah di Indonesia yang masih menghadapi hambatan aksesibilitas geografis dan availabilitas fasilitas kesehatan.

.....This studi's aim is to develop a model of service utilization on community case management of childhood illnesses. It was conducted in Central Southern Timor (CST) district, East Nusa Tenggara Province, Indonesia which implements C-IMCI/REACH program since 2010. This is a combined qualitative-quantitative- qualitative study. The research was designed as an ecology study, using cross sectional method of quantitative study. 5.502 out of 7.675 children under five years old were involved in this study. Cluster analysis was done to produce analysis unit of 40 villages to be used for further statistic data processing. In multivariate of linier regression, we found that the level of community empowerment can predict the utilization of promotive-preventive services ($= 0.355$; $R^2 = 16\%$). Altogether, the level of community empowerment ($= 0.196$) and the cadre availability ($= 0.678$) can predict curative utilization with $R^2 = 52.5\%$. Spatial model shows the pattern that the higher accessibility of village the higher service utilization will be. This study concludes if delivery service of community case management of childhood illnesses through the CIMCI program is relevant to be implemented in many areas in Indonesia which have barrier in geographic accessibility and health facility availability