

Analisis kesesuaian implementasi Permenkes Nomor 21 tahun 2021 pada Pelayanan Tubektomi di Kota Administrasi Jakarta Selatan dan Jakarta Timur = Analysis of the suitability of Minister of Health Regulation Number 21 of 2021 implementation on Tubectomy Services in South Jakarta and East Jakarta

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Abstrak

Permenkes Nomor 21 Tahun 2021 bertujuan mengurangi angka kematian ibu dan bayi baru lahir dimana salah satu upaya yang dilakukan melalui menjamin kualitas pelayanan kontrasepsi termasuk tubektomi. Permenkes ini merupakan acuan dalam pelayanan kontrasepsi termasuk tubektomi. Untuk itu perlu dianalisis bagaimana pelaksanaan pelayanan tubektomi dari sisi supply side agar mempermudah PUS dalam mendapatkan layanan tubektomi. Penelitian ini bertujuan untuk menganalisis kesesuaian implementasi Permenkes Nomor 21 Tahun 2021 pada pelayanan tubektomi di Kota Administratif Jakarta Selatan dan Jakarta Timur agar dapat memberikan saran perbaikan kepada stakeholder terkait sehingga dapat meningkatkan cakupan peserta KB tubektomi. Penelitian ini merupakan penelitian kualitatif dengan menggunakan model implementasi kebijakan Van Meter Van Horn seperti tujuan kebijakan, sumber daya, komunikasi, karakteristik lembaga, disposisi, dan lingkungan ekonomi, sosial dan politik. Pengambilan data dilakukan melalui wawancara mendalam dan menggunakan telaah dokumen. Informan pada penelitian ini adalah Sudinkes, Sudin PPAPP, Rumah Sakit, Penyuluh KB, kader, peserta KB di Jakarta Selatan dan Jakarta Timur. Penelitian dilakukan pada bulan Desember 2022 sampai dengan Februari 2023. Hasil penelitian menunjukkan bahwa implementasi kebijakan telah dilakukan namun belum sepenuhnya sesuai dengan Permenkes No.21/2021 terutama untuk KIE dan konseling. Standar dan tujuan kebijakan sudah dipahami dan dilakukan oleh pelaksana. Komunikasi dilakukan secara berjenjang melalui what's up grup masih belum optimal. Variabel disposisi pelaksana kebijakan sudah baik. Variabel sumber daya masih terkendala dengan pendanaan yang terbatas dan insentif rutin bagi kader yang belum tersedia. Karakteristik badan pelaksana sudah cukup baik dimana SDM hampir tercukupi dan sudah tersedia SOP atau pedoman. Lingkungan ekonomi dan sosial peserta KB kurang mendukung, serta masih membutuhkan dukungan politik dari pimpinan daerah terkait pembiayaan layanan tubektomi.

.....The aim of Minister of Health Regulation number 21 of 2021 is to reduce maternal and newborn mortality. One of the efforts is ensuring the quality of contraceptive services including tubectomy. This Policy is a reference in contraception services including tubectomy. So it is necessary to analyze how the implementation of tubectomy services is carried out from the supply side in order to make it easier for women to get tubectomy services. The purpose of this study to analyze the implementation of Minister of Health Regulation number 21 of 2021 on decision making using the tubectomy contraception method by family planning participants in of South Jakarta and East Jakarta. The study can provide suggestions for improvements to relevant stakeholders for increasing the coverage of tubectomy family planning participants. This study is a qualitative research which using the policy implementation model of Van Meter and Van Horn 1975 with variables of size and objectives, resources, implementing agencies, communication, dispositions, along the economic, social, and political environment. Data collection was

carried out through in-depth interviews and using document review. Research informants were Sub-Department for Health, Sub-department for Empowerment, Child Protection and Population Control (PPAPP), Hospitals, Family Planning Counselors, cadres, Family Planning participants in South Jakarta and East Jakarta. The study was conducted from December 2022 to February 2023. The results showed that that policy implementation has been carried out but is not fully in accordance with Minister of Health Regulation number 21 of 2021, especially for IEC and counseling. Policy measures and objectives have been understood and carried out by implementers. Communication is carried out in stages through what's up groups is not optimal yet. The disposition variable of policy implementers is good. The resource variable is still constrained by limited funding and none of routine incentives for cadres. The characteristics of the implementing agency are good enough where human resources are nearly sufficient and SOPs or guidelines are already available. The economic and social environment for family planning participants is not supportive, and they still need political support from regional leaders regarding the financing of tubectomy services.