

ABSTRAK

Latar Belakang : *Universal Health Coverage (UHC)* menjadi agenda global untuk menjamin setiap masyarakat dapat mengakses pelayanan kesehatan secara adil dan merata. Jaminan Kesehatan Nasional (JKN) diterapkan di Indonesia untuk mencapai UHC namun tingkat akses masyarakat ke pelayanan kesehatan di Kabupaten Magelang belum signifikan. Kesenjangan terhadap pemanfaatan pelayanan kesehatan terjadi antara peserta PBI dengan Non PBI dimana PBI lebih rendah pemanfaatannya dibanding Non PBI.

Tujuan : Penelitian ini bertujuan untuk mengidentifikasi determinan akses pelayanan kesehatan dari perspektif peserta Penerima Bantuan Iuran (PBI) Jaminan Kesehatan Nasional.

Metode : Penelitian kualitatif dengan pendekatan rancangan studi kasus pada dimensi akses yakni *availability*, *affordability*, *geographic accessibility*, dan *acceptability*. Informan berjumlah 14 orang melalui teknik *purposive sampling* yang terdiri dari peserta PBI di wilayah Puskesmas terpilih, Kasi. Pelayanan Kesehatan Dinkes, Kepala Puskesmas dan Kasi. Perlindungan dan Jaminan Sosial Dinas Sosial Kabupaten Magelang. Pengumpulan data menggunakan wawancara mendalam, observasi dan dokumen.

Hasil : Pada Puskesmas dengan angka kontak rendah diketahui bahwa pada dimensi *availability* ketersediaan tenaga kesehatan khususnya dokter masih kurang, layanan tidak tersedia setiap saat, antrian dan waktu tunggu lama. Program layanan luar gedung dapat meningkatkan akses pelayanan kesehatan pada Puskesmas dengan akses tinggi. Keterjangkauan secara finansial (*affordability*) tidak terdapat pembebanan biaya layanan namun hanya untuk biaya transportasi yang terjangkau sekitar Rp 5.000,- s/d Rp 11.000,-. Aspek *geographic accessibility* telah didukung oleh infrastuktur yang baik dan terdapat alat transportasi umum. Penerimaan (*acceptability*) masyarakat terhadap pelayanan Puskesmas dengan angka kontak kecil rendah karena terdapat kepercayaan bahwa ada perbedaan perlakuan antara peserta PBI dan Non PBI.

Kesimpulan : Faktor ketersediaan (*availability*) diantaranya ketidakberadaan dokter, layanan, informasi, dan lamanya antrian serta faktor penerimaan masyarakat (*acceptability*) yang rendah yakni anggapan terhadap perbedaan layanan menjadi hambatan utama peserta PBI dalam mengakses pelayanan kesehatan di Kabupaten Magelang.

Kata Kunci : *Universal Health Coverage*, Akses Pelayanan Kesehatan, PBI JKN

ABSTRACT

Background: *Universal Health Coverage (UHC)* into a global agenda to assure each community to access health services in a fair and equitable. The National Health Insurance applied in Indonesia to achieve UHC but the level of public access to health services in Magelang not significant. The gap on the utilization of health services occurs between participants with Non PBI which is lower than the non-utilization of PBI.

Objective : Identify the determinants of access to health care from the perspective of participants Recipient Contribution (Penerima Bantuan Iuran) National Health Insurance.

Methods: Qualitative research with case study design using access dimensions namely availability, affordability, geographic accessibility and acceptability. Total informant 14 people use purposive sampling consisting of 10 participants selected PBI in the health center, Head of Health Services Department of Health, Heads of health centers and Head of Protection and Social Security Magelang District Social Service. Data collected by in-depth interview, observation and documents.

Results: At the health center with low contact number is known that the dimensions of availability, availability of health workers, especially doctors still lacking, the service is not available at all times, queues and long waiting times. Programs outside the building services can improve access to health services at the health center with high access. Financial affordability there are no service charges but only for transportation costs that affordable around Rp 5,000, - until Rp 11.000, -.aspect of Geographic accessibility has been supported by good infrastructure and there is public transportation. Acceptance of community to health center services is low because there is a belief that there is a difference in treatment between the participants PBI and non PBI.

Conclusions: Availability factors including absence of doctors, services, and the length of the queue as well as public acceptance factor (acceptability) were low at the notion of the difference in the services is the main obstacle PBI participants in accessing health services in the district of Magelang.

Keywords: *Universal Health Coverage*, Health Care Access, PBI JKN