

## ABSTRAK

Pemerintah Indonesia telah menerapkan kebijakan Jaminan Kesehatan Nasional (JKN) sejak tahun 2014. Pelayanan kesehatan ibu adalah pelayanan yang termasuk dalam manfaat JKN. Penelitian ini bertujuan mengevaluasi JKN berdasarkan indikator keadilan dalam pelayanan kesehatan ibu, terutama pelayanan persalinan dan KB.

Data diperoleh dari Survei Sosial Ekonomi Nasional (Susenas) tahun 2012-2016 dan peraturan perundangan yang ada. Sebagai indikator evaluasi pelayanan persalinan digunakan cakupan pemanfaatan tenaga kesehatan sebagai penolong persalinan dan fasilitas kesehatan sebagai tempat persalinan oleh wanita yang sudah menikah (15-49) yang memiliki bayi, sedangkan *Contraceptive Prevalence Rate* (CPR) dan Metode Kontrasepsi Jangka Panjang (MKJP) untuk pelayanan KB oleh pasangan usia subur dengan isteri berumur 15-49 tahun. Tabulasi, grafik, chi-square dan regresi logistik digunakan untuk menganalisis data.

Pemanfaatan tenaga kesehatan sebagai penolong persalinan meningkat, tetapi pencapaian ini bervariasi berdasarkan wilayah. Cakupan tenaga kesehatan sebagai penolong persalinan di Indonesia bagian timur masih jauh lebih rendah di banding Indonesia bagian barat. Faktor pendidikan dan geografi menjadi faktor dominan dalam pemanfaatan penolong persalinan. Data menunjukkan tidak ada kemajuan dalam cakupan CPR setelah implementasi JKN. Secara nasional, CPR menurun dalam lima tahun. Cakupan MKJP meningkat 3,18% dalam periode 2012-2016. Peningkatan lebih besar terjadi di daerah perkotaan. Faktor geografi (perdesaan-perkotaan) dan ekonomi rumah tangga berkorelasi berbanding terbalik (negatif) dengan pemanfaatan KB (CPR) ( $p < 0,05$ ). Sebaliknya, semua determinan kecuali faktor geografi (regional) secara positif berhubungan dengan penggunaan MKJP ( $p < 0,05$ ) tahun 2015 dan 2016.

Ketidakadilan pemanfaatan tenaga kesehatan sebagai penolong persalinan karena perbedaan geografi (pedesaan-perkotaan, regional, Indonesia barat-timur), pendidikan, dan status ekonomi masih berlanjut setelah implementasi JKN. Program JKN tidak dapat meningkatkan CPR. Keadilan (*equity*) geografi dalam mengakses MKJP belum tercapai, terutama di pedesaan-perkotaan. Pelayanan kesehatan ibu harus ditingkatkan melalui perbaikan sistem yaitu revisi kebijakan dan penguatan sisi *supply-demand* serta pendekatan sosial.

**Kata Kunci:** Keadilan, Jaminan Kesehatan, Pelayanan persalinan, KB

## ABSTRACT

The Indonesian government has been implementing the National Health Insurance Policy (*Jaminan Kesehatan Nasional-JKN*) since 2014. Maternal health services include in the JKN benefits. This study aimed at evaluating JKN based on equity indicators, especially in delivery services and family planning services.

Data were obtained from the 2012-2016 National Socio-Economic Survey (SUSENAS) of Indonesia and the government's regulations. The coverage of the use of health workers as birth attendants and health facilities as a place of delivery by married women (15-49) who have babies were used as an indicator to evaluate delivery services, while Contraceptive Prevalence Rate (CPR) and Long-acting contraceptives (LACs) utilization by couples of childbearing age with wives aged 15-49 years were used as indicators to evaluate family planning services. Tabulations, graphs, chi-square and logistic regression were used to analyze data.

The utilization of health workers as birth attendants increased at the national level, but this achievement showed significant variation according to geographical location. The coverage of health workers as birth attendants in the eastern areas of Indonesia were still much lower than in the western areas of Indonesia. Educational and geography factors became dominant factors in the utilization of health workers as birth attendants. The data indicated that there was no progress in CPR after the implementation of JKN. At the national level, CPR decreased within five years (2012-2016). LACs utilization increased 3.18% between 2012-2016. Increasing in urban areas were more than in rural areas. The geography factor (rural-urban) and household economic status associated negatively with the utilization of overall contraceptive methods ( $p<0.05$ ). Conversely, all the determinants except the geography factor (region) were positively associated with LACs utilization ( $p<0.05$ ) in 2015 and 2016.

Inequity in the utilization of health workers as birth attendants due to geographical differences (urban-rural, regional, eastern-western Indonesia), education, and economic status continues to occur after the implementation of JKN. The JKN policy cannot increase the coverage of CPR. Geographical equity in accessing MKJP has not been reached, especially in rural-urban areas. Maternal health services must be improved through improved systems (policy revisions and strengthening the supply-demand side) and social approach.

Keywords: Equity, Health Insurance, Delivery Services, Family Planning