

ABSTRAK

Selama tiga dekade terakhir, Indonesia telah mengalami transformasi besar-besaran di berbagai bidang, khususnya di bidang kesehatan maternal dan anak. Di balik perkembangan tersebut, ketimpangan terus menjadi masalah yang harus dihadapi oleh Indonesia. Menggunakan data Survei Demografi dan Kesehatan Indonesia (SDKI) dari periode 2002-2003, 2007, 2012, dan 2017 penelitian ini berusaha mengevaluasi tren ketimpangan akses pelayanan kesehatan dasar anak sebelum dan sesudah kelahiran: pelayanan antenatal, persalinan dibantu oleh tenaga medis, pelayanan pascanatal, dan pemberian imunisasi dasar. Ketimpangan diukur menggunakan *Human Opportunity Index* (HOI) dan metode dekomposisi Shapley diaplikasikan untuk menilai kontribusi relatif masing-masing variabel sosio-ekonomi dan regional. Terdapat tiga temuan utama dari penelitian ini. Pertama, penelitian ini menemukan bahwa ketimpangan secara keseluruhan mengalami penurunan dari tahun ke tahun, baik itu secara nasional maupun regional. Ketimpangan paling tinggi terpusat di wilayah timur Indonesia dan paling rendah di wilayah Jawa-Bali dengan kondisi yang cenderung sama tiap tahun. Kedua, dinamika ketimpangan didorong terutama oleh peningkatan akses yang dialami oleh seluruh kelompok. Ketiga, dekomposisi Shapley menyimpulkan bahwa *fixed effects* provinsi, indeks kekayaan, pendidikan ibu, dan pendidikan ayah merupakan kontributor utama yang mendorong ketimpangan oportunitas secara berurutan.

Kata Kunci: Ketimpangan Oportunitas, *Human Opportunity Index*, *Dissimilarity Index*, Kesehatan Maternal, Kesehatan Anak, Indonesia

ABSTRACT

Over the past thirty years or so, Indonesia has experienced a profound transformation in various fields, especially in maternal and child health. However, inequality continues to become a major concern that needs to be addressed. Using Indonesian Demographic and Health Survey (I-DHS) from 2002-2003, 2007, 2012, and 2017, this study seeks to measure and analyze the trends in unequal access to child basic health services: antenatal care, skilled birth attendance, postnatal care, and basic immunization. Inequality in child health care is measured using the Human Opportunity Index (HOI) and the Shapley decomposition method is employed to measure the relative contribution of each determinant, consisted of socio-economic and regional variables. There are three main findings from this study. First, this study found that overall inequality has decreased from year to year, both nationally and regionally. The highest inequality is concentrated in the eastern region of Indonesia and the lowest is in the Java-Bali region. This condition tends to be the same every year. Second, the majority of inequality dynamics can be explained by proportional increases in the coverage rate of all groups. Third, Shapley's decomposition results conclude that region fixed effects, wealth index, maternal education, and paternal education are the main contributors driving the inequality of opportunity in child health care, respectively.

Keywords: Inequality of Opportunity, Human Opportunity Index, Dissimilarity Index, Maternal Health, Child Health, Indonesia