

## ABSTRAK

**Latar Belakang:** Akses ke fasilitas layanan kesehatan dasar merupakan hak asasi manusia dalam mewujudkan keadilan sosial disektor kesehatan bagi semua warga negara Indonesia. Akses ke fasilitas layanan kesehatan di Papua masih menjadi tantangan yang nyata bagi pemerintah terutama jika dikaitkan dengan tujuan meningkatkan derajat kesehatan, menurunkan angka kesakitan dan kematian. Sulitnya akses terhadap fasilitas kesehatan menyebabkan disparitas status kesehatan antar wilayah di Indonesia.

**Tujuan:** Analisis pola utilisasi fasilitas kesehatan dan faktor-faktor yang menghambat aksesibilitas ke puskesmas di Provinsi Papua.

**Metode:** Analisis data sekunder yang berasal dari survei riset kesehatan dasar tahun 2013 dengan jenis studi *cross-sectional*.

**Hasil:** Dari 4562 responden sebanyak 3152 (69,09%) memanfaatkan puskesmas. Probabilitas utilisasi puskesmas lebih baik pada orang kaya dibandingkan orang miskin (OR=4.17 95% CI=3.23-5.38). Peserta askes swasta dan jamsostek lebih berpeluang memanfaatkan puskesmas (OR = 5.87, 95% CI = 2.82-12.23). Tinggal di kota meningkatkan utilisasi puskesmas dibandingkan didesa (OR=1,24, 95% CI=0,98-1,56). Probabilitas utilisasi puskesmas didaerah rawa lebih baik dari dataran lainnya (OR=2.17 95% CI=1.36-3.45). Waktu tempuh kurang dari 30 menit lebih mungkin memanfaatkan puskesmas dibandingkan dengan waktu tempuh lebih 30 menit (OR:1,28 CI=1,14-2,17). Kendaraan bermotor lebih berpeluang memanfaatkan puskesmas (OR:3,00 CI=2,36-3,81). Biaya transportasi lebih dari Rp.100.000 lebih berpeluang memanfaatkan Puskesmas (OR=2.59, 95% CI=1.59-4.2).

**Kesimpulan:** Ketersediaan Fasilitas Kesehatan, waktu tempuh, biaya transportasi dan ketersediaan alat transportasi masih menjadi hambatan aksesibilitas. Pola utilisasi jenis fasilitas kesehatan dasar bervariasi, puskesmas adalah jenis fasilitas yang paling banyak dimanfaatkan. Terdapat inekuitas antara orang miskin dan kaya dalam utilisasi fasilitas layanan kesehatan dasar.

**Kata kunci:** aksesibilitas, *demand side*, utilisasi, *equity*, puskesmas, papua

## ABSTRACT

**Background:** Access to basic health services is a human right in the health sector achieve social justice for all Indonesian people. Access to health care facilities in Papua remains a real challenge for the government, especially if it is associated with the goal to improve the health status, reduce morbidity and mortality. The difficulty of access to health facilities led to disparities in health status between regions in Indonesia.

**Objective:** Analysis patterns utilization of health facilities and the factors that access barriers to health centers in the province of Papua.

**Methods:** Analysis of secondary data comes from a survey of basic health research in 2013 with the kind of cross-sectional studies.

**Results:** Of the 4562 respondents as many as 3152 (69.09%) utilize health centers. Probability better utilization of health centers on the rich than the poor (OR = 4.17 95% CI = 3:23-5:38). Participants private health insurance and social security are more likely to utilize health centers (OR = 5.87, 95% CI = 2.82-12.23). Living in the urban area increasing the utilization of health centers compared with rural area (OR = 1.24, 95% CI = 0.98-1.56). Probability health centers utilization in swampland better than others (OR = 2.17 95% CI = 1:36- 3:45). Time travel less than 30 minutes are more likely to utilize health centers compared with a travel time more than 30 minutes (OR: 1.28 CI = 1.14-2.17). Motor vehicles are more likely to utilize health centers (OR: 3.00 CI = 2.36 to 3.81). Transportation costs of more than Rp. 100,000 is more likely to take advantage of health center (OR = 2.59, 95% CI = 1.59-4.2).

**Conclusion:** The availability of health facilities, travel time, transport costs and the availability of transportation still be barriers of accessibility. Utilization patterns varied types of basic health facilities, primary health centers are the types of facilities that the most widely used. There is inequity between the poor and rich in the utilization of basic health services.

**Keywords:** accessibility, demand side, utilization, inequity, health centers, Papua