

ABSTRAK

Latar Belakang: Kasus campak di DIY Tahun 2014 mencapai 1.222 kasus (Kemenkes 2014). Jumlah ini menempatkan DIY menjadi provinsi dengan jumlah kasus campak terbanyak ketiga setelah DKI Jakarta dan Aceh. Kejadian luar biasa campak di 2014 sebanyak 10 kali dengan 262 kasus, 2015, 1 kali dengan 14 kasus. Penelitian ini bertujuan menganalisis beban ekonomi akibat KLB campak pada sektor rumah tangga.

Metode: Penelitian deskriptif dengan desain survei, data yang dikumpulkan biaya langsung dan tidak langsung selama pasien terkena campak, dilakukan wawancara kepada 177 responden menggunakan kuesioner. Data skunder berupa kejadian luar biasa campak tahun 2014 dan 2015. Penelitian pada Februari - Maret 2016.

Hasil: Jumlah responden yang berkunjung ke fasilitas kesehatan 163 pasien (92,09%). Total biaya medis Rp 17.982.000, biaya non medis Rp 7.804.900, sehingga total biaya langsung Rp 25.786.900 (rata-rata Rp 145.700). Total biaya tidak langsung Rp 11.720.000 (rata-rata Rp 156.300). Beban ekonomi KLB campak Rp 37.506.900 (rata-rata Rp 211.900). Secara umum biaya yang dikeluarkan (*Out Of Pocket*) sebesar 6,32% dari pendapatan rumah tangga, belum katastrofik, namun ada 39(22,03%) RT yang mengalami katastrofik. Hasil analisis regresi menunjukkan durasi sakit lebih 10 hari ($p=0,002$ dan status rawat inap ($p=0,000$))

Kesimpulan: Beban ekonomi KLB campak di Provinsi DIY tahun 2015 Rp 37.506.900. Meliputi biaya langsung dan biaya tidak langsung. Hal ini telah berdampak katastrofik pada 39(22,03%) rumah tangga. Faktor yang diduga berhubungan dengan beban ekonomi adalah durasi sakit lebih 10 hari dan status rawat inap. Perlu advokasi kepada masyarakat tentang pemanfaatan jaminan kesehatan dan pencegahan campak dengan cara imunisasi campak.

Kata kunci : Biaya, Beban ekonomi, KLB Campak, Katastrofik

ABSTRACT

Background: Cases of measles in DIY 2014 reached 1,222 cases (Ministry of Health 2014). This puts the number of DIY province with the third highest number of measles cases after DKI Jakarta and Aceh. Outbreaks measles in 2014, increasing 10 times with 262 cases in 2015, one time with 14 cases. This study aimed to analyze the economic burden due to outbreaks of measles in the household sector.

Methods: Descriptive study with survey design, data collected direct and indirect costs for patients exposed to measles, conducted interviews of 177 respondents using a questionnaire. Secondary data in the form of outbreaks of measles in 2014 and 2015. Research in February-March, 2016.

Results: The number respondent who visit health facilities to a number of 163 patients (92.09%). Total medical costs IDR 17.982.000, non-medical costs IDR 7.804.900, so the total direct cost of IDR 25.786.900 (average IDR 145. 700). Total indirect costs IDR 11.720.000 (average IDR 156. 300). The economic burden of measles outbreak IDR 37.506.900 (average IDR 211. 900). Generally the cost is issued (*Out Of Pocket*) amounted to 6.32% of household income, not yet catastrophic, But there are few households, 39(22,03%) households experiencing catastrophic disaster Regression analysis showed the duration of illness more than 10 days ($p = 0.002$ and the status of hospitalization ($p = 0.000$)

Conclusions: The economic burden of outbreaks of measles in the province in 2015 was IDR 37.506.900. Includes direct costs and indirect costs. is the dominant component of direct costs. This has a catastrophic impact on the 39 (22.03%) households. The factors that were related to the economic burden is the duration of illness of more than 10 days and inpatient status. Need an advocacy to the community about the use of health care and prevention of measles by way of measles immunization.

Keywords: cost, economic burden, measles outbreak, catastrophic