

ABSTRAK

Latar Belakang: Berdasarkan data Riskesdas 2013, rumah tangga yang memanfaatkan pelayanan kesehatan tradisional keterampilan tanpa alat di pedesaan (81,8%) lebih tinggi dibandingkan di perkotaan (74,3%). Proporsi rumah tangga yang memanfaatkan pelayanan kesehatan tradisional keterampilan tanpa alat berdasarkan kuintil indeks kepemilikan dengan status ekonomi terbawah (81,7%) dan menengah terbawah (79,5%) lebih tinggi dibandingkan dengan status ekonomi menengah keatas (76,2%) dan teratas (77,4%).

Tujuan penelitian: Mengetahui proporsi penduduk miskin menurut provinsi di Indonesia, mengetahui proporsi karakteristik rumah tangga mengetahui hubungan karakteristik sosiodemografi penduduk miskin, mengetahui hubungan ketersediaan pelayanan kesehatan dasar dengan pemanfaatan pelayanan kesehatan tradisional bagi penduduk miskin berdasarkan data Riskesdas 2013.

Metode penelitian : Jenis penelitian *cross sectional* dengan melakukan analisis data sekunder untuk interpretasi dan penarikan kesimpulan dengan pengumpulan data dan analisis data yang berasal dari metode pengumpulan data survei, sensus, maupun dokumen. Analisis dilakukan dengan uji univariat, uji bivariat, dan uji multivariat variabel bebas terhadap variabel terikat.

Hasil : Pemanfaatan pelayanan kesehatan tradisional paling banyak adalah pengobatan tradisional tanpa alat sebesar 78,10%. Persentase memanfaatkan pelayanan kesehatan tradisional adalah kelompok umur 35-54 tahun (40,09%), jenis kelamin wanita (52,50%), pekerjaan utama Petani (39,31%), tingkat pendidikan tamat SD (38,19%), dan ketersediaan fasilitas kesehatan yang paling banyak digunakan adalah Posyandu (38,21%).

Kesimpulan : Penduduk miskin dengan umur 35-54 tahun, tinggal di pedesaan, dengan pekerjaan utama nelayan, tingkat pendidikan tamat SD dan yang sering pergi ke posyandu berpeluang lebih besar dalam memanfaatkan pelayanan kesehatan tradisional dan faktor yang paling berpengaruh dalam pemanfaatan pelayanan kesehatan tradisional adalah umur 35-54 dan tempat tinggal di pedesaan.

Kata kunci : *Pelayanan kesehatan tradisional, penduduk miskin, Riskesdas*

*Traditional Health Services Utilization For Poor People In Indonesia : Data Analysis
Riskesdas 2013*

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ABSTRAC

Background: Based on data Riskesdas 2013, households who use traditional health care skills without tools in rural areas (81,8%) higher than in urban areas (74,3%). The proportion of households who use traditional health care skills without tools based on proprietary index quintile with the lowest economic status (81,7%) and intermediate bottom (79,5%) higher than the middle and upper economic status (76,2%) and the top (77,4%).

Objective: Knowing the proportion of poor people by province in Indonesia , knowing the proportion of household characteristics determine the relationship of sociodemographic characteristics of the poor, knowing the relationship the availability of basic health services with the use of traditional health services for the poor based on data Riskesdas 2013

Method: This cross-sectional study type by analyzing secondary data for interpretation and conclusion with data collection and analysis of data derived from the survey data collection methods, census, and documents. The analysis was performed with univariate, bivariate test, and multivariate analysis the independent variable on the dependent variable.

Results: The use of traditional health care most is the traditional without tools by 78,10%. The percentage of utilization of health services trradisional is the age group 35-54 years (40,09%), female gender (52,50%), the main job Farmers (39,31%), complete primary school education level (38,19%), and the availability of health facilities the most widely used is the Posyandu (38,21%).

Conclusion : The poor with age 35-54 years old, living in the countryside , with the main work of fishermans, educational level completed primary school and who often go to Posyandu are most likely to utilize health services traditionally and the most influential factor in the utilization of traditional health care is aged and residence.

Keywords : *traditional health services , the poor , riskesdas*

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