

**Analisis Kesenjangan Aksesibilitas Program Pengelolaan Penyakit Kronis (Prolanis)
Diabetes Melitus (DM) Peserta Jaminan Kesehatan Nasional (JKN) Kabupaten
Banyumas**

ABSTRAK

Latar Belakang: Prevalensi DM tipe 2 semakin meningkat di Indonesia. Prolanis sebagai manfaat dari jaminan kesehatan nasional (JKN) bertujuan untuk mengendalikan prevalensi DM di Indonesia. Akses peserta JKN terhadap Prolanis masih sangat bervariasi. Penelitian ini bertujuan untuk menganalisis kesenjangan aksesibilitas Prolanis DM pada peserta JKN di Kabupaten Banyumas.

Metode: Penelitian observasional analitik dengan desain *cross-sectional* yang mengikutsertakan 628 peserta Prolanis dari 16 fasilitas kesehatan tingkat pertama (FKTP) di Kabupaten Banyumas. Aksesibilitas diukur berdasarkan rutinitas kunjungan, kesesuaian pengobatan dan pengendalian penyakit. Kesenjangan diukur berdasarkan status sosial ekonomi, jenis FKTP, jenis kepesertaan dan lokasi tinggal. Tingkat kesenjangan dianalisis menggunakan uji Chi-Square dan uji regresi logistik berganda.

Hasil: Dari 628 responden sebesar 67,2% rutin berkunjung, 71,8% telah sesuai pengobatannya dan 35,0% terkendali penyakitnya. Peserta JKN yang tinggal di perkotaan lebih rutin berkunjung dibanding peserta yang tinggal di perdesaan (OR (95%CI) = 1,68) dan peserta pekerja sektor informal lebih rutin berkunjung dibanding peserta pekerja sektor formal (OR (95%CI) = 2,65). Peserta yang tinggal di perkotaan berpeluang lebih tinggi mendapatkan pengobatan yang sesuai dibandingkan dengan peserta yang tinggal di perdesaan (OR (95%CI) = 2,37). Bila dibandingkan dengan Praktek Dokter Mandiri, peserta Prolanis yang berobat di Puskesmas (OR (95%CI) = 0,50) dan Klinik Pratama (OR (95%CI) = 0,50) berpeluang memiliki pengendalian penyakit yang lebih rendah.

Kesimpulan: Terdapat kesenjangan aksesibilitas Prolanis DM peserta JKN di Kabupaten Banyumas berdasarkan status sosial ekonomi, lokasi tinggal, dan jenis FKTP. Implementasi Prolanis perlu memperhatikan karakteristik peserta agar kesenjangan aksesibilitas dapat diminimalisir.

Kata Kunci: Aksesibilitas; diabetes melitus tipe 2; JKN; kesenjangan; prolanis

The analysis of inequalities in the Accessibility of Diabetes Mellitus (DM) Chronic Disease Management Program (Prolanis) among Beneficiaries of the National Health Insurance (JKN) at Banyumas District

ABSTRACT

Background: The prevalence of type 2 DM is increasing in Indonesia. Chronic disease management (Prolanis) as benefit package of the national health insurance (JKN) aims to control the prevalence of DM in Indonesia. However, access of JKN beneficiaries to Prolanis is still varied. This study aims to assess the inequalities in the accessibility of Prolanis DM among JKN beneficiaries in Banyumas District.

Methods: This was a cross-sectional study involving 628 Prolanis participants from 16 primary healthcare facilities (FKTP) at Banyumas Regency. Accessibility was measured based on routine visits, appropriateness of treatment and disease control. The inequalities were measured based on socioeconomic status, type of FKTP, type of beneficiaries and place of residence. The extent of inequality was analyzed using the Chi-Square test and multiple logistic regression.

Results: From 628 participants, 67.2% had regular visit, 71.8% had appropriate treatment and 35.0% had their disease under control. Participants living in urban areas visited more regularly compared to those who lived in rural areas (OR = 1.68(95%CI)) as well as participants who were informal workers compared to those who were formal workers (OR = 2, 65(95%CI)). Participants living in urban areas had a higher chance of receiving appropriate treatment compared to participants living in rural areas (OR = 2.37(95% CI)). When compared to solo practice, Prolanis participants who seek treatment at the Puskesmas (OR = 0.50(95%CI)) and Primary Clinics (OR = 0.50(95%CI)) have a lower chance of the disease undercontrol.

Conclusion: A relatively large inequalities in the accessibility of Prolanis DM exist among JKN beneficiaries at Banyumas Regency based on socioeconomic status, location of residence, and type of FKTP. The implementation of Prolanis needs to pay attention to the characteristics of the participants to improve the accessibility of the vulnerable group to the program.

Keywords: Accessibility; inequalities; JKN; prolanis; type 2 diabetes mellitus