ABSTRACT

The right to receive health cannot be separated from other rights, including the right to a decent standard of living, the right to receive education, and free from discrimination. Concern for equal opportunities to be healthy is the basic definition of equity in health. Based on Law No. 17 of 2007 development challenges in health sector that unresolved is health disparities status in society and access to health care between regions, socioeconomic level, and gender; and lack of society access to health facilities. The purpose of this research was to study the vertical equity of health care utilization in society at working area of Puskesmas Dupak.

The research was an observational analytic research using cross sectional design because random sampling technique and the results can be generalized. The sum of samples in this research was 100 families at working area of Puskesmas Dupak selected by one stage cluster random sampling techniques and using questionnaire as research instruments.

The results showed that perfect vertical equity occurred in the society with the payment status of Askes, non-insurance, and Jamsostek. Meanwhile on the payment status Jamkesmas/Jamkesda near perfect vertical equity which value was 1.15. Kruskal Wallis test showed no differences in respondent assessment toward health official attitudes based on payment status. Society access to healthcare which consisted of geography, economics, and social access included reachable category.

The conclusion is going vertical equity in health care utilization on the payment status of Jamkesmas/Jamkesda, Askes, non-insurance, and Jamsostek. This is supported by the ease access of society to health care and there is no difference in respondent assessment toward health official attitudes which show same attitude to all types of payment status.

Key words: vertical equity, payment status