

## ABSTRACT

The number of life expectancy in Indonesia has increased over the past few years. The increase in life expectancy since birth will increase the number of elderly people. The main problem for elderly people is to fulfill their needs for health services. Surabaya has an increasing number of elderly people from 2015 to 2017. However, there is a decrease in the number of elderly people who receive health services from 2016 to 2017 by 9.25%. In each area of Surabaya, several health centers are found which provide health coverage of the elderly who received poor health services in 2017, namely the Rangkah Health Center, Perak Timur Health Center, Dr. Soetomo Health Center, Lontar Health Center, and Sidosermo Health Center.

This research is quantitative analytic research with a cross-sectional research design. The population is the elderly people in the working area of the Rangkah Health Center, Sidosermo Health Center, Lontar Health Center, Dr. Soetomo Health Center, and Perak Timur Health Center. The sample in this research is 172 elderly. The data obtained were then analyzed through binary logistic regression test.

The analysis resulted that the need for health services on the accessibility of the elderly produces the value of sig 0.513. The trust level of choosing health services for the accessibility of the elderly produces the value of sig 0.995. The independence level in conducting activities on the accessibility of the elderly produces the value of sig 0.999. The ability to walk for the accessibility of the elderly produces the value of sig 0.996. The transportation for the accessibility of the elderly produces the value of sig 0.448. The distance of the elderly people's homes to the accessibility of the elderly produces the value of sig 0.488.

The BPJS (Indonesia's Social-Health Security/Insurance) ownership for the accessibility of the elderly has a sig value of 0.996, while the willingness to pay for the accessibility of the elderly produces the sig value of 0.998. The physical accessibility for the utilization of health centers produces the sig value of 0.775, while the utilization of elderly integrated health service is 0.999. The financial affordability of the utilization of health centers produces the value of sig 0.027, while the utilization of elderly integrated health service has the sig value of 0.002. The acceptability of the utilization of health centers produces the sig value of 0.999 which is the same as the acceptability sig value of the utilization of integrated health service for the elderly.

This research concluded that the demand factor and barrier factor do not influence the accessibility of the elderly. However, Financial affordability has an impact on the utilization of health services.

Keywords: Accessibility, Elderly, Utilization

**ABSTRAK**

UHH atau Umur harapan hidup di Indonesia mengalami peningkatan selama beberapa tahun terakhir. Meningkatnya UHH sejak lahir akan mengakibatkan peningkatan jumlah penduduk usia lanjut. Masalah utama bagi lansia adalah pemenuhan kebutuhan pelayanan kesehatan. Kota Surabaya memiliki peningkatan jumlah Lansia dari tahun 2015 hingga 2017. Namun terjadi penurunan angka cakupan lansia yang mendapatkan pelayanan kesehatan dari 2016 ke 2017 sebesar 9,25%. Pada tiap wilayah Surabaya terdapat puskesmas yang memiliki cakupan lansia yang mendapatkan pelayanan kesehatan terendah pada tahun 2017 yaitu Puskesmas Rangkah, Puskesmas Perak Timur, Puskesmas Dr. Soetomo, Puskesmas Lontar, dan Puskesmas Sidosermo.

Penelitian ini termasuk penelitian kuantitatif analitik dengan rancang bangun penelitian *cross sectional*. Populasi pada penelitian ini adalah Lansia di wilayah kerja Puskesmas Rangkah, Puskesmas Sidosermo, Puskesmas Lontar, Puskesmas Dr. Soetomo, dan Puskesmas Perak Timur. Sampel pada penelitian ini berjumlah 172 lansia. Data dianalisis dengan menggunakan uji regresi logistik biner.

Hasil analisis menyatakan kebutuhan layanan kesehatan terhadap aksesibilitas lansia menghasilkan sig 0,513. Lalu kepercayaan dalam memilih layanan kesehatan terhadap aksesibilitas lansia menghasilkan sig 0,995. Kemandirian melakukan aktivitas terhadap aksesibilitas lansia menghasilkan sig 0,999. Kemampuan berjalan terhadap aksesibilitas lansia menghasilkan sig 0,996. Transportasi terhadap aksesibilitas lansia menghasilkan sig 0,448. Jarak rumah lansia terhadap aksesibilitas lansia menghasilkan sig 0,488. Kepemilikan BPJS terhadap aksesibilitas lansia memiliki sig 0,996, sedangkan kesediaan membayar terhadap aksesibilitas lansia menghasilkan 0,998. Lalu untuk *physical accessibility* terhadap pemanfaatan puskesmas menghasilkan sig 0,775, sedangkan terhadap pemanfaatan posyandu lansia sebesar 0,999. *Financial affordability* terhadap pemanfaatan puskesmas menghasilkan sig 0,027, sedangkan terhadap pemanfaatan posyandu lansia sebesar 0,002. *Acceptability* terhadap pemanfaatan puskesmas menghasilkan sig 0,999 sama dengan *acceptability* terhadap pemanfaatan posyandu lansia.

Kesimpulan dari penelitian ini yaitu faktor *demand* dan faktor *barrier* tidak memiliki pengaruh terhadap aksesibilitas lansia. Lalu *Financial affordability* memiliki pengaruh terhadap pemanfaatan pelayanan kesehatan.

Kata Kunci : Aksesibilitas, Lansia, Pemanfaatan