Socioeconomic inequalities in the utilisation of hypertension and type 2 diabetes management services in Indonesia

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Abstract	Objectives To describe socioeconomic inequalities in the utilisation of hypertension and type 2 diabetes (T2D) management services in the Indonesian population and to determine whether education level and geographical location contribute to inequalities. Methods Cross-sectional study using data from the 2014 Indonesia Family Life Survey (N = 30 762 for hypertension; N = 6758 for T2D). Socioeconomic status was measured by household consumption. The prevalence of hypertension and T2D was determined using internationally standardised clinical measurement, while disease management was defined by participation in screening and current use of medication. The relative index of inequality (RII) was used to estimate inequalities, adjusted to education level and geographical location. Results For all household consumption quintiles, we observed low rates of screening participation for T2D and low medication use in both hypertension and T2D. We found socioeconomic inequalities in screening participation for hypertension (RII 2.68, 95% CI 2.42-2.96) and T2D (RII 7.30, 95% CI 5.48-9.72) and also for medication use in hypertension (RII 3.09, 95% CI 2.28-4.18) and T2D (RII 2.81, 95% CI 1.09-7.27). Education level contributed to socioeconomic inequalities in screening utilisation for both hypertension and T2D. Geographical location contributed to inequalities in screening utilisation and medication use for T2D. Socioeconomic inequalities in medication use for hypertension and T2D were larger among men than women. Conclusions Large socioeconomic inequalities were found in the utilisation of hypertension and T2D management services in Indonesia. Improving affordability, availability and approachability of services is crucial to reduce such inequalities.
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