

Factors Related to the Utilization of Health Services in the Working Area of Wee Luri Public Health Center, Central Sumba District

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ABSTRACT

Health is an important element in human life. Utilization of health services is any effort carried out individually or together, in an organization to maintain and improve health, prevent and cure illnesses and restore the health of individuals, families, groups and communities. The utilization of health services in the community in the working area of the Wee Luri Health Center, Central Sumba Regency, is still relatively lacking due to the community's perception of illness. People come to the Wee Luri Health Center when the illness is severe enough. The community assumes that the public health center is for those whose illness is severe in the sense that they are unable to get up from bed. This study aimed to determine the factors influencing the utilization of health services in the Wee Luri Health Center working area, Central Sumba Regency, in 2020. Using a descriptive survey and cross-sectional design, the study involved 153 families, with family heads selected through simple random sampling. Data analysis using the Chi-Square test ($\alpha = 0.05$) revealed significant relationships between education ($p = 0.028$), insurance ownership ($p = 0.001$), accessibility ($p = 0.010$), knowledge ($p = 0.005$), and perception of illness ($p = 0.040$) with health service utilization. Wee Luri Health Center needs to further improve health promotion and the quality of health services in order to increase public knowledge and provide comprehensive and integrated services.

Keywords: health service utilization; education; knowledge; accessibility

INTRODUCTION

The Republic of Indonesia's Ministry of Health defines health services as any individual or group efforts made within an organization to promote wellness, maintain health, treat illness, and recover the health of people, families, and groups. In order to preserve and improve the community's health condition, health services are provided by the government or the community in the form of illness prevention, health improvement, disease treatment, and health restoration. Utilization of medical and public health services, such as health promotion, environmental health, maternal and child health, efforts to improve nutrition, and the eradication and treatment of infectious diseases, is important for the community's capacity to maintain, improve, prevent, and cure diseases as well as restore individual or family health ⁽¹⁾.

One of the many factors that must be taken into account in order to improve the community's health status is the provision of health services, which are any actions taken individually or collectively within an organization in order to preserve and enhance the health of people, groups, or communities. Health services are an area of health development that aims to promote and enhance public health as well as deliver the best and closest health services to the community via all-encompassing, integrated work activities ⁽²⁾.

Because the community health center is the primary hub for community health development and offers high-quality, equitable community services with active community participation, one method that health activities are implemented is through public health services. In this respect, the community health center also conducts health initiatives through promotional, preventative, curative, and rehabilitative activities, which are done in a thorough, integrated, and sustainable manner⁽³⁾.

In the 2019 Indonesian Health Profile, it is stated that the number of public health centers in Indonesia until the end of 2019 was 10,134 units, with details of the number of inpatient health centers being 6,086 units and the number of non-inpatient public health centers being 4,048 units. This number increased compared to 2018, which was 9,993 units, with details of the number of inpatient public health centers at 3,623 units and the number of non-inpatient public health centers at 6,370 units. This illustrates an increase in the number of public health centers in Indonesia from 2018 to 2019⁽⁴⁾.

Based on the health profile of the Wee Luri Health Center in 2019, the number of patient visits in 2017 at the Wee Luri Health Center was 6,400 visits. In 2018, the number of visits increased to 9,208 visits, but in 2019 it decreased to 7,090 visits. Until now, Mamboro District has been faced with malnutrition problems such as protein energy deficiency and high morbidity rates such as influenza.

Research (Riyanti et al., 2019) explains that the utilization of health services is also influenced by several factors, namely the level of income. Very low family income can determine the level of patient compliance in treatment, where the higher the income, the higher the utilization of health services. On the other hand, the lower the income, the lower the utilization of health services⁽⁵⁾.

Based on the initial survey conducted in the field, it was found that the community did not take advantage of the services at the Wee Luri Health Center due to the community's perception of illness. People come to the Wee Luri Health Center when the illness is severe enough. The community assumes that the public health center is for those whose illness is severe in the sense that they are unable to get up from bed. Meanwhile, people who are sick or have a fever and are still able to get out of bed will choose to buy medicine at a shop and consume traditional medicine instead of coming for treatment at the public health center.

The purpose of this study was to examine the relationship between the independent variables, namely income, knowledge, insurance membership ownership, pain perception, and accessibility, with the dependent variable, namely the utilization of health services at the Wee Luri Health Center, Mamboro District, Central Sumba Regency.

METHOD

The type of research used in this study is analytic survey research with a cross-sectional design, namely to see the relationship between the independent variable and the dependent variable at the same time. This research was conducted for 1 month in the working area of Wee Luri Public Health Center, Mamboro District, Central Sumba Regency. The population in this study were all people living in the

working area of the Wee Luri Health Center, as many as 153 people, with a sample of 60 people who were taken randomly using simple random sampling with inclusion and exclusion criteria, determining the sample size using the Slovin formula. The sources of data in this study are primary data obtained directly from respondents and secondary data obtained from Wee Luri Health Center, Central Sumba Regency and related agencies. Data collection techniques and instruments were interviewed using a questionnaire. The results of this study were then analyzed by univariate analysis, which aims to explain or describe the characteristics of each research variable; and bivariate analysis, which aims to analyze the relationship between the independent variables and the dependent variable using the chi-square test with a significant level of 0.05 and a 95% confidence level. Then the results of the analysis will be presented in the form of tables and narratives. This research has been ethically approved by the Public Health Research Ethics Commission of Nusa Cendana University under Number: 20211015-KEPK.

RESULTS AND DISCUSSION

1. Univariate Analysis

The results of this univariable analysis related to Education, Knowledge, Accessibility, Insurance Ownership, Pain Perception, Utilization of Health Services in the Wee Luri Health Center Work Area, Central Sumba Regency can be seen in the table below.

Table 1. Table of Frequency Distribution of Respondents Based on Education, Knowledge, Accessibility, Insurance Ownership, Pain Perception, Utilization of Health Services in the Work Area of Wee Luri Health Center, Central Sumba Regency

Variable	Category	Amount	%
Education	Tall	18	30
	Low	42	70
Total		60	100
Knowledge	Well	24	40
	Not enough	36	60
Total		60	100
Accessibility	Easy	38	63.3
	Difficult	22	36.7
Total		60	100
Insurance Ownership	There is	13	21.7
	There isn't any	47	78.3
Total		60	100
Pain Perception	Well	29	48.3
	Not good	31	51.7
Total		60	100
Utilization of Health Services	Yes	28	46.7
	Not	32	53.3
Total		60	100

Table 1 above shows that of the total respondents, seen from the education variable, most have low education (70%). When viewed from the knowledge variable, most respondents have less knowledge (60%). Seen from the accessibility variable, most respondents have accessibility. When viewed from the insurance ownership variable, most respondents do not have insurance (78.3 %), seen from the pain perception variable, most respondents have a poor perception of illness (51.7%), and when viewed from the service utilization variable, most respondents do not use health services (53.3%).

2. Bivariate Analysis

To assess the relationship between the independent variables, namely education, knowledge, accessibility, insurance ownership, and perception of illness with the dependent variable, namely the utilization of health services in the working area of the Wee Luri Health Center , the *chi-square* test was used. The table below contains the results of the analysis.

Table 2. Results of Bivariate Analysis of Factors Related to Utilization of Health Services in the Work Area of Wee Luri Health Center, Central Sumba Regency

Variable	Utilization of Health Services				Total		P Value
	Yes		Not		N	%	
	N	%	N	%			
Education							
Height	4	14,3	14	43,8	18	30.0	0.028
Low	24	85.7	18	56,2	42	70.0	
Total	28	100	32	100	60	100	
Knowledge							
Good	17	60.7	7	21.9	24	40.0	0.005
Less	11	39.3	25	78.1	36	60.0	
Total	28	100	32	100	60	100	
Accessibility							
at risk	23	82.1	15	46.9	38	63.3	0.010
No Risk	5	17.9	17	53.1	22	36.7	
Total	28	100	32	100	60	100	
Insurance Ownership							
There is	12	42.9	1	3.1	13	21.7	0.001
There isn't any	16	57.1	31	96.9	47	78.3	
Total	28	100	32	100	60	100	
Pain Perception							
Well	18	64.3	11	34.4	29	48.3	0.040
Not good	10	35.7	21	65.6	31	51.7	
Total	28	100	32	100	60	100	

Table 2 shows that, based on the results of the analysis, there is a relationship between the education variable and the utilization of health services ($p\text{-value} = 0.028$), there is a relationship between the knowledge variable and the utilization of health services ($p\text{-value} = 0.005$), there is a relationship between the accessibility variable and utilization of health services ($p\text{-value} = 0.010$), there

is a relationship between the insurance ownership variable and the use of health services ($p\text{-value} = 0.001$), and there is a relationship between the perception of illness variable and the utilization of health services ($p\text{-value} = 0.040$).

3. The Relationship between Education Level and Utilization of Health Services

The research revealed a connection between the respondent's education level and the use of medical services at the Wee Luri Health Center's working environment. The results of this study are in accordance with research conducted by Paulus (2017) at the Likupang Health Center, East Likupang District, that there is a relationship between education and the utilization of the public health center. This is because the level of education has relevance to a person's knowledge, so that it contributes to public perception of the importance of health ⁽⁶⁾. In contrast to the research conducted (Meidella, 2021), it shows that there is no significant relationship between education and the utilization of health services at the Talu Health Center ⁽³⁾.

This study found that respondents with low levels of education used more health services (85.7%). This is because people are aware of the importance of health and also have good knowledge about health services. On the contrary, respondents with higher education levels use fewer health services (14.3%). This is due to an increase in knowledge but not matched by changes in behavior and also a lack of awareness of the importance of health services. They will realize the importance of health services when they are lying weak and unable to carry out daily activities.

Every individual needs education to have a comprehensive base of information and understanding. It also affects attitudes, behaviors, and actions, both individually and in communities, to have a feeling of progress-mindedness. In order for the community to be willing to take action (practice) to maintain, solve issues, and enhance their health, education is an effort at persuading or learning on their part. Health education produces changes or activities to preserve and improve health based on information and awareness acquired throughout the learning process. Education can have an impact on how often a person uses health care. A person with a higher education has to be knowledgeable in order to be able to take in information effectively, which will ultimately lead him to seek health services ⁽⁷⁾.

According to Rumengan (2015), education status has a substantial impact on the use of health services since it is strongly tied to awareness and knowledge, and often those with low levels of education have inadequate awareness and understanding about using health services. High levels of knowledge should make it simpler to understand messages and inspire people to use healthcare services. The fact that one's knowledge is now not only acquired through formal education but also through technological advancements that have a significant impact on how one acquires information and knowledge means that formal education is not always a factor in a person's decision to use health services at the public health center ⁽⁸⁾.

4. Relationship between Knowledge Level and Utilization of Health Services

The findings show a relationship between respondents' level of knowledge and their use of health services in the Wee Luri Health Center's working area. The results of this study are in line with research conducted by (Basith, 2019) which states that knowledge ($p = 0.001$) has a relationship with the utilization of health services at the Gayamsari Health Center in Semarang City. This is because people's behavior in utilizing health services at the public health center is influenced by the knowledge that a person has. Knowledge plays a role because with knowledge there will be an attitude that is followed, which then becomes an action to take decisions in utilizing health services⁽⁷⁾.

This study found that respondents with a good level of knowledge used the most health services (60.7%). This is because the higher a person's knowledge of the importance of health makes a person aware of the benefits of health services at the public health center. On the contrary, respondents with less knowledge use health services (39.3%). This is due to the low knowledge of the community and also the lack of information obtained about health services at the Wee Luri Health Center. Aside from that, there are other factors such as the distance from where they live to the public health center is very far and there is no supporting public transportation.

Knowledge is everything that is known and understood after seeing or witnessing, experiencing, or being taught either through formal or non-formal education. Sufficient knowledge will make it easier for someone to decide to take advantage of health services. Knowledge about health services can be obtained through sensing or the results of someone's curiosity. That can influence someone to get health services. Providing information related to services is important to increasing the utilization of health services. The longer exposure to information is considered, the better and easier to understand, and will affect a person's level of knowledge. This information can be obtained from books, mass media such as magazines, newspapers, or television, by exchanging information or experiences, and also from the internet⁽⁹⁾.

There is a need for promotion in the provision of service information through electronic media, print media, and the environment such as cooperation and events, in an effort to provide services that are in line with expectations.

5. Relationship between Accessibility and Utilization of Health Services

Research shows that there is a relationship between accessibility and utilization of health services in the working area of Wee Luri Health Center. This study is in line with research conducted by Sinambela, M., *et al* (2020), which states that there is a significant relationship between accessibility and the utilization of health services for BPJS health participants at Simeulue Hospital. This is due to the fact that accessibility plays a significant role in influencing the respondent's choice to use health services. The respondent visits the health center more frequently if it is closer and easier to reach from home, and vice versa; the respondent is less interested in visiting and using health services if it is farther

and more difficult to reach from home ⁽¹⁰⁾. This is different from research (Hidana, *et al.* 2018) which concludes that there is no significant relationship between the accessibility variable and the utilization of health services at the Tanah Sareal Health Center, Bogor City ⁽¹¹⁾.

This study found that respondents with easy accessibility used the most health services (82.1%). This is because respondents have private vehicles that make it easier for respondents to go to health services and also some respondents have a place to live close to the Wee Luri Health Center. On the other hand, respondents with difficult accessibility use fewer health services (17.9%). This is due to internal factors such as lack of motivation and trust in the health services provided, patient experience when using health services at Wee Luri Health Center, low income, not having insurance, and also unavailability of public transportation.

Accessibility is one of the variables that supports transportation, individual or group desire to achieve it in the convenience of getting to medical facilities, including distance, simplicity of transport, and trip time. Geographical affordability, where accessibility is measured by the distance and travel time as well as the convenience of getting health care, is one of the elements that might affect people in determining the usage of health services. To make it simpler for the community to get health services, it is ideal for health care institutions to be as close to the community as feasible ⁽¹²⁾.

Access refers to a community's capacity to look for and get services. The degree of adaptation between the community's needs and the features of health resources in the process of seeking and acquiring services is known as accessibility of services. Distance from home and travel time to healthcare facilities, as well as social and cultural background, all affect access to healthcare services. Health inequalities will result from unequal access to and use of healthcare services ⁽¹²⁾.

Health services must be available to the community without being hampered by organizational, linguistic, social, or geographic barriers to access. One of them is a person's physical location, which can be determined by the distance, travel time, mode of transportation, or other barriers that could keep them from receiving medical care. The frequency of visits to health service centers might be impacted by access. The number of trips to the service center increases with the proximity of the residence to the health service center; conversely, the number of visits to the service center decreases with the distance of the home from the health service center ⁽¹⁰⁾.

6. Relationship of Insurance Ownership with Utilization of Health Services

According to research, there is a correlation between insurance ownership and the use of medical services in the Wee Luri Health Center's service region. This finding is consistent with other research (Masita, *et al.*, 2015), which found a link between insurance ownership and the use of medical services. This is because health insurance is a tool that can help people continue to carry out health care without having to be burdened with economic or financial problems ⁽¹³⁾. This is different from research (Hidana,

et al. 2018), which concludes that there is no significant relationship between ownership of health insurance and the utilization of health services at the Tanah Sareal Health Center, Bogor City ⁽¹¹⁾.

According to the findings of this study, respondents who did not have health insurance did not use health services at all (96.9%). This is due to minimal knowledge, low income, the distance to the health center is far and also still attached to traditional customs that are difficult to remove. On the other hand, respondents with categories with health insurance use fewer health services (42.9%). This is because the higher the knowledge and the better the economy of the respondents, when they are sick, the respondents prefer to seek treatment at a better and more complete health service facility than having to go to the Wee Luri Health Center.

The use of medical facilities is influenced by health insurance ownership. The use of services is closely tied to health insurance. The advantages of health insurance include improving access to healthcare for all people, relieving participants of the burden of paying out-of-pocket, reducing medical expenses, and giving health information. When someone is unwell, health insurance is especially important for safeguarding public health because it ensures that the community's demands for medical care are satisfied and that health care funding is more sustainable ⁽⁷⁾.

Medical insurance systems encourage various effects on the use of medical services and raise the likelihood that the community will be using health services ⁽¹⁴⁾. The ownership of different health insurance has a close relationship with seeking health care. It can be seen that there is a difference between those who have mandatory NHIF (*National Health Insurance Fund*) insurance and those who have CHF (*Community Health Fund*) voluntary insurance, where NHIF is more Many use health services because the area where they live is close to health facilities and has a wide choice of health providers ⁽¹⁵⁾.

7. Relationship between Pain Perception and Utilization of Health Services

According to research, there is a relationship between the perception of pain and the use of health services at the Wee Luri Health Center's workplace environment. This study is in line with research conducted (Siti, 2019), which states that there is a relationship between perception of pain ($p = 0.001$) and the utilization of health services at the Kagok Health Center. This is due to the fact that everyone needs health services to enhance their health condition, but when those services meet expectations, they are viewed as good and satisfactory. Conversely, when the same services don't meet expectations, they are perceived as less good and unsatisfactory ⁽⁸⁾.

This study found that respondents with a good perception of illness used more health services (64.3%). This is because respondents have good perceptions about the quality of health services and the community believes that regular visits every month can improve health status. On the other hand, respondents with less favorable perceptions use health services less (35.7%). This is because the public's perception of health is still not in accordance with the actual concept of health or illness, which means

they feel sick when their bodies can no longer carry out activities, so they will take advantage of health services at the Wee Luri Health Center.

Perception is a process needed by humans to be able to understand and interpret the things around them. The concept of health and illness is always associated with a person's physical condition. If a person's body part or organ does not function properly, then that person is considered sick. On the other hand, if a person's organs can function properly and there are no complaints, then the person is considered healthy⁽³⁾.

Because each community group evaluates or perceives sickness differently, the notion of a healthy and sick society is distinct in each community group. The idea of health and sickness in the community is how people see their own health. The idea of communal pain, which is experienced by someone who can no longer get out of bed or perform their daily tasks, and the idea of community health, which states that healthy individuals are those who can work or carry out their duties every day⁽⁷⁾.

According to Notoadmodjo (2012), public perception of the concept of health and illness is closely related to behaviors seeking treatment. The concept of health and illness will influence whether or not a person uses health care facilities. In this study, respondents who have good knowledge of pain perception will always take advantage of health services and will not wait for their illness to become severe before seeking health services. In contrast to respondents who have a poor perception of illness, they will delay the need to get health services if they try to treat themselves with drugs from the shop or wait for their illness to become severe before using health services⁽¹⁶⁾.

CONCLUSION

The conclusion of the research shows that there is a significant relationship between the variables of education, knowledge, insurance ownership, accessibility, and perception of illness with the utilization of health services in the Wee Luri Health Center Work Area, Central Sumba Regency. In order to increase public awareness and offer comprehensive and integrated services, it is recommended that Wee Luri Health Center continue to enhance health promotion and the quality of health services related to the National Health Insurance Service at the public health center. It's also recommended that Wee Luri Health Center pay attention to ethics in providing health services through guidance and supervision.

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