

## The relationship between perceptions of health- illness with the utilization of health services in rural coastal communities in the working area of Kapoiala Health Center and Soropia Health Center, Konawe Regency, Southeast Sulawesi Province, Indonesia, 2023

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World Journal of Advanced Research and Reviews, 2024, 21(03), 1501–1505

Publication history: Received on 27 January 2024; revised on 14 March 2024; accepted on 16 March 2024

Article DOI: <https://doi.org/10.30574/wjarr.2024.21.3.0856>

### Abstract

**Background:** Correct perception of pain will give rise to concern for the condition of the body and immediate action to seek help. The morbidity rate according to gender in Konawe Regency in 2021 reached 11.21%, while the percentage of the population who had health complaints and sought outpatient treatment in Konawe Regency in 2021 reached 28.86%

**Method:** The type of research used is descriptive quantitative with a cross-sectional study approach, namely determining the relationship between perceptions of health and illness and the utilization of rural coastal community health services. The number of samples in this research was 535 respondents. The sampling techniques are purposive sampling and accidental sampling. The analysis used is chi-square.

**Results:** Statistical test results show that the  $\rho$  value (0.942) > 0.05, which means there is no significant relationship between perceptions of health and illness and utilization of rural coastal community health services in Konawe Regency. Of the 442 who utilized health service facilities (Puskesmas), there were 320 (72.40) respondents who had a good perception of health and illness and 112 respondents (27.60%) who had a perception of health and illness in the bad category. Meanwhile, of the 93 respondents who did not utilize the facilities health services, there were 73 respondents (78.49%) who had a good perception of health and illness and 20 respondents (21.51%) who had a bad perception.

**Conclusion:** There is no significant relationship between perceptions of health and illness and utilization of health services in rural coastal communities. Therefore, the Health Service needs to consider policies regarding placement, workload analysis and even distribution of health workers so that the workload of officers is not too high and can provide maximum health services and increase public knowledge by carrying out health promotions or providing health education to the public regarding services available at the Community Health Center.

**Keywords:** Perception; Health-Sickness; Utility; Health Service; Coastal

### 1. Introduction

Utilization of health services is the use of health service facilities provided in the form of outpatient health examinations, inpatient care, home visits by medical personnel or other forms of activities arising from the use of health services [1]. Community Health Services as a health service facility that carries out community health efforts and first-level

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individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its working area[2].

Nationally, the number of inpatient health centers over the last five years has continued to increase, namely 3,623 units in 2018, then increasing to 4,302 units in 2022. Non-inpatient health centers tend to experience a decrease in the number of health centers based on status in 2018, namely 6,370 and in 2022 there will be 6,072 [3].

Community health center services will run optimally if supported by the availability of adequate human resources. Based on data from the Health Human Resources Information System (SISDMK), Puskesmas which have 9 (nine) appropriate types of health personnel in 2022 will reach 56.1%. A health center is said to be sufficient or adequate if there is at least 1 (one) person from each type of health worker. This shows an increase of 7.3% from the previous year. In 2022 there will still be 4.0% of Community Health Centers without doctors. Meanwhile, Southeast Sulawesi Province, the percentage of community health centers that have 9 types of health personnel reached 44.1%, still far from the national average target of 56.1% [3]

Southeast Sulawesi Province, the ratio of Community Health Centers per 30,000 population in 2022 is 3.32, meaning that every 30,000 residents are served by at least 3 (three) Community Health Centers, almost the same as in previous years. Even though the total number of Community Health Centers increased by 3 units from the previous year, the population also increased, so the relative ratio did not change. If viewed based on numbers alone, the ratio of community health centers to population can be considered sufficient, however, calculating the ratio of community health centers to population is not appropriate to the conditions due to the large area, the population being spread unevenly and geographical conditions which are partly relatively difficult. So it is more appropriate to use the ratio of Puskesmas based on sub-district, namely 1 (one) sub-district has a minimum of 1 Puskesmas. If we use this reference, with 296 Community Health Centers compared to 222 sub-districts, a ratio of 1.31 is obtained. This means that every sub-district has at least 1 (one) Community Health Center, and even in 1 sub-district there are 2 (two) Community Health Centers. This is in accordance with Minister of Health Regulation no. 43 of 2019 concerning Community Health Centers which states that 1 (one) sub-district can establish more than 1 (one) community health center [4].

Community Health Centre as the gatekeeper of health services which is assumed to be able to overcome health problems in the community, turns out to be underutilized by the community because they have the wrong perception about their health and illness. The community concept of health, namely that health is a person who can work or carry out their daily work and the community concept of illness, which is felt by someone who can no longer get out of bed, and cannot carry out their daily work. This erroneous public perception often results in underutilization of existing health facilities.

In Southeast Sulawesi Province, the percentage of the population who have health complaints and seek outpatient treatment in 2021 will reach 26.70%. The percentage of the population utilizing outpatient treatment according to the place of treatment in 2021 at the Community Health Center reached 45.30%, Joint doctor clinics/practices reached 26.44%, doctor/midwife practices 16.27% in hospitals 7.69%, private hospitals 2.08% [5]. The morbidity rate according to gender in Konawe Regency in 2021 reached 11.21%, while the percentage of the population who had health complaints and sought outpatient treatment in Konawe Regency in 2021 reached 28.86%[5].

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## 2. Methods

The type of research used is quantitative descriptive with a cross-sectional study approach, namely looking for the relationship between perceptions of health and illness and the utilization of health center health services in rural coastal communities in Konawe Regency. The number of samples in this research was 535 people. The sampling techniques are purposive sampling and accidental sampling. According to Sugiyono (2016) purposive sampling technique is a sampling technique with certain considerations by determining criteria that must be met by the research sample so that it is more representative [6]. Data analysis consists of univariate analysis and bivariate analysis. Univariate analysis describes the characteristics of each research variable. while Bivariate analysis is carried out on variables that are thought to be correlated using statistical testing, namely the chi-square test [7].

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## 3. Results and discussion

### 3.1. Respondent Characteristics

Based on the table below, it shows that the majority of respondents were 393 women (73.46%) and 142 men (26.54%). Of the 535 respondents, the proportion of those with higher education was almost the same as those with low education,

reaching 49.72%. the majority of respondents worked in the non-formal sector (non-government sector) as many as 498 people (93.08%) and in the formal sector as many as 37 people (6.92%). Meanwhile, in terms of income, the majority had low income (below minimum wage) as many as 412 people (77.01%) and high income reached 123 people (22.99%).

**Table 1** Distribution of Respondents based on Gender, Education, Employment and Income

Respondent Characteristic	Number	Percentage
Gender		
Male	142	26.54%
Female	393	73.46%
Total	535	100
Educatio		
High	269	50.28%
Low	266	49.72%
Total	535	100
Job		
Formal	37	6.92%
Non Formal	498	93.08%
Total	535	100
Monthly Income		
High	123	22.99%
Low	412	77.01%
Total	535	100

Source: Primary Data, 2023

### 3.2. Analysis Univariate

**Table 2** Distribution of Respondents based on Health Service Utilization and perception of health and illness

Variable	Number	Percentage
Utilization of Community Health Centers		
Yes	442	82.62%
No	93	17.38%
Total	535	100
Perception health- illness		
Good	393	73.46%
Bad	142	26.54%
Total	535	100

Source: Primary Data, 2023

Based on table 2, it shows that the majority of respondents utilized Community Health Center services, 442 respondents (82.62%) compared to 93 respondents who did not utilize them (17.38%). Most respondents had a good perception of health problems, namely 393 respondents or 73.46% compared to those who had a bad perception, only 142 respondents or 26.54% (97.69%) while those who said it was not available were 24 respondents (2.31%).

### 3.3. Bivariate Analysis

**Table 3** Relationship between perceptions of health and illness with the use of health services in rural coastal communities in District Konawe

Perception Health-illness	Utility Community Health Centre				Total		p-value
	Yes		No		n	%	
	n	%	n	%			
Good	320	72.40	73	78.49	393	73.46	0.942
Bad	112	27.60	20	21.51	142	26.54	
Total	442	100	93	100	535	100	

Source: Primary Data, 2023

Table 3 shows that of the 442 who utilized health service facilities (Puskesmas), there were 320 (72.40) respondents who had a good perception of health and illness and 112 respondents (27.60%) who had a perception of health and illness in the bad category. Meanwhile, 93 respondents Those who did not use health service facilities were 73 respondents (78.49%) who had a good perception of health and illness and 20 respondents (21.51%) who had a bad perception.

The statistical test results show that the  $\rho$  value (0.942) > 0.05, which means there is no significant relationship between perceptions of health and illness and utilization of rural coastal community health services in Konawe Regency. Because most people are aware that if their body condition is not as usual, they feel weak, lethargic and can no longer carry out activities, their family members will immediately take them to a health facility. It was shown that the majority had a good perception of 72.40%. The perception of good health is caused by people's knowledge of health risks being good and if seen from the average level of education, people are highly educated. So that when they experience health problems they can take action by taking them to health services or undergoing traditional treatment.

Perception of needs is closely related to the individual's perception of health and illness. Correct perception of pain will raise concern for the condition of the body and immediately act to seek help. The cross tabulation results also show that although there are 27.60% who have a bad perception, they still use health services. This research is different from research conducted by Fenny, et al in 2023, which stated that there was a significant relationship between perceptions of health and illness and the use of Community Health Center services in the border area of Entikong District [8]

There are differences in the concept and perception of health and illness in society, where a person who objectively has a disorder in one of the functions of his body's organs but has no symptoms so that the person concerned does not think that he or she is sick [9]. The cross tabulation results also showed that there were 78.49% of respondents who did not utilize health services even though they had a good perception. This is because actions to meet the needs of sick conditions felt by individuals are not always met by utilizing Puskesmas services. Actions to seek treatment can include self-medication, alternative medicine, using medicine from a shop or just leaving it alone until it heals on its own. Husaini (2017) stated that one of the things that influences decision making in seeking treatment is knowledge. Increasing public knowledge about the impacts caused by a disease can support changes in behavior [10]. Apart from that, increasing community knowledge by providing information regarding the facilities and types of health services available at the community health center can also increase the community's utilization of community health center services [11]

The results of this study are not in line with research by Ulfa, et al (2017) which states that individual concern for their health condition is correlated with sustainable use of health services [12]. where the perception of needs related to the concept of health and illness felt by individuals has an influence on the use of health services. Perception of the risk of illness will encourage people to immediately reduce this risk by utilizing health services [13].

Perception is a process where the sensation or feeling a person receives about something through a systematic mechanism is sorted and selected to produce an assessment or interpretation. Perceptions of health and illness are not the main determining factor in utilizing health services. Actions taken as a form of reaction to health problems are taking medical action as a solution to resolve the health problems experienced.

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#### 4. Conclusion

There is no significant relationship between perceptions of health and illness and utilization of health center health services in rural coastal communities. Of the 442 who utilized health service facilities (Puskesmas), there were 320 (72.40) respondents who had a good perception of health and illness and 112 respondents (27.60%) who had a perception of health and illness in the bad category. Meanwhile, of the 93 respondents who did not utilize the facilities health services, there were 73 respondents (78.49%) who had a good perception of health and illness and 20 respondents (21.51%) who had a bad perception. Therefore, efforts are made at the Puskesmas as the first level health service provider to continue to improve health services, Increasing public knowledge by carrying out health promotions or providing health education to the public regarding the services available at the Community Health Center.

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#### Compliance with ethical standards

##### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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