

Factors associated with the utilization of health service facilities at Abeli community health center, Kendari city, southeast Sulawesi province, Indonesia, 2023

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Abstract

Background: Abeli Community Health Center, Kendari City, has experienced fluctuating visits over the last few years. This research was conducted in the working area of the Abeli Health Center, Kendari City. The instability in the number of patient visits at the Abeli Health Center in Kendari City over the last few years is clearly illustrated. In 2019, the number of patients served by this Puskesmas reached 14,333 patients. However, there was a decrease in the number of patient visits in 2020, with 10,038 patients using the service. This condition continues in 2021, with only 9,388 patients utilizing puskesmas facilities. However, in 2022, there is expected to be a significant increase, with 12,356 patients accessing services at the Abeli Community Health Center.

Objective: To determine the factors related to the utilization of health service facilities in the working area of the Abeli Community Health Center, Kendari City in 2023.

Method: This type of research is quantitative research with an observational analytical approach and a cross sectional research design. The sampling technique in this study used an accidental sampling technique with a total of 351 samples with the criteria of respondents who utilized the health service facilities at the Abeli Community Health Center, Kendari City in 2023.

Results: The results of the study show that there is a relationship between confidence in health services (p value = 0.000), waiting time for health services (p value = 0.000), perception of health and illness (p value = 0.013) with the use of health service facilities, and there is no relationship between ownership of health insurance (p value = 0.139) and utilization of health service facilities in the working area of the Abeli Health Center, Kendari City.

Conclusion: There is a relationship between confidence in health services, waiting time for health services, perception of health and illness and utilization of health service facilities and there is no relationship between ownership of health insurance and utilization of health service facilities in the Abeli Health Center Working Area, Kendari City in 2023, so the role of agencies health to increase intensive health promotion programs to provide information to the public about the importance of health care through the use of health service facilities.

Keywords: Utilization; Health service confidence; Waiting time; Perception of health and illness; Insurance ownership

1. Introduction

Health is an optimal condition, both physically, mentally, spiritually and socially, which allows individuals to live productively in society and the economy as regulated in Law number 36 of 2009. Health development is an important part of national development efforts which aim to increase individual awareness, desire and ability to live a healthy

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lifestyle, with the aim of achieving the best possible level of public health. However, in several areas, there are obstacles in utilizing health facilities at Community Health Centers [1].

Efforts to achieve timely and efficient utilization of health services are an ongoing challenge in achieving the goal of universal health coverage for the population in low- and middle-income countries. Financial and non-financial barriers can hinder appropriate utilization of services and can negatively impact overall health outcomes. In addition, there are large inequalities in access and utilization of health services [2].

Use of health services includes various forms, such as outpatient care, inpatient care, home visits by health workers, and other activities that involve the use of health services. According to the World Health Organization (WHO) in 2014, India had 60.4 million people using health services, while in China the number reached 98.5 million people. However, in several other Asian regions, use of health services is still low, namely around 38.4 million people (1).

Based on BPJS Health data for the last three years, there are variations in visits to First Level Health Facilities. In 2019, the number of visits reached 180.4 million patients, experiencing a significant decrease in 2020 to 146.1 million patients. However, in 2021, there was a slight increase, reaching 152.1 million patients. At the same time, visits to hospital outpatient clinics followed a similar pattern. In 2019, 84.7 million patients sought services at polyclinics. However, this number decreased in 2020 to 69.7 million patients, before experiencing a slight increase to 72.8 million patients in 2021(3).

The coverage of outpatient visits at Southeast Sulawesi Province Health Centers has fluctuated over the last few years. In 2019, the number of visits reached 1.6 million patients, indicating a relatively high visit rate. However, in 2020, the number of visits decreased significantly to 1.2 million patients. In 2021, the coverage of outpatient visits at community health centers in Southeast Sulawesi Province continues to decline to 1 million patients. However, in 2022, there will be a slight increase with the number of visits reaching 1.1 million patients (4).

People's interest in using available health services can be influenced by a number of factors, both from within themselves and external factors. According to the theory of Health Service Use by Andersen (1974), there are three main categories that influence the use of health services, namely: (1) predisposing characteristics, which include aspects such as demographic characteristics (gender & age), social factors (education & employment), trust in health services; (2) supporting characteristics, which include family capabilities such as income level & ownership of health insurance, community capabilities (waiting time for services); and (3) need characteristics, which involve individual judgment (illness perception). In other words, various factors such as individual characteristics, financial capabilities, and perceptions of health needs play a role in determining the extent to which people will utilize existing health services [5].

The number of outpatient visits at Community Health Centers throughout Kendari City has experienced quite striking fluctuations in the last four years. In 2019, the highest figure was recorded with 324,525 patients using outpatient services. However, in 2020, this figure decreased drastically to 232,963 patients. This decline will continue in 2021, where only 207,272 patients made outpatient visits to the Community Health Center. And this will continue in 2022, with the number of visits decreasing to 140,025 patients. This decrease reflects the ongoing impact of changes in public health conditions or other factors that influence access to health services in Kendari City (6).

Meanwhile, the instability in the number of patient visits at the Abeli Health Center in Kendari City over the last few years is clearly visible. In 2019, the number of patients served by this puskesmas reached 14,333 patients. However, there was a decrease in the number of patient visits in 2020, with 10,038 patients using the service. This condition continues in 2021, with only 9,388 patients utilizing puskesmas facilities. However, in 2022, there is expected to be a significant increase, with 12,356 patients accessing services at the Abeli Community Health Center. Given these variations, conducting an in-depth analysis is essential to understand the factors influencing the trend of decreasing coverage of outpatient visits and find solutions to increase the accessibility of public health services in Kendari City.

In 2023, Abeli Community Health Center will record 10 diseases with the highest number of cases. The most common disease was gastritis, with a total of 571 cases. Followed by pharyngitis with 334 cases, and influenza with 265 cases. Apart from that, vulnus reached 235 cases, while dermatitis was recorded at 230 cases. Gastritis occurred in 184 cases, while tonsillitis reached 183 cases. Vertigo and lipidemia had the same number of cases, 132 cases each. Lastly, hypertension recorded 106 cases. This recap reflects a general description of the types of diseases most frequently treated at the Abeli Community Health Center during the year.

Based on initial observations, several Abeli residents who had used health services at the Abeli Health Center, Kendari City, said that they visited the Community Health Center only when they were sick. Therefore, their confidence in the community health center is still lacking because if they feel symptoms of illness, they do not immediately go to the community health center for treatment. Abeli Health Center provides different services between patients who have health insurance and those who do not have health insurance. When patients use health insurance, they may experience delays in receiving treatment, which can be a less than satisfactory experience. In contrast, if patients do not use health insurance, they tend to receive better care, such as timely treatment. Based on this context, researchers are interested in carrying out research which aims to analyze what factors are related to the use of health service facilities, causing fluctuations in the number of visitors based on income level, ownership of health insurance, accessibility to health services, and perceptions about health and illness in the community working area of the Abeli Health Center, Kendari City.

2. Method

This type of research is quantitative research with an observational analytical approach and a cross sectional study research design, which focuses on measuring or observing data at the same single point in time for both the dependent variable and the independent variable. The variables investigated are measured at one point in time on a number of subjects who are the research sample. The sampling technique in this research used an accidental sampling technique with a total of 351 samples with the criteria for respondents being patients who utilized health services at the Abeli Community Health Center, Kendari City in 2023.

3. Results and discussion

3.1. Univariate Analysis

3.1.1. Utilization of Health Service Facilities

Table 1 Distribution of Respondents Based on Use of Health Service Facilities in the Working Area of the Abeli Community Health Center, Kendari City, 2023

No	Utilization	number	%
1	Low	88	25.1
2	High	263	74.9
Total		351	100

Source: Primary Data, January 2023

Based on table 1, it shows that the majority of respondents had a high level of utilization of the Abeli Health Center, reaching 263 people or around 74.9%. On the other hand, the group of respondents with a low level of utilization of the Abeli Health Center is a minority, consisting of only 88 people or around 25.1%.

3.1.2. Trust in Health Services

Table 2 Distribution of Respondents Based on Belief in Health Services in the Working Area of the Abeli Community Health Center, Kendari City, 2023

No	Belief	Number	%
1	Unbelief	129	36.8
2	Belief	222	63.2
Total		351	100

Source: Primary Data, January 2023

Based on table 2, it shows that the majority of respondents have high confidence in the services of the Abeli Community Health Center, reaching 222 people (63.2%). On the other hand, the group of respondents who did not have low confidence in the services of the Abeli Community Health Center was a minority, consisting of only 129 people (36.8%).

3.1.3. Health Insurance Ownership

Table 3 Distribution of Respondents Based on Health Insurance Ownership at Abeli Community Health Center Working Area, Kendari City, 2023

No	Health Insurance Ownership	number	%
1	Nothing	39	11.1
2	Exist	312	88.9
Total		351	100

Source: Primary Data, January 2023

Based on table 3, it shows that the majority of respondents have health insurance, reaching 312 people (88.9%). In contrast, the group of respondents who did not have health insurance only consisted of 39 people or around 11.1%.

3.1.4. Service Waiting Time

Table 4 Distribution of Respondents Based on Waiting Times for Services in the Abeli Community Health Center Working Area, Kendari City, 2023

No	Waitng Time	number	%
1	Long Time	224	63.8
2	Fast Time	127	36.2
Total		351	100

Source: Primary Data, January 2023

Based on table 4, it shows that the majority of respondents felt that the waiting time for service was long, reaching 224 people (63.8%). Meanwhile, respondents who felt the service waiting time was fast reached 127 people (36.2%).

3.1.5. Health-Illness Perception

Table 5 Distribution of Respondents Based on Healthy-Sickness Perceptions at Abeli Community Health Center Working Area, Kendari City, 2023

No	Perception	number	%
1	Negative	269	76.6
2	Positive	82	23.4
Total		351	100

Source: Primary Data, January 2023

Based on table 5, it shows that the majority of respondents had a negative perception of health and illness, reaching 269 people (76.6%). On the other hand, the group of respondents with a positive perception of health and illness is a minority, consisting of only 82 people or around 23.4%.

3.2. Bivariate Analysis

3.2.1 Relationship between Be;ief in Health Services and Utilization of Health Service Facilities

Based on the research results, of the 88 (25.1%) respondents who utilized health services in the low category, 65 respondents (18.5%) did not have confidence in health services. This happened because respondents preferred treatment in clinics/doctor's practices. which is more effective and the waiting time does not take as long. Apart from that, some respondents also preferred to consume traditional medicine rather than medicine from health facilities. And as many as 23 respondents (6.6%) had confidence in health services, this was because they felt they did not need medical treatment because they felt healthy overall and had confidence that their health was fine.

Meanwhile, of the 263 (74.9%) respondents who utilized high category health services, 64 respondents (18.2%) did not have confidence in health services, this was due to easy access to the Abeli Health Center which could be reached by walking, feet and did not incur costs, but the medicines consumed by respondents from the community health center did not change significantly. And as many as 199 respondents (56.7%) had confidence in health services, this was due to their assessment of the results of treatment and a feeling of satisfaction after receiving treatment, causing the public to perceive that the Abeli Health Center could provide good treatment regarding their complaints. This illustrates that the majority of respondents have confidence in health services so they make optimal use of the Abeli Health Center services as a place to get health services. Assessments regarding whether or not treatment is confident in health facilities such as community health centers can be seen through the magnitude of respondents' assessments regarding the form and type of treatment offered as well as the final results of the treatment received, namely satisfactory or unsatisfactory.

Table 6 Relationship between Belief in Health Services and Utilization of Health Service Facilities in the Working Area of Abeli Community Health Center, Kendari City, 2023

No	Belief	Utilization				Total		ρ Value
		Low		High		n	%	
		n	%	n	%			
1	Unbelief	65	18.5	64	18.2	129	36.8	0,000
2	Belief	23	6.6	199	56.7	222	63.2	
Total		88	25,1	263	74.9	351	100	

Source: Primary Data, January 2023

The results of this research obtained a ρ value of 0.000, which means ρ value $< \alpha$ (0.05) so it can be concluded that H_a is accepted. This means that there is a relationship between confidence in health services and the use of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023.

Beliefs are tendencies to perform or not perform certain actions, providing either positive or negative responses to individuals, objects, or situations. It is also shown that attitudes involve feelings, predispositions, or levels of belief towards a particular person or situation. If patients do not have a positive attitude towards utilization of health services, they are unlikely to utilize them. Patients who do not have a positive attitude may feel afraid or reluctant to use available health services (7).

3.2.1. Relationship between Health Insurance Ownership with Utilization of Health Service Facilities

Table 7. Relationship between Health Insurance Ownership with Utilization of Health Service Facilities at Abeli Health Center Working Area, Kendari City in 2023

No	Insurance	Utilization				Total		ρ Value
		Low		High		n	%	
		n	%	n	%			
1	Nothing	6	1.7	33	9.4	39	11.1	0.139
2	Exist	82	23.4	230	65.5	312	88.9	
Total		88	25.1	263	74.9	351	100	

Source: Primary Data, January 2023

Based on the research results, of the 88 (25.1%) respondents who utilized health services in the low category, as many as 6 respondents (1.7%) did not have health insurance, this was due to the insurance process being hampered (KK no. valid). And as many as 82 respondents (23.4%) had health insurance, this was due to unfriendly service by health workers at the Abeli Health Center so that some respondents chose not to seek treatment at the Abeli Health Center.

Meanwhile, of the 263 (74.9%) respondents who utilized high category health services, 33 respondents (9.4%) did not have health insurance, this was because people believed that the treatment provided by the Abeli Health Center could treat their complaints. experience/feel. And as many as 230 respondents (65.5%) have health insurance, this is because

respondents think that they are satisfied with adequate health services and guaranteed health financing so that respondents believe that having a free medical card will really help them, especially when experiencing pain. Based on research, 87.7% of respondents said they were satisfied with the insurance they had. This shows that health insurance has a positive impact on access to health services in the Abeli community.

The results of this research obtained a ρ value of 0.139, which means ρ value $> \alpha$ (0.05) so it can be concluded that H_0 is accepted. This means that there is no relationship between ownership of health insurance and the use of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023.

The results of this research are in line with research by Wahyuni (2012) which states that the results of statistical tests on health insurance ownership, obtained a value of $p = 1,000$ so that H_0 fails to be rejected, which means there is no difference in the proportion between respondents who have health insurance and respondents who do not have health insurance in utilization of health services at the Sumber Rejo Community Health Center (10).

Health insurance is a tool that provides support to people to maintain their health without facing economic burdens or financial problems. Health insurance plays a crucial role in maintaining people's health, especially when they are sick, so that people's health needs are met and health care costs can be guaranteed (8).

Health insurance can be a source of funding for health services, originating from the public sector (such as National Health Insurance) or from the private sector (in the form of private health insurance). Social health insurance funding generally depends on income, while private health insurance tends to depend on the level of risk or type of disease experienced (9)

3.2.2. Relationship between Service Waiting Time with Utilization of Health Service Facilities

Table 8 Relationship between Service Waiting Times and Utilization of Health Service Facilities at the Abeli Health Center, Kendari City in 2023

No	Waiting Time	Utilization				Total		ρ Value
		Low		High		n	%	
		n	%	n	%			
1	Long Time	82	23.4	142	40.5	224	63.8	0.000
2	Fast Time	6	1.7	121	34.5	127	36.2	
Total		88	25.1	263	74.9	351	100	

Source: Primary Data. January 2023

Based on the research results, of the 88 (25.1%) respondents who utilized health services in the low category, 82 respondents (23.4%) experienced long waiting times for health services. This occurred because medical records at the Abeli Community Health Center were often scattered, resulting in The officer takes a long time to write the respondent's medical record and this has an impact on the respondent's waiting time increasing. And as many as 6 respondents (1.7%) experienced timely waiting times for health services, this was because they felt that if they were only mildly ill, they could just take traditional medicine or buy medicine at a shop, there was no need to go to health services. And also if they don't feel sick, they don't use health services at all for medical check-ups (cleaning tartar, cleaning ears, or controlling blood sugar, uric acid, cholesterol and hemoglobin).

Meanwhile, of the 263 (74.9%) respondents who used high category health services, 142 respondents (40.5%) experienced long waiting times for health services, this was because the medication they were taking made a difference to their health problems. And, easy access to the Abeli Health Center which can be reached on foot and costs nothing. This illustrates that the majority of respondents who experienced long waiting times for health services utilized health services at the Abeli Community Health Center because it was the closest and easiest health facility to reach. Assessments regarding how fast or slow waiting times are at health facilities such as community health centers can be seen through respondents' assessment of the accuracy of registration and whether the queuing system is running well or vice versa. And as many as 121 respondents (34.5%) experienced accurate waiting times for health services, this was due to their assessment of the accuracy of registration and the queuing system that was running well, causing the public to perceive that the Abeli Health Center could provide fast waiting times. The results of this research obtained a ρ value of 0.000, which means ρ value $< \alpha$ (0.05) so it can be concluded that H_a is accepted. This means that there is a

relationship between the waiting time for health services and the utilization of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023.

The results of this research obtained a ρ value of 0.000, which means ρ value $< \alpha$ (0.05) so it can be concluded that H_a is accepted. This means that there is a relationship between the waiting time for health services and the utilization of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023. The results of this research are in line with research by Anum (2021) which states that there is a relationship between waiting time for services ($p=0.019$) and utilization of the Ulumahuam Health Center (12).

Time has a very significant role in decision making regarding the use of health services. In an economic context, time is very valuable because it can result in lost income or reduced working hours. Loss of time in seeking health services can have implications for loss of income (time costs), so time tends to be a factor that limits the level of health service utilization. Each patient is expected to wait no more than fifteen minutes (11).

3.2.3. Relationship between Healthy-Illness Perceptions with Utilization of Health Service Facilities

Table 9 Relationship between Healthy-Sickness Perceptions with Utilization of Health Service Facilities at Abeli Community Health Center, Kendari City in 2023

No	Perception	Utilization				Total		ρ Value
		Low		High		n	%	
		n	%	n	%			
1	Negative	76	21.7	193	55.0	269	76.6	0,013
2	Positive	12	3.4	70	19.9	82	23.4	
Total		88	25,1	263	74.9	351	100	

Source: Primary Data, January 2023

Based on the research results, of the 88 (25.1%) respondents who utilized health services in the low category, as many as 76 respondents (21.7%) had negative perceptions of health services. This happened because respondents believed that if they didn't feel sick then they weren't sick. need to come to the health facility. And as many as 12 respondents (3.4%) had a positive perception of health services, this was because the waiting time was quite time consuming so they preferred to use clinics/practicing doctors.

Meanwhile, of the 263 (74.9%) respondents who utilized high category health services, 193 respondents (55%) had a negative perception of health services, this was due to urgent health needs, thus encouraging respondents to seek medical care, especially if they facing worrying conditions or symptoms. This illustrates that the majority of respondents have a negative perception of health services, where respondents only use health facilities when they experience symptoms. Assessments regarding the positive and negative perceptions of health services at health facilities such as the Community Health Center can be seen through the magnitude of respondents' assessments regarding the use of health services when they do not feel sick and routinely checking their body condition at the Community Health Center, namely whether they agree or disagree. And as many as 70 respondents (19.9%) had a positive perception of health services, this was because they had a high awareness of prevention, which caused respondents to routinely carry out medical check-ups at the Abeli Community Health Center even though they had no symptoms at all. The results of this research obtained a ρ value of 0.013, which means ρ value $< \alpha$ (0.05) so it can be concluded that H_a is accepted. This means that there is a relationship between perceptions of health and illness and the use of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023.

Perception is an understanding of something that tends to be subjective. How someone views or understands something is influenced by their experience, the learning process they have undergone, and the knowledge they have (13). Perception of health and illness is an understanding of the relative state of health and illness between individuals, between community groups, and between different cultures. Therefore, concepts about health and illness can vary depending on factors such as age, gender, severity of illness, level of mobility, and social interactions (14).

The results of this research also obtained a ρ value of 0.013, which means ρ value $< \alpha$ (0.05) so it can be concluded that H_a is accepted. This means that there is a relationship between perceptions of health and illness and the use of health service facilities in the community in the working area of the Abeli Health Center, Kendari City in 2023.

The results of this research are in line with research by Fatimah (2019) which states that in the results of bivariate analysis there is a relationship between perception of illness and utilization of health services at the Kagok Community Health Center ($p=0.001$). The results of the cross tabulation show that 34 respondents (32.1%) felt they needed health services and utilized health services at the Kagok Community Health Center, 3 respondents (2.8%) felt they needed and utilized health services, and 3 respondents felt they needed health services. 28 respondents (26.4%) have less need and use of health services(15).

4. Conclusion

There is a relationship between confidence in health services, There is a relationship between waiting time, There is a relationship between perceptions of health and illness and There is no relationship between ownership of health insurance and utilization of health service facilities at Abeli Community Health Center Working Area, Kendari City in 2023. Therefore, it is hoped that the community can increase awareness of health so that they are more active in utilizing health services provided by the government, namely health service facilities at the first level to detect and prevent disease early on. Community health centers can provide training to staff regarding time management and service efficiency. This can help them improve their skills in providing services quickly and effectively.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Kantohe I. Determinants Related to the Utilization of Health Services in the Working Area of Pandere Health Center, Gumbasa District, Sigi Regency. *J Ilm Kesmas IJ (Indonesia Jaya)*. 2020; Vol. 20(No. 2):97–106.
 - [2] Coube M, Nikoloski Z, Mrejen M, Mossialos E. Persistent inequalities in health care services utilisation in Brazil (1998–2019). *International Journal Equity Health*. 2023; 22(1):1–16.
 - [3] Social Security Administering Agency. *Social Security Administering Agency Health*. 2021. 2021 Program and Financial Management Report.
 - [4] Health Department. Southeast Sulawesi Provincial Health Service. 2022. p. 352 Southeast Sulawesi Health Profile in 2022.
 - [5] Gunawan GRA. Analysis of Factors Associated with Utilization of Health Services in Indonesia: Literature Review. *Res Gate*. 2021;Vol. 1(No. 1):1–12.
 - [6] Health Department. Kendari City Health Service. 2022. p. 343 Kendari City Health Profile in 2022.
 - [7] Masita A, Yuniar N, Lisnawaty. F Factors Related to the Utilization of Health Services in the Tanailandu Village Community in the Working Area of the Kanapa-Napa Health Center, Mawasangka District, Central Buton Regency, 2015. 2016.
 - [8] Zaini R, Parinduri SK, Dwimawati E. Factors Associated with the Utilization of Health Services at the Tegal Gundil Community Health Center, Bogor City in 2020. *PROMOTOR*. 2022; Vol. 5(No. 6):484–7.
 - [9] Heryana A. *Health Insurance & Managed Care*. Jakarta: Esa Unggul University; 2021. 160 p.
 - [10] Wahyuni NS. Factors Associated with the Utilization of Health Services at the Sumber Rejo Community Health Center, Balikpapan City, East Kalimantan Province, 2012. 2012.
 - [11] Usman J, Basri M, Mansur EW. Factors Associated with Utilization of Health Services at UPTD Lakudo Health Center, Central Buton Regency. *J Komunitas Kesehat Masy*. 2021; Vol. 3(No. 1):39–51.
 - [12] Anum N. D determinants of Ulumahuam Health Center Utilization, Silangkitang District, South Labuhanbatu Regency in 2020. *University of North Sumatra*; 2021.
 - [13] Irwan. *Etika dan Perilaku Kesehatan*. 2020. 243 p.
 - [14] Syahbana AF, Salmiyati S, Suratini. Sociocultural Relationship between Family and Hypertension Treatment Behavior in the Elderly at Posyandu Pelita Husada Minggir Sleman Yogyakarta. 2021.
- Fatimah S, Indrawati F. Factors of Utilization of Health Services at Community Health Centers. *HIGEIA J PUBLIC Health Res Dev*. 2019; Vol. 3(No. 1):121–31.