



The Relationship Between Knowledge Level and Availability of Health Facilities and the Utilization of Coastal Community Health Services at the Poriaha Community Health Center, Central Tapanuli Regency in 2024

Della Winda Gultom

S1 Public Health Study Program, STIKes Nauli Husada Sibolga ibolga

ARTICLE INFORMATION

Article history:

Received Aug 30, 2024

Revised Sep 16, 2024

Accepted Sep 30, 2024

Keywords:

Utilization of Health Centers,
Knowledge,
Health Facilities,
Health services.

ABSTRACT

One indicator for assessing the utilization of health services is the number of visits to community health centers (Puskesmas). This study aims to determine the relationship between the level of knowledge and the availability of health facilities on the utilization of health services in coastal communities at the Poriaha Community Health Center in Central Tapanuli Regency. This study was quantitative with a cross-sectional design. The sample size was 100 respondents selected using accidental sampling. The chi-square test results showed a significant relationship between the level of knowledge ($p=0.004$) and the availability of health facilities ($p=0.011$) with the utilization of health services. It is recommended that the Puskesmas increase outreach and equip health facilities to increase service utilization. coastal community health.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



Corresponding Author:

Nidia Clara Nababan,
D3 Nursing Study Program,
Jln. Kader Mani No.02 Kelurahan Aek Muara Pinang Sibolga Selatan,
Email: dellawinda@gmail.com

1. Introduction

Health is a human right and an important investment in national development.(Japar, Semendawai, & Fahrudin, 2024),(Tampubolon, 2022)However, many coastal communities in Indonesia still underutilize health services, particularly community health centers. According to data from the Poriaha Community Health Center, the number of visits decreased from 2019 to 2021.(Salwa, Fitria, Hasibuan, Khairani, & Sahilla, 2024),(Mouliza & Aisyah, 2021)This is thought to be related to low public knowledge and limited available health facilities. Therefore, this study was conducted to analyze the relationship between knowledge levels and the availability of health facilities and the utilization of health services by coastal communities at the Poriaha Community Health Center.(Napirah, Rahman, & Tony, 2016),(Winda & Susilawati, 2023).

Utilization of health services is an important determinant of health, which has particular relevance as a public health and development issue in low-income countries.(Sulaiman, 2021),(Sirait et al., 2024)In fact, the utilization of health services has been recommended by the World Health Organization (WHO) as a basic primary health concept for the most vulnerable and underprivileged populations.(Ika Cahyaningrum, 2024),(Hidayati & KM, 2024)Therefore, health services are one of the facilities that must be provided by the government. A quality and efficient health service system has a

big impact on the quality of life of the people in a country.(Radito, 2014),(Ridwan, 2022)Indonesia ranks fourth in Southeast Asia, or 30th globally, with a score of 56.6. Indonesia's global health resilience index was boosted by its detection and reporting categories, as well as compliance with international standards.(Imron, nd),(Fitrianingrum et al., 2023)Utilization of services remains a major problem globally, particularly in Indonesia and in remote areas. The Deputy Minister of Health (2021) stated that many Indonesians frequently seek medical treatment abroad, including in Singapore.

Based on initial observations conducted at the Poriaha Community Health Center in Central Tapanuli Regency, the total population in its working area in 2021 was 15,453 people and the total number of heads of families was 4,874 families spread across four villages/sub-districts.(DEWI SIRINA, 2013)Utilization of basic health services by the community in 2019, the number of patients at the Poriaha Community Health Center was 18,580 visits. In 2020, there were 17,483 visits and in 2021 there was a decrease to 17,094 visits. Based on these data, it was found that the community underutilized the Poriaha Community Health Center due to low public awareness and the limited number of facilities and human resources (HR) in health. Consequently, people in the area did not have many options for treatment and preferred to buy medicine at stalls/pharmacies (Secondary Data from the Poriaha Community Health Center).(Napirah et al., 2016),(Desriana, 2017).

2. Methods

2.1 Research Design

The research used is quantitative research. According to Sugiyono (2018), quantitative research is a type of research based on the philosophy of positivism (relying on empiricism) which is used to research a specific population or sample.(Maulana, 2022).

2.2 Population and Sample

The population in this study was all residents residing within the working area of the Poriaha Community Health Center in Central Tapanuli Regency. The sample consisted of residents who both utilized and did not utilize health services at the Poriaha Community Health Center in Central Tapanuli Regency. The sample was determined using accidental sampling, which involves selecting cases or respondents who happened to be available.

2.3 Data Collection Techniques and Instrument Development

Data collection techniques used documentation and questionnaires. The sources or types of data used in this study were primary and secondary data. Primary data were obtained through interviews using a research questionnaire related to the variables studied. Secondary data were obtained from descriptions of the research locations and written sources such as community health center profiles, research journals, and descriptions of the socioeconomic conditions of the Central Tapanuli Regency community.

2.4 Analysis Techniques

This research data analysis uses:

a. Univariate

This analysis is used to describe each variable studied, namely the independent variable (level of knowledge and availability of health facilities) and the dependent variable (utilization of health services).

b. Bivariate (Pre- and post-intervention comparison)

This analysis was conducted to determine whether there is a relationship between the independent and dependent variables. To determine whether the relationship between the

independent and dependent variables is statistically significant, a statistical test was conducted using the Chi-Square test.

3. Results and Discussion

Table 1.
Distribution of Respondents by Age

Age	Frequency	
	N	%
20-49 years	87	87.0
50-70 years	13	13.0
Total	100	100.0

Source: Primary Data, 2023

Based on Table 4.1, it shows that of the 100 respondents studied, the highest age group was those aged 20 to 49 years, namely 87 respondents (87.0%), while the lowest was those aged 50 to 70 years, namely 13 respondents (13.0%).

Table 2.
Distribution of Respondents by Gender

Gender	Frequency	
	N	%
Man	35	35.0
Woman	65	65.0
Total	100	100.0

Source: Primary Data, 2023

Based on Table 4.2, it shows that of the 100 respondents studied, the most common gender was female, with 65 people (65.0%), while the most common gender was male, with 35 people (35.0%).

Table 3.
Distribution of Respondents Based on Education

Education	Frequency	
	N	%
No school	6	6.0
Graduated from elementary school	24	24.0
Graduated from junior high school	35	35.0
Graduated from high school	23	23.0
College	12	12.0
Total	100	100.0

Source: Primary Data, 2023

Based on Table 4.3, it shows that the respondents' level of education is not high enough. This can be seen from the 100 respondents studied, where 35 (35.0%) respondents only graduated from junior high school and 23 respondents (23.0%) completed high school.

Table 4.
Distribution of Respondents Based on Occupation

Work	Frequency	
	N	%
Doesn't work	31	31.0
civil servant	11	11.0
Laborer	25	25.0
Self-employed	24	24.0
Fisherman	9	9.0

Total	100	100.0
-------	-----	-------

Source: Primary Data, 2023

Based on Table 4.4, it shows that out of 100 respondents, the highest level of employment was found in respondents who were not working, namely 31 respondents with a percentage of (31.0%), while the lowest was fishermen, namely 9 respondents with a percentage of (9.0%).

Table 5.
Distribution of Respondents Based on Knowledge

Level of Knowledge	Frequency	
	N	%
Good	43	43.0
Not good	57	57.0
Total	100	100.0

Source: Primary Data, 2023

Table 4.5 shows that of the 100 respondents studied, 43 respondents (43.0%) had good knowledge and 57 respondents (57.0%) had poor knowledge.

Table 6.
Distribution of Respondents Based on Health Facilities

Health Facilities	Frequency	
	N	%
Complete	48	48.0
Incomplete	52	52.0
Total	100	100.0

Source: Primary Data, 2023

Table 4.6 shows that out of 100 respondents, there were 48 respondents who stated that it was complete with a percentage of (48.0%) and 52 respondents stated that it was incomplete with a percentage of (52.0%).

Table 6.
Distribution of Respondents Based on Service Utilization

Utilization of Services	Frequency	
	N	%
Utilise	38	38.0
No Utilise	62	62.0
Total	100	100.0

Source: Primary Data, 2023

Based on table 4.7, it shows that of the 100 respondents studied, 38 respondents (38.0%) utilized community health centers and 62 respondents (62.0%) did not utilize community health center services, meaning that respondents who did not utilize community health centers had a greater frequency than those who utilized community health centers.

4. Conclusion

There is a relationship between the level of knowledge and the utilization of health services for coastal communities at the Poriaha Community Health Center in Central Tapanuli Regency. The lower the level of knowledge, the less likely they are to utilize health services. Conversely, people with good knowledge tend to utilize health services more. There is a relationship between the availability of health facilities and the utilization of health services for coastal communities at the Poriaha Community Health Center in

Central Tapanuli Regency. The availability of health facilities is one of the factors that can encourage or motivate people to seek treatment. One factor is that the queue chairs at the Poriaha Community Health Center feel uncomfortable because they have to sit crowded with other visitors, some even have to stand if there are many patients.

References

- Desriana, D. (2017). HUBUNGAN PENGETAHUAN DAN SIKAP BIDAN DENGAN CAKUPAN PEMBERIAN VITAMIN A PADA IBU NIFAS DI KOTA BUKITTINGGI. *UNES Journal of Education*, 1(3), 270–282.
- DEWI SIRINA, D. S. (2013). ANALISIS HUBUNGAN CURAHAN WAKTU KERJA WANITA PADA SEKTOR FORMAL DENGAN KUALITAS KELUARGA DI KABUPATEN MAMASA. Uniniversitas Hasanuddin.
- Fitrianiingrum, N. M., Kamilah, F. Z., Saputra, M. A., Larasanti, A., Espresso, A., & Herlinda, O. (2023). Gambaran Kebutuhan Dan Kesiapan Puskesmas Di Indonesia Dalam Menghadapi Pandemi Covid-19.
- Hidayati, S., & KM, S. (2024). Pengantar Ilmu. *Pengantar Ilmu Kesehatan Masyarakat*, 62.
- Ika Cahyaningrum, I. C. (2024). MONOGRAF PEMANFAATAN LAYANAN KESEHATAN PRIMER PENDERITA HIPERTENSI.
- Imron, A. (n.d.). PROSIDING SEMINAR NASIONAL KESEHATAN 2023 “Transformasi UU Kesehatan: Peran Tenaga Kesehatan dalam Sistem Ketahanan Nasional Indonesia.”
- Japar, M., Semendawai, A. H., & Fahrudin, M. (2024). Hukum Kesehatan Ditinjau dari Perlindungan Hak Asasi Manusia. *Jurnal Interpretasi Hukum*, 5(1), 952–961.
- Maulana, Z. A. (2022). Konsep filsafat positivisme perspektif auguste comte. *Jurnal El-Hamra: Kependidikan Dan Kemasyarakatan*, 7(3), 31–40.
- Mouliza, N., & Aisyah, S. (2021). Faktor yang Berhubungan dengan Kejadian Hipertensi pada Kehamilan Trimester III Di RSU Sundari Medan. *Jurnal Kesehatan Indra Husada*, 9(2), 89–97.
- Napirah, M. R., Rahman, A., & Tony, A. (2016). Faktor-faktor yang berhubungan dengan pemanfaatan pelayanan kesehatan di wilayah kerja Puskesmas Tambarana Kecamatan Poso Pesisir Utara Kabupaten Poso. *Jurnal Pengembangan Kota*, 4(1), 29–39.
- Radito, T. (2014). Analisis pengaruh kualitas pelayanan dan fasilitas kesehatan terhadap kepuasan pasien Puskesmas. *Jurnal Ilmu Manajemen UNY*, 11(2), 1–25.
- Ridwan, A. (2022). Analisis Mutu Layanan Kesehatan dalam Perspektif Implementasi JKN di Rumah Sakit Chasan Boesoerie Ternate. *SCIENTIA: Journal of Multi Disciplinary Science*, 1(1), 1–16.
- Salwa, F., Fitria, A. D., Hasibuan, I. D., Khairani, K., & Sahilla, R. (2024). Analisis Pengelolaan Dana Bok Dalam Upaya Pencegahan Stunting Di Puskesmas Sentosa Baru Kota Medan. *Jurnal Kesehatan Saintika Meditory*, 7(1), 104–113.
- Sirait, E. T. I. S., Samosir, W. V. A., Saribu, A. D., Girsang, J. A. D., Simangunsong, J., Saragih, K. A. B., ... Nababan, E. (2024). Revisi Rekomendasi WHO tentang Ambang Batas Efektivitas Biaya untuk Negara Berkembang. *Innovative: Journal Of Social Science Research*, 4(4), 919–932.
- Sulaiman, E. S. (2021). *Pemberdayaan masyarakat di bidang kesehatan: Teori dan implementasi*. UGM PRESS.
- Tampubolon, N. (2022). Tanggung jawab negara terhadap jaminan kesehatan dalam perspektif hak asasi manusia.
- Winda, W., & Susilawati, S. (2023). Analisis Pemanfaatan Pelayanan Kesehatan Puskesmas Di Setiap Wilayah Pesisir: Literature Review. *Jurnal Anestesi*, 1(3), 106–117.