



The Determinant Factors Related to the Utilization of BPJS Health Services in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura

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Abstract

Background: Determinants are factors that influence individuals in utilizing health services. Utilization of health services is the utilization of health services by the community. National Health Insurance (JKN) with the Health Insurance Provider Body (BPJS Health) program has the task of organizing national health insurance for all Indonesians. One of the services is dental health, in this case dental care. BPJS Health will guarantee dental health costs as long as participants follow the applicable procedures and medical procedures in accordance with medical indications.

Research Objectives: To identify the determinant factors that influence the utilization of the BPJS Health services on dental and oral health services at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Research method: The research method used in this study was observational analytic with a cross-sectional study approach. A sample of 105 patients was taken using purposive sampling from 667 patients. The study was conducted in December 2017. Statistical tests used in this study were univariate, bivariate, and multivariate analysis. Data obtained by using questionnaires and interviews.

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Results: Bivariate analysis showed several determinant factors affecting the utilization of BPJS Health services in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura were occupation ($p = 0.0001$; $RP = 4.157$; 95% $CI = 1.752-9.863$), family income ($p = 0.006$; $RP = 3.385$; 95% $CI = 1.463-7.831$), perception about dental health condition ($p = 0.001$; $RP = 13.959$; 95% $CI = 1.786-109.129$), health facility ($p = 0.002$; $RP = 6.048$; 95% $CI = 1.931-18.939$), doctor's service ($p = 0.023$; $RP = 4.414$; 95% $CI = 1.230-15.842$), ease of information ($p = 0.014$; $RP = 3.530$; 95% $CI = 1.373-9.077$), cost service ($p = 0.028$; $RP = 5.385$; 95% $CI = 1.165-24.896$), cost bearer ($p < 0.001$; $RP = 8.023$; 95% $CI = 3.201-20.113$), and accessibility ($p = 0.038$; $RP = 2.568$; 95% $CI = 1.129-5.841$), while age ($p = 0.1456$; $RP = 1.980$; 95% $CI = 0.845-4.639$), education level ($p = 0.189$; $RP = 2.439$; 95% $CI = 0.690-8.617$), and paramedic service ($p = 0.082$; $RP = 2.487$); 95% $CI = 0.968-6.390$) were not influencing to the utilization of BPJS Health services. Multivariate logistic regression showed four dominant determinant factors that influence the utilization of BPJS Health services; they are family income, perception about dental health condition, health facility and cost bearer.

Keywords: Utilization; BPJS Health; dental and oral health; cross-sectional.

1. Introduction

Utilization is an activity of utilizing services by a group of people or individuals. One of the factors that influence a person to use and utilize depends on the knowledge of everyone. Green [1] explains that the behavior of a person's health service utilization is influenced by predisposing factors, enabling factors, and reinforcing factors. Determinants mean that the factors that influence, many factors that affect individuals in utilizing health services. According to Andersen [2], there are three factors that influence the utilization of health services, namely predisposing characteristics, enabling characteristics and need characteristics. Predisposing characteristics are used to illustrate the fact that individuals have different health service inclinations, due to individual characteristics namely demographics, social structure, and belief in health. The enabling characteristic reflects that to utilize health services; individuals need the support or enabling factors that come from family and community resources. In addition to Andersen's and Green's opinion, there are still several health service utilization models according to experts. Dever [3] explains that health service utilization is influenced by socio-cultural factors, organizational factors, consumer factors, and factors related to providers (health service providers). BPJS Kesehatan (Health Social Security Administering Agency) is a Public Legal Entity that reports directly to the President and has the duty to organize National Health insurance for all Indonesians, especially for Civil Servants, Recipients of Civil Servants and the TNI / POLRI, Veterans, Pioneer of Independence along with their families and other business entities or ordinary people. The health insurance service program in Indonesia uses the BPJS Kesehatan together with the BPJS Ketenagakerjaan (formerly known as Jamsostek) as a government program in the National Health Insurance Unity (JKN) which was inaugurated on 31 December 2013. The presence of BPJS Health is a noble intention of the Indonesian government to improve the welfare of the community, especially in the health sector. BPJS Health began operating on January 1, 2014, while BPJS Employment began operating on July 1, 2014. BPJS Health was previously called Askes (Health Insurance), which is managed by PT Askes Indonesia (Persero), but according to Law no. 24 of 2011 concerning BPJS, PT. Askes Indonesia changed to BPJS Health since 1 January 2014.

The Social Security Organizing Agency for the Health Center (BPJS Health Center) is one of the BPJS Health work units placed at RSAL dr. Soedibjo Sardadi Lantamal X Jayapura responsible of assisting the implementation of health service activities for BPJS Health participants. BPJS Health Center at RSAL dr. Soedibjo Sardadi Lantamal X Jayapura has the duty to socialize, supervise, control and evaluate the implementation of health services at RSAL dr. Soedibjo Sardadi Lantamal X Jayapura in accordance with the cooperation agreement that was agreed between RSAL RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura with BPJS Health Jayapura Main Branch Office. RSAL Dr. Soedibjo Sardadi is a government hospital that has the main task objectives in accordance with its Vision, and Mission is to assist Navy personnel and their families and the general public in improving health status through the provision of quality and efficient health services that are always oriented to customer satisfaction. Almost all types of diseases or health problems are borne by BPJS Health. It would not hurt to join the BPJS health participants. When you are sick, you can seek treatment and undergo treatment using a BPJS card, all costs will be borne according to the terms and conditions. One of the services provided by BPJS health for participants is dental care. BPJS health will guarantee the cost of dental health services as long as participants follow applicable procedures and medical procedures in accordance with medical indications. This service is written in BPJS Health regulation number 1 of 2014 Articles 52 paragraphs 1, concerning dental health services. Health services of good quality and affordable costs are the hope for the whole community. For this reason, hospitals which are the main providers of health services are also required to control costs and control quality. So the government imposes a tariff as it is known as the INA CBGs system. In essence, changing rates that previously used the fee for service system became a prospective payment system. BPJS health will pay prospective health facilities, especially by capitation or INA CBG's. This is stated in PERPRES No. 12 of 2013 concerning Health Insurance, article 39 on how to pay for health facilities. Both of these payment methods are payment methods that force doctors and hospitals to be efficient while maintaining the quality of their services. Doctors and hospitals in an area that has the same price index or expensiveness index will be paid the same amount. This region is divided into 4 regional regions: regional I cover Java - Bali. Regional II covers Sumatera; regional III covers Kalimantan, Sulawesi and NTB, and finally regional IV covers Maluku, North Maluku, NTT, Papua and West Papua. Healthy competition between doctors and hospitals occurs based on quality of service, no longer based on tariffs. So that the goal of the INA CBG system is to encourage quality improvement, encourage patient oriented services, encourage efficiency, not give rewards to providers who over-treat and encourage the implementation of team services (in the form of coordination or cooperation between providers) can be realized. This application guarantees that patients get good service, and hospitals receive standard funding. Since the operation of the BPJS Health, with the determination of INA CBG rates, it has actually been sufficient, including orthopedics, neurosurgery, a number of dental and oral surgeries, and eyes. However, there are also those who feel disadvantaged because they have included the codes in the system implemented by the majority of hospitals. One of the phenomena discovered by the author is when patients using BPJS Health for dental health services. According to BPJS Health rules, the patient only gets one type of action, while the patient wants more than one action for the services, so the patient does not use BPJS health to get more from a single service. The low utilization of services by BPJS health patients at RSAL dr. Soedibjo Sardadi has an impact on the inefficiency of the dental and oral health services provided by hospitals. Based on the above problems, it is necessary to conduct research to find out what factors influence the patient in determining the utilization of BPJS Health service in dental health and mouth polyclinic at RSAL dr. Soedibjo

Sardadi. The results of this study can be useful for hospital management in determining policies related to increased utilization of BPJS health in the dental and oral health services as an effort to improve the degree of public health. Based on this background, the authors are interested in researching about "Determinant Factors related to the Utilization of BPJS Health services in the dental and oral polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura."

2. Materials and Methods

2.1. Type of Research

The type of research used in this study was observational analytic with a cross-sectional design which is widely used, often in epidemiology. This design, study the relationship between the dependent variable and the independent variable in which they observed at the same time. The samples in this study were patients who used the utilization of BPJS Health services in the dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. The samples of 105 patients were taken from 667 patients by using purposive sampling method. All the selected samples were included in this study except those who reject or do not sign the informed consent.

2.2. Ethical Research and Data Collection

Each respondent was asked to sign an informed consent. Primary data was collected by conducting interviews directly to the sample using the interview guidelines (questionnaire). Data processing was performed using a computer with the help of SPSS program packages. Data were analyzed using chi-square and binary logistic regression.

3. Result and Discussion

3.1. Univariate Analysis

Univariate analysis is an analysis of each variable to describe the results of the study. This analysis only displays the frequency and percentage of each variable. Results of univariate analysis of variables as seen in table 1:

Table 1 shows that out of 105 respondents, male sex as many as 62 people (56.0%), age ≤ 30 years old as many as 63 people (61.8%), low education level as many as 11 people (10.5%), unemployed as many as 35 people (33.3%), family income $< \text{Rp.5.000.000}$ as many as 40 people (38.1%), normal perception about health dental condition as many as 85 people (80.9%), not complete health facility as many as 17 people (16.2%), bad doctor's service as many as 12 people (11.4%), bad paramedic service as many as 23 people (29.9%), difficult to get information as many as 24 people (22.9%), expensive cost service as many as 87 people (82.9%), private cost bearer as many as 23 people (29.9%), difficult accessibility as many as 44 people (41.9%). and not using the utilization of BPJS Health service as many as 37 people (35.2%).

Table 1: Distribution of respondents according to Sex, Age, Education Level, Occupation, Family income, Perception about dental health, Health facility, Doctor's service, Medical services, ease of information, cost services, cost bearer, accessibility, and utilization of BPJS Health services.

No	Variable	Frequency (n)	Percentage (%)
1	Sex		
	Male	62	59.0
	Female	43	41.0
2	Age		
	≤ 30 year	63	61.8
	> 30 year	42	38.2
3	Education level		
	Low	11	10.5
	High	94	89.5
4	Occupation		
	Not working	35	33.3
	Working	70	66.7
5	Family income		
	< Rp.5,000,000	40	38.1
	≥ Rp.5,000,000	65	61.9
6	Perception about dental health		
	Normal	85	80.9
	Complication	20	19.1
7	Health facility		
	Not complete	17	16.2
	Complete	88	83.8
8	Doctor's service		
	Bad	12	11.4
	Good	93	88.6
9	Medical Services		
	Bad	23	29.9
	Good	82	70.1
10	Ease of information		
	Difficult	24	22.9
	Easy	81	77.1
11	Cost Services		
	Expensive	87	82.9
	Cheap	18	17.1
12	Cost bearer		
	Private	23	29.9
	Health insurance	82	70.1
13	Accessibility		
	Difficult	44	41.9
	Easy	61	58.1
14	The utilization of BPJS Health services		
	Not using	37	35,2
	Using	68	64,8
Total		105	100

Source: Primary Data, 2017

3.2. Bivariate Analysis

Bivariate analysis was carried out to determine the determinant factors for independent variables, namely sex, age, education level, occupation, family income, perception about dental health condition, health facility,

doctor's service, paramedic service, ease of information, cost service, cost bearer, accessibility with related to the utilization of BPJS Health service. To find out the determinant factors for the utilization of BPJS Health service, the chi-square test was used with a significance of 5%. The results of the bivariate analysis of the research on the determinant factors for the utilization of BPJS Health service are presented in the following tables:

a. Relationship between age and the utilization of BPJS Health service

Table 2 shows that out of 63 patients with age ≤ 30 years old, 26 patients (41.3%) were not using the utilization of BPJS Health service and 37 (58.7%) were using. While from 42 patients with age > 30 years old, 11 (26.2%) were not using the utilization of BPJS Health service and 31 patients (73.8%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 41.3% patients with age ≤ 30 years old was greater than patients with age > 30 years old (26.2%).

Table 2: Distribution of age and the utilization of BPJS Health services in Dental and Mouth Polyclinic at RSAL Dr. Sudibjo Sardadi Lantamal X Jayapura

Age	utilization of BPJS Health services				Total	
	Not using		Using			
	n	%	n	%	n	%
≤ 30 years old	26	41.3	37	58.7	63	100
> 30 years old	11	26.2	31	73.8	42	100
Total	37	35.2	68	64.8	105	100
<i>p=0.145; RP=1.980; 95%CI (0.845–4.639)</i>						

Source: Primary Data, 2017

The statistical test results obtained by Ratio Prevalence (RP) of 0.145 and 95% CI (0.845–4.639) showed that age was not a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that includes a value of 1 indicates that age is not a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

b. Relationship between education level and the utilization of BPJS Health service

Table 3 shows that out of 11 patients with low education level, six patients (54.5%) were not using the utilization of BPJS Health service and 5 (45.5%) were using. While from 94 patients with a high education level, 31 (33.0%) were not using the utilization of BPJS Health service and 63 patients (67.0%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 54.5% patients with a low education level were greater than patients with high education level (33.0%). The statistical test results obtained by RP of 0.189 and 95% CI (0.690–8.617) shows that the level of education was not a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that includes a value of 1 indicates that education level was not a significant determinant factor for using the utilization of BPJS Health service in

Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Tabel 3: Distribution of education level and the utilization of BPJS Health services in Dental and Mouth Polyclinic at RSAL Dr. Sudibjo Sardadi Lantamal X Jayapura

Education level	utilization of BPJS Health services				Total	
	Not using		Using			
	n	%	n	%	n	%
Low	6	54.5	5	45.5	11	100
High	31	33.0	63	67.0	94	100
Total	37	35.2	68	64.8	105	100
<i>p=0.189; RP=2.439; 95%CI (0.690–8.617)</i>						

Source: Primary Data, 2017

c. Relationship between occupation and the utilization of BPJS Health service

Table 4 shows that out of 35 patients who were un-employee, 20 patients (57.1%) were not using the utilization of BPJS Health service and 15 (42.9%) were using. While from 70 patients who were an employee, 17 (24.3%) were not using the utilization of BPJS Health service and 53 patients (75.7%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 57.1% patients with un-employee were greater than patients with employee (24.3%).

Tabel 4: Distribution of occupation and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Occupation	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Un-employee	20	57.1	15	42.9	35	100
Employee	17	24.3	53	75.7	70	100
Total	37	35.2	68	64.8	105	100
<i>p=0.001; OR=4.157; 95%CI (1.752–9.863)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 4.157 and 95% CI (1.752-9.863) showed that occupation was a determinant for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that occupation was a significant determinant for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who were an un-employee tended not to use the utilization of BPJS health service 4.157 times greater than compare to patients who were an employee.

d. Relationship between family income and the utilization of BPJS Health service

Table 5 shows that out of 40 patients who had family income < Rp.5.000.000, 21 patients (52.5%) were not using the utilization of BPJS Health service and 19 (47.5%) were using. While from 65 patients who had family income \geq Rp.5.000.000, 16 (24.6%) were not using the utilization of BPJS Health service and 49 patients (75.4%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 52.5% had family income < Rp.5.000.000 greater than patients who had family income \geq Rp.5.000.000 (24.6%).

Tabel 5: Distribution of family income and the utilization of BPJS Health service in Dental and Mouth Poly at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Family income	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
< Rp.5.000.000	21	52.5	19	47.5	40	100
≥Rp.5.000.000	16	24.6	49	75.4	65	100
Total	37	35.2	68	64.8	105	100
<i>p=0.006; RP=3.385; 95%CI (1.463–7.831)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 3.385 and 95% CI (1.463-7.831) showed that family income was a factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that family income was a significant factor for using the utilization of BPJS Health service in Dental and Mouth Poly at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who had family income < Rp.5.000.000 tend not to use the utilization of BPJS health service 3.385 times greater than to patients who had family income \geq Rp.5.000.000.

e. Relationship between perception of dental health condition and the utilization of BPJS Health service

Tabel 6: Distribution of perception about dental health condition and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Perception dental condition	about health	utilization of BPJS Health service				Total	
		Not using		Using			
		n	%	n	%	n	%
Normal		36	42.4	49	57.6	85	100
Complication		1	5.0	19	95.0	20	100
Total		37	35.2	68	64.8	105	100
<i>p=0.001; RP=13,959; 95%CI (1.786-109.129)</i>							

Source: Primary Data, 2017

Table 6 shows that out of 85 patients who had a normal perception, 36 patients (42.4%) were not using the utilization of BPJS Health service and 49 (57.6%) were using. While from 20 patients who had a complication perception, 1 (5.0%) were not using the utilization of BPJS Health service and 19 patients (95.0%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 42.2% had a normal perception about dental health greater than patients who has complication perception (5.0%). The statistical test results obtained by RP of 13.959 and 95% CI (1.786-109.129) showed that perception of dental health condition was a factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicated that perception was a significant factor for using the utilization of BPJS Health service in Dental and Mouth Poly at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who had a normal perception tend not to use the utilization of BPJS health service 13.959 times greater than patients who has complication perception.

f. Relationship between health facility and utilization of BPJS Health service

Table 7 shows that out of 17 patients who think that the health facility were not complete, 12 patients (70.6%) were not using the utilizations of BPJS Health service and 5 (29.4%) were using. While from 88 patients who think that the health facility was complete, 25 (28.4%) were not using the utilization of BPJS Health service and 63 patients (71.6%) were using. This shows from 35.2% patients who were not using the utilization of BPJS Health service, 70.6% patients who think the health facility not complete greater than patients who think the health facility was complete (28.4%).

Tabel 7: Distribution of health facility and utilization of BPJS Health service in Dental and Mouth Poly at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Health facility	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Not complete	12	70.6	5	29.4	17	100
Complete	25	28.4	63	71.6	88	100
Total	37	35.2	68	64.8	105	100
<i>p=0.002; RP=6.048; 95%CI (1.931–18.939)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 6.048 and 95% CI (1.931-18.939) showed that health facility was a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that health facility was a significant determinant factor for the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who think that the health facility was not complete tend not to use the utilization of BPJS health service 6.048 times greater than patients who think that the health facility was complete.

g. Relationship between doctor's services and utilization of BPJS Health service

Tabel 8: Distribution of doctor's services and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Doctor's service	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Bad	8	66.7	4	33.3	12	100
Good	29	31.2	64	68.8	93	100
Total	37	35.2	68	64.8	105	100
$p=0.023$; $RP=4.414$; $95\%CI (1.230-15.842)$						

Source: Primary Data, 2017

Table 8 shows that out of 12 patients who think that the doctor's service was bad, eight patients (66.7%) were not using the utilization of BPJS Health service and 4 (33.3%) were using. While from 93 patients who think that the doctor's service was good, 29 (31.2%) were not using the utilization of BPJS Health service and 64 patients (68.8%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 66.7% patients who think that the doctor's service was bad greater than patients who think that the doctor's service was good (31.2%). The results of statistical tests obtained an RP of 4.414 and 95% CI (1.230–15.842) indicating that doctor's service was a determinant factor for the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that doctor's service was a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who think that the doctor's service was bad tend not to use the utilization of BPJS health service 4.414 times greater than patients who think that the doctor's service was good.

h. Relationship between medical services and utilization of BPJS Health service

Table 9 shows that out of 23 patients who think that the paramedic service was bad, 12 patients (52.2%) were not using the utilization of BPJS Health service and 11 (47.8%) were using. While from 82 patients who think that the paramedic service was good, only 25 (30.5%) were not using the utilization of BPJS Health service and 57 patients (69.5%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 52.2% patients who think that the paramedic service was bad greater than patients who think that the paramedic service was good (30.5%).

Tabel 9: Distribution of paramedic service and utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Medical service	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Bad	12	52.2	11	47.8	23	100
Good	25	30.5	57	69.5	82	100
Total	37	35.2	68	64.8	105	100
<i>p=0.082; RP=2.487; 95%CI (0.968–6.390)</i>						

Source: Primary Data, 2017

The results of statistical tests obtained an RP of 2.487 and 95% CI (0.968–6.390) indicating that paramedic service was not a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that includes a value of 1 indicates that medical service was not a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

i. Relationship between ease of information and utilization of BPJS Health service

Tabel 10: Distribution of ease of information and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Ease of information	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Difficult	14	58.3	10	41.7	24	100
Easy	23	28.4	58	71.6	81	100
Total	37	35.2	68	64.8	105	100
$p=0.014$; $RP=3.530$; $95\%CI (1.373-9.077)$						

Source: Primary Data, 2017

Table 10 shows that out of 24 patients who think that to get the information was difficult, 14 patients (58.3%) were not using the utilization of BPJS Health service and 10 (41.7%) were using. While from 81 patients who think that to get the information was easy, 23 (28.4%) were not using the utilization of BPJS Health service and 58 patients (71.6%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 58.3% patients think that difficult to get information was greater than easy to get information (28.4%). The statistical test results obtained by RP of 3.530 and 95% CI (1.373-9.077) showed that ease of information was a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that ease of information was a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who think that difficult to get information tend not to use the utilization of BPJS health service 3.530 times greater than patients who think that it was easy to get information.

j. Relationship between cost service and utilization of BPJS Health service

Table 11 shows that out of 87 patients who think that the cost service was expensive, 35 patients (40.2%) were not using the utilization of BPJS Health service and 52 (59.8%) were using. While from 18 patients who think that the cost service was cheap, 2 (11.1%) were not using the utilization of BPJS Health service and 16 patients (88.9%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 40.2% patients who think that the cost service was expensive greater than patients who think that the

cost service was cheap (11.1%).

Tabel 11: Distribution of cost service and utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Cost service	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Expensive	35	40.2	52	59.8	87	100
Cheap	2	11.1	16	88.9	18	100
Total	37	35.2	68	64.8	105	100
<i>p=0.028; RP=5.385; 95%CI (1.165–24.896)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 5.385 and 95% CI (1.165-24.896) shows that cost service was a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that cost service was a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who think that the cost service was expensive tend not to use the utilization of BPJS health service 5.385 times greater than patients who think that the cost service was cheap.

k. Relationship between cost bearer and utilization of BPJS Health service

Table 12 shows that out of 47 patients with private cost bearer, 28 patients (59.6%) were not using the utilization of BPJS Health service and 19 (40.4%) were using. While from 58 patients with company cost bearer, only 9 (15.5%) were not using the utilization of BPJS Health service and 49 patients (84.5%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 59.6% patients had private cost bearer was greater than patients who had company cost bearer (15.5%).

Tabel 12: Distribution of cost bearer and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Cost bearer	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Private	28	59.6	19	40.4	47	100
Company	9	15.5	49	84.5	58	100
Total	37	35.2	68	64.8	105	100
<i>p<0.001; RP=8.023; 95%CI (3.201–20.113)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 8.023 and 95% CI (3.201-20.113) shows that cost bearer was a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that cost bearer was a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who have private cost bearer tend not to use the utilization of BPJS health service 8.023 times greater than patients who has company cost bearer.

l. Relationship between accessibility and utilization of BPJS Health service

Table 13 shows that out of 44 patients who had difficult accessibility, 21 patients (47.7%) were not using the utilization of BPJS Health service and 23 (52.3%) were using. While from 61 patients who had easy accessibility, 16 (26.2%) were not using the utilization of BPJS Health service and 45 patients (73.8%) were using. This shows that from 35.2% patients who were not using the utilization of BPJS Health service, 47.7% patients had difficult accessibility was greater than patients who had easy accessibility (26.2%).

Tabel 13: Distribution of accessibility and the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.

Accessibility	utilization of BPJS Health service				Total	
	Not using		Using			
	n	%	n	%	n	%
Difficult	21	47.7	23	52.3	44	100
Easy	16	26.2	45	73.8	61	100
Total	37	35.2	68	64.8	105	100
<i>p=0.038; RP=2.568; 95%CI (1.129–5.841)</i>						

Source: Primary Data, 2017

The statistical test results obtained by RP of 2.568 and 95% CI (1.129-5.841) showed that accessibility was a determinant factor for using the utilization of BPJS Health service. The 95% CI of RP that did not include a value of 1 indicates that accessibility was a significant determinant factor for using the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Patients who have difficult accessibility tend not to use the utilization of BPJS health service 2.568 times greater than patients who has easy accessibility.

3.3. Multivariate Analysis

Multivariate analysis used in this study is multiple logistic regressions. This analysis is a mathematical model used to study the relationship between one or several independent variables with one dichotomous dependent variable [4]. This analysis is intended to determine the most dominant determinant factors for the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. The results of multivariate analysis can be seen in table 14.

Tabel 14: The results of Multiple Logistic Regression Analysis with Stepwise Backward LR Method between Independent Variables on the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura

Covariate	B	Wald	P	OR	95%CI	
Family income	2.341	12.509	<0.001	10.392	2.840	39.031
Perception about dental health condition	2.701	5.429	0.020	14.902	1.536	144.579
Health facility	3.189	13.179	<0.001	24.259	4.337	135.689
Cost bearer	1.667	8.794	0.003	5.298	1.760	15.948
Constant	-	23.408	<0.001			
	11.926					

Source: Primary Data, 2017

Based on the results of multiple logistic regression analysis, the dominant determinant factors that influence the utilization of BPJS Health service in Dental and Mouth Polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura are family income, perception about health dental condition, health facility, and cost bearer.

4. Discussion

4.1. Age Determinant Factor for the Utilization of BPJS Health Service

Age is one of the socio-demographic factors of consumers who play a role in the utilization of health services [3]. Age plays a role in the utilization of health services from the point of risk of illness or disease brought on by the development of age, namely toddlers, teens, productive age, and the elderly. Age determines the utilization of health services related to age-specific disorders and the ability (capacity) of individuals to overcome health problems [5]. Azwar [6] states that the higher a person's age, the higher the risk of disease, and the higher the level of health service utilization. Law No.40 of 2009 concerning Youth divides the age group into two categories, namely young age (≤ 30 years) and adult age (> 30 years) [7]. Based on the results of the study, it is known that patients aged ≤ 30 years by 60% higher than patients aged > 30 years (40%). From the number of patients aged ≤ 30 years, 58.7% chose to take advantage of BPJS health service in the dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi, whereas patients aged > 30 years, 73.8% utilizing BPJS health service in the dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi. This result shows that the utilization of BPJS health service in the dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi is higher in dental care patients aged > 30 years. Based on the results of the analysis, it was found that there was no significant relationship between age and the utilization of BPJS health services at RSAL dr. Soedibjo Sardadi. The results of this study are not in line with the results of Hanif's study [8], which showed that there was a significant relationship between age and patient demand for outpatient services in the Internal Medicine Polyclinic Dr. M Djamil Padang Hospital. The results of this study are also not in accordance with the theory of Andersen (1975) in Ilyas [9] whose states that age is one of the predisposing factors that become an individual determinant of health

service utilization. The findings in this study found that there was no relationship between age and the utilization of BPJS health services at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. This also happened in the study of Syahril [10] which showed that there was no significant relationship between age and the utilization of dental care services at OMNI Medical Center Hospital Jakarta. Khudhori [11] in her research on the decision to choose dental services, found that there was no significant influence between age and decision on the choice of dental treatment at Bintaro IMC Hospital. The absence of a relationship between age and the utilization of BPJS health services may be due to age having more roles in the utilization of health services from the point of risk of illness or disease experienced by individuals as the age develops and the capacity to overcome health problems. While the utilization of BPJS health services in the dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi is the utilization of vital services because it is related to one's life. So that in the decision-making process, patients have many considerations that are influenced by other factors beyond age, which ultimately affect patients in making decisions about the selection of the services. Therefore, the age variable is less influential on the decision of patients in utilizing dental care services. This assumption is supported by the opinion of Fuchs (1998), Dunlop, and Zubkoff (1981) in Trisnantoro [12] which states that age influences the demand for health services from the curative aspect. Feldstein [13] explains that age plays a role in the utilization of health services because as age increases, there is an increase in chronic events and changes in pain patterns, so chronic disease becomes the main determinant of the need for health services.

4.2. Education Determinant Factor for Utilization of BPJS Health service

Education is a basic individual need that is needed for self-development and increasing one's intellectual maturity. Higher education will affect one's patterns and ways of thinking, which in turn affects a person in acting and making decisions. According to Dever [3], education is one of the socio-economic factors of consumers who affect individuals in utilizing health services. Education will affect individual awareness of the importance of the meaning of health for themselves and the environment, so as to encourage the need for health services and the selection of health services [14]. Azwar [6] states that the higher a person's education, the relatively higher utilization of health services. Based on the results of the study, it is known that the majority of dental treatment patients at RSAL Dr. Soedibjo Sardadi has a higher-education background, which is 89.5%. Of the number of highly educated dental care patients, 67% decided to take advantage of the BPJS health service at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. Whereas patients with low education, 45.5% utilizing the BPJS health service at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. From the results of the analysis, it is known that there is no significant relationship between education and the utilization of the BPJS health service at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. The findings of this study are not in accordance with the theory put forward by Green [1] which states that education is a predisposing factor that motivates someone to behave, so educational background is a fundamental factor to motivate someone to utilize health services [1]. The results of this study are also not in line with the research of Wibowo [15] which proves that education influences patients in utilizing antenatal care. Khudhori [11] in his research, showed that there was a significant influence between education and decisions of dental care patients in utilizing dental care services at IMC Bintaro Hospital. The difference in research findings regarding the utilization of dental care services by dental care patients is very likely due to differences in the characteristics of respondents at each study site. In this study, it is known that the majority of dental care patients are patients who have higher education, which is

equal to 89.5%. The data that is less varied (homogeneous) is what might cause no relationship between education and the utilization of dental care services by dental care patients at RSUD Dr. Soedibjo Sardadi. In addition, there is no relationship between education and the utilization of BPJS health dental care services at RSAL Dr. Soedibjo Sardadi maybe because dental care patients who have higher education tend to get wider knowledge and information on health care facilities, which not only service information contained in RSAL dr. Soedibjo Sardadi, but also in hospitals or other health services. So that dental care patients who are highly educated, tend to have a broad reference to health service choices and have many considerations in terms of the quantity and quality of services, in addition to the desire to utilize the health services themselves. Statistical test results between education and health facilities, it can be seen that 16 of 17 dental care patients who argue dental care service facilities at RSAL dr. Soedibjo Sardadi are an incomplete patient with a higher-education background. These results indicate that dental education patients who are highly educated to have references regarding the availability of higher health facilities to determine the utilization of dental care services. This assumption is reinforced by Zschock's (1979) theory in Ilyas [9] which states that a person with higher formal education will have better health knowledge and health service information and will ultimately influence a person towards the selection of better health services in accordance with his wishes .

4.3. Occupation Determinant Factor for the Utilization of BPJS Health Service

Employment is one of the socio-economic factors of consumers who play a role in influencing individuals in the utilization of health services [3]. Green [1] states that occupation is one of the supporting factors (enabling factors) that affect a person in utilizing health services. Someone who works has a higher tendency to use health services compared to someone who does not work. Based on the results of the study, it is known that dental care patients who work as much as 66.7% higher compared to dental care patients who are not working, which are 33.3%. These results indicate that the majority of dental care patients at RSAL Dr. Soedibjo Sardadi is a working patient. Of the total number of dental care patients employed, 75.7% utilized dental care services at Dr. Soedibjo Sardadi Hospital. While of the number of patients who did not work, 42.9% utilized dental care services at Dr. Soedibjo Sardadi Hospital. These results indicate that the level of utilization of dental care services is higher in working patients. From the analysis results, it is known that there is a significant relationship between occupation and the utilization of BPJS health service in the dental and mouth polyclinic at RSAL dr. Soedibjo Sardadi. The results of this study are consistent with the theory put forward by Andersen (1975) in Ilyas [9] which states that occupation is a predisposing factor that also plays a role in the utilization of health services. The results of this study are also in line with the research of Ginting [16] which shows that there is an influence of occupation on the utilization of health services by patients in Pesanggarahan District, Jakarta. The findings in this study assume that working dental care patients have a higher chance of utilizing dental care services compared to dental care patients who are not working. The high level of utilization of dental care services by working dental care patients can occur due to the economic ability in financing health services, because dental care patients who work have a higher chance to utilize health services from the economic (financial) side of patients. In addition, the relationship between occupation and the utilization of BPJS health dental care services can occur because of the acquisition of health insurance resulting from work. Dental care patients who work have a higher chance to take advantage of better dental care services, because they are covered by dental care costs from third parties (companies or insurance) compared to dental care patients who

do not work. So that dental care patients who work higher utilizing dental care services at RSAL dr. Soedibjo Sardadi compared to patients who did not work. This assumption is reinforced by the opinion of Wibisana [5] which states that occupation also plays a role in the utilization of health services in terms of economic capacity generated to finance health services and obtain health insurance.

4.4. Family income Determinant Factor for the Utilization of BPJS Health Service

Family income is one of the socioeconomic factors of consumers who contribute to the utilization of health services [3]. Family income plays a positive role in determining the utilization of health services related to one's ability to finance (ability to pay) available health services [5]. Based on the results of the study, the average value of the family income of patients is about IDR 10,000,000 with the lowest family income of IDR 2,000,000 and the highest family income IDR 15,000,000. Because the data of this study were not normally distributed, data were grouped based on the medical value obtained, which was Rp.5,000,000. So that the research data are grouped into dental care patients who earn less than IDR 5,000,000 and dental care patients who earn more than IDR 5,000,000. From the results of the study, it is known that dental care patients who have a family income about Rp5, 000,000 are 61.9% higher compared to dental care patients who have a family income below Rp 5,000,000 of 38.1%. These results indicate that the majority of dental care patients at RSAL Dr. Soedibjo Sardadi are high-income patients (above Rp. 5, 000, 000). This is also in accordance with information obtained from the marketing management of RSAL Dr. Soedibjo Sardadi, who stated that patients of RSAL Dr. Soedibjo Sardadi were patients who belong to the middle and upper-middle social classes. From the results of the chi-square test, it is known that there is a significant relationship between family income and the utilization of BPJS health dental care service at RSAL dr. Soedibjo Sardadi. The results of multiple logistic regression test it is also indicated that family income is one of the dominant factors related to the utilization of BPJS health service at RSAL dr. Soedibjo Sardadi. The findings in the results of this study are in line with Zschock's (1979) theory in Ilyas [9] which states that family income factors are strongly related to the demand for health services, where the higher a person's income, the higher the demand for health services. The results of this study are also in line with the results of Sarminah's research [17] which shows that family income has a significant influence on the utilization of dental care services. The findings in this study can be assumed that dental care patients with high family income levels have a higher chance of utilizing BPJS health dental care services at RS Soedibjo Sardadi compared to dental care patients with low family income levels. This can occur because it is related to the level of capability of the patient's economy in financing dental care services. Dental care patients who have a high family income, have economic convenience to finance the required dental care services, so there is a higher chance of utilizing better dental care services. This assumption is supported by Green's theory [1], which states that family income is one of the supporting factors that make a person use health services from an economic aspect. Feldstein [13] states that socioeconomic factors originating from family income will affect the demand for health services and affect someone in the use of better health services.

4.5. Perception about dental health condition Determinant Factor for the Utilization of BPJS Health Service

Dental health condition is a condition that is experienced by the patient either under normal conditions or there are disorders, complicating factors, or complications that can be a risk during dental care [18]. Patients'

perception of the condition of dental health is a social-psychological factor that can affect dental care patients in determining dental care services. The results showed that dental care patients who had a normal dental health perception were 81% higher compared to dental care patients who had a dental health perception that there were disorders, or complications, which was 19%. These results indicate that most dental care patients have a perception that their dental health conditions are normal. According to Andersen (1975) in Ilyas [9], that an individual's assessment of the perceived health condition, the amount of fear of illness, and the severity of the pain suffered affects a person in utilizing health services. Based on the results of the study, it is known that dental care patients who have a perception of the health condition of their teeth are normal and utilize BPJS health dental care services at Dr. Soedibjo Sardadi Hospital at 57.6%. While patients who have a perception of the health condition of their teeth have a disorder, or complications and take advantage of BPJS health dental care services at RSAL Dr. Soedibjo Sardadi by 95%. Based on the results of the chi-square test, it is known that statistically there is a significant relationship between patients' perceptions about the condition of dental health with the utilization of BPJS health dental care services at Dr. Soedibjo Sardadi Hospital. The results of multiple logistic regression tests prove that there is a significant relationship between patients' perceptions about the condition of dental health to the utilization of BPJS health dental care services at RSAL Dr. Soedibjo Sardadi. The results of this study are in line with the results of Purnamawati's research [19], which shows that there is a significant relationship between the dental health conditions of patients and the utilization of inpatient services at RSAB. Wibowo [15] in his dissertation, proved that the patient's perception of the patient's health condition affects the utilization of antenatal care. This study is also in accordance with Green's theory [1] which states that one's perception and belief in health are a predisposing factor that motivates individuals to behave, one of which is the behavior of health service utilization. The findings in this study indicate that the majority of BPJS health dental care patients in RSAL Dr. Soedibjo Sardadi have a perception of the health condition of their teeth is normal, which is equal to 81%. From the number of dental care patients at RSAL Dr. Soedibjo Sardadi had a perception of the condition of his dental health was normal, 42.4% did not take advantage of BPJS health dental care services at Dr. Soedibjo Sardadi. These results show that the patient's perception of the condition of dental health affects the choice of dental care services. The findings in this study assume that dental care patients who have a normal dental health perception have a higher chance of not utilizing of BPJS health dental care services in the same health facility as dental care compared to patients who have a dental health condition perception that they have a disruption, or complications. This may be due to the perception of the patients who consider the state of their dental health in good or normal condition, so that it is likely to be of the view that with their normal dental health condition, they have no risk when utilizing dental care services at different health facility locations with examination's dental care. This perception is certainly wrong, because even though the condition of the patient's dental health is in a normal condition, it is better than dental care services be carried out at the same health facility or checkpoint at a more complete health facility. This is because dental care services can be a tool for early detection of high-risk factors, and complications that can endanger health. So that the medical history (medical record) of dental care is very helpful for health workers in making decisions during dental care. Therefore, education efforts are needed or providing information to BPJS health dental care patients, where the implementation of dental care checks.

4.6. Health Facility Determinant Factor for the Utilization of BPJS Health Service

Health facilities are one of the factors associated with providers (health service providers) that influence a person in determining the utilization of health services [3]. Health facilities are one of the supporting factors (enabling factors) that enable the motivation of individuals or groups to manifest in the availability of health facilities [1]. Health facilities referred to in this study are the availability of BPJS health dental care facilities in a health service, including dental care rooms, medical equipment, inpatient rooms and adequate waiting rooms. Health facilities are said to be complete if there are all such health facilities at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura. From the results of the study, it is known that BPJS health dental care patients who said that had a complete health facility were 66.7% higher compared to patients who argued incomplete, amounting to 33.3%. These results indicate that the majority of patients at RSAL Dr. Soedibjo Sardadi believes that it has complete health facilities. These results are consistent with the results of observations made by researchers; that health facilities include dental care rooms, medical equipment, inpatient rooms, ICUs and adequate waiting rooms are all available at Dr. Soedibjo Sardadi Hospital and in good condition. The availability of health facilities is very influential on the utilization of health services. As stated by Zschock (1979) in Ilyas [9] that health service providers have a big role in determining the level and type of services to be consumed by consumers and the availability of health facilities in health services is one of the factors that influence a person's choice in determining health services in accordance with his wishes. From the results of the study, it is known that BPJS health dental care patients who say that health facilities are incomplete, utilize the BPJS health dental care services at RSAL Dr. Soedibjo Sardadi by 29.4%. Whereas patients who said that the health facilities were complete, utilized the services at Dr. Soedibjo Sardadi Hospital by 71.6%. These results indicate that the level of the utilization of BPJS health dental care service at RSUD Dr. Soedibjo Sardadi is higher compared to patients who have a perception of health facilities at RSAL Dr. Soedibjo Sardadi are incomplete. Based on the chi-square results, it was found that there was a significant relationship between health facilities and the utilization of BPJS health dental care services at RSAL dr. Soedibjo Sardadi. The results of multiple logistic regression tests showed that health facilities were the most dominant variable related to the utilization of BPJS dental care services at RSAL Dr. Soedibjo Sardadi. The findings of this study assume that the availability of complete health facilities influences the selection of BPJS dental care service utilization by patients. The more complete availability of health facilities in a health service, will increase the assessment and confidence of BPJS dental care patients to health services, which in turn affects the utilization of dental care services. Another study, Khudhori [11] which showed a significant influence between health facilities on the utilization of dental care services at Bintaro IMC Hospital. The results of this study are also in line with the opinion of Zschock (1979) in Ilyas [9] which stated that health facilities affected one's demanded for health service utilization. Lack of health facilities will lead to low utilization of health services, while the complete health facilities will increase the utilization of health services.

4.7. Doctor's service Determinant Factor for the Utilization of BPJS Health Service

Doctor's service is one of the factors of health service providers who also play a role in influencing someone in determining health services [3]. According to Green [1], the attitude and skill of doctors are one of the driving factors (reinforcing factors) that affect a person in utilizing health services, where the better one's perception of

doctor services, the better a person's assessment of health services, the higher the utilization towards health services. The doctor's service can be assessed based on the dimensions of service quality known as Servqual questionnaire. This questionnaire used to measure the quality of services, including reliability/accuracy in providing services to patients, responsiveness/speed in responding to patient complaints, ability to provide trust, advice and clear information to patients, have a sincere concern and care for patients, and maintain physical appearance (clean and tidy) in serving patients. Hanif [8] states that doctors have a very important role in the process of health care both treatment, healing and maintenance of patient health, so the better the patient's perception of the doctor, the better the impact on patient health and health service utilization. Khudhori's research [11] which showed that there is a significant relationship between doctor's service and the decision of dental care patients to use dental care services at Bintaro IMC Hospital. Another study, Salpator [20] showed that dental care workers influenced the utilization of immunization health services in South Sumatra Province in 2007. The findings in this study assume that physician services affect the utilization of dental care services, where the better the perception of dental care patients to doctor services, the better a person's assessment of health services, the higher the level of utilization of dental care services by dental care patients. According to Supatra [21] (2012), that patient satisfaction with doctor services will cause loyalty to the patient. Patient loyalty to the doctor will have an impact on the loyalty to the hospital in the form of utilization of hospital services. Ley (1992) in Hanif [8] stated the most important factor which can increase the level of demand for health care is communication between doctors and patients. These include cognitive aspects, namely satisfaction with the amount and quality of information provided; affective aspects, namely the patient's feeling the doctor listens, understand, and are interested in complaints; and behavioral aspects, namely the patient's assessment of the doctor's ability to consult.

4.8. Paramedic Service Determinant Factor for the Utilization of BPJS Health Service

Paramedic services, including nurses is one of the factors related to providers who can influence a person in determining the utilization of health services [3]. Good or bad personal health workers in providing health services will affect patient perceptions of the value of hospital services, which will affect the utilization of available health services. Good or bad paramedic services can be assessed based on the dimensions of service quality, including responsiveness/speed in responding to patient complaints, the ability to provide clear information and easily understood by patients, have a sincere concern and care for patients, and maintain physical appearance (clean and tidy) in serving patients. The results showed that dental care patients who had a paramedic service perception that handled better services were 78.1% higher compared to patients who had a poor paramedic service perception, which amounted to 21.9%. These results indicate the majority of patients have a perception paramedical services which handle dental care patients are good. Based on the results of the study, it is known that dental care patients who have a perception of paramedical services that handle poor dental care patients and utilize dental care services at Dr. Soedibjo Sardadi Hospital by 47.8%. While patients who have a perception of paramedical services that handle dental care patients well and take advantage of dental care services in RSAL Dr. Soedibjo Sardadi by 69.3%. Based on the results of the analysis, it was found that statistically there was no significant relationship between paramedic services and the utilization of BPJS health dental care services at RSAL Dr. Soedibjo Sardadi. The results of this study are not in accordance with Green's theory [1], which states that the behavior of health workers, including nurses, is a reinforcing factor that

influences a person's behavior, including behaviors that utilize health. The results of this study are also different from the results of the Purnamawati [19] study which showed that there was a significant relationship between nurse care and the utilization of dental care in Harapan Kita Hospital. Another study, Nurlailah [22] showed that paramedical services affect the utilization of health services in Public Health Service by Health Insurance participants in Oku District in South Sumatra. The findings in this study show the results that there is no relationship between paramedical services and the utilization of BPJS health dental care services. The findings in this study also occurred in the study of Khudhori [11] which showed that there was no significant relationship between paramedical services and the decision to use dental care services at the IMC Bintaro Hospital. This was also found in Supatra's study [21] which showed that health human resources services did not affect the utilization of dental care services for patients at Risa Sentra Medika Hospital. The findings in this study may occur due to less varied (homogeneous) research data, where 78.1% of patients have good paramedical service perceptions, so statistically there is no relationship between paramedical services and BPJS dental care service utilization at RSAL Dr. Soedibjo Sardadi. Another possibility is that there is no relationship between paramedical services and the utilization of BPJS dental care services, so that there may be other factors that are considered by patients related to service providers in the dental care process, such as doctor services and health facilities.

4.9. Ease of Information Determinant Factor for the Utilization of BPJS Health Service

The ease of information is one of the factors that influence a person in determining the utilization of health services [3]. Ease of information has an important role in influencing patient decisions regarding the utilization of health services (purchase decision). This is because no matter how good the quality of a health service is available, if consumers have never heard of it and are not sure that the health service product will be useful for them, then they will not buy it [23]. Based on the results of the study, it is known that 77.1% patients who think that it is easy to get information at RSAL Dr. Soedibjo Sardadi is higher compared to patients who find it difficult to obtain information on dental care services, which is 22.9%. These results indicate that the majority of dental care patients are of the opinion that obtaining information on dental care services at Dr. Soedibjo Sardadi Hospital is relatively easy. The findings of this study are in accordance with the observations of researchers; that information about dental care services at Dr. Soedibjo Sardadi Hospital can be obtained easily through hospitals, brochures, and direct information from Admisi officers. The findings of the results in this study assume that the easier the BPJS dental care patients in obtaining information related to BPJS dental care services, the higher the chances of BPJS dental care patients in utilizing BPJS dental care services. The results of this study are in line with the research of Syahril [10] which shows that the ease of information has a meaningful relationship with the decision of outpatients in utilizing dental care services at OMNI Medical Center Hospital in Jakarta. The results of this study are also in accordance with the opinion of Junadi (2007) in Chandrarini [24], that the ease of information obtained by patients both about services or clinical aspects can affect the utilization of health services, in addition to being able to measure patient satisfaction.

4.10. Cost Service Determinant Factor for the Utilization of BPJS Health Service

Service cost is one of the factors that influence individuals in determining the utilization of health services, where the utilization of existing health services depends on the ability of individuals to pay for services in a

health service [3]. Zschock (1979) in Ilyas [9] states that a person's ability to pay for health care costs is closely related to the level of acceptance and use of health services. Someone who has limited costs in accessing health services will lower the level of use of health services. By law, economic elasticity, the cost of services (price) is negatively related to the demand for health services, where the higher the cost of a service, the demand for these services will decrease and vice versa. In this study, the intended service cost is the cost of dental care services at Dr. Soedibjo Sardadi Hospital. From the results of the study, it is known that dental care patients who stated that dental care costs at Dr. Soedibjo Sardadi Hospital were expensive at 82.9% higher compared to dental care patients who stated that dental care service costs at Dr. Soedibjo Sardadi Hospital were cheap, namely 17.1%. These results indicate that the majority of dental care patients have a perception of the cost of dental care services at RSAL dr. Soedibjo Sardadi is expensive. Anderson (1974) in Notoatmodjo [14] states that the cost of services is one of the enabling characteristics that influence a person in utilizing health services. According to Andersen, even though someone has a predisposing factor to use health services, but someone will not use it if they do not have the ability to pay for service costs. Based on the results of the study, it can be seen that dental care patient who argues the cost of dental care services at RSAL dr. Soedibjo Sardadi is expensive and does not utilize dental care services at Dr. Soedibjo Sardadi Hospital at 40.2%. While dental care patients who have a perception of the cost of dental care services at RSAL Dr. Soedibjo Sardadi are cheap and do not utilize dental care services at RSAL Dr. Soedibjo Sardadi by 11.1%. From the results of the analysis, it was found that there was a significant relationship between the cost of services with the utilization of dental care services by dental care patients at RSAL Dr. Soedibjo Sardadi.

These results assume that the perception of dental care patients on service costs affects the utilization of dental care services at RSAL dr. Soedibjo Sardadi. The results of this study are in line with the results of the study by Syahrial [10] which shows that there is a significant relationship between the cost of care with the decision of outpatients in utilizing dental care services at the OMNI Hospital Medical Center in Jakarta. The results of this study are also in accordance with the opinion of Zschock (1979) in Ilyas [9] which states that the cost of health services is strongly related to the level of utilization of health services. The finding of the study that amounted to 59.8% of patients who have a perception of the cost of care at RSAL Dr. Soedibjo Sardadi is expensive, still utilizes dental care services at Dr. Soedibjo Sardadi Hospital. This result is certainly not in accordance with the legal theory of economic elasticity between costs to demand, where the higher the cost of services, the lower the utilization rate of health services. The findings in this study may be due to the high level of economic capabilities of dental care patients, where dental care patients RSAL Dr. Soedibjo Sardadi is patients with middle and upper social classes. That is, even though the dental care patient has a perception of the cost of dental care services at RSUD Dr. Soedibjo Sardadi, including expensive, dental care patients have the ability to pay for service costs, so they can take advantage of dental care services at RS Soedibjo Sardadi. This assumption is supported by Green's theory [1], that the utilization of health services is highly dependent on the ability of individuals to pay for services in a health service. Zschock (1979) in Ilyas [9] states that the need for health services is something inelastic, namely the increase in the cost of health services will not significantly reduce the demand for health services. The decrease in health services due to an increase in the cost of services will be seen to be significant in middle to lower patients. In addition, the role of the bearer of costs is also important in financing health services. Although dental care patients consider the cost of dental care services at

RSAL Dr. Soedibjo Sardadi relatively expensive, but these patients can still take advantage of dental care services at RSAL Dr. Soedibjo Sardadi.

4.11. Cost Bearer Determinant Factor for the Utilization of BPJS Health Service

Cost bearer is one factor that contributes to the utilization of health services [3]. Andersen (1975) in Ilyas [9] states that the cost bearer (insurance or health insurance) is one of the supporting factors (enabling characteristics), namely as a condition that makes a person able to act in utilizing health services. The results showed that dental care patients who perform dental care with dental care cost borne by other agencies/institutions (companies or insurance) by 55.2% higher compared to patients who do dental care with personnel costs of 44.8%. The results of the study, it is known that patients who perform dental care at personal expense and utilize dental care services at Dr. Soedibjo Sardadi Hospital at 40.4%. Patients who perform dental treatment with costs borne by other agencies/institutions (companies or insurance) and take advantage of dental care services at RSAL Dr. Soedibjo Sardadi by 84.5%.

These results indicate that the majority of patients who use dental care services at Dr. Soedibjo Sardadi Hospital are patients with costs borne by other agencies/agencies (companies or insurance). Based on the results of the chi-square test, the results show that there is a significant relationship between the cost bearer and the utilization of dental care services by dental care patients at RSUD Dr. Soedibjo Sardadi. The results of the multiple logistic regression test showed that there was a significant relationship between the cost bearers and dental care service utilization by dental care patients at RSUD Dr. Soedibjo Sardadi. The results of this study are in line with the results of Syahrial's study [10], which shows that there is a significant relationship between the cost bearer and the utilization of dental care services at OMNI Medical Center Hospital in Jakarta. Another study, Khudhori [11] found that there was an influence of the cost bearer on the selection of dental care services at the IMC Bintaro Hospital. The results of this study are also in accordance with the theory of Zschock (1979) in Ilyas [9] stating that third parties (companies or insurance) have a positive effect on the demand for health services. Third parties (companies or insurance) tend to pay the health costs of the insured more than individuals, so the role of third parties is very important in determining the use of health services. Fuchs (1998), Dunlop and Zubkoff (1981) in Trisnantoro [12] state that cost bearers (health insurance) can increase demand for health services, where the relationship between the two is positive.

The cost bearer (health insurance) can reduce the effect of the service cost factor as a barrier to getting health care. The findings in this study indicate that the majority of dental care patients who utilize dental care services at RSAL Dr. Soedibjo Sardadi are patients with costs borne by other agencies/agencies (companies or insurance). This assumption is reinforced by information obtained from marketing management that RSAL Dr. Soedibjo Sardadi has established cooperation with various companies and insurance companies. Therefore, in order to increase the utilization of dental care services in RSAL Dr. Soedibjo Sardadi, the hospital should continue to establish and maintain good relations with the company or insurance. The hospital can also provide special promotional packages for dental care patients covered by the company or insurance and provide a convenience in the service process. So that dental care patients are interested in doing dental care at RSAL Dr. Soedibjo Sardadi. In addition, the hospital should also continue to establish and expand the scope of cooperation

with other companies or insurance. This is considering now the increasing trend of patients guaranteed by the company or insurance.

4.12. Accessibility Determinant Factor for the Utilization of BPJS Health Service

According to Dever [3], geographical affordability (accessibility) is one of the factors that influence individuals in determining the utilization of health services, where accessibility is assessed from distance and travel time, as well as the ease of obtaining transportation at all times to reach health services. Green [1] states that accessibility is one of the supporting factors (enabling factors) that enable individual or group motivation to be accomplished, which is manifested in the ease of reaching health facilities, including distance, travel time, and ease of transportation. Dever [3] states that ease of access is one of one's choices for utilizing certain health services. Close distance and short travel time and the ease of transportation that will affect someone in determining health services. The easier accessibility of a person to health services, the higher the utilization of health services. Based on the results of the analysis, it was found that there was a significant relationship between accessibility and the utilization of dental care services by dental care patients at RSAL Dr. Soedibjo Sardadi. The results of this study are in line with the results of Supatra's study [21] which shows that there is a significant relationship between distance and travel time with the utilization of dental care services for patients in the Obstetric Outpatient Unit at Risa Sentra Medika Hospital. Another study, Khudhori [11] which shows the results that there is a significant influence between the distance of service with the choice of dental care in dental care patients at the IMC Bintaro Hospital. The results of this study are also in line with the opinion of Ilyas [9] which states that the easier access to health services, the higher a person's demand for health services. Wibisana [5] states that the closeness and strategic placement of health services tend to be positive towards increasing the use of health services and the availability of transportation every time and travel time to reach health services affects someone in determining the utilization of health services.

This condition deserves attention in order to realize or improve the quality of health services at RSAL Dr. Soedibjo Sardadi, because as this concept emphasizes how public services, especially health services, are successfully provided through a healthy system. This health service can be seen everyday in hospitals or public health center. The purpose of health services is to provide medicines and services that are agreed with the community. Medicine and services agreed upon are those that fulfill what is promised or what is needed by the community.

The agreed health services are those that provide satisfaction to the community, if necessary, exceed the expectations of the community, so it is expected that with an increase in service at RSAL Dr. Soedibjo Sardadi can also improve the quality of health services at RSAL Dr. Soedibjo Sardadi so that it can increase patient interest in seeking treatment at RSAL, because hospitals as a form of health service facilities are expected to be able to provide quality and agreed services. Hospital management must try to satisfy its patients, in this case the community with various levels of needs. A hospital is established and run with the aim to provide health services in the form of care, examination, treatment, medical or non-medical measures, and other diagnostic measures.

5. Conclusion

Based on the results of data analysis and hypothesis testing, it can be concluded as follows:

1. There is no relationship between age and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
2. There is no relationship between education level and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
3. There is a significant relationship between occupation and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
4. There is a significant relationship between family income and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
5. There is a significant relationship between patients' perceptions about dental health condition and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
6. There is a significant relationship between health facilities and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
7. There is a significant relationship between doctor's services and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
8. There is no relationship between paramedic services and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
9. There is a significant relationship between the ease of information and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
10. There is a significant relationship between service costs and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
11. There is a significant relationship between the cost insurer and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
12. There is a significant relationship between accessibility and the utilization of BPJS Health service in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura.
13. The dominant determinant factors that influence the utilization of BPJS Health services in dental and mouth polyclinic at RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura are health facilities, family income, perception about dental health condition, and cost bearer.

6. Suggestion

1. The BPJS Health should provide more than one service at one time visit either to RSAL Dr. Soedibjo Sardadi Lantamal X Jayapura or other Hospital and Public Health Service.
2. The hospital should continue to make improvements in the availability of facilities, types, and variations of dental care services that are more complete with competitive service costs.
3. The hospital should continue to establish and maintain good relations with the company or insurance, and can also provide special promotional packages and provide a convenience in the process of

administrative services to attract the interest of the company or insurance to work together.

4. It is better for the hospital to reconsider the cost of dental care services. The hospital can also make special promotional packages for dental care services, especially for dental and oral care patients at competitive costs.
5. The hospital should need to conduct regular communication and outreach to the general, public and dental and oral care patients regarding the rates, health facilities, types of services, and benefits obtained by patients when performing dental care at Dr Soedibjo Sardadi Hospital.
6. The hospital should seek that doctors can provide education, advice to patients to perform dental care at the same health facility with a complete examination.
7. The hospital should also be able to provide facilities in call center services so that the difficulty and remote access constraints can be minimized.

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