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## **Factors Related to the Utilization of Health Services at the Manggelum Public Health Center, Boven Digoel Regency**

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### **Abstract**

**Background:** Bayanggop Village, with a population of 265 people, is one of the communities in the Manggelum Health Center's (Puskesmas) operational area, with the highest number of cases being ISPA. The results of the initial survey with people living in 1 of 3 people stated that the services provided by the Manggelum Health Center, Boven Digoel Regency, were not optimal in terms of providing health services in terms of time or hours of service, and complaints from several mothers who have toddlers about the implementation of the integrated service post (Posyandu) that is not properly scheduled. **Objectives:** The goal of this study is to determine the factors that related to the utilization of health services at the Manggelum Health Center, Boven Digoel Regency. **Methods:** This study is a type of quantitative analytic research with a cross-sectional study approach, which means that the data is measured or observed all at once. In February and March 2021, this research was carried out at the Manggelum Health Center, Manggatiga Kolopkam Village, and Bayanggop Village in the Boven Digoel Regency. This study's population is from the working areas of Puskesmas Manggelum, Kampung Mnggatiga, Kolopkam, and Kampung Bayanggop in the Boven Digoel Regency.

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The researcher used a purposive sampling technique to determine sample size; the sample represented the population in the working area of the Manggelum Health Center; the total population in this study was 90 people. **Result:** It was found that variables affordability, family support, and perceived condition have a significant relationship with the utilization of health services at the Manggelum Health Center, Boven Digoel Regency. Meanwhile, education and knowledge have no significant relationship with the utilization of health services at the Manggelum Health Center, Boven Digoel Regency.

**Keywords:** Utilization; health services; Public health center.

## **1. Introduction**

The regions are the organized units of the local government, and the regional health subsystems are independent segments of the national health system. This subsystem consists of a well-defined population living within well-defined administrative and geographical boundaries, both in cities and villages. This subsystem includes all people, institutions, and sectors whose activities aim to improve health status. Realizing a healthy city requires excellent health services. The nature of the organization of health services includes complete and comprehensive accessibility, emphasis on health education and prevention of disease and disability, cross-sectoral collaboration, community participation, and decentralization and coordination of all health services or systems [1].

Excellent service needs to be realized in health services. If viewed from the health service system in Indonesia, the role and position of the Public Health Center is the spearhead of the health service system in Indonesia. This is because the role and position of Puskesmas in Indonesia is very unique, as a primary health care facility that is responsible for providing public health services as a preventive measure. The main purpose of the Puskesmas is to improve health and prevent disease with the main target being the community [2].

According to the Minister of Health Regulation Number 75 of 2014, Community Health Centers, hereinafter referred to as Puskesmas, are health service facilities that carry out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in their working areas.

Manggelum Health Center, Boven Digoel Regency, is one of the Puskesmas located in the Boven Digoel Regency area. The Manggelum Health Center, Boven Digoel Regency, has a workforce of 14 people with details of the status of Civil Servants (PNS) as many as 4 people and Non-Permanent Employees (PTT) as many as 9 people. The total population in the working area of the Manggelum Health Center, Boven Digoel Regency in 2020 amounted to 1,686 people spread over seven (7) villages. The number of visits in the working area of the Manggelum Health Center, Boven Digoel Regency, in 2018 the number of visits was 4,102 people, in 2019 it decreased to 3,604 people, and in 2020 it decreased again with a total of 2.882 visits. The data on morbidity rates in the working area of the Manggelum Health Center, Boven Digoel Regency, were taken from the top 10 most disease incidences. The morbidity rate in the working area of the Manggelum Health Center, Boven Digoel Regency in 2018 was 1,615 people, in 2019 it was 1,810. The number of visits to the Manggelum Health Center in Boven Digoel Regency experienced the most fluctuations in May and the lowest in August 2019 decreased.

This decrease in the number of visits resulted in an increase in morbidity in the working area of the Manggelum Health Center [3].

Bayanggop Village is one of the villages in the working area of the Manggelum Health Center, with a population of 265 people, the highest number of cases is ISPA. The results of the initial survey with people living in 1 of 3 people stated that the services provided by the Manggelum Health Center, Boven Digoel Regency, were not optimal in terms of provide health services in terms of time or hours of service, and complaints from several mothers who have toddlers about the implementation of the Posyandu that is not properly scheduled. As for the problems we got in the Bayanggop village community, some people did not go to the Posyandu service when we went to the village for treatment, they preferred to go to the garden, support from family heads and community leaders was also very less, the distance from Bayanggop village to the district capital /the health center is also quite far 4 hours, via the Digoel river which flows.

The head of the Manggelum Health Center, Boven Digoel Regency, said that the number of community visits in the working area of the Manggelum Health Center, Bayanggop Village, Boven Digoel Pesisir Utara Regency is still lacking, because public knowledge about health is still not in accordance with the actual concept. Knowledge about health is shown by those who feel they are healthy even though medically it is not necessarily that they are really healthy. Many people consider themselves sick when they are no longer able to carry out activities and lie weak and just take advantage of the Manggelum Health Center.

People who live in the working area of the Manggelum Health Center, Bayanggop Village, Boven Digoel Regency, who have not utilized this Puskesmas, said that the distance to the Puskesmas was very far, transportation was very difficult, and there was a lack of support from family and community shops.

Based on data from the Profile of the Manggelum Health Center of Boven Digoel Regency in 2019, the types of work of the population in the working area of the Manggelum Health Center of Boven Digoel Regency, namely farmers as much as 70.09%, fishermen as much as 23.63%, civil servants as much as 2.94%, traders as much as 2.64 %, and breeders as much as 0.7%. In addition, in general, family income in the working area of the Manggelum Health Center, Boven Digoel Regency, is still below the Papua Provincial Minimum Wage (UMP) of Rp. 3,516,700.

Based on these problems, the authors are interested in conducting research with the title "Factors related to the utilization of health services in Manggatiga, Kolopkam and Bayanggop villages in the working area of the Manggelum Health Center, Boven Digoel Regency.

## **2. Methods**

This research is a type of quantitative analytic research with a cross-sectional study approach, namely the research design by measuring or observing the data at one time. This research was conducted in the working area of the Manggelum Health Center, Manggatiga Kolopkam Village and Bayanggop Village, Boven Digoel Regency in February - March 2021. The population of this study is the population in the working area of the Puskesmas Manggelum, Kampung Mnggatiga, Kolopkam and Kampung Bayanggop, Boven Digoel Regency. In

determining the sample size, the researcher used a purposive sampling technique, the sample represented the population in the working area of the Manggelum Health Center, and the number of samples in this study was a total population of 90 people.

### 3. Results

#### 3.1. The relationship between education and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency

Testing the relationship between education and the utilization of Puskesmas services using the Chi-square Test. The test results can be seen in the following table:

**Table 1:** The relationship between education and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency in 2021

Education	Utilization of health services at the Puskesmas				Total	%
	Utilise		Not Utilize			
	n	%	n	%		
Low	30	52.6	27	47.4	57	100
High	17	51.5	16	48.5	33	100
<b>TOTAL</b>	47	52.2	43	47.8	90	100

*P-value = 1,000 (Chi-Square Test)*

*Source: Primary data, 2021*

Table 1 shows that of the 57 respondents with basic education level, there are 30 people (52.6%) who use health services at the Manggelum Health Center. Meanwhile, from 33 respondents with secondary education level, there are 17 people (51.5%) who use health services at the Manggelum Health Center. The results of the chi square test obtained a value of  $p = 1,000 (> 0.05)$ , meaning that there is no significant relationship between education and the utilization of health services at the Manggelum Public Health Center.

#### 3.2. The relationship between knowledge and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency

Testing the relationship between knowledge and the utilization of Puskesmas services using the Chi-square Test. The test results can be seen in the following table:

**Table 2:** The relationship between knowledge and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency in 2021

Knowledge	Utilization of health services at the Puskesmas				Total	%
	Utilise		Not Utilize			
	n	%	n	%		
Good	35	49.3	36	50.7	71	100
<u>Less good</u>	12	63.2	7	36.8	19	100
<b>TOTAL</b>	47	52.2	43	47.8	90	100

*P-value = 0.415 (Chi-Square Test)*

Source: Primary data, 2021

Table 2 shows that of the 71 respondents who have good knowledge about health services at the Puskesmas, there are 35 (49.3%) respondents who use health services at the Manggelum Health Center. Meanwhile, of the 19 respondents who had less knowledge about health services at the Puskesmas, there were 12 (63.2%) respondents who used health services at the Manggelum Health Center. The results of the chi square test showed a p value = 0.415 (> 0.05), which means that there is no significant relationship between knowledge about health services at the Puskesmas and the utilization of health services at the Manggelum health center.

**3.3. The relationship between affordability and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency**

Testing the relationship between affordability and the utilization of Puskesmas services using the Chi-square Test. The test results can be seen in the following table:

**Table 3:** The relationship between affordability and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency in 2021

Affordability	Utilization of health services at the Puskesmas				Total	%
	Utilise		Not Utilize			
	n	%	n	%		
Easy	36	72.0	14	28.0	40	100
<u>Not easy</u>	11	27.5	29	72.5	50	100
<b>TOTAL</b>	47	52.2	43	47.8	90	100

*P-value = 0.000 < 0.005 (Chi-Square Test)*

Source: Primary data, 2021

Table 3 shows that of the 40 respondents who stated that it was easy to reach the Manggelum Health Center, there were 36 (72%) respondents who used health services at the Manggelum Health Center. Meanwhile, of the 50 respondents who stated that it was not easy to reach the Manggelum health center, there were only 11 people (27.5%) who used the health services at the Manggelum health center. The results of the chi square test showed a value of  $p = 0.000 (<0.05)$ , which means that there is a relationship between affordability and the utilization of health services at the Manggelum Public Health Center.

**3.4. The relationship between family support and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency**

Testing the relationship between family support and the utilization of Puskesmas services using the Chi-square Test. The test results can be seen in the following table:

**Table 4:** The relationship between family support and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency in 2021

Family support	Utilization of health services at the Puskesmas				Total	%
	Utilise		Not Utilize			
	n	%	n	%		
Good	34	69.4	15	30.6	49	100
<u>Less good</u>	13	31.7	28	68.3	30	100
<b>TOTAL</b>	47	52.2	43	47.8	90	100

*P-value = 0.001 < 0.005 (Chi-Square Test)*

*Source: Primary data, 2021*

Table 4 shows that of the 49 respondents who have good support from their families, there are 34 people (69.4%) who take advantage of the health services of the Manggelum Health Center. Meanwhile, of the 30 respondents who had less support from their families, there were 13 (31.7%) respondents who took advantage of the health services of the Manggelum Public Health Center. The results of the chi square test showed a value of  $p = 0.001 (<0.05)$ , which means that there is a significant relationship between family support and the utilization of health services at the Manggelum Public Health Center.

**3.5. The relationship between perceived condition and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency**

Testing the relationship between perceived condition and the utilization of Puskesmas services using the Chi-square Test. The test results can be seen in the following table:

**Table 5:** The relationship between perceived condition and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency in 2021

Perceived condition	Utilization of health services at the Puskesmas				Total	%
	Utilise		Not Utilize			
	n	%	n	%		
There is a disease/complaint	40	88.9	5	11.1	45	100
<u>No illness/complaint</u>	7	15.6	38	84.4	45	100
<b>TOTAL</b>	47	52.2	43	47.8	90	100

*P-value = 0.000 < 0.005 (Chi-Square Test)*

*Source: Primary data, 2021*

Table 5 shows that from 45 respondents who had complaints of illness, there were 40 (88.9%) respondents who used health services at the Manggelum Health Center. Meanwhile, of the 45 respondents who did not have complaints of illness, there were 7 (15.6%) respondents who used health services at the Manggelum Public Health Center. The results of the chi square test showed the value of  $p = 0.000 (<0.05)$ , which means that there is a relationship between the perceived condition and the utilization of health services at the Manggelum Public Health Center.

#### 4. Discussion

##### *4.1. The relationship between education and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency*

The results showed that 35.6% of respondents had the last education of elementary school. The results of research conducted by Andreas Mawen (2001) in the working area of the Manggelum Health Center found that most (76.8%) education of patients who used health services at the Puskesmas was elementary school. The results showed that there was no relationship between the level of education and the utilization of health services at the Puskesmas. The same results were also obtained by the research of Irawan and Ainy (2018) [4] and Hidana, Shaputra, and Maryati (2018) [5] in the Tanah Sareal Health Center area which showed that the level of education did not affect the utilization of health services. Education level is one of the predisposing factors that affect the use of health services by individuals, educational status will affect awareness and knowledge about health [6].

However, the level of education can also affect the utilization of health services because with high education, someone will have high knowledge compared to someone with low education [7]. So that people with higher education are expected to be able to understand the importance of maintaining the health of themselves or those around them. The results showed that both respondents with basic education and secondary education, in the last 3 months mostly used health services at the Manggelum Health Center. According to Rumengan, Umboh, and

Kandou (2015) the level of education is very closely related to a person's awareness and knowledge, so that educational status has a significant influence on the utilization of health services. Usually people with low education lack awareness and good knowledge about the benefits of health services [8].

People who have higher education tend to think of health as an important thing, so they tend to make greater use of health services than people who have low education. This is because people who have higher education are easier to receive and absorb information, while people who have low education are still influenced by their surroundings. The level of public education does not necessarily guarantee to take advantage of health services, but knowledge and information that influence a person to make decisions in utilizing health services [9].

#### ***4.2. The relationship between knowledge and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency***

An individual's knowledge is closely related to the behavior he will take, because with that knowledge he has the reasons and basis for making a choice [10]. The results showed that 78.9% of respondents had good knowledge about health services at the Puskesmas. However, only 49.3% of respondents who have sufficient knowledge about the Puskesmas have utilized the services at the Manggelum Puskesmas in the last 3 months. Respondents who have good knowledge category but do not use the Puskesmas because the location of the Puskesmas is not strategically located and there is no public transportation that crosses the road to the Puskesmas, so they have to use transportation which is quite expensive. In addition, respondents who have good knowledge prefer to take alternative medicine compared to the Puskesmas which they consider the Puskesmas services to be not good and the drugs given do not provide healing. This assumption also arises because some respondents have never used it so they do not know how the services at the Puskesmas are.

The results showed that there was no relationship between knowledge about the Puskesmas and the utilization of health services at the Manggelum health center. This is similar to the results of research conducted by Fatimah (2019) in the working area of the Kagok Health Center which found that there was no relationship between knowledge and utilization of Puskesmas services. The respondent's knowledge about seeking treatment may be influenced by many factors, for example through experience and means of information. Respondents' ignorance about Puskesmas causes respondents not to want to use health services. Most of the respondents knew about the existence of the Manggelum Health Center, because so far the respondents had received information about the existence and function of the Puskesmas from cadres selected by the Puskesmas as well as from the experiences of neighbors who had used health services at the Manggelum Health Center. The more knowledge the community gets, the higher the utilization of health services.

Different results were obtained by Agustina (2019) in her research in the work area of the Kalongan Health Center which found that there was a relationship between knowledge and the utilization of Puskesmas services. According to the WHO theory, knowledge is one of the four main reasons that influence a person to behave in a certain way. Knowledge is obtained from own experience or the experience of others [11].



#### ***4.3. The relationship between affordability and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency***

The results showed that 72% of respondents stated that it was easy to reach services using health services at the Manggelum Health Center in the last 3 months. The results showed that there was a relationship between affordability and the utilization of health services at the Manggelum Health Center. This is the same as the results of research conducted by Irawan and Ainy (2018) which found that community accessibility is related to the utilization of health services at the Puskesmas [4].

According to Masita Wulandari and Saptaputra (2016) accessibility is access that must be achieved by the community, not hindered by geographical, social, economic, organizational and language conditions [12]. Several villages, which are the working area of the Magelum Health Center, are located in areas that are relatively far from the Puskesmas. People visit the Puskesmas by walking and along the river with travel duration of 20 minutes to 1 hour. However, the results of the study showed that most (55.6%) respondents stated that it was easy to reach health services at the Puskesmas. This is because people are used to walking in carrying out their daily activities. This is in contrast to urban conditions where public transportation tends to be available that can be used by the community.

In accordance with the health service utility theory which explains that a person's desire to use health services is also determined by supporting factors, one of which is the distance or accessibility of health services (Green & Kreuter, 2005). With poor road conditions and difficult access to health services, people do not want to take advantage of these health services [13].

Different results were obtained by Hidana and his colleagues (2018) in his research conducted in the working area of the Tanah Sareal Health Center, Bogor City, that there is no relationship between affordability and the use of health services at the Puskesmas [5]. The Health Belief Model theory also states that structural factors related to access to health services will tend to influence a person's decision to utilize or not utilize health services [14, 12]. Communities in the working area of the Manggelum Health Center who have a house that is far from the Puskesmas still tend to use health services a lot because there are no other health service options.

#### ***4.4. The relationship between family support and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency***

Family social support is a long-running process of life, the form of social support has different characteristics in the life process. All life processes, forms of family social support make family institutions able to function in the form of skills and abilities, the results of all of which will increase the ability and adjustment of the family to change [15]. The results showed that there was a relationship between family support and the utilization of health services at the Puskesmas.

The results showed that most (54.4%) of the respondents stated that they had good family support to get health services at the Puskesmas. A total of 69.4% of respondents who stated that they had good support from their families used health services at the Manggelum Health Center in the last 3 months. The existence of a family is

very important to improve the quality of life of family members, especially in maintaining and improving the health of family members [15].

The same result was obtained by Nursafa and Balqis (2015) in a study conducted in the working area of the Puskesmas Jumpandang Baru, that there was a relationship between family support and the utilization of health services at the Puskesmas [16]. Family support is a form of service behavior carried out by the family, both in the form of emotional support (attention, affection, empathy), appreciation support (appreciating, feedback), informational support (suggestion, advice, information) and in the form of instrumental support (force assistance, funds, and time) [17].

#### ***4.5. The relationship between perceived condition and the utilization of Puskesmas services in the working area of the Manggelum Health Center, Boven Digoel Regency***

The results showed that as many as 88.9% of respondents who had complaints or perceived illnesses used health services at the Manggelum Health Center. Internal factors such as motivation and belief in the services provided the experience of patients and families with health services, the need for services and the number of health service options available around the place of residence. According to the Health Service Use theory from Andersen, Kravits, and Anderson (1977) states that people's behavior in utilizing health services is determined by the level or degree of illness experienced and the need for health services (perceived need) [18]. The existence of a level or degree of illness that is increasingly felt to be severe, then the individual will increasingly need healing thus the more need for health services, as well as the need for health services, the higher the need for a service, the higher the desire to take advantage of health services [19].

The results showed that there was a relationship between perceived conditions and the utilization of health services at the Puskesmas. The same results were obtained by Ridintika and Rachmani (2009) in their research in the work area of the Ungaran Health Center, Semarang who found that there was a relationship between perceived conditions and the utilization of Puskesmas services [20]. A person's health condition affects the need for someone who suffers from a disease to seek health services or medical examinations. Health condition is the state of health of a person or family member who requires health services [18].

A person's health condition affects the need for someone who suffers from a disease or who is in need of health services to seek health services or medical examinations. The results showed that most of the respondents stated that they would take advantage of the health services of the Puskesmas when they had symptoms of illness, and also many respondents would go directly to the Puskesmas to get first aid if a family member experienced an emergency health condition and most of the respondents stated that that respondents will not take advantage of health services at the Puskesmas if there are family members who have chronic severe pain, they will only take drugs [21].

## **5. Conclusion**

**5.1.** There is no significant relationship between education and the utilization of health services at the Manggelum Health Center, Boven Digoel Regency ( $p=1.000 > 0.05$ ).

5.2. There is no significant relationship between knowledge and the utilization of health services at the Manggelum Health Center, Boven Digoel Regency ( $p=0.415 > 0.05$ ).

5.3. There is a significant relationship between affordability and the utilization of health services at the Manggelum Health Center, Boven Digoel Regency ( $p=0.000 < 0.05$ ).

5.4. There is a significant relationship between family support and the utilization of health services at the Manggelum Health Center, Boven Digoel Regency ( $p=0.001 < 0.05$ ).

5.5. There is a significant relationship between perceived condition and the utilization of health services at the Manggelum Health Center, Boven Digoel Regency ( $p=0.000 < 0.05$ ).

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