Factors Associated with the Utilization of Health Examinations in the Chronic Disease Management Program (PROLANIS) at the Primary Clinic of the Health Service Unit, Ministry of Health of the Republic of Indonesia

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Non-communicable diseases such as hypertension and diabetes mellitus remain major global health challenges. The World Health Organization reported that these diseases contributed to 43 million deaths (75% of global deaths) in 2021, with 18 million deaths occurring before the age of 70. In Indonesia, the number of chronic disease cases increased by 11% in 2024, from 29.7 million to 33 million cases. To address this issue, the government implemented the Chronic Disease Management Program (Prolanis) through BPJS Kesehatan to improve disease control, prevent complications, and enhance patients' quality of life. However, preliminary findings at the Primary Clinic of the Health Service Unit, Ministry of Health of the Republic of Indonesia indicated that Prolanis utilization was still relatively low. This study aimed to identify factors associated with the utilization of Prolanis health examinations. A quantitative cross-sectional design was used with a sample of 68 respondents selected through purposive sampling. Data were collected between December 2025 and January 2026 and analyzed using univariate and bivariate analyses with the Chi-square test. The results showed that only 38.2% of respondents utilized Prolanis services. Knowledge was significantly associated with utilization (p = 0.005), while motivation, residential distance, and family support were not significantly associated with the utilization of Prolanis health examinations.

Keywords: Utilization, Prolanis, Knowledge, Patient Motivation, Distance to Residence, Family Support, BPJS Kesehatan

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1. Introduction

The World Health Organization (WHO) reported that in 2021, non-communicable diseases (NCDs) accounted for 43 million deaths, representing approximately 75% of total global mortality. Of these deaths, 18 million occurred before the age of 70 and were largely caused by cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes[1]. In Indonesia, data from 2024 indicate that the number of chronic disease cases increased by 11%, rising from 29.7 million to 33 million cases. This implies that approximately one in three adults is currently at risk of experiencing more than one chronic disease simultaneously. A total of 8.2 million individuals who participated in the Free Health Check Program (CKG) since its launch on February 10, 2025, were found to experience three main health problems, namely hypertension, diabetes mellitus, and dental health disorders. Data from the Ministry of Health as of June 12, 2025, show that one out of five participants had hypertension and 5.9% were diagnosed with diabetes mellitus[2].

According to data from the International Diabetes Federation (IDF), approximately 589 million adults aged 20–79 years were living with diabetes worldwide, equivalent to one in nine adults. This number is projected to increase to 853 million by 2050 if no effective intervention is implemented (IDF, 2025). Meanwhile, the prevalence of hypertension in Indonesia is currently around 34% among adults, while globally the epidemiology of hypertension is estimated to affect approximately 45% of the adult population. The number of hypertensive patients worldwide is projected to increase by approximately 15–20%, reaching 1.5 billion individuals by 2025 due to underdiagnosis and unhealthy lifestyle patterns [3].

One of the government's strategic programs in the health sector aimed at controlling chronic diseases is the Chronic Disease Management Program (Prolanis), implemented by the Social Security Administering Body for Health (BPJS Kesehatan) since 2014 in accordance with Law Number 40 of 2004 concerning the National Social Security System (SJSN) and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS[4]). This program aims to encourage participants of the National Health Insurance (JKN) who suffer from chronic diseases such as type 2 diabetes mellitus and hypertension to achieve an optimal quality of life. The program targets that at least 75% of registered participants who visit primary health facilities achieve good clinical examination results according to clinical guidelines in order to prevent complications. Prolanis activities are conducted once a month and include medical consultations and health education, home visits, reminder systems, club activities, and monitoring of health status[4][5]. The Primary Clinic of the Health Service Unit (UPK) of the Ministry of Health is a vertical technical implementation unit under the Directorate General of Advanced Health Services, responsible for providing primary health services to officials and employees within the Ministry of Health as well as the surrounding community. The clinic is located at Jalan HR Rasuna Said Block X5 Kav 4–9, Kuningan, South Jakarta. The UPK Primary Clinic collaborates with BPJS Kesehatan in delivering promotive, preventive, curative, and rehabilitative health services. The Chronic Disease Management Program (Prolanis) has been implemented at the UPK Primary Clinic of the Ministry of Health since 2022. One of the main activities conducted under this program is routine health examinations held once every month.

In 2025, the number of Prolanis participants reached 103 patients, representing an increase of 243% compared to 2022 when only 30 participants were recorded. The average monthly visit reached 56 patients or approximately 54% of the total participants in 2025. This condition is consistent with the high number of chronic disease cases treated at the clinic, where hypertension and diabetes mellitus ranked second and third among the ten most common diseases in 2025, with 1,963 visits for hypertension and 838 visits for diabetes mellitus. These conditions indicate the need to increase the optimal utilization of Prolanis through regular participant visits in order to support chronic disease control.

Based on a preliminary study conducted among 10 participants of the Prolanis health examination activities at the UPK Primary Clinic of the Ministry of Health, it was found that five respondents reported low motivation to attend the program because they felt that their blood pressure or blood glucose levels were unstable. Three respondents stated that they were unable to attend because no family members were available to accompany them, while two respondents reported that long travel distances from their residence to the clinic became an obstacle to participating in Prolanis activities. Therefore, the researchers were interested in conducting a study entitled "Factors Associated with the Utilization of Health Examinations in the Chronic Disease Management Program (Prolanis) at the Primary Clinic of the Health Service Unit, Ministry of Health of the Republic of Indonesia in 2025."

2. Literature Review and Problem Statement

Literature Review

Health service utilization refers to an individual's behavior in accessing and using available healthcare services when needed. The utilization of health services is influenced by various factors, including individual characteristics, access to healthcare facilities, and social support systems[6], [7]. Individuals who have higher awareness and understanding of health issues tend to utilize health services more consistently compared to those who have limited knowledge about disease prevention and health monitoring[8]. In the context of chronic diseases, regular utilization of healthcare services plays an essential role in controlling disease progression and preventing complications.

One of the programs developed by the Indonesian government to manage chronic diseases is the Chronic Disease Management Program (Prolanis) organized by BPJS Kesehatan. The program is designed to improve the quality of life of patients with chronic diseases, particularly hypertension and diabetes mellitus, through continuous monitoring and integrated healthcare services[4]. The activities included in the program consist of medical consultations, routine health examinations, health education, reminder systems, home visits, and monitoring of patients' health status. Through these activities, healthcare providers are able to monitor patients' health conditions regularly and ensure that chronic diseases remain under control.

Previous studies have identified several factors that influence the utilization of health programs such as Prolanis. Knowledge is considered an important determinant of health behavior because individuals with adequate knowledge regarding disease management and healthcare programs are more likely to participate in preventive health services[7]. Research conducted by Inggani et al [9]and Noor et al [10] found that patients with better knowledge levels tend to show higher participation in Prolanis activities.

In addition to knowledge, motivation also plays an important role in influencing health behavior. Motivation represents an internal driving force that encourages individuals to perform actions aimed at achieving certain goals, including maintaining health and preventing complications[11]. Patients who have strong motivation to maintain their health condition tend to follow medical recommendations and participate in routine health examinations. However, motivation alone may not always guarantee the utilization of healthcare services because external barriers such as work schedules, accessibility limitations, and transportation issues may influence patients' participation[12].

Accessibility to healthcare services is another factor that affects the utilization of health programs. Distance between patients' residences and healthcare facilities may influence their ability to access routine healthcare services. Individuals who live closer to healthcare facilities generally experience fewer barriers in accessing services compared to those who live farther away[13]. Long travel distances, transportation costs, and travel time may discourage patients from attending regular health examinations[14], [15].

Family support also plays an important role in influencing patient participation in healthcare programs. According to Friedman[16], family support includes emotional support, informational support, and instrumental assistance provided by family members. Family members often play a role in reminding patients to attend medical appointments, providing transportation assistance, and encouraging adherence to treatment plans. Studies have shown that patients who receive strong family support are more likely to participate in chronic disease management programs and maintain adherence to medical recommendations[17][18].

Problem Statement

Although the Chronic Disease Management Program (Prolanis) has been implemented as an important strategy to control chronic diseases and prevent complications, the level of participation among patients

remains relatively low in several healthcare facilities. Various factors may influence patients' participation in healthcare programs, including knowledge, motivation, accessibility to healthcare facilities, and family support. These factors may determine whether patients actively utilize healthcare services or not.

At the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia, Prolanis has been implemented since 2022 as part of efforts to improve the management of chronic diseases among patients. However, preliminary observations indicate that not all registered participants regularly utilize the health examination services provided through the program. Several participants reported barriers such as lack of motivation to attend routine examinations, absence of family members to accompany them, and long travel distances to the clinic.

These conditions indicate that the utilization of Prolanis health examination services has not yet reached its optimal level. Understanding the factors that influence the utilization of these services is therefore essential in order to improve patient participation and strengthen the effectiveness of chronic disease management programs. Based on this background, this study aims to analyze the factors associated with the utilization of health examinations in the Chronic Disease Management Program (Prolanis) at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia.

3. Method

This study employed an analytical quantitative research design with a cross-sectional approach to examine the factors associated with the utilization of health examinations in the Chronic Disease Management Program (Prolanis). The cross-sectional design was selected because it allows the measurement of independent and dependent variables simultaneously within a single period of observation, enabling the identification of relationships between variables within the study population.

The research was conducted at the Primary Clinic of the Health Service Unit (UPK) of the Ministry of Health of the Republic of Indonesia, which provides primary healthcare services for employees of the Ministry of Health as well as the surrounding community. The study was carried out over a two-month period from December 2025 to January 2026.

The population of this study consisted of all patients who were registered as participants of the Prolanis program at the Primary Clinic of the Health Service Unit of the Ministry of Health in 2025. Based on clinic records, the total number of Prolanis participants was 103 individuals. The study sample consisted of a portion of these participants who met the inclusion criteria and were willing to participate in the study.
The sample size was calculated using the hypothesis test formula for the difference between two proportions as proposed by Lemeshow. The calculation resulted in a minimum sample size of 31 respondents. To increase the statistical reliability of the analysis, the sample size was multiplied by two, resulting in 62 respondents. Furthermore, an additional 10% of respondents was added to anticipate incomplete questionnaire responses or potential missing data, resulting in a final sample size of 68 respondents.

The sampling technique used in this study was purposive sampling. This technique was selected to ensure that respondents included in the study were individuals who were actively registered as Prolanis participants and had relevant experience related to the program. Through this method, the researchers were able to select respondents who met the study criteria and were considered capable of providing accurate information regarding their participation in Prolanis health examinations.

Data collection in this study involved both primary and secondary data sources. Primary data were obtained through a structured questionnaire distributed to respondents using Google Forms. The questionnaire was

designed to collect information regarding respondents' knowledge about Prolanis, patient motivation, distance from residence to healthcare facilities, and family support. Secondary data were obtained from patients' medical records available at the clinic to support and validate the information related to patient participation in Prolanis activities.

The independent variables examined in this study included patient knowledge, patient motivation, distance from residence to healthcare facilities, and family support. The dependent variable was the utilization of Prolanis health examination services. The questionnaire instruments used in this study were adapted from previous research conducted by Sari[19] and Fitriyani[20], which had been used to measure similar variables related to Prolanis participation.

Data analysis was performed using the Statistical Package for Social Sciences (SPSS). The analysis consisted of two stages, namely univariate analysis and bivariate analysis. Univariate analysis was conducted to describe the distribution of each variable, including frequency and percentage distributions of respondents' characteristics and study variables. Bivariate analysis was conducted using the Chi-square statistical test to determine the relationship between the independent variables and the utilization of Prolanis health examination services. The level of statistical significance used in this study was set at $p < 0.05$.

This study has obtained ethical approval from the Research Ethics Committee of Universitas Esa Unggul with the approval number 0925-02.006/DPKE-KEP/FINAL-EA/UEU/II/2026. Ethical considerations were implemented throughout the research process to ensure the confidentiality of respondents' personal data and to guarantee that participation in the study was voluntary.

4. Results and Discussion

Univariate Analysis

The results of the univariate analysis for the variables of knowledge, patient motivation, distance to residence, and family support at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia are presented in the following table.

Table 1. Distribution of Knowledge, Patient Motivation, Distance to Residence, and Family Support at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia, 2025

Variable	Frequency (N)	Percentage (%)
Utilization		
Not Utilizing	42	61.8
Utilizing	26	38.2
Knowledge		
Poor	27	39.7
Good	41	60.3
Patient Motivation		
Low	27	39.7
High	41	60.3
Distance to Residence		
Far	66	97.1
Near	2	2.9
Family Support		
Not Supportive	34	50

Variable	Frequency (N)	Percentage (%)
Supportive	34	50

The results of the univariate analysis show that among the total of 68 respondents, the highest proportion was found among respondents who did not utilize the Prolanis health examination services, totaling 42 respondents (61.8%). Respondents with good knowledge accounted for 41 individuals (60.3%), while those with high motivation also totaled 41 respondents (60.3%). In terms of accessibility, most respondents lived far from the health facility, with 66 respondents (97.1%) categorized as having a far residential distance. Meanwhile, family support was evenly distributed, with 34 respondents (50%) reporting supportive family conditions and 34 respondents (50%) reporting less supportive family conditions.

Bivariate Analysis

The results of the bivariate analysis examining the relationship between knowledge, patient motivation, distance to residence, and family support with the utilization of Prolanis health examinations at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia are presented in the following table.

Table 2. The Relationship Between Knowledge, Patient Motivation, Distance to Residence, and Family Support with the Utilization of Prolanis Health Examinations at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia, 2025

Variable	Not Utilizing		Utilizing		P-value	PR (95% CI)
	N	%	N	%		
Knowledge					0.005	
Poor	11	40.7	16	59.3		0.539 (0.331–0.877)
Good	31	75.6	10	24.4		
Motivation					0.548	0.844 (0.564–1.262)
Low	15	55.6	12	40.5		
High	27	61.8	14	34.1		
Distance to Residence					1	1.242 (0.307–5.031)
Far	41	62.1	25	37.9		
Near	1	50	1	50		
Family Support					0.081	0.68 (0.459–1.006)
Not Supportive	17	50	17	50		
Supportive	25	73.5	9	26.5		

Source: SPSS 26 output results

P-value < 0.05 indicates a significant relationship.

The results of the bivariate analysis indicate that there is a significant relationship between the knowledge variable (p-value = 0.005) and the utilization of Prolanis health examination services at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia in 2025.

Discussion

Utilization of Prolanis Health Examinations

The results of this study indicate that the utilization of Prolanis health examination services at the Primary Clinic of the Health Service Unit of the Ministry of Health remains relatively low. Among the 68 respondents, the majority (61.8%) had not utilized Prolanis health examination services. This finding is consistent with the study by Aswar (2021), which also reported that a higher proportion of participants did not utilize

Prolanis services compared to those who did. Prolanis is a long-term chronic disease management program organized by BPJS Kesehatan, targeting patients with hypertension and type 2 diabetes mellitus. The program includes regular health monitoring activities such as medical consultations, vital sign assessments, physical examinations, health education, and therapeutic management. Ideally, participants should attend monthly examinations to maintain stable health conditions and prevent complications.

However, the frequency of visits among participants varied considerably, indicating suboptimal participation. Interviews with the program coordinator revealed that many participants are employees of the Ministry of Health who have demanding work schedules, making it difficult to attend routine examinations. In addition, several patients face transportation barriers or lack family members who can accompany them to the clinic. Some participants also visit the clinic only when their regular medication is depleted without undergoing a complete health examination.

To address this issue, the clinic provides reminders regarding the Prolanis schedule through a WhatsApp group one week prior to the activity. Nevertheless, participation remains limited. Low utilization of Prolanis services may result in uncontrolled chronic conditions and increase the risk of complications. Furthermore, this situation may affect the clinic's performance indicators under the BPJS Health Performance-Based Capitation system, which requires at least 75% of registered participants to achieve good clinical outcomes. Therefore, strengthening patient education and encouraging regular participation in Prolanis examinations are essential to improve disease monitoring and prevent complications.

Patient Knowledge of the Prolanis Program

The findings show that most respondents demonstrated good knowledge of the Prolanis program, with 60.3% categorized as having adequate knowledge. This result is consistent with Noor et al. (2025), who reported that respondents with good knowledge levels were more prevalent than those with poor knowledge. Knowledge plays a crucial role in shaping individual health behavior. According to Notoatmodjo (2014), knowledge is derived from sensory experiences and understanding of information related to health, including disease prevention, treatment, and utilization of health services.

In this study, most respondents demonstrated good understanding regarding the objectives, target groups, disease types addressed, and activity frequency of the Prolanis program. Adequate knowledge may encourage patients to recognize the importance of routine examinations to control chronic diseases and prevent complications.

However, a considerable proportion of respondents (69.1%) were unaware of the home visit services included in the Prolanis program. This lack of awareness may be attributed to limited socialization and the fact that such services have not yet been implemented at the clinic. Consequently, patients who fail to attend routine examinations may not receive adequate health monitoring. Therefore, the clinic should consider implementing home visit services and improving patient education regarding available Prolanis activities to ensure continuous monitoring of patient health conditions.

Patient Motivation in Participating in Prolanis Examinations

The results indicate that the majority of respondents (60.3%) had high motivation to participate in Prolanis health examinations. This finding is in line with Ayuningtiyas and Ihsan (2020), who also reported that most participants exhibited strong motivation to engage in Prolanis activities. Motivation is defined as an internal drive that influences individual behavior in achieving specific goals (Notoatmodjo, 2010). In the context of healthcare, motivation plays an essential role in encouraging patients to adhere to treatment and participate in regular health monitoring.

In this study, respondents with high motivation expressed a strong desire to maintain stable blood pressure and blood glucose levels, comply with routine treatment, and consult with healthcare professionals regularly. Nevertheless, a small number of respondents expressed doubts regarding the effectiveness of long-term treatment and reported fatigue from continuous medical management.

Interviews revealed that patient motivation largely stems from awareness of the severe complications associated with uncontrolled chronic diseases, such as stroke, heart disease, and kidney failure. Additionally, the desire to remain healthy, productive, and independent from family support was identified as an important motivating factor. Therefore, healthcare providers should continue to emphasize patient education regarding the long-term benefits of disease management and the importance of consistent monitoring.

Distance to Health Facilities

The findings show that the majority of respondents (97.1%) lived relatively far from the clinic, defined as a distance of ≥3 km. This result is consistent with the study by Luksita and Vionalita[21], which reported that most respondents experienced limited accessibility to health services due to long travel distances. Distance to healthcare facilities can be interpreted in two dimensions: absolute distance and travel distance. Absolute distance refers to the physical distance between the patient's residence and the healthcare facility, while travel distance relates to the time required to reach the facility[11]. According to BPJS Kesehatan, optimal access to healthcare services is generally within a maximum distance of 3 km or a travel time of less than 30 minutes[22].

In this study, most respondents had to travel considerable distances to reach the clinic, with the farthest distance recorded at 52.6 km and the nearest at 1.6 km. Patients used various modes of transportation, including private vehicles and public transport such as buses, commuter trains, MRT, and LRT. However, reliance on public transportation often increases travel time, transportation costs, and dependency on transit schedules, which may reduce the likelihood of regular attendance.

Family Support for Prolanis Participation

Family support plays a significant role in influencing health-related behavior. In this study, the proportion of respondents receiving family support was equal to those who did not receive such support, each representing 50% of respondents. Family support encompasses emotional encouragement, informational assistance, instrumental support, and appreciation. Such support can significantly influence patients' adherence to treatment and participation in health programs such as Prolanis.

The findings indicate that most respondents experienced positive family support. All respondents reported receiving encouragement from family members to attend Prolanis activities regularly. Additionally, the majority reported receiving moral support, assistance in understanding health information, and accompaniment to healthcare facilities.

However, a small proportion of respondents reported limited family support, primarily due to the busy schedules of family members and limited awareness of the benefits of Prolanis. Some family members were not directly involved in Prolanis activities, which reduced their understanding of the importance of routine examinations in managing chronic diseases and preventing complications. Strengthening family involvement in Prolanis activities may therefore contribute to improving patient participation and enhancing the effectiveness of chronic disease management programs.

The Relationship Between Patient Knowledge and the Utilization of Prolanis Health Examinations

The results of the statistical analysis indicate a significant relationship between patient knowledge and the utilization of Prolanis health examination services at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia. The prevalence ratio (PR) for the knowledge variable was 0.539 with a 95% confidence interval (0.331–0.877), indicating that patients with better knowledge had a different likelihood of utilizing Prolanis services compared with those with lower knowledge levels. These findings are consistent with previous studies conducted by Inggani et al[9], Noor et al[10], and Tombokan et al[23], which reported that knowledge significantly influences participation in Prolanis activities. Similar results were also reported by Harahap et al [24] and Hutagalung et al[25].

Knowledge represents the result of cognitive processes obtained through sensory perception, including visual, auditory, and experiential learning[8]. Health knowledge may originate from multiple sources, such as family, social networks, mass media, and health education activities. Although access to health information has become increasingly easier due to technological advancements, knowledge alone does not always translate into health-seeking behavior[26].

Interestingly, the findings of this study revealed that respondents with good knowledge were still more likely not to utilize Prolanis services. This phenomenon suggests that knowledge does not automatically lead to behavioral change. Patients who understand disease management may believe that they can control their condition independently through medication adherence and lifestyle modification, thereby perceiving routine examinations as less urgent. In addition, external factors such as work commitments and limited time availability may influence patients' decisions not to attend regular examinations. Therefore, while knowledge is an important determinant, healthcare utilization is also influenced by perceived disease severity, perceived susceptibility, and perceived benefits of healthcare services.

The Relationship Between Patient Motivation and the Utilization of Prolanis Health Examinations

The results of this study indicate that patient motivation was not significantly associated with the utilization of Prolanis health examination services. The prevalence ratio for the motivation variable was 0.844 with a 95% confidence interval of 0.564–1.262, suggesting no statistically significant relationship between patient motivation and Prolanis participation. Motivation is defined as an internal psychological force that drives individuals to perform certain behaviors in order to achieve specific goals (Irwanto, 1996). In healthcare contexts, motivation is considered a key factor influencing patients' willingness to engage in disease management programs and preventive health activities. Higher motivation is generally expected to increase adherence to treatment and participation in health programs such as Prolanis[27].

However, the findings of this study suggest that motivation alone may not be sufficient to influence healthcare utilization. The decision to utilize health services is often affected by various external factors, including geographical accessibility, transportation availability, work schedules, physical conditions, and family support. Furthermore, behavioral theory suggests that individuals' actions are influenced by hierarchical needs, ranging from physiological and safety needs to social and self-actualization needs. When basic needs are not fully met, strong motivation may not necessarily translate into actual behavior.

These findings highlight the existence of a gap between intention and behavior. Even when patients possess high motivation, barriers such as limited time, accessibility challenges, and structural constraints may prevent them from participating in Prolanis activities. Therefore, strategies aimed at increasing Prolanis utilization should not only focus on strengthening patient motivation but also on improving healthcare accessibility, service quality, and support systems[28][12].

The Relationship Between Distance to Health Facilities and the Utilization of Prolanis Health Examinations

The analysis results show that distance to health facilities was not significantly associated with the utilization of Prolanis health examinations. The prevalence ratio for the distance variable was 1.242 with a 95% confidence interval of 0.307–5.031. These findings are consistent with the study by Alatas et al. (2025), which reported that geographical distance does not always determine the utilization of healthcare services. According to Notoatmodjo [7], distance to healthcare facilities refers to both the physical distance and individuals' perceptions of accessibility to health services. Patients who live closer to healthcare facilities generally experience easier access and shorter travel time, which theoretically increases their likelihood of utilizing healthcare services. Conversely, long travel distances, transportation limitations, and extended travel times may reduce participation in healthcare programs such as Prolanis.

In this study, the measurement of distance was conducted using patient addresses recorded in medical records and analyzed through Google Maps. However, this measurement approach has limitations, as the estimated distance is based on the system's default route and may not fully reflect the actual travel routes taken by patients. Additionally, factors such as transportation availability, traffic conditions, and geographical barriers may not be accurately captured through this method.

Therefore, future research may consider measuring perceived accessibility rather than relying solely on geographic distance. Perceived accessibility may better capture patients' subjective experiences related to travel time, transportation costs, and transportation convenience when accessing healthcare services. Such an approach would provide a more comprehensive understanding of access barriers in Prolanis participation.

The Relationship Between Family Support and the Utilization of Prolanis Health Examinations

The statistical analysis also showed that family support was not significantly associated with the utilization of Prolanis health examinations. The prevalence ratio for the family support variable was 0.68 with a 95% confidence interval of 0.459–1.006. Family support refers to attitudes and actions demonstrated by family members in providing emotional, informational, instrumental, and appraisal support to individuals [16]. Family support can play an important role in encouraging health-related behaviors, such as adherence to treatment and participation in healthcare programs.

In theory, supportive family environments can motivate patients to attend routine health examinations, provide transportation assistance, remind patients about medical appointments, and offer emotional encouragement. Such support may enhance patients' commitment to participating in health programs, including Prolanis[17].
However, the findings of this study suggest that family support alone may not significantly influence healthcare utilization. Patients' decisions to utilize health services may be more strongly influenced by internal factors such as health awareness, perceived disease severity, and personal motivation. Additionally, although families may provide emotional encouragement, this support does not always translate into instrumental assistance such as accompanying patients to healthcare facilities or facilitating access to services.

These findings are consistent with the study by Sari[19], which reported that family support does not always significantly affect participation in Prolanis programs. Therefore, interventions aimed at increasing Prolanis utilization should involve not only patients but also family members in health education activities. Increasing family awareness regarding the benefits of Prolanis may encourage families to actively remind, accompany, and support patients in attending routine health examinations.

5. Conclusion

This study examined the factors associated with the utilization of health examinations in the Chronic Disease Management Program (Prolanis) at the Primary Clinic of the Health Service Unit of the Ministry of Health of the Republic of Indonesia. The findings indicate that the overall utilization of Prolanis services remains relatively low, with the majority of respondents not participating in routine examinations as recommended. Statistical analysis shows that patient knowledge has a significant relationship with the utilization of Prolanis services, highlighting the importance of health literacy in encouraging patient participation. In contrast, patient motivation, distance to healthcare facilities, and family support were not significantly associated with service utilization.

Despite these findings, this study has several limitations. The use of a cross-sectional design restricts the ability to determine causal relationships between variables. In addition, the sample was limited to a single healthcare facility with a relatively small number of respondents, which may limit the generalizability of the results. Furthermore, this study only examined a limited number of variables, while other potential factors such as service quality, patient perceptions, and healthcare system barriers were not included.

Based on these limitations, it is recommended that healthcare providers strengthen patient education programs and improve communication strategies to increase awareness and understanding of Prolanis benefits. Future research should involve larger and more diverse populations, incorporate additional variables, and consider longitudinal or mixed-method approaches to provide a more comprehensive understanding of factors influencing Prolanis utilization.

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