

Overview Of Factors That Affect The Utilization Of Health Center Liu District Sabbangparu Wajo Regency

Irma Dwianty

Nursing Undergraduate Study Program, Faculty of Health Sciences, Alauddin State Islamic University Makassar

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ABSTRACT

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Health services are one of the determinants of public health status. One of the targets is the Community Health Center (Puskesmas). Puskesmas is a functional unit which is a center for community health development which also fosters community participation in addition to providing comprehensive and integrated services to the community in its working area in the form of main activities. According to the Wajo district health office, the LIU health center is the health center that has the lowest number of visits compared to other health centers in Wajo district. The lack of utilization of health services at the LIU Health Center is the background for the authors to conduct this research. The purpose of this study is to describe the factors that influence the utilization of the LIU health center based on public knowledge and the distance between the community's residence and the health center. The type of research used is a descriptive survey. The sampling method was carried out using the purposive sampling technique. Based on the results of the study, it was found that out of 50 respondents (44.7%) who used the puskesmas, 35 respondents (31.3%) who had sufficient knowledge and 15 respondents (13.4%) lacked knowledge, while from 62 respondents (55.3%) do not use puskesmas, there are 25 respondents (22.3%) who have sufficient knowledge and 37 respondents (33.0%) who have less knowledge. Meanwhile, out of 50 respondents (44.7%) used health centers that have a distance of residence close to the health center as many as 33 respondents (29.5%) and 17 respondents (15.2%) who did not use the health center as many as 62 respondents (55.3%) who had 25 respondents (22.3%) lived close to the puskesmas and 37 respondents (33.0%) lived far from the puskesmas. Therefore, it can be concluded that there is a relationship between knowledge and utilization of the Liu Health Center. From the results of the study, it was also found that there was a relationship between the distance of the community's residence and the utilization of the puskesmas. 2%) while those who do not use the puskesmas are 62 respondents (55.3%) who have a distance of residence close to the health center as many as 25 respondents (22.3%) and those who have a distance of residence far from the health center are 37 respondents (33.0%). Therefore, it can be concluded that there is a relationship between knowledge and utilization of the Liu Health Center. From the results of the study, it was also found that there was a relationship between the distance of

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the community's residence and the utilization of the puskesmas. 2%) while those who do not use the puskesmas are 62 respondents (55.3%) who have a distance of residence close to the health center as many as 25 respondents (22.3%) and those who have a distance of residence far from the health center are 37 respondents (33.0%). Therefore, it can be concluded that there is a relationship between knowledge and utilization of the Liu Health Center. From the results of the study, it was also found that there was a relationship between the distance of the community's residence and the utilization of the puskesmas.

E-mail:
irmadwianty16@gmail.com

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1. INTRODUCTION

The degree of health is the main pillar together with education and the economy which are very closely related to improving the quality of human resources, so it is hoped that strong, productive and competitive human resources will be created to face all the challenges that will be faced. [1]. Health is a very important element of the quality of life in national development. The national health system has outlined that the goal of health development is to increase awareness, willingness, and ability to live a healthy life for everyone in order to realize the highest degree of public health, as an investment for the development of socially and economically productive human resources.[2].

Health services are one of the determinants of public health status. One of the targets is the Community Health Center (Puskesmas). Puskesmas is a functional unit which is a center for community health development which also fosters community participation in addition to providing comprehensive and integrated services to the community in its working area in the form of main activities. Puskesmas has the authority and responsibility for the maintenance of public health in its working area[3]. Basic health services must be implemented or available to ensure the human right of all people to live a healthy life. The implementation or provision of these basic health services must clearly show their alignment with high-risk community groups, including the poor. Even further, the scope of basic health services must include every health effort that is a commitment of the global, regional, national and local communities[4]. Health services that directly touch the lowest strata of society and are needed by the community are very important, this is because the health services provided by the Puskesmas will provide health protection to community members, especially for the poor. The Puskesmas is expected to provide guarantees for residents of the surrounding community to get much needed health services[5].

The existence of the Puskesmas in the community is very important because the Puskesmas is the spearhead of health services provided by the local government. Individual health efforts at the Puskesmas are related to sick behavior and treatment seeking behavior in sick people. Health services carried out by the Puskesmas must be able to satisfy the community as service users. Measurement and assessment of satisfaction begins with the emergence of expectations of patients who take advantage of health services carried out at the Puskesmas that are not in accordance with the wishes of the patient[6].

Based on the level of community utility, especially urban communities, especially the middle and upper classes, health services such as Puskesmas as a place for medical treatment and health checks tend to be low.[7]. They prefer medical clinics, specialist doctors' practices, and private hospitals to puskesmas. This condition reinforces the stereotype of many people that puskesmas are still considered second-class health services. Along with the prevalence of diseases that continue to threaten the community, the government must reorganize the role and function of the Puskesmas as a public health institution engaged in development, therefore the revitalization of the Puskesmas is very important.[8]. As one of the spearheads of health services that are considered closest to the community, the revitalization of the Puskesmas can be carried out by, for example, adding physical

facilities, computer system networks, and health workers, especially specialist doctors. Puskesmas also need to develop inpatient services to improve service management[9].

Based on the 2009 health profile, nationally the number of health centers in Indonesia is 8,737, and supporting health centers are 22,337. According to data from the South Sulawesi Statistics Agency in 2010 the number of Puskesmas in South Sulawesi Province was 422 spread across all sub-districts with a minimum of 1 Puskesmas and 3 Pustu, with the number of visits per year 75% (2007), 88% (2008), 99% (2009). The obstacle in achieving a healthy Indonesia is the role of puskesmas in carrying out their duties. In a news report in Medan, it was found that people were still reluctant to go to the Puskesmas for treatment, as evidenced by the high number of patients who chose to go to the hospital and the high number of patients who preferred traditional treatment to the Puskesmas.[10]. The performance of the Puskesmas still needs to be questioned, because there are still many people who come for treatment at the hospital even though the illness suffered by the patient includes minor illnesses that can also be cured at the Puskesmas. There are many reasons why people are reluctant to go to the puskesmas for treatment, including doctors who often come late or do not recover from illnesses suffered by the community, inadequate facilities, the attitude of health workers who are not friendly and the distance to the puskesmas is quite far. This is the reason why patients do not want to go to the Puskesmas and prefer to go to the hospital[11].

Based on the results of the research "Surahmawaty" in the working area of the Ganra Health Center, Soppeng Regency, the free health services provided by the government do not guarantee that the community will fully visit the Puskesmas. There are many other things that are still considered by the community, including the lack of Puskesmas facilities, doctors who are often late, and the distance from the Puskesmas which is quite far causing people to refrain from visiting the Puskesmas. The number of visits to the LIU puskesmas, which is only 43%, has not reached the target of SPM (Minimum Service Standards) of 80%. The low number of community visits to the LIU Health Center shows that the health services at the Puskesmas have not been fully utilized by the community, of course this is one of the obstacles to health development towards health.

2. METHOD

The existence of the Puskesmas in the community is very important because the Puskesmas is the spearhead of health services provided by the local government. Individual health efforts at the Puskesmas are related to sick behavior and seeking treatment for sick people. Health services carried out by the Puskesmas must be able to satisfy the community as service users, because it will affect the utilization of the Puskesmas by the community. Utilization of health services by the community is influenced by several factors, namely: Puskesmas factors (Number of Health Workers, Attitudes of Officers, Service Facilities) and factors from the community (Knowledge, Distance, and Time).

The number of samples in this study was 112 families. This study uses a descriptive research design aimed at KK in Massapa Hamlet, LIU Village, Sabbangparu District, Wajo Regency. Based on the results of data processing from 112 respondents, the following data can be presented:

Table 1 Distribution of Respondents by Gender in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Gender	Frequency (n)	Percentage (%)
Man	92	82.1
Woman	20	17.9
Total	112	100

Table 1 shows that of the 112 respondents studied, there are 92 male respondents (82.1%) more than female, namely 20 respondents (17.9%).

Table 2 Distribution of Respondents by Age in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Age group	Frequency (n)	Percentage (%)
30-45	45	40.2
46-61	46	41.1
62-77	21	18.8
Total	112	100

Table 2 shows that of the 112 respondents studied, the age group 46-61 years is the age group with the highest frequency, namely 46 respondents (41.1%) while the age group 62-77 years is the lowest age group, namely 21 respondents (18.8%).

Table 3 Distribution of Respondents by Education in Massappa Hamlet, Liu Village, Sabbangparu District

Education	Frequency (n)	Percentage (%)
Never school	22	19.6
SD	48	42.9
junior high school	21	18.8
senior High School	12	10.7
College	4	3.6
Etc	5	4.5
Total	112	100

Table 3 shows that of the 112 respondents studied, the level of education with the highest frequency was SD with 48 respondents (42.9%), and the lowest was tertiary education with 4 respondents (3.6%).

Table 4 Distribution of Respondents by Occupation in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Work	Frequency (n)	Percentage (%)
civil servant	12	10.7
entrepreneur	9	8.0
Farmer	39	34.8
Fisherman	36	32.1
Etc	16	14.3
Total	112	100

Table 4 shows that of the 112 respondents studied, the type of work that has the highest frequency is farmer, which is 39 respondents (34.8%), and the lowest frequency is self-employed, which is 9 respondents (8.0%).

Table 5 Distribution of Respondents Based on the Utilization of Public Health Centers in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Utilization	Frequency (n)	Percentage (%)
Utilise	50	44.6
Not taking advantage of	62	55.4
Total	112	100

Table 5 shows that of the 112 respondents studied, 50 respondents (44.6%) used puskesmas and 62 respondents (55.4%) did not use puskesmas services, meaning that respondents who did not use puskesmas had a greater frequency than those who used puskesmas. .

Table 6 Distribution of respondents based on knowledge in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Knowledge	Frequency (n)	Percentage (%)
Enough	60	53.6
Not enough	52	46.4
Total	112	100

Table 6 shows that as many as 112 respondents were studied, who had sufficient knowledge as many as 62 respondents (53.6%) and those who had less knowledge were 52 respondents (46.4%).

Table 7 Distribution of respondents based on the distance of the Puskesmas in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Distance	Frequency (n)	Percentage (%)
Close	58	51.8
Far	54	48.2
Total	112	100

Table 7 shows that as many as 112 respondents who were studied, who lived close to the puskesmas were 58 respondents (51.8%) and 54 respondents (48.2%) lived far from the puskesmas.

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Table 8 The relationship between the use of puskesmas services and knowledge in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Knowledge	Health Center Utilization				Total	
	Utilise		Not Utilizing		n	%
	n	%	n	%		
Enough	35	31.3	25	22.3	60	53.6
Not enough	15	13.4	37	33.0	52	46.4
Total	50	44.7	62	55.3	112	100

Table 8 shows that of the 112 respondents studied, there are 50 respondents (44.7%) who use the puskesmas who have sufficient knowledge as many as 35 respondents (31.3%) and those who have less knowledge are 15 respondents (13.4%) while from 62 respondents (55.3%) who do not use the puskesmas, there are 25 respondents (22.3%) who have sufficient knowledge and those who have less knowledge are 37 respondents (33.0%). From the results of the Chi Square Crosstab test, the significance value of $p (0.002) < \alpha (0.05)$ means that H_0 is rejected and H_a is accepted. This means that there is a relationship between public knowledge and the utilization of puskesmas services in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency.

Table 9 The relationship between the utilization of the puskesmas and the distance from which people live in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency

Distance	Health Center Utilization				Total	
	Utilise		Not Utilizing		n	%
	n	%	n	%		
Close	33	29.5	25	22.3	58	51.8
Far	17	15.2	37	33.0	54	48.2
Total	50	44.7	62	55.3	112	100

Table 9 shows that of the 112 respondents studied, there are 50 respondents (44.7%) who use the puskesmas which have a distance of residence close to the puskesmas, 33 respondents (29.5%) and 17 respondents (15.2%) who live far from the puskesmas.) while those who do not use the puskesmas are 62 respondents (55.3%) who have a distance of residence close to the puskesmas as many as 25 respondents (22.3%) and those who have a distance of residence far from the puskesmas are 37 respondents (33.0%).

From the results of the Chi Square Crosstab test, the significance value of $p (0.007) < \alpha (0.05)$ means that H_0 is rejected, H_a is accepted. This means that there is a relationship between the distance from where the community lives and the utilization of the puskesmas in Massappa Hamlet, Sabbangparu District, Wajo Regency.

3. RESULTS AND DISCUSSION

3.1 Result

Utilization of the puskesmas is an effort to seek treatment for the community to the place of health services (puskesmas and their networks). Efforts to seek treatment for the community is a description of the behavior of using health services as a whole that can describe the level of knowledge and public trust in knowledge.

Table 5 shows that of the 112 respondents studied, as many as 50 respondents (44.6%) used the puskesmas and its network and as many as 62 respondents (55.4%) did not use the puskesmas services network, meaning that respondents who did not use the puskesmas had a greater frequency than those who did not. who use the health center. According to respondents who did not use the puskesmas, the reasons for not visiting the puskesmas varied, including preferring other health services such as traditional healers because it has become a habit in the family, preferring to see doctors/midwives practice, distances that are difficult to reach, lack of family income, lack of information. about health services, the factor of busy making a living so that people prefer mediocre treatment, Meanwhile, the activities of the puskesmas outside the building to provide direct health services to the community, such as the provision of mobile health centers, visits by officers to residents' homes, posyandu and other activities have not been carried out optimally by the puskesmas officers but the puskesmas only prioritize the provision of health services at the puskesmas so that the community cannot make the

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most of the health center. In addition, the *pustu*, which is a network of Liu's health centers, also does not have permanent staff, so people who want to get health services cannot get services. *Posyandu* and other activities have not been carried out optimally by *puskesmas* officers, but *puskesmas* only prioritize the provision of health services at *puskesmas* so that people cannot take full advantage of *puskesmas*. In addition, the *pustu*, which is a network of Liu's health centers, also does not have permanent staff, so people who want to get health services cannot get services. *Posyandu* and other activities have not been carried out optimally by *puskesmas* officers, but *puskesmas* only prioritize the provision of health services at *puskesmas* so that people cannot take full advantage of *puskesmas*. In addition, the *pustu*, which is a network of Liu's health centers, also does not have permanent staff, so people who want to get health services cannot get services.

Lee (2000) in Anwar Musadad (2005) states that the search for health services is determined by the perceived need. In addition, the search for treatment is influenced by the affordability of public health service facilities, the severity of the disease and previous treatment experience, both on the basis of their own experience and those of others. According to Roland Anderson in Amran Razak (2000), the decision to use health services is influenced by the components of predisposing, enabling and need. The predisposing factors include demographic factors, social structure and beliefs about illness and medical services. The enabling component includes the individual's ability to use health services based on family income sources,

Knowledge about *puskesmas* will influence people's behavior in using *puskesmas* services. Knowledge plays a very important role because with the knowledge possessed by the community, attitudes will be formed which will be followed by the act of choosing good health services.

Table 8 shows that of the 112 respondents studied, 60 respondents (53.6%) had sufficient knowledge and 52 respondents (46.4%). The lack of public knowledge about *puskesmas* services is caused by a lack of health information obtained by the community either by reading, listening or getting explanations from health workers. Lack of knowledge of *puskesmas* services can affect the utilization of *puskesmas* services, especially for people who lack knowledge about the importance of *puskesmas* services. This is in line with Notoatmojo's theory which states that knowledge is the result of knowing and knowledge occurs after someone has sensed a certain object. Most of a person's knowledge is obtained through the eyes, ears, and can also be obtained from the environment. Therefore someone who previously did not know and did not understand but because of the desire to know so that with the learning process, that person will know and understand.

Meanwhile, table 8 shows that of the 50 respondents (44.7%) who use the *puskesmas*, 35 respondents (31.3%) have sufficient knowledge and 15 respondents (13.4%) have less knowledge, while out of 62 respondents (55.3%) do not use *puskesmas*, there are 25 respondents (22.3%) who have sufficient knowledge and 37 respondents (33.0%) who have less knowledge. From the results of this study, it was found that the value of $p (0.002) < \alpha (0.05)$ means H_0 is rejected and H_a is accepted, meaning that there is a relationship between the utilization of the *puskesmas* and the knowledge possessed by the community in Massappa Hamlet, Liu Village, Wajo Regency. The results of this study indicate that people who have sufficient knowledge are more likely to visit the *puskesmas* compared to those who have less knowledge, therefore public knowledge has a considerable influence on the community in utilizing *puskesmas* services in Massappa Hamlet, Liu Village, Sabbangparu District, Wajo Regency. Meanwhile, the results of the study showed that there were 25 respondents (22.3%) who had sufficient knowledge but did not use the *puskesmas*. This is because some people prefer to go to a doctor/midwife practice because the services provided are more satisfactory than the *puskesmas*, the distance from which they live is far from the *puskesmas*. While people who have less knowledge as many as 15 respondents (13.4%) but still use the *puskesmas* because the distance from their residence is quite close to the *puskesmas* so that access to health services at the *puskesmas* is easier. In addition, there is free health services at the *puskesmas* so that people do not have to pay for treatment. The more knowledge the community has, the more aware the community will be of the importance of health services at the *Puskesmas* and its network. Kosa and Robertson in Mubarak (2009) said that individual health behavior tends to be influenced by beliefs about their health conditions, because each individual has a different way of taking healing actions even though the health problem is the same.

Distance is a function that shows how far a subject is in relation to another object. Distance is the distance from the community's residence to the health service. Puskesmas plays a role in improving the quality of the community in the health sector, so the ease of reaching the location of the Puskesmas is one of the important things that need to be considered to improve these health services.

Table 7 shows that as many as 112 respondents who were studied, who lived close to the puskesmas were 58 respondents (51.8%) and 54 respondents (48.2%) lived far from the puskesmas. Distance can affect the frequency of visits at health service centers (puskesmas and their networks), the closer the distance between people's residences and health service centers (puskesmas and their networks), the greater the number of visits at the health service center, and vice versa.

Table 9 shows that there are 50 respondents (44.7%) who use the puskesmas which have a distance of residence close to the puskesmas as many as 33 respondents (29.5%) and those who have a distance of residence far from the puskesmas as many as 17 respondents (15.2%) while those who do not use the puskesmas as many as 62 respondents (55.3%) who have a distance of residence close to the health center as many as 25 respondents (22.3%) and who have a distance of residence far from the health center as many as 37 respondents (33.0%). From the results of this study, it was found that the significance value of $p (0.007) < \alpha (0.05)$ means H_0 is rejected and H_a is accepted, meaning that there is a relationship between the utilization of the puskesmas and the distance from which people live in Massappa Hamlet, Liu Village, Wajo Regency.

According to the observations of community researchers who have a distance of residence close to the puskesmas and its network, as many as 25 respondents (22.3%) but do not use the puskesmas because some people prefer to go to a doctor/midwife practice, people are busy making a living so people prefer mediocre treatment. Public trust to seek treatment at a traditional healer. In addition, the knowledge possessed by the community is still minimal due to lack of information. While the people who live far from the puskesmas are 17 respondents (15.2%) but still use the puskesmas because they have good knowledge about the puskesmas, so they continue to visit the puskesmas. there is a habit in the family to visit the health center when experiencing health problems. In addition, free health services at the puskesmas attract people to visit so they only need to pay for transportation to visit the puskesmas.

From the results of the study, there were also 37 respondents (33.0%) who lived far from the puskesmas so they did not take advantage of the puskesmas services. This is due to the low income of the community so that even though the cost of using the puskesmas is free, they still need a large amount of money for transportation to the health service place (puskesmas and its network. Pustu (auxiliary health center) which is the only network owned by Liu's health center is also not utilized by the community because there are no health workers on duty at the pustu, so that when the community needs public health services, they must go to the Puskesmas which is quite far from where they live.

3.2 Discussion

Health services are one of the determinants of public health status. One of the targets is the Community Health Center (Puskesmas). Puskesmas is a functional unit which is a center for community health development which also fosters community participation in addition to providing comprehensive and integrated services to the community in its working area.

Quality health services can only be realized if they are supported by adequate health facilities and infrastructure as well as professional and competent human resources. All health and medical services should be managed properly according to the Islamic system, the ihsan factor in health services, must meet 3 standard principles that are generally accepted for every community service in the Islamic system: First, simple in regulations (not convoluted). Second, fast in service. Third, professional in service, which is carried out by competent and trustworthy people.

4. CONCLUSION

Based on the results of the research conducted, the conclusions are: from the results of the study obtained data $p (0.002) < \alpha (0.05)$ which means H_0 is rejected H_a is accepted, this means that there is a relationship between public knowledge and the utilization of the Liu health center. From the

results of the study obtained data $p (0.007) < a (0.05)$ which is between the distance of the community's residence and the utilization of the Liu health center.

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