



# JNK

JURNAL NERS DAN KEBIDANAN  
(JOURNAL OF NERS AND MIDWIFERY)

<http://jnk.phb.ac.id/index.php/jnk>



## Determinant Factors Related to Family Utilization of Health Services



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### Article Information

#### History Article:

Received, 02/03/2023

Accepted, 13/04/2023

Published, 25/04/2023

#### Keywords:

health services, family,  
family health nursing

### Abstract

Health is one of the important elements in human life, so the utilization of health services is an important factor in determining health. The utilization of health services has been recommended by the World Health Organization (WHO) as a primary health concept. However, many people do not take advantage of existing healthcare facilities. The purpose of this research was to determine the factors related to the utilization of health services by families. The research method used an analytic observational research design/analytic survey with a cross-sectional approach. The sampling technique used simple random sampling with a total sample of 61 respondents. Bivariate analysis to determine the relationship of each factor was the chi-square test. The results showed that there was no relationship between age and family utilization of health services ( $p>0.05$ ), there was a relationship between education level and family utilization of health services ( $p<0.05$ ), there was no relationship between employment status and health service utilization by the family ( $p>0.05$ ), and there was no relationship between distance (access) and utilization of health services by the family ( $p>0.05$ ). In this way, families can take advantage of the nearest health service when they are sick so they can find out what disease they are suffering from and get the correct treatment/care.

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DOI: <https://doi.org/10.26699/jnk.v10i1.ART.p069-074>

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P-ISSN : 2355-052X

E-ISSN : 2548-3811

## INTRODUCTION

The utilization of health services is an important determinant of health, which has relevance as a public health and development issue in low-income countries. The use of health services has been recommended by the World Health Organization (WHO) as a basic primary health concept for the most vulnerable and underprivileged populations. Dan Has suggested that health should be universally accessible without barriers based on affordability, physical accessibility, or acceptance of services. Thus, increasing the use of health services is the main target in various developing countries (Karman, Sakka, A & Saptaputra, S. K. (2018).

Utilization of health services is very important for the community to maintain, improve, prevent, and cure disease as well as restore the health of individuals or families at the Puskesmas, including medical services and public health services such as Health Promotion, Environmental Health, Maternal and Child Health/KB, Efforts to Improve Nutrition, Eradication of Communicable Diseases and Treatment (Noviana S, 2013).

The utilization of health services at the Puskesmas level has several influencing factors, namely consumer factors in the form of education, livelihoods, knowledge, and patient perceptions; organizational factors in the form of availability of resources, affordability of service locations, and social access; as well as service provider factors including the behaviour of health workers (Dever, 1984).

In the results of environmental health research in the study program Center for Excellence in Science and Technology, Poltekkes, Ministry of Health, Banjarmasin, which was carried out in December 2021, it was found that most respondents bought over-the-counter drugs and the rest bought herbal medicine when they experienced health problems

before being taken to health services. The closest health service location is the Puskesmas with mostly 2-5 km from home, the education of the respondents was mostly high school, and the occupation of the respondents was mostly housewives.

The results of Gita Nirmala Sari's research (2015) state that there was a relationship between education and the use of antenatal services. Research by Noviana S (2013) states that there was no relationship between age and occupation in the utilization of health services. Meanwhile, Debra S's research (2015) states that there was a significant relationship between Access to Services and Utilization of Health Services.

Based on the above background, the research team was interested in further researching the factors related to the utilization of health services by families in the Martapura River Basin Area, Antasan Senior Village and Kampung Melayu Village, Martapura District, Banjar Regency. This research aimed to determine the factors associated with the utilization of health services by families.

## METHOD

The research method used an analytic observational research design/analytic survey with a cross-sectional approach. The sampling technique used simple random sampling with a total sample of 61 respondents. Bivariate analysis to determine the relationship of each factor used the chi-square test.

This research used determinant factors (age, education, employment, and access) and utilization of health services by family. The data collection method used a questionnaire. After the prospective respondent understood and agreed, then they filled in the existing questions.

The analysis of the data used univariate analysis, and bivariate analysis with chi-square. The values were set at  $p < 0,05$ .

## RESULT

**Table 1: Distribution of determinant factors variables on the utilization of health services by families**

Research Variable	Frequency (f)	Percentage (%)
<b>Utilization of Health Services</b>		
Utilise	5	8,2
Not Utilizing	56	91,8
<b>Total</b>	<b>61</b>	<b>100</b>
<b>Age</b>		
Early Adult < 45 years	37	60,7
Mature Adult ≥ 45 years	24	39,3
<b>Total</b>	<b>61</b>	<b>100</b>

Continued Table 1: Distribution of determinant factors variables on the utilization of health services by families

Research Variable	Frequency (f)	Percentage (%)
<b>Education</b>		
Higher	3	4,9
Middle	37	60,7
Basic	21	34,4
<b>Total</b>	<b>61</b>	<b>100</b>
<b>Work</b>		
Work	28	45,9
Does not work	33	54,1
<b>Total</b>	<b>61</b>	<b>100</b>
<b>Distance to Health Services</b>		
< 5 km (near)	56	91,8
> 5 km (far)	5	8,2
<b>Total</b>	<b>61</b>	<b>100</b>

**Bivariate analysis**

**Table 2: Bivariate analysis of factors that influence the prevention of covid 19 in the family**

Independent Variables	Utilization of Health Services						p Value (0,05)
	Not Utilizing		Utilise		Total		
	n	%	n	%	n	%	
<b>Age</b>							
Early Adult < 45 years	34	91,9	3	8,1	37	100	1,000
Mature Adult ≥ 45 years	22	91,7	2	8,3	24	100	
<b>Total</b>	<b>56</b>	<b>91,8</b>	<b>5</b>	<b>8,2</b>	<b>61</b>	<b>100</b>	
<b>Education</b>							
Higher	0	0	3	100	3	100	0,000
Middle	35	94,6	2	5,4	37	100	
Basic	21	100	0	0	21	100	
<b>Total</b>	<b>56</b>	<b>91,8</b>	<b>5</b>	<b>8,2</b>	<b>61</b>	<b>100</b>	
<b>Work</b>							
Does not work.	31	93,9	2	6,1	33	100	0,653
Work	25	89,3	3	10,7	28	100	
<b>Total</b>	<b>56</b>	<b>91,8</b>	<b>5</b>	<b>8,2</b>	<b>61</b>	<b>100</b>	
<b>Distance to Health Services</b>							
Near	51	91,1	5	8,9	56	100	1,000
Far	5	100	0	0	5	100	
<b>Total</b>	<b>56</b>	<b>91,8</b>	<b>5</b>	<b>8,2</b>	<b>61</b>	<b>100</b>	

**DISCUSSION**

**The relationship between age and the utilization of health services by families.**

Based on table 2 above showed that the utilization of health services is more balanced in late adulthood and early adulthood. Further analysis obtained a value of  $\rho = 1.000$  which means there was no relationship between age and utilization of health services by families. This fact showed that age was not the only factor that influences a person's behaviour, in this case, age was not related to the use

of health services because people tend to deal with their health problems first and then take them to a health facility if the problem is not resolved, this was supported by the majority of families that buy over-the-counter medicines or herbs when they have health problems (sick), this does not depend on age. Age is one of the individual characteristics that can facilitate or underlie the occurrence of certain behaviours. Through the course of growing older, a person will adapt his life behaviour to his environment besides being natural, also developing

instinctive behaviour. Adulthood starts at the age of 18 years. Currently, a person experiences a change in determining a new lifestyle, new responsibilities and new commitments including deciding to use or not to use health services when he was sick.

In theory, these results contradict the theory which explains that in general, someone who is older will be more responsible and more thorough in all things compared to someone younger. This happens because older people have experience and are generally able to make decisions (Nursalam, 2014).

This research was in line with the research of Noviana S (2013) which states that there was no relationship between age and utilization of health services.

#### **The relationship between education level and the utilization of health services by families.**

Based on table 2 above, it showed that the higher the level of education, the more utilization of health services. Further analysis obtained a value of  $\rho = 0.000$  which means there was a relationship between the level of education and the utilization of health services by families.

When someone has a high level of education, they can better understand and know the benefits and needs that are considered important, such as the need for health services that can be guaranteed by paying health insurance contributions so that the level of a person's desire to pay these contributions will increase.

The results of this research are following the results of research by Gita Nirmala Sari (2015) which states that there was a relationship between education and the use of antenatal care. Research Muh. Ryman Napirah (2016) also mentions that there was a relationship between education level and utilization of health services, as well as research by Nena Mardiana (2022), states that education level has a significant relationship with the utilization of health services, and research by Abdul Syarifain (2017) states that education and income are factors associated with the utilization of health services.

#### **The relationship between work status and the utilization of health services by families.**

Based on table 2 above, it showed that the utilization of health services was more balanced among respondents who work and who do not work, there are equally who did not use it. Further analysis obtained a value of  $\rho = 0.653$  which means there was no relationship between employment status and utilization of health services by the family.

Occupation is a consumer socio-economic factor that plays a role in influencing individuals in health services. Occupation is one of the supporting factors that influence a person in utilizing health services. Someone who works has a higher tendency to take advantage of health services compared to someone who doesn't work.

Facts in the field, more than half of the respondents were unemployed, contradicting existing theories. Work was not the only thing that influences a person's behaviour, in this case, work was not related to the use of health services because people tend to deal with their health problems first and then take them to a health facility if the problem was not resolved, this was supported by the majority of families buying over-the-counter drugs or herbal medicine when they experience health problems (sick), this does not depend on their work. This research was following the results of Jimmy Tampi's research (2015) which states that work was not related to the utilization of health services.

#### **The relationship between distance to health services and the utilization of health services by families.**

Based on table 2 above, it showed that the utilization of health services was almost balanced in respondents who are near and far, the majority do not use it. Further analysis obtained a value of  $\rho = 1.000$ , which means that there was no relationship between distance (access) and utilization of health services by families.

Facts in the field found that most respondents have a close distance between their homes and places of health services, but they tend not to take advantage of health services. Distance was not the only thing that influences a person's behaviour, in this case, the distance was not related to utilization of health services because people tend to overcome problems. their health first and then takes them to a health facility if the problem was not resolved. This was supported by most of the families buying over-the-counter medicines or herbs when they have health problems (illness), this does not depend on distance.

The results of this research are different from research conducted by Muhammad Andika Sasmita Saputra (2021) which states that there was a significant relationship between the distance of residence and the utilization of health services.

In this research, the absence of a relationship between distance and utilization of health services could be caused by the fact that people will visit the Puskesmas when their illness does not go away,

people prefer to get treatment from midwives or paramedics or only buy medicines at stalls around their homes when they are sick. New people will visit the health centre when the medicine they get at the stall or the midwife is not effective so even though the distance where they live is close to health services, they are not yet interested in taking advantage of health services.

## CONCLUSION

The characteristics of the respondents were dominated by the behaviour of families who did not utilize health services, the age of most respondents was early adulthood, the education level of the majority was secondary education, most respondents did not work as large and the distance of health services from the majority of homes was close.

There was a relationship between education level with the utilization of health services by families. There was no relationship between age, work status, and distance to health services with the utilization of health services by families.

## SUGGESTION

This research recommends families be able to take advantage of the nearest health service when sick so that they can know the disease they are suffering from and get the right treatment/care. While for researchers, it is by conducting research with other variables such as knowledge, perceptions of health workers and health service infrastructure.

## FUNDING

This research was funded by the DIPA Poltekkes Kemenkes Banjarmasin. Poltekkes Kemenkes Banjarmasin helps with all the costs incurred in this research.

## CONFLICTS OF INTEREST

The Authors in this research have no affiliations with or involvement in any organization or entity with any financial interest or nonfinancial interest in the subject matter or materials discussed in this manuscript.

## ACKNOWLEDGEMENT

The author would like to thank the Director of Poltekkes Kemenkes Banjarmasin, the head of the nursing department of Poltekkes Kemenkes Banjarmasin, the head of the research and community service centre Poltekkes Kemenkes Banjarmasin and all the participants in this research.

## AUTHOR CONTRIBUTIONS

The main author verifies critical thinking based on the phenomena in the family community. Then the main author starts designing and compiling the conceptual framework of the research, determining the research hypotheses, compiling articles, conducting analysis, displaying data, carrying out critical revisions of manuscript writing, and making final approval of the version to be published also part of the main author. The co-author criticizes the research design and analysis tests using data processing software, and data interpretation and examines the relevance of the theoretical concepts used, provides instruments, and examines the suitability of implementation according to standard procedures and research frameworks. The third author supervised the implementation of the research and conducted explanatory discussions with the co-authors. Based on the existing directional hypothesis, the researcher examines the research results to deepen the research discussion.

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