

Study Of Utilization Of Community Health Services In Kay Puskesmas, Roufaer District Mamberamo Raya Regency

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Abstract: *Utilization of health services in certain areas is still experiencing problems in the utilization of health services. This can be seen from the number of visits to the puskesmas is still low at 32.14%. The purpose of this study was to analyze the utilization of health services at the Key Health Center. This research is a qualitative research with interview method. There are seven informants and seven key informants. The sampling technique used was purposive sampling. The results showed that the informants did not have health insurance, access to the Key Health Center required a large amount of time and money and the service time at the Key Health Center was relatively fast. The utilization of public health services for health insurance and access to health service facilities is less, while the waiting time for services is good.*

Keywords: *Health Services, Health Insurance, Access.*

I. INTRODUCTION

There are many things that need to be considered in an effort to improve the health status of the community. One of them is to provide health services. Health services are every effort carried out individually or jointly in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups or communities, as well as established health service facilities such as health centers and hospitals (Azwar, 2010).

Some of the factors that cause the public health status in Indonesia is still low, including the community has not utilized health service facilities optimally, including

puskesmas. Puskesmas is one type of health service facility that is prioritized to support community health development. The Puskesmas is a Technical Implementation Unit of the City District Health Office which organizes public and individual health efforts at the first level, by prioritizing promotive and preventive efforts in its working area (Ministry of Health, 2014).

Utilization of health services in Indonesia in general can be said to be good, but there are still some areas that experience obstacles in the utilization of health services. This can be seen from the number of visits to the puskesmas which is still low at 32.14% (Ministry of Health, 2015).

The number of Puskesmas in Indonesia as of December 2017 was 9,825 units, consisting of 3,454 inpatient Puskesmas units and 6,371 non-inpatient Puskesmas units. This number increased compared to 2016 which was 9,767 units, with the number of inpatient Puskesmas being 3,411 units and non-inpatient Puskesmas being 6,356 units. The ratio of Puskesmas to subdistricts in 2017 was 1.36. This illustrates that the ideal ratio of Puskesmas to subdistricts, namely at least 1 Puskesmas in 1 subdistrict, has been fulfilled nationally, but it is necessary to pay attention to the distribution of the Puskesmas in all subdistricts (Ministry of Health, 2017).

According to Lawrence Green (2012), the factors that identify and potentially influence a person to use health services are: (1) predisposing factors (predisposing factors, which include knowledge, attitudes, beliefs, values, traditions, and so on) (2) enabling factors (enabling factors, which include the availability of facilities and infrastructure or health facilities for the community) (3) reinforcing factors (reinforcing factors, which include the attitudes of health workers). Several studies have been conducted to measure the utilization of health services, including research from Napirah (2016) which shows that public perception of health is related to the use of health services ($\rho = 0.000$), public perception of service quality is not related to the use of health services ($\rho = 0.213$), family income is related to the utilization of health services ($\rho=0.004$), and there is a relationship between the level of education and the utilization of health services ($\rho=0.000$). Many factors influence people's behavior in utilizing health services, among others, determined by predisposing factors which include information, beliefs, experiences, habits, cultural values, comfort, and driving factors include social support, infrastructure, costs, access, decision-making processes, and enabling factors such as attitudes of officers, regulations or policies and administration of service providers (Marnah, 2016). Puskesmas Kay is a health facility that provides services that include general practitioner services, dentist services, maternal and child health (KIA), family planning (KB), immunization, environmental health and posyandu services. Utilization of the Kay Health Center as a Health Service Center, based on data in 2021, the number of patient visits at the Kay Health Center is 705 people. When compared with the number of visits in the utilization of the Kasonaweja Health Center in Central Mamberamo District, based on data in 2021, the number of patient visits at the Kasonaweja Health Center is 5,586 people. The following is the data on patient visits in the utilization of health services at the Kay Health Center, Roufaer District. In 2019 there were 701 people, in 2020 there were 1,202 people and in 2021 as many as 705 people. (Report of Mamberamo Raya Yankes Data, 2021).

One of the indicators to assess the utilization of the Puskesmas as a health service center by the community is the number of visits to the Puskesmas. The low number of community visits to the Health Service Center shows that the community does not utilize the health services of the Puskesmas.

Roufaer district is a district that still has a very strong culture or tradition, among others, is still doing treatment to shamans who are considered to be able to help provide healing. In addition, some people have an economic level that

makes it impossible to reach health service centers, so it is necessary to conduct a study on the utilization of public health services at the Kay Health Center, Roufaer District, Mamberamo Raya Regency.

II. METHOD

This study is a qualitative study using primary and secondary data to obtain information about health services at the Kay Health Center, Roufaer District, Mamberamo Raya Regency. This research was carried out at the Kay Health Center, Roufaer District, Mamberamo Raya Regency in September–November 2021.

Determination of key informants and informants was taken using purposive sampling technique with inclusion criteria, namely willing to be interviewed and able to provide the required information. The informants or resource persons in this study were the Head of the Puskesmas, health workers and the community in the working area of the Kay Health Center. The primary data of this study were obtained from informants through interviews, observation and documentation. Secondary data were obtained from the Puskesmas visit book.

The instruments in this study used interview guidelines, stationery, recording devices such as mobile phones or camcorders and books. In this study, the authors used data triangulation techniques, namely by combining three data collection techniques, namely observation, interviews, and documentation. Data were analyzed by reduction, display, and verification.

III. RESULTS

Based on the results of the study, it can be seen that the professional characteristics of the informants of the Head of Public Health Center. and other health workers are varied and can represent in collecting interview data, while the age of the supporting informants are the community is between 19 - 63 years. The educational background of the informants varied, the majority of the informants had low and middle education and worked as housewives (IRT), Farmers, Entrepreneurs, Motorists, and Contract Employees. The level of education and the level of knowledge are very influential on people's lives as well as life behavior. Educational background can influence information about health, especially in the use of health services.

HEALTH SERVICE PROCEDURES AT THE KAY HEALTH CENTER

BOX 1

"It is quite good because it does not require a long time in the flow of treatment services, injection dressings, and individual counseling from doctors. Then another procedure is a mobile health center in the working area of the Kay health center in order to get patient coverage.

"Service procedures at the Kay Health Center include mention of administering vaccines, providing additional food

to school children, giving medicine to the community"

"Service procedures at the Kay Health Center include treatment, administering vaccines, providing additional food for infants, toddlers and children, distributing mosquito nets. Direct counseling with pusling doctors in the working area of the Kay Health Center, and referring patients who cannot be handled to the hospital."

"still minimal, only limited to observing environmental sanitation in housing and health centers."

"Still using services inside and outside the building. Services in the building include basic treatment, immunization, supplementary feeding and others. Out-of-building services are pusling to the work area of the Kay Health Center."

"Until now, the service procedure has begun to change, because it is supported by a new puskesmas building, so that the service procedures in the building can be managed properly. While the service procedures outside the building include, pusling, distribution of mosquito nets, weighing infants or toddlers, health promotion is going very well."

"Outdoor and indoor services such as basic medicine, individual/group health promotion, immunizations. For analysis, we still use malaria RDT both inside and outside the building."

"Outpatient health centers cover treatment inside and outside the building. Medication, administering vaccines, community counseling outside the building such as a mobile health center."

The results of the interview concluded that the health service procedures at the Kay Health Center had been going quite well which included treatment, giving vaccines, providing additional food for infants, toddlers and children, distributing mosquito nets. Direct counseling with a pusling doctor in the working area of the Kay Health Center. Incinerator facilities for sanitarian officers who do not yet exist are still an obstacle for the cleanliness of the curves around the Puskesmas, then because there are no laboratory facilities in the old puskesmas building so that in their services they still use the Rapid Diagnosis Test for malaria.

FULFILLMENT OF HEALTH WORKERS, FACILITIES/INFRASTRUCTURE, MEDICINES OR OTHER HEALTH SERVICE EFFORTS AT THE PUSKESMAS

BOX 2

"For health workers who are not professionally complete, there are 8 nurses, 2 midwives, 1 analysis, 1 doctor. There is still a lack of infrastructure, for example beds for outpatient/inpatient. Medicines are safe, this posyandu is still running smoothly.

"Fulfillment of health workers at the Kay Health Center is still very lacking (minimal), many infrastructure facilities are still lacking, namely medical equipment that does not yet exist"

"Fulfillment of health personnel is still relatively lacking, there are still many formations that have not been filled, one example is the absence of Apt personnel and nutrition and dentists. Inadequate facilities and infrastructure, many medical devices do not yet exist. Meanwhile, the medicines are complete."

"It's still lacking, because there is no incinerator in the Kay Health Center environment yet."

"Two midwives have been sufficient in midwifery services. Maintenance of inadequate midwifery facilities and infrastructure, especially midwife kits. Obstetric support drugs are still lacking."

"There is still a shortage of health workers so there is a need for additional nutrition workers, nurses. Facilities and infrastructure are also still lacking because the new puskesmas building is very large so it requires complete facilities/infrastructure to support health services at the kay health center. for drugs, the stock of drugs in the pharmacy building of the puskesmas is complete."

"So far it's been good and covered up. Malaria testing with RDT is still safe."

"There are no pharmacists, dentists, nutritionists yet. Facilities and infrastructure are not sufficient. The medicines are quite complete although sometimes there is a shortage in the number of requests to the district pharmacy building."

Based on the results of the interview, it was concluded that the fulfillment of health workers is still relatively lacking such as pharmacists, dentists and nutritionists, the facilities/infrastructure are also not sufficient, there are no incinerators and laboratories so that the technical implementation in the building is still limited, for the stock of medicines at the Kay Health Center is sufficient complete, only supporting medicines for maternal and child health which are still minimal and limited.

THE SYSTEM OF IMPLEMENTING HEALTH SERVICES AT THE KAY HEALTH CENTER, MAMBERAMO RAYA REGENCY

BOX 3

"The health service system at the Kay Health Center is outside the building like a medical center, and inside the building as usual."

"The service system at the Kay Health Center is carried out inside and outside the building. Examples of services in the building: pusling (initiation to villages within the working area of the Kay Health Center)

"The system of implementing health services is carried out inside and outside the building, inside, for example, treatment is carried out like other puskesmas services while services outside the building include treatment around the village (pusling), distribution of mosquito nets, immunization and vaccination in every village in the working area of the puskesmas and the provision of additional food. "

The service system is divided into 2, namely outside the puskesmas building (pusling) and inside the building (daily service).

"System for implementing midwifery health services, maternal and child health, examination of pregnant women".

"There are 2 service systems, inside and outside the building. In poly building, maternal and child health, laboratory, pharmacy. While outside the center for health promotion and health care buildings."

"There are still frequent medical services because public awareness is still minimal about puskesmas. If something is very serious, it will be referred to the district hospital on the move."

"vaccinations, immunizations inside and outside the building that are still ongoing cannot be separated from other basic treatments"

Based on the results of the interviews, it was concluded that the system of implementing health services at the Kay Health Center was carried out inside (medication/services every day) and outside the building (Krliling Health Center, distribution of mosquito nets and health promotion). For the referral system for health workers at the puskesmas to see and monitor their condition within 3x24 hours, if they are really serious, then they are referred to the Mobile Hospital of Mamberamo Raya Regency. the right decision.

SETTING THE ACTIVITY SCHEDULE AND IMPLEMENTING OFFICERS

BOX 4

"It has been scheduled for 24 hours morning and night, each officer carries out his duties following his working hours."

"Yes, where the existing health workers work according to their respective duties and functions".

"It has been structured, where every existing health worker works according to what is available, according to the existing schedule".

"There is no schedule for sanitarian officers because there is only 1 person at this time".

"For the schedule and activities of the midwife at the puskesmas, we don't have a guard shift yet, because there are still 24 hours standby at the puskesmas."

"It has been structured because it has been divided according to the duties and functions of each 24 hours standby divided into morning and evening."

"There is no schedule for the laboratory yet. Analyst is only 1 person on standby 24 hours."

"Structured shifts, working according to a schedule such as when they want to be busy, some other health workers also have to be on standby at the puskesmas, the problem is that the work area is very far away and the person in charge has personal activities."

Based on the results of the interviews, it was concluded that the activities, schedules and implementing officers were well structured, where the existing health workers had worked according to their respective duties. But it does not apply to health workers such as midwives and sanitarians. Because the number of health workers is still limited, so that all midwifery and environmental health services are still being taken over.

UTILIZATION OF HEALTH SERVICES AT THE KAY HEALTH CENTER BY THE COMMUNITY

BOX 5

"It is used well by the community, such as when you are sick, the first thing you do is come to the puskesmas. For people who live in districts close to the puskesmas".

"Utilization of health services at the Puskesmas is still not utilized by the community in the working area of the Puskesmas Kay".

"Utilization of health services at the Kay Health Center has not been fully utilized by some people in the Kay Health Center's work area, the reason is that there is still minimal/lack of public knowledge about health services and the distance from most of the villages to the Puskesmas is far."

"Well put to good use. For example, posyandu runs by providing additional food to mothers and toddlers. For mothers and toddlers who live near the Puskesmas."

"The use and awareness of the community has been good. For those who have very close access to the puskesmas or the surrounding pustu."

"People are very happy because there is a puskesmas building in their village. So if people are sick they come immediately for treatment."

"People use the Puskesmas for treatment, immunization and posyandu especially to check for malaria."

"It is very useful because the Puskesmas Kay has a large working area so that it is still being assisted by 3 Pustu under the working area of the Puskesmas Kay."

Based on the results of the interview, it was concluded that the utilization of health services at the Kay Health Center was well utilized for the people who live close to the Puskesmas or sub-health centers in the Kay district, and those who are still not fully utilized are the people who are far from the district and village that do not yet have a supporting Puskesmas.

FACTORS CAUSING THE COMMUNITY TO NOT USE HEALTH SERVICES AT THE KAY HEALTH CENTER

BOX 6

"Because the main factor is that the community does not take advantage of the health services at the Puskesmas, because the distance to reach the puskesmas is very far and it requires a lot of fuel costs."

"What makes the community less use of health services at the Kay Health Center is the lack of knowledge about health and the distance traveled from the village to the Kay Health Center".

"The distance from most of the villages in the working area of the Kay Health Center to the Kay Public Health Center is far and there is still a lack of public knowledge."

"People don't use health services at the puskesmas because it costs money and travels long distances."

"People, especially women of childbearing age or postpartum mothers, are still reluctant to go to the puskesmas due to rumors circulating in the community about contraception to reduce birth rates."

"The distance between the villages and the puskesmas is far and they have to walk along the river so that people wait until the health workers come to their village (pusling) then they can get health services."

"The distance to the Kay health center is very difficult so that patients are less able to go to health facilities in the district"

"Geographical location, long distance from the village"

to the puskesmas. Like from the village, only if there is a referral from the Pustu Haya to the Kay Health Center requires approximately 300 liters of fuel with a travel time of 6 hours”

Based on the results of the interview, it was concluded that what made the community less use of health services at the Kay Health Center was due to the lack of knowledge and the long distance to the Kay Health Center.

FACTORS INFLUENCING THE UTILIZATION OF HEALTH SERVICES AT THE KAY PUBLIC HEALTH CENTER

BOX 7

“The factors that hinder the puskesmas are transportation and long distances. Factors that support the utilization of the puskesmas are the operational costs of the puskesmas and health operational assistance.”

“The supporting factors for services at the Kay Health Center are the existence of puskesmas operational funds, health operational assistance, and BPJS. While the inhibiting factor is the distance from the puskesmas to the targeted villages.”

“Supporting factors are the availability of budget from the service such as operational funds for puskesmas and health operational assistance. Although the budget is sometimes disbursed too late. While the inhibiting factors are the long distance from one village to another within the Kay Health Center area, as well as transportation which is difficult because you can only use the river route.”

“Factors that support health services at the Kay Health Center are the operation of the puskesmas and the health operational assistance fund.”

“supporters, jampersal claims who can assist midwives in performing midwifery health services. The obstacle is the lack of coverage for pregnant women because the distance to reach one village to another is quite far.”

“The supporting factor is that the Kay Health Center has got a building so that services can run well. The inhibiting factor is the distance/reach from the Regency which is very far away, so waiting for the operation of the puskesmas first then being able to go to the puskesmas.”

“Supporting factors such as operational funds, health operational assistance, BPJS claims the capitation system really supports the service. While the inhibiting factors such as weather and field geography when carrying out services outside the building”

“The supporting factor is that the Health Office provides 1 speedboat to support the mobility of the Kay Health Center in supporting health services outside the building. Barriers, geographical location, weather factors greatly affect health services at the Kay Health Center.”

Based on the results of the interview, it was concluded that the supporting factors for services at the Kay Health Center were the existence of puskesmas operational funds, health operational assistance, and BPJS. While the inhibiting factor is the long distance.

EFFORTS TO INCREASE THE UTILIZATION OF HEALTH SERVICES CARRIED OUT BY PUSKESMAS

BOX 8

“To achieve patient coverage, we run pusling. Even that is still difficult because the people who live are nomadic.”

“Efforts made by puskesmas services are carried out by means of pusling, or directly going down to villages with the aim of maximum health services”.

“Efforts to increase the utilization of health services are carried out by means of pusling (mobile health centers) reaching all working areas of the puskesmas area.”

“outdoor services to achieve or improve our health services.”

“Until now, it is still an effort to improve health at the Kay Health Center, namely by using pusling to reach the coverage of patient morbidity at the puskesmas”.

“All officers must work together and support each other to improve health services within the Kay Health Center so that people can experience health services.”

“Pusling water to reach areas or villages that are still very far from the work area.”

“Until now, there is still a water supply center that can reach the entire scope of the puskesmas, and even then if it is supported by timely APBN and APBD funds.”

Based on the results of the interviews, it was concluded that efforts to increase the utilization of health services were carried out by the Kay Health Center, namely by holding a mobile health center to achieve patient coverage in the working area of the Kay Health Center.

IV. UTILIZATION OF HEALTH CENTERS

INFORMANT'S DISEASE HISTORY

BOX 9

Informant ST said that:

“Never, rheumatism, malaria and coughs.”

Informants SF, PW and TS said that:

“ever, malaria”

Informant EF said that:

“sick, cold cough”

Informant DS said that:

“once”

Informant SK said that:

“yes, headache and malaria”

Based on the results of the interview, it was concluded that the informant in the last 1 year had been sick such as rheumatism, malaria, cough and headache.

THE MOST FREQUENTLY VISITED HEALTH SERVICE FACILITIES WHEN SICK

BOX 10

All informants answered:

“Puskesmas”

Based on the results of the interview, it was concluded that the informant chose the Puskesmas as a health service facility that was frequently visited.

HEALTH INSURANCE OWNERSHIP

BOX 11

All informants answered "no".

All informants stated that they did not have health insurance,

USE OF HEALTH INSURANCE IN PERFORMING HEALTH TREATMENT AT THE PUSKESMAS

BOX 12

All informants answered "no".

All informants stated that they had never used health insurance in providing health services at the Puskesmas.

V. AFFORDABILITY OF SERVICES

ACCESS TO PUSKESMAS KAY WITH RESIDENTIAL AREAS

BOX 13

Informants ST, SF, EF, PW, SK, TS said that:
"not strategic, because it is far from other villages"
Informant DS said that:
"less strategic"

Based on the results of the interview, it was concluded that access to the Kay Health Center was not and was less than that of a residential area.

ACCESS FROM HOME TO PUSKESMAS

BOX 14

"close, I live in the district"
"It's far, because I live on Kay 2, it takes 1.5 hours by boat".
"Not close, I live in the village of Deido."
"quite close, walking distance"
"close, I live in Kay 3 district"
"Yes, far, I live in Kay, it takes 1 hour using katinting"
"very far"

Based on the results of the interview, it was concluded that the location of the Kay Health Center from the informant's residence was in the far category as many as 5 people and in the close category as many as 2 people.

AVAILABILITY OF TRANSPORTATION FACILITIES TO COME TO KAY HEALTH CENTER FROM THE PLACE OF RESIDENCE

BOX 15

Informant ST said that:
"The means of transportation available are privately

owned, namely using rod boats or katinting.

Informants SF, PW and TS said that:
"privately owned katinting boat available"
Informants EF, DS, SK said that:

"Yes, rod boat, because other transportation requires a lot of fuel".

Based on the results of the interview, it was concluded that to reach the Kay Health Center from a community settlement, using a trunk boat or katinting.

TRANSPORTATION COSTS TO THE HEALTH CENTER

BOX 17

All informants said that:
"Spend money to buy fuel"

Based on the results of the interview, it was concluded that to reach the Kay Health Center from a residential area, it cost a lot of money for transportation.

VI. SERVICE WAITING TIME

THE START TIME OF SERVICE AT THE KAY HEALTH CENTER IS ACCORDING TO THE SCHEDULE

BOX 18

Informants ST, SF, EF, WP, SK and TS said that:
"according to schedule which is 24 hours"
Informant DS said that:
"from 8 to 1 pm, sometimes there are no officers on standby at the auxiliary health center so we ask the cadres"

Based on the results of the interview, it was concluded that the starting time of service at the Kay Health Center was six informants answered that it was according to the schedule and one informant answered that it was not.

THE LENGTH OF TIME USED IN THE REGISTRATION SECTION

BOX 19

Informants ST, SF, EF, PW, SK, TS said that:
"It doesn't take long and it's fast. The doctor and uncle saw that we were coming and wrote straight away to check it"
Informant DS said that:
"5 minutes"

Based on the results of the interview, it was concluded that the time spent in the registration section was fast.

TIME SPENT IN THE PHARMACY

BOX 20

Informants ST, SF, EF, SK and TS said:
"Not long, after being checked, you can immediately get medicine."
Informant PW said:
"1 minute, fast"
Informant DS said:
"5 minutes"

Based on the results of the interview, it was concluded that the time spent in the pharmacy was fast.

VII. DISCUSSION

The results of interviews with respondents indicate that respondents with higher education will be more concerned about their health and are better able to perform self-medication. If after self-medicating the complaint does not go away, the respondent will immediately consult his illness to the health center doctor so that he can immediately receive the required treatment according to the illness he is suffering from and respondents who believe more in the prescription drugs given by the puskesmas doctor when healing according to their traditions. . By going to the puskesmas, people with higher education are more satisfied with the results of the diagnosis of their disease and if further medical action is required, they do not hesitate to make decisions. Andersen (1975) states that the level of education is one of the factors in the utilization of health services, including in the social structure. level of education.

This is the basis for developing insight and making it easier for someone to accept new knowledge, attitudes, and behaviors. The level of formal education that a person has ever obtained will increase a person's reasoning power and make it easier for someone to receive motivation.

The results of the interview showed that the health service procedures at the Kay Health Center had been going well, giving vaccines, providing additional food for infants, toddlers, and children, distributing mosquito nets. Direct counseling with a mobile health service doctor in the working area of the Kay Health Center. Incinerator facilities for sanitarian officers are still an obstacle for the cleanliness of the lungs of the surrounding Puskesmas, then because there are no laboratory facilities in the old puskesmas building that in their service they still use the Rapid Diagnosis Test for malaria.

Data from interviews are limited that the fulfillment of health workers is still relatively lacking such as pharmacists, dentists, and nutritionists, the facilities/infrastructure is also not sufficient, there are no incinerators and laboratories so that in terms of technical implementation in the building, the stock of medicines at the Kay Health Center is quite complete, supporting medicines for maternal and child health which is still limited.

Based on the information obtained, the system for implementing health services at the Kay Health Center is carried out inside (daily treatment/services) and outside the building (mobile health centers, distribution of mosquito nets, and health promotion). For the referral system for health workers at the puskesmas, see and connect them within 3x24 hours if they just came to the Mamberamo Raya District Hospital.

Based on the information obtained that the activities, schedules, and implementing officers are well structured, where the existing personnel works in accordance with their respective health. But it does not apply to health workers such as midwives and sanitarians. Because the number of health

workers is still limited, so for midwifery and environmental health is still taking over everything.

Based on interview data that the utilization of health services at the Kay Health Center is well utilized for the people who live close to the Puskesmas or sub-health centers in the Roufaer district, and those who are still not fully utilized are the people who are far from the district and villages that do not yet have a sub-health center.

The data from the interviews concluded that what made the community less use of health services at the Kay Health Center was the lack of knowledge and the long distance to the Kay Health Center.

Based on the results of the interview, it was concluded that the supporting factors for services at the Kay Health Center were the existence of puskesmas operational funds, health operational assistance, and BPJS. While the inhibiting factor is the long-distance.

Based on the information, it was found that efforts to increase the utilization of health services carried out by the Kay Health Center were by way of out-of-building services, namely mobile health centers to achieve patient coverage in the work area of the Kay Health Center.

Based on information obtained from interviews respondents have used the puskesmas. This is because if the disease he suffers is severe and does not recover with the treatment of traditional medicines. In other words, respondents use the puskesmas if their health conditions can no longer be treated with traditional medicines.

The interview data also stated that all respondents did not have health insurance from the government to be able to get treatment. However, the government bears the full cost of the treatment. The Social Service and BPJS have a Jamkesda program that can accommodate free health services for the entire Mamberamo Raya community. Health insurance reduces the risk of people bearing health costs from private-public funds in amounts that are difficult to predict. Therefore, health insurance is very important for the community.

Most of the informants stated that access to the Kay Health Center was very difficult and required a large amount of time and money. The affordability of services is factors that facilitate or hinder individuals from utilizing health services, related to distance traveled, travel time, and ease of obtaining transportation. The relationship between geographic access and service use depends on the types of resources available. Increased access caused by reduced distance, travel time, and ease of transportation can result in increased services related to minor complaints or the use of preventive services to be higher than curative services.

Data from interviews with informants revealed that all informants who used the health center stated that the waiting time for puskesmas services was relatively fast, which included registration, examination, and drug receipt. Time is an important element in ensuring the satisfaction of using the service. The timely completion of the promised service becomes a guide for service users as a guarantee for the completion of each application or agreement. Community health service users expect that the completion time of services is truly timely so that it does not interfere with other activities and will save energy and costs.

VIII. CONCLUSION

Utilization of health services at the Kay Health Center that the procedures for health services are running well, Availability of health personnel, infrastructure and medicines are still incomplete, the health service system for internal and external services, Schedule and activity implementing officers are divided according to the main tasks and functions, utilization public health services are not optimal, the lack of utilization of health services due to the low level of public education and long distances, the supporting factors are still being mentioned, namely the operational budget of the Puskesmas, health operational assistance and bpjs capitation funds while the inhibiting factors are long distances, efforts to increase health services, namely by water mobile health centers, then community supporting informants do not have health insurance, key informants and supporters also said that community accessibility to Kay Health Center takes a long time and long distances. ta cost a fortune. As for the speed of health services, the supporting informants stated that the service time at the Kay Health Center was fast.

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