

Increasing the Utilization of Health Facilities through Education: Case Study in Gentungang Village, West Bajeng District, Gowa Regency

Nur Muallima^{1*}, Dara Ugi Aras², Juliani Ibrahim³

^{1, 2, 3} Faculty of Medicine and Health Sciences, Muhammadiyah University of Makassar, Indonesia

*Corresponding author: muallima@med.unismuh.ac.id

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ABSTRAK

Kesehatan adalah aspek penting yang mendasari kesejahteraan hidup manusia. *World Health Organization* (WHO) menyebutkan bahwa kesehatan mencakup kondisi fisik, mental, spiritual, dan sosial. Kesehatan juga diakui sebagai hak asasi manusia fundamental. Kegiatan pengabdian masyarakat ini menyoroti pentingnya pelayanan kesehatan masyarakat yang bertujuan meningkatkan kesehatan dan mencegah penyakit dengan fokus pada populasi umum. Namun, fasilitas kesehatan yang tersedia belum dimanfaatkan optimal oleh masyarakat. Tujuan kegiatan ini adalah untuk mengedukasi masyarakat mengenai fasilitas pelayanan kesehatan guna meningkatkan penggunaannya. Metode yang digunakan melibatkan penyuluhan dengan ceramah, diskusi, dan tanya jawab. Hasilnya menunjukkan bahwa pengetahuan masyarakat tentang fasilitas kesehatan cukup memadai, tetapi kurangnya informasi mengakibatkan keraguan dalam memanfaatkan fasilitas yang ada. Edukasi yang berkelanjutan dan informasi yang jelas sangat diperlukan untuk meningkatkan kesadaran dan kepercayaan masyarakat terhadap layanan kesehatan pemerintah.

Kata kunci: Puskesmas; Pengobatan; Derajat Kesehatan.

ABSTRACT

A vital component that supports human life's well-being is health. The *World Health Organization* (WHO) and Indonesia's Law No. 36 of 2009 both define health as the state of being physically, mentally, spiritually, and socially. Another acknowledged basic human right is health. This study emphasizes the value of public health programs that target the general public and work to prevent and improve health. Nonetheless, the community has not made the best use of the healthcare facilities that are available. The purpose of this study is to raise public awareness of health care facilities and encourage greater usage of them. The approach is outreach through talks, panel discussions, and Q&A sessions. The results show that public awareness of health facilities is quite high, yet incomplete information leads to difficulties in using available facilities. In order to increase public awareness and trust in government health services, comprehensive education and clear information are essential.

Keywords: Public Health Centre; Medication; Degree of Health.

INTRODUCTION

Health is one of the important aspects that is the basis of human well-being. According to the *World Health Organization* (WHO) definition, health is a physical, mental, and social condition, not just a symptom of disease or a form of disability (Kementerian Kesehatan RI, 2022). This definition is also stated in Law No. 17 of 2023 concerning Health in Indonesia, which states that health is well-being, both physical, mental, spiritual, and social, which allows every individual to live a productive life both socially and economically.

Human Rights to Health

Health is also recognized as a fundamental human right. According to Madunde *et al.* (2014), health is a right that every individual must have and is a requirement for living a quality life (Ardinata, 2020). Good health allows a person to fulfill his life needs optimally. In this context, health functions as the main capital that supports individual life in a sustainable manner (LBH Masyarakat, 2019; Zalmar *et al.*, 2020).

Public Health Services

Public health services are an important part of overall health efforts. The main goal is to improve health and prevent disease, focusing on the general population (Baros, 2015). This is done through structured organization and collaboration within a health organization or institution (Dinkes Gowa, 2016; Mulasari *et al.*, 2018; Zalmar *et al.*, 2020). Good health services often indicate successful development in a country (S Rumengan *et al.*, 2015; Yoga & Prakoso, 2018).

Minimum Service Standards

Minimum service standards are provisions regarding the quality of basic services that must be provided by the government and are the right of every citizen to obtain them (Peraturan Menteri Dalam Negeri Nomor 59 Tahun 2021 Tentang Penerapan Standar Pelayanan Minimal, 2021; Peraturan Pemerintah Nomor 2 Tahun 2018 Tentang Standar Pelayanan Minimal, 2018). Health service facilities (Faskes) are places and tools used to provide health services, including promotive, preventive, curative, and rehabilitative efforts. In Indonesia, health facilities are categorized based on the level of service provided: primary, secondary, and tertiary health facilities. These types of facilities include clinics, pharmacies, hospitals, traditional health facility clinics, blood transfusion units, optical, and health facilities for legal purposes. (Peraturan Pemerintah Republik Indonesia Nomor 47 Tahun 2016 Pelayanan Kesehatan, 2016; Standar Pelayanan Minimal Bidang Kesehatan, 2018).

Utilization of Health Facilities

Even though health facilities are available, in reality, these facilities have not been utilized optimally by the community. Research by Thabrany (2006) shows that there are various factors that influence the low utilization of health facilities, including lack of information, low public awareness, and distrust of the services provided. Studies by Kroeger (1983) also identified cultural and social barriers as significant factors in the use of health services. Recent research by Agustina *et al.* (2019) shows that health education and increasing public awareness can significantly increase the utilization of health facilities (Agustina *et al.*, 2019; Baros, 2015; Standar Pelayanan Minimal Bidang Kesehatan, 2018).

Improving the utilization of health facilities is a crucial step towards achieving universal health coverage. One approach to address this challenge is through education-based interventions. Community-based primary health care (CBPHC) has

been shown to be an effective strategy for increasing the utilization of health services, particularly for maternal and child health (*Black et al., 2017; Ogu et al., 2020; Roro et al., 2014a*). By connecting communities with the health system and empowering families to seek care, life-saving interventions can be brought closer to those who need them most. Evidence suggests that home visitation, community mobilization, and training of community health workers can have the greatest impact on improving a range of maternal and newborn health outcomes (*Lassi et al., 2014*).

Strategies that focus on behavior change, both at the household and primary health facility levels, have been effective in increasing utilization. These approaches aim to improve awareness, promote shared decision-making, and strengthen the linkages between frontline workers and families (*Hurst et al., 2015*). Additionally, improving access to health facilities and emergency transportation, as well as addressing community perceptions of health worker competence, can further contribute to increased utilization (*Roro et al., 2014b*).

The literature highlights the importance of a comprehensive approach that addresses multiple barriers to accessing care. Simply increasing the rate of institutional deliveries may not be sufficient to reduce maternal mortality if other factors, such as distance to health facilities and quality of care, are not addressed (*Jennings et al., 2017; Lassi et al., 2014; Roro et al., 2014b*). Similarly, improving the supply of health services is crucial, but must be complemented by strategies that address the demand-side barriers to utilization (*Kumar & Dansereau, 2014*).

The Importance of Health Education

Based on this reality, health education becomes very important. Education to the public about available health service facilities aims to improve the health status of residents. Through this educational activity, it is hoped that the public will be more aware and motivated to utilize the health facilities provided by the government. This is in line with the view of *Levesque et al. (2013)*, who stated that access to health services involves five dimensions: proximity, acceptability, availability and accommodation, affordability, and suitability. The five abilities that the population needs to access these services include the ability to understand, seek, achieve, pay for, and engage in the health service process (*BPJS Kesehatan, 2016; Levesque et al., 2013; Luthfi et al., 2021*).

Based on this, we consider it important to educate the public about the health service facilities available by the government to improve the health status of its citizens. We hope that at the end of this activity, the aim of this community service can be achieved, namely increasing public awareness of using health facilities.

IMPLEMENTATION METHOD

The method that was used in this activity is a collaboration that involves lecturers and students in its implementation. This activity is divided into three main stages, namely preparation, implementation, and evaluation.

The preparation stage begins with creating educational media in the form of PowerPoint slides which will be used as presentation media. The presentation slides are designed to be as simple as possible, both in terms of context and content, to ensure that the material presented is easily understood by ordinary people who are participants in the activity. Apart from that, a questionnaire was also prepared which participants would fill out at the start of the activity. This questionnaire consists of 10 multiple-choice questions that aim to measure participants' initial knowledge and will serve as a reference in implementing education or counseling.

The implementation stage begins with filling out a questionnaire by participants. Students play an active role in helping participants fill out questionnaires and explaining any questions they may not understand. The results of this questionnaire are then used to determine the focus of material that needs to be emphasized in counseling. Next, health education was carried out by the lecturer using prepared presentation slides. Outreach material includes information about health service facilities, types of health services, health service providers, as well as reasons that encourage people to use the available health facilities. This counseling ends with a question and answer session or discussion between the lecturer and participants to ensure good understanding and provide an opportunity for participants to ask questions or share experiences.

The final stage is an evaluation which is carried out some time after the extension is completed. At this stage, lecturers and students discuss together to evaluate the achievements of the activities, especially by looking at the level of participants' understanding and utilization of health facilities. This evaluation is important to assess the effectiveness of the extension and determine improvement steps for similar activities in the future. Thus, this research method does not only focus on conveying information but also on improving the quality of understanding and use of health facilities by the community.

RESULTS OF ACTIVITIES

The preparation stage in this research was carried out without any significant obstacles, preparing all the needs smoothly. The implementation stage was carried out at the Gentungang Village Health Center, West Bajeng District, Gowa Regency, South Sulawesi Province. This activity involved 32 participants consisting of 8 men and 24 women with ages ranging from 21 to 70 years. The participants' educational backgrounds varied, from junior high school graduates to bachelor's degrees.

The results of the questionnaire are: (1) 34.4% of participants knew that only community health centers were existing health facilities. (2) 46.9% of participants immediately sought health care after becoming ill. (3) 56.25% of participants only consumed traditional herbs if they were sick. (4) 68.75% of participants most often went to the health center or primary clinic when they were sick. (5) 59.4% of participants felt relieved and happy after treatment. (6) 28% of participants last sought treatment about one year ago. (7) 65.6% of participants sought treatment because of fever. (8) 81.25% of participants thought that the cause of their illness was fatigue due to activity. (9) 87.5% of participants knew that a doctor was the person who prescribed medicine if someone was sick. (10) 84.4% of participants knew that nurses or midwives could provide initial treatment and refer patients in emergencies when there was no doctor.

Implementation of Education

The educational method used is a 30-minute health lecture using PowerPoint slides. This was followed by a discussion and question and answer session regarding the use of health facilities. This activity was attended by all participants who previously filled out the questionnaire.

The analysis of Levesque *et al.*

After counseling and question and answer sessions, it was found that public knowledge about health service facilities was quite adequate. However, the lack of accurate and clear information causes doubts and disappointment in utilizing health service facilities provided by the government. Based on Levesque *et al.*'s analysis, access to health services involves five dimensions: proximity, acceptability, availability and accommodation, affordability, and suitability. In this case, the five abilities needed by the population to access this service include the ability to understand, seek, achieve, pay for, and be involved in the health service process. This study shows that although the ability to comprehend is quite good, there is a deficiency in the ability to search for clear and accurate information. This shows that increased information and more effective education are needed to strengthen the community's ability to seek and utilize health facilities and to build trust in existing health services.



Picture 1. Questionnaire filing



Picture 2. Health Education Process



Picture 3. Q&A session

CONCLUSIONS AND RECOMMENDATIONS

After counseling and question and answer sessions, it was found that public knowledge about health service facilities was quite adequate. Although, the lack of accurate and clear information causes doubts and disappointment, participants indicated a need for more information to build trust in health services.

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