



ACCESSIBILITY OF FIRST-LEVEL HEALTH SERVICES IN PARIGI SUB-VILLAGE, LEBBOTENGGAE VILLAGE, CENRANA DISTRICT, MAROS REGENCY.

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ABSTRACT

Background: The level of equalization of health services has not been achieved optimally, there are still about 36.8% of Indonesians living in rural areas are very difficult to access first-rate health services. While in South Sulawesi itself there are still about 32% of the population who are very difficult to access health services.

Objective: The purpose of this study is to see an overview of the accessibility of first-level health services (Puskesmas) in Parigi Hamlet, Lebbotenggae village, Maros Regency, South Sulawesi.

Method: This research is a descriptive survey conducted in December 2020 with a total of 91 samples taken from the number of households in Parigi hamlet, sampling is done by total sampling techniques. Data collection using questionnaires analyzed using univariate analysis and presented in the form of frequency distribution tables.

Result: It found that the accessibility of health services geographically is unaffordable, whereas accessibility is economically affordable

Suggestion: Local government should pay attention to the availability and smoothness of transportation so that people can easily access health services

INTRODUCTION

Equity in access to health care to date is still a major challenge in developing countries as well as in developed countries. (Idris, 2016). In

general, health care providers always see access to health services in terms of the interests of health care providers only, it is still rare to pay attention to access in terms of the interests of the community as users

of health services, even though this is very important for improving the quality of health services. (Megatsari et al, 2019)

The Government of Indonesia has been working to build health facilities and infrastructure to overcome inequality and improve access to health services in Indonesia, but until now the level of equality has not been achieved optimally. According to Riskesdas 2018 data, there are still about 36.8% of Indonesians living in rural areas who find it very difficult to access first-rate health services such as Community Health Center (PUSKESMAS), Mobile Community Health Center (PUSLING), Auxiliary Community Health Center (PUSTU), and village midwives, while for urban areas there are still about 22.5% of the city population who are very difficult to access first-rate health services. (Ministry Of Health, 2018).

The strategic plan of the Ministry of Health for 2020-2024 has also mentioned several missions of the Ministry of Health in improving the quality of Indonesian people, one of which is to strengthen quality health efforts and reach all Indonesians. This starts with strengthening basic health care by encouraging increased promotional and preventive efforts supported by innovation and technology utilization. (Ministry of Health, 2020)

One of the health facilities that organize promotional and preventive efforts is PUSKESMAS which is one of the first-level health facilities. Puskesmas aims to provide health services both for individuals and for the. (Irmawati, 2017). To improve basic health services, from year to year the government always increases the number of first-level health facilities (FKTP), this aims to make health services affordable and evenly distributed to rural areas. The increase in the number of health centers in South Sulawesi until December 2019 is about 459 units consisting of 155 non-care health centers and 304 treatment centers. (South Sulawesi Provincial Health Office, 2019). Although the number of health facilities has been increased, in reality, access to the first level of health services (FKTP) in South Sulawesi has also not been optimally achieved, this can be seen from the Riskesdas 2018 data on the ease of public access to PUSKESMAS/PUSTU/PUSLING for the province of South Sulawesi, namely there are still about 32% of the population of South Sulawesi who is very difficult to access the first level of health services (FKTP). (Ministry of Health, 2018).

Until now, equality in access to health services has not been achieved optimally, this accessibility problem is more felt by rural residents than urban

areas. The same thing also seems to be experienced by the villagers of Lebotengngae, especially in the hamlet of Parigi Maros Regency, According to the initial survey conducted, there were some complaints from Parigi villagers about the difficulty of accessing health services in their place, some complained about the distance, time or cost of services. According to Laksono 2016, several factors can affect access to health services for the community including geographical factors (distance, travel time, and type of transportation), economic factors that are the ability of a person to reach health services, and socio-cultural factors such as norms and social values and satisfaction in health services. (Laksono & Sukoco, 2016). Based on the explanation above, the author wishes to examine the accessibility of first-level health services (Puskesmas) in Parigi village, Lebotengngae village, Cenrana District, Maros Regency.

METHODS

This research is quantitative research with a descriptive survey approach. The research was conducted in December 2020, population is the number of households in Parigi village Lebotengngae Maros district. A sample of 91 respondents was taken in total sampling. Data collection is carried out using research instruments in the form of questionnaires. Furthermore, the data is

analyzed using univariate analysis, then presented in the form of frequency tables accompanied by narration.

RESULT

Tabel 1 Characteristics Of Respondents

Characteristics of respondents	Total n (91)	%
Gender		
Female	53	58
Male	38	42
Age		
≤ 40	29	32
> 40	62	68
Educational background		
College graduate	37	41
Low (SD)	54	59
Job		
Entrepreneur	20	22
Government	17	19
Employees		
Farmer	48	53
Other	6	7

Sources: Primary data, 2020

Based on table 1, shows that out of 91 respondents, the majority of females were 53 people (58%) and from age, the highest is >40 yrs as many as 62 people (68%), the highest level of education respondents are elementary school graduates of 54 people (59%), the most types of work are farmers, namely 48 people (53%).

Tabel 2 Accessibility of health services

Accessibility of health services	Total n(91)	(%)
Geographical access		
Distance		
≤ 1 km	36	40
> 1 km	55	60
Travel time		
≤ 30 menit	44	48
> 30 menit	47	52

Transportation

Motorized personal vehicles	37	41
Motorized public vehicles	39	43
Non-motorized public vehicles	15	16

Economic access

Income

≤ Rp.3.103.800	49	54
> Rp. 3.103.800	42	46

Transportation costs

≤ 20.000	48	53
> 20.000	43	47

Affordability costs

Affordable	48	53
Unreachable	43	47

Sources: Primary data, 2020

Based on table 2, the following results are obtained; access to health services geographically, viewed from a distance, 55 people (60%) respondents traveled > 1 km from their homes to the Puskesmas, while from the travel time most respondents were 47(52%) it takes > 30 minutes to get to the Puskesmas, and for the type of transportation used by more respondents who use public motor vehicles to the Puskesmas that is 39 people (43%). As for economic access, it was obtained that more respondents had an income of < Rp.3,103,800 (below the minimum wage of Sul-Sel province) of 49(54%) people, for the cost of transport to the Health Center most respondents < costs of Rp.20,000 i.e. 48 people (53%) and most

respondents argued that transportation costs are affordable (53%).

DISCUSSION

1. Geographical access

Geographical location is very influential with the ability of people to access health services. Geographically, people's access to health services can be measured by looking at the distance of health care places from people's homes, travel times, and types of transportation used to access health services. (Laksono & Sukoco, 2016).

Based on the results obtained in table 2, it appears that for variable distances, 60% of respondents answered that the distance traveled by > 1 km, this means that the distance between the respondent's house and the first-level health facilities is far. Long distances will certainly make it difficult for a person to access health services, on the contrary, if the distance between the house and the place of health care is close, then people will more easily reach the place. (Napitupulu, 2020). According to the survey results at the research site, the distance between Parigi hamlet and Puskesmas + 3 km and can be accessed by vehicle. This is in line with Nurhidayah's research which states that there is a relationship between mileage and the utilization of health services (p=0.002). (Nurhidayah, 2017).

Based on travel time, 52% of respondents stated that the travel time > 30 minutes, this means a long travel time. The ideal travel time in access to PUSKESMAS services is a minimum of < 30 minutes. (Laksono & Sukoco, 2016). Based on the observations made, the thing that causes the travel time to belong is caused by the lack of smooth public transportation in Parigi hamlet. In general, respondents have to wait 10-15 minutes at the roadside to get public transportation. Travel time is something that is also considered by a person in utilizing health services. This is in line with Sulistiyowati's research which examined the sustainability of maternal health services, where the results obtained in her research stated that travel time has a meaningful relationship to the continuity of maternity health services with a p-value of < 0.05 . (Sulistiyowati et al 2017).

Judging from the type of transportation used, the proportion of respondents who use public transportation is more than respondents who use other types of transportation. According to the survey results, public transportation available in Parigi hamlet is a four-wheeled vehicle that is often referred to by residents as Pete'-Pete's car, there are also motor vehicles or motorcycle taxis and traditional vehicles "bendi" or horse-drawn carriages, but the number is very

limited. The problem is that these vehicles are not available at all times, sometimes operating only on market days. Even if there is a public car, usually the car has to wait for a full passenger and then leave. This will also affect travel time to health care. If the transportation equipment is not smooth, of course, it will make it difficult for residents who want to go to the health center, what else if in an emergency condition can cause late residents to get help. This is in line with Khatimah's research in Jayapura which stated that the availability of transportation is very related to access to health services where p-value < 0.005 . (Khatimah & Sundari, 2019). From this research, it can be concluded that geographical access consisting of variable distances, travel times, and types of transportation are all unaffordable.

2. Economic Access

Based on table 2 for economic access, it appears that most respondents have an income of $< \text{Rp.}3,103,800$, this means that most of the respondents have incomes that are less than the provincial minimum wage (UMP) of South Sulawesi. According to the authors, the low income of respondents is due to the level of education of respondents is also generally low, this affects the type of work and income it earns. Lowly educated people usually don't have enough knowledge and skills and make it difficult for them to get

a decent job and life. As seen in Table 1 that most respondents have a low level of education that is only finished up to the elementary school level, as well as the type of work, most respondents work as farmers (53%), this certainly affects the amount of income. The amount of income contributes to the pattern of household consumption, the higher the income of a household, the higher the level of consumption of goods and services. (Fielnanda & Sahara, 2018). This is in line with research conducted by Riyanti et al 2019 which shows that there is a relationship between income and the utilization of health services with a value of $p = 0.000$, the higher a person's income, the higher the utilization of health facilities. (Riyanti et al., 2019).

For variable transportation costs as seen in table 2, it was obtained that 53% of respondents spent transportation costs of < Rp.20,000 and 53% also stated that transportation costs are affordable. According to the survey results in Parigi hamlet, the average public transportation fare is Rp.5000-Rp.10.000, depending on the distance of the place to go, so everyone can spend around Rp. 20,000 for the cost of round trip transportation (PP) from PUSKESMAS. For respondents who live further, they usually need an additional fare to get to the waiting place of the new vehicle and then continue the journey to

the Puskesmas. Transportation costs are considered affordable for respondents, although judging by the income of respondents mostly below the UMP but respondents do not care about transportation costs. In the opinion of the author usually, a person will not care what cost to spend if service is needed, this is the same as Irma's opinion in his research that the need factor is a reinforcing factor for a person to take advantage of health services. (Irianti, 2018). This research is also in line with research conducted by Panggantih where it was obtained that there is no relationship between travel costs and the utilization of health services. (Panggantih et al, 2019) . The author concluded that access to health services in the Parigi sub-village is reviewed from affordable economic access for respondents.

CONCLUSION

The results of this study concluded that the accessibility of health services reviewed from geographic access (distance, travel time, and type of transportation) is unaffordable, while the accessibility of health services reviewed from economic access (income, transportation costs) is affordable.

SUGGESTION

It is recommended for the local government to pay attention to the availability of public transportation in

Parigi hamlet so that people can easily access public service places such as health centers. This research is simple so that it is expected in the next researcher to be able to develop this research by examining other variables because many other factors affect the accessibility of health services, it is expected that more research on the accessibility of health services, especially in rural areas to further enrich references about the accessibility of health services and can be input for policymakers or providers.

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