

Original Research Article

**THE EFFECT OF PROLANIS SERVICE INFORMATION AND
TIMELINESS ON THE UTILIZATION OF PROLANIS
AT JATIROGO PUBLIC HEALTH CENTER
TUBAN DISTRICT**

Eva Silviana Rahmawati*¹, Didik Suharsoyo², Miftahul Munir³, Muhammad Sudrajad⁴
^{1,2,3,4}Health Administration Study Program, Institute of Health Nahdlatul Ulama, Tuban
*Corresponding Author, E-mail: evasilvianarahma@gmail.com

ABSTRACT

Introduction. The Chronic Disease Management Program (Prolanis) was a promotive and preventive program developed by BPJS Health in collaboration with Primary Health Care (FKTP). The target ratio of prolanis patient visits (RPPB) to FKTP in a safe zone was at least 50% every month. The average range of RPPB at Public Health Center Jatirogo, Tuban Regency) from January to July of 2021 was 15% out of 62 registered participants, still below the target of the safety zone determined by BPJS of Health. This study aims to analyze the effect of enabling factors and need factors on the utilization of Prolanis at the Jatirogo Health Center, Tuban Regency. The benefits of the results of this study are input for improving Prolanis information services at the Jatirogo Health Center, Tuban Regency. **Methods.** This type of research is analytic research, with a cross-sectional design. The sampling technique using proportional random sampling obtained a sample of 71 employees. **Results.** The result of this study showed that there was a significant influence between prolanis information ($p=0.020$) and time conformity ($p=0.008$) on the utilization of prolanis in Public Health Center Jatirogo, Tuban Regency. Meanwhile, BPJS class, distance, travel time, availability of transportation, type of transportation, social relations, health workers, health facilities, waiting time, and need have no significant effect. **Conclusions.** The conclusion of this research is the utilization of Prolanis in Public Health Center Jatirogo, Tuban Regency is influenced by prolanis information and time conformity of the patients. at Public Health Center Jatirogo, Tuban Regency needs to recollect the information of their patients, redesign the socialization media and conduct a home visit as well as discuss the schedule of prolanis activities with the patients.

Keywords: Enabling Factor, Need Factor, Prolanis, Utilization Of Health Services

INTRODUCTION

Hospital is a health service institution that Diabetes mellitus (DM) or simply diabetes is a chronic metabolic disorder caused by the pancreas not producing enough insulin or the body cannot use the insulin it produces effectively (Alkaff et al., 2020). Diabetes is one of the main causes of kidney failure. In general, the risk of death for diabetics is twice that of non-diabetics. The latest IDF estimate, 382 million people were living with diabetes in the world in

2013. By 2035 that number is expected to increase to 592 million people. It is estimated that of the 382 million people, 175 million have not been diagnosed so they are in danger of developing progressively into complications without realizing it and being prevented (Kemenkes RI, 2014).

Until now, hypertension is still a big challenge in Indonesia. Hypertension is a condition that is often found in primary health care. This is a health problem with a high prevalence of 25.8%, according to the 2013 Riskesdas data. In addition,

hypertension control is not adequate even though effective drugs are widely available (Kemenkes RI, 2014)

In the implementation of the Healthy Indonesia Card National Health Insurance (JKN-KIS) program, an effort is needed to keep healthy participants healthy, and sick participants from getting worse through promotive and preventive programs. One of the promotive and preventive programs that have been developed by BPJS Health in collaboration with FKTP is Prolanis, especially for participants with Diabetes Mellitus and Hypertension (BPJS Health, 2015). Prolanis is a health care system and proactive approach that is implemented in an integrated manner involving Participants, Health Facilities, and BPJS Health in the context of health care for BPJS Health participants who suffer from chronic diseases to achieve optimal quality of life with effective and efficient health care costs (Rusmin, 2022).

Airlangga University Health Service Center in collaboration with the Health Social Security Administering Body as a Primary Health Facility (FKTP) BPJS Health since November 1, 2014. As FKTP, Jatirogo Health Center, Tuban Regency must implement the Chronic Disease Management Program (Prolanis) initiated by BPJS Health. Based on data from the Prolanis implementation report at the Jatirogo Health Center, Tuban Regency, the RPPB of Prolanis Health Center Jatirogo, Tubandari Regency from January to July 2021 on average was 15%, below the safe zone target. This indicates the low

utilization of Prolanis services at the Jatirogo Health Center, Tuban Regency

Research on factors related to the use of prolanis chronic disease management programs at the health BPJS East Jakarta branch office in 2015 found a significant relationship between education variables (0.015), family support (0.002), doctor support (0.025), and the benefits of Prolanis (0.005) with the use of Prolanis (Nur Rahmi, 2015). Meanwhile, the characteristics of age, gender, medical diagnosis, distance and travel time variables, seriousness, disease susceptibility, and barriers to Prolanis were not found to have a significant relationship with the use of Prolanis. Another study on factors related to the use of prolanis chronic disease management programs at BPJS Health Tangerang branch office in 2015 there was a significant relationship between disease knowledge, BPJS Health support, and family support by utilizing chronic disease management programs. There is no relationship between age, gender, education, occupation, mileage, and travel time to the first level of KDP as well as peer support with the use of chronic disease management programs (Tumangger, 2021).

This study aims to analyze the effect of enabling factors and need factors on the utilization of Prolanis at the Jatirogo Health Center, Tuban Regency. The benefits of the results of this study are input for improving Prolanis information services at the Jatirogo Health Center, Tuban Regency.

METHOD AND ANALYSIS

This research is a correlational analytic study, using a cross-sectional research design. The location of study was carried out at the Jatirogo Health Center, Tuban Regency during the Prolanis gymnastics activity. For respondents who did not attend the Prolanis exercise on Saturday morning, the research was conducted at the respondent's house.

The time of this study was started from August to October 2021. The population in this study was 62 respondents who were Prolanis participants who were registered at the Jatirogo Health Center, Tuban Regency. The method of determining and taking samples in this research is by using purposive sampling. The number of samples is 54 people. Data was collected using a valid ($r = 0.745$) and reliable questionnaire (Cronbach alpha 0.841). The results of the questionnaire were then tabulated, the frequency of each respondent's answer was calculated, classified into high knowledge and low knowledge then data analysis was carried out by logistic regression test ($\alpha = 0.05$).

RESULT AND DISCUSSION

1. Utilization of Health Services

The utilization of health services is the use of health service facilities provided either in the form of outpatient care, inpatient care, home visits by health workers, or other forms of activities from the utilization of these health services (Andriani et al., 2021). The utilization of health services is influenced by

predisposing factors, enabling factors, and a person's need for health services. Predisposing factors include demographic factors (age and gender), social structure (education, occupation, ethnicity, social network, social interaction, and culture), and health beliefs (attitude, knowledge, and one's view of health and health services).

Enabling factors to include individual/family resources (information on access to health services, income, health insurance, availability of health services, distance, transportation, social relations), community (health workers, available facilities, and waiting time), and genetic factors and psychological characteristics. The need factor is divided into two categories, namely perceived need (individual assessment of the disease) and evaluated (diagnosed disease by a doctor) (Shen et al., 2022).

2. Enabling Factors and Need Factors

An enabling characteristic is the support of resources that can be a driving force or a barrier for Prolanis participants to take advantage of Prolanis at the Jatirogo Health Center. While the need factor is the encouragement of the needs or interest of Prolanis participants towards Prolanis activities, including gymnastics, health checks, and health counseling. The following are the enabling characteristics and characteristics of the needs of the participants of Prolanis Public Health Center Jatirogo in 2017.

A person's level of knowledge is divided into two groups if the research respondents are the general public, namely

the level of knowledge with a good category value of > 50% and the level of knowledge with a less category value of 50% (Andriani et al., 2021). A total of 41 people (76%) of Prolanis participants had a good level of information on Prolanis services and 13 people (24%) had a low level of information on Prolanis services. The lack of information on Prolanis services included not knowing what Prolanis is and the schedule of activities at the Jatirogo Health Center. One of the causes of the lack of information about Prolanis is the participant's cellphone number which is not active or changing cellphone numbers and unclear domicile addresses, making it difficult for Jatirogo Health Center officers to socialize Prolanis to participants who have insufficient information.

Knowledge of referral system information, types of emergency diseases, and costs that must be incurred by patients are important things that are not widely known by patients. BPJS Health is expected to be able to provide patients with access to complete and comprehensive information by providing information centers for the National Health Insurance in locations that are easily accessible to the public (Women Research Institute, 2015). the type of emergency disease and the costs that must be incurred by the patient are important things that are not widely known by the patient. BPJS Health is expected to be able to provide patients with access to complete and comprehensive information by providing information centers for the National Health Insurance in locations that

are easily accessible to the public (Women Research Institute, 2015). the type of emergency disease and the costs that must be incurred by the patient are important things that are not widely known by the patient. BPJS Health is expected to be able to provide patients with access to complete and comprehensive information by providing information centers for the National Health Insurance in locations that are easily accessible to the public (Women Research Institute, 2015).

BPJS Health benefits directly the community by helping to prevent disease, restore health conditions, and prevent disability (promotive and preventive efforts). BPJS Health is tasked with keeping people socially and economically productive. The presence of BPJS Health can increase the utilization of health services, both in FKTP (Public Health Center/Individual Practicing Doctors/Principal Clinics), Hospital Outpatient Polyclinics, and Hospital Inpatients. Since 2014 the utilization rate has increased by 109.3% from 92.3 million people in 2014 to 192.9 million people in 2016 (Depkes RI, 2017).

A total of 33 people (61%) of Prolanis participants are BPJS Health Class 3 participants. Benefits obtained by BPJS Health participants include first-level health services, namely non-specialist health services including service administration, promotive and preventive services, examinations, treatment and medical consultations, medical procedures non-specialist medical, both operative and non-

operative, services for drugs and medical consumables, blood transfusions according to medical needs, supporting examinations for first-level laboratory diagnoses, first-level inpatient care according to indications, advanced level referral health services, namely outpatient health services, includes service administration, examination, treatment and specialist consultation by specialist doctors and sub-specialists, specialist medical actions according to medical indications, drug services and medical consumables, medical device implant services, further diagnostic support services in accordance with medical indications, medical rehabilitation, blood services, forensic medical services, mortuary services in health facilities, inpatient care which includes non-intentional inpatient care, inpatient care at health facilities. intensive room, and other health services as determined by the Minister (BPJS Health, 2014).

To increase utilization, the time of Prolanis services and activities should be adjusted to the schedule agreed upon by the participants. As many as 50% of participants have a personal schedule that matches the schedule of Prolanis activities which are routinely held every Saturday, while the other 50% stated that the schedule of Prolanis activities clashed with their schedules. The personal schedule of Prolanis participants includes work, caring for grandchildren, and sports activities held in the RW environment.

The distance traveled is the distance from the participant's domicile to the

Jatirogo Health Center. A total of 39 people (72.2%) of the participants live 3 km from the Jatirogo Health Center. Most of the participants live in the villages of Airlangga and Mojo. The furthest distance from the participant's domicile is Sidoarjo Regency. Travel time is the duration of the journey taken by Prolanis participants from their domicile to Jatirogo Health Center. To get to the Jatirogo Health Center on Jl Dharmawangsa, 49 people (90.7%) of Prolanis participants traveled for 30 minutes. While 5 people (9.3%) of participants traveled > 30 minutes. 47 people (87%) of participants stated that the transportation used was always available and 7 people (13%) stated that the transportation equipment used was sometimes available. Those who answered sometimes were those who used public transportation. Participants who live in the Mojo village cannot access the Jatirogo Health Center on foot. Participants must travel by city transportation or rickshaw. The obstacle faced by participants in participating in the Prolanis exercise in the morning was that public transportation was not yet available. Public transportation only passes at 05.30 WIB at the earliest, while the gymnastics event has started at 06.00 WIB.

Participants who use public transportation are 11 people (20.4%), 23 people (42.6%) using private vehicles, and 20 people (37%) walking to Jatirogo Health Center because it is close to the participants' domicile. For low-income or underprivileged groups of people, access to health care facilities has been provided by

the government, but not all low-income people are willing and able to take advantage of health services because they are constrained by the costs that must be incurred and the distances that must be covered. Moreover, the means of transportation are very limited so they find it difficult to reach health care facilities (Bappenas, 2017).

The family has an important role in the life of every human being because it is the smallest organization that can function as the closest and most intimate support system so that the fulfillment of support and social relations in a person is obtained from the family (Zepeski et al., 2021). A total of 52 people (96.3%) of Prolanis participants are in positive social relationships that support the use of Prolanis. Positive social relationships tend to provide material support as well as moral encouragement for participants to take part in Prolanis activities, whether conducted weekly, fortnightly or monthly. A total of 2 Prolanis participants (3.7%) were in a negative social relationship.

In providing health services, FKTP of course should have considered the availability of resources (Widaty, 2017). As many as 98% of Prolanis participants considered the number and quality of health workers at the Jatirogo Health Center to be good. This good assessment is because the officers can serve in a friendly and patient manner, especially dealing with elderly patients. While the other 2% of participants considered the service quality of the officers to be poor, one of the reasons was that there

had been missed information on gymnastics activities between Jatirogo Health Center officers and Prolanis participants. The participants had arrived for gymnastics but no officers came. Another thing is that registered Prolanis participants feel that they have never been contacted by Jatirogo Health Center officers regarding Prolanis activities even though these participants need them.

A total of 54 people (100%) participants assessed that PLK B health facilities were good. The Jatirogo Health Center facilities assessed are parking areas, waiting rooms, examination rooms, gymnastics rooms, toilets, and medical equipment. The advice given by Prolanis participants is regarding the comfort of the gym. The gymnasium was inadequate because it felt cramped, so respondents suggested moving the gym to another area that was more spacious and comfortable. The challenge of service in the era of National Health Insurance is the waiting time for services that are too long. This is due to a large number of patient queues.

The waiting time felt by the patient, and the speed of service received by the patient are factors that affect patient satisfaction. Inaccuracies and non-optimal doctor's practice schedules are the main causes of patients undergoing long and inefficient service waiting times, resulting in decreased patient satisfaction (Seid et al., 2022). A total of 52 people (96.3%) of Prolanis participants considered the waiting time for Prolanis services to be good. The sufficient number of staff and the right

doctor's schedule are the reasons for the good service waiting time assessment results by Prolanis participants at the Jatirogo Health Center. The need factor is the direct cause of a person in utilizing health services. The need in question is the urge to cure the disease and the negative impact it causes. A total of 49 (90.7%) participants needed Prolanis, while 5 people (9.3%) did not need Prolanis. The sufficient number of staff and the right doctor's schedule are the reasons for the good service waiting time assessment results by Prolanis participants at the Jatirogo Health Center. The need factor is the direct cause of a person in utilizing health services. The need in question is the urge to cure the disease and the negative impact it causes. A total of 49 (90.7%) participants needed Prolanis, while 5 people (9.3%) did not need Prolanis. The sufficient number of staff and the right doctor's schedule are the reasons for the good service waiting time assessment results by Prolanis participants at the Jatirogo Health Center. The need factor is the direct cause of a person in utilizing health services. The need in question is the urge to cure the disease and the negative impact it causes. A total of 49 (90.7%) participants needed Prolanis, while 5 people (9.3%) did not need Prolanis.

Prolanis activities at the Jatirogo Health Center include Prolanis gymnastics which is held regularly every week on Saturdays at 06.00 WIB, health checks which are carried out regularly every two weeks on Saturdays after the gymnastics end at 07.00 WIB, and health counseling

which is carried out every month. on Saturday after the gymnastics activities ended.

It shows that 34 people (63%) of Prolanis participants who are registered at the Jatirogo Health Center actively take advantage of Prolanis activities, while 20 people (37%) of Prolanis participants do not actively use them during the period January to September 2017.

Showing the results of the logistic regression test of the prolanis information level variable on the use of Prolanis obtained a p-value of $0.020 < (0.05)$ which means that there is a significant effect of the Prolanis information level variable on the use of Prolanis at the Jatirogo Health Center. The level of Prolanis information possessed by participants affects the percentage of participants who use Prolanis at the Jatirogo Health Center.

The lack of information and socialization regarding the Chronic Disease Management Program (Prolanis) has caused the target of meeting the Prolanis Participant Ratio indicator for Routine Visits to have not been achieved. This is reinforced by the statement of the Head of the Primary Health Service Management Unit of BPJS Health Surabaya that most Surabaya residents do not know about the Chronic Disease Management Program (Prolanis). According to him, the steps that need to be taken to overcome this are by providing information, socialization, and education regarding the types of Prolanis activities and their benefits and objectives.

In addition, the provision of information regarding the schedule of Prolanis activities also greatly influences the level of utilization of Prolanis and increases the percentage of Prolanis RPPB in Surabaya. The provision of information can be done directly through the officer's invitation to diabetes and hypertension patients in each FKTP or indirectly through print media such as brochures, bulletins, or using telephone messages, and using social media. FKTPs are encouraged to design communication and propaganda designs regarding health education and counseling materials related to disease prevention, such as increasing physical activity, dietary regulation, and diabetes mellitus and hypertension management programs which include taking medication and consulting doctors regularly.

One of Prolanis's activities that serve to introduce and invite diabetes and/or hypertension patients to join the program is a reminder activity via SMS Getaway Reminder to Prolanis members every week. However, these activities have not run optimally and there are still many FKTPs or Family Doctors who have not implemented them (Brandão et al., 2022)

The results of the logistic regression test for the BPJS Health Class variable on the use of Prolanis obtained a p-value of $0.790 > \alpha (0.05)$ which means that the BPJS class has no significant effect (Widaty, 2017; Women Research Institute, 2015; Sitompul, et al., 2016) utilization of Prolanis in Jatirogo Health Center. In the era of the National Health Insurance (JKN) health

financing is no longer a barrier for patients to take advantage of Prolanis facilities because of the difference in BPJS class, all are treated the same in Prolanis activities. Patients with grades 1, 2, and 3 were placed in the same place during gymnastics, health check-ups, and health education. The difference in handling is only in the type of complaint suffered by the patient.

In addition to distance and cost, the affordability of health services includes the affordability of time. The service schedule must be reached in time by the patient. As many as 50% of Prolanis participants stated that the schedule of Prolanis activities clashed with other personal schedules including work schedules, gymnastics activities held in RT/RW, and taking care of grandchildren. The results of the logistic regression test for the time suitability variable obtained a p-value of 0.008 (0.05), which means that the distance traveled has no significant effect on the utilization of Prolanis at the Jatirogo Health Center. The incompatibility of the schedule of gymnastics activities, health checks, and health counseling became an obstacle for participants to take advantage of Prolanis at the Jatirogo Health Center.

Surabaya has 1709 health service facilities consisting of Public Health Center, Hospitals, Clinics, Laboratories, Optics, Pharmacies, Drug Stores, Traditional Medicine Facilities, and Batra Facilities (Dinkes Surabaya, 2018) and 342 health facilities that have collaborated with BPJS Health consisting of hospitals, individual doctors, main clinics, primary clinics,

dentists, and pharmacies (BPJS Health, 2018). As one of the big metropolitan cities, the population of Surabaya City reached around 3,110,187 people in 2012 (Surabaya City Government, 2015). With a city area of 350.5 km², the ratio of health facilities to an area of 1: 0.97 which means the distance between health facilities is 970 m and can be said to be close together so that it is easily accessible by BPJS Health participants. The p-value of the mileage variable is $0.705 > \alpha (0, 05)$ which means that the distance traveled has no significant effect on the utilization of Prolanis.

Most of the participants' domiciles are within a radius of < 3 km from the Jatirogo Health Center, which is not a big obstacle for participants to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis. Most of the participants' domiciles were within a radius of < 3 km from the Jatirogo Health Center. to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis.

Most of the participants' domiciles are within a radius of < 3 km from the Jatirogo Health Center, which is not a big obstacle for participants to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time

had no significant effect on the utilization of Prolanis.

Most of the participants' domiciles were within a radius of < 3 km from the Jatirogo Health Center. to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis. Most of the participants' domiciles are within a radius of < 3 km from the Jatirogo Health Center, which is not a big obstacle for participants to take advantage of Prolanis.

Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis. Most of the participants' domiciles were within a radius of < 3 km from the Jatirogo Health Center. to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis. 05) which means that the travel time has no significant effect on the use of Prolanis. Most of the participants' domiciles are within a radius of < 3 km from the Jatirogo Health Center. This is not a big obstacle for participants to take advantage of Prolanis.

Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis. 05) which means that the travel time has no significant effect on the use of

Prolanis. Most of the participants' domiciles are within a radius of < 3 km from the Jatirogo Health Center. This is not a big obstacle for participants to take advantage of Prolanis. Likewise, with the travel time variable, a p-value of $0.328 > \alpha (0.05)$ was obtained, which means that the travel time had no significant effect on the utilization of Prolanis.

Most of the participants took the travel time to Jatirogo Health Center < 30 minutes, either by using private vehicles, walking, or public transportation. The results of the logistic regression test for the transportation availability variable obtained a p-value of $0.736 > (0.05)$, which means that the availability of transportation has no significant effect on the utilization of Prolanis. Most of the participants stated that the transportation used to go to the Jatirogo Health Center was always available so it was not the main obstacle for participants to take advantage of Prolanis. The type of transportation used by most of the participants is a private vehicle. The P-value of the type of transportation is $0.241 > (0.05)$, meaning that the type of transportation has no significant effect on the utilization of Prolanis at the Jatirogo Health Center.

The participants are in a positive social environment that supports the use of Prolanis, positive social support in the form of material and moral support. The P-value of the social relationship variable is $0.523 > (0.05)$, meaning that social relations have no significant effect on the use of Prolanis. The positive social support that Prolanis

participants have received so far has not been the main factor encouraging the use of Prolanis. The quality and number of health workers at the Jatirogo Health Center are good. Health workers include medical, paramedical, and non-medical officers who support institution community health services. The results of the logistic regression test for the health worker variable obtained a p-value of $1,000 > (0.05)$, meaning that it had no significant effect on the use of Prolanis.

All participants considered the number and quality of health facilities to be good. The P-value of the health facility variable is $0.060 > (0.05)$ meaning that the health facility has no significant effect on the utilization of Prolanis at the Jatirogo Health Center. The waiting time for health services at the Jatirogo Health Center is good. Sufficient ratio of the number of officers and health facilities with patients served so that there are no long queues that prolong the waiting time for services. The P-value of the waiting time variable is $0.999 > (0.05)$ which means that the waiting time has no significant effect on the utilization of Prolanis at the Jatirogo Health Center.

Most of the participants stated that they needed Prolanis activities to reduce the negative impact of diabetes mellitus and/or hypertension. The P-value of the need variable is $0.303 > (0, 05)$ which means that they need variable has no significant effect on the utilization of Prolanis at the Jatirogo Health Center. The magnitude of the participant's need for Prolanis activities is not the main factor that has a significant

influence on the utilization of Prolanis activities at the Jatirogo Health Center.

CONCLUSION

Utilization of Prolanis at the Jatirogo Health Center was significantly influenced by the variables of Prolanis service information and schedule/time suitability, while the BPJS class variables, mileage, travel time, transportation availability, types of transportation, social relations, health workers, health facilities, waiting time, and needs had no effect. significant. The level of information on Prolanis services and the suitability of the schedule/time affects the large number of participants who use Prolanis at the Jatirogo Health Center. The better the level of information that participants have, the greater the tendency to use Prolanis. Not a few participants did not know the types of activities and the schedule of Prolanis activities so participants did not take advantage of them.

To solve the problem of the lack of information on Prolanis services experienced by participants, Jatirogo Health Center officers can recollect the cellphone numbers and addresses of Prolanis participants, make improvements to the design and socialization media as well as conduct home visits for participants who have never attended or whose cellphone numbers are inactive. In addition, the use of Prolanis is influenced by the suitability of the schedule or time variable owned by Prolanis participants with Prolanis activities at the Jatirogo Health Center. As many as 50% of participants stated that the schedule

of Prolanis activities did not match their schedules, ranging from work schedules, activities in the RT/RW environment, as well as routine family agendas. To solve the problem of conformity with the Prolanis activity schedule.

REFERENCES

- Alkaff, F. F., Sukmajaya, W. P., Intan, R. E., & Salamah, S. (2020). Effectivity of Indonesia Chronic Disease Management Program (PROLANIS) to Control Hypertension and its Comorbidities at Primary Health Care. In *Open Access Macedonian Journal of Medical Sciences* (Vol. 8, pp. 224–227). Scientific Foundation SPIROSKI. <https://doi.org/10.3889/oamjms.2020.4583>
- Andriani, M., Megawati, M., Asriwati, A., & Lastiur, L. (2021). Factor Affecting the Utilization of Family Planning Program Services. In *Journal La Medihealthico* (Vol. 2, Issue 2, pp. 41–50). Newinera Publisher. <https://doi.org/10.37899/journallamedihealtico.v2i2.315>
- Brandão, D., Paúl, C., & Ribeiro, O. (2022). Health care utilization in very advanced ages: A study on predisposing, enabling and need factors. In *Archives of Gerontology and Geriatrics* (Vol. 98, p. 104561). Elsevier BV. <https://doi.org/10.1016/j.archger.2021.104561>
- Rusmin, S. M. (2022). Utilization of The Chronic Disease Management Program (Prolanis) of BPJS Health in Gowa District-Indonesia. In *International Journal of Multidisciplinary Research and Analysis* (Vol. 5, Issue 2). Everant Journals. <https://doi.org/10.47191/ijmra/v5-i2-14>
- Seid, M., Yimer, A., seid, A., Fantaye, F., & Damtie, Y. (2022). *Utilization of Long-Acting Contraceptive Methods and Associated Factor Among Female*

Health Care Providers in South Wollo Zone Hospitals, North East, Ethiopia. Research Square Platform LLC. <https://doi.org/10.21203/rs.3.rs-1445644/v2>

Shen, C., Holguin, R. A. P., Schaefer, E., Zhou, S., Belani, C. P., Ma, P. C., & Reed, M. F. (2022). Utilization and costs of epidermal growth factor receptor mutation testing and targeted therapy in Medicare patients with metastatic lung adenocarcinoma. In *BMC Health Services Research* (Vol. 22, Issue 1). Springer Science and Business Media LLC. <https://doi.org/10.1186/s12913-022-07857-y>

Tumangger, D. T. A. (2021). Perceived Need Factor Analysis on the Utilization of Elderly Health Services in Public Health Center and Posyandu. In *Jurnal Health Komunitas* (Vol. 7, Issue 3, pp. 360–367). LPPM Hang Tuah Pekanbaru. <https://doi.org/10.25311/keskom.vol7.iss3.982>

Zepeski, A. E., Faine, B. A., Merrill, A. E., Sutamtewagul, G., & Bhagavathi, S. (2021). Utilization of anti-factor Xa levels to guide reversal of oral factor Xa inhibitors in the emergency department. In *American Journal of Health-System Pharmacy* (Vol. 79, Issue 1). Oxford University Press (OUP). <https://doi.org/10.1093/ajhp/zxab326>