Analysis Demand for Health Service at Abiansemal 1 Public Health Center

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Abstract. One of the most important indicators in the health care system is the demand for health services, which can be seen from the average patient's visits. The number of patient visits at the Abiansemal 1 Public Health Center has decreased successively from 2016 to 2021. The largest decrease occurred in 2016 - 2017 by 9,636 (25%); in 2020 - 2021, it was 16,298 (51%). The aim of this study is to analyze the factors which are related to public demand for obtaining health services. This research method was quantitative with a correlation design and a cross-sectional study approached with 100 respondents. Results based on research show most respondents were aged 47 – 52 years (28%) which were dominated by men (53%). Most of the respondents have a high school education (61%) and work as private employees (24%). The results of the chi-square test analysis showed that the p-value between technology and demand is 0.000 ($p<0.05$), between performance and demand is 0.005 ($p<0.05$), and between access and demand is 0.044 ($p<0.05$). The results of this analysis showed that demand for health services at the Abiansemal 1 Public Health Center is related to technology, performance, and access.

Keywords: Public Health Center, Health Care, Demand, Health Service

1 Introduction

Public Health Center is a technical implementing unit of the district/city health office which is responsi-ble for carrying out health development in a work area. This is stated in the Decree of the Minister of Health of the Republic of Indonesia Number 128/Menkes/SK/2004 concerning the Basic Policy of Public Health Centers. The role of Public Health Center can also be said as gatekeeper who hopes to provide services that are in accordance with service standards and competencies [1]. The duties of the Public Health Center in-clude Community Health Efforts and Individual Health Efforts. Health is a basic thing that must be owned by humans. Good health can help humans

optimize their daily activities [2]. With the implementation of Com-munity Health Efforts and Individual, Health Efforts hoped that Public Health Center can improve the health status of the community in its working area, but in its implementation, health services at Public Health Center have several problems encountered [3]. Public Health Center often have to compete with hospitals, private clinics, and doctors' practices in terms of providing health services to the community [4]. In the Health Statis-tics Profile of 2021, the most widely used health service facilities by the community are clinics/doctor prac-tices, amounting to 39.5% [5], while in 2016 the most widely used facilities were the practice of doctors/midwives/nurses [6]. In 2020 there was a decrease in patients going to Public Health Center by 83.6% [7].

A decrease in patient visits to Public Health Center also occurred in Badung Regency in 2018, which compared to the previous year by 18.5% [8]. Abiansemal 1 Public Health Center is one of 13 Public Health Centers in Badung Regency, Bali Province, with had a significant decrease in patient visits because more than 50% occurred in 2020 and 25% in 2016 before the COVID-19 pandemic. In health profile of Badung Regency, there was also a decrease in outpatient visits by 14% in 2020[9]. Based on the results of a preliminary study in the form of observations made by researchers at the Abiansemal 1 Public Health Center, visits to all polyclinics in the Public Health Center are decreased from year to year. Data obtained from the Abi-ansemal 1 Public Health Center Profile regarding visits to the Public Health Center showed a downward trend in the number of visits that occurred from 2016 to 2021. From the Abiansemal 1 Public Health Center Profile data, the number of visited in 2016 was 38,132 seen, decreased in 2017, which was 28,496; in 2018, the number of visited was 24,042 and in 2019, the decline occurred to 16,289 visited.

The number of visits was an indicator that can be used to measure public demand for health services. Demand is a desired response to a product which is usually specific and influenced by the ability and willingness to pay [10]. An example is the demand for health services. Several indicators that can be used to measure demand for health services are bed occupancy, number of visits, number of diagnostic tests, and so on. Demand for health services is predominantly influenced by several factors, namely tariffs (price), patient income, patient preferences, and alternative goods (availability and price) [11].

According to the downward trend in the number of patients who visited at Abiansemal 1 Public Health Center from 2016 to 2021, as well as the absence of research related to the analysis of demand for health services at the Abiansemal 1 Public Health Center, with the title "Analysis of Demand for Health Services at the Abiansemal Public Health Center I" was essential to do.

2   Methods

The research design used in this study was quantitative research with a correlation design using a cross-sectional study approach which aimed to analyze public demand for health services. A cross-sectional study approach is carried out by observing or collecting data over time to study the correlation between risk factors and effects [12]. This

research was conducted in February – May 2022. The subjects in this study were patients who were in the work area of the Abiansemal 1 Public Health Center with research criteria, namely: men and women aged 17-60 years, had used services at the public health center, domiciled in Abiansemal, able to com-municate fluently and willing to be a respondent. Data collection was carried out for one month with a total population of 300 respondents, which were then eliminated by inclusion criteria to 130 respondents. Based on the sampling calculation, a minimum sample of 100 people was obtained. The sampling technique used is simple random sampling. Data processing is done by editing, coding, processing, cleaning, and tabulating [13].

The instrument used is a questionnaire that includes the characteristics of respondents, social structure, characteristics of respondents' abilities, and demand for health services. The test of this research questionnaire is in the form of validity and reliability tests, where the value of the validity test results of more than 0.631 is declared valid. Meanwhile, the value of the reliability test results is 0.836, which means the instrument is relia-ble or consistent. In addition, this research has passed the ethical clearance test with certificate number 207/HRECC.FODM/IV/2022. The analysis used in this study was univariate analysis used in each research vari-able and bivariate analysis, which in this study used chi-square analysis with a degree of confidence that was 95% ($p = 0.05$) which aimed to assess the relationship of the independent variables, namely educational factors, employment, income, technology (facilities and infrastructure), performance of health workers and access to demand for health services.

3   Results

3.1   Respondents Characteristics

Respondents in this study amounted to 100 people, with characteristics based on age are mostly in the age range of 47 - 52 years, were 28 people (28%). The characteristics of respondents based on gender are mostly male, which 53 people (53%). Some of the respondents came from Blahkiuh Village; there were 50 respondents (50%). Furthermore, for the characteristics of respondents based on the level of education, the most respondents with a high school education level were 61 people (61%). The last characteristic is based on the level of work, most respondents are having a job as a private employee there were 24 people (24%).

3.2   Univariate Analyse

Table 1. Distribution of Respondents Characteristics at Abiansemal 1 Public Health Center in 2022

Variable	Amount (n)	Percentage (%)
Aged		
17 – 22 years	14	14
23 – 28 years	23	23
29 – 34 years	6	6

Variable	Amount (n)	Percentage (%)
35 – 40 years	6	6
41 – 46 years	13	13
47 – 52 years	28	28
53 – 58 years	7	7
59 – 64 years	3	3
Gender		
Male	53	53
Female	47	47
Domicile		
Sangeh	3	3
Blahkiuh	50	50
Ayunan	6	6
Abiansemal	30	30
Abiansemal Dauh Yeh Cani (ADYC)	11	11
Education		
Elementary School	5	5
Junior High School	7	7
Senior High School	61	61
College	27	27
Work		
Farmer	6	6
Teacher	11	11
Civil Servant	8	8
Private employee	24	24
Merchant	14	14
Businessman	12	12
College student	5	5
Labor	1	1
Freelance	3	3
Mechanic	2	2
Others	14	14
Ability Characteristic		
Income		
< Rp.2.961.285,40	56	56
> Rp.2.961.285,40	40	40
Rp.2.961.285,40	4	4
Technology		
Very good	41	41
Good	58	58
Not so good	1	1
Bad	0	0
Very bad	0	0

Variable	Amount (n)	Percentage (%)
Performance		
Very good	25	25
Good	74	74
Not so good	1	1
Bad	0	0
Very bad	0	0
Access		
Far	52	52
Near	48	48
Demand		
Low	35	35
High	65	65
Total	100	100%

The age of the respondents in this study was limited from the age of 17-60 years because it was considered the ideal age to apply because in that age range, the respondents could provide the information needed by the researcher. Based on table 1 shows that of the 100 respondents, the most dominant age group is the 47-52 year, there were 28 people (28%), and the least in the 59-64 age group were three people (3%).

The gender of the respondents in this study was divided into two categories, which are male and female. Table 1 showed most of the respondents were male (57%), and 47% were female.

The address categories of respondents at the Abiansemal 1 Public Health Centerare divided into five categories according to the work area covered by the Abiansemal 1 Public Public Health Center. Most of the respondents came from Blahkiuh village there were 50 people (50%,) and the least respondents came from Sangeh village there were 3 people (3%).

The education category is divided into four namely SD, SMP, SMA, and Universities. Based on the table more than half of the respondents have high school education, were 61 respondents (61%) and the minimum education level is elementary school which 5 respondents (5%) while for PT or tertiary education there were 27 respondents.

The work of respondents at the Abiansemal 1 Public Health Center has a variety which is categorized into several occupations which are presented in the table above. The respondent's occupation is dominated by private employees which were 24 people (24%) and only 1 respondent (1%) works as a laborer.

The characteristics of the ability (income) of the respondents are divided into 3 categories, namely below the minimum UMR, minimum UMR and above the minimum UMR while the ability characteristics (technology and performance) are categorized into 5 namely very good, good, not so good, bad and the last is very bad and ability characteristics (access) are categorized into 2 answers, namely far and near. On the table 1 showed the UMK or minimum salary for Badung Regency in 2022 is IDR 2,961,285.40. The distribution of respondents' income is presented in the Table 1, most of the respondents earn <Rp.2,961,285.40, were 56 people (56%).

Based on Table 1, more than half of the respondents chose the good category as many as 58 people (58%). Meanwhile, there were no respondents who answered technology questions with bad and very bad answers.

In the performance variable, the majority of respondents answered questions in good categories, namely 74 people (74%). Meanwhile, none of the respondents answered technology questions with badand very bad answers. Based on table 1, most of the respondents, namely 52 people (52%) answered that access to the Abiansemal 1 Public Health Center-was in the far category.

Demand is categorized into 2 answers, namely high and low. Most of the respondents have a high demand for health services at the Abiansemal 1 Public Public Health Center, as many as 65 respondents (65%).

3.3 Bivariate Analyse

Table 2. Relationship between Variable and Demand for Health Services at Abiansemal 1 Public Health Center in 2022

Variable	Demand				Total		Chi square Test
	Low		High				
	n	%	n	%	N	%	
Education							
Elementary School	1	20	4	80	5	100	0.212
Junior High School	5	71.4	2	28.6	7	100	
Senior High School	21	34.4	40	65.6	61	100	
College	8	29.6	19	70.4	27	100	
Work							
Formal	14	32.6	29	67.4	43	100	0.657
Non-Formal	21	36.8	36	63.2	57	100	
Income							
<=Rp.2961285,40	22	36.7	38	63.3	60	100	0.669
>Rp.2.961.285,40	13	32.5	27	67.5	40	100	
Technology							
Very good	5	12.2	36	87.8	41	100	0.000
Good	30	50.8	29	49.2	59	100	
Performance							
Very good	3	12	22	88	25	100	0.005
Good	32	42.7	43	57.3	75	100	
Access							
Near	12	25	36	75	48	100	0.044
Far	23	44.2	29	55.8	52	100	

Education with Demand for Health Service

To find out the relationship between the education variable and demand for health services at Abiansemal 1 Public Public Health Center, it can be seen in the table above. Table showed that respondents who have a high demand for health services among the 4 levels of education above, the largest percentage is respondents with an elementary education level of 80%. Meanwhile, respondents who have a low demand for health services among the 4 levels of education above with the largest percentage are respondents with a junior high school education level of 71.4%. After the chi square analysis test, the test results showed p value = 0.212(p>0.05). So that it can be interpreted that H0 is accepted, meaning that there is no relationship between social struc-ture variables, namely education and demand for health services.

Work with Demand for Health Service.

Relationship between work variables and demand for health ser-vices at Abiansemal 1 Public Public Health Center, shown in the table above. The work variables are cate-gorized into 2: formal work (teachers, private employees, civil servants, and mechan-ics) and non-formal jobs (laborers, freelancers, students, traders, farmers, en-trepre-neurs and others). Based on the data above, respondents who work in the formal and non-formal sectors have a high demand for health services with a similar percentage (>60%). This can be seen from the results of the chi square analysis test which showed that there is no relationship between social structure variables, namely work and de-mand for health services with p value = 0.657 (p>0.05) so that H0 is accepted.

Income with Demand for Health Service

In the univariate data the income variable consists of 3 categories but there is 1 cat-egory, namely the answer to the amount of income according to the UMK Badung Re-gency in 2022 (Rp.2,961,285.40) which does not meet the Chi Square Test assumption so that the income variable is made into 2 categories, namely the category less than equal to Rp.2,961,285.40 and more than Rp.2,961,285.40. Based on the data above, it showed that respondents have a similar high demand, which were >60%, both respond-ents who earn less than equal to Rp.2,961,285.40 or more than Rp.2,961,285.40. After being tested using chi square analysis, the results obtained p value = 0.669 (p>0.05), this indicates that H0 is accepted so that there is no relationship be-tween the variable characteristics of the ability, namely income and demand for health services at Abi-ansemal 1 Public Public Health Center.

Technology and Demand for Health Service.

Although the univariate data on technology variables consists of 5 categories, there are 2 categories (not good and very bad) that do not meet the Chi Square Test assump-tions so that the technology variable is made into 2 categories, namely very good and good categories (good category includes poor category). Based on table above, it showed that most of the respondents who have a high demand rate the technology at the Abiansemal 1 Public Health Center with a very good category as much as 87.8%. After tested with chi square the re-sults obtained p value = 0.000 (p <0.05). This means that Ha is accepted so that there is a relationship between the variable characteristics of

the ability, namely technology and demand for health services at Abiansemal 1 Public Health Center.

Performance and Demand for Health Service

To find out the relationship between the performance variable and demand for health services at the Abiansemal 1 Public Health Center, it can be seen in the table above. Although the univariate data on tech-nology variables consists of 5 categories, there are 2 categories (not good and very bad) that do not meet the Chi Square Test assumptions so that the technology variable is made into 2 categories, namely very good and good categories (good category includes poor category). In the performance variable, the majority of respondents who have a high demand rate the performance of health work-ers at the Public Health Center with a very good category as much as 88%. The results of statistical tests using chi square showed p value = 0.005 (p <0.05). This means that H0 is rejected, and Ha is accepted so there is a relationship between the variable char-acteristics of the community's ability, namely performance and demand for health ser-vices at Abiansemal 1 Public Health Center.

Access and Demand for Health Service

Respondents who have a high demand stated that the distance to the Public Health Center was close to their house by 36% respondents. After being tested with chi square analysis, the results obtained p value = 0.044 (p <0.05). So, it can be said that Ha is accepted and H0 is rejected so that there is a relationship between the variable charac-teristics of the ability, namely access to the demand for public health services at the Abiansemal 1 Public Health

4   Discussion

4.1   Relationship between Education and Demand for Health Services

One of the factors that influenced demand for health services is education [14]. The higher a person's education, it will affect that person's attitude. From the results of the questionnaire, there are still not many respondents who have a tertiary education. Education is a learning process in knowledge, skills, and habits that humans do contin-uously so that they can develop all the potential that exists within themselves [15]. The results of the chi square test showed p value = 0.212 (p>0.05). So, it can be interpreted that H0 is accepted, meaning that there is no relationship between social structure var-iables, namely education and demand for health services. This can happen because even though they have a low level of education, they have health awareness and also have confidence in formal health services and vice versa. This is in line with research con-ducted by Ramli (2018) [16] which said that based on the results of statistical tests, the results obtained p value= 0.621 or p value > 0.05, which means that education has no effect on the demand for public health services. However, this study is not in accord-ance with Anum (2021) [17] which states that there is a relationship between the use of health services and education. This study is also not in accordance with research

conducted by Kurniawan (2018) [18] which states that there is a relationship between the level of education and the utilization of JKN at the Tamalanrea Jaya Public Health Center in Makassar City be-cause the higher the education, the greater the utilization of health services in the area.

4.2   Relationship between Work and Demand for Health Services

Occupation is one of the factors that is believed to influence a person's demand for utilizing health services because the type of work influences a person to obtain information regarding the utilization of health services [19]. Chi-Square Test results show p-value = 0.657 (p> 0.05) so that H0 is accepted, which means there is no relationship between social structure variables, namely work and demand for health services. Even though work status influences a person to obtain health information, it is not a guarantee for someone to choose a health service because there must be other factors [20]. Whether or not a person has a job is also not a guarantee that they will use health facilities. So, both those who work and those who don't work or whatever one's job mostly still take advantage of health services at the health care [21]. This research is in accordance with research conducted by Anum (2021) [17] and Irawan & Ainy (2018) [20], which state that there is no influence between work and community demand. Meanwhile, this research is not in line with Kurniawan (2018) [18], which states that there is a significant relationship between work and the demand for respondents' health services.

4.3   Relationship between Income and Demand for Health Services

Income is one of the characteristics of a person in utilizing health services [22]. Based on the results of the Chi Square Test between income and demand for health services in this study, it showed p value = 0.669 (p>0.05), which means that H0 is accepted so there is no relationship between income and demand. So, it can be concluded that income does not affect the community in the work area of the Abiansemal 1 Public Health Center in requesting health ser-vices, this is also influenced by government subsidies in the form of BPJS (health assurance). This study is in accordance with research conducted by Irianti (2018) [23] dan Sukma (2018) [21] which state that there is no relationship between employment status and demand for health services. While this study is not in line with the research of Mentari & Susilawati (2022) [24], Kurniawan (2018) [18], and Ramli (2018) [16] which stated that there was a relationship be-tween income and demand for health services. This study is also not in line with a study conducted by Napirah et al. (2016) [25] stated that there is a relationship between family income and the use of health services in the working area of the Tambarana Public Health Center, Poso District.

4.4   Relationship between Technology and Demand for Health Services

The technology here is the facilities and infrastructure available at Public Health Center to support health services to patients. The results of chi square test showed p

value = 0.000 (p <0.05). This means that Ha is accepted, which means that there was a relationship between technology and demand for health services at the Public Health Center. The better the technology (facilities and infrastructure) provided by the Abiansemal 1 Public Health Center, the higher the community's demand for utilizing health services at the Public Health Center. The opposite also applies. From the results of the questionnaire, the very good answers are still less than the good answers. This means that the technology provided can still be improved to achieve maximum or very good results. One that affects the demand for health services is the factor of facilities and infrastructure [14]. Technology (facilities and infrastructure) is the condition and completeness of equipment or facilities that support health services at the Public Health Center [26]. Based on the measurements, it is known that most of the respondents stated that the technological condition at the Abiansemal 1 Public Health Center was in a very good category. The results of this study are in line with Harahap (2021) [26] which states that the facilities and infrastructure at the Public Health Center are one of the factors that influence community demand. While this study is not in line with Kurniawan (2018) [18] with the results of p value = 0.131 so that H0 is accepted so that there is no relationship between technology and demand for health services. This study also contradicts research conducted by Ramli (2018) [16] which states that there is no relationship between the infra-structure variable and the variable demand for health services in Bonto Bahari Village, Maros Regency.

4.5   Relationship between Performance and Demand for Health Services

The performance of health workers is one of the factors that influence patients in the utilization of health services. Good and satisfactory treatment from officers will create satisfaction as well as an attraction for patients [20]. The patient's view of the health services received is influenced by the appearance and attitude or response given by health workers [27]. In addition, what can affect patient perception is the accuracy and speed of the performance of health workers in providing services to patients [28]. The results of the Chi Square Test showed p value = 0.005 (p <0.05). This means that Ha is accepted so that there was a relationship between performance and demand for health services. In Law Number 36 of 2014 concerning health workers that health workers have an important role to improve the maximum quality of health services to the community so that people are able to increase awareness, willingness and ability to live healthy so that the highest degree of health will be realized [29]. This study is in line with Irianti (2018) [23] research which states that there is a relationship between the variable of health workers and the variable of demand for health services in Garassiking Village. Meanwhile, this study contradicts the research conducted by Irawan & Ainy (2018) [20] which in their research stated that the attitude of health workers did not affect the utilization of health services. It is expected that health workers at the Public Health Center to always improve performance so that they can achieve patient satisfaction which has an impact on the demand for health services at Public Health Center [30].

4.6   Relationship between Access and Demand for Health Services

Access is one of the factors that influenced public demand in utilizing health services. In general, access is all forms of public convenience in reaching health care places from home, as measured by the affordability of health care places [31]. Service demand is influenced by several factors, one of which is access, both social access and geographical access [17]. The results of this study which were tested by chi square analysis obtained p value = 0.044 (p <0.05). Then Ha is accepted and H0 is rejected so that there is a relationship between access and demand for health services. This study is in accordanced with research conduct-ed by Sukma (2019) [21] which states that the accessibility of the Public Health Center has an influence on the demand for health services at the Padang Bulan Public Health Center. The location of the Public Health Center that is far from reach and poor access to the Public Health Center can affect interest in utilizing health services at the Public Health Center [20]. The farther the distance traveled by the community in accessing health services, the less need for these health services [11]. While this study is not in accordance with research conducted by Anum (2021) [17] which states that distance is not unimportant or does not affect the utilization of the Ulumahuam Public Health Center but there are other factors that are more influential than access.

5   Conclusion

Based on the results of research conducted at Abiansemal 1 Public Health Center on the analysis of demand for health services at Abiansemal 1 Public Health Center, it can be concluded that there were a relationship between tech-nology, performance and access to demand for health services at the Abiansemal 1 Public Health Center while there were no relationship between education, em-ployment and income to demand for health services at the Abiansemal 1 Public Health Center. The limitation of this study is that there is no correlation test on other variables such as the characteristics of re-spondents, age, and gender, so that further research is expected to analyze variables with a wider scope.

Author's Contribution

NPCD: concept, design, writing, data analysis, editing, SA & AS: writing, editing, AK: editing.

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