



# Analysis Factors Influencing Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City

Nur Fajriah Humairah<sup>1\*</sup>, Sukri Palutturi<sup>2</sup>, Balqis<sup>3</sup>, Amran Razak<sup>4</sup>, Wahiduddin<sup>5</sup>, Masni<sup>6</sup>

## Abstract

The large work area of Public Health Center, geographical conditions that are difficult to reach, distribution of population into small groups that are far from each other, as well as limited transportation facilities makes health status and utilization of health services in disadvantaged areas still low. This study aims to analyze the factors that influence the utilization of health services in disadvantaged hamlets community in the work area of Tipo Public Health Center Palu City. This is an observational research with cross sectional design, 199 respondents were chosen using cluster sampling technique. Data were analyzed using Chi-square and multiple logistic regression. The results of the Chi-square analysis showed that tradition ( $p = 0.000$ ), community resources ( $p = 0.000$ ), accessibility ( $p = 0.000$ ), communication with health workers ( $p = 0.000$ ), support from community leaders ( $p = 0.000$ ) and individual assessment ( $p = 0.000$ ) were related to the utilization of health services. From the results of the logistic regression test, it was found that community resources (Exp. B = 4,457) was the most dominant factor influencing the utilization of health services. Public Health Center are expected to improve the quality of primary health services, especially to availability of resources, namely competent health workers in providing services in disadvantaged hamlets.

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## Introduction

Strengthening quality primary health care is one of the health policy directions in the National Medium-Term Development Plan (RPJMN). Basic health services are very much needed for the achievement of SDGs 2030 and Minimum Service Standards, however, access and quality of basic health services has not yet reached the entire population, especially in disadvantaged, remote and island areas (Bappenas, 2018).

According to the Minister of Health Regulation Number 21 of 2020, health development has a central role as a foundation in improving the quality

of human resources, especially related to aspects of human resource development as human capital, which can be achieved if people live with healthy behavior and environment, have the ability to reach services quality, fair and equitable health care, and supported by a strong and resilient health system. Efforts to improve the health status of people in disadvantaged areas have long been a goal of health development in Indonesia. The disparity in public health conditions in disadvantaged areas has attracted attention with the high rates of

**Corresponding author:** Nur Fajriah Humairah

**Address:** <sup>1\*</sup>Master Program in the Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia, <sup>2,3,4</sup>Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia, <sup>5</sup>Department of Epidemiology, Faculty of Public Health, Hasanuddin University, Indonesia, <sup>6</sup>Department of Biostatistics, Faculty of Public Health, Hasanuddin University, Indonesia.

E-mail: nurfajriah25@gmail.com



malnutrition and morbidity. Limited health infrastructure, especially primary health services, difficult access and lack of public knowledge about health are the reasons for the

delay in improving the health status of people in disadvantaged areas (Soewondo et al., 2019).

One form of the government's efforts in distributing health services to the community is by providing several important health facilities, especially health centers, sub-health centers, mobile health centers, providing medicines, and providing human resources, namely medical personnel who can reach all levels of society to difficult areas.

The total number of Public Health Center in Indonesia as of December 2020 is 10,205 units, Central Sulawesi itself is in the 6th position from the bottom of 34 provinces in Indonesia with Public Health Center ratio of 1.2 or still below the National average. The ratio of the Public Health Center describes the condition of the use and accessibility of the community to primary health services, which is influenced by geographical conditions, infrastructure, and the progress of an area (Kemenkes RI, 2020). The number of Public Health Center according to standards in Central Sulawesi Province increased from 74 units in 2017 to 179 units in 2020. The number of Public Health Center in Palu City since 2012 was 12 units, then in 2015 increased to 13 until 2020 (Dinkes Sulteng, 2020).

The increasing number of Public Health Center does not directly describe the fulfillment of basic health service needs in an area. Fulfillment of basic health service needs can be seen in general by the ratio indicator of Public Health Center, and it is necessary to pay attention to the distribution in all sub-districts. Based on the results of Riskesdas in 2018, only 39.2% of the population had easy access and use of Public Health Center services. This indicator is seen from the dimensions of the type of transportation, travel time, and transportation costs to health service facilities (Kemenkes RI, 2018).

The number of community visits to the Public Health Center in Palu City (covering both inside and outside the building) has decreased over the last three years. In 2017 Public Health Center visits in Palu city were at an average of 223 visits per open day per Public Health Center, in 2018 it decreased to 207 visits, and in 2019 decreased to 204 visits, in 2020 it decreased again to 127 visits. The Public Health Center with the lowest number of visits and continues to decline in Palu City is the Tipo Public Health Center (Dinkes

Kota Palu, 2020).

Tipo Public Health Center is the only one in Palu City which has a regional work area with difficult access and is still far from the city's progress, located between the mountains and Palu bay, its working area is spread to mountainous areas with difficult access. If broken down by district, there are three hamlets that fall into the category of disadvantaged hamlets with difficult access to the Public Health Center, namely Wana hamlet with a distance of 25 km, Salena hamlet with a distance of 10 km, and Taipa Java hamlet with a distance of 10 km. There has been a decrease in the number of visits in Tipo Public Health Center during the last three years, these visits include both inside and outside the building. In 2018 Tipo Public Health Center recorded 24,758 visits or an average of 79 visits per open day, in 2019 it became 21,620 visits or an average of 69 visits, and again decreased in 2020 to 15,770 visits or an average of 50 visits. When compared with the average number of Public Health Center visits in Palu City in 2020 (127 visits per day), the number of visits to the Tipo Public Health Center is still below the average number of Public Health Center visits in Palu City.

The large number of Public Health Center must be supported and in line with the participation of the community as those who use these health service facilities. The value of the utilization of the Public Health Center is strongly influenced by the participation of the community as users of health service facilities and by the Public Health Center itself as the most affordable health service provider by the community (Addani, 2008).

## Methods

This research is an observational study with a cross sectional design. The population in this study were all heads of families in the working area of the Tipo Public Health Center living in Salena, Wana and Taipa Java Hamlets as many as 410 families. The sample in this study was 199 families who were taken using the cluster sampling technique, with criteria including 20-60 years old, able to communicate well, and had lived in Salena Hamlet, Wana or Taipa Java for at least one year. The instrument used in this study is a questionnaire with statistical tests using Chi-square and multiple logistic regression.



## Results and Discussion

**Table 1. Distribution of Respondent Characteristics**

Characteristic	Frequency (n)	Percentage (%)
Age Group (Years)		
20 - 24	31	15,6
25 - 29	23	11,6
30 - 34	16	8
35 - 39	26	13,1
40 - 44	25	12,6
45 - 49	20	10,1
50 - 54	22	11,1
55 - 59	28	14,1
60	8	4
Gender		
Man	184	92,5
Woman	15	7,5
Work		
Farmer	163	81,9
Freelance Day Laborers	16	8
House Wife	6	3
Private Employees	4	2
Self employed	6	3
Honorary Employees	1	0,5
Driver	2	1
Construction Laborers	1	0,5
Education		
No School Graduation	60	30,2
Elementary School	109	54,8
Junior High School	21	10,6
Senior High School	9	4,5

Source: Primary Data, 2022.

Table 1 shows that the largest age group of respondents is the age group of 20 - 24 years as many as 31 respondents (15.6%), most of the respondents are male as many as 184 respondents (92.5%). Based

on occupation, most of the respondents worked as farmers, as many as 163 respondents (81.9%), and the highest education level was elementary school as many as 109 respondents (54.5%).

**Table 2. Distribution of Respondents by Variable**

Variable	Frequency (n)	Percentage (%)
Tradition		
Strong	104	52,3
Weak	95	47,7
Community Resources		
Good	98	49,2
Not Good Enough	101	50,8
Accessibility		
Easy	101	50,8
Difficult	98	49,2

Communication with Healthcare Workers		
Good	114	57,3
Not Good Enough	85	42,7
Community Leader Support		
Supportive	109	54,8
Less Supportive	90	45,2
Individual Assessment		
Good	105	52,8
Not Good Enough	94	47,2
Utilization of Health Services		
Utilize	83	41,7
Underutilization	116	58,3

Source: Primary Data, 2022

Table 2 shows that most of the respondents still do not use health services, as many as 116 respondents (58.3%). In the tradition variable, most of the respondents have a strong tradition as many as 104 respondents (52.3%). In the community resources variable, most of the respondents considered it was still not good, namely as many as 101 respondents (50.8%). On the accessibility variable, most of the respondents have easy accessibility as many as 101 respondents (50.8%). In the variable of

communication with health workers, most of the respondents have good communication as many as 144 respondents (57.3%). In the variable of community leaders' support, most of the respondents considered that community leaders had supported as many as 109 respondents (54.8%). In the individual assessment variable, most of the respondents have good individual assessment as many as 105 respondents (52.8%).

**Table 3. Relationship between Tradition with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Tradition	Utilization				Total		p
	Utilize		Underutilization		N	%	
	n	%	n	%			
Strong	20	19,2	84	80,8	104	100	0,000
Weak	63	66,3	32	33,7	95	100	
Total	83	41,7	116	58,3	199	100	

Source: Primary Data, 2022

Table 3 shows that the utilization of health services is more for respondents with weak traditions, namely 63 respondents (66.3%) compared to respondents with strong traditions, which are 20 respondents (19.2%). Based on the results of the chi-square statistical test, p value of 0.000 was obtained. The

pvalue < 0.05, so it can be interpreted that there is a relationship between tradition with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City in 2022.

**Table 4. Relationship between Community Resources with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Community Resources	Utilization				Total		p
	Utilize		Underutilization		n	%	
	n	%	n	%			
Good	66	67,3	32	32,7	98	100	0,000
Not Good Enough	17	16,8	84	83,2	101	100	
Total	83	41,7	116	58,3	199	100	



Source: Primary Data, 2022.

Table 4 shows that the utilization of health services is more in respondents who assess community resources in the good category, namely as many as 66 respondents (67.3%) compared to respondents who assess community resources in the poor category, namely 17 respondents (16.8%). Based on the results

of the chi-square statistical test, p value of 0.000 was obtained. The p value < 0.05, so it can be interpreted that there is a relationship between community resources with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Health Center Palu City in 2022.

**Table 5. Relationship between Accessibility with Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Accessibility	Utilization				Total		p
	Utilize		Underutilization		n	%	
	N	%	n	%			
Easy	67	66,3	34	33,7	101	100	0,000
Difficult	16	16,3	82	83,7	98	100	
Total	83	41,7	116	58,3	199	100	

Source: Primary Data, 2022.

Table 5 shows that the utilization of health services is more in respondents with accessibility in the easy category as many as 67 respondents (66.3%), compared to respondents with accessibility in the difficult category, as many as 16 respondents (16.3%). Based on the results of the chi-square

statistical test, p value of 0.000 was obtained. The p value < 0.05, so it can be interpreted that there is a relationship between accessibility with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City in 2022.

**Table 6. Relationship between Communication with Health Workers with Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Communication with Healthcare Workers	Utilization				Total		p
	Utilize		Underutilization		n	%	
	n	%	n	%			
Good	70	61,4	44	38,6	114	100	0,000
Not Good Enough	13	15,3	72	84,7	85	100	
Total	83	41,7	116	58,3	199	100	

Source: Primary Data, 2022.

Table 6 shows that the utilization of health services is more in respondents with good communication, namely as many as 70 respondents (61.4%), compared to respondents with poor communication, namely 13 respondents (15.3%). Based on the results of the chi-square statistical test, p value of 0.000 was

obtained. The p value < 0.05, so it can be interpreted that there is a relationship between communication with health workers with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City in 2022.



**Table 7. Relationship between Community Leaders' Support with Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Community Leader Support	Utilization				Total		p
	Utilize		Underutilization		n	%	
	n	%	n	%			
Support	65	58,6	44	40,4	100	100	0,000
Less Supportive	18	20	72	80	100	100	
Total	83	41,7	116	58,3	199	100	

Source: Primary Data, 2022.

Table 7 shows that the utilization of health services is more in the respondents with the supportive community leaders, namely as many as 65 respondents (59.6%), compared to those with the less supportive community leaders, namely 18 respondents (20%). Based on the results of the chi-

square statistical test, p value of 0.000 was obtained. The p value < 0.05, so it can be interpreted that there is a relationship between support of community leaders with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City in 2022.

**Table 8. Relationship between Individual Assessment with Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Individual Assessment	Utilization				Total		p
	Utilize		Underutilization		n	%	
	N	%	N	%			
Good	69	34,7	36	18,1	105	52,8	0,004
Not Good Enough	14	7	80	40,2	94	47,2	
Total	83	41,7	116	58,3	199	100	

Source: Primary Data, 2022.

Table 8 shows that the utilization of health services is more in the respondents with good individual assessment, namely as many as 69 respondents (65.7%), compared to respondents with the poor individual assessments as many as 14 respondents (14.9%). Based on the results of the chi-square

statistical test, p value of 0.000 was obtained. The p value < 0.05, so it can be interpreted that there is a relationship between individual assessment with the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City in 2022.

**Table 9. Dominant Factors Influencing the Utilization of Health Services by Disadvantaged Hamlets Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Variable	B	Sig.	Exp (B)	95% CI	
				Lower	Upper
Tradition	-0,981	0,026	0,375	0,158	0,891
Community Resources	1,494	0,000	4,457	1,925	10,320
Accessibility	1,293	0,003	3,642	1,555	8,531
Communication	0,707	0,121	2,028	0,829	4,958
Community Leader Support	1,014	0,017	2,757	1,199	6,339
Individual Assessment	0,655	0,158	1,925	0,776	4,774
Constant	-5,495	0,000	0,004		

Source: Primary Data, 2022.



Table 9 shows that the most dominant variable influencing the utilization of health services is community resources with an Exp (B) value of 4.457 and p value = 0.000, so it can be interpreted that good community resources can increase the utilization of health services as much as 4.457 times higher. compared to poor community resources.

### **The Relationship between Tradition with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Result of the study indicate that there is a significant relationship between tradition and the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City. Most people with Kaili traditions are still strong in making tradition as a rule in their daily life, the majority of people still believe that traditional rituals with the help of traditional elders or through the spirits of deceased ancestors (Viata) can avoid them from various kinds of disease, because these habits have been carried out from generation to generation from ancestral times and are considered a better way than utilizing the health service facilities of the Public Health Center.

Based on the results of interviews with the head of the Public Health Center and community leaders, the majority of the people of the hamlets of Wana and Salena as well as some of the Taipa Java community are still quite primitive and far from knowledge because they already have their own knowledge values that have been maintained for a long time. Efforts to provide information and socialization to the community have been carried out and show a slight improvement, but still need to be improved because not many people can really change their habits.

This is in line with research by (Kea et al., 2018) conducted in the Sidama Zone of Southern Ethiopia, that there is a traditional relationship with the utilization of health services by the community. Belief in hereditary culture, trust in traditional healers and lack of public knowledge about the benefits of health services are the main factors that cause low decisions to seek care and utilize health services. Respondents are more likely to follow the same practices as their forefathers even though it sometimes conflicts with health preferences.

### **Relationship between Community Resources with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Result of the study that there was a significant relationship between community resources and the utilization of health services by the disadvantaged hamlet community in the work area of Tipo Public Health Center Palu City. Most people still feel that the number of health workers is still lacking, besides that health services are often not carried out according to the proper schedule, both inside and outside the building, so people still have to wait.

Some people also felt confused when visiting the Public Health Center because they did not understand the registration process because they did not dare to ask questions and the health workers did not immediately help.

The lacking of health workers is still a problem according to the interviews with the head of Tipo Public Health Center, the number of midwives and nurses that are still lacking causes health services carried out in disadvantaged hamlets to often be hampered so that sometimes they do not match the schedule, health workers have to divide their time even though many health services need to be carried out to various places, the long distance of the hamlet often makes health service visits postponed.

This is in line with research by (Liu et al., 2019) conducted in rural China, which stated that factors regarding resource availability and affordability of health facilities such as waiting time for visits, number and skills of health workers in the rural primary health care facility system are related and can encourage service and health care seeking. This study provides evidence for policy making in aligning the allocation of health resources according to the preferences of the population in disadvantaged or rural areas.

### **The Relationship between Accessibility with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Result of the study indicate that there is a significant relationship between accessibility and utilization of health services by disadvantaged hamlet communities in the work area of the Tipo Public Health Center Palu City. This is because each hamlet is far from Public Health Center, Salena and



Taipa Java hamlets are 10 km away and Wana hamlet is 20 km away.

The community considers that the location of the Public Health Center is not yet strategic with their place of residence, besides that it is also found that it takes a long time to go and the poor road conditions make people reluctant to reach the Public Health Center, this condition is also not supported by the availability of other health facilities which is easy to reach. In some hamlets, such as Salena hamlet and especially Wana hamlet, many people have difficulties because they don't have a vehicle.

Based on the results of interview conducted with the head of the Public Health Center, the distance causes not many people choose to seek treatment and utilize the health facilities. Long distances are not only difficult for the community but also a challenge for health workers in providing health services in disadvantaged hamlets. There has been no special attention from the government to overcome the problem of poor road access conditions in hamlets with difficult access.

This research is in line with research by (Jiang et al., 2018) which states that people who live in different locations such as remote areas or suburbs with limited transportation as well as distances and locations that are far from the reach of health care facilities have a lower level of accessibility, so it is known that there is a relationship between accessibility and utilization of health services.

### **The Relationship between Communication with Health Workers with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Result of the study indicate that there is a significant relationship between communication with health workers and the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City. The community considers that the officers have spoken or communicated in a friendly and good manner, some people feel that there are no barriers in communication with health workers, but not a few people, especially those who are still not fluent in Indonesian, find it difficult to communicate with health workers, this then causes the community to do not always understand the meaning of the information conveyed to them. The community's inability to communicate makes

people often feel uncomfortable and embarrassed so that they are not interested in coming to health care facilities.

From the results of interview conducted with the head of the Public Health Center, the communication that has been established is quite good, but in hamlets with people who are not able to speak Indonesian well, language is still an obstacle in communicating and conveying health information. What has been done is to use the help of cadres who are then asked to interpret the information to be conveyed, although there are still limitations, this is quite helpful in communicating with the community.

This study is in line with research by (Prasastin & Noor, 2021), which states that there is a relationship between communication with health workers and the utilization of health services. Communication between health workers and the community is an important factor that becomes a link in decision making on the use of required health services, because good communication between the community and health workers can raise awareness of the rights and obligations of each party and play an important role for the same purpose, namely improving the health status of the community.

The Relationship between Community Leaders' Support with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022 Result of the study indicate that there is a significant relationship between community leaders' support and the utilization of health services by disadvantaged hamlet communities in the work area of the Tipo Public Health Center Palu City. Influential figures such as traditional leaders are not very capable and rarely invite or mobilize the community to utilize health services, this is because traditional leaders also do not consider that utilizing health services is necessary. On the other hand, the head of the hamlet has been quite supportive by providing information to the community about the health services that provided by Public Health Center, but their care and attention is considered to be lacking. In one of the hamlets, namely Wana, religious leaders provide good support and contribute and facilitate so that people want to use the health services.

Based on the results of interview conducted with head of Public Health Center, community leaders such as the head of the hamlet are sufficient to support health service activities even though they



only provide information about the schedule of health services. Religious leaders provide good support, such as trying to provide information and educating the community and facilitating the community to utilize health services, although not all people feel that community leaders move them to use health services, various approaches are still needed to encourage the community to utilize health services.

This research is in line with research by (Camara et al., 2020), that the support of community leaders is related to the utilization of health services. Figures who play an active role in taking part in providing information and promotion to the community will increase the utilization of health services, on the other hand, community leaders who are less supportive and active in providing motivation to the community can reduce community activity in utilizing health service facilities.

### **The Relationship between Individual Assessment with Utilization of Health Services by Disadvantaged Hamlet Community in the Work Area of Tipo Public Health Center Palu City in 2022**

Results of the study indicate that there is a significant relationship between individual assessment and the utilization of health services by disadvantaged hamlet communities in the work area of Tipo Public Health Center Palu City. The community considers that a person is only said to be sick when he is unable to do anything or is just lying in bed, the community still lacks knowledge of when someone is said to be sick and when a person should be taken to a health care facility, so there is still a lack of desire to seek treatment at health services if someone is sick and experienced symptoms of the disease and are considered not to be severe, they prefer to seek treatment themselves or be taken to traditional elders to be treated using traditional methods that apply in accordance with long-standing habits.

From the results of interview, people who have a positive assessment or perception of health tend to seek treatment at health service facilities. On the other hand, people who have a negative assessment tend not to seek treatment at health care facilities. Even though there are family members who are seriously ill, there are still people who do not want to use health care facilities and just stay at home, this causes the family member to die.

This research is in line with research by (Marin et

al., 2021) conducted in Argentina, self-assessment and perception of disease are related to the utilization of health services. The community still shows a suboptimal disease assessment, or is manifested as a low and delayed demand for health services. It is important for health facilities to adopt a health care system for all levels of society, regardless of the self-awareness that the community may have about their health and disease status.

### **Dominant Factors Affecting the Utilization of Community Health Services in Disadvantaged Hamlet in the Working Area of the Tipo Health Center, Palu City**

Results of the study indicate that the community resource is the most dominant factor influencing the utilization of community health services in disadvantaged hamlets in the work area of Tipo Public Health Center Palu City. The lack of resources, especially competent health workers, is still very much felt by the communities. The problem of availability is not the only thing that needs special attention, but the inability of health workers to adapt with the character or habits of the community makes trust in health workers low. Public Health centers need the support of sufficient and quality resources so that the implementation of health service activities is in good quality. Due to the existing limitations and constraints, the pattern of health services in disadvantaged hamlets is a special service whose personnel are expected to have better capabilities.

From the results of interview with the head of Tipo Public Health Center, it was found that increasing the resources had been sought by building and improving facilities. However, the lack of adequate health personnel is still a problem that needs to be addressed and is expected to be improved in the future. According to (Sartika & Anggreny, 2022), improving the quality of services must also prioritize increasing the availability and professionalism of health workers in addition to the performance or physical condition of the institution.

Various kinds of improvement efforts need to be made in order to provide optimal benefits in accordance with the pattern of community characteristics, local situation, and regional carrying capacity. Specifically, the provision of health workers and health facilities and facilities is carried out with the hope of increasing the

potential for utilization of health services in disadvantaged areas.

Furthermore, the head of Tipo Public Health Center said that until now there was no specific policy from the Public Health Center or the local government regarding the implementation of health services in difficult and disadvantaged areas, they only carried out health development programs in accordance with strategic plans that had been implemented from year to year.

According to (Kemenkes RI, 2012), procurement and policy development are needed to improve the quality of services and utilization of health services in disadvantaged areas, without compromising the basic principles, policies are developed on an ongoing basis to answer and overcome existing problems and more in favor of people in disadvantaged areas.

### Conclusion

From the results of the study, it can be concluded that tradition, community resources, accessibility, communication with health workers, support from community leaders and individual assessments are related to the utilization of health services by disadvantaged hamlets community in the work area of Tipo Public Health Center Palu City. The most dominant factor influencing the utilization is community resources.

### Limitations of the Research

The cross sectional design used in this study can only describe conditions at a certain time, namely at the same time when observations are made (point time approach), so it can limit the ability of researchers to identify causal relationships between traditions, community resources, accessibility, communication, support from community leaders and individual assessment of the utilization of health services.

### Statement of Ethics

Health Research Ethics Commission, Faculty of Public Health, Hasanuddin University on June 20, 2022, Number: 6595/UN4.14.1/TP.01.02/2022. Subjects in this study fully participated voluntarily with consent, all information provided by participants was kept confidential and anonymous

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