



OVERVIEW OF ACCESSIBILITY IN TREATMENT SELECTION EFFORTS DURING THE COVID-19 PANDEMIC

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ABSTRACT

The behavior of seeking treatment can be seen as one of the reflections of the implementation of the national health system and access to health services. In general, the behavior of seeking treatment in Indonesian society is distinguished by three types, namely self-medication behavior, medical treatment, and traditional medicine. The increasing use of alternative medicine is supported by the rise of advertisements for alternative medicine in print and alternative medicine consulting events in electronic media such as radio and television. This study aims to determine people's decisions in choosing treatment during the COVID-19 pandemic from the aspect of accessibility. The type of research conducted is quantitative with cross sectional study design and without treatment to the population. The population in this study is the general public in South Kalimantan. The number of samples using non-probability sampling techniques with sampling quota with the total number of respondents namely 100 respondents. Data collection is done by using online questionnaire using google form media. Analyze data using univariate and bivariate analysis. The results showed that there was no relationship between education, employment, and accessibility with the decision to choose treatment services.

Keywords: Decision, Treatment, Education, Work, Accessibility

INTRODUCTION

Service is every effort that is carried out alone or jointly in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and communities. Treatment seeking behavior can be seen as a reflection of the implementation of the national health system and access to health services. In general, the behavior of seeking treatment in Indonesian society is divided into three types,

namely self-medication behavior (self-medication), medical treatment, and traditional medicine. According to Balitbangkes data from the Ministry of Health of the Republic of Indonesia in 2019, in Indonesia, public interest in traditional health services is quite high and has a tendency to increase from year to year. Riskesdas data shows an increase in the proportion of households that have used traditional health services, namely 30.1% in 2013

and 31.4% in 2018 (1, 2, 3).

This increase in the use of alternative medicine is supported by the proliferation of advertisements for alternative medicine in print media and alternative medicine consultation events in electronic media such as radio and television. The development of traditional medicine is largely determined by the traditions and beliefs of the local community or other people who are not from the west. One example of customs and culture that has influenced the development of traditional medicine is Chinese customs and culture. The Chinese system of medicine has evolved over thousands of years. The number of facilities and health personnel that have been sufficient has not reduced the public's interest in the treatment of sinse. This is because the choice of sinse treatment is based on treatment methods that are very suitable for the cultural characteristics of the local community (4).

Law No. 36 of 2009 concerning health explains that traditional health services is treatment and/or care with methods and drugs based on empirical, hereditary experience and skills, which can be accounted for, and applied in accordance with prevailing norms in society. Government Regulation Number 103 of 2014 concerning Traditional Health Services states, the method of treatment or care for the traditional health services is concoctions, both packaged ingredients and homemade ingredients, manual skills, such as massage, reflexology, and acupressure, thought skills, such as hypnotherapy, and energy skills, for example internal energy and prana. The factors that encourage a person to determine the appropriate treatment method are internal factors and external factors. Internal factors come from someone who wants healing and family support, while external factors come from the experiences of people or communities around who have suffered from the same disease and which healing has healed them (3, 4).

METHOD

The method used in this research is a

Table 1. Distribution and Frequency of Respondents Characteristics

Variable	Amount	
	N	%
Work		
Trader/entrepreneur	9	9
PNS, TNI/POLRI, Retirees	1	1
Private employees	3	3
Does not work	87	87
Last education		
Junior high school	1	1
D3/D4	3	3
S1	11	11
S2	1	1
Others (Senior High School)	84	84

quantitative approach. This research is an observational study with a cross sectional research design and without any treatment on the population. The data collection method is in the form of primary data where information can be obtained directly from respondents through online questionnaires. The population of this research is the entire object of research or the object under study. The population in this study is the general public in South Kalimantan. The sample is part of the object under study and is considered representative of the entire sampling population, with the respondents' criteria being people who lived in South Kalimantan and over 18 years of age.

While the sampling technique used in this study is non-probability sampling with quota sampling. The data collection technique used direct communication techniques with data collection tools through the distribution of online questionnaires using google form media. The reason is because the current Covid-19 pandemic causes researchers to not be able to carry out offline, therefore online implementation using google form media is the main choice.

Data analysis used in the form of univariate analysis to obtain data about the frequency distribution of each variable separately and bivariate analysis to explain the relationship between two independent variables and the dependent variable. In this analysis, the statistical test used was the chi-square test with a 95% confidence level. However, if the data is not met, then an alternative test is used, namely the Fisher exact test. Fisher's test is used if the expected frequency is less than 5 and more than 20%.

RESULTS AND DISCUSSION

1. Univariate Analysis

The results of the univariate analysis consisted of the respondent's identity and the decision in choosing treatment from the aspect of accessibility.

Variable	Amount	
	N	%
Availability of Health Service Facilities		
Yes	100	100
Selected Treatment Services		
Traditional medicine (Alternative medicine)	7	7
Treatment in health care facilities (Public Health Center/Clinics/Hospitals/Private Practices Midwives or doctors)	93	93
Residence Distance		
≤ 3 KM	60	60
> 3 KM	40	40
Travel Time		
≤ 30 minutes	89	89
> 30 minutes	11	11
Big Cost		
≤ IDR 10,000	66	66
> IDR 10,000	34	34

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 1, it can be seen that the majority of the people who were respondents in this survey did not work as much as 87%, in addition to the respondents with traders/entrepreneurs as many as 9 people (9%), the work of PNS, TNI/POLRI, 1 pensioner (1 %) and 3 private employees (3%). Characteristics of respondents based on their latest education, it can be seen that most of the respondents whose last education was high school were 84 people (84%), while the other respondents with the last education were junior high school as many as 1 person (1%), D3/D4 as many as 3 people (3%), S1 as many as 11 people (11%) and S2 as many as 1 person (1%). All of the people who were respondents, namely 100 people (100%) had health service facilities in the area where they lived. Most of the respondents, as many as 93 people (93%) would choose treatment at health service facilities such as Community Health Centers, Clinics, Private Practice Hospitals, Midwives or Doctors when the respondent was sick. Meanwhile, 7 other people (7%) will choose traditional/alternative medicine when they are sick.

In addition, it can be seen that the distance between the respondent's residence and treatment services is mostly 3 KM, namely 60 people (60%), while 40 other people (40%) are known to have a distance of residence with medical services as far as > 3KM. Most of the respondents, namely 89 people (89%) had a long travel time to reach treatment services for ≤ 30 minutes, while for the other 11 people (11%) had a long travel time to reach treatment services for > 30 minutes. In addition, most of the respondents, as many as 66 people (66%) spent ≤ IDR 10,000 to achieve medical services, while the other 34 people (34%) spent more than > IDR 10. 000 to achieve medical services, the costs incurred are calculated based on

the fare for motorcycle taxis or the cost of fuel for the vehicle used by the respondent. And it can be seen that as many as 41 people (41%) have easy accessibility in achieving treatment services. While the other 59 people (59%) had difficult accessibility in reaching treatment services.

The results show that all respondents (100%) have the availability of health service facilities in the area where they live, so that it can help respondents to get health services more easily. The availability of health service facilities is an important requirement in basic health services for the community and has a very strategic role in accelerating the improvement of public health status as well as controlling population growth. The provision of health service facilities is the responsibility of the central government and local governments in accordance with the provisions of Law Number 36 of 2009 concerning Health which states that the government is responsible for the availability of health service facilities for the community to achieve the highest degree of health. In Law Number 36 of 2009 it is stated that the Regional Government can determine the number and type of health service facilities and grant operating permits in their area by considering the area, health needs, number and distribution of the population, disease patterns, utilization, social functions, and ability to take advantage of technology (5, 6).

Health services are divided into conventional/modern health services and traditional health services. Conventional health services or modern health services are medical treatments carried out by a doctor in modern/scientific ways or have been tested with research and can be accounted for. Conventional health services are available at public health center, clinics, hospitals, private practice of midwives or private practice of doctors.

Meanwhile, traditional health services are treatment and/or treatment with methods and drugs that refer to empirically hereditary experiences and skills that can be accounted for and applied in accordance with the norms prevailing in society (7).

The survey results showed that as many as 93 respondents (93%) stated that they would seek treatment at conventional health service facilities such as Public Health Center, Clinics, Hospitals, Private Practices of Midwives or Doctors' Private Practices. Most respondents choose modern health services because respondents live in urban areas and conventional health care facilities are also available in the area where the respondents live. In addition, modern medicine in health facilities uses scientific and tested medical methods so that it is more trusted by the public. Meanwhile, traditional medicine is generally found in rural communities who still have strong beliefs.

As for the distance of residence, it can be seen that as many as 60 respondents (60%) traveled as far as ≤ 3 KM from their place of residence to reach medical service facilities and as many as 40 respondents (40%) had to travel a distance of >3 KM from their place of residence to achieve treatment. The proximity of the residence to the treatment service will benefit the respondent to more easily reach the treatment service, so that if the respondent is sick, it can be treated quickly. In addition, urban

areas generally have complete service facilities, including health centers, hospitals, clinics, as well as independent practice of midwives and doctors that can be easily obtained.

In terms of travel time, it can be seen that 89 respondents (89%) took ≤ 30 minutes to reach treatment services and 11 respondents (11%) had to travel >30 minutes to reach treatment services. This is because the closer the distance, the shorter the travel time to reach the service facility, so that the greater the possibility of the community to take advantage of the treatment service facility.

In terms of cost, it can be seen that as many as 66 respondents (66%) spent \leq IDR 10,000,- to be able to reach treatment services and 34 respondents (34%) had to spend $>$ IDR 10,000,- to achieve medical services. The costs incurred by the respondent are calculated from transportation costs, namely the cost of motorcycle taxis or the cost of fuel for the vehicle used by the respondent to reach medical services. Most of the respondents have a short distance and not too long travel time with medical services so that the costs that must be incurred are not too large and do not make it difficult for the respondents. Transportation is needed when accessing health care facilities.

2. Bivariate Analysis

- a. Relationship between Employment and Decision to Choose Medical Services

Table 2. Relationship between Employment and Decision to Choose Medical Services

No	Work	Decision to Choose Treatment Services				Total	p-value	
		Traditional Medicine		Treatment at Healthcare Facilities				
		n	%	N	%			
1.	Work	1	7.7	12	92.3	13	100	1,000
2.	Does not work	6	6.9	81	93.1	87	100	

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 2 shows that of the 100 respondents in the category of having a job there is 1 respondent (7.7%) who chooses traditional medicine and 12 respondents (92.3%) chooses treatment in health care facilities. While in the category of not having a job there are 6 respondents (6.9%) who choose traditional medicine and 81 respondents (93.1%) choose treatment in health care facilities. Fisher exact test results show p -value=1,000 ($p>0.05$), which means that there is no relationship between work and the decision to choose treatment services.

The survey results show a p -value=1,000 ($p>0.05$) so it can be concluded that there is no relationship between work and the decision to

choose treatment. This is because the people who are respondents are mostly students who are still not working but still have pocket money. In addition, someone who is busy working only has little time to obtain information because his time will run out in the work area, while people who do not work tend to have time to obtain information about the treatment available around them. This is in line with research conducted by Palupi (2019) which stated that there was no relationship between type of work and seeking treatment. The study stated that most respondents work to meet their daily needs and tend to be too busy with their work so they spend little time looking for information related to treatment (8).

b. Relationship between Education Level and Decision to Choose Treatment Services

Table 3. Relationship between Education Level and Decision to Choose Treatment Services

No	Level of education	Decision to Choose Treatment Services				Total		p-value
		Traditional Medicine		Treatment at Healthcare Facilities		n	%	
		n	%	N	%			
1.	Tall	7	7.07	92	92.93	99	100	1,000
2.	Low	0	0	1	100	1	100	

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 3 shows that from 100 respondents in the category of higher education level there are 7 respondents (7.07%) who choose traditional medicine and 92 respondents (92.93%) choose treatment in health care facilities. while in the category of low education level there is 1 respondent (100%) who chooses treatment in health care facilities. Fisher exact test results show p-value=1,000 ($p>0.05$), which means that there is no relationship between education level and the decision to choose treatment services.

The survey results show a p-value=1,000 ($p>0.05$) so it can be concluded that there is no relationship between the level of education and decision to choose treatment. The level of education is categorized into 2, namely low education and higher education. The respondent's education is said to be low if the respondent with the last education is primary school, junior high school, and does not go to school. Meanwhile, the respondent's education is said to be high with the last education being high school and college. The higher a person's level of education, the more information they receive and the better their ability to receive information. This study is not in line with the research conducted by Paratika

(2018) which stated that there was a relationship between education level and treatment decision making at Dupak Health Center. This study states that the lower the education of patients undergoing treatment, the less active respondents are in searching for information related to treatment services, and the higher the education level of respondents, the respondents are more likely to carry out the decision-making process (9).

Access to health facilities is very important for the utilization of health facility services. Accessibility is access that must be achieved by the community, not hindered by geographical, social, economic, organizational and language conditions. Public accessibility to health care facilities is the right of everyone to get access to health resources, including the matter of getting access to health care facilities. Accessibility of medical services is a statement about the ease of accessing health services from the place of residence, as measured by the distance traveled, travel time, and transportation costs used to get to treatment services (10).

c. Relationship between Distance of Residence and Decision to Choose Medical Services

Table 4. Relationship between Distance of Residence and Decision to Choose Treatment Services

No	Residence Distance	Decision to Choose Treatment Services				Total		p-value
		Traditional Medicine		Treatment at Healthcare Facilities		n	%	
		n	%	N	%			
1.	≤ 3 KM	5	8.3	55	91.7	60	100	0.699
2.	> 3 KM	2	5	38	95	40	100	

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 4 shows that from 100 respondents in the category of distance from residence to treatment services as far as ≤ 3KM, there are 5 respondents (8.3%) who choose traditional medicine and 55 respondents (91.7%) choose treatment in health care facilities. Meanwhile, in the category of distance from residence to treatment services as far as >3KM, there are 2 respondents (5%) who choose traditional

medicine and 38 respondents (95%) choose treatment in health care facilities. Fisher exact test results show p-value = 0.699 ($p>0.05$), which means that there is no relationship between the distance of residence and the decision to choose treatment services.

The survey results showed a p-value=0.699 ($p>0.05$) so it can be concluded that there is no relationship between the distance of residence and

the decision to choose treatment. Most of the people who become respondents in urban areas generally have complete service facilities, including public health centers, hospitals, clinics, as well as independent practice of midwives and doctors that can be easily obtained. This is in line with research conducted by Rusdiyanti (2017) which also states

that there is no relationship between distance and the choice of place for delivery services. This is because respondents seek health services according to their ability to pay for these health services (11).

d. Relationship between Length of Travel and Decision to Choose Treatment Services

Table 5. Relationship between Length of Travel Time and Decision to Choose Treatment Services

No	Travel Time	Decision to Choose Treatment Services				Total		p-value
		Traditional Medicine		Treatment at Healthcare Facilities		n	%	
		n	%	N	%			
1.	≤ 30 minutes	6	6.7	83	93.3	89	100	0.570
2.	> 30 minutes	1	9.1	10	90.9	11	100	

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 5 shows that from 100 respondents in the category of travel time to treatment services for ≤ 30 minutes, there are 6 respondents (6.7%) who choose traditional medicine and 83 respondents (93.3%) who choose treatment in health care facilities. While in the category of travel time to treatment services for > 30 minutes, there is 1 respondent (9.1%) who chooses traditional medicine and 10 respondents (90.9%) who chooses treatment in health care facilities. Fisher exact test results show p-value=0.570 ($p > 0.05$), which means that there is no relationship between the length of travel time and the decision to choose treatment services.

The survey results show p-value=0.570 ($p > 0.05$) so it can be concluded that there is no relationship.

relationship between the length of travel time and the decision to choose treatment. This illustrates that both the long and close travel time does not become a barrier for respondents in choosing treatment services. The closer the residence is to the treatment service facility, the shorter the travel time to reach the treatment service facility. This is in line with the research conducted by Bakoil (2017) which states that there is no relationship between distance and the decision to use the maternity ward. The travel time factor is more related to the use of transportation modes such as just walking or using a vehicle to health facilities (12).

e. The Relationship between Travel Costs and the Decision to Choose Medical Services

Table 6. The Relationship between Travel Costs and the Decision to Choose Medical Services

No	Big Travel Cost	Decision to Choose Treatment Services				Total		p-value
		Traditional Medicine		Treatment at Healthcare Facilities		n	%	
		n	%	N	%			
1.	≤ IDR 10,000	5	7.6	61	92.4	66	100	1,000
2.	> IDR 10,000	2	5.9	32	94.1	34	100	

Source: Results of the Community Decision Survey in Choosing Treatment in 2021.

Based on table 6 shows that out of 100 respondents in the large category the travel costs to treatment services are ≤ IDR 10,000, - there are 5 respondents (7.6%) who choose traditional medicine and 61 respondents (92.4%) who choose treatment at service facilities. health. While in the big time category the travel costs to medical services are > IDR 10,000, - there are 2 respondents (5.9%) who choose traditional medicine and 32 respondents (94.1%) who choose treatment at health service facilities. Fisher exact test results show p-value=1,000 ($p > 0.05$) which means that there is no

relationship between travel costs and the decision to choose treatment services.

The survey results show a p-value=1,000 ($p > 0.05$) so it can be concluded that there is no relationship between the amount of travel costs and the decision to choose treatment. Most of the respondents have a short distance and not too long travel time with medical services so that the costs that must be incurred are not too large and do not make it difficult for the respondents. Transportation is needed when accessing health care facilities. However, this is not in line with research conducted

by Nimasari (2018) which states that transportation costs are a factor that influences community decisions in utilizing public health center. Transportation costs depend on the distance traveled on the way to health care facilities. The factors of transportation tools and facilities are factors that enable and support health services. If these health facilities are easily accessible by means of available transportation, then these health facilities will be widely used by the community (13).

CLOSING

Based on the results of research on community decisions in choosing treatment during the COVID-19 pandemic which was carried out online through Google Forms from 100 respondents, it is known that 93% stated that they would seek treatment at conventional health service facilities such as Public Health Center, Clinics, Hospitals, Private Practices of Midwives or Private Practices of Doctor. While the other 7% chose alternative medicine. The results of the study stated that there was no relationship between work and decision to choose treatment services ($p=1,000 > 0.05$), there was no relationship between education level and decision to choose treatment services ($p=1,000 > 0.05$), there was no relationship between distance of residence and decision to choose treatment services ($p=0.699 > 0.05$), there is no relationship between the length of travel time and decision to choose treatment services ($p=0.570 > 0.05$), and there is no relationship between the travel costs and decision to choose treatment services ($p=1,000 > 0.05$). Suggestions given to local governments in order to improve public accessibility to health care facilities are implementing six strategies regarding increasing the number of health personnel/facilities, contracting out, redistribution, reconfiguration, rescheduling, and mobile units.

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