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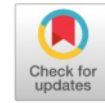
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PRIMARY RESEARCH

The influence of knowledge factors, attitudes, health status and health service providers on the use of integrated development posts for non-communicable diseases

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Abstract

Non Communicable Diseases (NCDs) cannot be passed from person to person; they are the primary cause of mortality and physical disability in Indonesia and worldwide. There is an epidemiological shift from infectious illnesses to NCD, as evidenced by rising morbidity from NCDs and accidents and decreasing morbidity from infectious diseases at the global, regional, and country levels. Puskesmas Parenggean II performed health examinations for PTM Posbindu on inhabitants of productive age (15-59 years) with a 66.7 percent success rate. This study examines the association between PTM Posbindu knowledge, attitudes, health status, and health care providers in the Parenggean II Puskesmas Working Area, East Kotawaringin Regency. This study employed a cross-sectional analytical descriptive research approach. The study's population consisted of 99 working-age people (15-59 years). Analysing research data with the Chi-Square and Logistic Regression tests. According to the study results, 56.9% of the working-age population uses POSBINDU PTM. PTM Posbindu intake is associated with knowledge (Sign- $p=0.000$) OR = 7.349 and attitude (Sign- $p = 0.009$) OR = 3.696. Meanwhile, neither the health status (Sign- $p = 0.076$) nor the health service provider (Sign- $p = 0.587$) Odds Ratio (OR) = 1.317 is associated with the usage of PTM Posbindu. The most relevant variable is knowledge, with an OR of 7,349. According to the study, knowledge is the most significant factor in using PTM Posbindu. The data and results of this study are intended to be used by appropriate parties to enhance health check-ups for individuals of productive age.

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INTRODUCTION

There has been a shift in disease patterns from infectious diseases (PM) to NCDs, which has caused Indonesians to experience a triple burden of diseases due to NCDs. NCDs, sometimes referred to as NCD diseases, cannot be transmitted from one person to another. These diseases are the leading causes of death and physical disability in Indonesian society and worldwide (Ministry of Health (Indonesia), 2021; Yandrizal, Utami, et al., 2017).

Along with the rapid economic growth, increasing urbanisation, climate change, shifting employment, and technological advances have resulted in a sedentary lifestyle and contributed to NCDs and new infectious diseases (Ministry of Health (Indonesia), 2021).

The growth of NCD cases is expected to be increasingly burdensome for the community and the government, considering that handling these cases demands high costs and technology (Ministry of Health (Indonesia), 2020). The BPJS

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Kesehatan funding model has eight catastrophic diseases based on data collected until December 2020. The most expensive treatment for catastrophic diseases is the one provided by the JKN Kesehatan service. The cost of treating cardiovascular diseases is almost 8.3 quadrillion rupiah annually, making it the most expensive condition to treat. BPJS Kesehatan has provided funding for 11,592,990 cases of cardiovascular disease, making it the disease with the most significant number of cases overall. On the other hand, hepatic cirrhosis is a catastrophic disease with the lowest cost. BPJS Kesehatan sponsored them for more than 243.5 billion rupiahs with 156,764 cases (Ministry of Health (Indonesia), 2021).

An agreement on worldwide plans for the prevention and control of NCDs, particularly in developing countries, has been reached due to concerns over the increasing incidence of NCDs. As NCDs has grown into a strategic issue in the context of the 2030 SDGs agenda, making them a development priority in every country is very important. The PTM Posbindu program designed by the Ministry of Health of the Republic of Indonesia is responsible for the control activities carried out on NCDs. At the national level, the number of villages and sub-districts participating in the PTM Posbindu activities in 2019 was 50,657, representing a participation rate of 60.79 percent (Ministry of Health (Indonesia), 2020).

It is stated in article 20 of the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2015 concerning "Management of NCDs that the community, both individually and in groups, play an active role in the prevention of NCDs by carrying out Community-Based Health Effort Activities (UKBM) by establishing and developing integrated non-communicable disease posts". This can be seen in the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2015. This regulation was formed in connection with handling NCDs throughout the country (Posbindu PTM). Every Indonesian citizen aged between 15 to 59 years old is entitled to obtain health services following the standards as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning "Technical Standards for The Fulfillment of Basic Health Service Standards. Service Quality in the Minimum Service Standards for the Health Sector. The Minimum Service Standards issue this regulation for The Health Sector". Education and health checks that conform to the standards need to be provided to persons aged 15 to 59 by each city and county government within one year. These services are part of the health services that must be provided. These services should be offered within the boundaries of their re-

spective work zones (Minister of Health of the Republic of Indonesia, 2016).

According to the Central Kalimantan Provincial Health Profile, in 2019, 692,572 people of productive age (15-59 years) in Central Kalimantan received health check-up services according to standards. This number represents about 40.6 percent of the total population of 1,705,998 people in the productive age group (Central Kalimantan Provincial Health Office (Indonesia), 2020). Health Profile of Kotawaringin Timur Regency In 2021, out of the total population of productive age of 247,771 people, 98,561 people have received health check-up services according to standards in East Kotawaringin Regency. It represents about 39.8 percent of the population of productive age. So far, 3,558 people of productive age (15-59 years) out of a total productive age population of 5,333 people have received health check-up services according to standards in the Parenggean II Puskesmas Working Area. This number represents around 66.7 percent of the productive age population (East Kotawaringin District Health Office, 2022). Based on these findings, the level of achievement of health checks in the Productive Age Population is still far from the goal of the Minimum Service Standard set at 100 percent. Rusdiyanti (2018), who conducted a study on the elements that influence the activities of POSBINDU PTM visitors in the village, found that the knowledge factor has a relationship with the visiting activities of PTM Posbindu. This is one of the findings of his study. The odds ratio for the knowledge component is 4.932, and the degree of significance associated with it is $p = 0.000$. In addition, research conducted by Maharani and Ginting (2018) on the topic of Factors Affecting the Utilisation of PTM Posbindu in the Glugur Darat Health Center Work Area found that knowledge factors that have a significance level of $p = 0.000$ and an odds ratio of 1.16, are the most significant factors that affect the utilisation of PTM Posbindu. Based on the results of an investigation conducted by Sari and Savitri (2018) showed that knowledge ($p = 0.010$) OR = 2.856 affects the use of PTM Posbindu. In line with this, the findings of research conducted by Purnama, Muliawati, and Faidah (2020) show a very substantial relationship between the amount of knowledge ($p = 0.000$), the correlation coefficient = 0.855, and community compliance with members in the productive age in its application. PTM Posbindu. In contrast to the results of several other studies, research conducted by Maharani and Ginting (2018) found that the level of knowledge ($p = 0.528$) had no significant effect on the number of PTM POSBINDU consumed.

According to the results of research conducted by Nasution

and Hutabarat (2018), the use of PTM Posbindu at the Marsabut Lake Health Center located in Sipirok District, Central Tapanuli Regency, was influenced by this two knowledge ($p = 0.025$) PR = 3.502 and attitude ($p = 0.024$) PR = 3.306. (2018). In line with that, research conducted by Sugiarsi, Wigunantiningsih, and Kusumawati (2019) found that the utilisation of PTM POSBINDU was influenced by knowledge ($p = 0.036$) OR = 4.789 and attitude ($p = 0.032$) OR = 5.542. In a different study conducted by Anggraeni and Fauziah (2020), the results showed that the combination of the use of POSBINDU PTM was significant ($p = 0.000$), and variables of knowledge and attitudes drove this, and family support with an R-value of 0.580 squared. In addition, this is driven by the fact that the combined use of Posbindu PTM is quite significant ($p = 0.000$).

In his article on the use of health care, Zschock makes the case that a person's health status, income, and education, as well as consumer and health care provider factors, as well as the ability and acceptance of health services, disease risk, and the surrounding environment, are among the factors that can have an impact. Zschock also mentioned that consumer and healthcare provider factors and the ability and acceptance of health services could have an impact (Ilyas, 2006). Based on the results of his examination, Purdiyani (2016) found that a person's current health condition is a factor that plays a role in the intake of PTM Posbindu. He concluded that the degree of significance of this component is 0.000. Meanwhile, a study by Indrianti, Suhartono, Arifin, S. Husaini, and Marlinae (2019) showed no relationship between PTM POSBINDU and a person's current health condition ($p = 0.010$).

Patients and other consumers in the healthcare business place significant weight on the providers they choose in terms of the quantity and quality of services they anticipate receiving. Consumers who take advantage of healthcare can choose the best healthcare provider that best suits their needs and preference (Frinadya, Munir, & Rambe, 2018). This condition will impact the use of health services pursued by the government, especially the PTM Posbindu, which has been in the midst of the community. Certain areas are already established and have many healthcare facilities that allow people to choose according to their preferences. This study aims to test the influence of knowledge, attitudes, health status, and health workers on PTM Posbindu in the Parenggean II Puskesmas Working Area, East Kotawaringin Regency.

RESEARCH METHODS

This study used a research design. In addition to cross-sectional research methodologies, descriptive analysis was used in these investigations. This research will be carried out at the Parenggean II Health Center, Parenggean District, East Kotawaringin Regency, Central Kalimantan Province. The months of April and May 2022 have been selected for the time frame of this study. People who will be at the peak of their working lives in 2022 and who live within the service area of Puskesmas Parenggean II are the subjects of the demographic part of this study (15-59 years old). The total sample used as a sample for this study was 99 people. Purposive sampling was used as a data collection method for this study. Three types of analysis are performed on the data: univariate, bivariate, and multivariate. The chi-squared test is used for bivariate analysis, while logistic regression is used for multivariate analysis.

RESEARCH RESULTS

Characteristics of Respondents

Residents in the Parenggean II Puskesmas Working Area were randomly selected to participate as respondents in this study. Respondents are considered to be of productive age if they are between the ages of 24 and 59. Village origin, gender, and education level were the respondents' differentiating factors.

TABLE 1. Frequency distribution characteristics of respondents

Characteristic	f	%
Origin of the Village		
Karang Tunggal Village	24	24,2
Karang Sari Village	26	26,2
Sumber Makmur Village	18	18,1
Bandar Agung Village	17	17,1
Beringin Tunggal Jaya Village	14	14,1
Gender		
Man	32	32,3
Woman	67	67,7
Education		
Diploma/Bachelor's Degree	13	13,1
SMA	34	34,4
Junior	21	21,2
SD	31	31,3
Sum	99	100

Based on Table 1, it is known that out of 99 respondents, 24 respondents (24.2 percent) came from Karang Tunggal Village, 26 respondents (26.2 percent) came from Karang Sari Village, 18 respondents (18.1 percent) came from Sumber Makmur Village, 17 respondents (17.1 percent) came from

Bandar Agung Village, and 14 respondents (14.1 percent) came from Beringin Tunggal Jaya Village. The number of female respondents was 67 people, or 67.7 percent of the total, while men were 32.3 percent. A total of 13 respondents had a diploma or bachelor's degree, which accounted for 13.1 percent of the total, while 34 respondents had completed high school, which accounted for 34.4 percent of the total, and 21 respondents had completed junior high school, which accounted for 21.2 percent of the total. In total, 31 respondents have completed elementary school, which is 31.3 percent of the total.

Univariate Analysis

Knowledge:

Knowledge can be broken down into the following categories based on the frequency distribution of responses.

TABLE 2. Frequency distribution based on

knowledge		
Knowledge	f	%
Good	48	48,5
Bad	51	51,5
Sum	99	100

Based on Table 2, it can be concluded that out of a total of 99 respondents, 48 respondents (48.5 percent) were highly knowledgeable, while 51 respondents (51.5 percent) were weakly knowledgeable.

Attitude

The following is a breakdown of attitudes that can be drawn from the frequency distribution of respondents.

TABLE 3. Frequency distribution by attitude

Attitude	f	%
Positive	65	65,7
Negative	34	34,3
Sum	99	100

Based on Table 3, it is clear that out of a total of 99 respondents, 65 respondents (65.7%) had a good attitude, while 34 respondents (34.4%) had a negative attitude.

Health status

Based on the frequency distribution of respondents, health status can be categorised as follows.

TABLE 4. Frequency distribution by health status

Health Status	f	%
Good	41	41,4
Bad	58	58,6
Sum	99	100

Based on Table 4, it is clear that out of a total of 99 respondents, 41 respondents (41.4% of the total) had good health conditions, while 58 respondents (58.6% of the total) had poor health status.

Health care providers:

The following categories can be used to classify health-care providers according to the frequency distribution of responses.

TABLE 5. Frequency distribution by health care provider

Health Care Providers	f	%
There are options	56	56,6
No choice	43	43,4
Sum	99	100

Based on Table 5, it can be seen that out of a total of 99 respondents, 56 respondents (representing 56.6 percent of the total) had a choice of healthcare provider, while 43 respondents (representing 43.4 percent of the total) had no choice of healthcare provider. Choice of healthcare provider. Choice of a practitioner or medical facility.

Utilisation of PTM Posbindu:

The use of POSBINDU PTM can be divided into the following categories based on the distribution of the frequency of responses received.

TABLE 6. Frequency distribution based on Ptm Posbindu utilization

Utilisation Posbindu PTM	f	%
Utilise	59	59,6
Not utilising	40	40,4
Sum	99	100

Based on Table 6, it can be concluded that out of 99 respondents, 59 respondents (representing 59.6 percent) used POSBINDU PTM, while 40 respondents (representing 40.4 percent) did not utilise POSBINDU PTM.

Bivariate Analysis

The influence of knowledge with the utilisation of PTM Posbindu:

TABLE 7. Cross-Tabulation between knowledge and utilisation of PTM Posbindu

Knowledge	Utilisation of PTM Posbindu				Total	
	Not Utilise		Utilise		f	%
	f	%	f	%	f	%
Bad	31	60,8	20	39,2	51	100
Good	9	18,8	39	81,2	48	100

Based on the cross-tabulation shown in Table 7 between the knowledge of PTM Posbindu and its utilisation, it is known that 48 respondents (hundred percent) have good knowledge of PTM Posbindu, 39 respondents (81.2 percent) use PTM Posbindu, and that 9 respondents (18.8 percent) do not use PTM Posbindu. In addition, of the 51 respondents, all had insufficient knowledge, but only 20 people (39.2 percent) took advantage of PTM Posbindu. The remaining 31 respondents (60.8 percent) did not use POSBINDU PTM. The findings of the chi-square test make it possible to show that the significance value of knowledge is $\text{Sig-}p = 0.000$, less than 0.05. This conclusion can be drawn from the findings. The fact that ¹ gave confidence to this discovery also helped. This shows a relationship between knowledge and the use of PTM Posbindu in the Parenggean II Puskesmas Working Area located in East Kotawaringin Regency.

The influence of attitudes with the use of PTM Posbindu:

TABLE 8. Cross-Tabulation between attitudes and utilisation of PTM Posbindu

Attitudes	Utilisation of PTM Posbindu				Total	
	Not Utilise		Utilise		f	%
	f	%	f	%		
Negative	20	58,8	14	41,2	34	100
Positive	20	30,8	45	69,2	65	100

Based on the results of cross-tabulation in Table 8 between attitudes and utilisation of PTM Posbindu, it is known that as many as 65 respondents (100 percent) have a positive attitude towards PTM Posbindu. As many as 45 respondents (69.2 percent) use PTM Posbindu, and 20 respondents (30.8 percent) do not use PTM Posbindu. Moreover, none of the thirty-four people who participated in the study had an optimistic outlook. Fourteen respondents, or 41.2%, stated that they had used Posbindu PTM, while 20 respondents or

TABLE 10. Cross-Tabulation between health service providers and utilization of PTM Posbindu

Giver Service Health	Utilisation of PTM Posbindu				Total	
	Not Utilise		Utilise		f	%
	f	%	f	%		
No choice	21	50,0	21	50,0	42	100
There are options	19	33,3	38	66,7	57	100

Based on the cross-tabulation shown in Table 10 between health status and utilisation of PTM Posbindu, it is known that as many as 57 respondents (100 percent) have a choice of health service providers, 38 respondents (66.7 percent) use PTM Posbindu, and 19 respondents (33.3 percent) do not use PTM Posbindu. This information is known because

58.8%, stated that they did not use Posbindu PTM.

Based on the chi-square test results, the knowledge significance value is $\text{Sig-}p = 0.013$. This value is lower than 0.05, indicating a statistically significant gap between the two groups. This shows an influence between the attitude and utilisation of PTM Posbindu in the Parenggean II Puskesmas Working Area, East Kotawaringin Regency.

Effect of health status with the use of PTM Posbindu:

TABLE 9. Cross-Tabulation between health status and utilization of PTM Posbindu

Status Health	Utilisation of PTM Posbindu				Total	
	Not Utilise		Utilise		f	%
	f	%	f	%		
Bad	28	48,3	30	51,7	58	100
Good	12	29,3	29	70,7	41	100

Based on the cross-tabulation presented in Table 9 between health status and the use of Ptm Posbindu, it is known that 41 respondents (hundred percent) have good health status, 29 respondents (70.7 percent) use PTM Posbindu, and 12 respondents (29.3 percent) do not use Posbindu PTM. In addition, 58 respondents reported poor health conditions, but only 30 people (51.7 percent) took advantage of the PTM Posbindu. The remaining 28 respondents (48.3 percent) did not use the PTM Posbindu.

The chi-square test results showed that the knowledge significance value was $\text{Sig-}p = 0.091$, higher than 0.05. This is indicated by the fact that the test. This shows that using PTM Posbindu in the Parenggean II Puskesmas Working Area, East Kotawaringin Regency, does not affect the patient's health.

Influence of health service providers with the use of PTM Posbindu:

57 respondents (100 percent) have a choice of healthcare providers. In addition, there was no choice of health care provider among 42 respondents (100 percent), 21 respondents (50.0 percent) using PTM Posbindu, and 21 respondents (50.0 percent) did not use PTM Posbindu.

The chi-square test results showed that the significance

value of the probability of knowledge was $\text{Sig-}p = 0.143$, higher than 0.05. This can be inferred from the fact that this value is more significant than 0.05. This shows that the implementation of the PTM Posbindu in the Parenggean II Puskesmas Working Area, East Kotawaringin Regency, is not influenced by health service providers.

Multivariate Analysis

All free variables, namely knowledge, attitudes, health status and health care providers of the chi-square test have a Sig. The p -value of ≤ 0.25 is included in the double logistic regression test.

TABLE 11. Logistic regression test step 1

Step 1	Variable	β	Sig-p	OR
	Knowledge	2,055	0,000	7,807
	Attitude	1,206	0,018	3,339
	Health Status	0,805	0,124	2,237
	Health Care Providers	0,275	0,587	1,317

A variable of health care providers with a $\text{Sig-}p = 0.587$ must be excluded from the modelling. Testing continued by not including the health care provider variable in step 2.

TABLE 12. Logistic regression test step 2

Step 2	Variable	β	Sig-p	OR
	Knowledge	2,071	0,000	7,936
	Attitude	1,229	0,016	3,418
	Health Status	0,890	0,076	2,435

The most extensive insignificant V is a health status with a $\text{Sig-}p = 0.076$ and should be excluded from modelling. Testing continued by not including the health status variable in step 3.

TABLE 13. Logistic regression test step 3

Step 3	Variable	β	Sig-p	OR
	Knowledge	1,995	0,000	7,349
	Attitude	1,307	0,009	3,696

The logistic regression test results found that knowledge ($\text{Sig-}p$ 0.000 less than 0.05 OR 7.349) and attitude ($\text{Sig-}p$ 0.009 less than 0.05 OR 3.696) together as dependent variables influenced the use of POSBINDU PTM as independent variables. The effect of knowledge on the utilisation of POSBINDU PTM can be described as $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2$ where $Y = -5.292 + 1.995 + 1.307$.

Knowledge is the variable that most influences the use of PTM Posbindu. Poor knowledge about using POSBINDU PTM tends to positively affect people of productive age who do not use PTM Posbindu, and this influence tends to have a value of $\beta = 1.995$.

RESEARCH DISCUSSION

The Influence of Knowledge with the Use of PTM Posbindu in the Parenggean II Puskesmas Working Area

In the Working Area of PUSKESMAS Parenggean II Kotawaringin Timur Regency, the knowledge variable has a $\text{Sig-}p$ -value of 0.000 less than 0.05, which shows that knowledge has a significant effect and affects the utilisation of PTM Posbindu. Through analysis, the OR value for the knowledge variable becomes 7,349. This suggests that respondents who do not use PTM Posbindu are seven times more likely to be affected by inadequate information. The equivalent value of 1.995 if 7.349 is written as a natural logarithm. Knowledge has a beneficial influence on the utilisation of PTM Posbindu because of its positive value. This is due to its high value.

This is in line with Rusdiyanti (2018) research regarding the elements that affect the village's post-visit activities of integrated NCDs. This shows that knowledge affects the frequency of visits to PTM Posbindu ($\text{Sig-}p = 0.000$ less than in this study), and the results show that more respondents are low-knowledgeable than those who are highly knowledgeable who often visit the PTM Posbindu in Bulupitu Village. Knowledge. In a study conducted by Sari and Savitri (2018) entitled Factors Related to the Utilisation of Non-Communicable Disease Posbindu in the Working Area of the Puskesmas, South Setiabudi District, Jakarta City in 2018 ($\text{Sig-}p = 0.01$ less than 0.05 OR 2,553), it was found that knowledge affects the use of PTM Posbindu. This is also in line with the findings of Sari and Savitri (2018).

This research is in line with Purnamasari et al. (2020) research on the relationship between knowledge levels and compliance of the productive age population using non-communicable disease posts (POSBINDU PTM). It is also known that the Spearman Rank test yields a $\text{Sig-}p = 0.000$ of less than 0.05 with a correlation coefficient = 0.855, and the correlation direction is positive (+), indicating the student's degree of knowledge is positively correlated with himself. People can gain knowledge as a consequence of knowing, which occurs after they have experienced or felt something. The five human senses—sight, hearing, smell, taste, and touch—are responsible for perceiving information in a person's surroundings. Most human knowledge is obtained through sensory input, mainly through the eyes and hearing (Notoatmodjo, 2014). Knowledge, also known as the cognitive domain, is a significant factor in determining individual behaviour (Open Behavior). If a person can adopt new behaviours or accept new habits based on knowledge, awareness, and good attitudes, those behaviours will remain in the person for quite a long time. On the other hand, the be-

haviour will not continue for long if it is not based on knowledge and awareness (Dewi & Wawan, 2011).

Based on the conclusions of this research project, having previous information about PTM Posbindu is one of the elements that influence a person's decision to visit PTM Posbindu. If information about PTM Posbindu in the community is lacking, people will most likely prefer to stay home because they do not know what PTM Posbindu is. Therefore, for people to feel the benefits of PTM Posbindu in their area, the community needs to have a positive attitude towards PTM Posbindu. This is only possible if the community deeply understands PTM Posbindu and how it works. The majority of respondents have poor awareness of PTM Posbindu because PTM Posbindu has not been adequately socialised with the community in the operating area of Puskesmas Parenggean II. This led to limited understanding. Because of this, the disease appears in its symptoms. As a direct result, information about the implementation of Posbindu in the Puskesmas work area has not been distributed evenly to all communities, especially people of productive age. As a result, only a handful of society members attended Posbindu to participate in its activities and reap its benefits. Efforts are still needed to socialise Posbindu activities in the Puskesmas operating area. In particular, it is very important to ask for support from Posbindu cadres in informing the public about Posbindu activities so that people can conduct health checks to find out a person's current health status. This stage is essential to socialise Posbindu activities in the Puskesmas operating area, so it is needed. In addition, information about POSBINDU PTM can only be conveyed to people close to the POSBINDU PTM and only to the cadre's home. The willingness of the community to take advantage of the PTM posbindu turned out to be influential, even though they did not have proper access to socialisation or an understanding of its advantages. People may not want to take advantage of this POSBINDU PTM because they do not understand or appreciate the benefits of POSBINDU PTM.

The Influence of Attitudes with the Use of PTM Posbindu in the Parenggean II Puskesmas Working Area

In the Parenggean II Puskesmas Working Area of East Kotawaringin Regency, the attitude variable has a Sig-*p* value of 0.009, less than 0.05, which shows that attitudes have a significant effect and indeed affects the use of PTM Posbindu. The OR value for the attitude variable was 3,696, according to the OR test results. This shows that a poor view tends to affect the portion of the productive age population who do not take advantage of PTM Posbindu. The answer is

$\beta = 1.307$, which can be calculated using the $\beta =$ natural logarithm of 3,696. Because it has a positive value, the attitude positively affects the use of PTM Posbindu. This is because it has good value.

This study is in line with Nasution and Hutabarat (2018) research on the Effect of Predisposition, Enabling, and Reinforcing on the Utility of Integrated NCDs Posyandu (Sig-*p* = 0.000 < 0.001 PR 3.306), which showed that respondents' attitudes were negative 3,306 times.

This research is also in line with the findings of Sugjarsi et al. (2019), Predisposing Factors as Determinants of Posyandu Use for NCDs. In the working area of the Mojolaban Health Center, previous studies revealed a relationship between attitudes and consumption of PTM Posbindu (Sig-*p* = 0.032 OR 5.542), which was supported by this study. This study also shows a relationship between attitudes and the use of PTM Posbindu. This shows that those with a good attitude are likelier to attend the POSBINDU PTM five times more than those with a negative attitude. This is different from those with pessimistic views. People with a negative outlook have a significantly reduced tendency.

Anggraeni and Fauziah (2020) on variables affecting the utilisation of PTM Posbindu in the Uwie Village Working Area, Muara Uya Health Center, and Tabalong Regency (Sig-*p* = 0.000 R Square 0.580) was published in 2020. Analysis of the influence of several utilisations of Posbindu NCD factors, especially multiple logistic regression tests using the Enter method by entering free variables together, obtained results that significant significance values together (Sig-*p* = 0.000) with R Square = 0.580, showed that the variables of knowledge, attitudes, and family support had a 58 percent effect on the utilisation of PTM Posbindu. This conclusion is based on using the Enter procedure in multiple logistic regression tests.

According to the sense of attitude developed by Notoatmodjo (2014), a person's personality can be described to what extent they are ready to respond successfully to various difficulties. A negative attitude to avoid, hate, and avoid certain things is contrary to the tendency of a positive attitude to enjoy certain things. The tendency of action involves recognising the likes and anticipating certain things, while the tendency of a positive attitude demands identifying likes and anticipating certain things. A person's tendency to act can be defined as their ability to recognise preferences and anticipate certain outcomes. A person's way of thinking is one of the components that have the potential to influence the actions a person takes on his health. Earnest action is indispensable to realising an attitude and paying attention to the functions possessed by

other supporting factors in the conditioning and facilitation of an attitude. It is not easy to actualise an attitude if a person is not engaged in actual actions. This mindset is not supported by behaviours that are considered appropriate (Notoatmodjo, 2014). The formation of attitudes is influenced by several elements, including personal experience variables, significant influences of individuals, culture, mass media, educational institutions, and religious organisations; these factors interact with the emotional component (S. Azwar, 2007).

The findings of this study lead us to the conclusion that the respondents' perspective impacts how they utilise PTM Posbindu. It is impossible to change an established point of view due to the close relationship between it and internal and external conditions. Therefore, you need deeper policies and understanding to influence respondents' attitudes. This is done so that the public is informed about the purpose, benefits, and results of obtaining treatment at PTM Posbindu.

It is vital to have policies related to POSBINDU in terms of development and knowledge to generate a more positive outlook. The community, individually and collectively, plays an active role in controlling NCDs by implementing Community-Based Health Efforts (UKBM) and establishing and developing integrated non-communicable disease posts, as stated in Article 20 of the Ministerial Regulation. The health of the Republic of Indonesia Number 71 of 2015 concerning Control of NCDs. The Minister of Health of the Republic of Indonesia issued this regulation. This rule contains a policy on POSBINDU PTM itself and has been explained here (PTM Posbindu) (Minister of Health of the Republic of Indonesia, 2016).

Based on this study's findings, respondents with a lousy attitude had a much lower probability of working in a POSBINDU PTM than respondents with a positive attitude. Respondents with a positive attitude are more likely to take advantage of POSBINDU PTM, while respondents with a negative attitude are more likely not to use POSBINDU PTM. This is because survey participants did not choose Posbindu as the principal and most convenient place to validate their current health problems. They cannot appreciate the reasoning behind POSBINDU PTM, and as a result, they do not take advantage of the resources they have. This pessimistic view is due to inadequate treatment and counselling on applying PTM Posbindu.

For the community to support and participate in health programs, including POSBINDU PTM activities, it is necessary to increase understanding and form a positive attitude toward the community through persuasive efforts carried

out through communication information, and education. This is because most of the respondents in the work area of the Parenggean II Health Center have a bad view of the PTM Posbindu. A significant percentage of respondents expressed unpleasant opinions about PTM Posbindu in their workplaces.

The Effect of Health Status with the Utilisation of PTM Posbindu in the Parenggean II Puskesmas Working Area

Because the Sig-p value for the health status variable is 0.076, which is greater than 0.05, this shows that the health status variable has no significant effect on the utilisation of Ptm Posbindu in the Parenggean II Puskesmas Work Area. The OR analysis results on variables representing health status obtained an OR value of 2.435. Value of β = Natural Logarithm of 2.435 = 0.890.

This study contradicts the findings of (Purdiyani, 2016), who investigated the use of Integrated PTM Post Bindu by Elderly Women in the Context of NCD Prevention in the Cilongok Puskesmas Work Area. The following are the findings of a cross-tabulation between health status and risk variables for NCDs in the work area of the Cilongok Health Center in the context of Preventing NCDs for Non-1 Prevention: This was discovered by reviewing data from the Cilongok Health Center Working Area 1. Since the Sig-p-value is more than 0.05, this indicates a significant influence between POSBINDU PTM intake and the health status of older women.

Zschock argues that the utilisation of health services is influenced by a variety of factors, including a person's health status, income, and level of education; characteristics of consumers and health care providers; availability and willingness to utilise health services; potential diseases and the surrounding environment; and so on (Ilyas, 2006). The idea of HL. Blum is one of the explanations for a person's current health condition. According to Blum, cited by Notoatmodjo (2014) in his explanation of ideas, states four main elements that affect the health of the individual or society. Some of these factors include genetics inherited from the family, the living environment, social communities, economic circumstances, the local political and cultural climate, behaviours that include the individual's way of life, and the available health care facilities (type of coverage and quality).

Based on the study results, the health status of employees in the Parenggean II Health Center's work area did not significantly affect the consumption of PTM Posbindu. These findings suggest that a person's health status does not de-

termine the use of PTM Posbindu; Posbindu PTM participants include healthy and sick people who participate in activities there. According to the authors of the study, some individuals are already aware of the fact that PTM posts are intended not only for individuals who are currently suffering from diseases or who have a history of diseases in the family to maintain health and avoid complications but also for individuals who are in good health to be able to carry out early detection of NCDs. For people who visit the PTM Posbindu in a state of illness or poor health conditions, the goal is to connect them with health facilities closest to where they live.

The Influence of Health Service Providers with the Utilisation of PTM Posbindu in the Parenggean II Puskesmas Working Area

The Sig-p value of 0.587 is greater than 0.05, which shows that the health service provider variable has no significant effect on the utilisation of Posbindu NCDs in the Parenggean II Puskesmas Working Area. The OR analysis results on the variable "health care provider" obtained an OR value of 1,317. Value of $\beta = \text{Natural Logarithm of } 1.317 = 0.275$.

According to Levey and Loomba, cited in (A. Azwar, 1996), the definition of health services is an activity carried out individually or jointly in an organisation to maintain and improve health, prevent and treat diseases, and restore health. Individual, family, community, group, or society. In addition, health care can be provided to communities or groups of people. In today's world, it is possible for individuals, families, groups, and even the entire society to get medical care. This is not only the case in developed countries but also in developing countries. Soewono and Setyowati (2007) agrees with Levey and Loomba's statement that "health service" refers to any effort made, either singly or jointly in an organisation, to improve and maintain health, prevent diseases, and treat diseases. , and restore health. This definition is in line with what has been put forward by Levey and Loomba. The definition presented here is consistent with what Levey and Loomba proposed. Levey and Loomba's statements are congruent because they support this definition. When it comes to the relevance of the word "health care," both Levey and Loomba have made assertions that are consistent with one another. Individuals, communities, and organisations are among those who are likely to benefit from such help.

In certain areas that are well established and have many

healthcare facilities, individuals can exercise their right to vote according to the choices they have set. On the other hand, areas with a scarcity of medical facilities and institutions delay decision-making regarding treatment to specialists in the existing health field. Most respondents stated that there are more options available regarding health-care providers in the region where they currently live. This shows that most of the people in the area served by puskesmas Parenggean II have the freedom to choose the health care provider they like and act according to their preferences. In addition, it shows that the majority of people can act according to their preferences. However, the findings of this study show that factors reflecting health care providers do not have a major effect on the quantity of PTM Posbindus employed in the Parenggean II Puskesmas Working Area.

Even though this investigation was carried out as thoroughly as possible, there are certain limits to its conclusions. Only a few characteristics have been identified as having an influence on the use of Posbindu PTM by the researchers in this investigation. Knowledge, attitudes, health condition, and healthcare providers are among these factors. Furthermore, there are certain downsides to questionnaire-based research, one of which is that the replies provided by the sample may not accurately reflect the current condition of affairs. Another issue identified in the study's findings was the difficulty for respondents with visual impairments to read the questionnaire.

CONCLUSION

PTM Posbindu influences knowledge and attitudes at puskesmas Parenggean II, located in East Kotawaringin Regency. The usage of PTM Posbindu in the work area of the Parenggean II Health Center in East Kotawaringin Regency, on the other hand, does not affect health status variables or health care providers. According to the findings of multivariate analysis, the knowledge component has the most important effect on the usage of PTM Posbindu in the working area of the Parenggean II Health Center in East Kotawaringin Regency.

SUGGESTIONS

Other researchers can utilise this study's findings as data to do further in-depth research on the usage of Posbindu PTM and add other variables that impact the use of Posbindu PTM. This may be accomplished by utilising the study's findings and conclusions.

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