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ANALYSIS OF DETERMINANT FACTORS IN THE UTILIZATION OF NON-COMMUNICABLE DISEASE (PTM) FOR PRODUCTIVE AGE 15-59 YEARS IN THE WORKING AREA OF PUBLIC HEALTH CENTER 1 TANAH BUMBU DISTRICT

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Abstract: Non-Communicable Diseases (PTM) was killed 41 million people per year, equivalent to 71% of all global deaths. This can be prevented through the Posbindu PTM activities, because diseases can be detected early, treated and supervised to control non-communicable diseases through Posbindu (Integrated Development Post) PTM. The achievement of the Posbindu program in Tanah Bumbu Regency in 2018 for ages 15-59 years was only 23.90% while for the achievement of Posbindu in Sebamban 1 Puskesmas Sungai Loban District for the 15-59 years age category only 20.33%. This aim of this study was to analyze the determinants influence of Posbindu PTM utilization in post productive age 15-59 years. This was a quantitative research with observational analytic method and cross-sectional research design. Samples in this study were 96 with cluster proportional random sampling technique. The results of the study using the Chi-Square test showed p-values between age, gender, employment status, and health status with the utilization of Posbindu PTM each by 0.0000. While the p-value between education and marital status with the utilization of Posbindu PTM were 0.198 and 0.075, respectively. We concluded that there were effect of age, gender, employment status and health status with the utilization of Posbindu PTM. Education and marital status had no effect on Posbindu PTM. The dominant factor affecting the utilization of Posbindu PTM was health status.

Keywords: Age, gender, employment status, health status, education, marital status, utilization of Posbindu PTM

I. INTRODUCTION

Non-communicable diseases (PTM) are diseases that are not caused by germ infections, but caused by chronic degenerative diseases, such as heart disease, diabetes mellitus (DM), Cancer, Chronic Obstructive Lung Disease (COPD) and disorders due to accidents and violence (Ministry of Health Republic of Indonesia, 2012). Non-communicable diseases was killed 41 million people per year, equivalent to 71% of all global deaths (WHO, 2018). Globally, regionally and nationally in 2030 the epidemiological transition from infectious disease to non-communicable disease is increasingly apparent. PTM such as cancer, heart disease, DM and chronic obstructive pulmonary, and other chronic diseases will experience a significant increase in 2030 (Ministry of Health, 2012).

Based on data from Ministry of Indonesia's Health Information Center, estimated population of Indonesia in 2016 were 258,704,986 people, consisting of 129,988,690 men and 128,716,296 women (Purnamasari, 2018). The prevalence of PTM in Indonesia such as hypertension over 18 years old (25.8%), rheumatism (24.7%), injuries at all ages (8.2%) with injuries due to land transportation (47.7%), asthma (4.5%), COPD in 30 years old (3.8%), diabetes mellitus (2.1%), CHD over 15 years old (1.5%), kidney stones (0.6%), hyperthyroidism over 15 years old based on diagnosis (0.4%), heart failure (0.3%), chronic kidney failure (0.2%), stroke (12.1 ‰) was higher than 2007 (8.3%) and cancer (1.4 ‰). The prevalence of hypertension diagnosed by health workers in 2013 (9.5%) was higher than 2007 (7.6%) (Indonesian Ministry of Health, 2015).

The efforts of Indonesian government to control the problem of non-communicable diseases on promotive and preventive without putting aside curative and rehabilitative was through the Posbindu PTM program (Indonesian Ministry of Health, 2012). Posbindu PTM was the role of the community in controlling risk factors independently and continuously. Posbindu PTM development can be integrated with efforts that have been carried out in the community. This program was also implemented throughout Indonesia, including South Kalimantan, as well as the Tanah Bumbu Regency. One of the Puskesmas (Public Health Center) in Tanah Bumbu district that has implemented the Posbindu PTM program was the Sebamban I Puskesmas, which has been implementing it since late 2015.

The achievement of the Posbindu program in Tanah Bumbu Regency in 2018 for ages 15-59 years was only 23.90% of 211,699 people and age category over 59 years or the elderly it reached 51.58% of 20,019 targets (Annual Report of the Tanah Bumbu Health Office, 2018). Whereas for the achievement of Posbindu in Sebamban 1 Puskesmas Sungai Loban District for the age category 15-59 years only 20.33% of 15,413 targets, while the achievement for age category over 59 years (the elderly) was 73.06% of 1,949 targets (Data Sebamban Health Center 1, 2018). It shows that the utilization of Posbindu PTM for ages 15-59 years was very low.

The majority of Sebamban 1 Puskesmas residents who visited Posbindu were mostly due to health problems or illnesses, based on Posbindu data in 2018, 1,812 people (84.9%) because they had a history of about 756 people suffering from hypertension, cholesterol and diabetes mellitus, 523 people suffered from hypertension, 323 people suffer from diabetes mellitus and cholesterol, 108 people suffer from heart disease, 63 people suffer from stroke, and 39 people suffer from ashtma.

³ According to Zschock (1979) in Ilyas (2006) and Feldstein (1993), factors that influence the utilization of health services include determinants such as age, gender, education, employment status, marital status, and health status. Human age is one of the individual characteristics that can facilitate or underlie certain behaviors. Through his mature age, a person will adapt his life behavior to his environment in addition to being natural, as well as instinctive behaviors that also develop (Budiono, 2002). This is supported by research conducted by Logen (2015) which obtained variables related to health service utilization was age (p-value = 0.049).

According to Notoatmodjo (2010) gender was an inter³ factor associated with behavior. Women are more positive than men in controlling health. Gender is one of the factors that influence the utilization of health services because in terms of the level of human vulnerability, it makes the level of utilization of health services also differ in each gender.

³ The utilization of visits to Posbindu was also influenced by one's level of education. Educational status were closely related to person's awareness and knowledge, so that educational status has a significant influence on the utilization of health services. Usually people with low education, lack of awareness and good knowledge about the benefits of health services

(Rumengan, 2015). This was supported by research conducted by Napirah (2016) with the results of the study showed that there was a relationship between the level of education and the utilization of health services in the working area of Tambarana Health Center, Poso Pesisir Utara District, Poso Regency.

According to Ratnasari (2018) respondents who did not work have an opportunity 2.856 times more actively utilizing Posbindu PTM compared to respondents who did work in utilizing Posbindu PTM. That is because they have more free time than respondents who did work so they can more actively use Posbindu.

According to Fieldstein, marital status influences the utilization of health services. Research showed that respondents with marital status was utilizing health services because they had support from neighbors and family, especially from their partners. With married status, respondents generally become members of the RT / RW / Dawis association so that more information and support was obtained.

Health status was also influencing the utilization of health services. Public opinion about health was still not in accordance with the actual concept. Healthy assumptions were shown by individuals who felt themselves healthy even though they were not necessarily medically healthy. Meanwhile, people was considering themselves sick when they were no longer able to do activities and were lying weak. At the time when the community was considering themselves sick and could no longer carried out activities, that was when the community began to utilize health services. This relates to the perceived benefits that would obtain if you adopting the recommended behavior (Putra, 2012).²

Based on this background, a study was conducted to analyze the determinants that influence the utilization of Posbindu PTM post productive age 15-59 years.

II. METHOD

Design of this study was observational analytic research. Cross sectional data were conducted to analyze the dynamics between risk factors and effects, by examining observations or collecting data at any time (time point approach). Samples were only observed once and measurements were made on the character status or subject variables at the time of examination. It does not mean that all research subjects began at the same time (Notoatmodjo, 2012).

This research was carried out in the Sebamban I Community Health Center in Tanah Bumbu District in March 2019. Population were community members aged 15-59 years and residing in the area of the Sebamban I Health Center, 16,738 people. Samples were calculated using the formula of hypothesis testing for population precision proportions according to Lameshow (Husaini et al, 2018). Based on this formula, the number of samples were 96 people. Samples were selected using cluster proportional random sampling technique by taking in each village proportionally and randomly to determine the sample for each village. In taking this samples, researchers used a random system of house numbers in each village to facilitate sampling.

Independent variables in this study were age, gender, education, occupation, marital status and health status. Dependent variable in this study was the utilization of Posbindu PTM. Data were collected using a questionnaire instrument. The questionnaire was tested for validity and reliability on 30 samples. Data analysis was performed by univariate analysis, bivariate analysis by using Chi-Square Test and multivariate analysis using multiple logistic regression analysis with the enter method to find the most dominant risk factors for the utilization of Posbindu PTM.

This study was approved by the Health Research Ethics Commission of the Faculty of Medicine, University of Lambung Mangkurat Banjarmasin-Indonesia Number 048 / KEPK-FKUNLAM / EC / 2020 and declared to have passed the ethics.

III. RESULT AND DISCUSSION

1. Univariate Analysis

Univariate analysis was the result of each analysis of research variables such as frequency distribution and percentage. The variables which analyzed univariately were age, gender, education, occupation, marital status, health status and utilization of Posbindu PTM.

Table 1 Distribution of Age Frequency, Gender, Education, Occupation, Marital Status, Health Status and Utilization of Posbindu PTM in Sebanban 1 Puskesmas Working Area, Sungai Loban District in 2019

Variable	Frequency (n)	Percentage (%)
Age		
Risky	39	40,6
Not at risk	57	59,4
Gender		
Women	46	47,9
Man	50	52,1
Education		
High	25	26,0
Low	71	74,0
Occupation		
Did Not Working	37	38,5
Working	59	61,5
Marital Status		
Married	70	61,5
Single/Not married	26	38,5
Health Status		
Have a history of disease	42	43,8
No history of disease	54	56,3
Utilization of Posbindu		
Utilize	34	35,4
Did not utilize	62	64,6

³ Based on table 1 showed that the majority of respondents aged at no risk 59.4%. Respondents who are not at risk were aged between 15-40 years, while those at risk were aged between 40-59 years. Most respondents were male 52.1%.

Table 1 also showed that more respondents had a low education of 74%. Respondents with low education were those with elementary, junior high and high school education while those with high education were a diploma or bachelor degree. The results also showed that more research respondents were employed at 61.5%. Most respondents were oil palm growers and rubber farmers while respondents who did not work were housewives or did not have a job.

In addition, the results of this study was indicating that the majority of respondents were married 61.5%. Most respondents were married and only few were not married or were widowed. The results also showed that more study respondents did not have a history of disease 56.3%. If the majority of respondents did not have a history of disease, it could be concluded that the respondents in this study were mostly in good health or did not have symptoms of non-communicable diseases. Respondents who had a history of illness were they who have been diagnosed with a non-communicable disease based on a medical examination.

Most respondents did not use posbindu 64.6%. Respondents who use Posbindu PTM were respondents who come to Posbindu PTM routinely or at least have visited Posbindu PTM in the past 3 months for a health check.

2. Bivariate Analysis

The results of the bivariate analysis in relation to age, gender, education, occupation, marital status, and health status with the utilization of Posbindu PTM were as follows:

Table 2 Relationship of Age, Gender, Education, Occupation, Marital Status, and Health Status with Utilization of Posbindu PTM in Sebanban 1 Puskesmas Working Area, Sungai Loban District in 2019

Variable	Utilization of Posbindu PTM				Sum	p-value	PR	95% (CI)
	Utilize		Don't Utilize					
	n	%	n	%				
Age								
Risky	28	71,8	11	28,2	39			
Not at risk	6	10,5	51	89,5	57	0,000	6,821	3,120-14,909
Gender								
Women	26	56,5	20	43,5	46			
Man	8	16,0	42	84,0	50	0,000	3,533	1,783-7,000
Education								
High	12	48,0	13	52,0	25			
Low	22	31,0	49	69,0	71	0,198	1,549	0,907-2,647
Occupation								
Did Not Working	26	70,3	11	29,7	37			
Working	8	13,6	51	86,4	59	0,000	5,182	2,632-10,204
Marital Status								
Married	29	41,4	41	58,6	70			
Single/Not married	5	19,2	21	80,8	26	0,075	2,154	0,934-4,968
Health Status								
Have a history of disease	30	71,4	12	28,6	42			
No history of disease	4	7,4	50	92,6	54	0,000	9,643	3,684-25,239

Based on table 2 showed that the majority of respondents who were not at risk did not utilize of Posbindu PTM. Chi Square test showed the p-value = 0,000. This means that age has a significant effect on the utilization of Posbindu PTM. PR Results 6,821 (95% CI 3,120-14,909) which means that respondents in risky age would utilize Posbindu PTM 6,821 times greater than respondents with not at risk aged.

It also showed that there were more female respondents utilizing posbindu PTM. Based on the Chi Square test results showed the p-value = 0,000. This means that gender was significantly influencing the utilization of Posbindu PTM. PR results of 3,533 (95% CI 1,783-7,000) which means that female respondents would utilize posbindu 3.533 times greater than male. The majority of respondents with tertiary education did not utilize the Posbindu PTM with

the Chi Square test results showing p-value = 0.198. So, education had no significant effect on the utilization of Posbindu PTM.

In addition, the study also showed that respondents who did not work were more likely to utilizing Posbindu PTM. Based on the Chi Square test results showed the p-value = 0,000. This means that work status had a significant effect on the utilization of Posbindu PTM. PR results 5.182 (95% CI 2.632-10.204) which means that respondents who did not work will utilize posbindu PTM 5.182 times greater than respondents who did work.

We also found that respondents who were married were more likely to utilizing the Posbindu PTM. Based on the Chi Square test results, it was the p-value = 0.075. This means that marital status did not significantly influenced the utilization of Posbindu PTM. In addition, most respondents who had a history of illness were utilizing Posbindu PTM. Based on the Chi Square test results showed the p-value = 0,000. This means that health status had a significant effect on the utilization of Posbindu PTM. PR results 9,643 (95% CI 3,684-25,239) which means that respondents who had a history of disease would utilize 9,643 times greater Posbindu PTM compared with respondents who did not have a history of disease.

c. Multivariate Analysis

In this section, the independent variables were selected consisting of age, gender, education, occupation, marital status and health status. The selection results stated that the independent variables age, gender, education, occupation, marital status and health status each had a p-value <0.25. The results of multivariate analysis could be seen in the following table 3.

Table 3 Multivariate Test Result

No	Variabele	sig.	Exp (B)	95% CI	
				Lower	Upper
1	Age	0,006	11,464	1,989	66,075
2	Gender	0,017	8,635	1,467	50,826
3	Education	0,537	1,827	0,270	12,368
4	Occupation	0,035	7,070	1,144	43,687
5	Marital Status	0,281	2,845	0,425	19,065
6	Health Status	0,000	38,489	5,810	254,980

Based on table 3, it was concluded that the most dominant independent variable influencing the utilization of Posbindu PTM was the health status variable (p-value = 0,000) with an exponential beta value (Exp B) of 38.489. The next dominant variable was the age variable (p-value = 0.006) with an exponential beta (Exp B) of 11.464, followed by the gender variable (p-value = 0.017) with an exponential beta (Exp B) of 8.635, the last dominant variable was working (p-value = 0.035) with exponential beta (Exp B) of 7.070.

IV. Discussion

1. Relationship between Age and Utilization of Posbindu PTM in Sebamban 1 Puskesmas District, Sungai Loban District, 2019

There was a significant relationship between age and the utilization of Posbindu PTM in the working area of Sebamban 1 Puskesmas Sungai Loban District. Respondents who were at risky age would 6,821 times to utilize of Posbindu PTM compared with respondents who were at no risk. Based on the facts, of the 11 people whose age were at risk but did not utilize Posbindu PTM, 8 of them said the Puskesmas facilities were more complete and more affordable and 3 of

them did not utilize Posbindu PTM because there was already a medical treatment service at the workplace provided by the oil palm plantation factory.

The Health Service Use theory also stated that age was one of the predisposing or internal factors that was influencing a person's behavior to utilize health services. When getting older, the immune system will decrease and the disease will be increasingly severe, it tends to require health services for healing the disease (Irawan, 2018).

Human age was influencing the utilization of visit to Posbindu because Green (1980) stated in Notoatmodjo (2010) that age was one of the individual characteristics that could facilitated or underlied certain behaviors. Through his mature age, a person would adapt his life behavior to his environment in addition to being natural, as well as instinctive behaviors that also develop (Budioro, 1998). Meanwhile, according to Hurlock (2011), adulthood began at the age of 18 years. During this time a person would experience changes in determining new lifestyles, new responsibilities and new commitments, including in deciding whether to utilize of health services when ill. This is supported by research conducted by Logen (2017) that age had a significant relationship with the utilization of health services.

2. Relationship between Sex and Utilization of Posbindu PTM in Sebamban 1 Puskesmas Working Area, Sungai Loban District in 2019

There was a significant relationship between gender and the utilization of Posbindu PTM in the working area of the Sebamban 1 Puskesmas Sungai Loban District. Women had a 3.533 times greater chance of utilizing the PTM posbindu compared to men. Based on the facts, 20 women who did not utilize Posbindu PTM reasoned that they were busy working so they did not have time for visit Posbindu PTM. Meanwhile, 50 men who did not utilize Posbindu PTM as many as 42 people reasoned being bound by working hours in oil palm plantations and rubber plantations. It was also found that most of the people who utilizing Posbindu PTM mainly because many women do not work, whose had more free time for went to Posbindu to check their health.

According to Notoatmodjo (2010) gender was an internal factor associated with behavior. Women were more positive than men in controlling health. The gender factor was one that influencing the utilization of health services because in terms of the level of human vulnerability that was originated from the gender, it made the level of health services utilization also differ in each gender. This was supported by Kurnia's research (2017) which found that there was a relationship between the gender of the respondent and the visit of the productive age community in Posbindu PTM Puri Praja in the working area of the Mulyoharjo Public Health Center, Pematang.

3. The relationship between education and the PTM Posbindu Utilization in the Sebamban 1 Puskesmas Working Area, Sungai Loban District in 2019

There was no significant relationship between education with utilization of Posbindu PTM in the work area of the Sebamban 1 Puskesmas Sungai Loban District. This was because respondents with higher education should utilizing Posbindu but instead prefer other service facilities such as Puskesmas or hospitals while those with low education also did not utilize Posbindu PTM for various reasons such as the location of remote, or because respondents did not know the Posbindu schedule and some said that they chose to went to the Community Health Center because the facilities were more complete and the drugs needed were also available and more complete. The results of this study were supported by research conducted by Klaudia (2017) showed that there was no meaningful relationship between education level and the utilization of posbindu.

4. Relationship between working and PTM Posbindu Utilization in Sebamban 1 Community Health Center in Sungai Loban Sub-District in 2019

There was a significant relationship between working and the utilization of Posbindu PTM in the working area of the Sebamban 1 Puskesmas in Sungai Loban District. Respondents who did not work had a 5.182 times greater chance of utilizing Posbindu PTM compared to respondents who worked. Based on the facts, out of 11 people who did not work and did not utilize Posbindu PTM, they were preferred to utilize Puskesmas as a health services because the facilities were more complete, so they did not visit to Posbindu PTM.

In addition, most people in the working area of the Sebamban 1 Puskesmas were rubber and oil palm farm laborers who went to work in oil palm plantations or tap rubber trees at dawn and return home during the day. So there was no time to go to Posbindu PTM to do a health check, some were fishermen who left at dawn and returned home late in the evening so they could not take part in Posbindu PTM activities.

They who did not work certainly have a greater opportunity to utilize of existing services because most of their time were spent at home than those who work. People who did not work more easily utilized Posbindu because they were not bound by working hours. People who didn't work but also didn't use Posbindu PTM were caused by lack of awareness and knowledge about the benefits. Most of the respondents were not aware of posbindu PTM, thus affecting its utilization (Nasrudin, 2017). This research was in line with research conducted by Ratnasari (2018) which stated that there was a relationship between employment status and the utilization of Posbindu PTM in the working area of the Setiabudi District Health Center in South Jakarta City.

5. Relationship between Marital Status and Utilization of Posbindu PTM in Sebamban 1 Puskesmas Working Area, Sungai Loban District in 2019

There as no significant relationship between marital status and the utilization of Posbindu PTM in the working area of the Sebamban 1 Puskesmas in Sungai Loban District. Based on the facts, of the 41 respondents who were married and did not utilizes Posbindu PTM states that they were busy working as oil palm farmers or rubber tappers so they did not have the time for attending Posbindu PTM. They were an average low level of education and did not know of Posbindu activities. People want to come to the health service only if they have a serious illness complaint, some did not utilize Posbindu PTM because they had to pay dues, while their economic capacity were very low.

This study did not prove the statement that marital status influenceing the utilization of Posbindu PTM and did not matche the theory put forward by Fieldstein. According to Fieldstein, marital status influencing the utilization of health services with his research showed that respondents with marital status (marriage) were better at visiting because they had supports of neighbors and families, especially couples and by getting married they have become members of RT / RW / Dawis associations so that they got more information and support.

6. Relationship between Health Status and Utilization of Posbindu PTM in the Sebamban 1 Puskesmas Working Area, Sungai Loban District in 2019

There was a significant relationship between health status and the utilization of Posbindu PTM in the working area of Sebamban 1 Puskesmas Sungai Loban District. Someone with history of disease had a 9,643 times greater chance of utilizing Posbindu PTM compared to someone with no history of disease. Based on the facts, 12 people who did not utilize Posbindu PTM despite having a history of disease stated because the location of Posbindu PTM was difficult to reach, it was far away and it was difficult to find transportation. Some of them did not

utilize Posbindu PTM because they did not have money to access it and paid their contributions so they were choosing not to go to Posbindu PTM.

Health status was influencing the utilization of health services. This means, most of the community's perception of health were in accordance with the actual concept of health and sickness, even though there were people who had not yet visited to get health services. Some people prefer to do self-medication or seek treatment that was considered better than going to Posbindu. Research conducted by Purdiyani (2016) stated there was a relationship between the health status of respondents with the utilization of Posbindu PTM in the working area of the Cilongok Health Center.

Posbindu Utilization was also inseparable from the quality of services provided. The various levels in posbindu and posyandu were a description of the performance of the services provided. The performance itself was influenced by various factors, both internal and external (Kiting RP, Ilmi B, Arifin S., 2016). To achieve good performance it could be by participating in high work. In this case, it was including posbindu or posyandu cadre officers (Arifin S, Suhariyadi F, Damayanti NA., 2018). When people were think Posbindu could provide good service, they would automatically visit Posbindu when they were sick.

7. Relationship between Age, Gender, Education, Employment, Marital Status and Health Status with the Utilization of Posbindu PTM in Sebamban 1 Puskesmas Working Area, Sungai Loban District in 2019

Based on the results of a multivariate analysis of six independent variables, the health status variable was the most dominant variable influencing the utilization of Posbindu PTM. This is caused by low public health behavior. People were not aware to do a health check if they did not have complaints of illness and they only seek treatment if they felt sick. Therefore, the health status variable was the dominant variable influencing the utilization of Posbindu PTM.

According to Notoatmodjo (2010), people's perceptions about health were still not in accordance with the actual concept. Healthy perceptions were shown by individuals who feel themselves healthy, although they were not medically sure to be truly healthy. Meanwhile, people were considering themselves sick when they were no longer able to do activities and were lying weak. When they could no longer move and considering themselves sick, that's when the new community utilized health services. Notoatmodjo (2010) explains that what was felt healthy for someone may not be felt healthy for others. In addition, there were differences in the concept and perception of health and sickness in society. Objectively speaking, when a person was affected by a disease, one of his organs was disrupted, but he did not feel sick. Or conversely, a person felt pain in his body, but from clinical examination there was no evidence that he was sick. People were accustomed to dealing with health problems independently if the pain complaint was felt mild, for example like buying medicine at a drugstore or going to a masseur instead of visiting a health service that had to wait in line especially if the distance were far from home. This was explained in the Napirah study (2016) where people who were feeling ill would seek an alternative treatment because of the distance of health services and the long time needed to reach them and incur additional costs for transportation.

Health status was also inseparable from the age factor, where older people was, the higher their risk of experiencing health problems. Respondents > 40 years old would like to utilize Posbindu PTM more, this was related to their physical condition who were > 40 years would have complained of diseases that actually arise in the elderly. It could be seen that for the elderly, utilization of Posbindu PTM achieved more than 70%.

V. CONCLUSION

There was an influenced of age, gender, and health status on the utilization of Posbindu PTM of productive age 15-59 years in the working area of Sebamban 1 Puskesmas Tanah Bumbu Regency in 2019. Health status had a dominant influenced on the utilization of Posbindu PTM. But there were no influenced between education and marital status on the utilization of Posbindu PTM of productive age 15-59 years in the work area of Sebamban 1 Puskesmas Tanah Bumbu Regency in 2019.

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