

RELATIONSHIP LEVEL OF EDUCATION AND FAMILY INCOME WITH HEALTH SERVICE UTILIZATION

Dede Rukasa*, Akhmad Yani Suryana, Helty Damayanti, Dwi Indah Lestari

Wijaya Husada Health Institute
Jl. Letjend Ibrahim Adjie, No. 180, Sindang Barang, Bogor, West Java, Indonesia
*corresponding author: wijayahusada@gmail.com

ABSTRACT

Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts by prioritizing promotive and preventive efforts to achieve the highest health status in its working area. Public health efforts include essential public health efforts and developmental health efforts. Efforts to consider the needs of health services. This study aims to determine the relationship between education level and family income with the use of health services at the Cimandala Community Health Center in 2020.

This research method using cross sectional method using the control control tau correlation. And the sampling method in this study was probability sampling with a random sampling method with a sample size of 133 respondents. Data collection using a questionnaire for variables of education level, family income and utilization of family services.

The results of the study on the education level variable showed that there were 60 (45.1%) respondents who had low levels of education. The family income variable shows that there are 59 (44.4%) respondents who have low income. Meanwhile, the variable of health service utilization was obtained as many as 93 (69.9%) respondents who used health services at the Cimandala Community Health Center.

Based on the results of the study, the p value was $0.000 \leq 0.05$, which means that there is a relationship between the level of education and the utilization of health services at the Cimandala Community Health Center, Bogor Regency in 2020 (H_0 was rejected and H_a was accepted). And the results of the study obtained a p value of $0.437 \leq 0.05$, which means there is no relationship between the level of education and the utilization of health services at the Cimandala Community Health Center, Bogor Regency in 2020 (H_0 is accepted and H_a is rejected). The results of this study can provide an overview of the level of education and family income on the utilization of health services at the Cimandala Community Health Center, so that it can be a reference so that there is an increase in good performance in the service quality section.

Keywords : Education Level, Family Income, Health Service Utilization

PRELIMINARY

Puskesmas is a health service facility that organizes community health efforts and individual health efforts at the first level by prioritizing promotive and preventive efforts to achieve the highest degree of health in their working area. Public health efforts include essential public health efforts and development health efforts. Efforts to consider the need for health services.

A health service facility is a place that is used to carry out health service efforts, both preventive, promotive, curative and also rehabilitative carried out by the government, local government and or the community. The Puskesmas, which is the first and foremost health service unit in the health service system, carries out mandatory health efforts and optional health efforts that are tailored to the needs, conditions, abilities, demands, and innovations as well as local government policies. The health programs and efforts organized by the

puskesmas are the main programs (public health essential) that must be implemented by the government to realize people's welfare.

Based on the 2018 Riskesdas, the percentage of households utilizing health service units in Indonesia was mostly to Puskesmas/Pustu 39.2%, Doctor and Midwife Practice 37.3%, Hospital 37.1%. 2 Number of puskesmas in West Java Province in 2018 recorded as many as 1,050 pieces. It consists of 874 non-inpatient health centers and 176 inpatient health centers. The ratio of Community Health Centers to population in West Java is 1: 45,123 or 2.2 per 1,000 population, this is still below the national target of 1: 30,000. However, this deficiency can be overcome by establishing 1,603 auxiliary health centers. In an effort to increase service coverage, mobile health centers were also formed with 905 units of 4-wheeled vehicles (ambulance), and 245 units of 2-wheeled vehicles. In addition, a network of Community Health Centers in the form of Posyandu was built, totaling 51,035.3

Comparison of Community Health Centers to population according to Regency that is closest to ideal conditions (standard 1 Health Center for 30,000 residents) is Kuningan Regency (28,700), while the Regency that is furthest away from ideal conditions is Bekasi Regency (86,454). The smallest comparison for the City area is Cirebon City (14,113) and the largest comparison is Bekasi City, where 1 Puskesmas has to serve 89,910 people. The comparison of Community Health Centers to the population in Bogor City is 44,362 people.3

In general, the health planning process, both in terms of health personnel and facilities, is strongly influenced by the consumption of health services. To achieve health development, the government's approach so far has tended towards supply and slightly towards demand and use. Even though both are aspects of the use of health services. This is proven by the many ineffective and inefficient health service facilities due to the use of puskesmas facilities in the regions. 3

In order to meet the need for health services for the community, efforts are made to continuously improve the function of the Puskesmas both in terms of manpower, facilities, operations and maintenance as well as management efficiency in accordance with the characteristics of the community within the scope of work both socially, culturally and customs. 3 The utilization of Puskesmas services is influenced by several Factors include public perceptions of health, public perceptions of service quality, family income and level of education.

Education begins with the process of learning to know something and then processing that information so that it can be applied in everyday life. Education itself concerns all aspects of people's lives such as aspects in the economic, political, social, cultural, legal, health and other aspects. By obtaining useful education, individuals will acquire knowledge and skills that will later be used for the future life of the individual himself. Every individual needs education so that later they can place themselves well in society.4

Education is a means for an individual to gain understanding in various fields, including in the health sector. Whether a person's level of education is high or low, health is still an important need for all people, both those with a high level of education and those with a low level of education. All individuals will do everything they can to have a healthy body condition. Because health is one of the factors that play an important role in realizing quality

human resources. Needs in the health sector can be obtained by utilizing existing health service facilities as a treatment option

The education factor is very closely related to the low behavior of the utilization of health services by the community. Education is important for every individual human being to have broad knowledge and insight, and is a field that shapes attitudes, behavior and actions, both individuals and groups to have a sense of will to progress.

According to Notoatmodjo, theoretically formal education will greatly affect one's knowledge so that if someone has higher formal education will have higher knowledge than someone with low education.

Whereas income is goods and services to meet the level of people's lives, where with the income owned by every soul it is called per capita income where per capita income is a benchmark for economic progress or development. ⁷ Based on research conducted by Ruyman, it is stated that there is a relationship between knowledge and attitudes with utilization of health services. ⁸

Based on a preliminary study conducted at the Tanas Sareal Health Center in Bogor City by conducting a survey looking at data on patient visits for treatment in 2019, there were around 40,270 visits, while the population of the Tanas Sareal Health Center in Bogor City was around 93,999 people. According to the results of interviews with 10 visitors to the Tanas Sareal Health Center, Bogor City, 5 of them often used health services at the Tanas Sareal Health Center, Bogor City, with an average final education of high school and university graduates and an average income of > 2,500,000, while 5 people the other just visited health services at the Tanas Sareal Health Center in Bogor City with an average final education of elementary and junior high school graduates and an average income of < 2,500,000. Based on the description of the background above, the researcher is interested in conducting research with the title "Relationship Level of Education and Family Income with Utilization of Health Services at the Tanas Sareal Health Center, Bogor City in 2020".

RESEARCH METHODS

This research uses quantitative analytic research, namely research to determine the relationship between independent and dependent variables, with a cross sectional approach. The population in this study was the community of RT 02 RW 01 which is in the working area of the Tanas Sareal Health Center, Bogor City, with a total population of 200 people. In taking samples, this study conducted sampling with probability sampling with random sampling method, which was carried out randomly without paying attention to strata. While this study uses the slovin formula for sampling. In this study, the sample used was 133 people from RT 02 RW 01, which is in the working area of the Tanah Sareal Community Health Center, Bogor City. The questionnaire is used as a tool for data collection in this study. Data analysis used univariate analysis and bivariate analysis with Kendall Tau.

RESEARCH RESULT

Table 1 Frequency Distribution of Education Levels at the Tanas Sareal Community Health Center, Bogor City

No.	Education Level	Frequency	Percentage (%)
1.	Low Education	60	45,1
2.	Secondary Education	53	39,8
3.	Higher Education	20	15,0
Total		133	100

Based on the frequency distribution table for education level at the Tanas Sareal Community Health Center in Bogor City, the majority of the 133 respondents were 60 (45.1%) respondents who had a low level of education.

Table 2 Frequency Distribution of Family Income at the Tanas Sareal Health Center, Bogor City

No.	Family Income	Frequency	Percentage (%)
1.	Low	59	44,4
2.	Secondary	53	39,8
3.	Higher	21	15,8
Total		133	133

Based on the frequency distribution table for family income at the Tanas Sareal Community Health Center, Bogor City, most of the 133 respondents were 59 (44.4%) respondents who had low incomes.

Table 3 Frequency Distribution of Utilization of Health Services at the Tanah Sareal Community Health Center, Bogor City

No.	Utilization of Health Services	Frequency	Percentage (%)
1.	Not Utilizing	40	30,1
2.	Utilizing	93	69,9
Total		133	133

Based on the distribution table for the frequency of utilization of health services at the Tanas Sareal Health Center, Bogor City in 2020, the majority of the 133 respondents, there were 93 (69.9%) respondents who used health services at the Tanas Sareal Health Center, Bogor City.

Relationship between Education Level and Utilization of Health Services at the Tanas Sareal Community Health Center, Bogor City

Based on data on the relationship between education level and utilization of health services at the Tanas Sareal Health Center in Bogor City, from 133 respondents, there were 48 (80.0%) respondents who had low education and used health services at the Tanas Sareal Health Center, Bogor City. The statistical test results obtained a p value of $0.009 \leq 0.05$, which means that there is a relationship between education level and utilization of health services at the Tanas Sareal Health Center, Bogor City.

The Relationship of Family Income to the Utilization of Health Services at the Tanas Sareal Community Health Center, Bogor City

Based on data on the relationship of family income to the utilization of health services at the Tanas Sareal Health Center, Bogor City, Bogor Regency, from 133 respondents, there were 44 (74.5%) respondents who had low family income and utilized health services at the Tanas Sareal Health Center, Bogor City. The statistical test results obtained a p value of $0.437 \leq 0.05$, which means that there is no relationship between education level and utilization of health services at the Tanas Sareal Health Center, Bogor City.

DISCUSSION

Relationship between Education Level and Utilization of Health Services at the Tanas Sareal Community Health Center, Bogor City

The results of this study are in line with research conducted by Jimmy Tampi (2015) which states that there is a relationship between education level and utilization of health services with a p value of 0.002.

The level of education is the stage of education that is determined based on the level of development of students, the goals to be achieved and the will to be developed. The level of education influences changes in attitudes and healthy living behavior. A higher level of education will make it easier for a person or community to absorb information and implement it in their daily behavior and lifestyle, especially in terms of health. Formal education forms value for someone, especially in accepting new things. 10

The level of education is the stage of education that is determined based on the level of development of students, the goals to be achieved and the will to be developed. The level of education influences changes in attitudes and healthy living behavior. 10

Utilization of health services by families, depending on family predisposition includes characteristics of families tending to use health services including demographic variables, social structure variables (education, employment, ethnicity) as well as beliefs and attitudes towards medical care, doctors, and illness (including existing stress and anxiety) relation to health).

Saragih's research stated that attitudes greatly influenced the utilization of health services (Puskesmas). This is due to the behavior of health service workers at the puskesmas and the attitude of the people who prefer to go to the midwife's medical center or doctor's practice in the village rather than to the puskesmas.

Based on the results of the research and theory above, the analysis from the researchers is that the level of education is one of the factors that influence the utilization of health services at the Tanas Sareal Community Health Center, Bogor City.

The Relationship of Family Income to the Utilization of Health Services at the Tanas Sareal Community Health Center, Bogor City

The results of this study are in line with research conducted by Irma Irianti (2018) which states that there is no relationship between income and utilization of health services with a p value of 0.755.

Family income is the total real income of all household members which is used to meet the collective and individual needs of the household. Family income is remuneration for work or services or compensation obtained due to donations made in production activities

In essence, the income received by a person or business entity is of course influenced by many factors, such as the level of education and experience of a person, the higher the level of education and experience, the higher the level of income, then also the level of income is strongly influenced by working capital, working hours, access credit, number of workers, family dependents, types of merchandise (products) and other factors. In general, people always seek high levels of income to meet their household needs, but are limited by several of these factors

Utilization of health services by families, depending on family predisposition includes characteristics of families tending to use health services including demographic variables, social structure variables (education, employment, ethnicity) as well as beliefs and attitudes towards medical care, doctors, and illness (including existing stress and anxiety) relation to health).

Saragih's research stated that attitudes greatly influenced the utilization of health services (Puskesmas). This is due to the behavior of health service workers at the puskesmas and the attitude of the people who prefer to go to the midwife's medical center or doctor's practice in the village rather than to the puskesmas.

Based on the results of the research and theory above, the analysis from the researchers is that family income is not a factor that influences the utilization of health services at the Tanah Sareal Community Health Center, Bogor City.

CONCLUSION

1. It is known that the frequency distribution of the educational level of the majority of respondents from 133 respondents there were 60 (45.1%) respondents who had a low level of education.
2. Knowing the frequency distribution of family income, most of the 133 respondents, there were 59 (44.4%) respondents who had low incomes.
3. It is known that the distribution of the frequency of utilization of health services for most of the 133 respondents, there were 93 (69.9%) respondents who used health services.

4. Based on the results of an analysis of the relationship between education level and utilization of health services from 133 respondents, there were 48 (80.0%) respondents who had low education and utilized health services. The statistical test results obtained a p value of $0.009 \leq 0.05$, which means that there is a relationship between the level of education and the utilization of health services.
5. Based on the analysis of the relationship between family income and utilization of health services in 2020, out of 133 respondents, there were 44 (74.5%) respondents who had low family income and utilized health services. The statistical test results obtained a p value of $0.437 \leq 0.05$, which meaning that there is no relationship between education level and utilization of health services.

REFERENCES

1. Peraturan Menteri Kesehatan Nomor 75 Tahun 2014. Tentang Pusat Kesehatan Masyarakat. 2014.
2. Kemenkes RI. 2018. Riset Kesehatan Dasar (Riskesdas) 2018, Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2018.
3. Dinas Kesehatan JABAR. 2019. Profil Kesehatan Tahun 2018. Dinas Kesehatan Provinsi Jawa Barat.
4. Kholifah, S. N. 2016. Keperawatan Gerontik. Pusat pendidikan sumber daya manusia kesehatan badan pengembangan dan pemberdayaan sumber daya manusia kesehatan, 10.
5. Adiratnakusuma, Bayu. 2017. Analisis Determinan Tingkat Kemiskinan Se-Eks Karesidenan Surakarta Di Jawa Tengah Tahun 2005-2014, skripsi. Jurusan Ilmu Ekonomi Study Pembangunan. Universitas Muhammadiyah Surakarta.
6. Notoatmodjo, S. 2010. Metodologi Penelitian Kesehatan. Jakarta. Rineka Cipta.
7. Abintoro Prakoso. 2013. Kriminologi dan Hukum Pidana. Laksbang Grafika. Yogyakarta.
8. Rumayar, A, Adisti. 2018. Hubungan antara Pengetahuan, Sikap dan Pendapatan dengan Pemanfaatan Puskesmas oleh Masyarakat Desa Kima Bajo Kecamatan Wori. Skripsi. Jurusan Ilmu Kesehatan Masyarakat. Universitas Sam Ratulangi.
9. Depdiknas. 2003. Undang-undang RI No.20 tahun 2003 tentang Sistem Pendidikan Nasional.
10. Basrowi. 2014. Pengantar Sosiologi. Bogor: Ghalia Indonesia.
11. Peraturan Pemerintah No 27 tahun 1990. Tentang Pendidikan Prasekolah.
12. Peraturan Pemerintah No 28 tahun 1990. Tentang Sekolah Dasar.
13. Peraturan Pemerintah No 29 tahun 1990. Tentang Pendidikan Menengah.
14. UU. RI No 2 tahun 1989. Sistem Pendidikan Nasional dan Penjelasan.
15. Hasbullah. 2015. Dasar-dasar Ilmu Pendidikan. Jakarta: PT Raja Grafindo Persada.
16. Pitma Pertiwi. 2015. Analisis Faktor-Faktor Yang Mempengaruhi Pendapatan Tenaga Kerja di Daerah Istimewah Yogyakarta. Skripsi. Universitas Negeri Yogyakarta.
17. Badan Pusat Statistik (BPS) diakses dari <http://www.bps.go.id/>, diakses pada tanggal 2 Februari 2020.
18. Abdurrahman dan Yuliani, Nur Laila. 2011. Determinasi Pengambilan Keputusan Etis Auditor Internal (Studi Empiris pada BUMN dan BUMD di Magelang dan Temanggung). Widya Warta No. 02 Tahun XXXV / Juli 2011. ISSN 0854-1981.
19. Suparyanto. 2014. Konsep Dasar Pendapatan Keluarga. Diakses pada 14 maret 2020. <http://dr-suparyanto.blogspot.co.id/2014/03/konsep-dasar-pendapatan-keluarga.html>.

20. Departemen Kesehatan RI. Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 Tentang Kesehatan. Jakarta: Kementrian Kesehatan RI: 2009.
21. Depkes RI. 2006. Pedoman Penyelenggaraan dan Prosedur Rekam Medis Rumah Sakit di Indonesia. Jakarta: Depkes RI.
22. Azwar, A. 2010 Pengantar Administrasi Kesehatan, Edisi Ketiga. Tangerang: Binarupa Aksara.
23. Saragih, F, .S. 2010. Pengaruh Penyuluhan Terhadap Pengetahuan dan Sikap Ibu Tentang Makanan Sehat dan Gizi Seimbang di Desa Merek Raya Kecamatan Raya Kabupaten Simalungun Tahun 2010. Universitas Sumatera Utara (USU).
24. Rifai, Achmad. 2005. Pengaruh Persepsi Masyarakat terhadap Pemanfaatan Pelayanan Pengobatan di Puskesmas Binjai Kota. Tesis-Pasca sarjana Usu. Medan.
25. Departemen Kesehatan RI. 2002b. Pengendalian Penyakit dan Penyehatan Lingkungan.
26. Rumengan, D. S. S., Umboh, J. M. L., & Kandou, G. D. 2015. Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS Kesehatan di Puskesmas Paniki Bawah Kecamatan Mapanget Kota Manado. JIKMU, 5(1), 88-100. Retrieved from <http://ejournal.unsrat.ac.id/index.php/jikmu/article/view/7180>.
27. Yusniar, S., Ashari. 2012. Faktor-faktor yang Berhubungan dengan Pemanfaatan Pelayanan Puskesmas Liu Di Desa Bila Kecamatan Sabbangparu Kabupaten Wajo. STIKES Nani Hasanuddin, Makassar.
28. Pratiwi, A. E. 2012. Minat pemanfaatan pelayanan kesehatan bagi peserta program jaminan kesehatan Bali Mandara studi di Kabupaten Karangasem dan Kabupaten Badung. Universitas Gadjah Mada, Yogyakarta.
29. Saeed, B. I. I., Abdul-Aziz, A. R., & XicangZhao. 2013. Assessing the influential factors on the use of healthcare: Evidence from Ghana. International Journal of Business and Social Science, 4(1).
30. Sugiyono. 2016. Metode Penelitian Kuantitatif, Kualitatif dan R&D. Bandung: PT Alfabet.
31. Notoatmodjo, Soekidjo. 2012. Promosi kesehatan dan Perilaku Kesehatan. Jakarta : Rineka cipta.
32. Nursalam. 2013. Metodologi Penelitian Ilmu Keperawatan : Pendekatan Praktis. Edisi 3. Jakarta. Salemba Medika.
33. Sugiyono. 2014. Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D. Bandung : Alfabeta.
34. Sugiyono. 2013. Metode Penelitian Kuantitatif, Kualitatif dan R&D. Bandung : Alfabeta.CV.
35. Sugiyono. 2017. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung : Alfabeta, CV.
36. Sugiyono. 2011. Metode Penelitian Kuantitatif, Kualitatif dan R&D. Bandung: Afabeta.
37. Dahlan, Sopiudin. 2014. Statistik Untuk Kedokteran Dan Kesehatan Edisi 6. Jakarta, Salmbe Medika.