



COMMUNITY BEHAVIOR IN CHOOSING HEALTH SERVICES AFTER THE COVID-19 PANDEMIC

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ABSTRACT

The decline in the number of visits at the FKTP Klinik Mitra Keluarga Sejahtera Sukowono after the COVID-19 pandemic in June 2022 was around 55% per month and tended to stagnate and even a downward trend in early 2023. So that it resulted in a decrease in the number of visits at Klinik and increasingly had an impact on public trust in services in the area around Sukowono Jember. This study aims to look at the behavior of choosing health services by the community in the post-Covid-19 pandemic period. This research method is an observational analytic research with a cross-sectional design. The sample size was 257 respondents with purposive sampling technique. Using questionnaire instruments and chi square test analysis and logistic regression test. Research Results Variables associated with behavioral patterns of choosing health services in this study are pain perception, accessibility, information, socioeconomics, and family support. Factors that influence the behavior of choosing health services are pain perception ($p=0.026$; $\text{Exp}(B)=2.012$), accessibility ($p=0.019$; $\text{Exp}(B)=1.962$), information quality ($p=0.021$; $\text{Exp}(B)=1.974$), socioeconomic ($p=0.006$; $\text{Exp}(B)=0.149$) and family support value ($p=0.006$; $\text{Exp}(B)=0.149$). Perception of illness, accessibility, quality of information are the factors that most influence the behavior of choosing health services during the post-COVID-19 pandemic.

Keywords: accessibility; behavior; information quality; perception

First Received 10 September 2023	Revised 14 September 2023	Accepted 30 September 2023
Final Proof Received 26 October 2023		Published 28 November 2023
How to cite (in APA style) Supriyadi, S., & Zaini, M. (2023). Community Behavior in Choosing Health Services after the Covid-19 Pandemic. <i>Indonesian Journal of Global Health Research</i> , 5(4), 937-948. https://doi.org/10.37287/ijghr.v5i4.2638 .		

INTRODUCTION

Based on information from the Ministry of Health, it urges residents to remain vigilant after noting an increase in the accumulation of Covid-19 cases every week in recent times and is predicted to increase starting in January 2023. There is an increase in cases, from the usual 10-20 cases per week, even recorded an increase to 267 cases per week, according to the Head of the Ministry of Health's Bureau of Communication and Public Services, Siti Nadia Tarmizi. Not only in Indonesia, a similar situation also occurred in a number of other Southeast Asian countries, such as Singapore, Malaysia, and the Philippines. This has re-triggered the behavior of the community in the selection of treatment regarding treatment-seeking patterns, the selection of community treatment, the visible behavior of which some people tend to choose self-medication at home by buying drugs at pharmacies, seeking treatment at independent practices of health workers, because people are worried about going to hospitals or other health facilities. However, there are also those who choose treatment to health services such as during a pandemic and there are also those who call health workers to the house (Homecare).

This condition strengthens the perception of the community in accessing health services is reluctance to visit crowded places, one of which is the first level of health service facilities including private FKTP. Health services are the efforts of a health service organization including hospitals, health centers, clinics, and independent practices of doctors, nurses and midwives, to improve the degree of public health. The role of first-level health facilities (FKTP) is to carry out individual health service efforts and realize healthy behavior of the community, both awareness, willingness and ability to live a healthy life (Bappenas, 2018; Indonesian Ministry of Health, 2019). The choice of health services is related to community needs and is influenced by the services provided (Wulandari et al., 2016). The behavior of choosing health services is based on the level of knowledge and trust of the community in health care facilities as an effort to seek treatment (Alim et al., 2019).

Behavior or pattern of choosing treatment seeking is a process that can never be separated from people's lives because everyone who lives is inseparable from disease. A person's response when sick can be in the form of doing nothing (no action), self-treatment, seeking treatment at traditional medicine facilities (traditional remedies), and seeking treatment at modern treatment facilities provided by the government or private health institutions including hospitals, health centers, clinics, and independent practices of doctors, nurses and midwives. Choosing the wrong or late source of treatment will have a major impact on the recovery of the patient's illness. (Luna Amalia, 2017). According to Candra Hermawan et al in 2017, another factor can be seen, namely the attitude of a person in taking action is because the person or community already believes in themselves, and already feels that based on past experience their own efforts have brought healing. This results in outside treatment not being needed.

Patient visits at the FKTP Klinik Mitra Keluarga Sejahtera Sukowono after the COVID-19 pandemic in June 2021 were around 45% per month and tended to stagnate and even a downward trend in 2022, which was 55% and until mid-2023 had not shown a significant increase in visits. Klinik Mitra Keluarga Sejahtera is located in Sukowono District, Jember Regency. The total population in the working area of the FKTP Klinik Mitra Keluarga Sukowono is 54,544 people spread across 11 villages. The number of visits at Klinik Mitra Keluarga Sukowono in 2021 was 23,379, in 2022 the number of visits decreased by around 55%. This decrease in the number of visits occurred during the COVID-19 pandemic in May 2021 until the new normal adaptation era. These problems affect the reduction in the target achievement of general examination health services, both outpatient and inpatient. The number of outpatient visits at Puskesmas Klinik Mitra Keluarga Sejahtera in 2022 decreased by 46% and inpatient visits reached 62% when compared to 2021. Apart from the decline in MCH visits, Dental services also experienced the same thing.

Based on the morbidity rate, the percentage of residents who have health complaints in Jember district actually experienced an increasing trend starting in 2019 as much as 15.26%, in 2020 19.10% and in 2021 as much as 22.36% with a total population of 2,584,233 people. Likewise, according to data on the top ten patients in Jember Regency, which experienced an increase from 2019 to 2022, patients with acute respiratory infections (DHO Jember, 2022). In 2021, at the Mitra Keluarga Sejahtera Clinic, the number of health service visits with the highest complaint was acute upper respiratory tract infection and in 2022 the number of visits for this disease decreased by more than 55%. The behavior of decreasing the number of health utilization at FKTP will have an impact on efforts to reduce early detection of a disease which will result in ignorance of the actual increase in morbidity rates in the community.

According to Marnah et al., 2016, health service utilization behavior is grouped into predisposing factors (gender, age, education, occupation), ability factors including income, insurance, knowledge of health service needs, there is information on health service facilities, accessibility, and need factors including individual assessment, and clinical assessment of a disease. The type and menu of health facility services are influenced by the location, information and motivation of the community to come and obtain services. Likewise, the suitability of health service programs with community needs also affects the availability of health facilities. In one study, it was found that gender, education level and place of residence influence the use of health services (Volkert et al., 2018).

According to Dever's (1984) statement, provider and socioeconomic factors also influence community utilization behavior in choosing health services. Provider factors can be in the form of ease of health information or available health facilities. The more sources of information received, the more knowledge they have (Alamsyah, 2017). Socioeconomic factors affect people's concerns or anxiety about the current situation, especially since the community has been traumatized by the co-19 pandemic. Factors that can affect anxiety are negative experiences and irrational thoughts (Adler, R. B & Rodman, 1991). Meanwhile, factors that influence a person's anxiety are age and stage of development, environment, knowledge and experience, and the role or support of the family (Iyus, 2011).

The decline in the number of visits is thought to be due to the post-pandemic impact situation, besides that there is information that has developed recently in the media that there may be a surge in covid-19 cases with new variants which are thought to be more contagious. This has caused anxiety in the community so that they feel worried and ultimately delay seeking treatment from health services (Hamzah, 2020). In addition, due to the perception of the community who feel comfortable adapting to choosing self-medication (swamedika), lack of information, delivery of information that is too excessive in the media and low knowledge can cause anxiety among the community (Aulia, 2018; Labib, 2020). So based on the problems of these facts and data, researchers are interested in analyzing more deeply the factors related to community behavior patterns in choosing health services in the post-COVID-19 pandemic period at the First Level Health Facility (FKTP) Klinik Mitra Keluarga Sejahtera. With the research location in the Sukowono area of Jember Regency.

METHOD

This study uses an observational analytic method with a cross sectional study design where this research is to study the dynamics of the correlation between risk factors and effects, by means of an observational approach or data collection. The independent variables used include level of knowledge, accessibility, perception of illness, ease of information, socioeconomics and family support. While the dependent variable is the behavior of choosing health services. The sample in this study were people who had sought health services at FKTP Klinik Mitra Keluarga Sejahtera, aged 18 years and over. The number of respondents in this study were 257 respondents. The sampling technique used purposive sampling with inclusion and exclusion criteria. The inclusion criteria in this study were having come to get health services at the First Level Health Facility (FKTP) Klinik Mitra Keluarga Sejahtera after the COVID-19 pandemic, domiciled in the Sukowono area and willing to be a respondent. The research was conducted at Mitra Keluarga Sejahtera Clinic and its working area in July 2023. The instrument used in this study as a primary data source was a questionnaire. The advantages of this method are to increase the effectiveness of the survey to be broader, increase the credibility and trust of respondents (De Leeuw, 2005). While secondary data sources were obtained from the health profile of Mitra Keluarga Sejahtera Sukowono Clinic

and the profile of the East Java Health Office and Jember Regency. Processing was done by univariate, bivariate and multivariate analysis. Univariate analysis obtained the number and percentage of respondents based on all variables studied. Bivariate analysis describes the relationship between all independent variables and the dependent variable using the Person chi-square test. While multivariate analysis obtained independent variables that are highly related to the dependent variable.

RESULTS

Univariate analysis aims to explain the characteristics of each research variable. This analysis can also describe the criteria and describe each variable studied, in each variable has different categories, the results of univariate analysis obtained the frequency and percentage of each category in each variable. Based on the data in table 1, the univariate analysis test shows that most of the respondents' knowledge is categorized as sufficient as 56.03%, understanding the perception of pain 61.30%, affordability of health insurance as much as 59.80%, provision of information 54.25%, economic segment Most of the middle and lower classes are 84.70% and there is family support of 62.40%. While the behavior of respondents in choosing health services when sick is more likely to choose non-health service facilities, namely 67.80%. And based on the data illustrates that there is a tendency for the community to have an understanding that self-medication is more affordable and efficient.

Table 1.
Frequency distribution of variables related to the selection of health services (n= 257)

Respondent variable	Category	f	%
Level of knowledge	Good	56	21,80
	Fair	144	56,03
	Poor	57	22,17
Perception of pain	Understand	157	61,30
	Not understand	100	39,70
Accessibility	Affordable	103	40,20
	Not affordable	154	59,80
Information	Essay	139	54,25
	Difficult	118	45,75
Socio economic	High	39	15,30
	Medium	134	52,30
	Low	84	32,40
Family support	Good	160	62,40
	Not good	97	47,60
Health service selection	Health facility	83	32,20
	Not health facility	174	67,80

Based on table 1, it is known that most respondents have a sufficient level of knowledge in choosing health facilities (56.03%), understand the perception of illness (61.30%), the level of accessibility is relatively not affordable (59.80%), access to information is easy (54.25%), the socio-economic level is medium (52.30%), family support is good (62.40%), and most choose non-health facilities (67.80%).

Based on the data identification in table 2 above, it illustrates that respondents when sick in choosing a health facility mostly go to the Puskesmas by 53.60%. However, there is a significant trend in community behavior in requesting health services, namely the number of requests for home visit services (homecare) as much as 53.20%, self-medication to buy drugs at drug stores 52.90%, the rest buy drugs at pharmacies if there are mild symptoms of illness.

Furthermore, to determine the relationship between the two variables, bivariate analysis was conducted with the same variables.

Table 1.
Frequency Distribution of Health Service Selection Behavior

Variable	Type of Service	f	%
Level of knowledge	Health facilities:		
	Hospital	52	20,00
	Community Health center	138	53,60
	Clinic	67	26,40
Perception of pain	Non health facilities:		
	Doctor	20	7,80
	Nurse	68	26,70
	Midwife	32	12,30
	Home care	137	53,20
Accessibility	Swamedika:		
	Pharmacy	121	47,10
	Drugstore	136	52,90

Table 3.
Distribution of Bivariate test results of independent variables

independent variable	Dependent variable	P value	RP	95% CI	Description
Level of knowledge	Health facility selection behavior	0,57	0,89	0,48-1,20	Not significant
Perception of illness		0,03	1,63	1,01-2,48	significant
Accessibility		0,02	1,68	1,02-2,57	significant
Information		0,02	1,73	1,05-2,85	significant
Socio economic		0,00	1,75	1,09-2,81	significant
Family support		0,02	1,69	1,01-2,60	significant

Based on table 3, it is known that the level of knowledge does not have a significant correlation with health facility selection behavior (p value 0.57), while the perception of pain, accessibility, information, socio-economic and family support have a significant correlation with health facility selection behavior (p value <0.05).

Table 4.
Multivariate analysis of health facility selection behavior

Independent variable	Dependent variable	P value	Exp (B)	95% CI	
				Lower	Upper
Perception of illness	Health facility selection behavior	0,02	2,02	1,07	3,76
Accessibility		0,01	1,96	1,07	3,54
Information		0,02	1,97	1,07	3,64
Socio economic		0,00	0,14	0,08	0,43
Family support		0,02	0,50	0,28	0,99

Based on table 4, it is known that socioeconomic variables have the most significant correlation with health facility selection behavior variables (p value 0,00).

DISCUSSION

Relationship between knowledge level with health facility selection behavior

Based on the results of the bivariate analysis in Table 3, the variable level of knowledge explains that there is no significant between the level of knowledge and health service selection behavior ($p = 0.578$). This is also in accordance with the research of Fajar Luthfir Rahman et al (2017) on treatment-seeking behavior in students when sick which states that there is no relationship between knowledge and health service-seeking behavior. According to Anderson, the knowledge factor is one that influences health service seeking behavior, because a person's knowledge about the disease will more or less affect the attitudes and beliefs of individuals in seeking health services for themselves, but of course this varies for each individual in using health services. Respondents with good knowledge have more poor behavior in seeking health services compared to respondents with poor knowledge. The higher a person's knowledge, the better their behavior. But in reality, behavior is not only influenced by knowledge alone, but there are many other things that not only come from within the individual but also from outside, for example the influence of the social environment, exposure to family support information. In addition, it is also supported by public knowledge related to health service information at the Mitra Keluarga Sejahtera Clinic Health facility is still lacking, this is evidenced that many people in the clinic's working area still seek treatment at other health facilities.

Relationship between perception of pain with health facility selection behavior

The results of the next data analysis explain that there is a relationship between the perception of pain and health service selection behavior at the Mitra Keluarga Sejahtera Clinic with a value of ($p=0.030$). This is in accordance with the results of research by Thariq, Akmal (2019), obtained a p-value of 0.01, the majority of respondents with positive perceptions (54.3%) and good treatment-seeking behavior (65.7%). There is a significant relationship between perception and treatment-seeking behavior of pulmonary TB suspects. The community's response to the healthy-sick condition is different from our concept of healthy-sick.

This response is closely related to treatment-seeking behavior, both of which will affect whether or not health care facilities are provided. In this study itself, it is known that the health service selection behavior of respondents as much as 32.20% to health facilities and the remaining 67.80% is not good, namely to non-facilities. According to Anderson in the Behavioral Model of Families Use of Health Services, the behavior of sick people to seek treatment to health services is jointly influenced by predisposing factors, enabling factors, and need factors, so that each individual has a different tendency to use health services. Respondents' inappropriate behavior in choosing health services can be shown in the respondents' answers that 53.20% of respondents requested homecare services, and the rest tended to seek treatment at the independent practice of nurses and midwives. Respondents also chose treatment by self-medication, namely buying drugs at pharmacies and drug stores.

Relationship between accessibility with health facility selection behavior

The results of the analysis of accessibility variables showed that there was a relationship between accessibility and health service selection behavior at the Mitra Keluarga Sejahtera Clinic with a value of ($p=0.025$). The percentage of respondents who have inappropriate health service selection behavior is more in respondents whose access to health services is not affordable (59.80%) compared to those whose access to health services is affordable (40.20%). The results of the study were reinforced by research conducted at the Payakabung

Health Center (Irawan & Ainy, 2020), which stated that respondents with easy access to health services did not use health services due to internal factors. Internal factors such as beliefs, encouragement of experience and demand for health services (Wicaksono et al., 2020). In addition, people's perceptions in utilizing health services also have an impact on the costs incurred, the distance and the means of health services chosen (Roosihermatie et al., 2017).

Relationship between information provision with health facility selection behavior

The variable of information provision shows the results of the chi square test obtained a p-value of $0.013 < 0.05$, which means that H_0 is rejected so that there is a meaningful relationship between the variable quality of health information provision and health service selection behavior. Information is data that has been processed into a form that is more useful and more meaningful to the recipient or user. The source of information is data, data is a fact that describes a real event and entity at the Mitra Keluarga Sejahtera Clinic. Sources of information are all things that can be used by someone so that they know about new things and have the characteristics of being able to be seen, read and studied, researched, studied and analyzed can be informed to others. The results of the study are similar to previous research that there is a relationship between the ease of information on the use of medical services at the Kagok Health Center (Fatimah & Indrawati, 2019; Maghfiroh, 2020). The high utilization of these services requires ease of information from health service providers (Martins et al., 2013). Providing information can also be done by providing clear patient information from service providers to meet patient needs in the use of health services (Sondari & Bambang, 2017).

Relationship between variable of sosio ekonomi with health facility selection behavior

The socio-economic results illustrate that there is a relationship between socio-economics and the selection of health services in the community at the Mitra Keluarga Sejahtera Clinic with a value of ($p = 0.008$). The socio economics of the community in the Sukowono Jember area proves that most of the middle to lower economy, namely 84.70%. The results of the research analysis are similar to other studies explaining that socioeconomic factors such as income and employment status affect the utilization of health facilities in West Java Province (Rabbaniyah & Nadjib, 2019). In addition, these results are reinforced by research which explains that there is a relationship between income variables and the use of health services (Syarifain et al., 2017). Socioeconomic factors are predisposing factors that influence the use of health facilities. This statement is in line with research conducted in Kulon Progo which explains that income, employment and ownership of health insurance affect the use of health facilities (Dharma & Eko, 2018).

Relationship between variable of family support with health facility selection behavior

In the family support variable, it was found that there was a relationship between this variable and the selection of health services in the community at the Mitra Keluarga Sejahtera Clinic with a value of ($p = 0.027$). Compliance with one's treatment does not escape the existence of family social support, where family social support in the form of care, attention, affection, enthusiasm and being a good listener can affect treatment compliance for sick family members. The existence of family social support provided to sick members will help sufferers to be compliant in carrying out their treatment. Family social support is the first social support received by family members in health problems where the family has a strong influence on the development of health in family members who experience illness.

Multivariate analysis of health facility selection behavior

The results of the logistic regression test on the Illness Perception variable have a p value of 0.026, so it can be concluded that there is a significant relationship between the illness perception variable and the selection of health services at the Mitra Keluarga Sejahtera Clinic after the COVID-19 pandemic. People who come back to the Mitra Keluarga Sejahtera Clinic to get health services have a good category in choosing the appropriate health services. So there is a tendency to have treatment behavior 2.021 times higher than people who have a poor perception of illness. People's perceptions increasingly understand that if they experience pain, they should choose the nearest health service. This is evidenced by the fact that as many as 53.60% of the community chose to go to the Puskesmas, the rest went to the hospital 20.00% and those who went to private health facilities (clinics) were 22.40%.

The results of the study on the accessibility variable p value = 0.019; $p < 0.05$; Exp (B) 1.962, thus indicating a significant influence of the accessibility factor on the selection of health services at the Mitra Keluarga Sejahtera Clinic. People who have come to get health services before have accessibility in the affordable category. So that it results in behavior 1.962 times higher than those who have accessibility in the difficult to reach category. The results of the multivariate analysis are reinforced by the results of research showing that the medical service access factor with the use of medical services (Adriana et al., 2014; Rumengan & Kandou, 2015). Furthermore, in the information quality variable, the p value = 0.021; $p < 0.05$; Exp (B) = 1.974. So that there is a significant influence on the quality of information on the selection of health services at the Mitra Keluarga Sejahtera Clinic. People who have come to health services before have the quality of information in the easy category, resulting in behavior 1.974 times higher than those who have easy information in the difficult category.

These results are reinforced by the results of logistic regression analysis which shows the ease of information factor for students with the use of medical services at Puskas Unnes (Pratiwi, Asih; Raharjo, 2017). Socioeconomic variable p value = 0.006; $p < 0.05$; Exp (B) = 0.149. So that shows there is a significant influence between socio-economics and the selection of health services at the Mitra Keluarga Sejahtera Clinic after the COVID-19 pandemic. People who have received health services before have an economic impact in the lower middle, vulnerable and affected categories, thus influencing behavior by only 0.166 times stronger than those with high socio-economic status. According to Restuni, 2020 conducted a study which shows that the economic status of the community is the most dominant variable with the selection of health service utilization. In addition, family poverty affects outpatient health utilization (R. K. Sari & Handayani, 2020). During the post-COVID-19 pandemic, many people were affected economically, which is felt until now, this condition needs more effort as an alternative for the community to be able to obtain health services, for example by utilizing the Healthy Indonesia Card (BPJS).

In the family support variable, the p value = 0.024; $p < 0.05$; Exp (B) = 0.502. So that shows there is a significant influence between family support on the selection of health services at the Mitra Keluarga Sejahtera Clinic. People who get good family support affect the behavior of choosing the right health services by 0.502 times more motivated to seek treatment at health care facilities. This is in accordance with Atun wigati's research, in 2021 examining the influence of the role of family support on the decision making of patients with early detection of cervical cancer in the Kudus Regency area, Central Java. Also reinforced by research by Hartini and Arif, 2020 results which show a relationship between family support and treatment compliance for tuberculosis clients in Bondowoso Regency.

CONCLUSION

Based on the results of the research analysis, it can be concluded that the variables associated with health service selection behavior after the COVID-19 pandemic at the Mitra Keluarga Sejahtera Clinic include pain perception ($p = 0.030$), accessibility ($p = 0.025$), information quality ($p = 0.013$), socioeconomics ($p = 0.008$), and family support ($p = 0.027$). The most influential factors were perception of illness, accessibility and quality of information. The results of the study also illustrate that most of the people in the Sukowono area do not choose to go to health services, more people choose non-health service facilities by 67.80%, including choosing self-medication to buy drugs at pharmacies or drug stores 52.90%, taking treatment at independent practices of nurses and midwives by 39.00% and there is a request for home visit services (homecare) 53.20%. Suggestions and recommendations for the Mitra Keluarga Sejahtera Clinic and other private health facilities should be strengthened promotion and information related to superior services at the Clinic and can provide mobile clinic and homecare services, hold free consultations and health education, expand information through social media networks and social service activities, besides informing the public to utilize the BPJS card.

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