

Analysis of Determinants of Public Health Service Utilization in the Working Area of the West Ampana Health Center, Tojo Una-Una Regency

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Abstract

Introduction: Low utilisation of public healthcare services remains a persistent challenge influenced by multiple individual and environmental factors. The Community Health Centre (Puskesmas), as a primary healthcare facility, plays a critical role in improving community health status. Key determinants such as accessibility, culture, family support, and perceptions of illness and services are considered central to understanding patterns of healthcare utilisation. **Objective:** This study aims to identify and analyse the determinants of public healthcare service utilisation in the working area of the West Ampana Community Health Centre, Tojo Una-Una Regency. **Method:** A quantitative analytical approach was employed involving 99 respondents selected using Slovin's formula. Data were collected through structured questionnaires and analysed using univariate, bivariate, and multivariate analysis with SPSS. **Results and Discussion:** Significant relationships were found between accessibility, culture, family support, perceptions of illness and services, and healthcare utilisation ($p < 0.005$). Multivariate analysis revealed that accessibility and culture were the most dominant influencing factors, indicating that structural and sociocultural barriers substantially limit community engagement with available health services. **Conclusion:** Healthcare service utilisation is shaped by accessibility, culture, family support, and perceptions of illness and services. Improving culturally sensitive approaches and health education by healthcare workers are essential strategies to enhance service utilisation and optimise primary healthcare engagement at the community level

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Introduction

The use of health services is one of the fundamental ways *to improve the health of the community* (Zaini, Parinduri, & Dwimawati, 2022); (Addinni, 2023). Puskesmas function as the basis of a comprehensive, integrated, equitable, and acceptable health service system. Although the Puskesmas has been designed to provide comprehensive primary services, there are still variations in the use of these facilities that can be influenced by various factors, including demographics, social structure, psychosocial, and human resources (Saputra, Hajar, & Sari, 2024); (Nasution, Kurniansyah, & Priyanti, 2022); (Hariyoko, Jehaut, & Susiantoro, 2021); (Ministry of Health, 2020).

According to WHO, basic health services are all types of approaches, health services are based on the needs and needs of individuals, families and communities. Basic Health Services not only focus on health issues, but also their relationship with mental, psychological, and social aspects of individuals and communities (World Health Organization, 2019). The existence of basic health services plays an important role in supporting the achievement of the *Sustainable Development Goals* (SDGs) targets in 2030 and the fulfillment of the Minimum Service Standards (SPM) (Pradnyani et al., 2024); (Anisa, 2026). However, until now, access and quality of basic health services have not been felt equally by all levels of society, especially in disadvantaged, remote, and archipelagic areas (Mukhlisin, Aryawati, & Samino, 2024); (Amelia, Riastuti, Auliya, & Jingga, 2026); (Wati, Wiranata, & Najmi, 2025); (Fatharani, 2024); (Bappenas, 2018).

The ratio of health centers to sub-districts in 2023 is 1.4. This illustrates that the ideal ratio of Puskesmas to sub-districts, which is at least 1 Puskesmas in each sub-district, nationally has been met, but it is necessary to pay attention to the distribution of these Puskesmas in all sub-districts. The ratio of health centers per sub-district describes the condition of community accessibility to primary health services. In addition to the availability of at least 1 health center in each sub-district, community accessibility is influenced by various factors including geographical conditions, area area, availability of basic facilities and infrastructure, socio-economy and progress of a region. Sulawesi Province with the lowest ratio is Central Sulawesi Province. This illustrates that people's access to primary health service facilities is still not ideal, access to health services still needs to be improved (Nurzamzami & Ayuningtyas, 2023); (Sadali, Alfana, Hadijah, Rosewidiadari, & Andika, 2022); (Ministry of Health, 2023).

According to Andersen (1974), the utilization of health services is influenced by group factors: first factor, predisposing characteristics which include demographic aspects, social structure, and perception of health benefits. Second, possible characteristics, such as economic ability, availability of service facilities, level of affordability, role of health workers, and quality of service. Third, the characteristics of needs, namely the condition when the individual feels the need for treatment, both based on personal judgment and the condition of the disease experienced.

Based on the Profile data of the West Ampana Health Center, the utilization of health services in 2022 was 15987, while in 2023 it was 15355 and in 2024 the number of visits experienced a significant decrease of 14997. The working area of the West Ampana Health Center has a population of around 19,232 people, with an uneven distribution of population and a population density of around 60 people per km². The ratio per 1,000 population for health workers general practitioners, dentists, nurses, and midwives is still very variable. general practitioners 0.20 per 1,000 population, dentists 0.052, nurses 0.68 and midwives 0.88 per 1,000 population. When compared to the ideal

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national standard (per 1,000 population), namely 1.12 general practitioners, 0.28 dentists, 1.58 nurses, and 0.75 midwives, the West Ampana Health Center still lacks general practitioners and nurses, but has midwives that exceed the national minimum standard. The shortage of health workers, especially general practitioners, certainly has a significant impact on the quality and quantity of health services that can be provided to the community. Based on the description of the data that has been submitted, the use of services at the West Ampana Health Center in the 2022–2024 period shows a decrease in the number of public visits. This condition indicates the need for further study of the factors that affect the use of health services in the working area of the West Ampana Health Center, Tojo Una-Una Regency.

Method

This type of research uses a descriptive method, which is research that can explain symptoms, facts, or events systematically and accurately, raising the characteristics of a certain population or area in the current situation. By using a quantitative approach and a *cross-sectional* research design where data collection is carried out in a certain time span, it is short, and the observation process of the study subject is carried out only once in a predetermined time frame (Notoajmojo, 2019).

This research was conducted in the Working Area of the West Ampana Health Center, Tojo Una-Una Regency. This research was carried out from November to December 2025. The population in the study was people who visited the work area of the West Ampana Health Center, 14997 respondents who lived in the Working Area of the West Ampana Health Center, Tojo Una-Una Regency. The sample in this study is respondents who live in the Working Area of the West Ampana Health Center. Sampling in this study used a *simple random sampling technique* with sample withdrawal using the Sloving formula (Arikanto, 2011), namely: 99 samples.

Data analysis was carried out consisting of Validity, Reliability, Univariate, Bivariate and Multivariate Tests. The presentation of data in the results of this study uses narratives or sentences, in addition to using tables and graphs so that the results of the research are clearly depicted.

Result and Discussion

1. Result

Results of Respondent Characteristics Analysis

Age

Table 1
 Distribution of Age Frequency of Respondents in the Working Area of the West Ampana Health Center

Age	Frequency	Percentage
20- 35 Years	41	41.4
36-50 Years	58	58.6
Total	99	100.0

Source: Primary Data, 2026

Based on table 1. above, the age of 20-35 years with a total of 41 people and the age of 36-50 years with a total of 58 people.

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Table 2

Distribution of Gender Frequencies in the Working Area of the West Ampapa Health Center

Gender	Frequency (f)	Percentage (%)
Male	42	42.4
Women	57	57.6
Total	99	100.0

Source: Primary Data, 2026

Based on table 2. showed that the respondents were male with a total of 42 people and female sex with a total of 57 people

Table 3

Distribution of Marriage Status Frequencies in the Working Area of the West Ampapa Health Center

Marital Status	Frequency (f)	Percentage (%)
Unmarried	24	24.2
Married	75	75.8
Total	99	100.0

Source: Primary Data, 2026

Based on table 3 showed that the respondents had unmarried status with a total of 24 people and married status with a total of 75 people.

Table 4

Distribution of Religious Frequencies in the Working Area of the West Ampapa Health Center

Religion	Frequency (f)	Percentage (%)
Islam	89	89.9
Kristen	10	10.1
Total	99	100.0

Source: Primary Data, 2026

Based on table 4, The above shows 89 respondents who are Muslim and 10 are Christians.

Education

Table 5

Distribution of Education Frequency in the Working Area of the West Ampapa Health Center

Education	Frequency (f)	Percentage (%)
Elementary/Equivalent	9	9.1
Junior High School/Equivalent	3	3.0
High School/Equivalent	56	56.6
College	31	31.3
Total	99	100.0

Source: Primary Data, 2026

Based on table 5, Above were respondents who had an elementary education with a total of 9 people, junior high school with a total of 3 people. high school with a total of 56 people and universities with a total of 31 people

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Jobs

Table 6

Distribution of Work Frequency in the Working Area of the West Ampana Health Center

Jobs	Frequency (f)	Percentage (%)
Not Working	12	12.1
Farmers / Laborers	44	44.4
Public Servant / Private	21	21.2
Entrepreneurship	22	22.2
Total	99	100.0

Source: Primary Data, 2026

Based on table 6, above respondents who are not working with a total of 12 people. farmers/laborers with a total of 44 people, civil servants/private with a total of 21 people and entrepreneurs with a total of 22 people

Univariate Analysis Results

Utilization of Health Services

Table 7

Distribution of Frequency of Health Service Utilization among Respondents in the Working Area of the West Ampana Health Center

Utilization of Health Services	Frequency (f)	Percentage (%)
Not Taking Advantage of Health Services	57	57.6
Utilizing Health Services	42	42.4
Total	99	100.0

Source: Primary Data, 2026

Based on table 7 above, most of the respondents did not use health services with a total of 57 people (57%). Meanwhile, respondents who used health services were 42 people (42.4%).

Accessibility

Table 8

Distribution of Accessibility Frequency in Health Service Utilization for Respondents in the West Ampana Health Center Working Area

Accessibility	Frequency (f)	Percentage (%)
Difficult Access	65	65.7
Easy Access	34	34.3
Total	99	100.0

Source: Primary Data, 2026

Based on table 8 above, most of the respondents had difficult accessibility. namely 65 people (65.7%), while respondents with easy accessibility were 34 people (34.3%).

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Culture

Table 9

Cultural Frequency Distribution in Health Service Utilization in Respondents in the Working Area of the West Ampana Health Center

Culture	Frequency (f)	Percentage (%)
Culture Is Not Supportive	63	63.6
Supportive Culture	36	36.4
Total	99	100.0

Source: Primary Data, 2026

Based on table 9 above, most cultural respondents did not support the use of health services as many as 63 people (63.6%) while cultural respondents supported the use of health services as many as 36 people (36.4%).

Family Support

Table 10

Distribution of Family Support Frequency in Health Service Utilization for Respondents in the West Ampana Health Center Working Area

Family Support	Frequency (f)	Percentage (%)
Poor Support	66	66.7
Good Support	33	33.3
Total	99	100.0

Source: Primary Data, 2026

Based on table 10 above, most of the respondents with poor support in the use of health services were 66 people (66.7%) while good support in the use of health services was 33 people (33.3%).

Pain Perception

Table 11

Distribution of Frequency of Pain Perception in the Utilization of Health Services in Respondents in the Working Area of the West Ampana Health Center

Perception of Pain	Frequency (f)	Percentage (%)
A Lack of Perception	62	62.6
Good Perception	37	37.4
Total	99	100.0

Source: Primary Data 2026

Based on table 11 above, most of the respondents with a poor perception in the use of health services were 62 people (62.6%) while respondents with a good perception in the use of health services were 37 people (37.4%).

Service Perception

Table 12

Frequency Distribution of Service Perception in Health Service Utilization in Respondents in the Working Area of the West Ampana Health Center

Service Perception	Frequency (f)	Percentage (%)
Poor Service Perception	59	59.6
Perception of Good Service	40	40.4
Total	99	100.0

Source: Primary Data, 2026

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Based on table 12 above, most respondents with poor service perception were 59 people (59.6%) while respondents with good service perception in health service utilization were 40 people (40.4%).

Bivariate Analysis

Table 13

Results of Bivariate Analysis of Accessibility with the Utilization of Health Services in the Working Area of the West Ampana Health Center

Accessibility	Utilization of Health Services				Total		p-value
	Not Utilizing		Utilize		F	%	
	F	%	F	%			
Difficult Access	43	66.2	22	33.8	65	100	0.030
Young Access	14	41.2	20	58.8	34	100	
Total	57	57.6	42	42.4	99	100	

Source: Primary Data 2026

Based on table 13 above. it shows that of the 65 respondents in the group with difficult accessibility, most of them did not use health services. namely 43 respondents (66.2%), compared to 22 respondents (33.8%). Meanwhile, among respondents with easy accessibility as many as 34 respondents. the proportion who did not use health services was lower. namely 14 respondents (41.2%) while those who used health services were 20 respondents (58.83%). The results of the Chi-square test showed a value of $p = 0.030$ ($p < 0.05$), which means that there is a significant relationship between accessibility and the utilization of health services.

Table 14

Results of Cultural Bivariate Analysis with Utilization Health Services in the Working Area of the West Ampana Health Center

Culture	Utilization of Health Services				Total		p-value
	Not Utilizing		Utilize		F	%	
	F	%	F	%			
Culture Is Not Supportive	41	65.1	22	34.9	63	100	0.004
Supportive Culture	16	44.4	20	55.6	36	100	
Total	57	57.6	42	42.4	99	100	

Source: Primary Data, 2026

Based on table 14 above, it shows that out of 65 respondents, in the group with a culture that does not support the majority do not use health services, namely 41 respondents (65.1%), compared to 22 people (34.9%) who use health services. Meanwhile, among respondents with a supportive culture of 36 respondents. the proportion who did not use health services was lower, namely 16 respondents (44.4%) while those who used health services were 20 respondents (58.83%). The results of the Chi-square test showed a value of $p = 0.004$ ($p < 0.05$), which means that there is a significant relationship between culture and the use of health services.

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Table 15
 Results of Bivariate Analysis of Family Support Logistics with Health Service Utilization in the Working Area of West Ampana Health Center

Family Support	Utilization of Health Services				Total		p-value
	Not Utilizing		Utilize		F	%	
	F	%	F	%			
Poor Support	44	66.7	22	33.3	66	100	0.018
Good Support	13	39.4	20	60.6	33	100	
Total	57	57.6	42	42.4	99	100	

Source: Primary Data 2026

Based on table 15 above, it shows that of the 65 respondents in the group with poor family support, most of them did not use health services. namely 44 respondents (66.7%), compared to 22 respondents (33.3%). Meanwhile, among respondents with good family support, the proportion who did not use health services was lower, namely 13 respondents (39.4%) while those who used health services were 20 respondents (60.6%). The results of the Chi-square test showed a value of $p = 0.018$ ($p < 0.05$), which means that there is a significant relationship between family support and the use of health services

Table 16
 Results of Bivariate Analysis of Pain Perception with the Utilization of Health Services in the Working Area of the West Ampana Health Center

Perception of Pain	Utilization of Health Services				Total		p-value
	Not Utilizing		Utilize		F	%	
	F	%	F	%			
A Lack of Perception	41	66.1	21	33.9	62	100	0.004
Good Perception	16	43.2	21	56.8	37	100	
Total	57	57.6	42	42.4	99	100	

Source: Primary Data, 2026

Based on table 16 above, it shows that of the 62 respondents in the group with poor perception, most of them did not use health services. namely 41 respondents (66.1%), compared to 21 respondents (33.9%). Meanwhile, among respondents with a good perception of 37 respondents, the proportion who did not use health services was lower, namely 16 respondents (43.2%) while those who used health services were as many as respondents who used health services as many as 21 respondents (56.8). The results of the Chi-square test showed a value of $p = 0.004$ ($p < 0.05$), which means that there is a significant relationship between the perception of illness and the use of health services

Table 17
 Results of Bivariate Analysis of Service Perception Logistics with Health Service Utilization in the Working Area of West Ampana Health Center

Service Perception	Utilization of Health Services				Total		p-value
	Not Utilizing		Utilize		F	%	
	F	%	F	%			
Poor Service Perception	39	66.1	20	33.9	59	100	0.000
Good Service Perception	18	45.0	22	55.0	40	100	
Total	57	57.0	42	42.0	99	100	

Source: Primary Data, 2026

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Based on table 17 above, it shows that of the 59 respondents in the group with poor service perception, most of them did not use health services, namely 39 respondents (66.1%), compared to 20 respondents (33.9%). Meanwhile, among respondents with a perception of good services as many as 40 respondents, the proportion who did not use health services was lower, namely 18 respondents (45.0%) while those who used health services were 22 respondents (55.0%). The results of the Chi-square test showed a value of $p = 0.000$ ($p < 0.05$), which means that there is a significant relationship between the perception of services and the utilization of health services

Multivariate Analysis Results

Table 18

Results of Logistic Regression Analysis of Determinants of Health Service Utilization in Respondents in the Working Area of the West Ampana Health Center

Variable	Beta Value	Value of Variation	P-value	Or
Accessibility	20.682	4019	023	451
Culture	20.682	2320	022	455
Family support	43.288	4641	099	630
Perception of pain	577	1190	628	561
Service Perception	395	885	656	674
Constant	1.473	680	030	229

Source: Primary Data 2026

Based on table 18 above, it shows variables that have a meaningful relationship with accessibility and culture with the use of health services or the p value of < 0.005 . which means that accessibility and culture have a very strong influence on the use of health services, especially in the Ampana Barat Health Center Work Area, Tojo Una-Una Regency

2. Discussion

Accessibility with the use of health services

Statistically, the results of the analysis showed a significance value (p -value) $< 0.05 = 0.030$ which means that there is a significant relationship between accessibility and utilization of health services. The accessibility in question includes distance to health facilities, ease of transportation, affordability of costs, and ease of obtaining services. take advantage of health services when experiencing health problems.

Therefore, increasing the accessibility of health services is one of the important strategies in increasing the utilization of health services and the overall health status of the community, especially in the West Ampana Health Center Working Area. research by Putri *et al.* (2019) shows that public perception of ease of access, including facility location, transportation, and costs, directly affects the frequency of visits to health facilities. Meanwhile, according to Lewa, the results of the 2025 statistical test using the Chi-Square test show a p -value = 0.488 ($p > 0.05$). This shows that there is no significant relationship between accessibility and health service utilization. Based on the verses in *the Qur'an*, the accessibility of health services is in line with Islamic principles that emphasize convenience, effort, and maintaining the safety of life. Ease of access to health facilities will encourage people to make optimal use of health services as a form of responsibility in maintaining the health of themselves and their families

Culture with the Utilization of Health Services

The results showed that culture had a significant effect on the utilization of health services ($p = 0.004$). Societies that have a culture that supports modern health behaviors tend to make more frequent use of formal health services. Research conducted by Yuliani (2019) shows that culture does not have a significant relationship with the use of public health services ($p\text{-value} > 0.05$). The study explained that the increasing public knowledge about health and the existence of health insurance programs from the government make people prefer to use formal health services rather than relying solely on traditional medicine practices. Based on the verses in *the Qur'an*, culture has an influence on people's behavior in utilizing health services. In Surah *Al-Ma'idah* verse 16:

The Jews are the ones who have the right to obey the Messenger of Allah (peace and blessings of Allaah be upon him) and to the Prophet (peace and blessings of Allaah be upon him).

"With it (the holy book) Allah shows to the one who follows His will the ways of salvation, brings him out of darkness into the light with His permission, and shows him (one) straight path."

Results of Andriana Masita's (2016) research results show a p value of < 0.05 which means that there is a meaningful relationship between culture and the use of health services. This shows that the better the health culture that the community has, the higher their tendency to make optimal use of health services.

Family Support with the Utilization of Health Services

The results showed that there was a significant influence between family support and the use of health services with a p value = 0.018. These findings indicate that family support plays an important role in encouraging individuals to take advantage of health services. The results of Sari & Widayati's research. (2020) Previously Regarding Family Support and Health Service Utilization is a collection of empirical evidence from previous research that shows that family support plays an important role in increasing individual access, motivation, and decision to use health services. This finding is in line with the teachings of Islam as mentioned in the Qur'an. Al-Mā'idah verse 2 which encourages helping each other in goodness. Family support in helping family members obtain health services is a form of implementation of these values. In addition, QS. At-Tahrim verse 6 affirms the responsibility of the family in maintaining and protecting its members, including in the aspect of health.

In addition, judging from the results of research, Wulandari (2021) added that family support is not only related to physical or financial aspects, but also emotional support and information that can help individuals make health decisions faster. This is in line with the view of WHO (2018) which emphasizes that social support, including family support, is one of the factors that affect the utilization of health services and overall health outcomes.

Perception of pain with the use of health services

Statistically, the results of the analysis test showed a significance value ($p\text{-value}$) $< 0.05 = 0.004$, which indicates a significant influence between the perception of illness and the use of health services. Respondents who consider illness as a serious condition and need to be treated by health workers are faster in seeking health services.

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Research conducted by Fitriani, 2019 showed that the perception of illness did not have a significant relationship with the use of health services ($P\text{-value} > 0.05$). The study explained that people often delay the use of health services because they consider the complaints experienced to be not too serious or can heal on their own. Suryani, 2017 stated that the perception of illness is influenced by personal experience, health knowledge, and information obtained from the social environment. Individuals who have negative experiences due to delays in treatment tend to have a more positive perception of the importance of health services

Service Perception with Health Service Utilization

Statistically, the analysis showed a significance value ($p\text{-value}$) $< 0.05 = 0.000$ which indicates that the perception of services affects the utilization of health services. The results of this study suggest that poor service perception can be a significant obstacle in the use of health services. Based on the results of Primary Research, 2020 shows that patients' perception of service quality has a significant effect on patient satisfaction, where service quality dimensions such as *tangibles*, *reliability*, *responsiveness*, *assurance*, and *empathy* contribute to better service perception and higher levels of satisfaction.

Karim's research, 2024 also confirms that patients' perceptions of service quality directly affect their interest in reusing services at health facilities such as dental and oral clinics; Service quality variables such as reliability, responsiveness, assurance, and empathy have been shown to be significantly related to interest in reusing health services. Turning to the findings conducted by Putri, 2019 shows that public perception of health services does not have a significant relationship with the use of health services ($p\text{-value} > 0.05$). The study explained that people tend to use health services when they feel an urgent medical need, regardless of their perception of the quality of services.

Conclusion

The results showed significant relationships among accessibility, culture, family support, perceptions of illness and services, and the utilisation of healthcare services ($p < 0.005$). The multivariate analysis revealed that accessibility and culture were the most dominant factors influencing healthcare service utilisation. This study concludes that the utilisation of public healthcare services is influenced by accessibility, culture, family support, and perceptions of illness and services. The implications of this research highlight the importance of improving education and culturally sensitive approaches by healthcare workers to enhance the utilisation of healthcare services in the community.

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