

Predisposing, Enabling, and Reinforcing Factors in the Utilization of Dental Health Services at Paal Merah I Public Health Center, Jambi City, Indonesia

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Abstract

Introduction: Utilization of dental health services at the primary healthcare level remains suboptimal despite oral health being an important component of overall health.

Objective: This study analyzed the association of predisposing, enabling, and reinforcing factors with dental health service utilization at Paal Merah I Public Health Center. **Method:** A quantitative cross-sectional study was conducted among visitors from July to August 2026. Ninety-seven respondents were selected using accidental sampling. Data were collected through a validated and reliable questionnaire and analyzed using univariate analysis and the Chi-Square test. **Results and Discussion:** Fifty-two respondents (53.61%) utilized dental health services. Significant associations were found for knowledge, attitude, trust, service accessibility, healthcare facility availability, family support, health worker support, and exposure to health information (all $p=0.000$), with PORs ranging from 2.62 to 3.49. **Conclusion:** All examined predisposing, enabling, and reinforcing factors were significantly associated with dental health service utilization in this primary healthcare setting in Jambi City

Introduction

Oral health is an integral component of overall health and well-being. The World Health Organization defines oral health as a state that enables individuals to eat, speak, and socialize without pain, discomfort, or disease. Poor oral health can affect daily functioning, nutritional intake, communication, self-confidence, quality of life, and productivity (Sumadewi & Harkitasari, 2023); (Bethesda, 2021). In Indonesia, oral health remains an important public health concern. The 2023 Indonesian Health Survey (SKI) reported that 57.6% of the Indonesian population experienced oral and dental health problems, while only 10.2% received professional dental health care. The prevalence of dental caries was also reported at 43.6% nationally. In Jambi Province, the proportion of people experiencing oral and dental health problems reached 50.9%, while 91.9% had never utilized dental health professionals, mainly because they did not perceive dental problems or felt that dental treatment was unnecessary (Kemenkes, 2023).

The low utilization of dental health services is concerning because untreated oral diseases may progressively impair physical, social, and psychological well-being. Dental caries and tooth loss can interfere with chewing and nutritional intake, while oral pain and functional impairment may affect communication, social interaction, and work or learning productivity (Bethesda, 2021). Behavioral factors also contribute substantially to oral health problems. Inadequate toothbrushing practices and frequent consumption of foods and beverages high in sugar increase the risk of dental caries (Tuhuteru et al., 2014), (Efrianty, 2020). In addition, delayed dental visits, low perceived need for professional care, and the use of traditional treatments may contribute to late diagnosis and more complicated treatment (Salfiyadi, 2023). Primary health care facilities, particularly *Puskemas* (Public Health Centers), play an important role in improving access to promotive, preventive, curative, and rehabilitative health services, including dental health services (Rahmi et al., 2023); (Sinay & Soumokil, 2025). However, the availability of services does not necessarily guarantee their utilization. Health service utilization is a complex behavior influenced by individual, environmental, and social factors. Lawrence Green's behavioral model explains that health behavior is influenced by three major categories: predisposing factors, enabling factors, and reinforcing factors (Setyawan, 2019). Predisposing factors include knowledge, attitudes, beliefs, values, and perceptions; enabling factors include accessibility and availability of health facilities and resources; while reinforcing factors include support from family, health workers, and other relevant social groups (Setyawan, 2019).

Previous studies have demonstrated the importance of these determinants in health service utilization. Sukiyem (2023) reported that demographic characteristics and accessibility of health facilities were associated with health service utilization (Sukiyem et al., 2025). Similarly, Andriani (2022) found that perceived need was the most dominant factor associated with the utilization of dental and oral health services among pregnant women after controlling for insurance ownership and exposure to information (Adriani et al., 2022). These findings indicate that improving dental service utilization requires consideration of multiple behavioral and contextual determinants rather than focusing solely on the availability of services. Paal Merah I Public Health Center is one of the primary health care facilities in Jambi City that provides dental and oral health services. Based on data from the Jambi City Health Office, Paal Merah I Public Health Center recorded 965 dental and oral health visits in 2025, representing approximately 1.91% of total dental and oral health visits across 20 public health centers in Jambi City. Although

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dental service visits increased from 722 in 2023 to 804 in 2024 and 965 in 2025, utilization remains relatively low compared with the population served (Dinas Kesehatan Kota Jambi, 2024). This condition highlights the need to understand the factors underlying dental health service utilization.

Therefore, this study aimed to analyze the association between predisposing, enabling, and reinforcing factors and the utilization of dental health services at Paal Merah I Public Health Center, Jambi City, in 2026. The study specifically examined knowledge, attitude, trust, service accessibility, availability of health facilities, family support, health worker support, and exposure to health information as potential determinants of dental health service utilization.

Method

This study used a quantitative analytical design with a cross-sectional approach and was conducted from April to June 2026 at Paal Merah I Primary Health Center, Jambi City, Indonesia. The population consisted of individuals visiting the health center for services other than dental care. A total of 97 respondents were selected using accidental sampling. Eligible participants were aged ≥ 18 years, received non-dental health services, were able to communicate and complete the questionnaire, and provided informed consent. The dependent variable was dental health service utilization, categorized as utilized and underutilized. Independent variables included knowledge, attitude, trust, service accessibility, availability of health facilities, family support, health worker support, and exposure to health information. These variables were based on Lawrence Green's behavioral model of predisposing, enabling, and reinforcing factors.

Data were collected using a structured questionnaire that had undergone validity and reliability testing. Univariate analysis was used to describe respondent characteristics and study variables, while bivariate analysis using the Chi-square test assessed associations between independent variables and dental health service utilization. The strength of associations was expressed as the Prevalence Odds Ratio (POR) with a 95% Confidence Interval (CI), with statistical significance set at $p < 0.05$. Ethical approval was obtained from the Health Research Ethics Committee of the Jambi Ministry of Health Polytechnic (No. LB.02.06/2/0196/2026, April 20, 2026). Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study.

Result and Discussions

1. Result

A total of 97 respondents participated in this study. Nearly half of the respondents were aged 26–45 years (45.36%), followed by those aged >45 years (35.05%) and ≤ 25 years (19.59%). Most respondents were female (69.07%) and Muslim (91.75%). Regarding marital status, the majority were married (60.82%). In terms of educational attainment, respondents were predominantly graduates of senior high school/equivalent (42.27%) and higher education (42.27%). Most respondents had active National Health Insurance (JKN) membership (86.60%). Monthly family income was most commonly in the range of IDR 1,500,000–2,500,000 (39.18%), followed by IDR 2,500,000–5,000,000 (24.74%). Regarding occupation, the largest groups were self-employed respondents (27.84%) and those who were unemployed (27.84%), followed by civil

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servants/military/police/state-owned or regionally owned enterprise employees (14.43%) and private-sector employees (13.40%).

More than half of the respondents utilized dental health services at Paal Merah I Primary Health Center, accounting for 52 respondents (53.61%), while 45 respondents (46.39%) were categorized as underutilizing dental health services. Regarding the independent variables, 50 respondents (51.55%) had poor knowledge, while 47 (48.45%) had good knowledge. Attitudes were relatively evenly distributed, with 49 respondents (50.52%) having good attitudes and 48 (49.48%) having poor attitudes. More than half of the respondents had good beliefs toward dental health services (57.73%). In terms of access, 53.61% of respondents reported easy access to dental health services. Good availability of health service facilities was reported by 56.70% of respondents. Furthermore, 53.61% reported good family support, 51.55% reported good support from health workers, and 55.67% had good exposure to health information (Table 1).

Table 1

Distribution of Dental Health Service Utilization and Determinant Factors among Respondents (n=97)

Category	n	%
Dental Health Service Utilization		
Utilized	52	53.61
Underutilized	45	46.39
Knowledge		
Good	47	48.45
Poor	50	51.55
Attitude		
Good	49	50.52
Poor	48	49.48
Belief		
Good	56	57.73
Poor	41	42.27
Service Access		
Easy	52	53.61
Difficult	45	46.39
Health Worker Support		
Good	55	56.70
Poor	42	43.30
Family Support		
Good	52	53.61
Poor	45	46.39
Health Worker Support		
Good	50	51.55
Poor	47	48.45
Health Information Exposure		
Good	54	55.67
Poor	43	44.33

Source: Primary Data 2026

Bivariate analysis showed that all eight determinant factors examined were significantly associated with dental health service utilization ($p < 0.05$). Respondents with good knowledge were 2.62 times more likely to utilize dental health services than those with poor knowledge (POR=2.62; 95% CI: 1.67–4.11; $p < 0.001$). Similarly, respondents

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with good attitudes had a 2.65-fold higher likelihood of utilizing dental health services compared with those with poor attitudes (POR=2.65; 95% CI: 1.66–4.23; $p<0.001$).

Belief demonstrated a stronger association, with respondents having good beliefs being 3.49 times more likely to utilize dental health services than those with poor beliefs (POR=3.49; 95% CI: 1.93–6.34; $p<0.001$). Respondents reporting easy access to dental health services were 2.88 times more likely to utilize the services than those experiencing difficult access (POR=2.88; 95% CI: 1.73–4.78; $p<0.001$). The availability of health service facilities was also significantly associated with utilization. Respondents who perceived facility availability as good were 3.20 times more likely to utilize dental health services than those who perceived availability as poor (POR=3.20; 95% CI: 1.83–5.61; $p<0.001$). Likewise, respondents receiving good family support were 3.22 times more likely to utilize dental health services than those receiving poor family support (POR=3.22; 95% CI: 1.89–5.49; $p<0.001$).

Good support from health workers was associated with a 2.82-fold greater likelihood of dental health service utilization compared with poor support (POR=2.82; 95% CI: 1.73–4.58; $p<0.001$). Finally, respondents with good exposure to health information were 2.96 times more likely to utilize dental health services than those with poor exposure (POR=2.96; 95% CI: 1.74–5.05; $p<0.001$). Among the examined variables, family support showed the strongest association based on the POR (3.22), followed by availability of health service facilities (POR=3.20) and belief (POR=3.49). However, the highest point estimate was observed for belief (POR=3.49) (Table 2).

Table 2
Relationship between Determinant Factors and Dental Health Service Utilization among Respondents (n=97)

Variable	Dental Health Service Utilization				POR (95% CI)	P-value
	Utilized n	%	Underutilized n	%		
Knowledge						
Good	37	78.72	10	21.28	2.62 (1.67-4.11)	0.000
Poor	15	30.00	35	70.00		
Attitude						
Good	38	77.55	11	22.45	2.65 (1.66-4.23)	0.000
Poor	14	29.17	34	70.83		
Belief						
Good	43	76.79	11	23.21	3.49 (1.93-6.34)	0.000
Poor	9	21.95	32	78.05		
Service Access						
Easy	40	76.92	12	23.08	2.88 (1.73-4.78)	0.000
Difficult	12	26.67	33	73.33		
Health Worker Support						
Good	42	76.36	13	23.64	3.20 (1.83-5.61)	0.000
Poor	10	23.81	32	76.19		
Family Support						
Good	41	78.85	11	21.15	3.22 (1.89-5.49)	0.000
Poor	11	24.44	34	75.56		
Health Worker Support						
Good	39	78.00	11	22.00	2.82 (1.73-4.58)	0.000
Poor	13	27.66	34	72.34		
Health Information Exposure						
Good	41	75.93	13	24.07	2.96 (1.74-5.05)	0.000
Poor	11	25.58	32	74.42		

Source: Primary Data 2026

2. Discussion

This study demonstrates that dental health service utilization at Paal Merah I Public Health Center is associated with multiple predisposing, enabling, and reinforcing factors, including knowledge, attitude, trust, service access, availability of health facilities, family support, health worker support, and exposure to health information. Rather than being determined by a single factor, dental service utilization appears to reflect the interaction between individual perceptions, available resources, and social support. This finding is particularly relevant because the respondents were already attending the health center for non-dental services, indicating that contact with primary healthcare does not automatically lead to the use of available dental services. Therefore, routine health center visits may provide an important opportunity to promote preventive dental examinations and early detection of oral health problems (Pramitha et al., 2025), (Hui et al., 2026). Knowledge and attitude, as predisposing factors, were significantly associated with dental health service utilization. Adequate knowledge may increase awareness of dental disease, the importance of routine examinations, and the benefits of early treatment, while positive attitudes may encourage individuals to view dental care as part of maintaining overall health rather than seeking treatment only when symptoms become severe. Knowledge contributes to awareness and consideration before an individual takes health-related action (Rondo et al., 2025). This finding is consistent with Basith and Prameswari, who

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reported a significant association between knowledge and health service utilization at Gayamsari Public Health Center (Basith & Prameswari, 2020). Similarly, attitude is an important predisposing factor influencing an individual's tendency to perform health-related behavior (Rondo et al., 2025), and previous research has also demonstrated an association between attitude and utilization of primary health services (Singal et al., 2021).

These findings suggest that oral health education should not only increase knowledge but also encourage positive perceptions toward preventive dental care. Trust also plays an important role in dental service utilization. Confidence in health workers, treatment procedures, diagnostic accuracy, and service quality may increase patients' willingness to seek dental examination and treatment. Trust can therefore serve as an important psychological precondition for health service utilization (Rondo et al., 2025). Previous research in Indonesia has shown that social and cognitive factors, including trust as part of social capital, are related to dental service utilization (Santoso et al., 2020). Communication, adequate information, patient involvement, and positive interpersonal relationships are also important in building trust in dental care (Elhaji et al., 2024). Furthermore, trust-building communication has been positively associated with patient satisfaction in dental services (Öz & Saygili, 2026). These findings emphasize the importance of patient-centered communication and clear explanations of dental procedures as part of strategies to strengthen public confidence in dental services. Among the enabling factors, service accessibility and the availability of health facilities were associated with dental service utilization. Accessibility involves not only geographical distance but also transportation, travel time, service schedules, registration procedures, and the practical ease of obtaining care (Jena et al., 2024). Previous research has similarly identified accessibility as an important determinant of dental service utilization (Radiani et al., 2021). Although respondents had already reached Paal Merah I Public Health Center, barriers related to dental clinic schedules, registration, waiting time, or limited information about available services may still influence utilization. Therefore, clearer information on dental clinic schedules, simplified referral or registration pathways, and promotion of dental services through other service units may improve access. In addition, adequate rooms, equipment, materials, medicines, and supporting infrastructure are important for ensuring that patients' dental care needs can be met (Marzukie et al., 2026). Bau-Bau, Mandala, and Nurlila similarly reported an association between health facility availability and dental service utilization, although the strength of association was weak ($\Phi=0.290$) (Marianti et al., 2024). Continuous evaluation of dental equipment, service capacity, and human resources is therefore important to maintain service readiness.

Reinforcing factors, particularly family and health worker support, may facilitate the decision to seek dental care. Family members can provide motivation, reminders, information, transportation, financial assistance, and accompaniment. Previous studies have reported associations between family support and dental service utilization (Jayanti et al., 2021); (Natsir et al., 2022), although other research found no significant association (Nengsih, 2021). These differences suggest that the influence of family support may vary according to social context, perceived need, and individual barriers. Health workers also have an important role in reinforcing dental health behavior through education, recommendations, motivation, and referral to appropriate services (Alatas et al., 2025). Similar relationships between reinforcing factors and dental service utilization have been reported in previous studies (Apriliani, 2023); (Jesus et al., 2026). Although inconsistent

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findings have also been reported (SMIPT2021, 2021). At Paal Merah I Public Health Center, health workers from non-dental units could therefore be involved in providing brief oral health education and referring patients who require dental examination. Exposure to health information may further strengthen awareness and encourage appropriate dental health-seeking behavior. Health information can improve knowledge, shape attitudes and perceptions, and inform individuals about when and where dental services are available (Susanti, 2021).

Previous research has also identified information exposure as an important factor in dental and oral health service utilization, although perceived need was found to be the dominant factor in multivariable analysis (Adriani et al., 2022). In the context of Paal Merah I Public Health Center, oral health information could be integrated into waiting-room education, posters, leaflets, social media, counseling, and routine communication during non-dental health services. Public health messages should emphasize that dental care is not limited to the treatment of pain but also includes prevention and early detection. From a public health perspective, these findings support an integrated approach to improving dental service utilization. Oral health promotion can be incorporated into general outpatient services, maternal and child health services, chronic disease programs, and other routine activities at the health center. Health workers may use patients' existing contact with primary healthcare as an opportunity to provide brief education, identify oral health complaints, encourage preventive examinations, and refer patients to the dental clinic when necessary. Family involvement, clear information on service availability, improved communication, and continued maintenance of dental facilities may further strengthen these efforts. Such an approach may increase the use of preventive dental services rather than limiting dental visits to curative care after symptoms occur.

The findings should nevertheless be interpreted with caution. The cross-sectional design cannot establish a causal relationship between the examined factors and dental service utilization, while self-reported data may be affected by recall and response bias. In addition, the accidental sampling technique and recruitment of health-center visitors may limit the generalizability of the findings to the broader population. Importantly, the present analysis was limited to bivariate associations. Therefore, the observed PORs do not indicate whether each factor remains independently associated with dental service utilization after adjustment for other determinants and potential confounders. Multivariable logistic regression should be considered to simultaneously assess the contribution of knowledge, attitude, trust, accessibility, facility availability, family support, health worker support, and health information exposure while controlling for relevant respondent characteristics. Such analysis would provide stronger evidence regarding the independent determinants of dental health service utilization. Future studies should also consider additional factors such as perceived need, treatment cost, previous service experience, waiting time, quality of care, distance, and health insurance status

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Conclusion

Dental health service utilization at Paal Merah I Primary Health Center remained suboptimal. Knowledge, attitude, belief, service access, availability of health facilities, family support, health worker support, and exposure to health information were significantly associated with dental health service utilization. These findings support the need for regular oral health education, dental check-up reminders, and integration of dental health promotion and referral into other primary healthcare programs. Strengthening these strategies may improve preventive dental service utilization at the primary healthcare level

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