



THE INFLUENCE OF SOCIAL AND CULTURAL NORMS ON THE UTILIZATION OF PUBLIC HEALTH SERVICES AT THE KALAR HEALTH CENTER – SOUTH ARU

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ABSTRACT	Keywords
<p>The utilization of puskesmas health services by the community is still considered less than optimal. Susenas 2021 data shows that the achievement of utilization of Puskesmas services, especially outpatient services in Indonesia in 2019, only reached 50.5% of people who had health complaints. To know the effect of social and cultural norms on the utilization of public health services at the Kalar - Kalar Health Center, South Aru District, Aru Islands Regency.</p> <p>Analytic research type with cross-sectional. Population is 2089 family in Puskesmas Kalar - Kalar. Simple random sampling technique as many as 225 respondents. Independent Variables Social and Cultural Norms. Dependent Variable Health Service Utilization. Interview using a questionnaire sheet Analysis used Chi square.</p> <p>There was significant effect between social norms on the utilization of health services where the condition that there was an effect of p value $0.02 < 0.05$, there was a significant influence of culture on the utilization of health services between p value $0.00 < 0.05$. multivariate test p value $0.031 < 0.05$.</p> <p>The results of the bivariate test of social and cultural norms variables with utilization of health services were significant, but at the time of multivariate only social norms variables were significant.</p>	<p>Social Norms, Culture, Service Utilization</p>

INTRODUCTION

Puskesmas as the first and foremost health service unit in the health service system is obliged to carry out health efforts for the realization of health development in its work area. However, the use of health

services by the community is still considered to be less than optimal. Susenas 2021 data shows that the achievement of utilizing Puskesmas services, especially outpatient services in Indonesia, in 2019 only reached 50.5% of people who have health

complaints. This achievement decreased to 46% in 2020 and 40.4% in 2021. The low utilization rate of health services shows that public awareness of health is still lacking and the provision of health facilities is not even healthy (Ministry of Health of the Republic of Indonesia, 2021).

The comparison of the utilization of health services by people in rural areas also has a lower percentage, namely 36.2%, when compared to the utilization of health services in urban areas which reaches 43.8%. The low rate of utilization of health services shows that public awareness of health is still lacking (Ministry of Health of the Republic of Indonesia, 2021). Based on data on the number of patient visits per Puskesmas, which from year to year has decreased the number of visits compared to the Kalar-Kalar Health Center, South Aru District, Aru Islands Regency, which from year to year has increased the number of visits. Based on data from the Kalar-Kalar Health Center, South Aru District, Aru Islands Regency in 2019 there were 6,456 visits, in 2020 there was an increase of 7,445 visits, and in 2021 there was another increase in the number of visits of 7,701 visits.

Some factors cause low visits: (1) public perception of health, education and income affects health center visits, (2) knowledge and attitudes, low community knowledge can be an obstacle to visits to health centers preferring traditional medicine and cultural beliefs, negative attitudes. (3) Economy. People with low economic conditions have difficulty using services, jobs and accessibility affecting health center visits. (Fatimah, S., 2019).

The role of socio-culture is able to determine the quality of public health. If a community is too rigid in the local socio-culture, it can also affect health behaviors in the community (Rapanna, P., 2020). Traditional medicine culture has become

part of the socio-culture of the community so that it is quite well known by the community and easy to obtain, forming a belief that traditional medicine culture can also solve various health problems (Anggreni et al, 2023). Hypertensive patients are more confident in traditional medicine due to family experience and cheap treatment costs (Ervina & Ayubi, 2018). Public trust in traditional medicine is more based on the healing effects that have been felt both from personal experiences and the experiences of others (Marwati & Amidi, 2019).

Increasing health center visits through social and cultural norms can be achieved through a collaborative approach between local governments, community leaders and health workers. These efforts: (1) education and promotion, (2) socialization through traditional events, (3) Local Cooperation, (4) Utilization of Traditional Media. With this approach, it is hoped that visits to the health center can increase through respect for indigenous culture and strengthening cooperation between the health center and the local community. (Mamahit et al., 2022).

This is the background for research at the Kalar-Kalar Community Health Center, South Aru District, Aru Islands Regency, which still has strong culture or traditions, one of which is that people are often seen carrying out traditional medicine, going to shamans who are thought to be able to help provide healing and healing. others compared to those who utilize available health services. For this reason, it is necessary to carry out an analysis regarding the use of community health center services in terms of knowledge, perceptions, attitudes, actions, facilities and social culture.

METHOD

This type of research is observational analytical. Analytical research

is a research that aims to find the influence between one variable and another (Notoatmodjo., H., 2018). The design used is cross-sectional, This research was conducted at the Kalar - Kalar Health Center in November 2023 – May 2024. The population in this study is 2898 families in the working area of the Kalar - Kalar Health Center. After being calculated using the sampling formula, the number of research samples was obtained as many as 225 people. The data collected in this research is primary data and secondary data. Primary data collection regarding social norms, culture and use of health services was carried out by survey by giving questionnaires to respondents, questionnaires using a Likert scale, the method used was the checklist method. The independent variables of this study are social and cultural norms. The dependent variable of this study is the utilization of health services. The research instrument used a questionnaire. Bivariate analysis uses the Chi Square test. Multivariate analysis uses logistic regression tests.

RESULTS

Table 1. Distribution of frequency of respondents' characteristics of the influence of social, cultural norms and the use of health services in the Kalar-kalar Health Center, South Aru district

No	Variable	f	%
1	Gender		
	Man	113	50.2
	Woman	112	49.8
2	Age		
	17-25 (late teens)	64	28.4
	26-36 (Early adult)	81	36.0
	36-45 (Late adult)	46	20.4
	45-59 (elderly)	26	11.6
	60 years old (elderly)	8	3.6
3	Education		

	SD/MI	79	35.1
	SMP	39	17.3
	SMA	41	18.2
	D3/undergraduate	66	29.3
4	Number of Family Members		
	>3 people	124	55.1
	< 3 people	110	44.9
5	Work		
	Farmer	105	46.7
	Laborer	69	30.7
	Private	19	8.4
	ASN	32	14.2
6	Social norms		
	Positive	123	54.7
	Negative	102	45.3
7	Culture		
	Positive	162	72
	Negative	63	28
8	Service Utilization		
	Utilize	164	72.9
	Not taking advantage of	61	27.1
	Total	225	100

Based on table 1 above, the frequency distribution of gender is known to be almost half of the males as many as 113 people (50.2%), the age factor is mostly in the category of early village period (26-35 years) as many as 81 people (36.0%), while in the variable of Education Most of the categories of Elementary / MI Education are 79 people (35.1%), in the number of families Most of them are in the category of > 3 people, namely 124 people (55.1%), Most of the respondents worked as farmers as many as 124 people (55.1%).

Table 2. Distribution of Frequency of Influence of Social, Cultural Norms and Utilization of Health Services in Kalar-kalar Health Center, South Aru District

No	Variable	f	%
1	Social norms		
	Positive	123	54.7
	Negative	102	45.3
2	Culture		
	Positive	162	72
	Negative	63	28
3	Service Utilization		
	Utilize	164	72.9
	Underutilization	61	27.1
	Total	225	100

Based on Table 2. Above, the frequency distribution of social norms is known to be almost half of the men as many as 123 people (54.7%), the cultural variables are mostly with the category of having a positive culture as many as 162 people (72%), while in the variable of the utilization of most categories using health services, namely as many as 164 people (72.9%)

Table 3. The Influence of Social Norms on the Utilization of Health Services at the Kalar-Kalar Health Center, South Aru District

Social norm	Utilization of health services				Total	
	Utilize		No taking			
	f	%	f	%	f	%
Postive	88	39.1	3	15.6	12	54.7
Negativ e	76	33.6	2	11.6	10	45.3
Total	164	72.9	61	27.1	225	100

Based on Table 3 above, the results of cross-tabulation of social norms with the use of health services, out of 225 respondents who have positive social norms and utilize health services, 88 people (39.1%), while those

who have negative social norms and do not use health services are 26 people (11.6%) in the tabulation using the chi square test shows that there is a significant relationship between social norms and the utilization of health services where the condition that there is an influence, a significance value of 0.02, ($p < 0.05$) means that there is an influence between social norms and the use of services, so the research is the level of correlation strength or influence is sufficient or strong enough.

Table 4. Cultural Influence with the Utilization of Health Services at the Kalar-Kalar Health Center, South Aru District

Culture	Utilization of health services				Total	
	Utilize		No taking			
	f	%	f	%	f	%
Postive	11	52.	4	19.	16	54.
	9	9	3	1	2	7
Negativ e	45	20.	1	8.0	63	45.
		0	8			3
Total	16	72.	6	27.	22	
	4	9	1	1	5	100

Based on Table 4. above, the results of cross-cultural tabulation with the use of health services, of 225 respondents who have a positive culture and utilize health services as many as 119 people (52.9%), while those who have a negative culture and do not utilize health services are 18 people (8%) in the tabulation using the chi square test shows that there is a significant relationship between culture and the use of health services that there is an influence, A significance value of 0.00, ($P < 0.05$) means that there is an influence between culture and service utilization, so the research is the level of correlation strength/influence is sufficient or strong enough.

Table 5. The results of the Chi square test on the influence of social and cultural norms with the use of health services at the Kalar-Kalar health center, South Aru District

Variable	Coefficient B	Significant	95% CI	
			Upper	Lower
Constant	23.297	0.997		
Social norms	2.2915	0.031*	1.226	79.774
Culture	21.0957	0.997		

Based on Table 5 above, of the 2 independent variables tested, together social and cultural norms on the utilization of health services resulted in a significant variable (influencing) on social norms of 0.03 (<0.05), while on insignificant cultural variables of 0.997 ($p>0.05$). The multivariate analysis in the Chi square test proved the strongest influence on the dependent variable, namely the influence of social norms on the use of health services at the Kalar-Kalar Health Center, South Aru District.

The results of the independent variable test are explained as follows:

1. The influence of social norms on the utilization of health services

It is known that the Sig value for the influence of social norms on the utilization of health services is $0.02 < 0.05$ and the t-value is $9.889 > t_{table} 1.997$ so it can be concluded that H1 is accepted, which means that there is an influence of social norms on the use of health services

2. Cultural Influence on Health Service Utilization

It is known that the Sig value for cultural influence on the utilization of health services is $0.997 > 0.05$ and the t-value is $1.450 > t_{table} 1.997$ so it can

be concluded that H1 is not accepted which means that there is no cultural influence on the utilization of health services.

DISCUSSION

1. The influence of social norms on the use of health services.

Of the 225 respondents who had positive social norms and used health services as many as 88 people (39.1%), while those who had negative social norms and did not use health services were 26 people (11.6%). The results of the chi square test showed that there was a significant influence between social norms and the use of health services with a significance value of 0.002 ($p < 0.005$) meaning that there was an influence between social norms and utilization service, the research is the level of correlation strength/influence is sufficient or strong enough.

Social norms are related to the use of health services in several aspects: public trust in health services can increase the use of health services. This trust can be in the form of trust in the quality of service, professionalism of staff, and cleanliness of facilities, Community social networks, such as participation in informal and formal groups, can affect the use of Puskesmas. People who have better health conditions tend to take advantage of available health services, (Zaid, Z., et.al, 2021)

The influence of social norms in the community on the use of health services includes the community's belief in traditional elders in health services as well as the culture and tradition of shaman treatment. Social norm factors affect the decision to

choose health services where external environmental conditions can affect a person's values, perceptions, preferences and behavior (Sundjaya H, 2023). Socio-cultural aspects not only influence the individual's decisions and actions when suffering from a disease, but also give rise to various kinds of behaviors and efforts from the individual to seek treatment (Zaid, et al., 2020). The role of socio-culture is able to determine the quality of public health. If a community is too fixated on the local socio-culture, it can also affect health behaviors in the community (Sundjaya H, 2023)

Researchers argue that negative social norms, for example, families feel more confident in the existence of non-medical diseases and traditional medicine culture to overcome the diseases they feel compared to medical treatment. Based on the results of the description of the respondents' answers, it is known that most of the respondents still believe in traditional medicine for diseases that are carried out based on hereditary beliefs using available natural ingredients and are believed to have healing properties or through the intermediary of a person (shaman / traditional leader) who is believed to have certain powers in him to eliminate diseases. Most respondents also still believe in diseases caused by violating customary taboos or diseases caused by the disturbance of spirit creatures. Respondents also stated that the culture related to traditional medicine to overcome non-medical diseases is still carried out by the community for generations and is still very reliable to overcome diseases caused by karma, violating taboos, and the disorder of spirit beings.

2. Cultural Influence with the Utilization of Health Services

The results of cross-cultural tabulation with the use of health services, out of 225 respondents who had a positive culture and used health services as many as 119 people (52.9%), while those who had a negative culture and did not use health services had a significant influence with a significance value of 0.00, ($p < 0.05$) meaning that there was an influence between culture and service utilization.

Culture has a significant role in the use of health services, both in improving and hindering access to and utilization of health facilities. Cultural factors affect the decision to choose health services where external environmental conditions can affect a person's values, perceptions, preferences and behaviors (Widyastuty et al, 2023), Cultural aspects not only affect individual decisions and actions when suffering from diseases, but also give rise to various kinds of behaviors and efforts from the individual to seek treatment (Yuniarti et al., 2022).

Researchers argue that traditional medicine is also widely used because it is considered a hereditary inheritance from the family or the heritage of ancestors. In addition, the existence of people who are considered experts who have supernatural abilities in the place of treatment is also one of the reasons why they use traditional medicine. In the village community of Kalar-kalar who still believe in the concept of disease caused by the disorder of spirit creatures, they will trust more in treatment that is traditionally carried out with the help of shamans. Traditional medicine culture has become part of the culture of the

village community, so it is quite well known by the community and easy to obtain, forming a belief that traditional medicine culture can also solve various health problems. The belief that illness can be caused by breaking customs or spirit creatures is a common belief in several cultures and traditions

3. The influence of social norms, culture and the use of health services.

The results of the multivariate test of social and cultural norms on the utilization of health services, the results showed that the significant variable (influential) on social norms was 0.03 (<0.05), while the cultural variable was insignificant at 0.997 ($p>0.05$). The multivariate analysis on the Chi square test proved the strongest influence on the dependent variable, namely the influence of social norms on the Utilization of Health Services at the Kalar-Kalar Health Center, South Aru District.

Social norms are unwritten rules that govern behavior in society. They form the basis of manners, ethics, and manners in society and influence how we behave, speak, and interact with others in a variety of situations. Social norms can vary from culture to culture and change over time. Culture also plays an important role in shaping the norms that a person has. Culture includes values, languages, myths, customs, rituals, laws, and artifacts that are passed down from one generation to the next. Culture influences a person's desires and behavior, and plays a role in health services and health development, because these factors complement each other and are influential in shaping behavior and social interaction in society. Therefore, it cannot be concluded that one is more influential

than the other in the use of services (Nurmala, 2020).

The reasons why village people are afraid to use traditional medicine include the lack of information related to treatment, health service facilities that are far from the reach of the village, easier and more practical medical costs and still high public trust in culture due to the low level of community education. Trust in traditional medicine can grow because of the goal of obtaining cheaper and more efficient treatment. People also think that alternative medicine or traditional medicine is safer than modern medicine because it uses natural ingredients. This public opinion of course also needs to be straightened out because in reality there are several types of traditional medicines or ingredients that are toxic and harmful to health (Widyastuty et al, 2023).

Researchers argue that in the village community of kalae-kalar trust patients believe in traditional medicine first, according to (Widyastuty et al, 2023), health trust is a balance between several aspects in the human body and the environment.

Second, traditional medicine uses a holistic approach to diagnosis and action, rather than looking at parts of the body part by part. Third, traditional medicine is based on individual needs, different people are different even though in the case of the same disease, patient confidence when doing traditional medicine has a great influence on the patient's recovery. The emotional bond between patients and shamans in the traditional medicine procession makes them open to each other to convey health problems, negotiate and work together to

overcome the disease suffered and receive full support from the family.

CONCLUSIONS

Based on the results of research in line with the research objectives, it can be concluded and given research suggestions as follows: there is a significant influence between social norms on the use of health services, and there is a significant influence of culture on the use of health services. And there is an influence of social and cultural norms on the use of health services.

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