THE UTILIZATION OF HEALTH SERVICE BY THE SCAVENGERS IN TAMANGAPA LANDFILL ANTANG

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ABSTRACT

Background: Habits and culture will influence the way of thinking, how to behave, how to behave which is oriented towards science in dealing with health problems in order to be healthy and appropriate in utilizing health services.

Objective: To know the description of the use of health services in the working area of the Tamangapa Community Health Center by scavenger at the Tamangapa Antang landfill in 2016.

Method: This study uses aapproach *descriptive*. With a population of 120 people and a sample of 120 respondents obtained by *total sampling*.

Result: The results showed that the social culture related to the utilization of health services in the working area of PKM Tamangapa showed that the modern category was 89.2% while that related to the traditional category was 10.8%. Social Economy shows 100% cheap opinion. Social psychology 92.5% good results. The characteristics of officers showed good results 63.3% and 36.7% sufficient. The highest utilization of health services was utilizing health services, namely 93.3% and not utilizing health services was 6.7%.

Conclusion: It is hoped that with the cooperation of all parties, the community will participate in supporting the use of health facilities, and the next researchers to carry out more in-depth research.

INTRODUCTION

According to the Indonesian Ministry of Health (2017), the number of health centers in Indonesia in 2016 was 9,767 units, consisting of 3,411 inpatient health center units and 6,356 non-inpatient puskesmas units. One of the indicators used to determine the affordability of the population to puskesmas is the ratio of puskesmas per 30,000 population, which means that 1 puskesmas can serve around 30,000 residents. From 2012 to 2016, the ratio of health centers per 30,000 population showed a decline. In 2012 the ratio of puskesmas per 30,000 population was 1.17 and in 2016 it decreased to 1.13 (Fatimah S & Indrawati F, 2019).

The existence of health insurance from various programs such as social insurance, health insurance for the poor and other government programs as well as health insurance provided by the private sector is a manifestation that the government's attention to the health sector has an increasingly impact on the public becoming more aware of health, this can have an impact on utilization of health services. The utilization of these health services results in health service costs. The increasing cost of health services is socio - economic, where the rich can pay for health services, but the poor and do not have health insurance can not pay for health services (Baros W A, 2015).

In line with the development of the city, especially Makassar City which is moving towards a world city, it becomes a strong attraction that can promise various hopes and various kinds of goals, so that one of the results is the emergence of social impacts including urbanization which can spur the growing population of marginalized communities that are increasingly rapid, then the city of Makassar will inevitably be faced with various increasingly complex social welfare problems that result in some members of the community, both individual and family members, unable to carry out their social functions properly**.**

The number of poor people in South Sulawesi in March 2015 amounted to 797.72 thousand or 9.39% of the total population. This figure has decreased when compared to conditions in March 2014 (10.28%) and conditions in September 2013 (10.32%). When compared with the conditions in March 2014, there was a decrease of 0.74% or 57.95 thousand people, and when compared to the conditions in September 2013, there was a decrease in the percentage of 0.78%, or 56.88 thousand people (BPS, 2014).

Manggala District is one of the sub-districts in Makassar City. The total area of the Manggala sub-district is 24.14 km, consisting of 6 urban villages, the total population in the Manggala district is 118,191 people, the number of households is 25,363, the average person/household is 4.66, the total population density is 4896.06 per KM (BPS Makassar, 2012).

Manggala Subdistrict has a large number of very poor family heads, namely 508

families (Dinsos Makassar, 2011 in Asty, 2011). Tamangapa Village is one of the sub-districts in Manggala District where it has a total of 2,312 and 10,376 households (Azizah, 2015).The Pemulung Community (*payabo*) in TPA Tamangapa is incorporated in Tamangapa and Bangkala Villages, which are the attention of this research. communities who live in Tamangapa Village, Manggala District, Makassar City. There are 422 heads of scavenger families (KK). In detail, it can be explained that the number of scavengers is all 780 people; 379 male scavengers and 401 women. In the age classification, the scavenger community is divided into; Youth scavengers aged 19–33 years numbered 199 people; 122 men and 77 women. The age group 6-18 years is 514; 306 men, 208 women. While the age group 5 years and under totaled 290 people; 135 men and 155 women (Syamsuddin, 2013).

METHODS

The type of research used is quantitative, which aims to describe the use of health services by scavengers in TPA Tamangapa Antang. So the sample in this study was taken using a total sampling technique, as many as 120 samples. Data analysis was carried out descriptively which explains the description of the utilization of health services in the working area of Puskesmas Tamangapa by scavengers. The data analysis used is descriptive analysis to get an overview by describing each variable used in the study, namely the frequency distribution in tabular form.

RESULTS

Table 1. Characteristics of Respondents

Characteristics of Respondents	Total n (120)	%
Gender		
Male	67	55.8
Female	33	44.2
Age		
17-26 years	24	20
27-36 years	42	35
37-46 years	34	28.3
47-56 years	20	16.7
Education		
Not Graduated Elementary	37	30.8
Graduated Elementary	44	36.7
Graduated Middle School	16	13.3
Graduated Senior High	5	4.2
No School	18	15
Income		
<2,313,625	101	84.2
≥ 2,313,625	19	15.8

Source: Primary Data, 2016

Based on table 1, it shows that the frequency distribution of Respondents' characteristics and research variables is as follows, the male gender is 55.8% while the female is 44.2 % of the total 120 respondents. Age of respondents in TPA Tamangapa Antang related to service utilization, the highest was 18-25 years 35%, and the lowest was 36-45 years old 186.7%, the highest level of education of respondents was Elementary School graduates, 36.7% and the lowest Completed high school in the number of 4.2%. And the highest level of respondent income was <2,313,625 amounting to 84.2% while the lowest was ≥2,313,625 amounting to 15.8%. (Primary data, 2015).

Table 2. Univariate Analysis

Variables	Total	
	n(120)	%
Social Culture		
Modern	107	89.2
Traditional	13	10.8
Social Economy		
Cheap	120	100
Expensive	0	0
Social Psychology		
Good	111	92.5
Enough	9	7.5
Characteristics of Officers		
Good	76	63.3
Enough	44	36.7
Utilization of Services		
Utilizing	112	93.3
Not Utilizing	8	6.7

Source: Primary Data, 2016

Based on table 2, it shows that the highest respondent socio-culture related to the modern category is 89.2% while the lowest is related to the traditional category is 10.8%. The highest socioeconomic category related to the cheap category is 100% while the lowest category is expensive is 0%. The highest social psychology is good category is 92.5% while the lowest is enough category is 7.5%. The highest characteristic of officers in the PKM Tamangapa work area was a good was 63.3% while the lowest was the moderate category was 36.7%. Utilization of health services in the working area of PKM Tamangapa is mostly utilizing health services, namely 93.3% and not utilizing health services is 6.7%. (Primary data, 2015).

Based on table 3, it shows that the crosstabulation of research variables towards a total of 107 respondents in the modern category on 102 socio-cultural variables (96.3%) of them utilizing services and 5 (4.7%) not utilizing. Meanwhile, from a total of 13 respondents in the traditional category, 100% did not use the service. Of the 120 socio-economic respondents in the cheap category, 112 (93.3%) used the service and 8 respondents (6.7%) did not use the service. Of the total 111 respondents, both categories of social psychology variables 109 (98.2%) of them use the service. Meanwhile, from a total of 9 respondents, category 3 (33.3%) did not utilize the service. And from a total of 76 respondents in the good category, 74 (97.4%) of them used the service and 2 (2.6%) did not. Meanwhile, from a total of 44 respondents, 38 (86.4%) used the service and 6 (13.6%) did not.

Table 3. Bivariate Analysis

Variables	Service Utilization				Total	
	Utilizing		Not Utilizing			
	n	%	n	%	N(120)	%
Socio-Culture						
Modern	102	96.3	5	4.7	107	100
Traditional	0	0	13	100	13	100
Total	102	96.3	18	4.7	**120**	**100**
Socio-Economic						
Cheap	112	93.3	8	6.7	120	100
Expensive	0	0	0	0	0	0
Total	112	93.3	8	6.7	**120**	**100**
Social Psychology						
Good	109	98.2	2	1.8	111	100
Enough	3	33.3	6	66.7	9	100
Total	112	93.3	8	6.7	**120**	**100**
Officer Characteristics						
Good						
Enough	74	97.4	2	2.6	76	100
Total	38	86.4	6	13.6	44	100
	112	93.3	8	6.7	**120**	**100**

Source: Primary Data, 2016

DISCUSSION

Characteristics of Respondents

Based on the distribution according to the age of the lowest respondents, namely the age group 36 -45 years as many as 20 respondents and the highest in the age group 18-25 years, namely as many as 42 respondents. Distribution according to the sex of the respondents obtained categories of women 57 people and men 67 respondents. The education level of the most respondents was respondents who graduated from elementary school as many as 44 respondents and the lowest was the high school with 5 respondents. And the average income of respondents per month is the largest in the range of Rp. <2,313,625, namely 101 respondents and the smallest is 19 respondents with an income of Rp. 2,313,625 each month.

Good health service is a community need and is often a measure of successful development. Realizing that health services are a necessity for every citizen, the government seeks from time to time to produce programs that can improve overall health services.

Socio-Culture and Service Utilization

Theresults of statistical tests from 120 respondents showed that 107 respondents (89%) were included in the modern category and there were 13 respondents (11%) who were included in the traditional category. And of the total 89 respondents in the modern category, 107 (96.3%) of them used the service and

5 (4.7%) did not. Meanwhile, from a total of 13 traditional respondents, 100% did not use the service.

From the results of this study, 13 respondents who fall into the traditional category and data from 13 respondents (100%) do not use services, most of these respondents are people who have the belief that diseases can be cured without going to health services but only by using leaves. and spells. Meanwhile, as many as 107 (100%) respondents who were included in the modern category, 96.3% used the service and 4.7% did not use it.

Most of the treatment chosen by the scavengers is carried out at the Health Service available in the nearest Tamangapa Village, namely the Pustu because the scavengers think that the Pustu has medical personnel, namely health workers.

Scavengers take advantage of the service because of several things, namely they have realized the importance of seeking medical treatment/health checks from a doctor or health worker, a change in the community's mindset about the meaning of health and illness so that they feel they need health services, and most people who work as scavengers and live in TPA Tamangapa Antang is a community whose educational background has studied at school with the lowest education being SD and the highest is SMA (the least

number), so they believe in health services.

Based on Napirah's (2016) research on 69 respondents regarding factors related to the utilization of health services in the area of Tambarana Puskesmas, Poso Pesisir Utara District, Poso Regency, there is a relationship between education level and utilization of health services with a value of p = 0.000 <α (0.05)(Napirah, M. R., Rahman, A., & Tony, A., 2016).

Culture influences a person to follow certain patterns of behavior that have been created by others. Each community group has unique traditions, habits, and culture and will affect the way of thinking (how to see things), how to behave, how to behave that is oriented towards science in dealing with health problems so that they are healthy and appropriate in utilizing health services. The norms concern life habits, customs and traditions of life that are used from generation to generation. this means that the habit of having a healthy lifestyle is a tradition inherent in a group of people that have been passed down from generation to generation.

Social Economy and Service Utilization

TheCommunity Health Center is a public health organization that also fosters community participation, provides comprehensive and integrated services to

the community and is authorized and responsible for health care in its working area. Puskesmas is a social organization that carries out its duties as a health service provider for the community to carry out that task, the active performance of human resources is very dominant as in other service businesses. As a health service provider organization, community health centers are highly expected to provide health insurance that is served by human resources with the help of medical equipment so that they are expected to get a healthy condition. Therefore, paramedics must be able to provide friendly service, be able to use the available equipment optimally, and be able to complete work on time and reliably. The utilization of health services is influenced by several factors.

The research shows that 120 respondents (100%) said that the health services at PUSTU in TPA Tamangapa are cheap and no respondents (0%) said that the services were expensive. This is evident from the results of the questionnaire that the respondents stated that the cost of health services was relatively cheap because the drugs provided by medical personnel were affordable, namely around Rp. 5,000, - to Rp. 20,000, -. And most people have fully understood the concept of health and illness and the importance of using health

services, although there are still a small number of people who are still traditional, namely people who are included in the community category (elderly).

Based on previous research, it shows that there is a relationship between income and utilization of health facilities (Tampi J, et all, 2016). Other research conducted by Agum Dharma Yoga & Bambang Sriyanto Eko Prakoso, stated that socio-economic factors such as income, employment and ownership of health insurance affect the use of health facilities (Dharma YA, Eko PBS, 2018). Dimensions related to socio-economic status are employment status, achievement, education, income, poverty and wealth. According to Abodurin et al., In Owoseni Joseph Sina et al., The selection of health facilities is determined by individual tastes, service satisfaction, and quality of care provided (Sina Oj, Iyabo JL, 2014).

The income of the head of the family affects the use of health facilities, this is related to the financing of health services, one of which is related to drug redemption. The head of the family with low income has little opportunity to use health facilities (Wulandari, 2016).This is in line with research conducted by Abdul Sayrifain et al., Which concluded that there was a relationship between income

and utilization of health services (Syarfain A, 2017).

The utilization of health services for the scavenger community located in TPA Tamangapa Antang, from a socio-economic perspective, the scavengers have taken advantage of this health service according to information obtained from health workers who reveal that people (scavengers) who reside in their TPA always come to PUSTU to get treatment when they're sick. People who come for treatment feel the government's attention because the Government has established a PUSTU / Puskesmas in the area around the TPA. Besides, they have also obtained health-related insurance including BPJS, KIS, and Jamkesda. The community (scavengers) feel that they are facilitated in terms of health financing by the existence of these various policies. And for those who do not get insurance, they still do not find it difficult in health checks / treatment because the costs of the drugs are relatively affordable and the drugs are given also react quickly in the healing process.

Social Psychology and Utilization ofServices

Social psychology referred to in this study are attitudes/perceptions of health services, knowledge and sources of information from health services.

Individual needs to utilize health services are directly influenced by psychological variables which include: taste, perception of health-illness, expectations, assessment of *providers* and individual characteristics : age, gender, level of education and type of work.

Based on the results of the study showed that the distribution of respondents, based on social psychology, was the highest, namely the good category was 92.5%, while the lowest was the moderate category, 7.5%. Meanwhile, 2 do not use the good category they have never used the service because they do self-medication by buying medicine at a shop/ pharmacy, but they still have confidence in health workers in treatment. And the good response to providers is due to the information obtained from family/ neighbors/relatives regarding perceptions of health workers.

The figures above illustrate that the use of health services from a social psychology perspective is that most people have a perception of disease as well as attitudes and beliefs about health services, and medical care or doctors are in the category of agreeing to the use of health facilities.

The emergence of differences in the concept of health-sickness in the community between health service providers and the community revolves

around pain and illness. A healthy concept that develops in society is when people can work or carry out their daily routine, while sick people are people who cannot carry out their work or cannot get out of bed.

The results of this study are in line with the research conducted by Qudsiah (2018) regarding the use of the JKN-KIS card in inpatients at Ungaran Hospital which showed a result of p = 1,000 meaning that there was no relationship between the level of education and the use of the JKN-KIS card in inpatients at the hospital. Ungaran Hospital. Research conducted by Kawulur (2018) also shows that there is no relationship between education and utilization of health services in the working area of the Teling Ata Public Health Center, Manado with a value of p = 0.628. Another study conducted by Madunde (2013) also shows that there is no relationship between education level and utilization of health services at Puskesmas Kema with a value of p = 1,000. Another study conducted by Wardana (2017) also showed that there was no relationship between BPJS participants' knowledge (low, medium) and the utilization of health center health services.

Satisfaction is not only influenced by factors from the service providerbut also factors from outside and from within the patient. Internal factors include resources, education, knowledge and attitudes. External factors include culture, socioeconomic, family and the situation at hand (Gerson, 2004 in Sutianingsih, 2012).

Characteristics of Officers and Service Utilization

In this study, measuring the level of patient satisfaction with the quality of service was given several questions including the quality of medical personnel services themselves, the facilities available during treatment, a straightforward financing system and affordable treatment prices.

Based on the results of the study, the distribution based on the characteristics of officers in the PKM Tamangapa work area related to the good category was 63.3% and sufficient was 36.7%. Where the percentage figures are related to the characteristics of officers which include the quality of medical personnel services themselves, the facilities available when conducting treatment, a non-convoluted financing system and affordable medical prices related to patient satisfaction with the quality of services provided.

Includes facilities, money, time, energy, and so on. Resources also affect the behavior of a person or community group in utilizing health services. This influence can be positive and negative.

The results of research conducted by Suudi, et al. Show that in connection with free health services at puskesmas which have not been optimally utilized by the community, it shows that the condition of the puskesmas does not have a strong appeal to the community as a place of primary health care. This is supported by research data that health centers are not yet the first choice for people when they feel pain because even though the puskesmas provide services in the morning to noon, the presence of puskesmas doctors is not necessarily there and the quality of services related to diagnosis, cleanliness and drug completeness is still lacking.

Another study conducted by Rumengan (2015) on the factors related to the utilization of health services for health bpjs participants at the Paniki Bawah Community Health Center, Mapanget District, Manado City, showed that there was a relationship between perceptions of the actions of officers and the use of health services in health centers with p = 0.000 $<\alpha$ (0.05).

The verse above clearly explains to us that patience is the key to providing good service to patients, if it is related to the service of medical personnel, medical personnel must be patient in every treatment/treatment of patients, patience provides the patient's first view, reliable medical staff and professionals put forward high patience.

Service is an activity or a series of tools that are invisible to the eye (cannot be touched), which occurs as a result of interactions between consumers and employees or other things provided by service providers that are intended to solve consumer problems.

The utilization of health services is a process of empowering health services by the community. According to Levey and Loomba, what is meant by health service is an effort carried out individually or jointly in an organization to maintain and improve health, prevent, treat disease and restore the health of a person, family, group and community.

Respondents who use more health services because of health, free medicine at PKM Antang, and the closer distance. From the results of the house-to-house research interviews, the researcher concluded that all respondents who had lower incomes took advantage of the free health services available at the puskesmas and pustu even though they wanted more

adequate health services at the hospital. Not a few respondents do not know about the existence of BPJS, KIS, and other health insurance from the government, so they prefer to rely on the closest health center or pustu where there is free health.

Utilization of health services is the use of service facilities provided in the form of outpatient care, inpatient care, home visits by health workers or other forms of activity from the use of these services which are based on the availability and continuity of services, community acceptance and fairness, easily accessible to the community, affordable. and quality.

This situation reflects the knowledge of having a close relationship with the use of adequate delivery facilities, meaning that the higher the mother's knowledge, the higher the tendency for mothers to choose to use adequate delivery facilities, but if faced with other problems such as economic factors and access to service places that are difficult to reach, then the mother chose not to take advantage of the delivery facility.

CONCLUSION

The results showed that the social culture related to the utilization of health services in the working area of PKM Tamangapa showed that the modern category was 89.2% while that related to

the traditional category was 10.8%. Social Economy shows 100% cheap opinion. Social psychology 92.5% good results. The characteristics of officers showed good results 63.3% and 36.7% sufficient. The highest utilization of health services was utilizing health services, namely 93.3% and not utilizing health services was 6.7%.

RECOMMENDATIONS

To increase and maintain the utilization of health services, it is hoped that the cooperation of all parties, namely the Health Office to pay attention to facilities and infrastructure, Puskesmas improve approaches and collaboration with the community and related sectors, the community to participate in supporting the use of health facilities, and the next researchers to conduct more in-depth research.

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