

# Analysis Of The Need And Demand For Health Services At The Marsabut Lake Health Center, South Tapanuli Regency In The Jkn Era

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## ABSTRACT

The phenomenon of people preferring to seek treatment abroad instead of using domestic health services is a big challenge. This challenge can be answered by improving quality in all fields, especially the health sector. So, this is what will help health service providers in setting strategies to meet the needs of the community in the health sector. The purpose of the study was to determine the need, demand, and utility of public health services in the work area of the Marsabut Lake Health Center, South Tapanuli Regency. Types of quantitative research with a cross-sectional approach. The population is a community living in the working area of Lake Marsabut, South Tapanuli Regency. With a sample number of 60 people. The study was conducted in June 2022. The results of research related to need showed that the main needs of respondents related to health service facilities were quality and distance  $\leq 3$  km. Community demand is dental poly and general poly services provided by Marsabut Lake, South Tapanuli Regency.

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## 1. Introduction

Health is one of the aspects that determines the high and low standard of human living because health is needed to support all their life activities. (Todaro, 2016). Each individual will seek to achieve a healthy status by investing and or consuming a certain amount of health goods and services. So to achieve a good health condition, good health facilities are needed as well (Grossman, 1972). Furthermore, according to (Mills, 1990) the relationship between demand theory and health care in developing countries is strongly influenced by factors: (1) income, where there is a correlation between income and the amount of demand for health care, especially in terms of modern health services. (2) price, which plays a role in determining the demand for health care. (3) the achievement of physical health care facilities will reduce demand. (4) the efficacy and quality of health services provided.

The use value of health services can be seen from the quality of health services (service quality) which will have an impact on customer satisfaction. The quality of health services is multi-dimensional. Judging from the users of health services (health consumers), the understanding of service quality is more related to the responsiveness of officers to meet patient needs, smooth communication between officers and patients, concerns and hospitality of officers in serving patients, humility and sincerity (Supriyanto & Wulandari, 2003)

Needs are human desires for goods and services that need to be met to maintain survival. Needs describe basic human needs such as food, clothing, shelter, education, health, recreation, and others. According to (Shaikh & Hatcher, 2005) the needs of humans may not be the same depending on the factors that influence them. Demand is the desire for a specific product that is supported by the ability and willingness to buy. Health demand greatly affects the use of health services. The use of health services is a behavior or action owned by individuals in seeking health services (Andersen et al., 1997). The use of health services is important in society which aims to help in determining health status.

The fulfillment of consumer needs and expectations will affect customer satisfaction.

Consumer satisfaction is the overall attitude shown by consumers over the comparison of goods and services they have used (Mowen & Minor, 2002). According to (Grossman, 1972) consumers have 2 reasons in terms of demand for health, namely: (a) health as a consumption commodity, where with health itself consumers feel better and can carry out physical activity freely without any disturbance from their health. (b) health as an investment, where the state of health will determine the amount of time available to a person that he can use for work and other activities. Conversely, getting sick can cause a person to lose his income as a result of not being able to work during his illness.

How important it is for providers to know the extent of the need, and demand for health services. Need and demand analysis has the potential to help providers evaluate health care policies and more importantly the influence of different types of health services. So it is necessary to research this need and demand.

## 2. Method

This type of research is quantitative using an observational approach with a cross-sectional study design and without being given treatment to the population (Hidayat, 2014). Furthermore, it was analyzed using a descriptive statistical test through a frequency distribution table to find out a picture of respondents' characteristics and a picture the need demand for health service utilization. The population of this study is a community in the working area of the Marsabut Lake Health Center. The reason for choosing the Marsabut Health Center is because there has never been a need and demand survey before. Data collection techniques using structured questionnaires and sampling using random sampling techniques with a total sample of 60 respondents. The study was conducted in June 2022.

## 3. Results and Discussion

Marsabut Health Center is a health center located in South Tapanuli Regency and is shaded by the UPT South Tapanuli Regency Office. Health facilities that are also located in the working area of South Tapanuli Regency are the Regional General Hospital and the TNI Hospital. This survey was conducted to determine the needs and demands of the community in the working area of the Marsabut Lake Health Center, South Tapanuli Regency.

### 3.1 Respondent Overview

The characteristics of respondents were distinguished by age, gender, level of education, type of work, income level, and insurance ownership, among others:

**Table 1.**  
Characteristic Frequency Distribution of Respondents in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022

<b>Characteristics of Respondents</b>	<b>n</b>	<b>%</b>
<b>Age</b>		
20-45	92	92,0
46-70	8	8,0
<b>Gender</b>		
Man	45	45,0
Woman	55	55,0
<b>Religion</b>		
Islam	92	92,0
Christian	8	8,0
<b>Education</b>		
High School (Graduated From High School And Graduated From PT)	50	50,0
Low (Did Not Finish Elementary School / Finished Elementary School And Finished Junior High School)	50	50,0
<b>Work</b>		
Work (Civil Servants, Entrepreneurs, Farmers, Laborers)	67	67,0
Not Working (Housewives)	33	33,0
<b>Family Income</b>		
High (>2,903,042/Mo)	37	37,0
Low (<2,903,042/Mo)	63	63,0
<b>Insurance Ownership</b>		

Not	53	53,0
Yes	47	47,0
<b>Total</b>	<b>100</b>	<b>100,0</b>

Based on table 1 above, it can be seen that the age of the majority of respondents aged 20 to 45 years was 92 people (92.0%), the gender of the majority of women as many as 55 people (55.0%), the majority religion is Muslim as many as 92 people (92.0%), the education level of the majority respondents is high (graduated from high school and finished pt) and low (did not finish elementary school / finished elementary school and finished junior high school) each as many as 50 people (50.0%), the majority of respondents' jobs worked 67 people (67.0%), the majority of low family income (<2,903,042/Mo) as many as 63.0 people (63.0%), the majority insurance ownership was not as many as 53 people (53.0%), the availability of infrastructure or public health facilities was the majority available as many as 69 people (69.0%).

### 3.2 Need Respondents

In utilizing health facilities, everyone has different needs. In general, humans tend to choose products that they consider to meet their needs and can generate satisfaction where all of that is proportional to the amount of money they spend.

### 3.3 Selection of Health Facilities

Each respondent has a different goal in utilizing health services. In this survey, respondents were asked to rank based on the order of health care places that respondents aimed at in health services. Distribution of health facility selection by respondents in siwalankerto work area in Table 2.

**Table 2.**

Distribution of Health Facility Selection in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022

No Need for Health Facility Selection	n	%
Puskesmas	94	94,0
General Hospital	4	4,0
Private Hospitals	2	2,0
<b>Total</b>	<b>100</b>	<b>100,0</b>

Based on Table 2, shows that most (94%) of respondents choose puskesmas for treatment. This result is in line with the JKN era policy that this program emphasizes the needs of health services at the first level of PPK, where FKTP in collaboration with BPJS Kesehatan must provide comprehensive health services in the form of promotive, preventive, curative, rehabilitative health services, obstetric services, and medical emergency health services, including support services that include simple laboratory examinations and pharmaceutical services.

### 3.4 Factors in Choosing Health Services

After the respondent determines the place for treatment, the respondent will consider other factors that encourage the respondent to take advantage of health services. Here is an explanation of the following variables:

**Table 3.**

Distribution of Health Service Selection in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022

<b>Need Faktor Memilih Pelayanan Kesehatan</b>	<b>n</b>	<b>%</b>
Jarak ( $\leq$ 3km)	41	41
Kualitas pelayanan kesehatan	59	59
<b>Total</b>	<b>100</b>	<b>100,0</b>

Based on Table 3 shows that most (58%) of respondents choose the quality of health services compared to the distance to health services. The quality of this health service includes all services provided at the Marsabut Lake Health Center.

**Table 4.**

Distribution of Need additional facilities and public facilities in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022

<b>Need Fasilitas Tambahan</b>	<b>n</b>	<b>%</b>
AC	41	41
Wifi	59	59
<b>Need Fasilitas Umum</b>	<b>n</b>	<b>%</b>
Kantin	100	100
<b>Total</b>	<b>100</b>	<b>100,0</b>

Based on Table 4, shows that most (62%) of respondents want additional air conditioning in the waiting room of the Marsabut Lake Health Center. It seems that the need for WIFI is still the second need even though the internet is now the main need in some circles. Patients prioritize the comfort of the waiting room. As for public facilities, it shows that 100% of respondents need a canteen at the Marsabut Lake Health Center. Although public facilities are not directly related to health services, they are facilities that also affect health services.

### 3.5 Desired Additional Facilities

The comfort of patients is largely determined by the services of the health facility where they are treated. Here are the desired health facilities:

### 3.6 Demand Respondents

Demand (demand) is a desire that is supported by purchasing power. The following is an explanation of each variable of the demand at the Marsabut Lake Health Center:

### 3.7 Demand in the Last 6 Months

To identify the demand for health services, respondents must have experienced illness or used health care facilities. Here is the distribution of pain over the past 6 months.

**Table 5.**

Distribution of Demand for the Last 6 Months in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022

<b>Health Care Demand</b>	<b>n</b>	<b>%</b>
Ever	80	80
Never	20	20
<b>Total</b>	<b>100</b>	<b>100,0</b>

Table 5 shows that most (80%) of respondents have used health services at the Marsabut Lake Health Center, so respondents are old patients.

### 3.8 Frequently Used Services

The health service in question is a service that is often used by respondents when they use the Marsabut Lake Health Center as a place for treatment. The following is the distribution of table 6 of the health services that are often used.

**Table 6.**

Distribution of Service Demand that is Often Used in the Working Area of the Marsabut Lake Health Center, South Tapanuli Regency in 2022Kabupaten Tapanuli Selatan Tahun 2022

<b>Frequently Used Service Demands</b>	<b>n</b>	<b>%</b>
General Poly	42	42
Dental Poly	58	58
<b>Total</b>	<b>100</b>	<b>100,0</b>

Table 6 shows that the demand for services that are often used is dental poly with a percentage of 58%. This shows that the service at the dental poly is the service that most respondents visit.

The results of research on the need and demand for health services at the Marsabut Lake Health Center have a positive value in the eyes of the surrounding community. This is what influences people to use health services. The demand for health services is the health services needed and desired by patients which are accompanied by the purchasing power of patients. Many factors influence consumer demand for medical services both in terms of patients and medical service providers. The results of Ditto's research, et al show that an individual's subjective beliefs about the medical professional are important determinants of health-related behaviors and

perceptions (Ditto, Moore, Hilton, & Kalish, 1995).

In Table 1, the utilization (demand) of puskesmas services is utilized by all levels of family income, and those who use health insurance or do not use health insurance. In the implementation of the national health system, the principle of managed care is applied where there are 4 (four) pillars, namely Promotive, Preventive, Curative, and Rehabilitative. This principle will apply that health services will be focused on First Level Health Services (FKTP) / Primary Health Facilities such as in Puskesmas, clinics, or individual pre-governmental doctors who will be the main gateway for BPJS Kesehatan participants in accessing health services. For this reason, the quality of primary health facilities must be maintained, considering the effect of the implementation of the National Health Insurance, which will increase public demand for health services because the certainty of guarantees has been obtained. If FTP / primary health facilities are not strengthened, the community will access advanced health facilities so that there will be a re-occurrence of the phenomenon of hospitals as giant health centers (BPJS Kesehatan, 2021b).

Learning from Health Insurance in Thailand for the participation of its people according to the results of research (Puenpatom & Rosenman, 2008) that in 2000, only 20.3% of the Thai population was not insured. After the enactment of Universal Health Coverage (UHC), this figure dropped to less than 4%. This explains that even this government policy aims to improve the degree of health in Indonesia and is also very helpful to reduce the cost of obtaining the services needed with the willingness of health insurance.

People in the working area of the Marsabut Lake Health Center choose to use the Puskesmas to get health services because it is close to where they live. This is evidenced by the distribution results in Tables 2 and 3 which explain that 94% of respondents use puskesmas for treatment. Puskesmas as FKTP has a strategic role and advantages in supporting the implementation of JKN compared to doctors' practices, and private clinics. This is due to the implementation of puskesmas based on the principles of a healthy paradigm, regional accountability, community independence, equity, appropriate technology as well as integration and sustainability so that puskesmas function as a center for driving health-minded development, community empowerment centers, and first strata health service centers (Menteri Kesehatan RI, 2014).

The first action when people are sick is to immediately seek health care. Table 3 explains that the level of education does not affect the selection of health facilities. This is different from the results of research (Grupp, König, & Konnopka, 2016) explaining that sociodemographic factors including education are very influential on health services. This means that along with the increase in the level of education, public awareness about the use of health services is getting better. The results of research at the Marsabut Lake Health Center show that all people regardless of their level of education if they are sick will need health services.

Table 4 explains that people want additional facilities such as air conditioning and wifi. This aims to add to the comfort of the community when they are in the environment of the Marsabut Lake Health Center. Service quality is a determining factor in the use of health services by the community. People will comfortably use health services if the services provided by the provider are by their needs (Belaid, Bouchenafa, & Barich, 2015). Furthermore, the results of Ingan Tarigan's research at the Banyuasin Regency Health Center stated that the community's response regarding the appearance of the puskesmas was not entirely good, both inside and outside the puskesmas building, as well as the facilities and infrastructure of the puskesmas, some stated that it was still a problem (Tarigan & Ariningrum, 2008).

People who have used health services and are satisfied with the health services received will return to use health services if they need them (Supriyanto & Ernawati, 2010). Table 6 explains that dental poly and general poly services are most commonly used. This means that these people often take advantage of health services at the Marsabut Lake Health Center because they are satisfied so that when they are sick, they will return to use the health services provided by the Puskesmas. The results of astuti's research, et al on patient satisfaction at the Sidoarjo Regency Puskesmas that some dimensions of satisfaction that are considered lacking by patients are reliability / reliability in terms of puskesmas opening hours, completeness of puskesmas services and mobile puskesmas services, Another dimension that is considered unsatisfactory is the dimension of the physical appearance of the Puskesmas (tangible), namely the cleanliness of the puskesmas waiting room and toilet (Astuti & Budijanto, 2010). Some aspects or dimensions that are considered the

unsatisfactory need to be considered by puskesmas, especially in this JKN era.

Puskesmas must meet the needs of JKN participants and optimize their function as gatekeepers in the JKN program. The Gatekeeper concept in the JKN program is a health service system concept where FKTP which acts as a basic health service provider functions optimally according to its competency standards and provides health services according to medical service standards. FKTP must be the implementer of the gatekeeper concept by conducting credentialing and re-credentialing, strengthening the four main functions of primary services, namely the first contact function, the continuity function, the plenary service function (comprehensive), and the service coordination function (coordination), as well as improving FKTP competence, quality control and cost control (BPJS Kesehatan, 2021a). The results of the research by Rahma et al. stated that the implementation of the four main functions of primary services in puskesmas as gatekeepers in the JKN program at one of the Puskesmas in Pati Regency showed that the figure of 70% was by the Guidelines "Manual for the Implementation of JKN-BPJS Kesehatan" (Rahma, Arso, & Suparwati, 2015). In the future, this is what the Puskesmas demands to improve its function in this JKN Era.

#### **4. Conclusion**

Needs in health care conditions of deviation in the form of physical and psychological from healthy conditions. Meanwhile, demand (demand) in health is the desire for health services that are supported by the ability and willingness to take advantage of these health services. Puskesmas is the main choice in seeking health services for all groups of people from all economic classes, both weak and middle economies. This can be the anticipation for providers to further improve services, especially in the JKN Era. Community satisfaction in utilizing health services at puskesmas is not only direct but other factors support it, namely the comfort of the waiting room and the completeness of other non-medical facilities. Puskesmas in the JKN Era must conduct a continuous need and demand analysis including utility or satisfaction to assess the needs and expectations of the community for health services. Furthermore, from the analysis, puskesmas are used to improve the quality of basic health services according to community expectations because Puskesmas is a gatekeeper in the JKN program.

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