CHAPTER 1

INTRODUCTION

1.1. Background

The World Health Organization (WHO) defines primary health care (PHC) as essential health care based on scientifically sound and acceptable methods and technology that make all people and families within a community accessible for universal care. PHC is one of the health service facilities that organizes preventive, promotive, rehabilitative, and curative health efforts that focus more on preventive and promotive services (Zulfitri, R., 2017)

According to the Kementerian Kesehatan RI, (2014) in permenkes no. 75 year 2014, States that States that Community Health Center, hereinafter referred to as Puskesmas, is a service facility health which organizes first class public health efforts to achieve the highest degree in public health in the work area, with emphasis on the promotional and preventive work. In the Regulation of the Minister of Health of the Republic of Indonesia Number 75 Years 2014 (pasal 16) About Puskesmas, where the healthcare worker consists of everyone who has the knowledge and skills to make health efforts in the field of health. The type and number of health and non-health staff is determined on the basis of a workload analysis, taking into account the number of services provided, population and distribution, workspace characteristics, area of work, availability of other first-rate health services in the region. Type of Health Worker as referred to in paragraph at most slightly consists of primary care doctor or doctor, dentist, nurse, midwife, public health workers, environmental health personnel, medical laboratory technologist, nutritionist and pharmaceutical power. Based on data from the Health Profile of the Ministry of Health, the number of Puskesmas in Indonesia was

10134 units on 15 October 2020. West Java is the province with the highest number of Puskesmas, reaching 1,072 units. Then followed by East Java with 968 units in secondplace and Central Java with 878 units in third position. The large population in these three provinces requires a lot of health facilities as well. Meanwhile, the number of Puskesmas in North Kalimantan is only 55 units, the least in Indonesia. (Kemenkes,2021)

ABSENSI PENGUMPULAN DATA DASAR PUSKESMAS 2019 MELALUI APLIKASI KOMDAT SAMPAI DENGAN 15 OKTOBER 2020

No	Provinsi	Jumlah Kabupaten	Total PKM	Total PKM Terisi	%
1	Aceh	23	359	229	63,79
2	Sumatera Utara	33	601	442	73,54
3	Sumatera Barat	19	275	237	86,18
4	Riau	12	228	228	100,00
5	Jambi	11	205	205	100,00
6	Sumatera Selatan	17	341	341	100,00
7	Bengkulu	10	179	179	100,00
8	Lampung	15	310	310	100,00
9	Kepulauan Bangka Belitung	7	64	64	100,00
10	Kepulauan Riau	7	86	86	100,00
11	DKI Jakarta	6	315	315	100,00
12	Jawa Barat	27	1.072	520	48,51
13	Jawa Tengah	35	878	805	91,69
14	DI Yogyakarta	5	121	78	64,46
15	Jawa Timur	38	968	941	97,21
16	Banten	8	243	151	62,14
17	Bali	9	120	120	100,00
18	Nusa Tenggara Barat	10	169	169	100,00
19	Nusa Tenggara Timur	22	402	13	3,23
20	Kalimantan Barat	14	246	162	65,85
21	Kalimantan Tengah	14	203	114	56,16
22	Kalimantan Selatan	13	235	235	100,00
23	Kalimantan Timur	10	186	186	100,00
24	Kalimantan Utara	5	55	28	50,91
25	Sulawesi Utara	15	195	179	91,79
26	Sulawesi Tengah	13	206	132	64,08
27	Sulawesi Selatan	24	459	332	72,33
28	Sulawesi Tenggara	17	290	288	99,31
29	Gorontalo	6	93	50	53,76
30	Sulawesi Barat	6	95	84	88,42
31	Maluku	11	209	46	22,01
32	Maluku Utara	10	147	27	18,37
33	Papua Barat	13	159	61	38,36
34	Papua	29	420	147	35,00
Total		514	10134	7504	74,05

*Kab/Kota Terlampir

Table 1.1

Ministry of Health Malaysia main objective is to help an individual to achieve and maintain a standard of health to enable him to lead a productive economic and social life. This can be achieved by providing efficient, appropriate and effective promotion, prevention, treatment and rehabilitation towards better health and mission to facilitate and enable the people reach their full potential in health valuing health as the most valuable asset take responsibility and positive action for their health (Portal Rasmi

Kementerian Kesihatan Malaysia.2021). The PHC system in Malaysia is a mixed one dual-tiered system of healthcare service, a government-led and a thriving private sector creating a public-private model(David Q. 2014), with about 2,885 public facilities and 7,988 private facilities involved in service provision. The public sector has an extensive network of health clinics, community clinics in rural areas, 1Malaysia clinics in mainly urban areas, and mobile clinics better known as Klinik Bergerak 1Malaysia (KB1M) for remote areas, spread throughout the country. (Portal Rasmi Kementerian Kesihatan Malaysia.2021). This clinic offers preventative treatment to patients with risk factors, pregnancy, maternal health care, advice on life-size modification, optimising and stepping up treatment regiments, managing complex medical conditions, home care, and empowers patients with long-term chronic self-management, as well as psychosocial assistance for patients and their families The public primary care sector is highly government-funded in terms of payment arrangements, and patients pay a minimum RM 1.00 per visit for treatment. (Ministry of Health, Malaysia,2016) For type of healthcare facilities and services, are for primary that was at PHC for essential treatment which is care general of symptom and basic medical concern that doctors, nurse, practitioners and physician assistant as care provider while for secondary and tertiary care services in the hospitals. Secondary health care provides specialist treatment or specific expert care that have cardiologist, endocrinologists and oncologist as care provider. For tertiary health care is for hospitalization treatment that requires highly specialized equipment and expertise, also need advanced diagnostic center, specialized intensive care unit and modern medical facilities. (Ramli, A., Taher, 2019).

Youth is the period of growth and development that occurs between childhood and adulthood. According to the WHO, aanyone there between 15 and 24 years old is consider as Youth. Youth are strongly believed with part when important health changes and their determinants in later life. In addition to other emerging challenges, such as social media, Youth are more exposed than in the past to substance abuse, sexually transmitted infections, injuries and other risks. (Salam, R. 2016). Based on a (WHO), at a national level, mortality ranged from 0.2–14,8 per 1000 aged 10–14 years, from 0.8–24,9 per 1000 aged 15 to19-year-olds and from 0.8–27,9 per 1 000 young adults aged 20 years. In Sub-Saharan Africa, the higher mortality countries are. Its show that it is very important for youth community need to pay more attention to their health by improve their utility of primary healthcare from an early age in youth.

Definition of utility as a quantified use of any health care services by patients (Joo, J. and Huber, D., 2018.). Research was given in Puskesmas about the participation in youth to program by puskesmas Bondowoso which is “Pelayanan kesehatan peduli remaja” (PKPP) and the majority of respondents aged 15 (42.7 percent) and 16 years (34.4 percent) of high school children are reported to have participated in the PKPP Programmed, based on the results of PKPR utilization was low at 83.3% (80 respondents). (Karina, C. 2020). Frequent attenders for primary health care that can give quality of care and health are those who made more than 12 visits in one year and non-frequent attenders are below 12 times per year. (Al-Abadi, B., Al-Abadi, J 2018)

The basis for youth to survive, develop, learn and do other activities is adequate nutrition. Malnutrition can also have a negative effect on the health of pregnant women such as stunting. The harmful effects of stunting can last for a lifetime and can even

pass on to the next generation. (Zhang, N. and Ma, G., 2018). The risk of inadequate diet is a concern for effect growth, muscle mass and fat mass during this youth period. Some dietary requirements are as high or higher during the peak of youth growth than in other age groups. (Melaku, Y., Zello, G.,2015) Interventions with primary health professionals in the nutritional field have the potential to improve the dietary behaviour. The care of nutrition can include any aspect of nutrition evaluation, nutrition advice and advice to other nutrition-focused health workers and services concerned. (Ball, L.and, Leveritt, M., 2015). Based on UNICEF, the total number of young people aged 10 to 24 years who lived with HIV which is infectious diseases was approximately 460 000 in 2019. Around 5% of HIV-positive people are adolescents and 10% of new HIV infections are new adults. The inclusion of HIV services in primary healthcare benefits more people to receive treatment, enhances care retention, saves costs, and potentially leads to better patient outcomes. (Tshililo, A., Mangena-Netshikweta, L., 2019.) This shows that reproduction care primary health care are very important for youth.

Youth years are critical for the development of the habit of smoking as a way of lifestyle. Smoking among youth continues to rise globally. Tobacco is a true drug abuse and is widespread throughout the world. Smoking has an impact on the health of acute as well as chronic disorders. Smoking can affect almost every system in the body. The youth is a critical stage in which they begin to adapt to new lifestyles. (Srikanth, M., Anjum, M., 2016.) Immune responses that contribute to chronic obstructive pulmonary disease (COPD) and other lung diseases are caused by smoke skews. Asthma and allergic diseases in children have been associated for environmental tobacco smoke. Cigarette smoking is recognized as a risk factor for many systematic chronic diseases involving inflammatory components like atherosclerosis, Crohn's

disease, psoriasis, Graves' ophthalmopathy. (Strzelak, A., Ratajczak, A.,2018). Lung cancer is the only type of cancer with smoking as the major risk factor, while diet and BMI can also affect the risk of GI and urinary tract cancers . Primary health services are considered the most appropriate health care setting for providing international advice and assistance on the cessation of smoking. Primary health meetings provide frequent and important occasions for identifying the use of tobacco, providing consultation and helping people stop using it. Every primary health care professional has a role to play to lead to a stop trying with a short smoking advice. (. Botteri, E., deLange, T., 2018)

Physical inactivity and unhealthy dietary behaviour involve with obesity and can last until adulthood (Awang, H., Ab Rahman,2019). Youth is a critical period in which personal lifestyle choices and behaviour patterns are determined, including physically active choices. The development of chronic diseases resulting in morbidity and death is highly susceptible by physical inactivity, sedentary and cardiorespiratory health factors. Professional health care providers for youth are ideally positioned to provide potent messages promoting physical activity and changes in behaviour. The most achievable standards of health for this group should be achieved by supporting the environment and health services. (Kumar, B., Robinson, R.., 2015.) Youth are strongly believed with part when important health changes and their determinants in later. In addition to other emerging challenges, such as social media, youth are more exposed than in the past to substance abuse, sexually transmitted infections, and other risks. (Salam, R. 2016) Therefore, this study was aimed to identify the factors that can influence utility of primary health care among youth community in Indonesia and Malaysia.

1.2. Problem Formulation

Does any difference in factors that can influence the utility of primary health care among youth community in Indonesia and Malaysia?

1.3. Research Objectives

General Objective

To investigate the difference in the utility of primary health care among youth community in Indonesia and Malaysia.

To investigate the difference in the accessibility of primary health care that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference in the socialization of primary health care that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference in the waiting time for primary health care service that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference in the availability of transportation for primary health care service that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference obstacle due to geographic area for primary health care servicethat can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference sociodemographic factor for primary health care service that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference type of service for primary health care service that can influence utility of primary health care among youth community in Indonesia and Malaysia

To investigate the difference facility for disabled person in primary health care service that can influence utility of primary health care among youth community in Indonesiaand Malaysia

To investigate the difference health status that can influence utility of primary health careamong youth community in Indonesia and Malaysia

Specific objective

To find does any difference in the utility of primary health care among youth community in Indonesia and Malaysia.

To find does any difference in the accessibility of primary health care can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does any difference in the socialization of primary health care can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does any difference in the waiting time for primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does any difference in the availability of transportation for primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does the obstacle due to geographic area for primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does the sociodemographic factor for primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does the type of service for primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does facility for disabled person in primary health care service can influence utility of primary health care among youth community in Indonesia and Malaysia

To find does the health status for can influence utility of primary health care among youth community in Indonesia and Malaysia

1.4. Research Benefits

1.4.1. Theoretical Benefit

To further update the knowledge of factors that can influence utility of primary health care among youth community in Indonesia and Malaysia

1.4.2 Practical Benefit

Medical doctors will be able to use the knowledge of factors that can influence utility of primary health care among youth community in Indonesia and Malaysia and could overcome that factor and improve utility of primary health care among youth community