

Analysis of Health Utilization Services in Worship Place

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Abstract

Background. Good health services will greatly affect health improvement and treatment. One of the health service facilities is the mosque health service. The number of visits to mosque health services from 2016-2018 decreased by 49.1%. **Purpose.** This study aims to determine the factors that influence the worshipers of the mosque in the utilization of mosque health services in Surabaya Ittihad mosque. **Method.** This study design used descriptive method with cross sectional research design. Population and samples were the entire worshipers of the Ittihad mosque. The number of samples 123 respondents with sampling techniques conducted by means of purposive sampling. Data was collected by interview using a questionnaire. Data analysis used Chi Square test. **Results.** This study shows that the sex of mosque worshipers ($p = 0,604$), age ($p = 0,617$), education ($p = 0,690$), occupation ($p = 0,243$), knowledge about mosque health services ($p = 0,999$), mosque health service Tariff ($p = 0.645$), and access to information ($p = <0.001$). **Conclusion.** It can be concluded that the factors that influence the utilization of mosque health services are access to information provided by the mosque and mosque health services.

Keywords: Health Services, Access to Information, Utilization.

Introduction

Service is any activity or benefit offered by one party to another party, essentially intangible, and not result in ownership of something¹. The basic concept of a service or the quality of a product can be defined as fulfilment that can exceed what customers want or expect (patients). The quality of a service is defined as an overall rating that is equivalent to the attitude of all customer satisfaction factors². The quality of service obtained is a comparison between expectations and services obtained from suppliers^{3,4}. Thus, if the expectations desired by customers are greater than the performance obtained, customer dissatisfaction will arise⁵.

Republic of Indonesia Presidential Regulation No. 12 of 2013 concerning health insurance states that health facilities are health service facilities that are used to complete individual health care efforts both promotive, preventive, curative⁶, and rehabilitative performed by the government, regional government, and / or the community⁷. Good health services will greatly affect health improvement and treatment⁸.

The mosque is a place of worship for Muslims. Besides its main function being a place to worship Allah, there are other functions of the mosque; social function, education function, and economic function⁹. Thus, many mosques create health service centres in order to facilitate mosque worshipers who need health checks. One example of Ittihad Mosque is located on Jl Medokan Semampir K / 1, Sukolilo, Surabaya, East Java.

Ittihad Mosque makes mosque health services with the aim of providing health facilities for mosque worshipers and residents around the mosque. The mosque health service performs health service activities which include promotion (information and education about

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degenerative diseases¹⁰⁾ and curative (examination and treatment¹¹⁾). Types of treatment services provided at mosque health services are general services. The number of patient visits in mosque health services was 1,231 patients in 2016, there was a decrease in visits to 1,023 patients in 2017, and it decreased again to 740 patients in 2018 as well as it can also be seen that the visit of mosque health service patients at Ittihad Mosque tended to decrease by 491 visits patients or 49.1%. Based on these data, this study aims to find out the Factors that Influence Mosque Congregations in Utilizing Mosque Health Services in Ittihad Surabaya Mosque, it is hoped that this study can be used as input and evaluation thus the utilization of mosque health services can be increased.

Material and Method

This study was an analytical observational study using quantitative research methods. This quantitative research was a cross sectional design study because the measurement of variables was performed at the same time. Data collection on variables was conducted

by using a structured questionnaire with a total of 19 questions in this study. The variables were respondent’s gender, respondent’s age, respondent’s education, whether the respondent’s job was working or not, respondent’s knowledge about mosque health services, the attitude of medical and non-medical staff in mosque health services, support from the closest relatives in using mosque health services, Tariffss on services mosque health and access to information provided from mosque health services. Respondents in this study were 123 people selected based on purposive sampling¹². Further data were analysed by using the chi square test to see the relationship between dependent and dependent variables.

Results

Based on the characteristics of the respondents in this study, it can be seen that the majority of respondents in the study were 82 women (66.7%) with the most respondents aged over 40 years, such as 88 people (71.5%), the highest level of education was high school, and below as many as 109 (88.6%), and the highest level of work was 66 respondents working (53.7%).

Table 1 Frequency Results, Cross Tabulation, and Chi Square Results Utilization of Mosque Clinics

Variable	Category	N	Percentage	Clinical Treatment				p
				No		Yes		
				N	%	N	%	
Sex	Male	41	33,3	18	43,9	23	56,1	0,604
	Female	82	66,7	32	39,0	50	61,0	
Age	< 40	35	28,5	13	37,1	22	62,9	0,617
	> 40	88	71,5	37	42,0	51	58,0	
Education	< High School	109	88,6	45	41,3	64	58,7	0,690
	> High School	14	11,4	5	35,7	9	64,3	
Occupation	Unemployment	66	53,7	20	35,1	37	64,9	0,243
	Employment	57	46,3	30	45,5	36	54,5	
Knowledge	Bad	1	0,8	0	0,0	1	100,0	0,999
	Good	122	99,2	50	41,0	72	59,0	
Health workers attitude	Bad	0	0,0	0	0,0	0	0,0	-
	Good	123	100,0	50	40,7	73	59,3	

Variable	Category	N	Percentage	Clinical Treatment				p
				No		Yes		
				N	%	N	%	
Support	Bad	0	0,0	0	0,0	0	0,0	-
	Good	123	100,0	50	40,7	73	59,3	
Tariff	Expensive	4	3,3	1	25,0	3	75,0	0,645
	Cheap	119	96,7	49	41,2	70	58,8	
Information Access	Bad	67	54,5	39	58,2	28	41,8	< 0,001
	Good	56	45,5	11	19,6	45	80,4	

It can also be seen that most of the mosque's health services were used as many as 73 respondents (59.3%), as many as 122 respondents (99.2%) have good knowledge about health services the mosque. The attitude of health care workers and social support from the immediate family to use the mosque's health services included in the good category as many as 123 respondents (100%). Tariff was included in the category 119 respondents were cheap (96.7%), while access to information about mosque health services was not good as many as 67 respondents (54.5%).

The results of the chi-square test analysis as in table 1 showed that gender ($p = 0.604$), age ($p = 0.617$), education ($p = 0.690$), employment ($p = 0.243$), knowledge about mosque health services ($p = 0.0,999$), the attitude of medical personnel, and social support ($p = -$). Tariff ($p = 0.645$) was not significantly related to the utilization of mosque health services ($p\text{-value} > 0.005$) while access to information ($p = < 0.001$) was significantly related with the utilization of mosque health services ($p\text{-value} < 0.05$).

Discussion

Gender and age are among the factors in the utilization of health services as expressed by the Department of Education and Welfare, USA¹³. Female respondents use more mosque health services than men. This study is in accordance with conducted by Supariani (2013) which concluded that there is no meaningful relationship between sex, the use of dental, and oral

health services¹⁴ and contrary to research conducted by Admas (2017) which concludes that there is a sex relationship with the utilization of health services¹⁵.

Age below 40 years old is more use of mosque health services than age above 40 years old. Age is a variable that is always considered in studies and one of the things that affects knowledge¹⁶. This study is not in accordance with Pourreza's study (2009) which concluded that age influences the utilization of health services¹⁷ and this study also does not fit Yunita's study (2017) which concludes that there is a relationship between age and the utilization of adolescent reproductive health services in Jayapura City¹⁸.

This study found that the education factor has no relationship with the utilization of mosque health services. This study was not appropriate conducted by Afolabi (2010) which concluded that in Nigeria, higher education would increase access to ARV12 therapy. However, appropriate study conducted by Kipgen J (2011) concluded that education had no significant relationship with access to health services¹⁹.

This study is consistent with what was conducted by Amir (2017). There is no employment relationship with the utilization of health services targeted by the healthy Tabalong guarantee program in Tabalong Regency, South Kalimantan²⁰. However, this study is not in accordance with what was conducted by Burhan (2013) who concluded that work influences the utilization of health services by women infected with HIV / AIDS²¹.

Good respondent's knowledge about mosque health services utilizes mosque health services more than respondents' knowledge which is not good. In this study knowledge does not affect the utilization of mosque health services. This study is not in accordance with study conducted by Fennelly K (2004) which concludes that limited knowledge affects utilization²² and study by Asih P (2017) which concludes that knowledge has a relationship with health service utilization²³.

The results also found that the attitude factor of medical personnel made respondents use the mosque's health services. This study is different from that conducted by Asih P (2017) who concludes that good attitude influences students in the utilization of health services²³ and reinforced by Citra (2016) which concludes that there is a significant relationship between the attitudes of health workers and the utilization of health services²⁴.

Social support from family and closest relative serves respondents more to use the mosque's health services than not to use them. This study differs from what was conducted by Margaret (1995) who concludes that there was a significant relationship between social support for the utilization of health services²⁵ and also by Nara A (2014) who concludes that family support was significantly related to the utilization of adequate childbirth facilities at Kawangu Health Center²⁶.

Tariff is the price in the value of money that must be paid by consumers to obtain or consume a commodity that is goods or services that are in the hospital and known as service facilities and services²⁷. It was found that respondents who said tariff is not cheap made respondents use the health services of the mosque in this study. The results of this study are consistent with Mills's (1990) opinion that one of the factors influencing the demand for health services is the willingness to pay²⁸. This study concludes that there is no relationship between Tariff and utilization of mosque health services. This is not in accordance with study conducted by Obiechina (2013), regarding the factors that influence students in the utilization of health services at the University of Oklahoma Nigeria influenced by cost factors²⁹.

Access to information is significantly related to the utilization of mosque health services in this study. This is consistent with study conducted by Ogundele (2014) which concludes that there is a relationship between information accessibility to health service utilization³⁰

and accordingly also by Tey's study (2013) which shows that media exposure correlates with health service utilization in South Asia and Sub-Africa-Sahara³¹ and also in accordance with study conducted by Asih P (2017) which concludes that the ease of information has a relationship with the utilization of health services²³. Lack of information received by respondents due to publication or promotion about mosque health services is still low. Marketing efforts that are more innovative and following current trends will attract public interest, through electronic media, print media, and public relations activities such as cooperation and events. Dissemination of information can also be done by providing clear information from service providers to patients so as to increase patient expectations regarding the utilization of health services³².

Conclusion

The results of this study indicates that only access to information is related to the utilization of mosque health services. Hence, for mosque health services must pay attention to access information, thus more and more are utilizing mosque health services as is the case through electronic or print media, publication, and promotion not only in mosque health services but also in mosques.

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