

The Community Visit to the Community-Based Health Care Facility: A Phenomenology Study in Indonesia

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ABSTRACT

Introduction: Indonesia is facing a double burden of health problems: the increasing incidence of infectious diseases and an increased incidence of non-communicable diseases. The Posbindu (Integrated Health Post) for Non-communicable Disease (NCD), in Indonesian called as Posbindu - PTM, program is one of the Indonesian government's efforts to prevent and reduce the number of cardiovascular and other NCDs.

Objective: This study explores the community's experience of visiting Posbindu -PTM.

Methods: This phenomenological qualitative study was conducted through unstructured interviews with 17 patients visiting the Posbindu - PTM in several villages across Aceh Besar Regency in Indonesia.

Results: Based on data analysis, we identified two themes related to their experience visiting the PTM Posbindu: the reasons for visiting the PTM Posbindu and the facilities available at the PTM Posbindu. There are 2 participant 2 participants visited Posbindu PTM because of personal experience, 9 participants visited Posbindu PTM because they experienced illness, and 2 participants visited Posbindu PTM because doctor's advice.

Conclusion: The reason for visiting Posbindu PTM is because of personal experience, the pain felt, and doctors' advice. In the facilities available at Posbindu, PTM is found to be primarily based on patient expectations. However, a tiny number still do not meet patient expectations.

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INTRODUCTION

Indonesia is facing a double burden of health problems, namely the increasing incidence of infectious diseases and an increase in the incidence of NCDs (Mboi et al., 2022). Non-communicable diseases (NCDs) are diseases that develop slowly, occur over a long period (chronic), and cannot be transmitted from one person to another. The prevalence of NCDs that occur in Indonesia continues to increase; based on Basic Health Research data in 2018, the most common disease is hypertension, which reaches 34.1% then, followed by heart disease, stroke, and diabetes (Kemenkes RI, 2018).

Changes in lifestyle are one of the factors that increase the incidence of NCDs, in addition to other risk factors such as obesity, smoking, and drinking alcohol habits (Laga et al., 2020). Cardiovascular disease is the leading cause of death worldwide (Roth, 2022), and hypertension

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is a significant risk factor for cardiovascular disease (Abel et al., 2021). Increasing age will cause risk factors for hypertension to be higher, and this will also cause risk factors for stroke (Tamburian et al., 2020). Based on a report from the World Health Organization in 2008, there were 36 million cases of death caused by NCDs, of which 29% of deaths occurred at the age of under 60 years and mainly occurred in countries that had low to middle-level economies (Khariiri & Andriani, 2020) (Maharani et al., 2019).

A significant increase in NCD cases will burden the government and the community, where handling NCDs requires high costs (Dewi et al., 2022) (Wahidin et al., 2022). In 2005, the Directorate of Non-communicable Disease Control was formed and began to develop prevention and control programs for NCDs. This program consists of health promotion efforts, prevention of risk factors, and disease management programs (Wahidin et al., 2022). This Posbindu-PTM aims to increase public awareness of the risk factors for NCDs through community empowerment in conducting early detection and monitoring of risk factors for NCDs, targeting community groups aged 15 years and over (Fentia et al., 2023). Posbindu involves the community, individuals, and groups to play an active role in Community-Based Health Efforts and prioritize promotive and preventive aspects without removing curative aspects to reduce morbidity and mortality (Ratnasari, 2020) (Diniarti, 2022). The increasing incidence of NCDs in Indonesia every year needs to be evaluated and controlled to reduce the number of these events. One of the efforts to control the incidence of NCDs is to conduct an Posbindu-PTM (Laga et al., 2020). Therefore, this research was conducted to see what people's experiences were in visiting Posbindu PTM.

METHODS & MATERIALS

This phenomenological qualitative study was conducted with 17 healthy communities who visited the PTM Posbindu in several villages across Aceh Besar Regency in Indonesia. The study was conducted at Posbindu PTM in the working area of Puskesmas Sukamakmur and Puskesmas Darul Imarah in Aceh Besar District from October to November 2023. The research location was taken with the reason that the region has the second largest Posbindu PTM in Aceh and the location is easily accessible by researchers.

Respondents were recruited using convenience sampling methods, considering they could provide in-depth information about their experience of visiting PTM posts around their residence. The unstructured face-to-face interviews with respondents and confirm data triangulation to the person in charge of Posbindu PTM and also Posbindu PTM cadres lasted 15-30 minutes and mainly occurred in the Posbindu PTM setting. The researchers recorded the interview process using a voice recording device. All interviews were recorded and then transcribed into text form. In an effort to obtain accurate and reliable data, researchers engage extensively with informants, ensure data is meaningful and credible, use interview guides, and use audio recordings for all participants.

Data analysis in this study was carried out using the Miles & Huberman model, which consists of 1) Data reduction, 2) Data presentation, and 3) conclusion. The Ethics Committee of the Faculty of Medicine, Syiah Kuala University, Aceh, Indonesia, has approved this research.

This study was approved by the Research Ethics Committee of the Faculty of Medicine, Syiah Kuala University, on July 21, 2023 with ethical permit number 112/EA/FK/2023.

RESULT

Based on the interviews with research informants, various perceptions and information about their experiences visiting the Posbindu PTM were obtained and divided into two themes and five subthemes. The two themes are as follows:

Theme 1: Reasons to Visit Posbindu PTM

On the theme Reasons for visiting the PTM Posbindu, three subthemes were obtained from the statements submitted by respondents, including personal experience, pain experienced, and doctor's advice.

In the results of the interviews conducted, it was found that there were respondents telling personal experiences that had happened to their families that triggered them to visit the PTM Posbindu. One respondent stated, ".. Our husband yesterday was up two hundred and fifty blood. ruptured the blood vessel, it's no longer there now even though it only hurt for two days" (P1).

One respondent stated on the subtheme of pain experienced, ".. the feeling was not good.. like limp legs, like dizzy" (P1). Other respondents also stated, "pain here (arms, pain also here (legs), stomach sometimes hurts" (P10). Pain as a reason for visiting the PTM Posbindu was the most frequently cited reason by respondents. In other words, without the pain they experienced, they were less likely to visit the PTM Posbindu.

Another reason for visiting the PTM Posbindu is found in other subthemes, namely advice from doctors. Respondents who visit Posbindu PTM because of advice from doctors are usually related to the disease they experience and require routine examinations at the community health centre or posbindu. One respondent stated, "If there is no sugar (test), (I go there) every three months; if there is (blood sugar test), every month (I go there to Posbindu)" (P1).

Although rarely conveyed by informants as a reason for visiting posbindu, doctors' advice can change people's behavior in conducting health checks.

Theme 2: Facilities available at Posbindu PTM

Two subthemes are obtained in this theme: already as expected and not as expected. Most respondents stated that the facilities available were as expected. The existence of various health check-up facilities such as blood pressure checks, blood sugar level checks, uric acid, and cholesterol checks for free for all visitors makes the community satisfied with the facilities available.

"It is as expected, anyway, if we go there, everything (health examination) was there, the blood pressure test is always there" (P6).

On the contrary, some informants stated that the facilities at the Posbindu-PTM did not meet their expectations. This follows the following statement of one respondent: "it has not met my expectations, there is no medicine here" (P10). Some PTM Posbindu also provide additional food in the form of porridge to the elderly who end up, but sometimes the food provided is not in accordance with their expectations. Some informants also hope that they can get the medicine directly when they finish the examination at the posbindu, but most Puskesmas and PTM posbindu do not provide treatment at the Posbindu location; the reason that the number of visits to the puskesmas can remain following the target they have set.

DISCUSSION

This study looks more at aspects of community behavior in visiting the Posbindu-PTM. In the interview results, on the theme of reasons for visiting Posbindu PTM, three subthemes were obtained, namely personal experience, pain experienced, and advice from doctor. Personal experiences that had befallen his family were the trigger for him to visit the PTM Posbindu. These findings reflect that personal experience plays an important role in individuals understanding and responding to their health conditions. Experience is used as a guide in making decisions to get health services (Djannah et al., 2020).

In the second subtheme, namely the pain experienced, is included in illness behavior, where they begin to determine their health condition by trying to find out how their current health condition is experiencing. The self-examination visit included a health behavior known as *health-seeking behavior*, which is a person's action to obtain healing when he is sick (Djannah et al., 2020). This reflects that pain signals that something may not be going as it should in the body. They begin to realize the pain experienced will interfere with their lives, so it is encouraging to know how their current health condition is. In the third subtheme, advice from doctors is often a motivation for individuals to seek further treatment at Posbindu PTM. Experienced pain, bothersome symptoms, or direct experience with a particular illness are often strong points of departure for individuals seeking health solutions. The decision to seek preventive health services such as Posbindu is also often influenced by a person's personal experience in dealing with health conditions that have a negative impact on daily life.

In the last subtheme, the reason for visiting the Posbindu PTM is the advice from a doctor. This reflects that doctors' advice often motivates individuals to seek further care at PTM Posbindu. Doctors or medical personnel are trusted and can support patients (Kemenkes RI, 2018). They believe that medical personnel will provide the best advice to overcome health problems experienced, especially for those who have experienced chronic diseases for a long time. According to Green (2005), the driving factor (*reinforcing factor*) plays a role in changing health behavior in the community (Djannah et al., 2020). This advice from doctors to the community is included in the driving factors (*reinforcing factor*), which play a role in strengthening the occurrence of a community behavior to visit the PTM Posbindu (Fentia et al., 2023). However, the reason for visiting Posbindu PTM is because this doctor's advice still needs to be improved. This can be due to the low support provided by health workers to encourage people to want to prevent disease by one way to visit the PTM Posbindu in an effort to check themselves.

In the second theme regarding the facilities available at the PTM Posbindu, there is great hope to increase awareness and health in the community against the increase in non-communicable diseases through the implementation of the PTM Posbindu. They feel the ease of conducting medical examinations borne by the government and do not need to spend financially. This is included in *reinforcing factors* or reinforcing factors in behavior change where there are consequences obtained in terms of perceived economic benefits (Notoadmodjo, 2012). When visiting the PTM Posbindu, people do not need to spend money to conduct examinations, so they are not burdened with economic problems that can hinder the desire to check themselves at the PTM Posbindu. In addition, the community also received additional food provision (PMT) during the PTM Posbindu activity so that the community feels that the implementation of the PTM Posbindu is in accordance with their expectations.

On the other hand, some expectations need to be met by the community. This is due to the incompleteness of examination tools available at the PTM Posbindu. There is often a gap between expectations and reality on the ground. Expectations for available facilities and adequate medical

check-up equipment at PTM Posbindu often differ from reality on the ground. Many Posbindu found that they need more medical examination equipment, such as cholesterol sticks, uric acid sticks, sugar sticks, and sphygmomanometers, to carry out initial checks and treatments, which can limit the effectiveness of services.

Expectations for the implementation of Posbindu PTM generally include preventive efforts to be able to educate the public about the dangers of non-communicable diseases such as diabetes, hypertension, and stroke. On the other hand, the activities of the PTM Posbindu do not provide medicines for the community. However, this is to the Posbindu-PTM guidelines issued by the Ministry of Health, where this Posbindu activity aims to detect NCD risk factors early (Kemenkes RI, 2012). The informants also regretted that the supplementary feeding (PMT) given on the menu was not by NCD sufferers; not infrequently, the PMT given could aggravate the disease that had been suffered because the food was high in salt or fat content. This is one of the reasons the facilities available at Posbindu-PTM do not meet their expectations.

CONCLUSION

The results of this study showed various perceptions about the reasons for individuals visiting Posbindu PTM which were divided into three subthemes, where 2 participants because of personal experience, 9 participants because they experienced pain, and 2 participants because of advice from doctors. There are various perceptions about the available Posbindu PTM facilities which are divided into 2 subthemes, where 13 participants are satisfied, and 3 people are dissatisfied with the Posbindu PTM facilities.

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