



ASSESSING THE RELATIONSHIP BETWEEN PUBLIC ACCEPTANCE AND ACCESS TO PRIMARY HEALTH SERVICES

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ABSTRACT

Primary healthcare serves as the foundation of an effective health system, and its utilization is strongly influenced not only by service availability but also by community acceptance. In urban areas with an increasing number of primary healthcare facilities, understanding how public acceptance affects access to services is essential for improving service utilization and equity. This study aims to determine the relationship between public acceptance with access to service health primary in Clinic Mitra Gustiana, Samarinda City. This research is a quantitative research with approach cross-sectional. Sample in study This as much as Ninety-six respondents were selected using stratified random sampling. Data were collected through a closed-ended questionnaire that had been tested for validity and reliability. Data analysis was performed using the Spearman Rank test to determine the relationship between the two variables. Results research obtained p-value = 0.001 ($p < 0.05$) Which show existence connection Which A significant correlation was found between community acceptance and access to primary healthcare services. The Spearman correlation coefficient showed a value of 0.340, indicating a positive correlation with moderate strength. The results of this study are expected to serve as evaluation material for primary healthcare providers, particularly the Mitra Gustiana Clinic, in improving service quality based on community acceptance to expand access to services equitably and sustainably.

Keywords: access to health services; community acceptance; partner clinics; primary health services

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INTRODUCTION

Primary healthcare is the first gateway to the health system, playing a crucial role in disease prevention, basic treatment, and referrals to advanced healthcare facilities. Primary healthcare must be easily accessible and professionally managed, with accountability for implementing individual health efforts. Furthermore, these services must build lasting relationships with patients and practice a family- and community-based approach (Hendrawan et al., 2021).

As a legal basis that strengthens the role of primary health services, Law Number 17 of 2023 concerning health states that every individual has the basic right to access service health. Provision This in line with mandate Chapter 28H Paragraph (1) and Article 34 Paragraph (3) of the 1945 Constitution of the Republic of Indonesia, which states that every citizen has the right to a decent life, including receiving adequate health services. This law ensures that all levels of society, regardless of economic or social status, have the right to receive health services according to their needs. (Sudarta, 2022).

However, the reality shows that the public still faces various obstacles in accessing health services, especially at primary health care facilities. These obstacles include internal patient factors, such as physical condition, health literacy level, disease severity, and economic circumstances, as well as external factors including geographic conditions, sociocultural aspects, availability of facilities and infrastructure, and the number of available health workers (Lasso, 2023). These obstacles reflect not only logistical challenges, but also Also aspect reception public to service health. For example,

study (Su'udi et al., 2022) This shows Geographical factors and limited or impossible medical equipment can hinder access to health services, which in turn can reduce the quality of services. Furthermore, the incomplete distribution of health workers is a significant obstacle to the quality of health services.

Clinic as Wrong One provider service health primary often become place the first one accessible public For fulfil need health they. Clinic is A health care facility that provides medical services, both basic and specialist. The operation of the clinic involves a diverse team of medical personnel operating under the leadership of a health care provider. a power medical, in accordance with provision Which arranged in Regulation Minister of Health of the Republic of Indonesia Number 9 of 2014. According to the 2023 health profile data, there are 17,261 registered clinics in Indonesia, consisting of 14,564 primary clinics and 2,697 primary clinics. Based on clinic ownership, there are 1,950 government clinics and 15,311 private clinics (Ministry of Health, 2023). The distribution of clinics shows inequality. regional, in where Province Java West own amount clinic primary highest (2,755 clinics), while Highlands Papua has only 4. DKI Jakarta Province has the highest number of primary clinics (628), while South Papua Province has no primary clinics at all. In East Kalimantan, there are 376 clinics, with 105 in Samarinda City.

Mitra Gustiana Clinic is one of the clinics in Samarinda that has received full accreditation, Which show commitment clinic This to standard quality service health high. Visit patient general on month December recorded as much as 625 visit, Meanwhile, in the same month, there were also data on general patient visits totaling 558. This increase in visits reflects public trust in the services provided by the Mitra Gustiana Clinic, supported by superior service quality and speed of response to needs. patient. In addition, BPJS patient visits in November recorded as many as 171 and increase significant become 249 on month December. Matter This Also supported by the clinic's ability to provide an efficient and comfort-focused service experience patient. Besides That, amount capitation on month November is 1,487 And increased to 1,552 in December, demonstrating the clinic's consistent performance in attracting patients and maintaining their satisfaction through innovative and patient-oriented services.

Acceptability includes public attitudes towards service quality, such as staff behavior, facility cleanliness, and the accuracy of the diagnosis provided (Burger & Christian, 2020). Research previously in Africa South show that although level reception health services Enough tall (90%), Lots public Which choose For pass facility nearest health Because factor like dissatisfaction to service or experience bad previously. The study also highlighted the existence of a perception bias, where poor groups tend to own hope more low to service health so that report higher level of acceptance compared to other groups. However, the study also outlined under that reception No always become focus main in policy health, even though play a role important in push use service health (Burger & Christian, 2020). These findings suggest that policies that focus solely on availability and affordability are insufficient to improve health access if public acceptance of services remains low, indicating that public acceptance plays an important role in encouraging access to health services but is often overlooked in health policies.

However, research on the relationship between community acceptance and access to healthcare services, particularly in Indonesia, is limited. Samarinda, with its large number of clinics, faces challenges in ensuring that available facilities are optimally utilized by the community. There is insufficient information on how community acceptance of primary healthcare services in Samarinda affects access to services. health the. Besides That, data local Which deep about factors Acceptance, such as service quality and public perception, is also not yet available. This study attempts to address this gap by examining the relationship between reception public with access to service health primary in Mitra Gustiana Clinic, Samarinda City. The findings of this study are expected to

contribute to health policymaking that focuses more on increasing public acceptance, thereby significantly improving access to primary healthcare services .

METHOD

This study uses a quantitative study with a cross-sectional design which aims to analyze connection between variables independent, that is reception society , and variables The dependent variable is access to primary healthcare services at the Mitra Gustiana Clinic. The statistical test in this study used the Spearman rank correlation test to assess the relationship between the two variables. This implemented in Clinic Partners Gustiana on period 17 February until 20 March 2025. This study involved patients visiting the Mitra Gustiana Clinic. Because the exact population size was unknown, the sample size was determined using the Lameshow formula, so that get sample of 96 respondents. Sample selection done through probability sampling, especially stratified random sampling.

Inclusion criteria in this study include: 1) patients who use primary health services on clinic Partners Gustiana minimum very in 1 month final, 2) patient Which aged in over 18 years of age and able to provide an objective assessment of the health services received, 3) respondents who willing to participate and sign informed consent to fill out the research questionnaire, exclusion criteria include: 1) people who have mental or physical disorders that can influence ability they give response Which valid, 2) public Which undergoing treatment medical intensive or treated stay on moment collection data, 3) people who are unwilling to participate or do not give consent. These criteria ensured that participants met specific conditions and were able to provide data relevant to the research objectives. The sample size was calculated using the Lemeshow formula for an unknown population size. A confidence level of 95% was applied ($Z = 1.96$), with an assumed population proportion (p) of 0.5 to obtain the maximum sample size, and a margin of error of 10% ($d = 0.1$). Based on this calculation, the minimum required sample size was 96 respondents. Therefore, a total of 96 participants were included in this study to ensure adequate statistical power and representativeness of the data.

Data collection was conducted between February 17 and March 20, 2025. Respondents completed questionnaires during their free time while waiting in line to enter the examination room. Data were collected using a Google Form- based questionnaire . In this study, respondent participation was entirely voluntary. The research team first asked patients if they were willing to complete the provided Google form. Prior to data collection, patients were provided with information explaining the purpose, procedures, and relevant aspects of the study, including the opportunity to ask questions. After participants provided informed consent, the data collection process was carried out at the study site. The data obtained was then systematically collected, compiled, tabulated, and organized for further statistical analysis. During the data collection process, no intervention or pressure was found that could affect respondents' comfort, freedom, or compliance in participating in this study.

Data analysis was performed using the Spearman correlation test to assess the relationship between acceptance public And access service health primary on Clinic Partners Gustiana. Variables which is analyzed includes acceptance Community acceptance as the independent variable and access to primary health care as the dependent variable. In this study, the community acceptance questionnaire was adapted from Charatsari & Athena (2015) with a Cronbach's alpha value of 0.83, indicating that this instrument has excellent internal consistency. This questionnaire consists of 6 questions using a Likert scale, where 1 indicates "Strongly Disagree" and 4 indicates "Strongly Agree". Access to primary health care was assessed using a questionnaire adapted from the study van der Eijk et al., (2012) with mark alpha Cronbach as big as 0.75, Which Also shows high reliability. This questionnaire consists of 6 questions with the same scale.

To classify respondents into the categories of "Community Acceptance" and "Service Access" Health Primary", score limit set based on score total from each questionnaire. Respondents with score reception public 19- 24 or more high categorized as "High", whereas they Which own score 13-18 categorized as "Moderate", And they Which having a score of 6-12 is categorized as "Low". The categories for access to primary health care services follow pattern Which The same, with score 19- 24 or more tall "High", 13-18 "Moderate", 6-12 as "Low". This study uses two analysis steps, namely univariate analysis to describe the characteristics respondents, analysis bivariate use test correlation Spearman For test relationship between acceptance community and access to primary health services. This analysis focuses on access to primary health services as the dependent variable, while community acceptance is the dependent variable. independent. Steps analysis done use IBM Statistics Package for the Social Sciences (SPSS) version 23.

RESULT

Table 1.

Distribution average Respondents Based on Type Sex, Education Final, Work Regarding Access to Primary Health Services

		Service Access					
		Low		Medium		High	
		f	%	f	%	f	%
Gender	Male	5	15.2	11	33.3	17	51.5
	Female	4	6.3	26	42.3	33	52.4
Education	Elementary School	0	0.0	3	33.3	6	66.7
	Junior High Schol	0	0.0	1	16.7	5	83.3
	High School	7	11.5	23	37.7	31	50.8
	Diploma	0	0.0	4	50.0	4	50.0
	Graduate	2	16.7	6	50.0	4	33.3
Work	Civil	0	0.0%	4	57.1	3	42.9
	Servants/TNI/POLRI						
	Employee Private	2	11.1%	8	44.4	8	44.4
	Businessman	3	27.3%	0	0.0	8	72.7
	Students	2	6.9%	10	34.5	17	58.6
	Housewife	2	7.7%	12	46.2	12	46.2
	Working Yet	0	0.0%	3	60.0	2	40.0

Based on table 1, it can be seen that respondents with female gender who state access service health tall as much as 33 respondents (52.4%). Whereas Seventeen male respondents (51.5%) stated that they had high access to health services. Five respondents (83.3%) stated that they had high access to health services with only junior high school or equivalent education. In terms of occupation, entrepreneurs stated that they had high access to health services. as much as 8 respondents (72.7%) And respondents Students Which state access high health services as many as 17 respondents (58.6%).

Table 2.

Distribution Average Respondents Based on Community Acceptance

Public acceptance	f	%
Low	3	3.1
Moderate	46	47.9
High	47	49.0

Based on table 2 above, it can be seen that in terms of community acceptance at the MitraGustiana Clinic, the results showed that 47 respondents were in the high category (49.0%), 46 respondents in the average category (47.9%), and 3 respondents in the low category (3.1%).

Table 3.

Distribution Average Respondents Based on Access Service Primary Health

Access health services	f	%
Low	9	9.4
Moderate	37	38.5
High	50	52.1

Based on table 3, it is known that in access to health services at the Mitra Gustiana Clinic, the results show that 50 respondents are in the "high" category (52.1%), the "moderate" category is 37 respondents (38.5%), and the "low" category is 9 respondents (9.4%).

Tabel 4.

The Relationship Between Public Acceptance and Access to Primary Health Services

The Relationship Between Public Acceptance and Access to Primary Health Services								
Public Acceptance	Access to Healthcare						P-Value	r
	Low		Moderate		High			
	f	%	f	%	f	%		
Low	1	3.33	1	3.33	1	3.33	0.001	0.340
Moderate	5	10.9	25	54.3	16	34.8		
High	3	6.4	11	23.4	33	70.2		

Based on table 4 show results connection between Communication Cross Profession with Access to Primary Health Services at the Mitra Gustiana Clinic in Samarinda City, most respondents showed a good level of acceptance of access to health services. Based on the results of the data analysis from the table above, *the p-value was obtained* at 0.001 ($p < 0.05$), and the Spearman Rank correlation coefficient was 0.340. Therefore, H_0 is rejected and H_1 is accepted, which means there is a positive relationship between community acceptance and access to primary health services with a sufficient or moderate strength of the relationship.

DISCUSSION

Based on research findings on community acceptance of primary healthcare access, 96 respondents stated that community acceptance plays a significant role in accessing primary healthcare services at the Mitra Gustiana Clinic. This indicates that the level of community acceptance of the services provided significantly influences healthcare facility utilization and patient satisfaction with access to services. Based on the results of the data analysis conducted, a significant positive relationship was found between community acceptance and access to primary health services at the Mitra Gustiana clinic, with a P-Value of 0.001 which indicates a significance level of less than 0.05, and a coefficient of 0.001. correlation (r) as big as 0.340, Which indicates strength connection Which Enough or medium. Discovery This show that The more tall level reception public to service at the Mitra Gustiana Clinic, the greater their likelihood of accessing available services. Therefore, improving the quality of services based on community needs and perceptions needs to be a primary focus in efforts to expand the reach of primary healthcare. This finding in line with Burger's research & Christian, (2020) which stated that acceptance of service health very influence possibility public access service particularly in aspects such as trust, cultural suitability, and comfort of facilities. However, thus, strength connection Which No tall show that there is factor other in outside of the income that also influences access, such as economic limitations or distance to facilities.

Public acceptance of access to health services plays a crucial role in determining the extent to which these services are accepted and optimally utilized. This finding aligns with Khasanah & Agustina's research, (2025) also Research shows that the quality of services received by patients significantly influences the level of public acceptance of these services. Factors such as accessibility, effective communication, and ease of access significantly influence patient perceptions, which ultimately determine the level of public acceptance of the health services provided. This is also in line with research by Komalasari (2022), which states that good public acceptance of health services plays a significant role in increasing the utilization of primary health care services.

Communities that have high acceptance of health services and adequate access tend to be more proactive in utilizing primary health facilities and supporting sustainability. system service medical. Matter This in line with study Kapabella Siregar, (2021) which states that a strong primary health system and integrated with a preventive approach can reduce the prevalence of disease and improve community welfare, communities that have good acceptance of prevention programs, such as vaccination, health education, and promotion of healthy lifestyles, tend to be more proactive in utilizing primary health facilities and participating in broader health efforts.

Good public acceptance, supported by inclusive policies, adequate infrastructure, and a responsive service system, plays a role in creating a conducive health environment. push participation active public in guard health And utilise service optimally available. Research by Youhland Waworuntu, WE et al., (2023) states that when people feel satisfied and receive good health services, they are more active in utilizing them. facility health Which available. No only just access service, but they too contribute with give bait come back, follow program health, as well as Raising collective awareness of the importance of preventive measures. Furthermore, L. Uyun (2024) emphasized that communities with high levels of acceptance of health services are not merely passive users, but also play a role in supporting more inclusive and sustainable health policies. By Because That, connection Which synergistic between reception public And access Health services are a key factor in optimizing an effective and sustainable health system. Overall, efforts to increase public acceptance of primary health care services contribute to health equity and ensure that all individuals have the opportunity to lead healthy and productive lives (Rahman et al., 2023).

Based on the research process in the field, researchers found several limitations, one of which was the existence of respondents who not providing honest opinions. Furthermore, researchers also found that some respondents appeared to be inattentive when completing the questionnaire. This was evident in their responses, which tended to be careless or seemed less than serious when answering questions directly. This situation has the potential to reduce data quality and response time. in a way in a hurry. For overcome limitations This, researchers do study continued by providing clear explanations to respondents regarding the research objectives, explaining questions in a way that is easy to understand, and preventing inaccuracies in sampling. with apply technique stratified random sampling And use criteria inclusion in sample selection .

CONCLUSION

Based on the findings and discussion above, it can be concluded that the relationship between community acceptance and access to health services at the Mitra Gustiana Clinic in Samarinda City is as follows. The identification results of the distribution of respondents based on their level of community acceptance indicate that the majority of respondents, 47, have a high level of community acceptance. Meanwhile, 46 respondents have a moderate level of community acceptance. There are also three respondents with low level of community acceptance. This indicates that the majority of respondents at the Mitra Gustiana Clinic have a relatively high level of community acceptance.

The results of identifying the distribution of respondents based on access to primary health care services indicate that the majority of respondents, namely 50 respondents, have high access to primary health care services. Meanwhile, 37 respondents have a level of access to primary health care services in the category currently. There is Also 9 respondents Which own level access service health primary low. Matter This show that part big respondents in Clinic Partners Gustiana own level of access to health services relatively high primary. Results analysis connection between reception public with access service health primary at the Mitra Gustiana Clinic in Samarinda City showed a significant positive relationship. Based on the analysis, the Spearman Rank correlation coefficient of 0.340 indicates a strong correlation. connection Which currently. Mark p-value Which obtained is 0.001, Which more small from 0.05, so it can be concluded that there is a significant

relationship between public acceptance and access service health primary. Connection This show that the taller the more people accept health services, the better their access to primary health services

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