

## Factors Related to The Utilization of The Integrated Development Posts of Non-Convenient Diseases in The Pandemic Era in The Work Area of Sekolaq Health Centre in 2022

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### Article Information

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**Introduction:** Integrated Development Post of Non-Convenient Diseases is an activity for early detection and monitoring of risk factors for Non-Communicable Diseases that is oriented towards promotive and preventive efforts, from data on 593 patient visits during the pandemic era at the Sekolaq Darat District Health Centre, more than 92% were included in the Non-Communicable Diseases category and only 39% of sufferers of Non-Communicable Diseases attended the Integrated Non-Communicable Diseases Guidance Post. **Objective:** This study aims to describe and examine the relationship between variables, namely factors related to the use of Non-communicable Disease Integrated Development Posts in the Pandemic Era. **Methods:** The research design is a descriptive correlation with a cross-sectional approach. The statistical test used is nonparametric with Chi-Square. **Results and Discussion:** The relationship between knowledge, support from health workers, family support, and attitudes with the utilization of Integrated Development Post of Non-Convenient Diseases obtained  $p\text{-value} = 0.00 < 0.05$  and the relationship between work and utilization of Integrated Development Post of Non-Convenient Diseases obtained  $p\text{-value} = 0.09 > 0.05$ . **Conclusion:** Knowledge, support from health workers, family support and attitudes are factors related to the utilization of the Non-Communicable Diseases Integrated Development Post. **Keywords:** Non-Communicable Diseases; Integrated Development Post; Public Health Centre;

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## **Factors Related to The Utilization of The Integrated Development Posts of Non-Convenient Diseases in The Pandemic Era in The Work Area of Sekolaq Health Centre in 2022**

### **Introduction**

Non-communicable diseases are diseases that are not transmitted from person to person (YANDRIZAL, 2017). Cardiovascular diseases, cancer, respiratory diseases, and Diabetes are the four main groups of Non-Communicable Diseases (Warganegara & Nur, 2016).

Non-communicable diseases are the leading cause of death worldwide. Its existence is spread and is a group of diseases that impose its own public health burden because it is quite difficult to control (Wadja et al., 2019).

WHO data shows that of the 57 million deaths that occurred in the world in 2016, as many as 41 million (71%) were caused by Non-Communicable Diseases. Noncommunicable diseases cause 15 million deaths in the under-70 age group and 85% of these "premature deaths" occur in middle- and low-income countries. In 2016 out of 1.86 million deaths in Indonesia, as many as 1.36 million were caused by Non-Communicable Diseases (Sihotang, 2020)

The comparison of the prevalence (incidence rate) of infectious diseases with Non-Communicable Diseases in Indonesia has shifted from what was originally dominated by infectious diseases, currently dominated by Non-Communicable Diseases with a percentage of 69.91% (Ministry of Health of the Republic of Indonesia, 2019).

East Kalimantan is one of the provinces in Indonesia that has experienced an increase in the number of Non-Communicable Diseases, especially in Stroke, Hypertension, and Diabetes mellitus (Risksdas, 2018). Total Non-Communicable Diseases in East Kalimantan Province (East Kalimantan) have increased, for Hypertension from 50,531 patients in 2017 to 83,397 patients in 2019 and for Diabetes mellitus from 12,984 in 2017 to 26,347 patients in 2019 (East Kalimantan Sisdata, 2021). One of the efficient and effective Non-Communicable Disease control strategies is empowerment and increased community participation (Ministry of Health RI, 2014).

The Integrated Development Post of Non-Convenient Diseases is a form of community participation in efforts to prevent and control Non-Convenient Diseases that are being developed in Indonesia (Sirait & Purba, 2021). Integrated Development Post of Non-Convenient Diseases is an early detection and monitoring of risk factors for Non-Communicable Diseases and their follow-up oriented to routine, integrated and periodic promotive and preventive efforts (Ministry of Health RI, 2014).

The era of the Covid-19 Pandemic has occurred in all countries in the world with the Total continuing to increase. The total confirmed cases until December 30, 2020 are 80,453,105 people, with 1,775,776 people dying (WHO, 2020). Comorbid factors, one of which is Non-Communicable Diseases, are the cause of the most Covid-19 deaths in East Java, Central Java, and South Sulawesi. Comorbid factors include Non-communicable Diseases (Directorate General of Disease Prevention and Control, 2019). Concern over the increasing prevalence of Non-Convenient Diseases has led to agreement on a global strategy for the prevention and control of Non-Convenient Diseases, particularly in developing countries.

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Non-Convenient Diseases has become a strategic issue in the 2030 SDGs agenda so it must be a development priority in every country. Based on the results of research from the report on the activities of the Real Work Lecture of 'Aisyiyah University Yogyakarta students which was held in 2019 in Ambarketawang Village, Gamping, Sleman, especially in Mejing Wetan Village by discussing the risk factors of the integrated coaching post for Non-Communicable Diseases with the results that there were cases of Hypertension 41 people (65%), heart disease 7 people (11%), and Diabetes mellitus 3 people (5%). The highest total cases were in RT 1 RW 7 and there were 2 (two) people who died of stroke and there were 2 (two) families with mental disorders. Risk factors that exist are smoking habits, eating less fruits and vegetables, lack of physical activity. Based on the assessment of the family health index, 22% of families belong to healthy families.

From the data obtained by the author, the total number of patient visits in the pandemic era at the Public Health Centre of Sekolaq Darat District from August 2021 to October 2021 was 593 visits. Of the total visits, more than 92% or around 541 visits were included in the Non-Convenient Diseases category. Meanwhile, the author also obtained data that only 39% or around 210 visits from patients with Non-Convenient Diseases participated in the Integrated Development Post of Non-Convenient Diseases.

### **Method**

This research will be carried out in the Sekolaq Darat Public Health Centre Working Area. Research time is a range within a certain time range used in the process of collecting research data. The study was conducted in February - May 2022.

The study design is descriptive of correlation with a cross-sectional approach. The cross-sectional approach is a measurement carried out on independent and bound variables simultaneously and at the same time. Descriptive correlation is a study that aims to describe and examine the relationship between variables, namely factors related to the use of the Non-Communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Work Area, West Kutai Regency in 2022.

The population in this study is all non-communicable disease patients in the Integrated Development Post of Non-Convenient Diseases, Sekolaq Darat Public Health Centre Working Area with a total of 541 people. The total population was 541 respondents, so 10% of the population results were 54 samples. The data collected were analyzed univariately and bivariate using the Chi Square Test and Fischer Test as alternative tests.

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## Result and Discussion

### Result

#### 1. Univariate Analysis

##### Distribution of Respondent Characteristics

**Table 1**

Characteristics of Respondents at the Public Health Centre Sekolaq Darat 2022

No.	Characteristic	Total	
		f	%
<b>1</b>	<b>Age</b>		
	56-59 Year	1	1.9
	46-55 Year	2	3.7
	36-45 Year	38	70.4
	26-35 Year	9	16.7
	15-25 Year	4	7.4
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>2</b>	<b>Gender</b>		
	Man	11	20.4
	Woman	43	79.6
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>3</b>	<b>Education</b>		
	College	7	13.0
	SHS	20	37.0
	JHS	14	25.9
	EH	11	20.4
	No School	2	3.7
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>4</b>	<b>Work</b>		
	Not Working	8	14.8
	Civil Employed/Military/Police	15	27.8
	Non-Civil Employed/Military/Police	31	57.4
	<b>Total</b>	<b>54</b>	<b>100</b>

*Source: Primary Data Analysis, 2022*

The results of the study based on table 1 on the characteristics of respondents showed that the age category was mostly 36-45 years old as many as 38 people (70.4%), gender was mostly women at 43 people (79.6%), education was mostly SHS as many as 20 people (37.0%) and the type of work most engaged in by citizens was mostly as Non-Civil Employed/Military/Police total 31 people (57.4%).

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## Results of Variable Category Distribution

**Table 2**  
Research Variables

No.	Variable	Total	
		f	%
<b>1</b>	<b>Knowledge</b>		
	Good	31	57.4
	Not Good	23	42.6
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>2</b>	<b>Health Workforce Support</b>		
	Support	34	63.0
	Less Support	20	37.0
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>3</b>	<b>Family Support</b>		
	Support	29	53.7
	Less Support	25	46.3
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>4</b>	<b>Attitude</b>		
	Good	35	64.8
	Not Good	19	35.2
	<b>Total</b>	<b>54</b>	<b>100</b>
<b>5</b>	<b>Utilization Integrated Development Post of Non-Convenient Diseases</b>		
	Utilize	37	68.5
	Underutilization	17	31.5
	<b>Total</b>	<b>54</b>	<b>100</b>

The results of the study based on table 2 of research variables showed that the level of knowledge was mostly in the good category as many as 31 people (57.4%), the support of health workers was mostly in the supporting category, namely 34 people (63.0%), family support, most in the category of supporting as many as 29 people (53.7%), the most attitudes or attitudes in the good category, namely 35 people (64.8%), and finally the use of the Integrated Development Post Non-Convenient Diseases were mostly in the utilization category, namely 37 people (68.5%).

## Bivariate Analysis

Bivariate analysis is carried out by making a cross table between independent and bound variables, to determine whether there is a relationship between factors related to the use of integrated non-communicable disease coaching posts in the pandemic era in the Sekolaq Darat Public Health Centre Working Area in 2022.

Analysis to look for relationships between independent and bound variables using the chi square test. The level of significance used is 95% and the value of significance is chosen with the criterion that if the p-value < 0.05 then Ho is rejected in other words Ha is accepted

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Bivariate analysis in this study uses the Chi Square Test, but if the calculation results with SPSS show that the test does not meet the requirements, the Expectation value in Chi-Square is more than 20% (there is no table expectation value of <5%, if using table 2×2).

Therefore, when Chi-Square does not meet the requirements, an alternative test is used with the Fishers Exact Test (Sugiyono, 2017). The calculation of statistical tests obtained the following results:

**Table 3**

Factors related to the use of integrated non-communicable disease development posts in the pandemic era in the Sekolaq Darat Public Health Centre Working Area in 2022

Variable	Utilization Integrated Development Post of Non-Convenient Diseases						
	Utilize		Underutilization		Total		<i>P-value</i>
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	%
Knowledge							
Good	14	25.9	17	31.5	31	57.4	0.00
Less	23	42.6	0	0.0	23	42.6	
Health Workforce Support							
Support	34	63.0	0	0.0	34	63.0	0.00
Less Support	3	5.6	17	31.5	20	37.0	
Work							
Not Working	7	13.0	1	1.9	8	14.8	0.27
CE/Military/Police	8	14.8	7	13.0	15	27.8	
Non-Civil Employed	22	40.7	9	16.7	31	57.4	
Family Support							
Support	27	50.0	2	3.7	29	53.7	0.00
Less Support	10	18.5	15	27.8	25	46.3	
Attitude							
Good	32	59.3	3	5.6	35	64.8	0.00
Not Good	5	9.3	14	25.9	19	35.2	
Total	37	68.5	17	31.5	54	100	

Source: Primary Data Analysis, 2022

The relationship of knowledge with the use of the Integrated Development Post of Non-Convenient Diseases, it was found that most of them were knowledge in the good category and underutilized the Integrated Development Post of Non-Convenient Diseases as many as 17 people (31.5%). Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship between knowledge and the use of Integrated Development Post of Non-Convenient Diseases.

### The relationship between health worker support and the use of Integrated Development Post of Non-Convenient Diseases

The relationship between the support of health workers and the use of the Integrated Development Post of Non-Convenient Diseases, it was found that most health workers

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supported and utilized the Integrated Development Post of Non-Convenient Diseases as many as 34 people (63.0%). Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  is smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), it means that there is a significant relationship between the support of health workers and the use of Integrated Development Post of Non-Convenient Diseases.

**Relationship of work with the utilization of Integrated Development Post of Non-Convenient Diseases**

The relationship between work and the use of the Integrated Development Post of Non-Convenient Diseases was obtained by most people who worked as Non-Civil Employed/Military/Police and utilized the Integrated Development Post of Non-Convenient Diseases as many as 22 people (40.7%). Based on the results of the analysis conducted with the Chi-Square test is not qualified because "2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.52." then an alternative test using the Fishers Exact Test was used, obtained a value of  $p\text{-value} = 0.27$  greater than the value of  $\alpha = 0.05$  or ( $0.27 > 0.05$ ), that means there is no significant relationship between work and the use of Integrated Development Post of Non-Convenient Diseases.

**The relationship of family support with the use of Integrated Development Post of Non-Convenient Diseases**

The relationship between family support and the use of the Integrated Development Post of Non-Convenient Diseases was obtained by most families who supported and utilized the Integrated Development Post of Non-Convenient Diseases as many as 27 people (50.0%). Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship between family support and the use of Integrated Development Post of Non-Convenient Diseases.

**Attitude relationship with the use of Integrated Development Post of Non-Convenient Diseases**

The relationship between family attitudes and the use of the Integrated Development Post of Non-Convenient Diseases was obtained mostly good attitudes and utilized the Integrated Development Post of Non-Convenient Diseases as many as 32 people (59.3%). Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship of attitude with the use of Integrated Development Post of Non-Convenient Diseases.

## **Discussion**

### **1. Knowledge Relationship With The Use Of Integrated Development Post Of Non-Convenient Diseases**

The relationship of knowledge with the use of the Integrated Development Post of Non-Convenient Diseases resulted in most of the knowledge in the good category and underutilization of the Integrated Development Post of Non-Convenient Diseases as many as 17 people (31.5%).

The researchers' assumption is why most knowledge results in the good category but still does not utilize the Integrated Development Post, because knowledge is not directly proportional to a person's behaviour. Even though a person's knowledge has been good about health, if his attitude tends to be indifferent or ignored, then he still will not take advantage of existing health facilities including the use of Integrated Development Post.

In this study, the results shown in table 4.2 about research variables showed that the level of public knowledge about the Integrated Development Post of Non-Convenient Diseases was mostly in the good category of 31 people (57.4%), while the remaining 23 people had poor knowledge (42.6%).

The assumption of researchers is that overall, the community has good knowledge about the Integrated Development Post of Non-Convenient Diseases, but it still cannot be ruled out the total knowledge of the community is less knowledgeable about the Integrated Development Post of Non-Convenient Diseases, because in numbers it is still quite a lot, which is almost half of the total respondents (42.6%).

This is influenced by different levels of knowledge. A person's knowledge has a level, namely first: knowing (know) is defined as remembering a material that has been studied before, knowing this is the lowest level of knowledge. Second: comprehension is defined as the ability to explain correctly about known objects, and to be able to interpret the material correctly. Third: Application is defined as the ability to use material that has been learned in real situations or conditions by using laws, formulas, methods, principles, and so on in other contexts or situations. Fourth: Analysis (Analysis) is an ability to describe material or objects into components, but still in one organizational structure, and still related to each other. Fifth: Synthesis is an ability to compile new formulations from existing formulations, and the last is evaluation is the ability to justify or assess a material or object (Rinawati et al., 2016)

The difference in the level of public knowledge about Integrated Development Post of Non-Convenient Diseases with good knowledge is mostly (57.4%) and less good (42.6%) can be influenced by several factors, namely education, work, age (Ginting, 2019). Other factors that influence knowledge are environmental and socio-cultural (Ardhani & Tjiptaningrum, 2020)

The researchers' assumption of public knowledge is influenced by educational factors because the level of education in this study is still lacking who receive education to a higher level, almost some respondents only graduated from high school (37.0%) and



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a small number who graduated from college only 13.0%. The work factor is also influential, because someone is getting busier and less exploring knowledge outside their profession which in this study mostly works not in the health sector.

Finally, age determines a person's level of thinking maturity.

Based on the results of the analysis conducted using the Chi-Square test, obtained the value of value = 0.00 is smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), that means there is a significant relationship between knowledge and the use of Integrated Development Post of Non-Convenient Diseases. There is a relationship between knowledge and the use of Integrated Development Post of Non-Convenient Diseases in the working area of the Public Health Centre Glugur Darat (Maharani & Ginting, 2018)

The assumption of knowledge researchers has a significant relationship with the use of Integrated Healthcare Centre because most people have been exposed to information that is important to their health. They can get sources of information from anywhere about health, so with a lot of literature about the importance of maintaining health, making people's knowledge increase, and be moved to come to the Integrated Development Post.

**2. The Relationship Between Health Worker Support And The Use Of Integrated Development Post Of Non-Convenient Diseases**

The relationship between the support of health workers and the use of the Integrated Development Post of Non-Convenient Diseases, it was found that the most health workers supported and utilized the Integrated Development Post of Non-Convenient Diseases as many as 34 people (63.0%). The results are in line with the theory that the support of health workers has a positive impact on public awareness to check themselves into the Integrated Development Post of Non-Convenient Diseases. In line with the results of this study, the most health workers support and the community utilize the Integrated Development Post of Non-Convenient Diseases as many as 34 people (63.0%).

So, the support of health workers contributes to improving a good mindset for health. Health workers include doctors, nurses, midwives or other health workers who are obliged to carry out the task of encouraging the community to maximize citizen visits to the Integrated Development Post of Non-Convenient Diseases (Gde Muninjaya, 2015)

The researchers' assumption why most health workers support and utilize the Integrated Development Post of Non-Convenient Diseases, because the role of health workers in supporting public health is very vital. Health workers will try their best to attract the attention of the public to come to the Integrated Development Post of Non-Convenient Diseases at any cost. Then the community also views health workers as health promoters, consultants, and health actors. As a community promoter, we value health workers as authoritative in carrying out their roles, especially when present in the community to provide good services and communication.

As a community consultant, assess health workers where they complain and all health problems experienced and as public health actors, they assess health workers to

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carry out health practices by treating and treating, so that people feel safer when given care and treatment by them.

Most health workers are in the support category, namely 34 people (63.0%) and less supportive only 23 people (37.0%). This result is in line with Maharani's research, (2019) that the support of health workers in the category supports and the community utilizes the Integrated Development Post of Non-Convenient Diseases. Thus, it can be said that health workers in the Sekolaq Darat Public Health Center Working Area of West Kutai Regency have been in a good condition of health support to the community.

The assumption of health worker researchers with high professionalism, educated and trained in various conditions is always ready to do their best and support the community to come and seek treatment at the Integrated Development Post of Non-Convenient Diseases. Based on the results of the analysis conducted using the Chi-Square test, obtained the value of value = 0.00 is smaller than the value of  $\alpha = 0.05$  or ( $0.00 < 0.05$ ), it means that there is a significant relationship between the support of health workers and the use of Integrated Development Post of Non-Convenient Diseases.

This result is in line with research conducted by Harahap, (2018), namely there is a significant relationship between the support of health workers and the use of Integrated Development Post of Non-Convenient Diseases in the Working Area of the Public Health Centre Batang Toru, South Tapanuli Regency. The better the support provided by health workers, the better the utilization rate of Integrated Development Post (Tanjung et al., 2018)

The researchers' assumption is that there is a significant relationship between the support of health workers and the use of Integrated Development Post of Non-Convenient Diseases due to the good image of health workers in the community is still high, so that these health workers become magnets automatically inviting public interest to come to community services, one of which is the Integrated Development Post of Non-Convenient Diseases.

**3. Relationship Of Work With The Utilization Of Integrated Development Post Of Non-Convenient Diseases**

The relationship between work and the use of the Integrated Development Post of Non-Convenient Diseases found that the most people worked as Non-Civil Employed/Military/Police and utilized the Integrated Development Post of Non-Convenient Diseases as many as 37 people (57.4%). Based on the theory that work is a profession that a person engages in for the purpose of earning income to support his life and family life. In this study, most people work as entrepreneurs. The most widely engaged business fields in the Sekolaq Darat Public Health Centre work area of West Kutai Regency are in the fields of food and beverages, clothing, building equipment, knick-knacks, accessories, working from home using an online system. With the condition of few available job opportunities, making people open their minds to live a life by becoming entrepreneurs, even though they are still at the level of MSMEs (Micro,

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Small and Medium Enterprises). The second most jobs are as Civil Employed/Military/Police (27.8%), and the least are citizens who are not working (14.8%).

The researchers' assumption is why the most jobs are Non-Civil Employed/Military/Police and utilize the Integrated Development Post of Non-Convenient Diseases because people who work feel the need to always check their health. Because most work outside the government, health benefits are lacking, so if you are not careful with your health, you will risk not being able to work anymore and earn. For this reason, the working community is eager to take advantage of the Integrated Development Post of Non-Convenient Diseases.

Based on the results of the analysis conducted with the Chi-Square test is not qualified because "2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.52." then an alternative test was used using the Fishers Exact Test, obtained a value of value = 0.27 greater than the value of  $\alpha = 0.05$  or ( $0.27 > 0.05$ ), that means there is no significant relationship between work and the use of Integrated Development Post of Non-Convenient Diseases. The results are in line with research conducted by Nasrudin, (2017) that there is no relationship between work and the use of Integrated Development Post of Non-Convenient Diseases in the Working Area of the Ballaparang Public Health Centre Makassar City.

The researchers' assumption is that there is no significant relationship between work and the use of Integrated Development Post of Non-Convenient Diseases, because people who work as Non-Civil Employed / Military / Police can still use Integrated Development Post while doing their main work. So work is not a factor related to the use of Integrated Development Post of Non-Convenient Diseases in the working area of the Sekolaq Darat Public Health Centre, West Kutai Regency.

**4. The Relationship Of Family Support With The Use Of Integrated Development Post Of Non-Convenient Diseases**

The relationship between family support and the use of the Integrated Development Post of Non-Convenient Diseases found that the most were families who supported and utilized the Integrated Development Post of Non-Convenient Diseases as many as 27 people (50.0%). In line with the theory that family support is very beneficial for a person, especially family members who are in distress. The presence of family both physically and non-physically is so motivating for someone, especially to feel cared for, valued and loved by the closest person (Saputri et al., 2019)

The family support provided to the largest number of members in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency was in the support category (53.7%) and the least in the less supportive category (46.3%). The forms of support provided are emotional support, appreciation support, instrumental support and information support (Ilhami & Afif, 2020)

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The researchers' assumption why most are families that support and utilize the Integrated Development Post of Non-Convenient Diseases, because the family is the closest person to us, the people in it provide a strong sense of trust because they have been established for a long time and live together, so that family support has a positive effect on someone to act or decisions. In this case, family support is effective in inviting people to flock to the Integrated Development Post of Non-Convenient Diseases.

Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  is smaller than the value of  $\alpha = 0.05$  or  $(0.00 < 0.05)$ , that means there is a significant relationship between family support and the use of Integrated Development Post of Non-Convenient Diseases. These results are in line with research (Maharani & Ginting, 2018), namely there is a relationship between family support and the use of Integrated Development Post of Non-Convenient Diseases in the Public Health Centre Glugur Darat Work Area. The better the family support, the better the use of Integrated Development Post of Non-Convenient Diseases. Families need to provide support in order to improve family health and adaptation so as to make someone feel cared for, valued, and loved (Bangun et al., 2020)

Researchers assume why there is a significant relationship between family support and the use of Integrated Development Post of Non-Convenient Diseases, because family is an important part and has its own place in our hearts. Family support is like a strong encouragement, giving us confidence in action.

**5. Attitude Relationship With The Use Of Integrated Development Post Of Non-Convenient Diseases**

The relationship between family attitudes and the use of the Integrated Development Post of Non-Convenient Diseases, it was found that the most were good attitudes and utilized the Integrated Development Post of Non-Convenient Diseases as many as 35 people. Attitude is a statement that reflects one's feelings about something. The results showed the most attitudes in the good category (64.8%) and the least in the poor category (35.2%). Attitude results from behaviour but attitude is not the same as behaviour.

Attitudes can show the emotional side that can be learned to respond to an object in one's feelings (affection), thinking (cognitive) and predisposition to actions (conation) towards an aspect of the surrounding environment (Ari Pastini, 2021)

The researcher's assumption is why most is a good attitude and utilizes the Integrated Development Post of Non-Convenient Diseases, because attitude is born from personal intuition, it is not affected by the surrounding circumstances, when a person has determined an attitude, then he will carry out actions according to his attitude. A good attitude will make residents take advantage of the Integrated Development Post of Non-Convenient Diseases, because without thinking long someone will automatically see that health is important, so it takes good efforts to maintain it, one of which is by visiting the Integrated Development Post of Non-Convenient Diseases.

**Factors Related to The Utilization of The Integrated Development Posts of Non-Convenient Diseases in The Pandemic Era in The Work Area of Sekolaq Health Centre in 2022**

Based on the results of the analysis conducted using the Chi-Square test, obtained the value of  $p\text{-value} = 0.00$  is smaller than the value of  $\alpha = 0.05$  or  $(0.00 < 0.05)$ , it means that there is a significant relationship of attitude with the use of Integrated Development Post of Non-Convenient Diseases. This result is in line with research (Tanjung et al., 2018) that there is a relationship between attitudes and the use of Integrated Development Post of Non-Convenient Diseases in the Working Area of the Public Health Centre Batang Toru, South Tapanuli Regency. Attitude that becomes an evaluative statement of assessment of an object that then determines individual actions towards something (Iman, 2010) in (Kartini, 2017)

The researchers' assumption as to why there is a significant association of attitudes with the use of Integrated Development Post of Non-Convenient Diseases is because attitudes tend to have a large effect on action. Attitudes influenced by minced towards personal and group health. When a person feels that health is the main pillar in life, then he will take a good step by visiting health services or Integrated Development Post of Non-Convenient Diseases.

### **Conclusion**

Utilization of the Integrated Development Post for Non-Convenient Diseases in the Pandemic Era in the Public Health Centre Sekolaq Darat Working Area, West Kutai Regency in 2022 in the utilization category (68.5%). There is a relationship between knowledge and the use of the Non-communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency in 2022 ( $p\text{-value} = 0.00$ ).

There is a relationship between the support of health workers and the use of the Non-Communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency in 2022 ( $p\text{-value} = 0.00$ ). There is a relationship between family support and the use of the Non-Communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency in 2022 ( $p\text{-value} = 0.00$ ).

There is a relationship between attitudes and the use of the Non-communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency in 2022 ( $p\text{-value}=0.00$ ). There is no relationship between work and the use of the Non-communicable Disease Integrated Development Post in the Pandemic Era in the Sekolaq Darat Public Health Centre Working Area, West Kutai Regency in 2022 ( $p\text{-value} = 0.27$ )

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