



Analysis of Factors Associated with the Utilization of the Kotabaru Community Health Center in the Era of Primary Care Integration

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Article Info

Article history:

Received 15 March 2026
Received in revised form 8 April 2026
Accepted 27 April 2026

Keywords:

Access to Healthcare
Education Level
Health Status
Primary Care Integration

Abstract

Health constitutes a fundamental investment in both human well-being and economic development. Strengthening the primary healthcare system through the Primary Care Integration (PCI) program has therefore emerged as a national priority aimed at delivering comprehensive, accessible, and affordable services. This study seeks to examine the factors associated with the utilization of the Kotabaru Community Health Center (Puskesmas) in the PCI era, with particular emphasis on the relationships among access to healthcare services, health status, and educational attainment in shaping community health-seeking behavior. Employing a literature review approach based on scientific publications from the past five years, the findings indicate that access to healthcare services in the PCI era extends beyond mere geographical proximity, encompassing affordability, administrative simplicity, and the integration of electronic medical records. These dimensions collectively influence the frequency of community visits. Subjective health status emerges as the most dominant determinant, as the PCI system has effectively shifted service utilization patterns from reactive, curative practices toward continuous, life-cycle-based health risk monitoring. Educational level functions as a critical predisposing factor, shaping health literacy and the cognitive capacity of individuals to navigate the newly implemented cluster-based service system. The utilization of the Kotabaru Community Health Center within the PCI framework is therefore significantly shaped by the interplay between accessibility, risk-based health awareness, and the level of community health literacy in making informed medical decisions.

Introduction

Health is a key indicator of well-being and a crucial investment for driving a nation's economic growth (Jinyu et al., 2026; Iftikhar, 2026; Iuga et al., 2025). In the context of the Human Development Index (HDI), health serves as a vital component alongside education and income, as it influences individual productivity in physical, social, and economic terms. This makes strengthening the health care system, particularly at the primary level, a top priority in health development both globally and nationally (Husain et al., 2025; Novika et al., 2025).

Primary health care serves as the starting point for community interaction with the health system, prioritizing prevention and promotion efforts, and supported by innovation and the use of technology (Dzinamarira et al., 2025; Mengistu et al., 2025; Atewologun et al., 2025). The World Health Organization recommends three key strategies to strengthen primary health care: integrating individual and community-based health services, building community capacity, and

implementing cross-sectoral policies (Khatri et al., 2025; Liang et al., 2026; Anjola & Hanoselina, 2025). This approach aims to create comprehensive, responsive, and affordable health services tailored to community needs.

In Indonesia, primary health care is delivered through Community Health Centers (Puskesmas) as the first line of care, supported by various Community-Based Health Initiatives (UKBM) such as posyandu, posbindu, and poskesdes. Although the number of existing facilities is quite substantial, data indicates that compliance with the Minimum Service Standards (SPM) in the health sector remains far from optimal, and rates of preventable diseases remain high. This indicates that the primary healthcare system is not yet fully efficient in meeting the health needs of the community (Ikhtiari & Tarring, 2024; Rizki et al., 2025).

As a step toward improvement, the government launched the Primary Care Integration (ILP) program, which aims to integrate promotive, preventive, curative, and rehabilitative services based on the individual's life cycle (Gutenbrunner et al., 2023; Susanto & Berdida, 2025; Nenobais et al., 2026). This program also prioritizes expanding service access down to the village level, strengthening local monitoring systems, and improving service quality through an integrated approach. ILP is expected to strengthen the role of Community Health Centers (Puskesmas) as coordination hubs for comprehensive and sustainable health services.

However, the implementation of ILP in various regions still faces many challenges, such as limited resources, low public health literacy, disparities in service access, and a lack of information about the program. Additionally, variables such as educational level, geographic location, health status, and community perceptions also influence the use of primary health care services. Andersen and Zshock's theory suggests that the use of health services is influenced by predisposing factors, needs, and enabling factors such as ease of access and service availability (Susiloningtyas et al., 2025; Wijaya et al., 2025).

Several previous studies indicate that access to health services, educational attainment, and service quality are significantly associated with the use of primary health care services. This suggests that the success of implementing the ILP is influenced not only by the service delivery system but also by community characteristics and environmental conditions.

Based on the above explanation, it is important to conduct an in-depth literature review to examine the various elements influencing ILP utilization. This review is expected to provide a comprehensive perspective on the challenges, opportunities, and strategies for optimizing primary health care services with the aim of improving sustainable public health (Zamzami & Jais, 2026; Zulfita et al., 2025).

The transformation of primary health care through ILP is not only about integrating service types but also demands a paradigm shift in health governance. The previously fragmented service model needs to be shifted toward a coordinated system based on a continuum of care. In this context, community health centers (Puskesmas) are no longer merely providers of curative services but become population health management centers that integrate data, risk mapping, and interventions based on local needs. This approach enables early disease detection, risk factor control, and efficient resource utilization through evidence-based planning.

The effectiveness of ILP is also heavily dependent on the capacity of the health information system. Service integration without the support of an interoperable data system has the potential to lead to service duplication, misdiagnoses, and inappropriate interventions. Therefore, the digitization of healthcare through the use of electronic health records, region-based monitoring dashboards, and cross-facility data integration has become an urgent necessity. This data-driven analysis can be used to identify vulnerable groups, monitor the achievement of health indicators, and evaluate program success in real-time, thereby making decision-making more accurate and responsive (Noer et al., 2025; Siswati et al., 2025).

From a social perspective, the success of ILP implementation is heavily influenced by the level of public health literacy. Low understanding of the importance of prevention and early detection leads the public to tend to use health services only when they are sick. This phenomenon indicates a gap between service availability and service utilization behavior. A participatory health communication approach rooted in local culture is a key strategy for changing this behavior. The involvement of community leaders, health cadres, and educational institutions can strengthen the internalization of health values in daily life.

Additionally, geographical disparities and the distribution of healthcare personnel are structural factors that cannot be ignored. Remote and border areas often face physical limitations in accessing healthcare facilities, which results in low utilization of primary care services. This situation calls for policy innovations such as telemedicine, mobile clinics, and incentives to distribute healthcare personnel to underserved areas. An adaptive decentralized approach tailored to regional characteristics is also necessary to ensure that ILP implementation is not uniform but contextual, aligned with local needs (Asri et al., 2024; Sulistyorini et al., 2025).

Conceptually, the ILP represents a systemic effort to strengthen the resilience of the national health system. When promotive and preventive services function optimally, the long-term burden of healthcare costs can be reduced through the prevention of chronic diseases and complications. This has direct implications for the sustainability of the National Health Insurance (JKN) system and the improvement of the public's quality of life. This analysis confirms that the success of ILP is not only measured by improved access to services but also by changes in public health patterns, system efficiency, and the health system's capacity to address future epidemiological challenges.

Methods

This study is a literature review conducted by reviewing, analyzing, and comparing the results of previous relevant studies on factors influencing the utilization of community health centers (puskesmas) in the ILP era, with a primary focus on exploring the relationship between access to health services, health status, and educational level on community behavior in utilizing primary health care services. The literature search was conducted using the Google Scholar and Garuda scientific databases to identify national and international scientific articles published within the last five years using the keywords “health access,” “primary care integration,” “health status,” and “educational level.” Inclusion criteria for this selection included articles in Indonesian and English that discussed the variables of access, health status, or education in the context of community health center services. Meanwhile, exclusion criteria were applied to articles that did not discuss aspects of access, health status, or education (Hadi & Afandi, 2021; Heung & Chiu, 2025; Hussein et al., 2026).

The literature selection process was conducted systematically by adopting a simplified version of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart, which includes identification, screening, eligibility assessment, and inclusion. In the identification stage, all articles obtained from the database were collected and recorded, followed by the removal of duplicates. The screening stage involved reviewing titles and abstracts to ensure alignment with the research focus (Mtotywa et al., 2026; Purewal et al., 2026; Jilcha et al., 2026). Next, during the eligibility stage, articles that passed the initial screening were subjected to a full-text review to assess the relevance of the content, clarity of the methodology, and appropriateness of the variables under study. This process aimed to ensure that only articles of high scientific quality and relevance were used as data sources in the study.

Data analysis in this study employs content analysis with a thematic approach. Each selected article is coded based on the main variables access to healthcare services, health status, and educational level as well as their sub-indicators, such as geographic accessibility, availability

of facilities, health perceptions, and literacy levels. The coding results were then classified into main themes to identify patterns of relationships, similarities, and differences in findings across studies. The synthesis process was conducted narratively by integrating the results of previous studies to produce a comprehensive understanding of the factors influencing the utilization of Community Health Centers (Puskesmas) within the context of Primary Care Integration (ILP). This approach allows for the drawing of conceptual and contextual conclusions without conducting direct statistical testing.

Result and Discussion

Table 1. Literature Review

Author (Year)	Study Title	Method	Findings
Ainsyah & Hanip (2026)	Gambaran Tingkat Pengetahuan dan Sikap Kader terhadap Integrasi Layanan Primer (ILP) di Puskesmas Pare Tahun 2025	An observational approach using a <i>cross-sectional</i> design with secondary data from posyandu cadres' activity reports and the 2024 Puskesmas database	This study concluded that posyandu cadres at the Pare Community Health Center had moderate knowledge and positive attitudes toward ILP, with a significant relationship between age, education, and knowledge with attitude; therefore, continuous training as well as strengthened mentoring and supervision tailored to the cadres' characteristics are required.
Jannah et al. (2025)	Determinan Pemanfaatan Integrasi Pelayanan Kesehatan Primer pada Ibu di Aceh, Indonesia	Quantitative approach with a <i>cross-sectional</i> design	Utilization of Cluster II ILP is influenced by knowledge, attitudes, perceptions of health workers, family support, and access to services, with knowledge being the dominant factor; therefore, improved education, the roles of health workers and families, and better access to services are needed
Gustaman et al. (2026)	Peningkatan Kapasitas Kader Kesehatan untuk Percepatan Integrasi Layanan Primer (ILP) dalam Pencegahan Balita Underweight di Kota Tasikmalaya	The approaches used were socialization, training, technology implementation, mentoring and evaluation, and program sustainability.	The PPBM activity held in Tamanjaya Village on September 27, 2025, successfully improved the skills of community health workers in using anthropometric tools and monitoring toddler growth, as evidenced by high enthusiasm and enhanced practical abilities, thereby supporting data accuracy and optimizing the prevention of <i>underweight conditions</i> through the ILP
Susiloningtyas et al. (2025)	Pemberdayaan Kader dalam Sistem Manajemen Pelayanan Kesehatan Posyandu Integrasi Layanan Primer (ILP)	Community service approach	There was an increase in health cadres' knowledge of the ILP service management system in Karangrejo Village from somewhat adequate (46.67%) to mostly good (86.7%) after health education, so it is hoped that cadres will be more active in applying their knowledge,

			attitudes, and skills in ILP Posyandu services
Wibowo et al. (2025)	Evaluasi Pelaksanaan Posyandu ILP di Wilayah Kerja Wringinanom Kabupaten Gresik Tahun 2025	Descriptive design with a <i>cross-sectional</i> approach	Most ILP Posyandus in the Wringinanom Community Health Center working area have met the criteria for Active Posyandus with routine activities, sufficient cadres, and the implementation of life-cycle services; however, there are still shortcomings in immunization coverage, services for pregnant women, and facility limitations
Riyanto et al. (2025)	Faktor Faktor yang Berhubungan dengan Kinerja Kader dalam Pemberdayaan Masyarakat di Posyandu Berbasis Integrasi Layanan Primer (ILP) Puskesmas Margahayu Raya Kota Bandung	A quantitative approach using a <i>cross-sectional</i> design	There is a significant relationship between length of service, knowledge, attitude, motivation, and workload with health worker performance, while education and training are not related; therefore, continuous guidance, increased motivation, and capacity building for health workers are needed to support the effectiveness of ILP Posyandu

Analysis of Access to Health Services within the ILP Framework

Access to health services is a key foundation for the successful utilization of the Kotabaru Community Health Center, particularly as it enters the ILP era. Based on a literature review, access is not merely viewed narrowly as travel distance but encompasses affordability, transportation availability, and the ease of bureaucratic procedures. Under the ILP framework, Community Health Centers are required to expand their reach down to the village level through the revitalization of Health Posts and Posyandus. Findings from various studies indicate that high geographical barriers to access often lead communities to self-medicate rather than visit health facilities.

Theoretically, the ILP divides services into management clusters, mother and child clusters, adult and elderly clusters, and infectious disease control clusters. The effectiveness of Kotabaru Community Health Center utilization is significantly influenced by how well access to these clusters is organized. Whereas access was previously often hindered by queues mixing general patients with vulnerable patients, the ILP system which separates service pathways by age group should improve both convenience and speed of access. The literature indicates that the ease of navigating this new service flow is a determining factor in whether the public is willing to return to using the Community Health Center or, conversely, feels confused by the changes to the existing system (Prima et al., 2025; Sari & Hayati, 2025).

Access in the ILP era also encompasses digital accessibility and data integration. The utilization of the Kotabaru Community Health Center in this era heavily relies on the synchronization of electronic medical records that can be accessed across various levels of care, ranging from Posyandu Prima to the main Community Health Center. A literature review reveals that the public tends to increase the frequency of visits if they experience ease of access to personal health information and certainty of service without having to carry repetitive physical documents (Husin et al., 2024).

The Influence of Health Status on Service Utilization Patterns

Within the ILP framework, the health status variable is no longer viewed as a dichotomous condition but rather as a risk continuum based on the life cycle. A literature review indicates that subjective health status is the strongest predictor of service utilization at the Kotabaru Community Health Center. In conventional systems, the public tends to utilize the Community Health Center only when experiencing acute health issues that disrupt daily activities. However, in the ILP era, this pattern shifts; individuals with at-risk health status become the primary targets for service utilization through local area monitoring. According to the literature, this indicates that the worse a person's chronic health status, the higher the frequency of coordinated service utilization at the Puskesmas, provided that specific and sustainable cluster-based services are available.

The influence of health status on service utilization in the ILP era is also closely related to screening. Based on various research findings, individuals who perceive themselves as healthy but possess genetic or lifestyle risk factors are now encouraged to utilize the Kotabaru Community Health Center as a prevention hub, not merely a treatment center. This shifts the utilization pattern from a "visit-when-needed" approach to long-term monitoring. The failure of Community Health Centers to reach individuals who appear healthy but are at high risk is often caused by a lack of data integration between home visits by community health workers and in-facility services (Gustaman et al., 2026; Jannah et al., 2025).

The Role of Educational Level in Health Decision-Making

Educational level is a predisposing factor that shapes an individual's cognitive capacity to process complex health information in the ILP era. A literature review indicates that education is not merely correlated with years of schooling but rather with health literacy. In the ILP era, the Kotabaru Community Health Center implemented a cluster system requiring an understanding of new workflows; individuals with higher education tend to have better ability to navigate these system changes. They are better able to understand the urgency of preventive services, such as why someone who feels healthy still needs to undergo metabolic screening. Conversely, the literature indicates that individuals with lower education levels often perceive greater barriers to bureaucratic innovations, leading them to utilize services only when their health condition has reached a critical stage (Prima et al., 2025; Wibowo et al., 2025).

Educational level influences self-efficacy in medical decision-making. In the ILP era, which prioritizes local area monitoring, the public is expected to actively participate in community-based programs. Literature reviews reveal that an adequate level of education positively correlates with adherence to medical advice and the utilization of digital health technologies. At the Kotabaru Community Health Center, the challenge of service integration lies in bridging the gap between increasingly sophisticated and structured systems and the public's capacity for understanding (Asri et al., 2024).

Conclusion

Overall, the monitoring of the Kotabaru Community Health Center within the ILP framework is influenced by the interrelationship between service access, health status, and the community's educational level. Access encompasses not only geographical aspects but also affordability, bureaucratic hurdles, and the integration of digital services, all of which determine the sustainability of visits. Health status within the ILP approach shifts from a curative response to a preventive and risk-based approach, thereby increasing the need for continuous monitoring. Meanwhile, educational level plays a crucial role in shaping health literacy, the ability to understand the cluster system, and medical decision-making.

These findings underscore that optimizing ILP implementation at community health centers cannot be done in isolation but must be approached through a systemic framework that

integrates strengthening service infrastructure, enhancing human resource capacity, and community-based educational interventions. Policy strategies need to be directed toward providing inclusive and equitable access, developing adaptive health information systems, and strengthening context-specific health literacy programs. These efforts will drive the sustainable increase in the utilization of primary health care services, while simultaneously strengthening the role of Puskesmas as proactive, preventive, and community-oriented health care centers.

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