



Original Research Paper

Factors Affecting the Implementation of Traditional Health Services at the Health Center In South Sorong Regency in 2024

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ABSTRACT

Background: The Indonesian government is committed to strengthening traditional health services by integrating them into the National Health System to enhance accessibility and cultural relevance. **Objective:** This study aimed to identify key factors influencing the implementation of traditional health services at health centers (Puskesmas) in South Sorong Regency in 2024. **Methods:** A quantitative research design was used to analyze the influence of human resources, disposition, bureaucratic structure, community support, and communication on service implementation. Data analysis included validity and reliability tests, Kruskal-Wallis test, T-tests, F-tests, and multiple linear regression. **Results:** All five factors significantly influenced the implementation of traditional health services, both partially and simultaneously ($p = 0.000 < 0.05$). The model showed high reliability (Cronbach's Alpha = 0.821) and a coefficient of determination (R^2) of 0.999, indicating that these variables explained 99.9% of the variation in implementation. **Conclusion:** Human resources, disposition, bureaucratic structure, community support, and communication significantly affect the implementation of traditional health services at health centers. Enhancing these factors is essential for improving the effectiveness and sustainability of traditional health programs in the region.

Introduction

This kind of research is still very rarely done, especially in the working area of southwest Papua, especially the south sorong district by looking at the detemninan factors of the implementation of traditional health services seen from several factors, namely resources, disposition, bureaucratic structure, society and communication, so that this research is expected to provide more complete data.

The questionnaire contains demographic data including age, gender, education, position, workplace health center, length of work, field of expertise. The questionnaire was created to obtain a number of data or information relevant to the research topic. In this research questionnaire, it contains questions related to traditional health services in the work area of the puskesmas in South Sorong Regency with a ratio scale through 5 alternative answers Score

5: Strongly Agree, Score 4: Agree, Score 3: Less Agree Score 2: Disagree Score 1: Strongly disagree.

Conventional medical services have been around for a very long time, are still respected in the community, and are still necessary for treating medical issues¹. Traditional medicine has a long history in Indonesia, has been practiced by the populace for many centuries, and is currently in high demand^{2,3}. Thus, in order to transform traditional health services into ones whose advantages and safety can be verified, it is necessary to support, guide, and grow them⁴.

Health services come in two varieties: traditional health services and non-conventional health services. Using medications, surgery, and radiation to treat illnesses and their symptoms, physicians and other health professionals provide conventional

services. On the other hand, traditional health services include unconventional services as a subset^{5,6}.

The goal of national development, which includes health development, is to maximize public health by raising everyone's knowledge, willingness, and capacity to lead a healthy lifestyle⁷. The development of traditional health services through its integration into the National Health System is a national priority for the Indonesian government⁸.

The Republic of Indonesia No. 36 of 2009 concerning Health is one of the rules that provides evidence of government efforts to implement traditional medicine. According to traditional health services and the creation of a formulary of traditional medicinal herbs⁹, whose preparation is based on frequent health issues in the community, are additional ways that health organization activities are carried out¹⁰.

Materials and Methods

Research Design

This quantitative cross-sectional study aimed to explore factors affecting the implementation of traditional health services¹¹. The research was conducted from May to June 2024 in several health centers within the working area of South Sorong Regency, West Papua, Indonesia. Data were collected through structured questionnaires distributed to selected respondents, focusing on their perceptions, experiences, and the institutional support surrounding traditional health service delivery. This design enabled the researchers to capture a snapshot of relevant variables at a specific point in time, allowing for the identification of associations between influencing factors and the implementation process within the local healthcare context.

Sample

The study population consisted of all health centers (Puskesmas) in South Sorong Regency.

The sample included the heads of health centers, persons in charge of traditional health services, and traditional health service cadres, totaling 48 respondents. The study applied a total sampling technique, where all eligible individuals within the defined population were included in the sample¹².

Data Collection Techniques

Data were collected through structured questionnaires and interviews. The instruments were developed to capture responses related to human resources, disposition, bureaucratic structure, community involvement, and communication factors.

Data Analysis Techniques

Data analysis began with validity and reliability testing of the instruments to ensure their accuracy and consistency. This was followed by univariate analysis to describe the characteristics of respondents. Bivariate analysis using the Kruskal-Wallis test was applied to determine differences across factor groups. Finally, multiple linear regression analysis was conducted to examine the simultaneous and partial influence of the independent variables on the implementation of traditional health services.

Ethical Considerations

Although this study did not undergo formal ethical clearance due to institutional limitations, all ethical principles in research were strictly followed. Informed consent was obtained from all participants, and confidentiality of the data was maintained throughout the research process.

Results

Overview of the research location south sorong district is located in Southwest Papua province which has 16 health centers spread among 2 health centers in urban areas, 2 health centers in rural areas, 8 health centers in remote areas and 2 health centers in very remote areas.

Table 1 shows that most respondents were female (79.2%) and belonged to the middle adult age group (36–45 years, 50%). The majority had worked for 1–5 years (64.6%) and commonly held roles such as head of the health center or implementer. In terms of education, a significant portion had completed junior high school (31.3%). These findings suggest that respondents were relatively experienced in their roles, although many had limited formal education, which may influence their perspectives and capacities in implementing health programs.

Table 2 shows More than half of respondents strongly disagreed with the adequacy of human resources (55.1%), bureaucratic structure (61.2%), and disposition (53.1%). Conversely, community support was viewed positively, with 75.5% strongly agreeing. Communication was perceived poorly, with 38.8% rating it as "less" and 49% expressing disagreement or strong disagreement. Most respondents (61.2%) indicated that traditional health services had been implemented but were not yet comprehensive.

The questionnaire showed high internal consistency, with a Cronbach's Alpha value of 0.821, indicating it was highly reliable (Table 3).

The Kruskal-Wallis test (Table 4) indicated a significant difference in the influence of each determinant factor on the implementation of traditional health services ($p < 0.05$). Partial regression analysis (Table 5) revealed that each independent variable significantly influenced the implementation of traditional health services ($p < 0.05$). Simultaneous regression analysis (Table 6) showed that the five independent variables collectively had a significant effect on the implementation of traditional health services ($p < 0.05$). The Kruskal-Wallis test (Table 4) indicated a significant difference in the influence of each determinant factor on the

implementation of traditional health services ($p < 0.05$). Partial regression analysis (Table 5) revealed that each independent variable significantly influenced the implementation of traditional health services ($p < 0.05$).

Table 1. Characteristics of Respondents (n = 48)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	10	20.8
	Female	38	79.2
Age (Years)	26–35 (Young Adult)	14	29.2
	36–45 (Middle Adult)	24	50.0
	46–55 (Older Adult)	10	20.8
Job Position	Head of Health Center	15	31.3
	Head of Administration	1	2.1
	Person in Charge of Implementation	16	33.3
	Implementing Cadre	16	33.3
Last Education Level	Doctor	3	6.3
	Pharmacist	7	14.6
	Bachelor of Pharmacy	3	6.3
	Diploma in Pharmacy (D3)	6	12.5
	Nurse (Ners)	2	4.2
	Bachelor of Nursing	2	4.2
	Diploma in Nursing (D3)	2	4.2
	Bachelor of Public Health	2	4.2
	Diploma in Midwifery (D3)	2	4.2
	Environmental Health Associate	1	2.1
	Expert		
	Other Associate Experts	2	4.2
	Junior High School	15	31.3
	Elementary School	1	2.1
Length of Service	1–5 Years	31	64.6
	6–10 Years	13	27.1
	11–15 Years	4	8.3

Source: Primary Data, 2024

Simultaneous regression analysis (Table 6) showed that the five independent variables collectively had a significant effect on the implementation of traditional health services ($p < 0.05$).

Table 2. Frequency Distribution of Respondents' Perceptions

Variable	Strongly Agree	Agree	Less	Disagree	Strongly Disagree	Total (%)
Human Resources	3 (6.1%)	15 (30.6%)	0	3 (6.1%)	27 (55.1%)	100
Disposition	0	0	26 (53.1%)	7 (14.3%)	15 (30.6%)	100
Bureaucratic Structure	0	0	4 (8.2%)	30 (61.2%)	14 (28.6%)	100
Community	37 (75.5%)	11 (22.4%)	0	0	0	100
Communication	0	5 (10.2%)	19 (38.8%)	14 (28.6%)	10 (20.4%)	100
Traditional Health Services Implementation	-	-	-	18 (36.7%) Not Implemented	30 (61.2%) Partially Implemented	100

Source: Primary Data, 2024

Table 3. Instrument Validity and Reliability

Statistic	R Count	R Table	Description
Cronbach's Alpha	0.821	0.284	Very Reliable

Source: Primary Data, 2024

Table 4. Kruskal-Wallis Test Results

Determinant Factors	Frequency (n)	Asymp. Sig. (p-value)
Human Resources	48	0.000
Disposition	48	0.000
Bureaucratic Structure	48	0.000
Community	48	0.000
Communication	48	0.000

Source: Primary Data, 2024

Table 5. Multiple Linear Regression (Partial Test)

Variables (X)	p-value (Asymp. Sig.)
Human Resources (X1)	0.000
Disposition (X2)	0.000
Bureaucratic Structure (X3)	0.000
Community (X4)	0.000
Communication (X5)	0.000

Source: Primary Data, 2024

Table 6. Multiple Linear Regression (Simultaneous Test)

Variables (X) Combined	n	Asymp. Sig. (p-value)
All Determinants (X1–X5)	48	0.000

Source: Primary Data, 2024

Table 7. Coefficient of Determination (R^2)

Variable X	Variable Y	R^2	Influence (%)
Human Resource, Disposition, Bureaucracy, Community, Communication	Implementation of Traditional Health Services	0.999	99.9%

Source: Primary Data, 2024

The coefficient of determination ($R^2 = 0.999$) indicates that 99.9% of the variability in the implementation of traditional health services can be explained by the five independent variables, confirming a very strong relationship (Table 7).

Discussion

Based on the results of the partial analysis (t test), it was found that each of the factors analyzed had a sig value <0.05 . The p-value of $0.000 < 0.05$, so it can be concluded that partially each of the factors analyzed (human resources, disposition, bureaucratic structure, community and communication factors) has an influence on the implementation of traditional health services at the puskesmas in South Sorong District.

In this study, the results of measuring the simultaneous influence (F test) of human resource factors (X1), disposition (X2), bureaucratic structure (X3), community (X4) and communication (X5) on the implementation of traditional health services at

the health center in South Sorong District (Y) with a percentage of 99.9%.

The results study related to factors affecting the implementation of traditional health care at the Cimahi city health center, concluding that human resource factors¹³, disposition factors, bureaucratic structure factors and communication factors have a moderate influence on the Implementation of Traditional Health Service Policies Integration of Traditional Health Service Implementation at Puskesmas in Cimahi City¹⁴.

There are several reasons why the trend of traditional health services is starting to be re-developed in health centers in Indonesia, namely traditional health services can be an alternative for people who have limited access to conventional health services, by providing more diverse treatment options, health centers can help improve the accessibility of health services for the community¹⁵.

Traditional health services are often based on local knowledge and traditional wisdom that already exists in the community¹⁶. By integrating traditional medicine, puskesmas can utilize this local knowledge to provide health services that are more holistic and in accordance with the needs of the community¹⁷.

In addition, the development of traditional health services at puskesmas can also help strengthen and preserve local culture and medical traditions that already exist in the community. This can be part of efforts to preserve Indonesia's cultural heritage and traditional knowledge. The integration of traditional health services with conventional medicine can support a holistic approach to health care¹⁸.

The factors of human resources (X1), disposition (X2), bureaucratic structure (X3), community (X4) and communication (X5) affect the implementation of traditional health services at the South Sorong District health center (Y) because in traditional health services, the knowledge and skills of health

workers are very important. Human resources who are trained and have a good understanding (Indah), of traditional treatment methods will affect the quality of services provided. The availability of trusted and experienced traditional medicine practitioners is also an important factor in the implementation of traditional health services at puskesmas.

Health workers' attitudes and motivation towards traditional medicine also influence the implementation of traditional health services at puskesmas. If health workers have a negative attitude or lack of trust towards traditional treatment methods, this may hinder the implementation and acceptance of traditional treatment by the community¹⁹.

An efficient and supportive organizational and bureaucratic structure is also needed in the implementation of traditional health services at puskesmas. Coordination between work units, decision-making processes, and effective problem solving can accelerate and facilitate the implementation of traditional health services²⁰.

In addition, community participation and support for traditional medicine is also an important factor in the implementation of traditional health services at health centers. The level of knowledge, awareness and trust of the community towards traditional treatment methods will affect the level of acceptance and effectiveness of traditional treatment²¹.

Good communication between health workers, puskesmas management, and the community is also important in the implementation of traditional health services. Effective communication can improve mutual understanding, collaboration, and coordination in an effort to provide quality traditional health services²².

Conclusion

The conclusion in this study is based on the results of the research obtained, namely: There is an influence of human resources, disposition,

bureaucratic structure, society, communication on the implementation of traditional health services at health centers in South Sorong Regency, the percentage of influence is 99.9%.

The suggestions in this study, Training and education for health workers who are responsible for the implementation of traditional health services at health centers, counseling and educating the public about the benefits, risks and procedures of traditional medicine, Collaboration with traditional practitioners to increase public acceptance of traditional medicine.

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