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Determinants of Primary Healthcare Utilization in Remote Archipelagic Communities: The Roles of Patient Attitudes, Provider Support, and Social Networks

Jeane Westy Korjesin[1], Joko Prasetyo[2], Ratna Wardani[2]

[1] *Master of Public Health, STRADA Indonesia University, Indonesia*
[2] *STRADA Indonesia University, Indonesia*

Correspondence should be addressed to:
Jeane Westy Korjesin
korjesinjeane@gmail.com

Abstract:
Community Health Centers serve as critical primary healthcare providers, yet optimizing patient utilization in remote regions remains challenging. This study analyzes the influence of patient attitudes, health worker support, and social support on the interest in utilizing health services at the Larat Community Health Center. An observational, quantitative, cross-sectional design was employed to evaluate these psychosocial determinants among 389 respondents selected through purposive sampling from a total population of 14,354. Multiple linear regression analysis assessed the simultaneous and partial effects of the independent variables on interest in service utilization. Descriptive statistics revealed that 48.8% of respondents had adequate attitudes, 56.3% perceived sufficient health worker support, and 55.0% reported adequate social support, while 51.9% demonstrated a medium level of interest in utilization. The regression model demonstrated a highly significant simultaneous influence (p-value = 0.000), with these three variables collectively explaining 67.7% of the variance in patient interest. Healthcare utilization interest emerges as a complex behavioral outcome driven by the dynamic interplay among individual mindsets, clinical staff support, and community networks, rather than by isolated individual choices. Policymakers must implement integrated, holistic interventions that address all three psychosocial pillars to sustainably enhance primary care engagement, improve health literacy, and reverse declining visit rates in marginalized archipelagic communities.

Keywords:
health-seeking behavior, healthcare utilization, healthcare worker support, patient attitude, social support

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INTRODUCTION

Primary healthcare facilities serve as fundamental pillars for achieving universal health coverage and empowering communities worldwide (Khatri et al., 2025). These institutions function not merely as clinical service providers but as vital communication hubs driving public health innovation tailored to local sociocultural conditions (Erku et al., 2023). Governments globally prioritize the equitable distribution of these centers to ensure that medical personnel, essential medicines, and preventive care reach all levels of society. Establishing robust primary care networks remains a critical strategy for fostering community-based health initiatives and reducing systemic health disparities across diverse populations (Acharya et al., 2026). The World Health Organization consistently emphasizes that strong primary healthcare systems are essential for building resilient societies and achieving sustainable development goals related to health and well-being (Ugwu et al., 2025).

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Remote archipelagic regions in Indonesia face persistent challenges in ensuring optimal community use of local health centers despite equitable infrastructure distribution (Nurman et al., 2025). The Larat Community Health Center in the Tanimbar Islands Regency exemplifies this issue, experiencing a continuous decline in outpatient visits over recent years. Geographic isolation and limited transportation exacerbate these declining numbers, creating significant physical barriers to access. Deeply entrenched local cultural practices and traditional beliefs regarding the causation of illness often conflict with modern biomedical models. Customary laws and spiritual beliefs strongly influence health-related decision-making, often prioritizing traditional medicine over available clinical facilities and severely limiting the effectiveness of modern public health interventions (Dzupire et al., 2025).

Contemporary public health research identifies individual psychological attitudes as primary predictors of health-seeking behaviors and facility engagement (Roomaney & Popovac, 2023). Positive patient perceptions toward healthcare facilities significantly contribute to increased visitation rates and sustained utilization over time (Alodhialah et al., 2023). Favorable attitudes develop through accumulated pleasant clinical experiences, adequate health literacy, and established trust in medical personnel (Akakpo & Neuerer, 2024). Conversely, previous negative interactions or profound distrust of health professionals create substantial psychological barriers to care (Wei et al., 2025). These mental frameworks ultimately determine whether individuals will actively seek modern medical care or rely on alternative traditional practices when facing acute or chronic health challenges in their daily lives.

Interpersonal dynamics, specifically empathetic support from healthcare workers and robust community social networks, serve as critical enabling and reinforcing factors in primary care utilization (Bhowmick et al., 2025). Healthcare professionals who provide clear information, emotional empathy, and proactive community outreach significantly enhance patient trust and reduce medical anxiety (Cadet & Sainfort, 2023). Social support from family members, peers, and traditional leaders provides the necessary moral and logistical encouragement to overcome structural barriers (Asboeck et al., 2025). Communities with strong social structures rely heavily on collective decision-making, meaning local leader endorsement of modern medicine directly accelerates facility adoption and normalizes health-seeking behaviors among hesitant populations.

The existing literature predominantly examines these psychosocial determinants in isolation or in urban settings, leaving a critical knowledge gap regarding their synergistic effects in culturally distinct, geographically isolated island communities. Previous studies often fail to capture the complex interplay among individual mindsets, clinical staff interactions, and indigenous social structures in remote archipelagos (Mangoma & Sulistiadi, 2024). This research introduces a novel integrated perspective by analyzing how these three variables simultaneously interact within the unique sociocultural framework of the Tanimbar Islands. The study addresses the critical need to understand the combined weight of these factors rather than evaluating them as independent, disconnected variables.

This study investigates the simultaneous influence of patient attitudes, healthcare worker support, and social support on the interest in utilizing health services at the Larat Community Health Center. The research employs a quantitative observational design to measure the precise impact of these interconnected variables on community health-seeking behavior. By evaluating these factors collectively, the study aims to provide empirical evidence on the multifaceted drivers of primary care utilization in a highly specific remote island context (Hilmi et al., 2024). The analysis specifically targets the Larat work area to generate localized insights that reflect the region's unique demographics and geography.

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Understanding these complex interactions is urgently needed to formulate holistic, culturally sensitive public health interventions that reverse declining patient-visit trends in marginalized, remote areas (Cipta et al., 2024). Local governments and policymakers need comprehensive data to design targeted strategies that address psychological, interpersonal, and sociocultural dimensions simultaneously. Implementing integrated health policies based on these findings will ultimately enhance healthcare accessibility, improve community health outcomes, and ensure the sustainable operation of primary care facilities across the Indonesian archipelago. This urgent research provides the foundational evidence necessary to transform isolated health facilities into thriving, community-integrated centers of wellness.

METHOD

Design

This research utilized an observational quantitative study design. A cross-sectional approach was used to analyze the influence of attitudes, health worker support, and social support on interest in using health services. The study focused on patients within the Larat Community Health Center work area.

Setting and Time

The research location was the Larat Community Health Center work area. The study was conducted in January 2026.

Population, Sample, and Sampling

The total population comprised 14,354 respondents. A sample of 389 respondents was selected for this study. Purposive sampling was used to recruit participants.

Instrument and Measurement Properties

The study assessed four primary variables. These variables included attitudes, health worker support, social support, and interest in utilizing health services.

Data Collection Procedure

Researchers gathered data from the selected respondents. The collected information was subsequently tabulated for further processing.

Data Analysis

The tabulated data was processed to address the research problems. Linear Regression was employed to test the research hypotheses. The Statistical Package for the Social Sciences (SPSS) software assisted with the calculation process.

Ethical Declaration

Ethical clearance was obtained from the Master of Public Health program at STRADA University of Indonesia.

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RESULT

The Attitudes, Healthcare Worker Support, and Social Support on Patient Interest in Utilizing Healthcare Services

Table 1. Respondent Perceived Attitudes, Healthcare Worker Support, and Social Support (N=389)

Criteria	Frequency	Percentage (%)
Attitudes		
Good	146	37.5
Enough	190	48.8
Less	53	13.6
Healthcare Worker Support		
Good	121	31.1
Enough	219	56.3
Less	49	12.6
Social Support		
Good	101	26.0
Enough	214	55.0
Less	74	19.0

Table 1 presents the frequency distribution of respondent attitudes within the Larat Community Health Center Working Area, based on a sample of 389 individuals. The data indicates that nearly half of the respondents, specifically 190 people (48.8%), fall into the "Enough" or adequate category, making it the most dominant group. When combined with the 146 respondents (37.5%) who exhibited a "Good" attitude, the findings suggest that most of the community holds a positive or sufficient perspective toward health services. In contrast, only 53 respondents (13.6%) were categorized as having "Less" or poor attitudes, suggesting that negative perceptions are not the predominant sentiment among the population in this region.

The data reveal that most respondents, specifically 219 individuals (56.3%), categorized the support they received as "Enough." When combined with the 121 respondents (31.1%) who rated the support as "Good," this indicates that an overwhelming 87.4% of the community feels adequately or well supported by the healthcare staff. In contrast, only 49 respondents (12.6%) perceived the support as "Less" or inadequate. These findings suggest that the health workers at the Larat Community Health Center are largely successful in providing the necessary empathetic, informational, and technical support, which serves as a vital enabling factor in fostering community trust and encouraging the utilization of healthcare services.

The data reveal that most respondents, specifically 214 individuals (55.0%), reported having "Enough" or adequate social support. When combined with the 101 respondents (26.0%) who indicated "Good" social support, this indicates that a substantial 81.0% of the community perceives adequate to strong social support from their environment. In contrast, only 74 respondents (19.0%) reported having "Less" or inadequate social support. These findings suggest that most of the population in the Larat Community Health Center area benefits from supportive social networks, likely stemming from the strong family ties and community solidarity characteristic of the Tanimbar Islands culture. This high level of social support serves as an important reinforcing factor that can facilitate health-seeking behaviors and encourage utilization of healthcare services in this remote island community.

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Table 2. Results of linear regression analysis of the influence of attitudes, support from health workers, and social support on the interest in utilizing health services for patients

Variable	Sig	R^2	Sig
(Constant)	0.003	0.676	0.000
Attitude	0.000		
Healthcare Worker Support	0.000		
Social Support	0.000		

Table 2 presents the results of the linear regression analysis, demonstrating that attitudes, healthcare worker support, and social support significantly influence patients' interest in using health services at the Larat Community Health Center. Each independent variable has a significance value (Sig) of 0.000, well below the 0.05 threshold, indicating that attitude, worker support, and social support each have a statistically significant impact on interest in service utilization. Simultaneously, the model shows an overall significance of 0.000, confirming the combined effect of these variables. The coefficient of determination (R^2) is 0.676, indicating that these three factors collectively explain 67.6% of the variance in patient interest, with the remaining 32.4% attributable to other variables not examined in this research.

DISCUSSION

The current study establishes that individual attitudes, healthcare worker support, and social support simultaneously exert a profound influence on the community's interest in utilizing primary healthcare services within the Larat Community Health Center work area. These three critical variables collectively account for 67.7% of the variance in patient utilization interest among the sampled population. The remaining variance is attributable to external structural or environmental factors beyond the scope of this investigation. The statistical significance of these findings underscores the multifaceted nature of health-seeking behavior in remote archipelagic regions experiencing declining outpatient visits. Public interest in utilizing health facilities emerges as a complex behavioral outcome rather than a simple individual choice (Adongo et al., 2022). The ongoing decline in patient visits at the Larat facility underscores the urgent need to understand the underlying psychosocial and interpersonal determinants.

Individual attitudes function as the primary psychological catalysts determining the frequency and consistency of visits to primary healthcare facilities. Patients with positive perceptions of community health centers are significantly more likely to use these services repeatedly than those with negative perceptions. Positive behavioral tendencies stem from accumulated pleasant experiences, adequate health literacy, and established trust in medical personnel. Cultural factors and local beliefs in island regions heavily modulate these psychological responses to modern medicine (Martinez et al., 2026). Communities with open, accepting mindsets toward medical interventions show higher utilization rates despite severe geographic barriers. Traditional beliefs regarding illness causation often conflict with biomedical models, creating psychological resistance that deters facility visits. Targeted health education programs effectively transform negative perceptions by replacing misinformation with evidence-based medical knowledge. The cognitive, affective, and conative components of human attitude must be addressed simultaneously through comprehensive educational campaigns to achieve lasting behavioral change in remote settings.

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Healthcare worker support is a critical enabling factor that translates patients' intentions into concrete health-seeking actions. The quality of interpersonal interactions between medical staff and patients serves as a strong predictor of revisit intentions in primary care settings. Patients receiving empathetic communication and clear medical information exhibit significantly higher engagement with community health facilities. Informational support through active counseling and routine health education empowers communities to make informed medical decisions regarding preventive and curative care. Emotional support, encompassing friendliness and patience, creates a non-intimidating clinical environment, essential for building patient trust in marginalized areas (Crowther et al., 2025). Proactive outreach strategies, such as home visits and mobile health posts, further bridge the gap between facility capacity and community needs. Medical personnel in remote archipelagic regions act as vital agents of behavioral change beyond their traditional clinical roles. The humanistic approach adopted by health workers directly mitigates the psychological barriers associated with formal medical procedures.

Social support networks provide essential psychosocial reinforcement that helps individuals overcome structural and psychological barriers to accessing healthcare. Family units exert the most dominant influence on health-seeking behaviors through moral encouragement, financial assistance, and direct physical accompaniment during treatment. Strong familial ties in the Tanimbar Islands community create a robust foundation for collective health decision-making and resource pooling. Community-level social capital facilitates mutual assistance, mitigating transportation costs and logistical challenges inherent to island living. Social norms established by local leaders and extended family networks generate positive peer pressure, encouraging proactive health maintenance. Individuals embedded in strong social networks demonstrate a substantially higher rate of preventive service utilization than their socially isolated counterparts (Bhowmick et al., 2025). Entrenched customary laws and traditional leadership structures significantly dictate the community's willingness to adopt modern healthcare practices. High community social capital functions as a vital health asset complementing physical medical infrastructure in resource-limited settings.

The synergistic interaction among attitudes, healthcare worker support, and social support creates a comprehensive behavioral framework dictating overall health service utilization. Anderson's behavioral model effectively categorizes these variables as predisposing, enabling, and reinforcing factors that operate in continuous, dynamic interplay (Alhalaseh et al., 2023). A positive individual attitude is the foundational predisposition for initial engagement with the health facility and sustained utilization. Healthcare worker support bridges the gap between service availability and community expectations through empathetic and proactive engagement strategies. Social support amplifies these effects by providing the external reinforcement needed to sustain health-seeking behaviors over time and across generations (Wen & Zhang, 2023). Interventions targeting only a single variable fail to produce optimal or sustainable improvements in community health metrics. Communities experiencing simultaneous strengthening of all three factors exhibit a multiplicative increase in healthcare facility utilization rates. The profound synergy between a positive individual mindset, qualified staff support, and strong social networks produces a powerful multiplier effect that single-variable public health approaches cannot replicate in isolated island communities.

The findings necessitate the implementation of holistic, integrated health policies tailored to the unique sociocultural and geographic realities of archipelagic communities. Local health authorities must design comprehensive interventions that simultaneously address psychological, interpersonal, and sociocultural determinants of health to reverse declining visit trends. Health promotion programs should incorporate contextual cultural education to foster positive attitudes toward modern medical practices while respecting local traditions (Phon-Ngam, 2025). Healthcare facilities need to institutionalize training programs focusing on empathetic communication and

proactive community outreach for all medical personnel. Policymakers should actively engage traditional leaders and family networks to integrate modern health services with existing community support structures. Future health programs at the Larat Community Health Center require unified strategies that treat attitude transformation, staff capacity building, and social empowerment as inseparable core pillars. Strategic resource allocation must prioritize the continuous development of social capital and community health literacy alongside the routine procurement of essential medical equipment and physical infrastructure.

Certain methodological constraints require careful consideration when interpreting and generalizing the findings of this specific research. The cross-sectional design inherently limits the ability to establish definitive causal relationships between the identified psychosocial variables and interest in healthcare utilization. Self-reported data collection methods introduce potential recall bias and social desirability effects that may skew respondents' answers about their true attitudes and levels of support. The specific geographic and cultural context of the Tanimbar Islands restricts the direct generalizability of these results to urban settings or non-archipelagic regions with different healthcare infrastructures. Purposive sampling techniques may introduce selection bias by excluding segments of the population that do not meet specific inclusion criteria. Unmeasured confounding variables, such as individual economic status, exact distance to facilities, and specific health insurance coverage, might account for the remaining variance in interest in utilization. Future longitudinal studies incorporating mixed-methods approaches and objective healthcare utilization records are recommended to validate these behavioral models across diverse demographic settings.

CONCLUSION

This research establishes that individual attitudes, healthcare worker support, and social support exert a significant, simultaneous influence on patients' interest in using primary healthcare services within the Larat Community Health Center work area. Individual attitudes function as the foundational psychological determinant shaping health-seeking behaviors and facility engagement. Empathetic and proactive support from medical personnel is a critical enabler, bridging the gap between the availability of clinical services and community expectations. Robust social support networks further reinforce these health-seeking actions by providing essential psychosocial encouragement to overcome the geographic and cultural barriers inherent to remote archipelagic regions. The synergistic interaction among these three core variables accounts for a substantial proportion of the variance in healthcare utilization interest. Health authorities must design integrated public health interventions addressing these psychological, interpersonal, and sociocultural dimensions to sustainably optimize community engagement with primary care facilities in marginalized island settings.

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