



Factors Affecting the Utilization of Non-Communicable Diseases (NCD) Posbindu at the Sanoba Health Center, Nabire Regency Central Papua Province

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ABSTRACT

The purpose of the study was to determine the factors that affect the utilization of Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center. A type of cross-sectional research with a sample of 91 people taken by the incidental sampling technique. The research instrument used a questionnaire. Data were analyzed using chi-square and logistic binary regression. The results of the study obtained factors that have a significant influence on the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center, namely gender, occupation, access to services, knowledge, attitudes, and support for health workers. Factors that have a not significant effect are age, ethnicity, motivation and family support. Access to health services is the dominant factor.

INTRODUCTION

Non-communicable diseases (NCD) cause death in about 41 million people each year, which is equivalent to 74% of all causes of death in the world. About 17 million people die before the age of 70 from NCD and 86% of those premature deaths occur in low- and middle-income countries. Cardiovascular disease is a non-communicable disease that causes the highest death rate, which is around 17.9 million deaths every year (WHO, 2024).

When compared to Riskesdas 2018, the 2023 Basic Health Research (Riskesdas) results indicate a rise in the prevalence of noncommunicable diseases. Cancer, stroke, diabetes mellitus, chronic renal disease, and hypertension are among the NCD that have become more prevalent. From 1.4% to 1.8%, the prevalence of cancer, stroke, and chronic renal disease rose, respectively, from 7% to 10.9% and 2% to 3.8%. According to blood pressure readings, hypertension rose from 25.8% to 34.1%, and diabetes mellitus rose from 6.9% to 8.5% based on blood sugar testing (Indonesian Ministry of Health, 2023).

NCD problems with high prevalence and large impacts require efforts to control NCD risk factors (Rochmah et al., 2023). The effort to control risk factors that have been carried out is to carry out CERDIK behavior (Zulfianti et al., 2023). Posbindu NCD is a form of service that involves community participation through preventive promotive efforts to detect and control the presence of NCD risk factors early in an integrated manner (Febriani et al., 2021).

Active Posbindu in Central Papua Province is 12.5% (Ministry of Health of the Republic of Indonesia, 2023), while in Nabire Regency, Active Posbindu reaches 43.5% (Health Office of Nabire Regency, 2024). Research from Febriani in 2021 shows that the use of NCD posbindu at the Tegineneng Health Center, Pesawaran Regency, is only 200 people, or 51.9% of 385 people, and Pratasik in 2024 shows that only 97 people, or 55.4% of 175 people, use NCD posbindu at the Koya Health Center, Minahasa Regency. Factors related to the use of NCD posbindu are age, gender, education and occupation, service availability, and motivation (Zulfianti et al., 2023). The use of Posbindu consists of productive and non-productive ages. Of course, productive people tend to have better knowledge (Fadhilah et al., 2022). Women are more sensitive to feelings of pain, so women consult more health workers and use posbindu to check their health (Zulfianti et al., 2023). People with low education visit Posbindu NCD more because they are influenced by the experiences of the closest people, such as word of mouth, and also information they get from health workers, such as counseling (Oktaviani & Wahyono, 2021). In addition, a person who works has a greater chance of being inactive in the NCD Posbindu when compared to respondents who do not work.

THEORETICAL REVIEW

Meta Synthesis (Review of Previous Research)

Non-communicable diseases (NCD) cause death in about 41 million people each year, which is equivalent to 74% of all causes of death the Research on the use of Posbindu NCD during the COVID-19 Pandemic was conducted by Siti and Fitriani at the Health Center of Ten Tanjung Morawa Districts with a

cross-sectional design. According to the findings, the following factors influenced the usage of Posbindu NCD: knowledge ($p=0.005$), health care support ($p=0.005$), family support ($p=0.001$), health professional support ($p=0.001$), and mileage variable ($p=0.001$). The health status variable was the one that had no effect on the use of Posbindu NCD ($p=0.305$). Health worker support was shown to be the most significant variable in the multivariate analysis ($p = 0.001 < 0.05$ and Exp value (β) or OR = 11.318). According to the study's findings, the most significant factor is the assistance of medical professionals who used Posbindu NCD eleven times more frequently during the COVID-19 pandemic. (Fitriani Pramita Gurning and Siti Zulkhairani, 2022).

A similar study by Agung et.al., at Posbindu NCD with an observational analytical design. The result is that there is a relationship between knowledge and the use of posbindu (Agung et al., 2025). Meanwhile, the research of Agussella et al., found that there was no relationship between age and the use of NCD posbindu in 2023. There is a relationship between insurance, income, and location with the use of NCD posbindu in the implementation of the Tulang Bawang Lampung Health Office's NCD posting program in 2023 (Agusella et al., 2024). The results of Susanti's research also found that there was a relationship between the role of health workers and compliance with NCD post-bindu visits, with a significance value of $0.000 < \alpha (0.05)$ (Susanti et al., 2025).

Frame of Mind

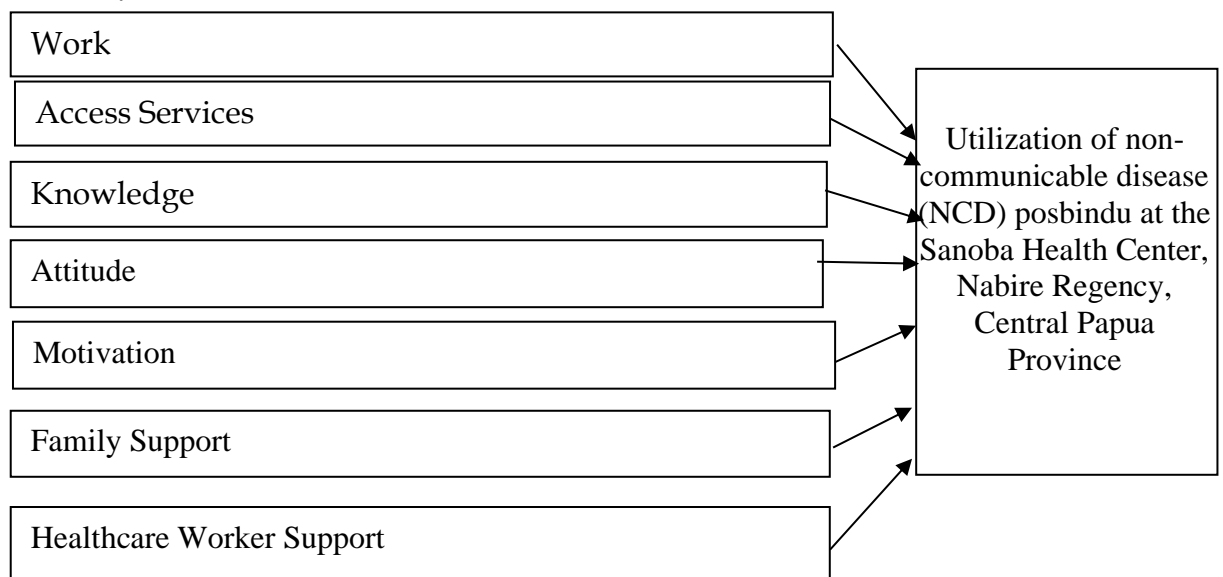


Figure 1. Conceptual Framework

METHODOLOGY

This study uses an observational analytical method with a cross-sectional design, which is a study that aims to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data at the same time (Hasmi, 2023). The population in this study is 216 people, a sample of 91 people was taken by incidental sampling technique. Data are analyzed with

univariate (Proportion), bivariate (chi Square, Prevalence Ratio), Multivariate (Logistic Regression) analysis.

RESEARCH RESULTS

Univariate Analysis

Tabel 1. Independent variable distribution

No	Variabel	Frequency (n)	Presentase (%)
1	Age		
	< 45 years old	44	48,4
	≥ 45 years old	47	51,6
2	Gender		
	Man	34	37,4
	Woman	57	62,6
3	Tribe		
	Papua	63	69,2
	Non-Papuan	28	30,8
4	Education		
	Tall	54	59,3
	Low	37	40,7
5	Work		
	Work	50	54,9
	Not Working	41	45,1
6	Access Services		
	Difficult	31	34,1
	Easy	60	65,9
7	Knowledge		
	Less	21	23,1
	Good	70	76,9
8	Attitude		
	Less	24	26,4
	Good	67	73,6
9	Motivation		
	Less	21	23,1
	Good	70	76,9
10	Family Support		
	Less	29	31,9
	Good	62	68,1
11	Healthcare Worker Support		
	Less	27	29,7
	Good	64	70,3
12	Utilization of NCD Posbindu		
	Less	30	33
	Good	61	67
Sum		91	100

Based on table 4.2, respondents were mostly 47 years old > 45 years old (51.6%), 57 were female (62.6%), 63 people were from the Papuan tribe, 54 people (59.3%) were highly educated, 50 people were working (54.9%), and 60 people had easy access to services (65.9%). Most of the respondents' knowledge in the good category about Posbindu was 70 people (76.9%) and had a good attitude as

many as 67 people (73.6%), good motivation as many as 70 people (76.9%). The support provided from the outlets was mostly good as many as 62 people (68.1%) and the support of health workers, as many as 64 people (70.3%). Respondents who were good in the use of the Non-Communicable Disease (NCD) Posbindu were 61 people (67%) in the good category.

Bivariate Analysis

Table 2. Chi Square Analysis and Prevalence Ratio

No	Variable	Utilization of NCD Posbindu				n	%	p-value	RP CI95%
		Less		Good					
		n	%	N	%				
1	Age								
	< 45 year	19	43,2	25	56,8	44	100	0,075	1,845 (0,994-3,424)
≥ 45 year	11	23,4	36	76,6	47	100			
2	Gender								
	Man	17	50	17	50	34	100	0,015	2,192 (1,223-3,931)
Woman	13	22,8	44	77,2	57	100			
3	Tribe								
	Papua	18	28,6	45	71,4	63	100	0,273	0,667 (0,374-1,190)
Non Papua	12	42,9	16	57,1	28	100			
4	Education								
	Tall	6	11,1	48	86,9	54	100	0,000	0,171 (0,078-0,378)
Low	24	64,9	13	35,1	37	100			
5	Work								
	Work	26	52	24	48	50	100	0,000	5,330 (2,024-14,036)
Not working	4	9,8	37	90,2	41	100			
6	Access Services								
	Sulit	26	83,9	5	16,1	31	100	0,000	12,581 (4,821-32,832)
Mudah	4	6,7	56	93,3	60	100			
7	Knowledge								
	Less	17	81	4	19	21	100	0,000	4,359 (2,559-7,425)
Good	13	18,6	57	81,4	70	100			
8	Attitude								
	Less	20	83,3	4	16,7	24	100	0,000	5,583 (3,067-10,164)
Good	10	14,9	57	85,1	67	100			
9	Motivasi								
	Less	7	33,3	14	66,7	21	100	1,000	1,014 (0,508-2,025)
Good	23	32,9	47	67,1	70	100			
10	Family support								
	Less	10	34,5	19	65,5	29	100	1,000	1,069 (0,576-1,983)
Good	20	32,3	42	67,7	62	100			
11	Health Worker Support								
	Less	23	85,2	4	14,8	27	100	0,000	7,788 (3,804-15,946)
Good	7	10,9	57	89,1	64	100			

The results of the chi-square statistical test at a significance value of 95% ($\alpha = 0.05$) were obtained with an age variable p-value of 0.075, or insignificant. RP value = 1.845 CI95% (0.994-3.424) that age is a risk factor because > 1 , but because of the lower value of < 1 so it is not significant. Meanwhile, the gender variable was obtained with a p-value of 0.015, or significant. RP = 2.192 CI95% (1.223-3.931) with a value of > 1 , which was interpreted that female respondents tended to be good in utilizing Posbindu NCD by 2.192 times higher than men.

The tribe variable was obtained with a p-value of 0.273, or insignificant. Meanwhile, the RP value = 0.667 CI95% (0.374-1.190) with a value of < 1 which indicates that tribe is not a risk factor. Meanwhile, the education variable p-value is 0.000, or significant. RP value = 0.171 CI95% (0.078-0.378) because $RP < 1$ is interpreted that education is not a risk factor. The work variable is obtained with a p-value variable of 0.000 or significant. Meanwhile, the RP value = 5.33 CI95% (2.02-14.03) is due to the RP value > 1 , which indicates that respondents who work tend to take less advantage of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center by 5.330 times higher than respondents who do not work.

The service access variable is obtained with a p-value variable of 0.000 or significant. Meanwhile, the RP value = 12.581 CI95% (4.821-32.832) because the RP value > 1 which is interpreted that respondents with access to services are difficult to use less to use the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center by 12.581 times higher than respondents with easy access to services. While the knowledge variable p-value is 0.000, or significant. RP value = 4.359 CI95% (2.559-7.425) because the RP value > 1 , interpreted that respondents with less knowledge were less likely to use the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center by 4.359 times higher than respondents with good knowledge.

The attitude variable was obtained with a p-value variable of 0.000 or significant. Meanwhile, the RP value = 5.583 CI95% (3.067-10.164) with a value of > 1 interpreted that respondents with a less likely attitude to take advantage of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center were 5.583 times higher than respondents with a good attitude. Meanwhile, the motivation variable was obtained with a p-value variable of 1,000 or insignificant. The RP value = 1.104 CI95% (0.508-2.025) that motivation is a risk factor but because of the lower value < 1 it is not significant.

The family support variable was obtained with a p-value variable of 1,000 or insignificant. While the RP value == 1.069 CI95% (0.576-1.983) family support is a risk factor but because the lower value < 1 is not significant. Meanwhile, the variable of support for health workers was obtained with a p-value variable of 0.000 or significant. RP value = 7.788 CI95% (3.804-15.946) with a value of > 1 which is interpreted that respondents with the support of health workers are less likely to take advantage of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center by 7.788 times higher compared to respondents with good health worker support.

Multivariate Analysis

Table 3. Multiple Logistic Regression Variable Analysis

No	Variable	B	p-value	OR	95% C. I. for Exp(B)	
					Lower	Upper
1	Access Services	4,286	0,000	72,800	18,049	293,638
	Constant	-5,936	0,000	0,003		

Source: Primary Data, 2025

Table 3 above, a beta correlation coefficient value of 4.286 is obtained which indicates a strong influence with a p value of 0.000; OR = 72.8; CI95% (18,049 - 293,638) interpreted that access to health services was the dominant factor of 72.8 times the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center, Nabire Regency, Central Papua Province.

DISCUSSION

Productive people tend to have better knowledge. This is because a person's memory is influenced by age. A person's increasing age can affect the increase in knowledge he acquires, but at certain ages or near old age, the ability to accept or remember knowledge will decrease (Fadhilah et al., 2022).

The results of this study found that age was not significant to the utilization of Posbindu NCD. In line with previous research by Sari & Savitri, (2018); Zulfianti et al., (2023); Nurhasanah (2022) that age is not related to the use of posbindu. The older a person is, the easier it will be to receive knowledge. The older he gets, the more his grasp and mindset will develop so that the knowledge he gains will improve (Ginting, 2019).

Gender is an internal factor related to behavior. Women are more positive in controlling their health (Sari & Savitri, 2018). The results of the study were obtained that gender was significant to the utilization of the Non-Communicable Disease (NCD) Posbindu with a prevalence ratio of 2.192 times higher than that of men. Research results of Zulfianti et al., (2023); Nurhasanah (2022) show that there is an influence of gender on the use of NCD Posbindu.

Globally, about 18 million women of childbearing age die each year from non-communicable diseases (NCDs), and two out of three female deaths are caused by NCDs. Early detection is expected to reduce the death rate due to NCDs (Dona, 2024). Women have a greater level of worry than men who are slightly less concerned so women pay more attention to health conditions (Agung et al., 2025).

Women are 2,856 times more likely to actively use Posbindu NCD compared to men. Women are more positive than men in controlling their health (Sari & Savitri, 2018). This difference can be possible because hormonal factors, physical structure, and norms of division of tasks often behave based on feelings, while men tend to behave or act on rational considerations (Sulistyaningsih & Listyaningrum, 2021). Women consult more health workers for their health

checks so that they can improve their quality of life in one way, namely visiting and utilizing posbindu to check their health (Zulfianti et al., 2023).

A person's values, beliefs, preferences, and behavior can be influenced by external environmental conditions, and cultural influences are linked to the decision to pick health care (Abas & Kurniawan, 2019). In addition to influencing people's choices and behaviors while they are ill, sociocultural factors also give rise to a variety of behaviors and treatment-seeking endeavors (Widiyastuty et al., 2023).

The results of the chi square statistical test between tribes with the use of Posbindu NCD were obtained a p-value of 0.273 or $p > \alpha$ (0.05), that the influence of the tribe was not significant. This shows that respondents from Papuan and non-Papuan tribes have the same tendency in the use of posbindu.

Health behaviors related to socio-cultural knowledge are formed because there are differences in perceptions of the concepts of healthy and sick or culture can determine what causes people to suffer as a result of their behavior. In addition, the availability of health facilities, the attitudes and behaviors of health workers can also strengthen the formation of health behaviors (Widiyastuty et al., 2023).

The level of formal education that a person has obtained will increase one's reasoning power and the way to make it easier for one to receive motivation (Notoatmodjo, 2018). The results of the study were obtained that respondents with higher education were significant towards the use of the Non-Communicable Disease (NCD) Posbindu but from the RP value = 0.171 CI95% (0.078-0.378) because the RP value < 1 was interpreted that education was not a risk factor.

Previous research by Zulfianti et al., (2023) that education status affects the use of health services because education status will affect awareness and knowledge about health. They are influenced by the experiences of close people such as word-of-mouth information and also information they get from health workers such as counseling (Oktaviani & Wahyono, 2021).

People with low levels of education are more likely to not take advantage of health services This is because they lack understanding about the benefits of health services and the conditions that exist in them that require them to immediately access health services (Zulhairani & Gurning, 2022). A high level of education is not accompanied by good awareness and knowledge about posbindu itself, so there is a lack of understanding of the benefits of posbindu. Low education levels tend to lead to low knowledge about the importance of utilizing health post-bindu (Ningsih et al., 2021).

Work is an activity that is carried out in a planned manner and aims to meet the needs of life (Notoatmodjo, 2014). According to (Zulfianti et al., 2023), people with non-formal employment status certainly have greater opportunities or opportunities to take advantage of existing services.

The results of the study were obtained that 52% of the respondents who worked did not use the NCD Posbindu. This is because the community is not supported by awareness and knowledge about the benefits of posbindu. Most people do not know, so it affects its use. Most choose to check their health at the

health center when they are sick. Meanwhile, respondents who are not working (90.2%) are good at utilizing the NCD Posbindu. The results of the study are known to have significant work on the use of Non-Communicable Diseases (NCD) Posbindu. The results are in line with research (Oktaviani & Wahyono, 2021) that there is a significant relationship between employment status and community participation in Posbindu NCD. A person who works has a 1.915 times greater chance of being inactive in Posbindu NCD when compared to respondents who are not working. The respondent's job status affects the opportunity to participate in the NCD Posbindu, the more free time, the greater the opportunity to participate in NCD Posbindu activities, this is because NCD Posbindu activities are carried out on weekdays starting at 08.00.

Employment is a predisposing factor that affects the utilization of health services. Work is an activity that is carried out to meet the needs of life. For this reason, people need to work to earn money to meet their daily needs (Agustina et al., 2024).

The accessibility factor also affects the number of post-bindu visits. People with a distance from their homes far from the location of the posbindu allow them not to take advantage of it. The people who take advantage are those who live close to the place where the posbindu is carried out so that it does not reach people who live far away (Agung et al., 2025).

The results of the study found that access to services was significant to the utilization of the Non-Communicable Disease (NCD) Posbindu, the RP value was 12,581 times higher compared to respondents with easy access to services.

Research conducted by Sari et al., (2025); Zulkhairani & Gurning (2022) that there is a significant relationship between mileage and the utilization of NCD Posbindu. This shows that the distance is a measure of how close it is from home or residence to Posbindu. This distance can be said to be a means of transportation and travel time that has a significant impact on the use of health services.

Based on the findings in the field, some people who have a short distance do not use the NCD posbindu. The factors that cause this are that the community does not know about the implementation of coaching, does not get information about NCD posbindu activities carried out in the surrounding environment. These findings are in line with previous research which also found no relationship between distance traveled and the utilization of NCD posbindu (Anggraeni & Fauziah, 2020). Understanding distance is important to improve people's access to health services and plan for a more equitable distribution of health facilities (Rusmiati et al., 2021)

Knowledge is the result of knowing and occurs after sensing an object through the five human senses, namely the senses of sight, hearing, smell, taste, and touch (Pakpahan et al., 2021).

The results of the study found that significant knowledge of the use of the Non-Communicable Disease (NCD) Posbindu had an RP value of 4.359 times higher than respondents with good knowledge.

The results of this study are in line with the previous that there is a relationship between knowledge and the use of Posbindu NCD, which means

that people who have poor knowledge are at risk of not using Posbindu NCD compared to those who have good knowledge (Fadhli et al., 2023; Saipullah et al., 2024; Agung et al., 2025). Knowledge of respondents in utilizing postbindu NCD is very important because the knowledge they have can help manage their disease independently (Ningsih et al., 2021).

Low knowledge will shape a person's attitude both in a negative and positive direction, if the public lacks knowledge about Posbindu NCD, it will result in an increase in the death rate due to NCDs (Febriani et al., 2021). People who know the benefits of NCD posbindu activities will more often check at the NCD posbindu so that the community can find out if a person accepts new behavior or adopts behavior based on knowledge, awareness, and a positive attitude, then the behavior will last for a long time. On the other hand, if the behavior is not based on knowledge and awareness, it will not last long (Sumendap et al., 2020).

Attitude is not yet an action or activity, but is a predisposition to the action of a behavior (Mahendra et al., 2019). The results of the study were obtained that there was a significant influence of attitude on the use of the Non-Communicable Disease (NCD) Posbindu with an RP value of 5.583 times higher than respondents with a good attitude.

A person's attitude determines the use of Posbindu NCD. A person with a good attitude tends to make better use of Posbindu NCD (Fadhilah et al., 2022; Saipullah et al., 2024; Sulistyarningsih & Listyaningrum, 2021). Attitudes have a great influence of more than 50% on the use of NCD Posbindu (Anggraeni & Fauziah, 2020).

A positive attitude will be directly proportional to self-confidence about the benefits that will be obtained when participating in Posbindu NCD regularly. The relationship between attitude and utilization of postbindu NCD is not only influential for the elderly, but in adolescents it also shows the same results (Orchida & Mulyaningsih, 2023).

Motivation is the desire that exists in an individual so that it encourages him to do deeds (behavior). (Sari et al., 2025), Motivation functions to determine the direction of what actions should be done well, especially in improving one's health, one of which is a visit to the NCD Posbindu. (Saipullah et al., 2024).

The results of the study showed that the motivation was not significant for the use of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center.

In line with research (Ningsih et al., 2021; Sari et al., 2025) that there is no motivation for the use of Posbindu because cadres lack initiative in inviting people to check their health at Posbindu NCD so people are less motivated to visit. The lack of socialization and information, including the lack of counseling and print media, affects the low motivation of the community in utilizing the NCD posbindu.

People who are motivated will be encouraged to visit the NCD Posbindu. For people who do not have the motivation to visit the NCD Posbindu, it is feared that their health will not be monitored, so preventive measures cannot be taken (Fadhli et al., 2023).

Usually, an intrinsically motivated person is more easily motivated to take action, the factors that affect intrinsic motivation are needs, expectations and interests. Meanwhile, extrinsic motivation is a motivation that arises due to an external influence from a person. Factors that influence extrinsic motivation are: family support, environment and rewards (Sumendap et al., 2020)

Family is a strong motivator for the elderly to participate in Posbindu NCD activities. Positive support from family is a boost for the elderly. Support is an effort given to others, both morally and materially. Family is the closest person who can provide the most active support compared to others (Sumendap et al., 2020).

The results of the study were obtained that family support was not significant for the use of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center. In line with the research of Anggraeni & Fauziah (2020) that family support does not have a significant effect on the use of posbindu.

Family support will have an impact on participation in Posbindu NCD. The most form of family support is to provide encouragement and motivation to attend Posbindu NCD activities (Oktaviani & Wahyono, 2021). Family support consists of four dimensions, namely emotional or appreciative, informational, instrumental and fraternal. Emotional or Esteem Support, which consists of caring, caring empathy, giving positive appreciation and protecting so as to cause feelings of comfort as well as a sense of belonging and love (Alam et al., 2021)

The absence of the influence of family support on the use of Posbindu is due to the lack of family as a strong motivator for residents to participate in NCD posbindu activities if they always provide themselves to accompany, escort or remind the NCD posbindu schedule. The presence of family members plays an important role in preventing or at least delaying people suffering from chronic illness to the Posbindu institution (Febriani et al., 2021)

The presence of family members plays an important role in preventing or at least delaying people suffering from chronic illness to the Posbindu institution. Therefore, health workers need to hold counseling or health education for families so that it is hoped that this it will also increase family knowledge and awareness about the importance of participation in Posbindu (Lusi, 2020).

In order for people to realize the highest degree of health as an investment for the development of socially and economically productive human resources, including the NCD posbindu activity, health workers also play a crucial role in improving the quality of the maximum number of health services provided to the community. This is done by raising people's awareness, willingness, and ability to live a healthy life (Fentia et al., 2023; Susanti et al., 2025).

The results of the study were obtained that the support of health workers was significant for the use of the Non-Communicable Disease Posbindu (NCD) and the RP value was 7.788 times higher compared to respondents with good health worker support.

The support of health workers affects the use of posbindu (Anggraeni & Fauziah, 2020; Susanti et al., 2025) due to the role of health workers/cadres as communicators, namely health workers should provide clear information to the public. The provision of information is very necessary because communication is

useful to correct the lack of knowledge and wrong attitudes of the public towards health and disease. Communication is said to be effective if health workers are able to provide clear information to patients, so that in dealing with the spread of disease, health workers are expected to be friendly and polite in every deal with patients (Dona, 2024).

Cadres as an extension of health workers in conveying information have a big role in increasing visits to the NCD Posbindu. Research conducted by Bhoki et al. (2022) shows that people feel less supported by health cadres. So the community also has a lack of activeness in visiting the NCD Posbindu. The activeness of the community to visit first begins with the activeness of cadres (Pratasik et al., 2024). Some of the things that affect the performance of the cadres themselves, namely attitude, motivation, human resources, awards, and workload affect the performance of the cadres. In addition, the small number of cadres results in a high workload and is not proportional to the transportation money they get (Agusella et al., 2024).

The results of the study showed that access to health services is the dominant factor in the utilization of Non-Communicable Disease (NCD) Posbindu. The Sanoba Health Center area of Nabire Regency in Central Papua has a varied topography, with about 47% flat areas along the coast and 53% hilly areas in inland areas. Although 65.9% of respondents had easy access to the posbindu, 34.1% had difficulty with the location of the house on the mountain so the location of the posbindu was accessible on foot. This is an obstacle for some people. So that people prefer to seek treatment when sick. In addition, it is an obstacle for health workers to provide information or counseling about the use of posbindu.

In line with previous research by (Agusella et al., 2024) the dominant factor for the use of the post-secondary office is the distance or difficulty of access to the post. Distance and transportation facilities are some of the factors that cause the behavior of seeking health services (Anggraeni & Fauziah, 2020).

CONCLUSION

1. The effect of age is not significant on the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center
2. The Significant Influence of Gender on the Utilization of Non-Communicable Diseases (NCDs) Posbindu at Sanoba Health Center
3. The influence of tribe is not significant on the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center
4. The influence of education is significant on the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center
5. The effect of significant work on the utilization of Non-Communicable Diseases (NCD) Posbindu at Sanoba Health Center
6. The effect of access to services is significant on the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center
7. The effect of significant knowledge on the utilization of Non-Communicable Diseases (NCD) Posbindu at Sanoba Health Center

8. The Significant Influence of Attitudes on the Utilization of Non-Communicable Diseases (NCDs) Posbindu at Sanoba Health Center
9. The effect of motivation is not significant on the use of Non-Communicable Disease (NCD) Posbindu at Sanoba Health Center
10. The effect of family support was not significant on the use of Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center
11. The effect of health worker support is significant on the use of Non-Communicable Disease (NCD) Posbindu at Sanoba Health Center
12. Access to health services is the dominant factor in the utilization of the Non-Communicable Disease (NCD) Posbindu at the Sanoba Health Center, Jayapura City, Central Papua Province

RECOMMENDATION

Improving information and education to the community and families at all ages about the use of posbindu by conducting mobile health centers.

FURTHER STUDY

For other researchers, it is recommended to conduct further research on unaffected factors such as ethnicity, motivation and family support with the use of qualitative methods so that more complex problems can be identified about the use of posbindu.

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