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PERILAKU DAN STATUS KESEHATAN MASYARAKAT DESA ILOTIDEA

COMMUNITY HEALTH BEHAVIOR AND STATUS IN ILOTIDEA VILLAGE

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ABSTRAK

Penelitian ini dilakukan untuk menggambarkan perilaku dan status kesehatan masyarakat di Desa Ilotidea Kecamatan Tilango Kabupaten Gorontalo sebagai bagian dari upaya penguatan pelayanan kesehatan berbasis komunitas. Permasalahan kesehatan masyarakat seperti rendahnya perilaku kesehatan, tingginya praktik swamedikasi, serta masih ditemukannya penyakit menular dan penyakit tidak menular menjadi alasan penting dilakukannya penelitian ini. Penelitian menggunakan desain kuantitatif dengan pendekatan deskriptif survei. Populasi penelitian berjumlah 632 kepala keluarga dengan sampel sebanyak 245 responden yang ditentukan menggunakan rumus Slovin dan teknik *proportional sampling*. Pengumpulan data dilakukan melalui wawancara, observasi, dan penggunaan lembar pengkajian keperawatan komunitas. Data dianalisis menggunakan statistik deskriptif berupa distribusi frekuensi dan persentase dengan bantuan *IBM SPSS Statistics* dan *Microsoft Excel*. Hasil penelitian menunjukkan bahwa mayoritas responden berusia dewasa, berpendidikan dasar, dan bekerja pada sektor informal. Masalah kesehatan yang paling sering dialami masyarakat adalah demam, hipertensi, dan batuk pilek berkepanjangan. Sebagian besar masyarakat telah memiliki jaminan kesehatan dan memanfaatkan puskesmas sebagai sarana pelayanan kesehatan utama, namun kebiasaan membeli obat bebas sebelum mendatangi fasilitas kesehatan masih sangat dominan. Penelitian ini menyimpulkan bahwa perilaku kesehatan masyarakat masih memerlukan penguatan melalui pendekatan promotif dan preventif berbasis keperawatan komunitas. Hasil penelitian diharapkan dapat menjadi dasar dalam penyusunan program intervensi kesehatan masyarakat yang lebih efektif dan berkelanjutan.

Kata Kunci: kesehatan masyarakat; perilaku kesehatan; layanan kesehatan

ABSTRACT

This study was conducted to describe the health behavior and status of the community in Ilotidea Village, Tilango District, Gorontalo Regency, as part of efforts to strengthen community-based health services. Public health issues such as low levels of health behavior, high self-medication practices, and the prevalence of infectious and non-communicable diseases were important reasons for conducting this study. The study used a quantitative design with a descriptive survey approach. The study population consisted of 632 households, with a sample of 245 respondents determined using the Slovin formula and proportional sampling techniques. Data collection was conducted through interviews, observations, and the use of

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community nursing assessment sheets. Data were analyzed using descriptive statistics in the form of frequency distributions and percentages using IBM SPSS Statistics and Microsoft Excel. The results showed that the majority of respondents were adults, had a basic education, and worked in the informal sector. The most common health problems experienced by the community were fever, hypertension, and persistent coughs and colds. Most residents had health insurance and utilized community health centers (Puskesmas) as their primary healthcare provider. However, the habit of purchasing over-the-counter medications before visiting a health facility remained prevalent. This study concludes that public health behaviors still require strengthening through a community nursing-based promotive and preventive approach. The research findings are expected to serve as a basis for developing more effective and sustainable public health intervention programs.

Keywords: *measurement; physical fitness; students; primary school*

Introduction

Public health is one of the main indicators of national development success because it is directly related to the quality of human resources and community productivity. In the context of primary healthcare, a community-based approach is a crucial strategy for improving public health through sustainable promotive and preventive efforts (Rigg et al., 2018). The concept of community nursing positions the community as an active partner in identifying health problems, making decisions, and implementing health interventions (Samsualam et al., 2023). According to the World Health Organization, strengthening community-based healthcare services is essential to address the increasing burden of infectious and non-communicable diseases in the community (World Health Organization, 2025). In Indonesia, the transformation of primary healthcare initiated by the Ministry of Health of the Republic of Indonesia also emphasizes the importance of family- and community-based promotive and preventive approaches in improving the quality of life.

In recent years, various public health issues have remained serious challenges, particularly in rural areas. Data from the 2023 Indonesian Health Survey shows that hypertension, respiratory infections, fever, and poor hygiene and healthy living practices remain dominant problems in rural Indonesia (Badan Kebijakan Pembangunan Kesehatan, 2023). Furthermore, low levels of education, limited access to health services, and self-medication habits using over-the-counter medications also influence public health behaviors. This situation is also evident in the community of Ilotidea Village, Tilango District, Gorontalo Regency. Initial assessment results indicate that the majority of residents have a basic education, the majority work as laborers and farmers, and still predominantly purchase over-the-counter medications before seeking formal health services. Furthermore, the most common health complaints experienced by residents in the past three months were fever, hypertension, and persistent coughs and colds. This phenomenon indicates that public health behaviors and utilization of health facilities still require special attention through a community nursing approach.

Research on community nursing has been extensive, but most previous studies have focused on specific health interventions, such as chronic disease management, clean and healthy

living practices, or health education for specific groups. Research that comprehensively describes community health behaviors, community health status, and patterns of health service utilization at the village level is still relatively limited, particularly in the Gorontalo region. Furthermore, previous research indicates that socioeconomic and cultural characteristics of communities can influence the success of community health programs, requiring each region to identify specific health problems tailored to local conditions. Therefore, community-based research is needed to obtain a realistic picture of community health conditions as a basis for developing targeted health intervention programs.

Theoretically, community nursing is an integration of nursing and public health sciences, focusing on improving public health through promotive, preventive, curative, and rehabilitative services. Fabanyo explains that community nursing aims to improve communities' ability to recognize and address their own health problems (Fabanyo & Anggreini, 2022). Previous research confirms that community nurses play a role as educators, facilitators, advocates, and coordinators in improving community health (Januaristi & Lismayanti, 2025). The community health nursing approach emphasizes the importance of community assessment as a first step in identifying health risk factors, community behavior patterns, and potential local resources that can be utilized to address community health problems. Thus, community assessment serves as a crucial foundation for developing effective and sustainable health interventions.

Based on the above description, this study aims to describe the behavior and health status of the community in Ilotidea Village, Tilango District, Gorontalo Regency through a community nursing approach. This study focuses on the community's demographic characteristics, health conditions, health-seeking behavior, and utilization of public health services. The results are expected to form the basis for developing more effective community health intervention programs and provide a scientific contribution to the development of community nursing practices based on local community needs.

Methods

This study employed a quantitative research design with a descriptive survey approach. The descriptive approach was used to describe the behavioral conditions and health status of the community in Ilotidea Village, Tilango District, Gorontalo Regency, based on data from a community assessment. The study employed a cross-sectional approach, where data was collected at a specific point in time to obtain a picture of community characteristics, health conditions, health-seeking behavior, and utilization of health services.

The subjects in this study were heads of families or family members representing households in Ilotidea Village, Tilango District, Gorontalo Regency. The study population consisted of 632 heads of families (KK) spread across three hamlets.

The sample size was determined using the Slovin formula with a 5% error rate, resulting in a total sample of 245 respondents. Proportional sampling was used to ensure a more proportional distribution of the sample within each hamlet, reflecting the population size of each region. The sample distribution consisted of 71 families in Hamlet I, 65 families in Hamlet II, and 109 families in Hamlet III. The inclusion criteria for this study included:

1. Head of household or family member residing in Ilotidea Village.
2. Willingness to participate in the study.
3. Able to communicate effectively during the interview.

The exclusion criteria included:

1. Respondents who were not at home during data collection.
2. Respondents who did not complete the questionnaire or interview.

The research instruments used were community nursing assessment sheets and structured questionnaires developed based on community nursing concepts and community health behavior indicators. The instruments included data on demographic characteristics, health status, history of disease symptoms, access to health services, treatment-seeking habits, and utilization of health facilities.

Before use, the instruments underwent content validity by expert lecturers and community nursing practitioners to ensure the indicators aligned with the research objectives. Reliability testing was conducted on a limited basis through field trials on respondents with similar characteristics to ensure consistency of the instrument's measurements. The research was conducted through several stages, as follows:

1. Preparation Stage

   The researcher conducted a preliminary study, developed a research proposal, developed the assessment instruments, and obtained research permits from the village government and relevant agencies. Coordination with village officials and local health workers was also conducted at this stage.
2. Implementation Stage

   Data collection was conducted from February to April 2026 through direct interviews and community observations. The researcher and his team conducted home visits to respondents according to the predetermined sample list.
3. Data Collection and Processing Stage

   The collected data was checked for completeness (editing), then coding, data entry, and tabulation were carried out to facilitate analysis. The data were then analyzed according to the research objectives.

Data analysis was conducted using descriptive statistics to illustrate the frequency and percentage distribution of each research variable. The results of the analysis are presented in the form of frequency distribution tables and descriptive narratives. Data processing was carried out using Microsoft Excel and IBM SPSS Statistics software to facilitate the tabulation and analysis of the research data.

Results

This study was conducted in the community of Ilotidea Village, Tilango District, Gorontalo Regency, with 245 households (KK) across three hamlets. Respondent characteristics included gender, age, education, occupation, marital status, and access to health services.

Table 1. Population Distribution by Gender

No.	Gender	Total	Percentage (%)
1.	Male	219	89,4
2.	Female	26	10,6
	Total	245	100%

The results show that the majority of respondents were male (219 respondents (89.4%), while 26 respondents (10.6%) were female. This indicates that the majority of respondents interviewed were male heads of household.

Table 2. Population Frequency Distribution by Age

No.	Age	Number	Percentage (%)
1.	Adults (19-59 Years)	209	85,3%
2.	Pre-Elderly (60-69 Years)	26	10,6%
3.	Elderly (70-79 Years)	8	3,3%
4.	Late Elderly (≥80 Years)	2	0,8%
	Total	245	100%

The age distribution of respondents shows that the majority are in the adult category (19–59 years), with 209 respondents (85.3%). Pre-elderly respondents (60–69 years) comprised 26 respondents (10.6%), elderly (70–79 years) comprised 8 respondents (3.3%), and late elderly (≥80 years) comprised 2 respondents (0.8%). These data indicate that the productive age group dominates the study population.

Table 3. Frequency Distribution of Population by Education

No.	Education	Total	Percentage (%)
1.	Did not complete school	61	24,9%
2.	Elementary school/equivalent	77	31,4%
3.	Junior high school/equivalent	49	20,0%
4.	Senior high school/equivalent	54	22,0%
5.	Diploma/Bachelor's degree	4	1,6%
	Total	245	100%

The respondents' education level was dominated by elementary school/equivalent (77 respondents) (31.4%), followed by no schooling (61 respondents) (24.9%), high school/equivalent (54 respondents) (22.0%), junior high school/equivalent (49 respondents) (20.0%), and diploma/bachelor's degree (4 respondents) (1.6%). These results indicate that the community's education level is still relatively low.

Table 4. Frequency Distribution of the Population by Occupation

No.	Occupation	Number	Percentage (%)
1.	Not/Not Working	12	5%
2.	Housewives	37	15%

3.	Self-Employed	29	8%
4.	Laborers	67	27%
5.	Students/High School Students	32	13%
6.	Farmers/Fishermen	42	17%
7.	Traders	21	9%
8.	Drivers/Motorcycle Taxis/Transportation	5	2%
	Total	245	100%

Based on occupation, the majority of respondents worked as laborers (67 respondents (27%), followed by farmers/fishermen (42 respondents (17%), housewives (37 respondents (15%), students (32 respondents (13%), self-employed (29 respondents (8%), traders (21 respondents (9%), and drivers/motorcycle taxi drivers (5 respondents (2%). Furthermore, 12 respondents (5%) were not or did not work.

Table 5. Frequency Distribution of Population by Marital Status

No.	Ethnicity	Total	Percentage (%)
1.	Unmarried	6	2,4%
2.	Married	239	97,6%
	Total	245	100%

The majority of respondents (239 respondents (97.6%) were married, while 6 respondents (2.4%) were unmarried.

Table 6. Frequency Distribution of Distance from Home to Health Facilities

No	Distance from Home to Health Facilities	Total	Percentage (%)
1.	<1km	44	18%
2.	1-2km	184	75,1%
3.	>2km	17	6,9%
	Total	245	100%

Based on access to health facilities, the majority of residents (184 respondents) live within 1-2 km of their homes from health facilities, while 44 respondents (18%) live within less than 1 km, and 17 respondents (6.9%) live within more than 2 km.

Table 7. Frequency Distribution of History of Experiencing Symptoms During the Past 3 Months

No	History of Experiencing Symptoms During the Past 3 Months	Total	Percentage (%)
1.	Fever	82	33,5%
2.	Chills	32	13,1%
3.	Night sweats	3	0,8%
4.	Cough and cold for more than 2 weeks	9	3,7%
5.	Decreased appetite	6	2,4%
6.	Hypertension	36	14,7%

7.	Other	18	4,7%
8.	None	59	24,1%
	Total		

The study results showed that the most common health symptom experienced by the community during the past three months was fever, with 82 respondents (33.5%). In addition, 36 respondents (14.7%) experienced hypertension, 32 respondents (13.1%) experienced chills, 9 respondents (3.7%) experienced coughs and colds for more than two weeks, 6 respondents (2.4%) experienced loss of appetite, and 3 respondents (0.8%) experienced night sweats. Fifty-nine respondents (24.1%) reported not experiencing any specific health symptoms.

These findings indicate that infectious and non-communicable diseases remain major health problems in the Ilotidea Village community. The high number of fever cases is thought to be related to environmental conditions and high rainfall in recent months.

Table 8. Frequency Distribution of Health Insurance in Families

No	Health Insurance	Total	Percentage (%)
1.	BPJS	174	71,0%
2.	ASKES	70	28,6%
3.	None	1	0,4%
	Total	245	100%

The majority of respondents (174 respondents) had health insurance in the form of BPJS (Social Security Agency) (BPJS), while 70 respondents (28.6%) used ASKES (Health Insurance), and only 1 respondent (0.4%) did not have health insurance. This data indicates that public access to the national health insurance program is relatively good.

Table 9. Frequency Distribution of Nearest Health Facilities

No.	Nearest Health Facilities	Total	Percentage (%)
1.	Hospital	3	1,2%
2.	Integrated Health Post	82	33,5%
3.	Community Health Center	157	64,1%
4.	Clinic	3	1,2%
	Total	245	100%

The majority of respondents stated that the nearest health facility was a community health center (157 respondents (64.1%), followed by an integrated health post (82 respondents (33.5%), a hospital (3 respondents (1.2%), and a clinic (3 respondents (1.2%). This indicates that the community health center (Puskesmas) is the primary healthcare service center for the people of Ilotidea Village.

Table 10. Frequency Distribution of Family Habits of Seeking Help When Sick

No.	Family Habits of Seeking Help When Sick	Total	Percentage (%)
1.	Hospital	25	10,2%
2.	Community Health Center	7	2,9%
3.	Community Health Center	193	78,8%
4.	Practicing Doctor	18	7,3%
5.	Clinic	2	0,8%
	Total	245	100%

The results show that 193 respondents (78.8%) chose the community health center as their first point of contact for healthcare when sick. Twenty-five respondents (10.2%) chose the hospital, 18 respondents (7.3%) chose the practicing doctor, 7 respondents (2.9%) chose the community health center, and 2 respondents (0.8%) chose the clinic.

Table 11. Frequency Distribution of Family Habits Before Seeking Healthcare

No.	Family Habits Before Visiting a Healthcare Service	Total	Percentage (%)
1.	Buying over-the-counter medications	221	90,2%
2.	Herbal medicine	24	9,8%
	Total	245	100%

Most respondents (221 respondents) (90.2%) had the habit of buying over-the-counter medications before visiting a healthcare facility. Meanwhile, 24 respondents (9.8%) chose to use herbal medicine or traditional medicine. This finding indicates that self-medication practices are still quite high in the community.

Table 12. Frequency Distribution of Causes of Death

No	Cause of Death	Total	Percentage (%)
1.	Tuberculosis	1	0,4%
2.	Hypertension	2	0,8%
3.	Diabetes Mellitus	1	0,4%
4.	Other	63	25,7%
5.	Unknown	178	72,7%
	Total	245	100%

Based on the assessment results, the identified causes of death included hypertension in 2 cases (0.8%), tuberculosis in 1 case (0.4%), and diabetes mellitus in 1 case (0.4%). However, the majority of respondents, 178 respondents (72.7%), stated that the cause of death was unknown. This data indicates limited public record-keeping or knowledge regarding the causes of death of family members.

Supporting analysis indicates that the relatively low level of public education has the potential to influence health-seeking behavior and utilization of health services. The dominance

of informal sector employment, such as laborers and farmers, also indicates a link between socioeconomic conditions and public health behaviors.

Furthermore, although the majority of the community has health insurance and has good access to healthcare facilities, the habit of purchasing over-the-counter medications before seeking formal healthcare remains very high. This situation indicates that utilization of healthcare facilities is not yet optimal and is still influenced by self-medication behavior.

Overall, the research results indicate that the people of Ilotidea Village have adequate access to healthcare services, but still face several community health challenges, particularly related to health behaviors, infectious diseases, and non-communicable diseases. These findings can inform the development of health promotion programs and community nursing interventions based on the needs of the local community.

Discussion

The research results indicate that the Ilotidea Village community still faces various community health issues related to social conditions, health behaviors, and patterns of healthcare utilization. The main findings of the study indicate that adults dominate the population, with relatively low levels of education, and the majority work in the informal sector, such as laborers and farmers. Furthermore, the most common health symptoms experienced by the community are fever, hypertension, and respiratory disorders. Self-medication through purchasing over-the-counter medications remains the primary practice before utilizing formal healthcare facilities. Furthermore, the community has relatively good access to healthcare facilities, particularly community health centers (Puskesmas) and the national health insurance program.

This situation can be explained through the health behavior theory approach and the concept of community nursing, which states that education level, socioeconomic status, and access to health information significantly influence community behavior in maintaining health and making treatment decisions. Low levels of community education have the potential to impact individuals' ability to understand health information, recognize disease symptoms, and determine appropriate healthcare interventions. From a community nursing perspective, the behavior of purchasing over-the-counter medications before visiting a healthcare facility indicates that the community tends to self-medicate as a form of initial treatment that is perceived as easier, cheaper, and faster. However, these habits can increase the risk of delayed disease diagnosis if not balanced with adequate health knowledge. Furthermore, the high number of fever and respiratory disorders is suspected to be related to environmental factors, climate change, and community sanitation conditions, which still require attention through promotive and preventive approaches.

The results of this study align with previous research stating that rural communities in Indonesia still face challenges such as low health literacy and high self-medication practices (Ginting et al., 2025). Research by several community health researchers indicates that people with low levels of education tend to use over-the-counter medications more often than formal health services in the early stages of illness (Hidayati et al., 2018; Puspita, 2019). Furthermore,

other studies have reported that community health centers (Puskesmas) remain the primary choice for primary health care due to accessibility, affordability, and the existence of the national health insurance program (Hapsari et al., 2026; Siregar et al., 2025). However, this study demonstrates that despite adequate access to health services, changes in public health behavior have not been fully optimized. These findings reinforce previous research that the availability of health facilities is not always followed by increased health-seeking behavior without ongoing health education (Kosasih et al., 2022; Mardiana et al., 2019; Muallima et al., 2024).

This research has important theoretical and practical implications. Theoretically, the results support the concept of community nursing, which emphasizes the importance of a holistic approach to improving public health through community-based health problem identification. Practically, the results can serve as a basis for health workers, particularly community nurses and community health centers (Puskesmas), in developing more targeted health education programs on clean and healthy living behaviors, rational drug use, and the prevention of infectious and non-communicable diseases. Furthermore, this research has policy implications for village governments and health agencies to strengthen community-based promotive and preventive programs through empowering health cadres, conducting routine health education, and improving the quality of primary health care services at the village level.

However, this study has several limitations. The study was conducted in only one village, so the results cannot be broadly generalized to populations in other areas. Furthermore, data collection used interviews and questionnaires, which could potentially introduce subjective bias in respondents' responses. This study also used a descriptive approach, thus not being able to fully explain the causal relationships between variables. Based on these limitations, further research is recommended to employ an analytical design with a broader scope to more deeply identify factors influencing public health behaviors. Further research could also develop community-based interventions to improve health literacy, disease prevention behaviors, and optimal utilization of primary health care services. Thus, the research findings are expected to contribute significantly to the development of community nursing science and the sustainable improvement of public health.

Conclusion

This study shows that the community of Ilotidea Village, Tilango District, Gorontalo Regency, still faces various community health issues influenced by social characteristics, education level, health behaviors, and patterns of health service utilization. The majority of the community has adequate access to health facilities and health insurance, but self-medication through the use of over-the-counter medications remains predominant before seeking formal health services. Furthermore, the most common health problems experienced by the community include fever, hypertension, and respiratory tract disorders. The results of this study emphasize the importance of a community nursing approach in improving public health literacy through community empowerment-based promotive and preventive efforts. The research findings are expected to provide a basis for health workers, village governments, and related institutions in

developing more effective and sustainable health intervention programs. Future research is recommended to use an analytical design with a broader scope to more deeply identify factors influencing community health behaviors.

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