Aspects that Inspiration Compliance to Access to Health Facilities in Community Health Center Metinaro Municipality of Timor-Leste, 2025.

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Abstract

Introduction: According to the World Health Organization (WHO, 2024). The number of people using health services in India is 62.4 million people. In other parts of Asia, it was recorded in 31.4 million people who use health services still lack. In Timor-Leste, especially in the Municipality of Dili the total OPD patient in the health units of Metinaro reached 76,335 people, children (0-5 years) suffering from malnutrition reached 116 babies, fertility 804, mortality 176 people. This means that most people do not have full access to health facilities in Sabuli Administrative Post of Metinaro the Municipality of Dili Timor-Leste.

Research Objective: To discover the aspects that inspiration compliance to access to health facilities in Metinaro, Administrative Post of Metinaro the Municipality of Dili.

Research Methodology: In this study the researchers used quantitative methods correlate and use the probability sampling technique with simple random sampling type and use questionnaire to collect data.

Results Discussion: The result discussion was a bivariate analysis of 193 respondents living in coverage Administrative Post Metinaro the Municipality of Dili with bivariate analysis of knowledge with compliance (p value $0.000 < \alpha\ 0.05$), motivation with compliance (p value $0.000 < \alpha\ 0.05$), family support with compliance (p value $0.000 < \alpha\ 0.05$).

Conclusion: It is associated to knowledge, motivation, family support and compliance to access to health facilities in Metinaro is very important to understand that obedience in access the information about the public facilities and private facility be need cited by (Tilman CB., et al, 2025).

Keywords: Compliance, knowledge, motivation, support and comfort of health.

Introduction

The number of people using health services in India is 62.4 million people. So much in China 99.6 million people using the health service standards. While in other parts of Asia it was recorded in 39.4 million people using health services still lack it (Brigida, Anwar, Angrand, 2022). The service coverage index is constructed from sub-indices representing the four categories of Reproductive, Maternal, Newborn and Child Health (MNCH), Infectious disease, diseases, Non-Communicable Diseases (NCD) and capacity and access to services. And these sub-indices, together with the full-service coverage index, in modified Sustainable Development Goal (SDG) regions weighted by population size (World Health Organization, 2021). The Universal Health Coverage (UHC) coverage rate is highest in Europe and North America (79) and the East Asia Region (77), while Sub-Saharan Africa (48) and South Asia (56) have the lowest average values. The strongest gradient between regions is for the service capacity and access subindex; the average figure for sub-Saharan Africa is only 37 compared to 99 in East Asia. (WHO, 2021: cited by Tilman CB., et al, 2025).

According to the report of the General Directorate of Statistics in Timor-Leste (DGETL, 2022), total population in Timor-Leste Nation are 1,340,643 people, and in the Municipality of Dili is 324.738 people. The Administrative Post of Metinaro Sabuli has 5.654 people. According to the Statistics of the Municipality of Dili give collaboration to the Ministry of Health in 2019, the total OPD patient in the health units of Dili reached 78,335 people, children (0-5 years) suffering from malnutrition reached 116 babies, fertility 604, mortality 122 people. This means that most people do not have full access to health facilities in Metinaro. Given the importance of knowing the various factors that influence community obedience, the researcher wishes to conduct research on factors that influence the community's compliance with access to health facilities that is not only related to knowledge, but also in relation to the attitude, flexibility and commitment of the Government support cited by (Tilman CB., et al, 2025).

Research Objectives

General Objective

To discover the aspects that influence the compliance to access to health facilities in Sabuli Metinaro the Municipality of Dili Timor-Leste.

Specific Objectives:

- The knowledge aspect that influences compliance to access to health facilities.
- The motivation aspect that influences compliance to access to health facilities.
- The aspect that supports the family that influence the compliance for the access to the health facilities.

Theorical Framework

Compliance comes: from the word "compliance" in English. Compliance comes from the Latin word "obedire" which means to hear against. The meaning of compliance is to obey. Thus, compliance can be interpreted as the fulfillment of orders or rules. (Andi, 2021). Compliance comes from the word compliant. According to Hartono, compliance is a change of attitude and behavior following another person's request or order. It is said that someone who obeys other people if that person can trust, accept and do something at the request or order of another person. Based on Sarbaini's opinion that compliance is viewed from the perspective of people, compliance means the individual's willingness

to comply with the law. Compliance is automatically meaningful to comply with the rules, laws, regulations, and applied policy cited by (Andi, 2021; Tilman CB., et al, 2025). According to RDTL Republic Journal (2018) Compliance to such orders will be prompt and complete. In exceptional cases, in which the execution of an order may give rise to inconvenience or prejudice, the subordinate, being present the superior and not being in the act of graduation or alignment, may, having obtained the precise authorization, respectfully address to him the reflections he thinks appropriate; but, if the superior insists on the execution of the orders he has given, the subordinate will promptly obey, however, it has the right to complain to the competent authority in the manner prescribed by Articles 51 and 52 of those rules of Timor-Leste Low.

Compliance is divided into three forms of behavior, namely: Conformity, that society changes its attitude and behavior according to the way it does that action appropriate and acceptable to social demands; Compliance, or sej a, people do something about the request of another person whose authority is recognized; and Obedience, that is, people do the behavior above someone else's orders. Someone has complied with other people's request to perform certain behaviors because there are 1 potency elements. Aspects that influence compliance include: Motivation is the provision of driving force that creates interest for someone's work so that they are able to work together, work effectively and with integrity with all their efforts to achieve satisfaction. Motivation is something that is the main thing that encourages someone to work. **(Muhammad Ricky, 2022)**; Family support is a process of relationship between the family and its social environment that is accessible to the family that can support and provide assistance to family members, the support provided by the family makes family members able to function with a variety of intelligence and reason, so as to improve the health and adaptation of the family. (Novianty.R., 2021; cited by Tilman CB., et al, 2025); it is an internal factor of ownership of each individual in society. This factor will play an important role in influencing the intensity of compliance when you are in a weak situation and the choices are ambiguous or unsure and contain many things. The factors that depend on where the individual grew up and the role of the education received by the person responsible for the training.

Health facilities are general establishments refers to facilities or infrastructure facilities that manifested in the form of services provided by local governments and the private sector with the aim of maintaining and improving health. The functioning of a harmonious and structured health system, which enables the realization of the right to health protection, as a fundamental right of all citizens, implies the combination of efforts and activities of the public and private sector in the area of health, the recognition of the private sector as a complementary partner provided that it is properly regulated and supervised, and the establishment of the guidelines of the national health service that, effectively, provides adequate health care according to (MdS-TL, 2024). Some factors that can be cause access to health facility, the other factor that influence access to health facility is demographic characteristics as in most countries, the demographic census is the source of data on the characteristics of the most used population. Demographic data is needed to calculate various health indicators. Among all collectedin the national censusare: a) Total population by sex, age and ethnic group, b) Population growth, c) Proportion of urban and rural population, d) Raisin of dependence. In addition, demographic cen-

suses are secondary sources of data when they are used as the denominator of several health indicators (rates, proportions, ratios) such as mortality rate, incidence and prevalence of diseases, accidents and violence, prevalence of risk factors and sequelae of accidents and violence the proportion of hospital beds per population under study. (PAHO, 2019; cited by Tilman CB., et al, 2025).

Research Methodology

It uses quantitative method with descriptive cross-sectional study approximation and probability sampling technique (Probability Sampling), with the type simple random sampling (Simple Random Sampling) with sample is 193 respondents. We use collect with the questionnaire, the technical data analysis is univariate analysis to explain or describe the characteristics of each research variable (gender, age, marital status, level of education). Generally objective of univariate analysis to obtain result of distribution the frequency and percentage of each variable and bivariate analysis to perform between two variables that are thought to be related or correlated. Statistical test use Spearman Rank a=0.05, the significant level with 5% with rules like p< a (0.05) means there is a relationship and how much p>a means there is no relation. In this study, it conducts data entry using the computer program SPSS (Statistical Package for the Social Sciences) of version 25.

Results of Discussion

Table 1. Distribution of the frequency of subject characteristics based on age in Sabuli of Administrative Post in Metinaro the Municipality of Dili Timor-Leste.

Ages	Frequency (n)	(%)
10-25	63	32.64
26-45	83	43.01 Ads
46 to 80	47	24.35
Total	193	100

Based on table 1 above it shows that the total respondents with age group 10-25 years is 63 people with 32.64%, age group 26-45 years is 83 people with 43.01% and last age group 46-8 0 years is 47 people with 24.35%. From the above results it can be concluded that the majority respondents are the age group 26-45 years is 83 people with 43.01% and minority of respondents is the age group 46-80 years is 47 people with 24.35% in the research study.

Table 2. Distribution the frequency of characteristic subject based on sex.

Sex	Frequency (n)	(%)
Male	97	50.26
Female	96	49.74
Total	193	100

Based on table 2 above it shows that the total male respondents are 97 people with 50.26% and female is 96 with 49.74**%.** From the above results it can be concluded that the majority of respondents is male is 97 people with 50.26% and minority of respondents is female 96 people with 49.74%, according to the survey result, 2025.

Table 3. Frequency distribution based on respondents' knowledge.

Knowledge	Frequency (n)	(%)
Good	41	21.66
Sufficiente	121	64.2
No good	31	15.96
Total	193	100

Based on table 3 above it shows that the total of respondents with good knowledge is 41 people with 21.66%, sufficient knowledge is 121 people with 62.04%, bad knowledge is 31 people with 15.96%. From the above results it can be concluded that the majority respondents are sufficient knowledge is 121 people with 62.04% and minority of respondents is bad knowledge is 31 people with 15.96%

according to the research result, 2025.

Table 4. Frequency distribution based on respondent motivation.

Motivates	Frequency (n)	(%)
Good	51	26.2
Enough	116	60.4
No good	26	13.38
Total	193	100

Basing with table 4. above shows that the total of respondents with good motivation is 51 people with 26.2%, sufficient motivation is 116 people with 60.4%, bad motivation is 26 people with 13.38%. From the above results it can be concluded that the majority has sufficient motivation is 116 people with 60.4% and minority of respondents is the bad motivation is 26 people with 13.38% according to the survey result, 2025.

Table 5. Frequency distribution based on support from the study family.

Family support	Frequency (n)	(%)
Good	40	21.08
Enough	131	67.58th
No good	11	11.42nd
Total	193	100

Based on table 5 above shows that the total respondents with good family support is 40 people with 21.08%, sufficient family support is 131 people with 67.58%, bad family support is 11 people with 11.42%. From the above results it can be concluded that the majority respondents are enough family support is 131 people with 67.58% and minority of respondents is bad family support is 11 people with 11.42%, on the basis of the study in 2025.

Table 6. Frequency distribution based on obedience's in the study.

Compliance's	Frequency (n)	(%)
Positive	89	46.24
Negative	104	53.76
Total	193	100

Based on table 6 above the total respondents with positive is 89 people with 46.24%, negative is 104 people with 53.76%. From the above results it can be concluded that the majority respondents have negative obedience is 104 people with 53.76% and minority of respondents is the positive is 89 people with 46.24%, in the base of study conducted in 2025.

Table 7. Test result correlation between knowledge and compliance.

Correlation		Knowledge	Compliance
Knowledge	Pearson Correlation	1	.605**
	Sig. (2-tailed)		.000
	N	193	193
Compliance	Pearson Correlation	.605**	1
	Sig. (2-tailed)	.000	
	N	193	193

Based on table 7, it is shown that knowledge is related to compliance to access to health facilities, with the result statistical analysis: Pearson Correlation coefficient, with strong category, with r = 0.605, with its significant value p value 0.000. shows that the value 0.000 and less than 0.005 It means that Ha accepted has a significant relationship between knowledge and compliance to access to health facilities.

Table 8. Test result correlation between motivation and compliance.

Correlation		Motivation	Compliance
Motivation	Pearson Correlation	1	.442**
	Sig. (2-tailed)		.000
	N	193	193
Compliance	Pearson Correlation	.442**	1
	Sig. (2-tailed)	.000	
	N	193	193

Based on table 8, it is shown that motivation is related to compliance to access to health facilities, with the result statistical analysis: Pearson Correlation coefficient, with strong category, partially with r value = 0.442, with its significant value p value 0.000. shows that the value 0.000 and less than 0.005 It means that Ha accepted has a significant relationship between motivation and compliance to access to health facilities.

Table 9. Test result correlation between family support and compliance.

Correlation		Support from the family	Compliance
Support from the-family	Pearson Correlation	1	.573**
	Sig. (2-tailed)		.000
	N	193	193
Compliance	Pearson Correlation	.573**	1
	Sig. (2-tailed)	.000	
	N	193	193

Based on table 9, it is shown that family support is related to compliance to access to health facilities, with the result statistical analysis: Pearson Correlation coefficient, with strong category, partially with r = 0.573 with its significant value p value 0.000. shows that the value 0.000 and less than 0.005 It means that Ha accepted has a significant relationship between support to the family and compliance to access to health facilities; quoted by (Tilman CB., et al, 2025).

Conclusion
Knowledge

Based on the research result that researcher are researching with 193 samples in the Sabuli Administrative Post of Metinaro the Municipality of Dili Timor-Leste, it is shown that the result test reability of knowledge is 0.769 meaning that the reability have value Alpha Cronbach count greater than 0.60 limitation alpha cronbach. Based on the table above it is shown that the majority of respondents have sufficient knowledge is 121 people with 62.04% and minority of respondents is bad knowledge is 31 people with 15.96%, based on the study conducted.

Based on table 3, it is shown that knowledge is related to compliance to access to health facilities, with the result statistical analysis: Pearson Correlation coefficient, with strong category, with r value = 0.605, with its significant value p value 0.000. shows that the value 0.000 is less than 0.005; It means that Ha accepted has a significant relationship between knowledge and compliance to access to health facilities. Based on the table above shows the beta value of knowledge is 0.363 can be said that this variable has a positive relationship with obedience to access to health facilities, so it is shown that the variable knowledge has a relationship 36.3% and remains 63.7% is related to other variables that do not research is personality, environment and trust.

Motivation

Based on the result of research that researchers surveyed with 193 samples in the Sabuli Village, Administrative Post of Metinaro the Municipality of Dili shows that test result reability motivation is 0.785 means reability because value Alpha Cronbach count more than 0.60 limitation alpha cronbach. Based on the table above it is shown that the majority respondents have sufficient motivation is 116 people with 60.4% and minority of respondents is bad motivation is 26 people with 13.38%. Based on the table above, it is shown that motivation is related to compliance to access to health facilities, with the result: statistical analysis, Pearson Correlation coefficient, with strong category, partially with r = 0.442 with its significant value p value: 0.000. shows that the value 0.000 and less than 0.005, means that Ha accepted has a significant relationship between motivation and compliance to access to health facilities. Based on table 4.6 shows the beta value of motivation is 0.129 can be said that this variable has a positive relationship with compliance to access to health facilities, so it is shown the variable motivation has a relationship 12.9% and remains 87.1% is related to other variables that do not research is personality, environment and trust according to the research result cited by (Tilman CB., et al, 2025).

Family Support

Based on the research result that the researchersare researchingwith 193 samples in the Sabuli Administrative Post of Metinaro the Municipality of Dili Timor-Leste it is shown that the result test reability family support is 0.773 means reability because Alpha Cronbach value count greater than 0.60 Alpha Cronbach limitation. Based on the table above it is shown that the majority respondents have enough family support is 131 people with 67.58% and mi-nority of respondents is bad family support is 11 people with 11.42%. Based on the table above, it is shown that family support is related to compliance to access to health facilities, with the result: statistical analysis: Pearson Correlation coefficient, with strong category, partially with r = 0.573 with a significant value p value of 0.000. shows that the value 0.000 and less than 0.005, means that Ha accepted has a significant relationship between family support and compliance to access to health facilities. Based on the table above shows the beta value of family support is 0.415 can be said that this variable has a positive relationship with compliance to access to health facilities, so it is shown the variable family support has a relationship 41.5% and remains 58.5% is related to other variables that do not research is personality, environment and trust cited by (Tilman CB., et al, 2025).

Compliance

Based on the result of researchthat researchers surveyed with 193 samples in the Sabuli Administrative Post of Metinaro the Municipality of Dili it is shown that the result of test reability of compliance is 0.774 means reability because value Alpha Cronbach count more than 0.60 limitation alpha cronbach. Based on the table above shows that the majority of respondents have negative compliance is 104 people with 53.76% and minority of respondents is positive is 89 people with 46.24% Based on the table above shows that the correlation value **R** 0.870 this means has relationship between variable knowledge, motivation and family support for compliance to access to health facilities that with very strong category. And R Square value 0.756 shows that the factor knowledge, motivation and support to the family with value 75.6% and remains 24.4% is related to other variables that do not research is personality, environment and confi-

dence. In the end, it is related to knowledge, motivation, family support with compliance to access to health facilities cited by (Tilman CB., et al, 2025).

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