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Community Needs and Expectations in the Utilization of Community Health Center Services: A Literature Review

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ABSTRACT

Purpose: This literature review aims to identify and analyze community needs and expectations regarding the utilization of services provided by Community Health Centers (Puskesmas). Methods: A literature search was conducted across several electronic databases using combinations of keywords related to community needs, community expectations, healthcare service utilization, and Community Health Centers. Articles were selected based on predetermined inclusion and exclusion criteria and were subsequently analyzed and synthesized using a descriptive narrative approach. Results: The findings indicate that community needs and expectations regarding Community Health Center services include ease of access, availability of healthcare workers, adequacy of facilities and medicines, timely service delivery, staff competence, friendly and responsive attitudes, clarity of information, affordability, and continuity of care. The utilization of Community Health Center services is also influenced by community characteristics, perceptions of service quality, previous experiences, distance from the facility, waiting time, family support, and trust in healthcare professionals. A mismatch between the services received and community expectations may reduce satisfaction, trust, and willingness to reuse the services. Implications: Community Health Centers should regularly assess community needs and expectations, improve the quality of human resources, strengthen facilities and service systems, and develop services that are accessible, responsive, and community-oriented. These efforts are expected to enhance satisfaction, trust, and the sustainable utilization of Community Health Center services.

Keywords: Community Needs; Community Expectations; Service Utilization; Healthcare Services; Community Health Centers.

INTRODUCTION

Primary healthcare is a fundamental component of the health system because it serves as the first point of contact for communities seeking promotive, preventive, curative, rehabilitative, and palliative services. Primary healthcare is intended not only to treat illness but also to bring healthcare services closer to communities, meet health needs throughout the life course, and empower individuals, families, and communities to maintain their health. A strong primary healthcare system should be oriented toward community needs and respect service users' preferences in order to improve equitable access, efficiency, and health outcomes (1).

In Indonesia, the Community Health Center, or *Puskesmas*, is a first-level healthcare facility responsible for providing and coordinating healthcare services within its designated service area. Puskesmas plays a strategic role in delivering accessible, high-quality, comprehensive, and continuous healthcare services to individuals, families, groups, and communities. In its implementation, Puskesmas prioritizes promotive and preventive activities without neglecting curative, rehabilitative, and palliative services. This role has been further strengthened through the

Primary Healthcare Transformation and Integrated Primary Healthcare policies, which emphasize life-course-based services, stronger healthcare networks, and community empowerment (2).

Although Puskesmas is available as a healthcare facility located close to the community, its presence does not always guarantee optimal utilization. Healthcare utilization refers to the actions of individuals or groups in seeking, obtaining, and using services when experiencing health problems or requiring preventive care. The decision to use Puskesmas services may be influenced by perceived health needs, knowledge, attitudes, socioeconomic characteristics, health insurance ownership, place of residence, previous service experiences, and access to healthcare facilities. Wulandari et al. (2023) identified regional differences in primary healthcare utilization across Java and found that place of residence, age, sex, marital status, employment, wealth level, and health insurance ownership were associated with the use of primary healthcare services (3).

Community needs constitute an important basis for the utilization of Puskesmas services. These needs may include medical examinations, treatment, maternal and child health services, immunization, chronic disease management, elderly healthcare, counselling, rehabilitation, and health promotion and disease prevention. Such needs may vary according to age, health status, level of risk, socioeconomic conditions, culture, and regional characteristics. Therefore, services provided by Puskesmas should be aligned with local health problems and community priorities so that available resources can be used effectively and appropriately (4).

In addition to needs, community expectations are an important factor in determining how services are evaluated and whether they will be used again. Expectations describe the type of service desired by community members before or during service delivery, including competent and friendly healthcare workers, short waiting times, simple procedures, clear information, medicine availability, adequate facilities, affordable costs, and continuity and certainty of care. People-centred healthcare should respond to users' needs, values, and preferences while providing opportunities for community participation in service planning and improvement (5).

The alignment between community needs and expectations and the services received can shape perceptions of service quality. When services are considered capable of meeting needs and matching or exceeding expectations, community members are more likely to feel satisfied, trust healthcare professionals, and be willing to use the services again. Conversely, a mismatch between expectations and service experiences can cause dissatisfaction, reduce trust, and decrease the willingness to return to Puskesmas. Research on primary healthcare services in Bondowoso showed that meeting patient expectations is an important component of improving satisfaction and implementing patient-centred care (6).

A study conducted by Tahir et al. (2025) at Lawawoi Community Health Center showed that community needs and expectations had a significant relationship with perceptions of service quality. Interactions between healthcare workers and patients, cultural values, communication, and the alignment of services with community conditions contributed to users' evaluations. The study emphasized that services aligned with community needs and expectations can improve satisfaction, trust, engagement, and the sustainable utilization of healthcare services (7)

Service quality may also influence people's decisions to use, reuse, or recommend Puskesmas services to others. Dimensions such as reliability, responsiveness, assurance, empathy, and facility conditions are frequently considered by community members when evaluating services. A study at Jaddih Community Health Center showed that community perceptions of service quality were associated with utilization, repeat visits, and willingness to recommend the service. These findings indicate that the analysis of Puskesmas utilization should consider not only service availability but also users' experiences and evaluations of the quality of care received (8).

However, the available studies still tend to examine community needs, expectations, satisfaction, service quality, and service utilization separately. Some studies only assess patient satisfaction after receiving services, while others place greater emphasis on demographic factors, accessibility, or service quality. Studies integrating findings on the forms of community needs, expectations regarding services, and their relationship with decisions to utilize Puskesmas remain dispersed across different locations, population groups, and types of services. This condition indicates the need for a literature synthesis to provide a more comprehensive understanding of community needs and expectations in the utilization of Puskesmas services.

Based on the preceding discussion, this literature review aims to identify and analyze community needs and expectations in the utilization of Puskesmas services. The review is expected to provide a scientific basis for Puskesmas managers and policymakers in designing services that are responsive, accessible, high-quality, community-oriented, and appropriate to the characteristics and health needs of each service area.

METHOD

This study employed a literature review method to identify and analyze community needs and expectations in the utilization of services provided by Community Health Centers (*Puskesmas*). The article search, screening, and selection processes followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, which include the identification, screening, eligibility assessment, and inclusion stages. The PRISMA guidelines were applied to ensure that the literature selection process was conducted and reported systematically, transparently, and in a traceable manner. The review question was: "What are the needs and expectations of communities in utilizing Puskesmas services?" Articles were searched through PubMed, Scopus, ScienceDirect, and Google Scholar. The search was limited to articles published between 2016 and 2026, available in full-text format, and written in either Indonesian or English. The final search was conducted on July 2, 2026. The search strategy used English keywords, including *community needs*, *public needs*, *patient needs*, *community expectations*, *patient expectations*, *service expectations*, *health service utilization*, *healthcare utilization*, *primary health care*, *community health center*, *public health center*, and *Puskesmas*. These keywords were combined using the Boolean operators AND and OR. The main search strategy was formulated as follows: *("community need" OR "public need*" OR "patient need*" OR "community expectation*" OR "patient expectation*" OR "service expectation*") AND ("health service utilization" OR "healthcare utilization" OR "health service use" OR utilization OR utilisation) AND ("primary health care" OR "primary healthcare" OR "community health center*" OR "public health center*" OR puskesmas)**. To broaden the search results, several additional search combinations were applied separately: *("community need" OR "patient need*") AND ("primary health care" OR "community health center*" OR puskesmas)**, *("community expectation" OR "patient expectation*" OR "service expectation*") AND ("primary health care service*" OR "community health center*" OR puskesmas)**, *("community need" OR "community expectation*") AND ("healthcare utilization" OR "health service utilization") AND ("primary care" OR puskesmas)**, The search for Indonesian-language articles used the keywords "kebutuhan masyarakat," "harapan masyarakat," "kebutuhan pasien," "harapan pasien," "pemanfaatan pelayanan kesehatan," "pelayanan kesehatan primer," "pelayanan Puskesmas," "pusat kesehatan masyarakat," "akses pelayanan," and "kunjungan Puskesmas." Keyword combinations were adjusted according to the search characteristics and indexing system of each database.

Inclusion Criteria

Articles were included in the review when they met the following criteria:

1. Original research articles employing quantitative, qualitative, or mixed-methods designs.
2. Examined community needs and/or expectations regarding healthcare services.
3. Analyzed service utilization, use, visits, access, or community decisions to use Puskesmas services or comparable primary healthcare facilities.
4. Study participants consisted of community members, patients, patients' family members, or primary healthcare service users.
5. Conducted in Puskesmas, community health centers, or primary healthcare facilities with similar characteristics.
6. Published between 2016 and 2026.
7. Available in full-text format.
8. Written in either Indonesian or English.

Exclusion Criteria

Articles were excluded when they met any of the following criteria:

1. Did not discuss community needs or expectations regarding healthcare services.
2. Did not examine healthcare utilization, access, use, or service visits.
3. Were conducted exclusively in hospitals, specialized clinics, or referral healthcare facilities without any relationship to primary healthcare services.
4. Focused solely on patient satisfaction without relating it to needs, expectations, or service utilization.
5. Included only healthcare workers or facility managers as respondents without incorporating the perspectives of community members or service users.

6. Were literature reviews, systematic reviews, editorials, commentaries, books, undergraduate theses, master's theses, dissertations, or conference proceedings available only in abstract form.
7. Were identified as duplicate publications.
8. The full text could not be obtained.

Article Selection Process

Article selection was conducted according to the PRISMA stages. During the identification stage, all articles retrieved from PubMed, Scopus, ScienceDirect, and Google Scholar were collected. Records identified as duplicates were removed before entering the screening process. During the screening stage, article titles and abstracts were examined for their relevance to community needs, community expectations, healthcare service utilization, and Puskesmas services. Articles that were not relevant to the topic or did not meet the initial criteria were excluded. Articles that passed the screening stage proceeded to the eligibility assessment through full-text review. At this stage, each article was examined in greater depth according to the predetermined inclusion and exclusion criteria. Articles that met all criteria were included and analyzed in the literature review. The numbers of articles identified, excluded, assessed for eligibility, and included in the review were presented in a PRISMA flow diagram.

Data Analysis

The data were analyzed using a descriptive narrative approach. Findings from each article were compared, summarized, and grouped according to thematic similarities. The findings were categorized into three main themes:

1. community needs regarding Puskesmas services;
2. community expectations regarding the quality and delivery of Puskesmas services; and
3. factors influencing the utilization of Puskesmas services.

Community needs were classified according to the need for promotive, preventive, curative, and rehabilitative services; maternal and child health services; chronic disease services; medicines; health information; and continuity of care. Community expectations were grouped according to ease of access, service speed, staff friendliness, healthcare worker competence, clarity of information, medicine availability, adequacy of facilities, affordability, and service comfort. Factors influencing service utilization were further classified into individual characteristics, socioeconomic conditions, accessibility, health needs, perceived quality, previous service experiences, family support, health insurance ownership, distance from the facility, waiting time, and trust in healthcare professionals. The findings were presented in a table summarizing the characteristics of the included articles and in a narrative synthesis to provide a comprehensive overview of community needs and expectations in the utilization of Puskesmas services.

RESEARCH RESULTS AND DISCUSSION

Research Results

Article Selection Process

The article search and selection process was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. The initial search across PubMed, Scopus, ScienceDirect, and Google Scholar identified 1,251 articles. After removing 231 duplicate articles, 1,020 articles proceeded to title and abstract screening.

During the screening stage, 930 articles were excluded because they were not relevant to the research topic, did not discuss community needs and expectations, did not examine the utilization of Puskesmas or primary healthcare services, or did not meet the inclusion criteria. Subsequently, 90 articles were sought for full-text retrieval. However, 5 articles could not be obtained; therefore, 85 full-text articles were assessed according to the inclusion and exclusion criteria.

Following the eligibility assessment, 65 articles were excluded. These articles were excluded because the studies were not conducted in Puskesmas or primary healthcare facilities (n = 18), did not discuss community needs or expectations (n = 17), did not examine healthcare service utilization (n = 14), were not original research articles (n = 9), or did not involve community members or service users as respondents (n = 7). Consequently, 20 articles met the eligibility criteria and were included in the literature review. The article selection process is presented in the PRISMA flow diagram in Figure 1.

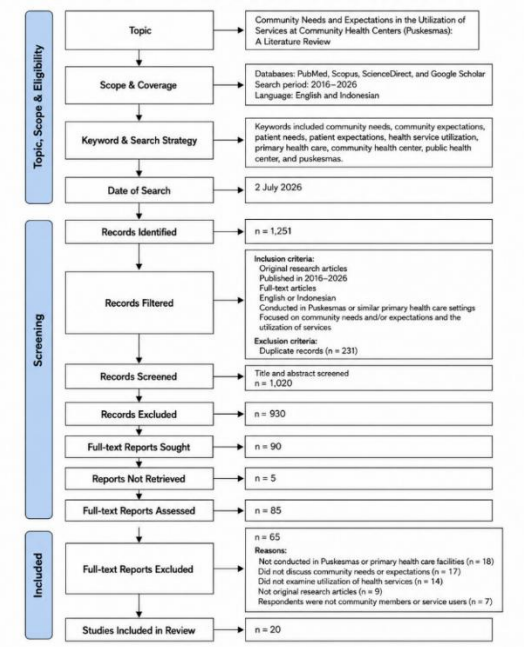

Figure1. Prisma 2020 Flow Diagram

Article Characteristics

The selected articles examined community needs and expectations, accessibility, service quality, patient satisfaction, facility readiness, and factors influencing the utilization of Puskesmas and primary healthcare services in Indonesia.

The research designs were diverse and included quantitative cross-sectional studies, national survey data analyses, multilevel analyses, spatial analyses, qualitative studies, and mixed-methods research. Some studies focused on the general population, while others involved Puskesmas patients, National Health Insurance participants, older adults, users of maternal healthcare services, patients with non-communicable diseases, and users of pharmaceutical services at Puskesmas.

The variables examined included healthcare needs, expectations regarding information and staff attitudes, geographic accessibility, health insurance ownership, availability of healthcare workers, adequacy of medicines and facilities, waiting time, service experiences, satisfaction, trust, loyalty, and community decisions to reuse healthcare services. Service utilization was assessed based on the number of visits, use of outpatient services, choice of primary healthcare facilities, repeat visits, and utilization of specific services, such as maternal healthcare and non-communicable disease control services.

Table 1. Synthesis of Community Needs and Expectations in the Utilization of Puskesmas Services

Theme	Main Findings	Implications for Puskesmas
Alignment of services with health needs	Communities require promotive, preventive, curative, and rehabilitative services, as well as maternal and child health services, chronic disease management, pharmaceutical services, and health information.	Puskesmas should design services based on local health problems and the characteristics of communities within their service areas.
Geographical accessibility	Distance, road conditions, transportation, archipelagic geography, and facility location influence healthcare service utilization.	Mobile healthcare services, auxiliary Puskesmas, Posyandu networks, and referral systems should be strengthened.
Availability of healthcare workers	Shortages of physicians, midwives, nurses, and pharmaceutical personnel may limit the services received by communities.	The placement and distribution of healthcare workers should be adjusted to regional needs.
Availability of medicines and facilities	The unavailability of medicines, diagnostic equipment, waiting rooms, and examination facilities reduces public perceptions of service quality.	Medicine inventory management, facility maintenance, and the availability of medical equipment should be improved.
Procedures and waiting times	Long queues, complicated registration procedures, and uncertainty regarding service times reduce community convenience.	Registration systems, queue management, service schedules, and service pathways should be simplified.

Staff competence	Communities expect accurate examinations, appropriate treatment, and healthcare workers who are capable of managing health problems.	Staff training and competency development should be conducted continuously.
Staff communication and attitudes	Friendliness, empathy, clarity of information, respect, and privacy are important components of community expectations.	Healthcare workers should develop communication that is easy to understand, patient-centred, and culturally sensitive.
Costs and health insurance	Health insurance ownership and the clarity of administrative procedures influence healthcare service utilization.	National Health Insurance administration should be simple, transparent, and easy to understand.
Continuity of care	Communities require follow-up care, chronic disease monitoring, and clear referral procedures.	Coordination between Puskesmas, healthcare service networks, and referral hospitals should be strengthened

Source: Results of the literature review synthesis.

Literature Synthesis Results

The synthesis results indicate that community needs and expectations in the utilization of Puskesmas services can be grouped into several main themes, namely the suitability of service types to health needs, ease of access, availability of healthcare workers and medicines, service timeliness, staff competence and communication, facility comfort, affordability, continuity of care, and community trust in Puskesmas. Communities tend to utilize Puskesmas when the available services are perceived as capable of addressing their health problems, easily accessible, affordable, and professionally delivered. Conversely, long distances, limited transportation, shortages of healthcare workers, unavailability of medicines, complicated procedures, long waiting times, and poor service experiences may reduce people's willingness to use or return to Puskesmas services (9). The availability of services should also correspond to the disease patterns within the community. Research on the readiness of Puskesmas to provide cardiovascular services showed that some facilities still faced limitations in essential medicines and diagnostic capacity. These conditions may result in community needs for the detection, treatment, and management of chronic diseases not being fully met (10). The community's need for medicines is an important component of Puskesmas services. A national study showed that the availability of essential medicines still varied across regions in Indonesia. Medicine shortages may create additional costs, require patients to purchase medicines elsewhere, and reduce trust in the ability of Puskesmas to meet community service needs (11). Healthcare needs are also inseparable from accessibility. People living in remote and archipelagic areas require services that can be reached through transportation support, mobile health services, networks of auxiliary Puskesmas, and a more equitable distribution of healthcare workers. A spatial analysis in Maluku identified inequalities in the distance to Puskesmas and in the distribution of healthcare personnel, with many facilities still experiencing shortages of doctors and midwives.

Community Expectations Regarding Puskesmas Services

Community expectations refer to the type of services that people believe they should receive when visiting a Puskesmas. Communities expect services that are fast, easy to access, safe, appropriate, affordable, and delivered by healthcare workers who are competent, friendly, responsive, and communicative. Community expectations are related not only to treatment outcomes but also to the service delivery process. Communities expect healthcare workers to provide explanations that are easy to understand, treat patients respectfully, maintain confidentiality, allocate sufficient time to listen to complaints, and involve patients in decisions concerning their health. Research on physicians' professionalism in primary healthcare facilities has shown that communication skills are considered a highly important attribute of professionalism from the patient perspective (12). A study conducted in 47 Puskesmas in Makassar City identified gaps between patient expectations and their actual experiences regarding drug information services. These gaps involved information about adverse effects, drug interactions, storage methods, management of missed doses, overdose, previous medication use, and drug allergies. These findings indicate that communities expect more comprehensive information tailored to the characteristics and needs of individual patients (13). Communities also expect adequate facilities, medicines, medical equipment, operating hours, and affordable service costs. A study examining public perceptions of healthcare services in Jakarta showed that staff friendliness, the quality of facilities, the availability of medicines and medical equipment, service costs, operating hours, and distance were among the factors used by communities to evaluate healthcare services.

Factors Influencing the Utilization of Puskesmas Services

The utilization of Puskesmas services is influenced by health needs, individual characteristics, the ability to access services, and previous experiences with service quality. Individual factors include age, sex, education, occupation, marital status, perceptions of health conditions, and the presence of illness. Research conducted in Java showed that primary healthcare utilization differed across provinces. In addition to place of residence, utilization was associated with age, sex, marital status, employment, socioeconomic status, and health insurance ownership. Individuals with health insurance were more likely to utilize primary healthcare services than those without insurance. National Health Insurance membership may reduce financial barriers, but it does not necessarily guarantee that people will choose Puskesmas services. Research conducted in Samarinda showed that the utilization of primary healthcare services under the National Health Insurance system was influenced by perceived needs, accessibility, service experiences, and participant characteristics. A study conducted in Bandung also showed that communities considered location, service quality, trust, facilities, and provider characteristics when selecting primary healthcare facilities (14). Geographic factors play an important role in healthcare utilization. The density of healthcare facilities and proximity to healthcare providers contribute to inequalities in service utilization across regions. Areas with fewer healthcare facilities or greater travel distances tend to experience greater barriers to service utilization (15). In addition to accessibility, previous service experiences influence decisions to return to the same healthcare facility. Patient satisfaction has been associated with loyalty to both public and private primary healthcare facilities. Patients who receive timely services, effective communication, attentive care from healthcare workers, and adequate medical treatment are generally more willing to return to the same facility.

Interrelationship Among Needs, Expectations, and Service Utilization

Health needs are the initial reason individuals seek healthcare services, while expectations serve as the standards used to evaluate the services received. When services are available and capable of meeting community needs, people are more likely to perceive Puskesmas as a relevant and beneficial healthcare facility. After receiving services, community members compare their actual experiences with their previous expectations. When the services meet or exceed expectations, satisfaction and trust are likely to increase. Conversely, when the services fail to meet expectations, people may feel disappointed, lose trust, choose other healthcare facilities, practice self-medication, or delay seeking care. This relationship indicates that increasing Puskesmas visits cannot be achieved solely through health promotion activities or requirements to follow the referral system. Puskesmas must also ensure the availability of appropriate services, medicines, healthcare workers, information, facilities, and effective communication that correspond to community needs. Studies on patient loyalty have shown that satisfaction, trust, service quality, and patient experience are factors associated with the reuse of primary healthcare facilities. Therefore, meeting community needs and expectations can be regarded as a fundamental basis for maintaining the sustainable utilization of Puskesmas services (16).

Discussion

Overall, the review findings indicate that the utilization of Puskesmas services results from the interaction among health needs, community expectations, accessibility, facility readiness, and service quality. Communities are more likely to use Puskesmas when the services are perceived as relevant to their health problems, easily accessible, affordable, comprehensive, and professionally delivered. Access should not be understood solely as the distance between a person's residence and the Puskesmas. It also includes the availability of transportation, travel costs, operating hours, waiting time, administrative procedures, National Health Insurance membership, the availability of healthcare workers, the adequacy of medicines, and the ability of staff to provide appropriate services. National studies and research in archipelagic regions have shown that the unequal distribution of healthcare facilities and personnel remains a major barrier for communities. The findings also demonstrate that technical quality and interpersonal quality are equally important. Communities need accurate diagnoses, available medicines, and competent healthcare workers. However, they also expect friendliness, empathy, clear information, respect for privacy, and opportunities to express complaints. Service quality improvement should be carried out continuously. Research conducted in three Puskesmas showed that successful quality improvement was influenced by leadership, staff involvement, multidisciplinary collaboration, a culture of quality, resource support, and accreditation.

Improvements in facilities alone are insufficient when they are not supported by an organizational culture that is responsive to users' needs. Community needs and expectations also vary across regions and population groups. Urban communities may place greater emphasis on service speed, waiting time, queue systems, and digital information. Communities in remote areas may require easier transportation, a more equitable distribution of healthcare workers, mobile services, and the availability of medicines and diagnostic equipment. Pregnant women may require family support, effective communication, a sense of safety, and culturally sensitive care when utilizing maternal health services at Puskesmas (17). Therefore, a single standardized service model may not adequately meet the needs of all Puskesmas. Service planning should be based on local health problems, population characteristics, geographic conditions, facility capacity, and community input within each service area.

Implications for Puskesmas Management

The findings of this review have several implications for Puskesmas management. First, Puskesmas should periodically identify community needs and expectations through patient satisfaction surveys, community self-assessment surveys, community consultation meetings, focus group discussions, service utilization data, suggestion boxes, and complaint analyses. Second, the types and capacity of services should be adjusted to the health problems within each service area. Areas with a high burden of chronic diseases require continuous examination, medication, laboratory, monitoring, and health education services. Areas with geographical limitations require mobile services and stronger healthcare service networks (18). Third, Puskesmas should improve registration systems, queue management, service schedules, and information delivery. Certainty regarding service times, clear service pathways, and simple administrative procedures can improve convenience and reduce barriers to access. Fourth, staff competency development should include both clinical and communication skills. Healthcare workers should be able to provide complete and understandable information, respect community culture, protect patient privacy, and involve patients in healthcare decision-making (19). Fifth, managers should ensure the availability of medicines, medical equipment, healthcare personnel, and supporting facilities. A mismatch between promoted services and the actual capacity of the facility to deliver those services may reduce community trust (20). Sixth, Puskesmas should establish clear feedback mechanisms. Community complaints should be documented, analyzed, followed up, and used as a basis for continuous quality improvement.

Study Limitations

This review has several limitations. Most of the included studies employed cross-sectional designs; therefore, causal relationships among community needs, expectations, service quality, satisfaction, and the utilization of Puskesmas services could not be established. The study locations also varied, and several studies were conducted in only one Puskesmas, city, or province. Consequently, findings from a particular region may not fully represent the conditions of all Puskesmas across Indonesia. Differences in definitions and measurement instruments used to assess needs, expectations, quality, satisfaction, access, and utilization made the findings across studies not entirely comparable. Some studies also relied on respondents' perceptions or recollections, which may have introduced information and recall bias. Studies involving only Puskesmas users may not adequately represent the needs of people who have never or rarely used Puskesmas services. These groups may experience access barriers, distrust, or negative service experiences that require further investigation.

CONCLUSION

Based on the literature review findings, community needs and expectations are closely related to the utilization of Puskesmas services. Communities require healthcare services that are relevant to their health problems, easily accessible, affordable, comprehensive, safe, and continuous. Communities expect healthcare workers to be competent, friendly, responsive, and communicative. They also expect simple procedures, short waiting times, adequate medicine availability, comfortable facilities, and a clear referral system. The utilization of services is also influenced by individual characteristics, health conditions, health insurance ownership, distance, transportation, previous service experiences, satisfaction, and trust. Puskesmas should periodically assess community needs and expectations, involve community members in service planning, strengthen human resources and facilities, improve staff communication, and develop

continuous evaluation and quality improvement mechanisms. Responsive and community-oriented services are expected to increase satisfaction, trust, and the sustainable utilization of Puskesmas services.

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