

CORRELATION OF PREDISPOSING, ENABLING, AND NEED FACTOR OF PROGRAM KELUARGA HARAPAN PARTICIPANTS TOWARD UTILIZING PRIMARY HEALTHCARE

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ABSTRACT

Introduction: Program Keluarga Harapan (PKH) is a program aimed to reduce the vulnerability of the poor through conditional cash assistance for household need such as access to health and education services, immunization, and family nutrition fulfillment. PKH participants are given health insurance (KIS) facility, especially in Penerima Bantuan Iuran (PBI), to access health services. Total PBI participants in 2019 reached 28.81% with healthcare utilization only 13.34%. Preliminary studies showed that not all PKH participants have KIS and use health services. The aim of the study is to find out the correlation of predisposing, enabling, and need factors of PKH participants in the Thematic Village toward utilizing health services in Kendalkerep Primary Healthcare. **Methods:** This study is an analytic-observational study and cross-sectional approach with subjects all of PKH participants in Kampoeng Lampung Wangi, Kampung Warna Warni Jodipan, and Kampung Tridi. Data are analyzed by logistic regression and correlational test. **Result:** Results of analysis show that there is significant correlations of predisposing factor such as education ($\beta = 1.689$), employment status ($\beta = 1.466$); enabling factor such as health insurance ($\beta = 3.045$), access to healthcare ($\beta = 2.819$); and need is a perception of illness ($\beta = 2.767$) toward Kendalkerep Primary Healthcare by PKH Thematic Village participants. **Conclusion:** Based on Nagelkerke determination coefficient, health insurance and access is a dominant factor which affects the utilization Kendalkerep Primary Healthcare of 46% with correlational strength fair and correlational direction positive.

Keywords: Program Keluarga Harapan; health insurance; access to healthcare; healthcare utilization.

INTRODUCTION

Poverty is a condition of inability to fulfill basic needs such as clothing, food, and shelter. The number of poor people in Indonesia on September 2019 reached 24.78 million (9.22%) and 4 million (10.2%) in East Java (Central Bureau of Statistics, 2016). Program Keluarga Harapan (PKH) is a program aimed to reduce the vulnerability of the poor through conditional cash assistance for household need such as access to health and education services, immunization, and family nutrition fulfillment (WHO, 2019). PKH participants are given health insurance (KIS) facility, especially in Penerima Bantuan Iuran (PBI), to access health services. The last three years

percentage of PBI participants in East Java has increased from 24.7% (2017) to 27.1% (2018) and 28.81% (2019), but the healthcare utilization is not more than 65%, namely 12.8% (2017), 13.33% (2018) and 13.34% (2019) (Noviani and Agustina, 2019).

The population density in Malang City reached 8,718 people/km² in 2019 (Central Bureau of Statistics of Malang City, 2019). Jodipan has the second largest population density in the Malang City with 23,947 people/km² and Kesatrian with 7,570 people/km². High population density in an area can increase the number of unemployment and poverty, which has an impact on decrease of public health (Central Bureau of Statistics of Malang City, 2020). Poverty is related with slum

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environmental conditions so their socioeconomics and public health become bad (Directorate General of Creation of The Ministry of Public Works, 2016).

Kampoeng Lampion Wangi and Kampung Warna Warni Jodipan are located in Jodipan, meanwhile Kampung Tridi is located in Kesatrian. They are Thematic Villages as a slum settlement solution in Malang City (Wulandari, 2017). Preliminary studies showed that not all PKH participants have KIS and use health services, which is Kendalkerep Primary Healthcare as a first level health facility which cover all three Thematic Villages. Visiting data of PBI participants in Kendalkerep Primary Healthcare during June–August 2020 show that there is decreased utilization of healthcare facility from 1m,724 people in June 2020, 1, 460 people in July 2020 and 1,161 people in August 2020.

Andersen and Newman (2005) explain that individual characteristics can influence healthcare utilization such as predisposing, enabling, and need factor. Andersen Behavioral Model's framework assumes that each factor contributes to the healthcare utilization in sequence, starting with predisposing factor which is individual use of health service (predisposing factor) and then the ability to access health service until the occurrence of health needs (Andersen, 2005). Predisposing factor explains individual socioeconomic condition which determines healthcare utilization, such as age, sex, education, employment status, marital status, ethnic, family size, culture, religion, and social interaction (Başar, Öztürk and Cakmak, 2018). Enabling factor explains individual or family ability to use healthcare services such as access, salary, health insurance, shelter, and price of healthcare service (Sutter, 2017). Need is a direct cause of healthcare utilization (Alhamda, 2014) which is divided into two, perceived need and evaluated need (Başar et al., 2018).

Based on backgrounds, the aim of study was to find out the correlation of predisposing, enabling, and need factor among PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare.

METHODS

This study is an analytic-observational study with cross-sectional design. The study was implemented in three Thematic Villages, Kampoeng Lampion Wangi, Kampung Warna Warni Jodipan, and Kampung Tridi, in November–December 2020. Population of the study is all of Program Keluarga Harapan (PKH) participants in the Thematic Villages. This study engaged 52 families including 13 PKH families in Kampoeng Lampion Wangi, 14 PKH families in Kampung Warna Warni Jodipan, and 25 PKH families in Kampung Tridi. This study passed the ethics of conduct from the Health Research Ethics Committee, State Polytechnic of Health Malang No: 001/KEPK-POLKESMA/2020.

Independent variables are age (X_1), sex (X_2), education (X_3), employment status (X_4), salary (X_5), health insurance (X_6), access (X_7), and perception of illness (X_8). Dependent variable is healthcare utilization in Kendalkerep Primary Healthcare during the last six months (Y).

Data collection was using the questionnaire to respondents to find out healthcare utilization based on individual characteristics with a total 19 questions. The questionnaire passed the validity with *r table* value was 0.3550 and reliability test with Cronbach's alpha value ≥ 0.6 . Bivariate and multivariate data were analyzed by regression logistic test to explain correlation of independent and dependent variables ($\alpha = 0.05$). Correlational test was analyzed by Spearman's rho which explains correlation strength and direction of independent variables to dependent variable.

RESULTS

characteristics toward healthcare utilization in Kendalkerep Primary Healthcare.

Data analysis show that frequency distribution and correlation of individual

Table 1. Characteristics of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Characteristics	n	%
Age		
< 60 years	40	76.9
≥ 60 years	12	23.1
Sex		
Male	2	3.8
Female	50	96.2
Education		
Low (≤ Junior High School)	29	55.8
High (> Junior High School)	23	44.2
Employment Status		
Employed	32	61.5
Not employed	20	38.5
Salary (Based on Poverty Line Malang City/People/Month)		
≤ 543.966,00	42	80.8
> 543.966,00	10	19.2
Health Insurance		
KIS	45	86.5
Another health insurance	7	13.5
Access to Healthcare		
Easy to access	32	61.5
Hard to access	30	38.5
Perception of Illness		
Known	46	88.5
Unknown	6	11.5

Table 1 shows the characteristics of PKH participants in Thematic Villages toward utilizing Kendalkerep Primary Healthcare. Age of PKH participants in three Thematic Villages is dominated by age < 60 years group with percentage 76.9% and 23.1% are ≥ 60 years group. Sex is dominated by 50 females and only two males as PKH participants. Level of education PKH participants are dominated by low education with 55.8% and the other 44.2% has high education. Low education means that the maximum education taken is junior high school, meanwhile high education means that the minimum education taken is senior high school. Employment status shows that 55.8% PKH

participants are employed and 44.2% are not employed.

Salary of PKH participants in one month shows that 80.8% of respondents have salary below poverty line in Malang City and 19.2% respondents have salary above poverty line in Malang City. Based on ownership of health insurance, only 45 families of PKH participants have KIS and seven families have another health insurance. Based on the table, we know that 61.5% of respondents choose to have easy access and 38.5% respondents choose to have hard access. Knowledge of PKH participants about perception of illness shows that 88.5% respondents know about perception of illness through questions

including sick definition; action when sick; and healthcare service needs, meanwhile

11.5% respondents don't know about perception of illness.

Table 2. Correlation of Predisposing, Enabling, and Need Factors of PKH Participants toward Utilizing Kendalkerep Primary Healthcare in 2020

Variable	Nagelkerke	β	Exp(β)	r*
Age (X ₁)	0.068	-1.099	0.333	-0.228
Sex (X ₂)	0.040	-20.449	0.000	-0.113
Education (X ₃)	0.165	1.689	5.417	0.342
Employment status (X ₄)	0.144	1.466	4.333	0.329
Salary (X ₅)	0.054	-1.036	0.355	-0.203
Health insurance (X ₆)	0.264	3.045	21.000	0.470
Access to healthcare (X ₇)	0.291	2.819	16.765	0.441
Perception of illness (X ₈)	0.205	2.767	15.909	0.411

*Spearman's rho

Table 2 shows that there are two variables of predisposing factor having significant correlation toward healthcare utilization in Kendalkerep Primary Healthcare by PKH participants; one is education ($\beta = 1.689$) and the other is employment status ($\beta = 1.466$). On enabling factor there are two variables having significant correlation toward utilizing Kendalkerep Primary Healthcare; one is health insurance ($\beta = 3.045$) and the other is access to healthcare ($\beta = 2.819$). Need as perception of illness has significant correlation toward utilizing Kendalkerep Primary Healthcare ($\beta = 2.767$).

Based on data, enabling factor has the highest significant correlation toward utilizing Kendalkerep Primary Healthcare. Health insurance has Nagelkerke determination coefficient as much as 0.264 which means the ability of independent variable "health insurance" to explain the dependent variable as much as 0.264 or 26.4%. The (+) sign on β value shows that there is positive correlation, which means the higher the health insurance ownership so the healthcare utilization will increase and vice versa. The influence magnitude of health insurance variable is shown as Exp(β) value as much as 21, which means PKH participants in Thematic Village with

health insurance have a tendency to use Kendalkerep Primary Healthcare as much as 21 times more than PKH participants who don't have health insurance. Coefficient of arithmetic correlation (r) is 0.470 times bigger than the correlation table value (r) as much as 0.2732 in significant (α) 5%, which means there is a fair correlation between health insurance toward healthcare utilization.

Access to healthcare has Nagelkerke determination coefficient as much as 0.291 which means the ability of independent variable "access to healthcare" to explain the dependent variable as much as 0.291 or 29.1%. The (+) sign on β value shows that there is a positive correlation, which means the easier the access so the healthcare utilization will increase and vice versa. The influence magnitude is shown as Exp(β) value as much as 16.7, which means PKH participants in Thematic Village who have easy access have a tendency to use Kendalkerep Primary Healthcare and is 16.7 times bigger than PKH participants in Thematic Village with hard access. Coefficient of arithmetic correlation (r) is 0.441 bigger than correlation table value on significance level (α) 5%, which means there is a fair correlation of health insurance toward healthcare utilization.

Table 3. Dominant Variable of Healthcare Utilization toward Utilizing Kendalkerep Primary Healthcare

Variable	Nagelkerke	β_0	B	Exp(β)	r*
Health insurance (X ₆)			3.147	23.261	0.470
Access to healthcare (X ₇)	0.460	-2.582	2.897	18.112	0.441

*Spearman's rho

Table 3 shows that there are two variables in healthcare utilization having significant correlation toward healthcare utilization in Kendalkerep Primary Healthcare by PKH participants, which are health insurance ($\beta = 3.147$) and access to healthcare ($\beta = 2.897$). Nagelkerke determination coefficient of both variables is as much as 0,460, which means the ability of the independent variable "health insurance and access to healthcare" to explain dependent variable is as much as 0.46 or 46%.

The (+) sign on β_6 and β_7 value shows that there is positive correlation, which means the bigger health insurance ownership and the easier access so the health utilization will increase and vice versa. Dominant variable is shown as Exp(β) value for health insurance as much as 23.2, which means PKH participants in Thematic Village who have KIS have tendency to use Kendalkerep Primary Healthcare 23,2 times higher than PKH participants in Thematic Village without KIS. Meanwhile, Exp(β) value for access is 18.1. Coefficients of arithmetic correlation for both variables are 0.470 (X₆) and 0.441 (X₇) higher than table correlation as much as 0.2732 on a significant level (α) 5%, which means there is a fair joint correlation of health insurance and access toward healthcare utilization.

DISCUSSION

Correlation of Age of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Age becomes one of important component in predisposing factor to show healthcare utilization needs. Bird,

Shugarman and Lynn (2002) explain that as you get older the utilization of health facilities gets sharper. The high utilization of health services in old age is due to the decreasing of people's physical resistance, making everyone more susceptible to disease exposure (Logen, Balqis and Darmawansyah, 2015).

Based on results known, there is no significant correlation between age of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction negative and correlation strength weak, which means that with the higher age of PKH participants in Thematic Village so the healthcare utilization will decrease and vice versa. The results are not in line with study from Irawan and Ainy (2018) showing that there is significant correlation between age of health insurance participants with healthcare utilization. The results show that getting older makes health condition to be more noticed, because many people still have status as a worker who must fulfil family needs.

Correlation of Sex of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Sex becomes one of the important components in predisposing factors which can influence everyone to utilize healthcare. Sex has a relationship with healthcare utilization because there are biological differences between male and female. Male uses fewer health services than female, because there is reproduction needs, so she more susceptible to disease and more active to deliver their child to

visit to healthcare services (Girma, Jira and Girma, 2011).

Based on results known, there is no significant correlation between sex of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction negative and correlation strength very weak, which means the higher sex difference of PKH participants in Thematic Village so the healthcare utilization will decrease and vice versa. The results are not in line with study from Girma, Jira and Girma (2011) which explain that there is significant correlation between sex toward healthcare utilization in Jimma South West Ethiopia with opportunity reaching 0.23 times. A case study in Indonesia conducted by Irawan and Ainy (2018) showed that there is significant correlation between sex toward healthcare utilization with opportunity reaching 1.8 times.

Correlation of Education of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Education becomes one of the important components in predisposing factors which can influence healthcare utilization. Level of education has a relationship with healthcare utilization because those with higher education are expected to be more cautious than people with low education. Therefore, people with high education are able to understand the importance of maintaining personal health and of those around them (Irawan and Ainy, 2018) so they will affect everyone to use available health services (Rabbaniyah and Nadjib, 2019).

The statement is supported by results of correlation analytic of education toward utilization healthcare in Kendalkerep Primary Healthcare; it is known there is significant correlation between education of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction positive and correlation strength weak,

which means the higher education of PKH participants in Thematic Village, so utilizing Kendalkerep Primary Healthcare will increase and vice versa. The results are in line with study from Purbantari, Roesdiyanto and Ulfah (2019) explaining that there is significant correlation between education toward healthcare utilization by tuberculosis sufferers in Janti Primary Healthcare. This study shows that dominant respondents have minimum level education as diploma and bachelor with utilization category good. It has an impact to knowledge about the medical consequences if health utilization is not routinely carried out.

Correlation of Employment Status of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Employment becomes one of the socioeconomic factors which can influence healthcare utilization. Work environment is a potential place which can influence health workers' condition, because work environment can explain risk of disease for their workers (Logen, Balqis and Darmawansyah, 2015). Therefore, people with employment have to be more active to use health services (Hidana, Shaputra and Maryati, 2018). The statement is supported by results of correlation analytic of employment status of PKH participants in Thematic Village toward utilization of healthcare facility in Kendalkerep Primary Healthcare. It is known there is a significant correlation between employment status of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction positive and correlation strength i weak. The results are in line with Rabbaniyah and Nadjib (2019) whose study shows that there is correlation between employment status with healthcare utilization for outpatients in West Java. This study explains that people with employment have tendency use health

services, because they have ability to pay healthcare utilization needs.

Correlation of Salary of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Healthcare utilization can be known through enabling factors, which refers to family ability to access health services such as salary, health insurance, access, shelter, and price of health services (Başar, Öztürk and Cakmak, 2018). Salary is one of the enabling factors having a relationship to selected health services by a family.

Engel's Laws of Consumption explain that salary and food have elasticity value between 0 and 1, known as inelasticity demand, which is identical with primary needs fulfillment (Fajar, 2017). Households with low salary will expend much money for primary needs fulfillment and vice versa households with high salary will expend less money for primary needs fulfillment (Irawan and Ainy, 2018). Salary can show degree of public health, because higher salary makes healthcare utilization be better (Logen, Balqis and Darmawansyah, 2015).

Based on results known, there is no significant correlation between salary of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction negative and correlation strength weak, which means the higher the salary so the healthcare utilization will decrease. The results are not line with study from Napirah dkk. (2016) which explains that there is a relationship between family salary with healthcare utilization in Tambarana Primary Healthcare. This study explains that respondents know how the way to get health services with good quality is by paying. Besides, the researcher also explains that respondent rates about free healthcare utilization that is not good so the impact in healthcare utilization becomes low.

Correlation of Health Insurance of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Health insurance ownership is one of the enabling factors which can influence everyone for the health service which is desired. Djunawan (2019) explains that economic status relates with healthcare utilization, because the poorest have limited healthcare utilization. Health insurance becomes an important factor for everyone because it can cover their health expenditure if getting sick (Logen, Balqis and Darmawansyah, 2015). Masita, Yuniar and Lisnawaty (2016) explain the same statement that health insurance has a significant influence for everyone to consume healthcare utilization, because it can cover the difficulty of healthcare expenditure

The statement is supported by results of correlation analytics of health insurance toward healthcare utilization in Kendalkerep Primary Healthcare. It is known that there is significant correlation between health insurance toward utilizing Kendalkerep Primary Healthcare with correlation direction positive and correlation strength fair, which means the higher the health insurance ownership so the healthcare utilization will increase and vice versa. The results are line with a study from Djunawan (2019) which explains poor people who get health insurance subsidy have a tendency to use government health services more than people with private or factory health insurance. The results also explain health insurance subsidy can increase healthcare utilization 2–3 times.

Correlation of Access to Healthcare of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Access to healthcare is an enabling factor that can influence individual or family to use health services. Access to

primary healthcare is important, although the government has already given health insurance for everyone (Fatimah and Indrawati, 2019). It is because transportation expense can become a consideration to use health services. Difficulty of access to health services influences individual decision to use health services (Irawan and Ainy, 2018). The near health services location with shelter makes it easier for everyone to utilize healthcare, rather than a long distance that will cost more expense for transportation (Marnah, Husaini and Ilmi, 2016).

The statement is supported by results of correlation analytics of healthcare access toward utilization of healthcare facility in Kendalkerep Primary Healthcare. It is known that there is significant correlation between access of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlation direction positive and correlation strength fair, which means the easier access so the health utilization will increase and vice versa. The results are related with Purbantari dkk., (2019) which explains there is a significant correlation toward healthcare utilization in Janti Primary Healthcare with correlational direction positive and correlational strength low. This study explains that dominant respondents use private transportation, because they should be waiting their sick family during healthcare services.

Correlation of Perception of Illness of PKH Participants in Thematic Village toward Utilizing Kendalkerep Primary Healthcare

Healthcare utilization can be known from need. Need is a direct factor that can influence everyone to use health services. Need is divided into two: perceived need in the form of feeling needs and evaluated need in the form of need from clinical test (Başar, Öztürk and Cakmak, 2018). Basically need detects not only when people start getting sick, but when the body

is healthy there is a need of healthcare utilization for prevent disease (Alhamda, 2014).

The emergence of need for everyone is resulted by perception of being healthy or illness. Perception is a cognitive process experienced by everyone to understand the information. Everyone has a difference perception, because there is a difference when receiving and understanding the information (Mujiati and Yuniar, 2016). If people's perception in the face of illness conditions is false, so healthcare utilization become low, but positive perception of illness impacts to increasing the healthcare utilization. especially in primary healthcare (Irawan and Ainy, 2018).

The statement is supported by results of correlation analytic where it is known that there is a significant correlation between perception of illness of PKH participants in Thematic Village toward utilizing Kendalkerep Primary Healthcare with correlational direction positive and correlational strength fair, which means with a positive perception of illness so the healthcare utilization will increase. The results is related with study from Siyoto (2012) explaining that perception of illness felt by family has a positive impact to healthcare utilization, especially primary healthcare. Kuuire et al. (2015) explain that people with low economic status have a tendency to use health services when getting severe diseases. The statement supports the explanation from Alhamda (2014) that people will need healthcare services when getting severe diseases and they can't do any activities.

Healthcare Utilization Variable Most Correlated toward Utilizing Kendalkerep Primary Healthcare

Exp(β) aimed to interpretation the results so they are easier to understand. Exp(β) is used to find out healthcare utilization variables most correlated with healthcare utilization. Exp(β) is just done for X variable most correlated with Y variable in which health insurance is

23,261 and access is 18,112. Meaning of the results is the higher the health insurance ownership so the healthcare utilization will be increase 23 times and the easier access can increase healthcare utilization 18 times. The results relate to study from Djunawan (2019) showing that health insurance can increase the healthcare utilization from 2 until 3 times. Purbantari dkk.'s (2019) study shows that there is positive correlation between access toward healthcare utilization in Janti Primary Healthcare by tuberculosis sufferers and, based on statistics test, show that easier access can increase healthcare utilization 3 times more than harder access.

CONCLUSION

PKH participants in Thematic Village are already utilizing Kendalkerep Primary Healthcare as main reference during the last six months. Based on statistics test, there are five healthcare variables having a significant correlation toward utilizing Kendalkerep Primary Healthcare. Predisposing factors include education ($\beta = 1.689$) and employment status ($\beta = 1.466$); enabling factors include health insurance ($\beta = 3.045$) access to healthcare ($\beta = 2.819$) and need as perception of illness ($\beta = 2.767$) having a significant correlation toward Kendalkerep Primary Healthcare. Based on Nagelkerke determination the coefficient of health insurance and access is a dominant factor which affects the utilization of Kendalkerep Primary Healthcare of 46% with correlational direction positive and correlational direction fair.

And important thing for utilizing health insurance to access Kendalkerep Primary Healthcare is increased socialization to the community especially those who are in the work area Kendalkerep Primary Healthcare, such as PKH participants in Kampong Lampion Wangi, Kampung Warna Warni Jodipan, and Kampung Tridi. It is because higher of

public health need, but most of the community have difficulty using health insurance so that impacts community action for utilizing healthcare services.

Future study can enlarge the population, adding total sample, and use a qualitative approach with in-depth interview about healthcare utilization. It can also add the healthcare utilization variable which has not been discussed in this study.

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