

# A Descriptive Study of People's Health Care Facility Preferences in Malang

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## ABSTRACT

Health care service utilization in the national health insurance keeps increasing. On the other hand, people are becoming more critical in determining a health care facility as a place for getting treatment. The health care facility preference also illustrates the people's demand pattern towards the health care services. This study aimed to identify the illustration of people's health care facility preferences in Malang. An online survey was conducted on 61 samples that fulfilled the respondents' criteria. The questionnaire consisted of 4 sections, closed-ended questions, and open-ended questions. The data were analyzed descriptively. This study showed the people's health care facility preference based on the respondents' characteristics, health status, and health insurance ownership. The respondents aged around 21-40 years old and 41-60 years old preferred Public Health Centers, while the respondents aged over 60 years old chose a private medical practice. According to the respondents' gender, education level, and morbidity rate, they chose public health centers as their health care facility preference. The respondents with no history of past illness tended to get treatment in private medical practice, while the respondents with a history of past illness tended to choose the treatment in Public health centers. The respondents with health insurance preferred public health centers, while the respondents with no health insurance preferred private medical practice. This study showed that the variation of the people's health care facility preferences in Malang. The next study needs to investigate the reasons underlying the people's health care facility preference.

**Keywords:** Health care Facility, Health care Services, Demand, Utilization

## 1. INTRODUCTION

The morbidity trend in Malang for the past few years is still dominated by non-contagious diseases. Acute Respiratory Infection (ARI) has been becoming a disease with the highest incidence rate in Malang from 2017 to 2019; however, a different situation happened in 2020 when hypertension occupied the first place with 35,641 cases [1]. Besides, other non-contagious diseases were also included in the top 10 most prevalent diseases in Malang. The biggest challenge for people with non-contagious diseases is the need for continuous treatment. The National Health Insurance (JKN) program provides a significant impact on access to health care services. The health care facilities tend to thrive in some regions in Indonesia, including Java, for fulfilling the people's needs [2]. The health care service utilization increases, especially for the poor people who have been facing difficulties in getting treatment due to

cost-related problems [3]. The purpose of the Equity of Access to Health Care Services promoted by the National Health Insurance program is that it can minimize the inequity of access to health care services step by step.

The openness and the easiness of gaining information in the 4.0 era successfully increase people's literacy in choosing a health care facility. People's literacy plays an important role as someone's decision-making related to the treatment-seeking behavior based on his/her needs [4]. The people are becoming more critical and brave to determine high-quality health care services for both their needs and their family's needs. The situation stimulates the provider to be more competitive in offering the best health care service for influencing the people's purchasing decision. Various alternatives, health care service providers, and the support from the people's awareness as well as people's understanding of the health sector that are increasing

can affect the demand for health care services. This study was conducted to identify the people’s health care facility preferences in Malang.

**2. METHOD**

An online survey was conducted through the Google Form and distributed through WhatsApp (WA) for 2 weeks. This study used a voluntary sampling technique for sampling. The respondents’ criteria were the willingness to participate in the survey by approving the informed consent and Malang as the respondents’ domicile. The research variables included the respondents’ characteristics (age, gender, and education level), health status (the history of past illness for the last 6 months, the perceived morbidity rate), health funding (health insurance ownership), and the treatment-seeking behavior (the location for having treatment). The questionnaire consisted of closed-ended questions (multiple choices) and some of them in the form of open-ended questions (short responses). The data were analyzed descriptively to illustrate the proportion of each research variable, and it was presented in the form of a graphic to map out the health care facility preference based on the respondents’ characteristics.

**3. RESULT**

**3.1. Respondents’ Characteristics**

**Table 1.** Respondents’ Characteristics (n=61)

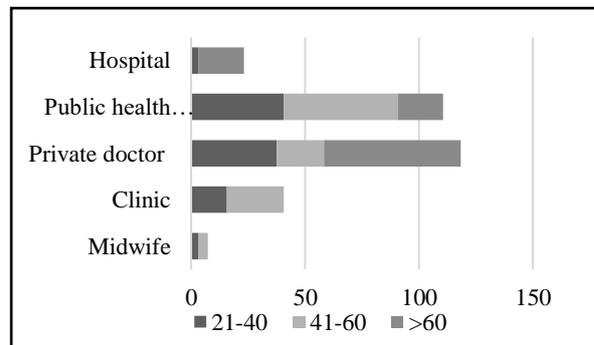
Respondents’ Characteristics	Total (n)	Percentage (%)
<b>Age</b>		
21 - 40 years old	32	52.5
41 - 60 years old	24	39.3
> 60 years old	5	8.2
<b>Gender</b>		
Man	19	31.1
Woman	42	68.9
<b>Education Level</b>		
Postgraduate	1	1.6
Diploma/Bachelor	16	26.2
Elementary/junior high/high school	42	68.9
Not going to school	2	3.3
<b>History of Past Illness</b>		
Yes	42	68.9
No	19	31.1
<b>Morbidity Rate</b>		
Mild	27	44.3
Moderate	15	24.6
Severe	0	0

Respondents’ Characteristics	Total (n)	Percentage (%)
<b>Health Insurance Ownership</b>		
Yes	48	78.7
No	13	21.3
<b>Treatment-Seeking Behavior</b>		
Going to a health facility	57	93.4
Buying medicines at a nearby store	1	1.6
No treatment	3	4.9

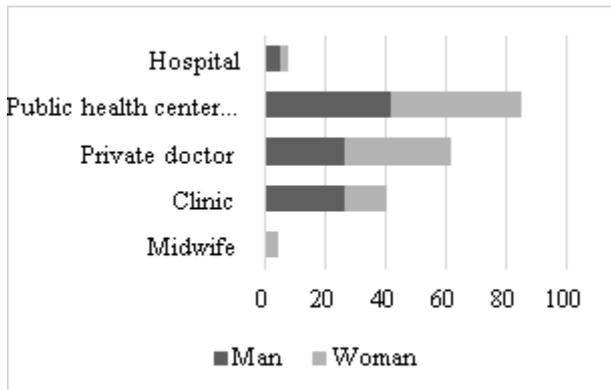
Table 1 explains the respondents’ characteristics based on several dimensions, namely socio-demographics, morbidity, health funding, and treatment-seeking behavior. The majority of the respondents (52.5%) were in the age range of 21-40 years old. Around 31.1% of the respondents were men, and 68.9% of the respondents were women. The proportion of the respondents with elementary level, junior high level, or senior high level was 68.9%. Around 68.9% of the respondents had ever been sick within the last 6 months, and around 31.1% of the respondents had never been sick within the last 6 months. The morbidity rate experienced by the respondents was mild (44.3%) and moderate (24.6%). The majority of the respondents of around 78.7% had health insurance, and only 21.3% of the respondents did not have health insurance. Around 93.4% of the respondents choose to visit the health care facility when they or their families were sick, while the remaining (4.9%) chose to not have any treatment or buy medicines at a nearby store (1.6%).

**3.2. Health Care Facility Preferences**

Figure 1 shows that most of the respondents in the age range of 21-40 years old choose to visit a public health center (41%) or private medical practice (38%) when they w sick. The majority of the respondents in the age range of 41-60 years old choose to visit a public health center (50%). Meanwhile, the majority of the



**Figure 1** Health Care Facility Preferences based on age

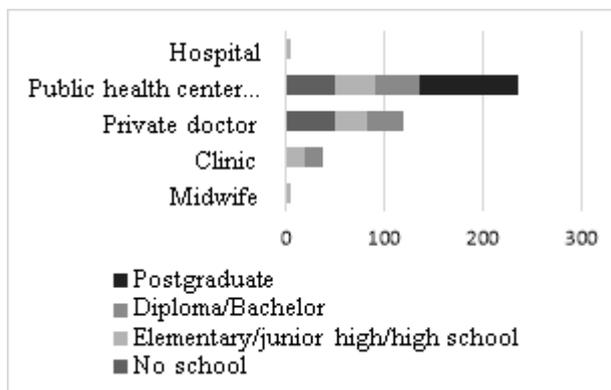


**Figure 2** Health Care Facility Preferences based on Gender

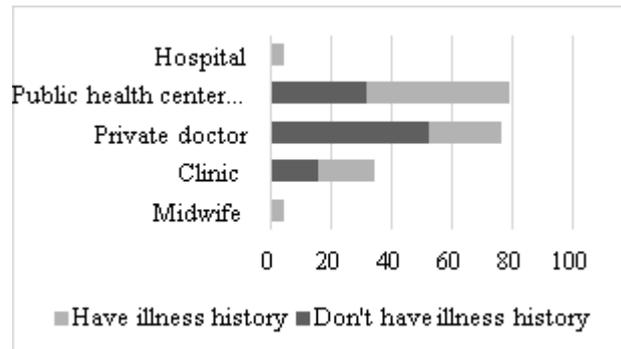
respondents at the age range of > 60 years old choose to visit a private medical practice (60%) when they are sick.

Figure 2 shows that most of the male respondents choose to visit a public health center (42%) when they are sick. The male respondents also visit other health care facilities, such as private medical practice (26%), clinic (26%), and hospital (5%); no male respondent is found visiting a midwifery practice when they are sick. The majority of the female respondents choose to visit a public health center (43%) when they are sick. Other health care facilities they visit are private medical practice (36%), clinic (14%), midwifery practice (5%), and hospital (2%).

Figure 3 shows that the respondents who do not go to school choose to visit a public health center (50%) or private medical practice (50%) when they are sick. The majority of the respondents with elementary level, junior high level, or senior high level choose to visit a public health center (40%) when they are sick, and the other health facilities they visit are private medical practice (31%), clinic (19%), hospital (5%), and midwifery practice (5%). Most of the respondents with a Diploma or a Bachelor's degree as their last education choose to visit a public health center (44%) when they are sick, and the other health facilities they visit are private medical practice (38%) and clinic (19%).



**Figure 3** Health Care Facility Preferences based on Education Level



**Figure 4** Health Care Facility Preferences based on the History of Past Illness

Meanwhile, the respondents with a postgraduate degree as their last education choose to visit a public health center (100%) when they are sick.

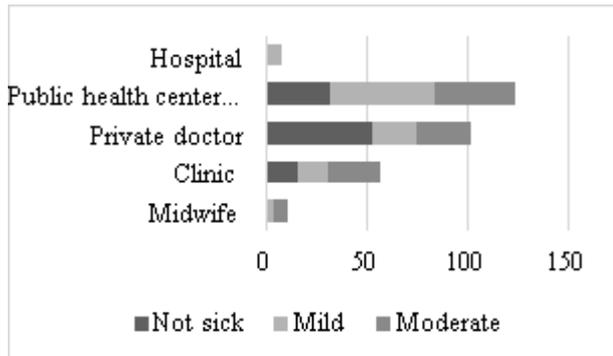
Figure 4 shows that the majority of the respondents with no history of past illness for the last six months choose private medical practice (53%) as a health facility they will visit when they are sick. Meanwhile, 32% of the respondents choose to visit a public health center, and 16% of them choose to visit a clinic when they are sick. Most of the respondents with a history of past illness within the last six months choose to use a health facility known as public health center (48%). The other health facility preferences of the respondents with a history of past illness are private medical practice (24%), clinic (19%), hospital (5%), and midwifery practice (5%).

Figure 5 shows that the majority of the respondents with mild morbidity choose to use a public health center (52%). The other health facilities they use are private medical practice (22%), clinic (15%), hospital (7%), and midwifery practice (4%). Meanwhile, most of the respondents with moderate morbidity choose to use a public health center (40%). The other health facilities they use are private medical practice (27%), clinic (27%), and midwifery practice (7%).

Figure 6 shows that the majority of the respondents without having health insurance choose private medical practice (46%) as a health facility they visit when they are sick. The other health facilities they visit when they are sick are a public health center and a clinic with a percentage of 23% respectively, and midwifery practice of 8%. Meanwhile, the majority of the respondents having health insurance choose a public health center (48%) as a health facility they visit when feeling sick. The other health facilities they use are private medical practice (29%), clinic (17%), hospital (4%), and midwifery practice (2%).

#### 4. DISCUSSION

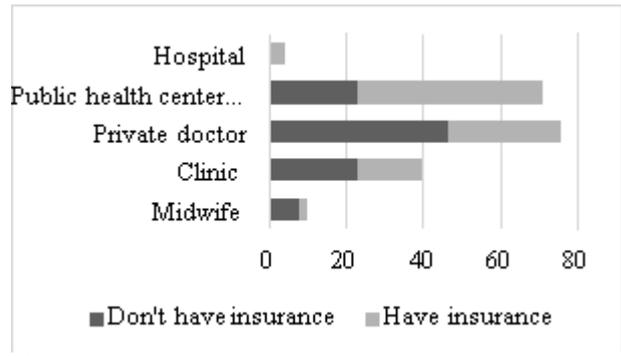
This study showed that the respondents aged over 60 years old preferred having treatment to private medical practice stating that an elder group prefers a private



**Figure 5** Health Care Facility Preferences based on Morbidity Rate

clinic for treatment-seeking behavior [5]. Nevertheless, private medical practice is considered able to form closeness between patients and medical officers because only a physician manages and is connected with the patients. This study found that the health care facility preferences based on gender, education level, and morbidity rate were not significantly different because the majority of the respondents chose to get treatment in a public health center when they are sick. The finding is in line with a study conducted in North Toraja Regency, South Sulawesi, stating that most people choose a public health center as their health care facility [6]. A positive attitude towards a health care facility motivates individuals and family members in using a health care facility.

This study stated that the respondents with no history of past illness within the last six months tended to choose a treatment in private medical practice, while the respondents with a history of past illness tended to choose a treatment in a public health center. Someone's health status becomes one of the factors affecting health care utilization [7]. Health care utilization also depends on someone's perception of a disease he/she suffers from. Most people think if they feel sick, but it is not severe, they tend to get self-treatment by buying medicines at a nearby store, taking herbal drinks, or letting it get better. When the respondents no longer can do their activities, they will feel that they need to use the health care services [8]. This study also explained that the respondents with health insurance preferred getting treatment in a public health center. The finding is in line with a study conducted in Medan, North Sumatera, stating that the National Health Insurance participants from a group of Premium Assistance Recipients (PBI) use a public health center more as a first-level health care facility (primary health care) [9]. However, the finding is different from a study conducted in Badung Regency, Bali, stating that the National Health Insurance participants (especially independent or non-Premium Assistance Recipients) tend to use a clinic [10]. A clinic is considered to have a longer time for giving services (24 hours) than a public health center



**Figure 6** Health Care Facility Preferences based on Health Insurance Ownership

and provides a more complete facility in giving health care services.

## 5. CONCLUSION

This study shows variations of health care facility preferences. Nevertheless, a public health center and a private medical practice become the most frequently-preferred health facility by the people in Malang. Meanwhile, a hospital, clinic, and midwifery practice are rarely used by people to get treatment. The suggestion for the next researchers is that they are expected to dig up information deeply about the people's reasons for choosing a health care facility.

## AUTHORS' CONTRIBUTIONS

LFY, DRF, DM contributed to the design and study selection. LFY, SM, IMKW, AY contributed to the data collection. Meanwhile, IMKW and DM contributed to the data analysis. All authors write the manuscript.

## ACKNOWLEDGMENTS

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