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The comparison of factors that can influence utility of primary health care among youth community in Indonesia and Malaysia

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Abstract

Background: PHC is one of the health service facilities that organizes preventive, promotive, rehabilitative, and curative health efforts that focus more on preventive and promotive services. Utility of primary health care among youth community are very important, so this study will mainly point to find that there is difference in the factor that can influence the utility of PHC because youth years are critical for the development of the habit such as smoking or diet in lifestyle and this would give high impact for their health in future.

Method: This research type is analytical with cross sectional design that is used to study on the relationship between the utility of primary health care and the comparison factors that can influence the utility of primary health care among youth community in Indonesia and Malaysia. Two types of tests are being used to do analysis which is by using Mann Whitney and by using chi-square to get total p value.

Result: T h e factors that influence the utility of primary health care for youth community in Indonesia and Malaysia which are age and number of family member, the difference was significant while difference in other factors was insignificant. Conclusion, this study found that there is difference in the factors that influence the utility of primary health care for youth community in Indonesia and Malaysia which are age and number of family.

Keywords: PHC; Comparison; Youth; Utility; Factors

1. Introduction

Primary health care is one of the health facilities that are provided by government that mainly functional as prevention, rehabilitative, promotive, and also curative health effort (Zulfitri, R., 2017) [1]. Based on data from the Health Profile of the Ministry of Health, the number of PHC or commonly called as Puskesmas in Indonesia was 10134 units on 15 October 2020, West Java is the province with the highest number of "Puskesmas", reaching 1,072 units (Kemenkes,2021)[2], while in Malaysia with total 2926 for PHC or in other name Malaysian people say "Klinik Kesihatan" based on official portal ministry of health Malaysia(Portal Rasmi 3 Kementerian Kesihatan Malaysia.2021).In this study, generally health care have divided into three type which is primary, secondary and tertiary health care but on this papers only focus on primary that was for essential treatment in general symptom and basic medical concern that consist of doctor, nurse, physician assistant and also practitioner as a care provider (Ramli, A., Taher, 2019)[3].

According to the WHO, anyone there between 15 and 24 years old is considered as youth. youth community are being focused because youth years are critical for the development of habits such as smoking substance abuse, sexually

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transmitted infections, injuries, and other risks in lifestyle, and this would give high impact for their health in future (Salam, R. 2016)[4]. Based on a (WHO), at a national level, mortality ranged from 0.2–14, 8 per 1000 aged 10–14 years, from 0.8–24, 9 per 1000 aged 15 to19-year-olds and from 0.8–27,9 per 1 000 young adults aged 20 years.

Definition of utility as a quantified use of any health care services by patients (Joo, J. and Huber, D., 2018.)[5]. That is why the utility of primary health care among youth community are very important, so this study will mainly point to find the factor that can influence the utility of PHC. (Joo, J. and Huber, D., 2018.)[5]. To determine whether there are have any difference in factors, in this study, purpose to investigate the comparison factors such as accessibility of primary health care, waiting time for primary health care service, availability of transportation, obstacle due to geographic area, sociodemographic factor, type of service and socialization of primary health care, that can influence utility of primary health care among youth community in Indonesia and Malaysia that can influence the utility of primary health care among youth community in Indonesia and Malaysia.

2. Material and methods

This research type is analytical with cross sectional design that is used to study on the relationship between the utility of primary health care and the comparison factors that can influence the utility of primary health care among youth community in Indonesia and Malaysia. The primary data used will be collected through google form for this research design. This study uses a questionnaire where researchers will collect the related data from the respondents through answering questions via google form.

The population for this research is the medical faculty vii student from batch 2020 in Airlangga University. On the other hand, the population for Malaysian will be the alumni from my previous high school in SM St Patrick Tawau and alumni from my previous foundation program study which is collage matriculation of Labuan. The total sample in this research will include the people that are willing to be a respondent and meet the conditions of both the inclusion and exclusion criteria. It is estimated that the number of respondents in Malaysia and Indonesia are 60 respondents respectively. This will make the total of respondents to be 120.

In this research, the analysis will be tested with statistics in accordance with the data scale and purpose. Comparative test using regression logistics by SPSS (Statistical Product and Service Solution) software after which the results will be presented in table form. The degree of confidence interval used is 95% with alpha (α) = 5% (0.05). In conclusion, if the statistical test result (p value) is less than equal to the α ($p \leq \alpha$) then H0 is rejected or means there is a significant relationship. If $p > \alpha$, then H0 is accepted or means no significant relationship. Two types of tests being used to do analysis which is by using Mann Whitney and by using chisquare to get total p value.

3. Results and discussion

The factors that influence the utility of primary health care for youth community in Indonesia and Malaysia which are age and number of family member, the difference was significant while difference in gender, education level, marital status, ethnicity, employment status, incomes, distance from home to PHC , difficulty access to PHC from respondent's house, opinion about crowded waiting area, time of waiting , cost of transportation, program by PHC suitable for their age, program by PHC suitable for their time, information about program by PHC and residence area cross area was insignificant.

From the data that we get, maximum age that recorded is 24 while minimum is 19. Based on the respondent's age (p-value: 0.00). This is the first variable that significant relationship that have p value less than 0.05 by using Mann Whitney. Previous research has been made also in Hungary and have the same result, but it is not just in youth community, that research categorize by age 15 to 44,45 to 64 and 65 above. PHC service utilization had strong factors related to sociodemographic factors such as age in this discussion. Janos S (2018) [6]. Others study related also mention that adolescents have high risk for alcohol or others drug use. Besides that, it is also mentioned in respondent that have higher age were more used to being screened only but not continue in counselled so this may also make it clear why in this reach explain that older respondents would have higher rate compared to others. (Meredith et al., 2018) [7] Based on respondent's gender (p-value: 0.187) using chi-square to get total p value at two category which is male and female. This concludes that gender is not one of the factors. By others study, with title primary health care use from the perspective of gender and morbidity burden, that has made study about difference between female and male in the utility of primary health care by using take electronic medical records for at least 79 809 patients in 2008. For the result mention that researcher cannot find any difference of utility of primary health care neither higher nor lower if compared to male. (Sadetzki et al., 2014) [8] Education levels are divided into 3 parts which is Graduated from university, still university

student and High school graduated, based on the respondent's education level (p-value: 0.433), by using chi-square to get total p value and show that even education level not one of the factors. This result is difference to the previous research that have been made in Pakistan. Others research with title factors influencing healthcare seeking behaviour at primary healthcare level, mention that. There's a potential to make strides the health seeking conduct and PHC utilization by level of education of them by healthcare methodologies which need information and actualities approximately healthcare seeking behaviour for opportune determination, useful management (Hussain et al., 2019) [9]. But its result may be difference because in that research it takes general and random as a sample while in my research its questioner is given to the researcher campus's students and also former classmate in Malaysia.

Table 1 General Data

Variable (general data)	**Indonesia n (%) (60 respondents)**	**Malaysia n (%) (60 respondents)**	**P Value**
Age *mean (SD)	20.2 (0.8)	21.8(1.6)	0.0
Gender			0.187
Male	26(43.3)	27(45)	
Female	34(56.7)	33(55)	
Education level	0	2(3.3)	0.433
Graduated from university Still university student	59(98.3)	50(83.3)	
High school graduated	1(1.7)	8(13.3)	
Marital status			0.128
Single	60(100)	48(80.0)	
Married	0	12(20)	
Ethnicity			0.684
Malaysia Melayu Chinese India	57(95)	54(90.0)	
Indonesia Javanase Madura Sundanse	1(1.7)	2(3.3)	
	2(3.3)	4(6.7)	
Employment Status			
Unemployed	57(95)	46(76.7)	0.163
Employed	3(5)	14(23.3)	
No. Family members *mean (SD) (Parents and siblings)	4.3(1.1)	5.6(1.9)	0.004
Income *mean (SD) (Per month in USD)	1122.6(1140.2)	1295.4(1159.1)	0.467

The questioner also included about marital status, and the data has recorded. Based on the respondent's marital status (p-value: 0.128), by using chi-square to get total p value can be concluded marital status is not one of the factors in this study. This statement has got same result as the previous paper. Written by Yousif. E, there is no correlation between patient's satisfaction that related to utility of PHC with marital status and average income. In that research focus that PHC patients' satisfaction ARE vary related as a key word to the quality of PHC. (Mohamed et al., 2015) [10]. Next would be discussing about ethnicity, in this paper Melayu, Chinese and India are the bigger ethnic in Malaysia and for Indonesia include Javanese, Madura and Sundanese. Based on the respondent's ethnicity (p-value 0.684), by using chi-square to get total p value. This shows that ethnicity was also not included. One study had been releasing in Iran, mention ethnicity may could be one of the factors, but it is depending on the country, for example in Iran its shows there a relation but not in others country. (Bahadori et al., 2015) [11]. In Iran there are a lot of diversity so that may go to multi population behaviors in that country. This may be one of the reasons every country has differences in ethnicity as one of the factors. (Sajjadi H et al, 2011)[12]. In other study also conclude that this factor (cultural) and legal policies had a low effectiveness to PHC used in society. (Damari B et el 2013) [13].

Employment status also includes being put as one of the variables. Based on the respondent's Employment Status (p-value: 0.163), by using chi-square to get total p value. Shows it's not the factor to the utility of primary health care. This study gain data that majority respondent is unemployed in Malaysia and Indonesia. This may be related to this target respondent that mention only for youth community which is 15- 24 only. Plus, the questioner distributed to the campus community and former classmate. To support this result, in others study also mentioned occupation or employment status was not associated to the utilization of PHC at Nigeria that have sample in between 20 to 39 respondents. Also, that research consist of 350 respondents far away from this research in term of number. (Sule et al., 2008) [14].

Besides that, variable, others that may be mentioned are amount of family. This is the second variable that have association relative to the factor that influence utility of primary health care Based on the respondent's number of family members (p-value: 0.004). This is the second variable that significant relationship that have p value less than 0.05 by using Mann Whitney test after normal distribution calculated and shows abnormal distribution. On study that have been made by others say that family member can be one of the factors that founded to have significant associate with stress level at Korea and could be leading to have risk of psychological distress. (Noh et al., 2017) [15]. Previous study had mention that prolonged stress which means condition when he or she feel tense, worried, lack of rest and feel hard to sleep at night because thing for all problem that need to be done, this will be led patient to seeking for PHC for relief their stress. (Wiegner et al., 2015). [16] Next would be discussing about income, based on the respondent's incomes (p-value 0.467), by using Mann Whitney test after normal distribution calculated and shows abnormal distribution. Mean income for both countries have been recorded, in Malaysia there have USD1295.4 while in Indonesia their have USD1122.6. In term of money currency, in this study using United State Doller instead of using Ringgit Malaysia or Rupiah. This is because in Malaysia there is a system financing to the public sector that every patient that have legal citizenship only need to pay a nominal fee of Ringgit Malaysia 1 (RM1) for each patient visit in charge. As mentioned before, mean for income in Malaysia USD1295 so it is less effective to say income is one of the factors that could influence utility of primary health care in Youth community. (Thomas et al., 2011) [17]. In Indonesia, one study that mention in primary health care in Indonesia have provide better service and cheaper price which is also provided with PPDs to help community. (Yandrizal, Y et al, 2016)[18].

Table 2 Utility of PHC and Access to PHC

Variable	**Indonesia n (%) (60 respondents)**	**Malaysia n (%) (60 respondents)**	**P Value**
No. of visiting PHC After pendemic covid *mean (SD) (visit per year)	2.5(2.4)	2.4(2.4)	0.473
Distance (from home to PHC) 0-4.9 Km	54(90)	37(61.7)	0.290
5 and above	6(10)	23(38.3)	
Difficulty access to PHC from respondent's			0.812
house	43(71.7)	36(60)	
not at all slightly	7(11.7)	15(25)	
neutral	9(15)	8(13.3)	
strongly	1(1.7)	1(1.7)	

At this point, distance from the home of patient to the PHC will also be discussed, based on the respondent's distance from home to PHC (p-value 0.290), by using chi-square to get total p value. This shows that distance from respondent's home to PHC is not one of the factors. Evidence that can support the result from this study was written by studies from others research say that using of health care service for community did not associate with the distance of PHC from respondent's home (Zielinski, A et al, 2013)[19]. Besides that, this study also include questioner that asking about respondent's difficulty access to PHC from respondent's house that have choices such as not at all, slightly. Neutral and strongly. Based on the respondent's difficulty access to PHC from respondent's house (p-value 0.821), by using chi-square to get total p value. The result of p-value shows that this variable also does not include as one of the factors that can influence utility of primary health care. In terms of geographical factors, these were as follow there is a long distance

between healthcare services, and the type of settlement (urban or rural) may influence the utility of health care. (Grustam, A., Jovic Vranes, 2020.) [20]

Table 3 PHC service

Variable "PHC SERVICE"	Indonesia n (%) (60 respondents)	Malaysia n (%) (60 respondents)	P Value
Crowded waiting area (based on respondent opinion)			0.832
Yes	55(91.7)	52(86.7)	
No	5(8.3)	8(13.3)	
Time of waiting ((from arrival until meet doctor)			0.230
below 29 menit	28(46.7)	39(65)	
above 30 menit	32(53.3)	21(35)	

Other variable that would be discuss are about related to crowded in waiting area, the answer are depends to respondent opinion is either to choose yes or no. Based on the respondent's opinion about crowded waiting area (0.832), by using chi-square to get total p value. P-value are higher than 0.05 which means that this variable is not include as one of the factors that can influence the utility of primary health care. Crowded of waiting time should be being focus because it is considered as part of the process in PHC that may be one of the factors that acts as a barrier in the efficiency of patient flow and leaves patients distressed and dissatisfied if the primary healthcare waiting time is more than 30 minutes. Time of waiting also will be discuss in this study. Based on the respondent's time of waiting (p-value 0.230) by using chisquare to get total p value. So, factor time of waiting also did not be one of the factors. Patients are likely to be dissatisfied with the medical service offered if the primary healthcare waiting time is more than 30 minutes. Furthermore, higher levels of satisfaction are recorded when waiting time in a primary health care centre is used to accomplish a productive activity. (Aburayya, A., Alshurideh, M, 2020).[21]

Table 4 Transportation

Variable "transportation"	Indonesia n (%) (60 respondents)	Malaysia n (%) (60 respondents)	P Value
Cost of transportation*mean (SD) (In USD) *mean(SD)	2.1(2.2)	2.5(2.5)	0.353

The activity of transferring individuals and things from one location to another is referred to as transportation. Transportation is important for the development of urban infrastructure, particularly human resources. Transportation is an important part of the human system, the political system, and the social system. The ability of transportation to service community demands will be significantly influenced by population density. (Mantoro, B., 2021)[22]. But in this study based on the result that receive, based on the respondent's cost of transportation (p-value 0.353) by using Mann Whitney test after normal distribution calculated and shows abnormal distribution. One study has been made in Nigeria that also mention about transportation. In that study major reason that women in Nigeria did not often using PHC are lack of money to pay for health service while for transportation is a minor factor. (Yaya, S. et al, 2018)[23]. This can conclude Cost of transportation not really effect utility of primary health care in community.

In this variable, will be discussing the program by PHC eighter it is suitable for age of respondent which is 18-24 years and is the time of program suitable or flexible with respondent's time. In another regard, the government has already established Adolescent Friendly Health Services (AFHS), also known as Pelayanan Kesehatan Peduli Remaja (PKPR). This programmed has already been implemented in primary health care to address the health concerns of teenagers. (Rohmayanti, R., Rahman, I., 2015.)[24]. Based on the respondents about program by PHC Suitable for their age (p-value 0.736) by using chi-square to get total p value. Based on the respondents about program by PHC Suitable for their time (p-value 0.236), by using chisquare to get total p value. Both variables have value of P-value higher than 0.05 meaning it is not the factor that influences utility of primary health care among youth community. One study has been

made about utility of PHC. The mean age shows were 20 years while for female 23 years, that study taken to put in this discussion because the mean almost same with this research. It mentions that even the program that being held are suitable to their age and time, youth are label as "super-young" and not well understood how important to join that event. Main reason for the program is to let youth community fully understand about risk factor in future so prevention could be done. (Stirling, P et al 2022)[25].

Table 5 Program/Event

Variable "PROGRAM/EVENT"	**Indonesia n (%) (60 respondents)**	**Malaysia n (%) (60 respondents)**	**P Value**
Program by PHC Suitable for age (age of respondent)			0.832
Yes	50(83.3)	52(86.7)	
No	10(16.7)	8(13.3)	
Program by PHC Suitable for time (time/schedule of respondent)			0.236
Yes	32(53.3)	39(65)	
No	28(46.7)	21(35)	

Table 6 Socialization of health service

Variable "SOCIOLIZATION OF HEALTH SERVICES"	**Indonesia n (%) (60 respondents)**	**Malaysia n (%) (60 respondents)**	**P Value**
Information of program (how respondent can get information about program PHC) social media			0.269
printed media friends or relatives	28(46.7)	42(70)	
	2(3.3)	5(8.3)	
	30(50)	13(21.7)	
Residence area (urban/rural)			0.736
Urban	53(88.3)	53(88.3)	
Rural	7(11.7)	7(11.7)	
Cross area (if any obstacle across river/mountain)			0.427
Yes	4(6.7)	3(5)	
No	56(93.3)	57(95)	

Before this, discussion about the program or event that been made by primary health care, now it time to discuss about how the youth community can get information about the program. There are 3 types of choices which are social media, printed media, and friends or relatives. Based on the information of program, about how respondent can get information about program PHC (p-value 0.269. Data that have been shown that this is also not one of the factors that affect the utility of primary health care. This is because even if the youth community gets a lot of information about the program that been doing, they still skill and ignore their health especially street youth (Boydell, K et al 2013)[26]. Besides that, others variable that will be discussed in socialization of health services are residence areas which is either in urban or rural area. Based on the respondent's Residence area (p-value 0.736) by using chi-square to get total p value. This shows that residence area of the respondents is also not one of the factors that affect utility of primary health care in youth community. Based on data from the Health Profile of the Ministry of Health, the number of Puskesmas in Indonesia was 10134 units on 15 October 2020. West Java is the province with the highest number of Puskesmas reaching 1,072 units. Then followed by East Java with 968 units in second place and Central Java with 878 units in third

position. The large population in these three provinces requires a lot of health facilities as well. Meanwhile, the number of Puskesmas in North, Kalimantan is only 55 units, the least in Indonesia and study in Malaysia form University of Management and Technology that primary health care in Malaysia or "Klinik Kesihatan" was enough in rural and urban area . Cross area also will be included in this study, which means that if any obstacles like across river or mountain. The choice for answer is only yes or no. Related to the obstacle like mountain and river, one study has been made that in this area most country already have good enough infrastructure for community after incidence covid-19. (Earley, R. and Newman, P., 2021)[27].

4. Conclusion

This study found that there are difference in the factors that influence the utility of primary health care for youth community in Indonesia and Malaysia which are age and number of family member while there is no difference in the factor that influence utility of PHC for gender, education level, marital status, ethnicity, employment status, incomes , distance from home to PHC , difficulty access to PHC from respondent's house, opinion about crowded waiting area, time of waiting , cost of transportation, program by PHC suitable for their age, program by PHC suitable for their time, information about program PHC and residence area cross area.

Compliance with ethical standards

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Disclosure of conflict of interest

The author declares that there are no conflicts of interest or source of funding.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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