



# RPCPE

ISSN 2613-943X (print)  
ISSN 2620-5572 (online)

Journal Homepage:  
<https://jurnal.ugm.ac.id/rpcpe>

Review of Primary Care Practice and Education  
(Kajian Praktik dan Pendidikan Layanan Primer)

## Health-Seeking Behavior of People in Five Sub-Districts in Karawang Regency

Iqbal Ainnun Azis<sup>1</sup>, Nita Arisanti<sup>2</sup>, Helni Mariani<sup>3</sup>, Dwi Agustian<sup>4</sup>, Wulan Mayasari<sup>5</sup>, Budi Sujatmiko<sup>6</sup>

<sup>1</sup> Undergraduate Medical Study Program; Faculty of Medicine; Universitas Padjadjaran; Indonesia

<sup>2</sup> Department of Public Health; Faculty of Medicine; Universitas Padjadjaran; Indonesia

<sup>3</sup> Department of Public Health; Faculty of Medicine; Universitas Padjadjaran

<sup>4</sup> Division of Epidemiology and Biostatistics; Department of Public Health; Faculty of Medicine; Universitas Padjadjaran, Indonesia

<sup>5</sup> Division of Anatomy; Department of Biomedical Sciences; Faculty of Medicine; Universitas Padjadjaran, Indonesia

<sup>6</sup> Division of Epidemiology and Biostatistics; Department of Public Health; Faculty of Medicine; Universitas Padjadjaran, Indonesia

Corresponding Author:

Iqbal Ainnun Azis: Undergraduate Medical Study Program; Faculty of Medicine; Universitas Padjadjaran, Jalan Raya Bandung-Sumedang Km.21, Jatinangor, Sumedang, Indonesia

Email: [iqbal17012@mail.unpad.ac.id](mailto:iqbal17012@mail.unpad.ac.id)

To cite this article:

Azis IA, Arisanti N, Mariani H, Agustian D, Mayasari W, Sujatmiko B. Health-seeking behavior of people in five sub-districts in Karawang Regency. *Rev Prim Care Prac and Educ.* 2021; 4(2): 9-14.

### ABSTRACT

**Background:** Health-seeking behavior is an individual's action to maintain and improve their degree of health and/or search for treatment, and it is influenced by many factors. **Objectives:** To identify the preferences and reasons of people to visit healthcare facilities. **Methods:** This study was a descriptive study, conducted on November 5<sup>th</sup> 2019 at five sub-districts in Karawang Regency. Data were collected from all respondents using a guided questionnaire by trained enumerators. The respondents who did not complete the questionnaire were excluded from this study. Data were analyzed using Microsoft Office Excel 2013 and presented in percentages. **Results:** Out of 430 subjects, 18.6% were male and 81.4% were female, who were mostly in the age range of  $\geq 18$  years (99.5%). The sub-district health community center (Puskesmas) was the healthcare facilities most frequently visited and most preferred (39.7% and 40.9%), followed by a private clinic (21.3% and 22.3%) and a midwife (18.1% and 17.9%). Additionally, accessibility, affordability of the treatment cost, and waiting time were the main factors that influence people's decision in using the healthcare facilities. **Conclusion:** The sub-district health community center was the healthcare facilities most frequently visited and most preferred by respondents. Accessibility, cost affordability, and waiting time were the factors that influence people's decision in using the healthcare facilities.

**Keywords:** *Health-seeking behavior, healthcare facilities, factors that influence.*

### BACKGROUND

The World Health Organization (WHO) defines health as a dynamic condition of physical, emotional, spiritual, and social well-being, and not just a state free from a disease or an accident. This definition can be described as an ideal achievement from those four aspects<sup>1,2</sup>. Health can also be described as an experience resulting from physical and psychological well-being, where good health and bad health are not a dichotomy but as a unity, so the absence of a disease or disability is not a standard to create good health<sup>3</sup>. In daily life practices, people's understanding of health varies. This can be influenced by many factors, such as their beliefs, culture, age, socioeconomic factors, level of education, and their life experience<sup>4,5</sup>. Health is also considered as a balance, where if it is disturbed subjectively or objectively, it can lead someone to a condition called sickness<sup>1,5</sup>. Being sick is a perception that results from the existence of abnormalities or alteration of a normal bodily physical,

emotional, spiritual, or social conditions that interfere with regular daily activities. After someone becomes sick, then they will feel that they need some treatment (perceived need). If that feeling is accompanied by willingness, then there will be a health-seeking behavior<sup>5,6</sup>. Health seeking behavior can be described as an individual's action to maintain and improve the degree of health and/or search for treatment both for themselves or for the people they take care of<sup>7,8,9,10</sup>. Levesque et al., through their conceptual framework of accessibility towards healthcare facilities, explained that health-seeking behavior is influenced by many factors, both from the society and from the healthcare providers. Good quality of services such as fast wait time, good attitude from the health workers in healthcare facilities, or affordable cost of treatment will influence people's decision to choose healthcare services<sup>11,12,13</sup>. Besides, distance to travel<sup>9,14,15</sup>, transportation availability<sup>16</sup>, and income<sup>17,18</sup> also influence their decision

and health-seeking behavior. The easier the access to healthcare services, the greater is the probability of seeking healthcare services<sup>19</sup>. Accordingly, it is crucial to understand health-seeking behavior because a good health outcome can be achieved from the right health-seeking behavior<sup>20,22,23,24</sup>. According to Primary Health Research in 2018, accessibility to healthcare facilities such as hospitals, primary health care, or independent practice of health workers in Jawa Barat is still not good, with the access to primary health care ranked fourth lowest compared with other provinces in Indonesia<sup>25</sup>. Begashaw et al. said that the study of health-seeking behavior is important because it can help related stakeholders develop effective and beneficial policies to improve the degree of public health<sup>26</sup>. Ridwan et al. also explained that the satisfaction from good quality of services from the healthcare facilities would positively impact the loyalty of patients toward the healthcare facilities<sup>27</sup>. Furthermore, because of the absence of any similar previous research, this present study will be very beneficial to conduct to fill this gap. The objectives of this study were to identify the preferences and reasons of people to visit healthcare facilities.

## RESEARCH METHODS

This study was a part of *Bumi Walagri* program that was called “*Penilaian cepat akses layanan kesehatan primer di lima Kecamatan di Kabupaten Karawang tahun 2019*”. This study was a descriptive study. The respondents were healthy people and patients who visited the Health Community Care (*Pusat Kesehatan Masyarakat*, Puskesmas) in Batujaya, Rengasdengklok, Tempuran, Lemahabang, and Cikampek sub-district in Karawang Regency on Tuesday, November 5<sup>th</sup> 2019. The study setting was chosen by the Health Services of Karawang Regency based on the higher rate of the five diseases that are researched by the *Bumi Walagri* program, that include: HIV/AIDS, Tuberculosis, Diabetes Mellitus, Leprosy, and people with mental illness.

The inclusion criteria were both healthy people and patients who have been selected and invited to become a respondent by the Health Community Center in Batujaya, Rengasdengklok, Tempuran, Lemahabang, and Cikampek sub-district. The exclusion criteria were the respondents who suffered HIV/AIDS, Tuberculosis, Diabetes Mellitus, Leprosy, or mental illness. The sampling technique was purposive sampling where the respondents were chosen by the Health Services of Karawang Regency.

The instrument used in this study was adapted from the *Bumi Walagri* research protocol. The questionnaire was comprised of the respondent's sociodemographic information, most frequently visited and most preferred healthcare, the reason and the barriers of choosing healthcare facilities. This questionnaire was applied to REDCap mobile application. The interview was done by enumerators, who were trained and standardized. They were also given guidelines for using the REDCap application and how to fill out the questionnaires. Moreover, the questionnaires were publicly tested at the Teaching Hospital Padjadjaran University. The data retrieved from the questionnaire were 660 data sets, but only 430 were eligible to use because there were some

doubled data and some questions which were answered incompletely so they could not be analyzed. Data were analyzed using Microsoft Office Excel 2013 and presented in percentage.

## RESULTS

For the analysis of their reason, two missing data were not included because the answers about healthcare facilities could not be identified. The respondents were mostly female (81.4% vs. 18.6%), and there were just two respondents below 18 years old. Approximately 46.5% of respondents are only a primary school graduate. Around 90.2% of the respondents are married. Most of the respondents (76.5%) answered ‘others’ about their occupation, and the next most common answer was a housewife. As many as 55.3% of respondents are a member of *Badan Penyelenggara Jaminan Kesehatan* (BPJS). Around 52.1% of the respondents answered that Health Community Care is the closest healthcare facility to their home, followed by clinic (22.1%). About 75 respondents (17.4%) answered midwives as the nearest healthcare facilities from their home (Table 1).

**Table 1 Sociodemographic Characteristics**

Sociodemographic Characteristic	Number (n=430)	Percentage (%)
Sex		
Male	80	18.6
Female	350	81.4
Age (Years)		
0-17	2	0.5
≥ 18	428	99.5
Marital Status		
Married	388	90.2
Single	13	3
Divorce/widow/widower	29	6.8
Occupation		
Merchant	30	7
Farmer	26	6
Civil Servants	2	0.5
Laborer	29	6.7
Others	329	76.5
Do Not Respond	14	3.3
Last Education Level		
Elementary School	200	46.5
Junior High School	97	22.6
Senior High School	71	16.5
University	3	0.7
Others	42	9.8
Do Not Respond	17	3.9
Healthcare Facilities Closest to Home		
Health Community Center	224	52.1
Clinic	95	22.1
Government Hospital	4	0.9
Private Hospital	3	0.7
Others	91	21.2
Do Not Respond	13	3
Ownership of BPJS*		
Yes	238	55.3
No	184	42.8
Do Not Respond	8	1.9

\*Insurance and Social Security (*Badan Penyelenggara Jaminan Kesehatan*, BPJS)

There were two main questions about healthcare facilities, including: 1) the most frequently visited healthcare facilities; and 2) the most preferred healthcare facilities visited. Sub-district health community center is the healthcare facilities which were most frequently visited and most preferred by

the respondents (39.7% and 40.9%), followed by a private clinic (21.3% and 22.3%). In the third position, there is a midwife (18.1% and 17.9%) (Figures 1 and 2).

The majority of the respondents admit that they like to go to the sub-district health community center because they are easy to access, and their cost of treatment is affordable

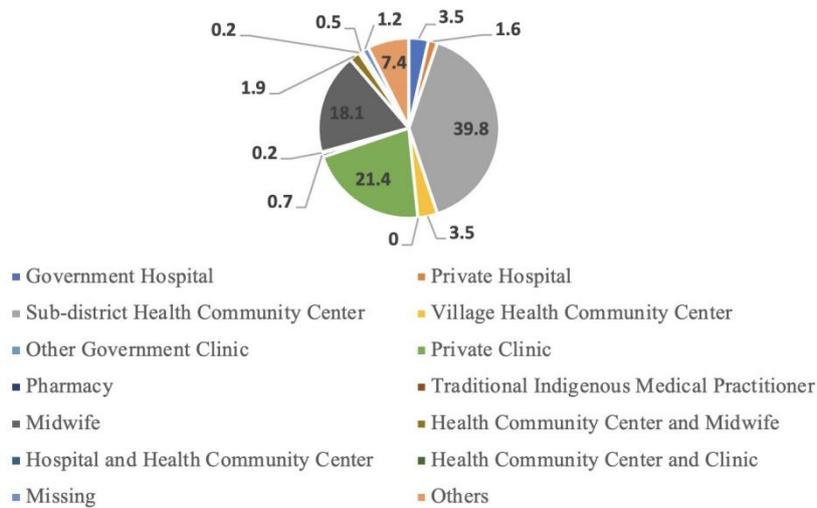


Figure 1. The most frequently visited healthcare facilities

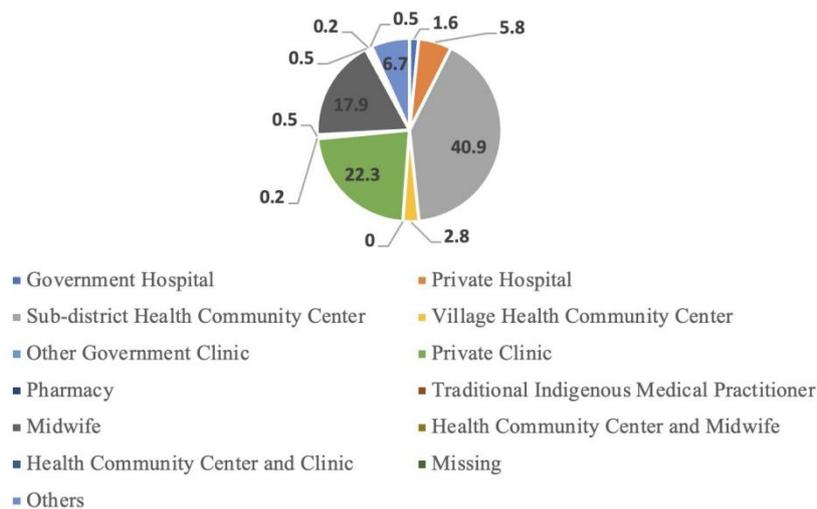


Figure 2. The most preferred healthcare facilities visited

(49.4%). The respondents who choose private clinics and midwives also admit that access to healthcare facilities is easy (45.8% and 62.3%). They admit that the barrier when they go to the sub-district health community center is the long waiting time (21.5%). However, 27.8% of respondents said they never met any barrier when they went to the sub-district health community center. Next, the cost of treatment becomes a barrier for those who choose to go to the private clinic (16.6%), while for those who choose to go to the midwife, waiting time becomes a barrier for them (18.1%) (Tables 2 and 3). The percentages in these tables are calculated from the total respondents who chose the related healthcare facilities. The respondents could choose more than one reason.

**DISCUSSION**

The percentage of the healthcare facilities visited most frequently and most preferred were similar, where sub-district health community center was the first place, followed by a clinic and midwife in the second and third places. These findings correspond with the study conducted

by Ridwan et al. that found people’s satisfaction about the service quality of the healthcare facilities positively impacts the patient’s loyalty<sup>27</sup>. In Table 2, there is the ‘others’ option. This category includes private general practitioner, integrated healthcare center (*Pusat Layanan Terpadu, Posyandu*), and nurses as the healthcare facilities which were the most frequently visited and most preferred for them. In addition, the traditional or indigenous medical practitioner was not discussed in this study because it was only chosen by two respondents, so the result would not be significant.

This study explains that accessibility becomes one of the main reasons people visited sub-district health community center. This because the health community center is the closest healthcare facility for 52.1% of respondents, followed by the clinic (22.1%) and midwife (17.4%). The accessibility to the healthcare facilities depicts that the healthcare facilities’ existence is appropriate with people’s ability to access it. Furthermore, accessibility to the healthcare facilities can increase the utilization of

**Table 2. The reasons why they like the healthcare facilities**

Reason	GH n=7	PH n=25	SHC n=176	VHC n=12	GC n=0	PC n=96	P n=1	TIP n=2	MW n=77	HM n=2	HC n=1	O n=29
Waiting Time	14.3%	28%	20.5%	41.7%	0	20.8%	0	0	42.9%	0	100%	34.5%
Medicine Availability	28.6%	44%	34.7%	58.3%	0	29.2%	0	0	40.3%	0	0	44.8%
Service Days/Hours	28.6%	28%	27.3%	41.7%	0	26%	0	50%	37.7%	0	0	27.6%
Accessibility	85.7%	48%	39.8%	58.3%	0	38.5%	100%	0	54.5%	50%	0	55.2%
Employees' Presence	42.9%	36%	49.4%	66.7%	0	45.8%	0	0	62.3%	0	0	41.4%
Employees' Quality	28.6%	28%	28.4%	41.7%	0	27.1%	0	0	33.8%	0	0	20.7%
Healthcare Facility Cleanliness	85.7%	32%	36.4%	50%	0	35.4%	0	0	46.8%	50%	0	48.3%
Cost of Treatment	57.1%	28%	31.3%	91.7%	0	33.3%	0	0	41.6%	0	0	20.7%
Cost of Medicine	14.3%	24%	49.4%	75%	0	21.9%	0	50%	49.4%	50%	0	27.6%
Patients' Care	14.3%	20%	43.8%	66.7%	0	22.9%	0	0	46.8%	0	0	31%
Service Quality	42.9%	24%	29%	33.3%	0	25%	0	0	35.1%	0	0	20.7%
Privacy	85.7%	36%	46%	41.7%	0	44.8%	0	0	58.4%	0	0	31%
Others	42.9%	24%	16.5%	33.3%	0	20.8%	0	0	22.1%	0	0	6.9%

Note: *GH*, Government Hospital; *PH*, Private Hospital; *SHC*, Sub-district Health Community Center; *VHC*, Village Health Community Center; *GC*, Other Government Clinic; *PC*, Private Clinic; *P*, Pharmacy; *TIP*, Traditional or Indigenous Medical Practitioner; *MW*, Midwife; *HM*, Health Community Center and Midwife; *HC*, Health Community Center and Clinic; *O*, Others

**Table 3. The barriers at the healthcare facilities they liked**

Reason	GH n=7	PH n=25	SHC n=176	VHC n=12	GC n=0	PC n=96	P n=1	TIP n=2	MW n=77	HM n=2	HC n=1	O n=29
Waiting Time	57.1%	20%	21.6%	0	0	11.5%	0	0	18.2%	0	0	13.8%
Medicine Availability	14.3%	4%	8%	0	0	1%	0	0	6.5%	0	0	13.8%
Service Days/Hours	14.3%	8%	3.4%	0	0	8.3%	0	50	13%	0	0	10.3%
Accessibility	42.9%	28%	12.5%	0	0	10.4%	0	50	18.2%	50%	0	13.8%
Healthcare Facility Cleanliness	0	4%	4%	0	0	2.1%	0	0	3.9%	0	0	6.9%
Cost of Treatment	28.6%	16%	12.5%	0	0	16.7%	0	0	11.7%	0	0	13.8%
Cost of Medicine	28.6%	12%	8%	0	0	6.3%	0	0	11.7%	50%	0	13.8%
Others	0	8%	4.5%	8.3%	0	5.2%	0	0	3.9%	0	0	3.4%
No Barriers	14.3%	16%	27.8%	91.7%	0	30.2%	100%	0	33.8%	0	100%	31%

Note: *GH*, Government Hospital; *PH*, Private Hospital; *SHC*, Sub-district Health Community Center; *VHC*, Village Health Community Center; *GC*, Other Government Clinic; *PC*, Private Clinic; *P*, Pharmacy; *TIP*, Traditional or Indigenous Medical Practitioner; *MW*, Midwife; *HM*, Health Community Center and Midwife; *HC*, Health Community Center and Clinic; *O*, Others

the healthcare facilities, so people will not avoid seeking treatment. This also corresponds with the study conducted by Rumengan et al. that found access to healthcare facilities affects how people utilize the healthcare facility<sup>19</sup>. Rahman et al. also mentioned that the close distance to the healthcare facilities affects the health-seeking behavior<sup>28</sup>. Ridwan et al. conducted a study on the students at *Pondok Pesantren Al Bisyrri* at Semarang about their health-seeking behavior. The result is that access to healthcare facilities affects student behavior in health-seeking behavior<sup>27</sup>.

Besides accessibility, the affordable treatment cost also was another factor that affects people to choose sub-district health community center. It also indicated that government health budgeting is covered the people, so the treatment cost that has been given by the healthcare facilities do not become a burden. This corresponds with the study conducted by Anggraheni et al. that found the affordable treatment cost significantly affects people's decisions about healthcare facilities<sup>12</sup> site-specific remedial options. However, contemporary approaches aimed at the effective characterisation of contaminated soils for risk assessment, remedial and regulatory purposes are frequently challenged by knowledge gaps in contaminant bioavailability, mixed contaminant effects and emerging contaminants.

Understanding mixed contaminant interactions at the elemental and molecular levels is, therefore, imperative not only to explain the underlying mechanisms controlling the fate and transport of these contaminants in soils, but also predict their bioavailability, ecotoxicological effects on natural communities under realistic exposure conditions and remediation endpoints. In this paper, scattered literature is harnessed to review specific soil-contaminant interactions, inter-contaminant (metal-metal, organic-organic, metal-organic). According to the study conducted by Chauhan et al., people tend to choose governmental healthcare facilities because their treatment cost is usually cheaper<sup>29</sup>. That is suitable with the findings that most respondents in this study choose sub-district health community center, a governmental healthcare facility. Then, although access to the private clinic is easy, the treatment cost becomes a barrier. There is no government subsidy to the private clinic, so the cost is on their own responsibility. The impact is that only the middle- and high-class society seek a private clinic, while the lower-class society will choose the cheaper facilities. This finding is consistent with the Selma et al. study that found cost is one of the barriers for most people to choose private healthcare facilities<sup>30</sup>.

Another barrier for respondents who choose sub-district

health community centers is waiting time. This finding corresponds with the study conducted by Shaikh et al. that found service quality, such as short waiting time, could affect people's decision about healthcare facilities<sup>13</sup>. Selma et al. found that people's perception of the government healthcare facilities is already good, but they still have procedural problems and complicated administration<sup>30</sup>. This could be an evaluation for the government to fix these barriers; for example, they can shorten the registration procedure or change the administration methods so that it will become easier and faster. This study also shows that waiting time becomes a barrier for respondents who choose a midwife. This may be because many people want to go to the midwife, but the midwife's availability is limited. Maybe the government could make the midwife's number and distribution more evenly distributed to meet the people's needs.

There are some limitations in this study. The questionnaire that was used in this study is normally completed in 30-40 minutes, which may have affected the respondent's concentration in answering the questions. Moreover, even though the interviewer was previously trained, there was no direct supervisor during the interview, so the expected standard answers were not maximally fulfilled; for example, in Table 2, there is a 'missing' category for those who answered the healthcare facilities without mentioning their types.

## CONCLUSIONS

This study concludes that the sub-district health community center is the healthcare facilities most frequently visited and most preferred by the people in five sub-districts in Karawang Regency, followed by a private clinic and midwife. Then, the main reasons that affect people's decision about healthcare facilities are the accessibility and the affordable treatment cost, except for the clinic. Instead, the treatment cost becomes a barrier for them, whereas for the sub-district health community center and midwife, the barrier to choose these healthcare facilities is the long waiting time. Moreover, this study's overall result shows that people's satisfaction with healthcare facilities affects their choice of healthcare facilities.

People, of course, have their own preferred healthcare facilities option to choose. This should be a concern of the healthcare provider, so they can continue to improve their service quality. On the other side, the government can consider these findings to make an effective and beneficial policy for society, especially about the healthcare facilities. To maximize the results of the similar study in the future, the analysis of health-seeking behavior should be collaborated with the data of the geographic availability of the healthcare facilities.

## Acknowledgments

None.

## Ethical Approval and Informed Consent

The ethical approval was obtained from the Ethics Committee of the Faculty of Medicine Padjadjaran University No: 1359/UN6.KEP/EC/2019 that was

integrated with *Bumi Walagri* program.

## Funding

This study was fully funded by Faculty of Medicine, Universitas Padjadjaran.

## Availability of Data and Material

Data are not available due to the research ethical restrictions and the participants did not agree for their data to be shared publicly.

## Conflicts of Interest

None.

## REFERENCES

1. Patwardhan B, Mutalik G, Tillu G. Integrative approaches for health: biomedical research, Ayurveda and Yoga. Academic Press; 2015 Mar 31. 59–64 p.
2. McCartney G, Popham F, McMaster R, Cumbers A. Defining health and health inequalities. *Public Health*. 2019 Jul 1;172:22-30.
3. Card AJ. Moving beyond the WHO definition of health: a new perspective for an aging world and the emerging era of value-based care. *World Medical & Health Policy*. 2017 Mar;9(1):127-37.
4. Poortaghi S, Raiesifar A, Bozorgzad P, Golzari SE, Parvizy S, Raffi F. Evolutionary concept analysis of health seeking behavior in nursing: a systematic review. *BMC Health Services Research*. 2015 Jun;15(1):1-8.
5. Setyawan FE. Healthy Paradigm. *Saintika Medika: Jurnal Ilmu Kesehatan dan Kedokteran Keluarga*. 2012 Aug 2;6(1).
6. Musadad DA, Rahajeng E, Syaifei L, Notoatmojo S. Search behavior for community health services in Kampung Naga, Tasikmalaya Regency. *Media Penelitian dan Pengembangan Kesehatan*. 1997;7(03):158787.
7. Webair HH, Bin-Gouth AS. Factors affecting health seeking behavior for common childhood illnesses in Yemen. *Patient Prefer Adherence*. 2013;7:1129–38.
8. Oberoi S, Chaudhary N, Patnaik S, Singh A. Understanding health seeking behavior. *Journal of Family Medicine and Primary Care*. 2016 Apr;5(2):463-4.
9. Afolabi MO, Daropale VO, Irinoye AI, Adegoke AA. Health-seeking behaviour and student perception of health care services in a university community in Nigeria. *Health (Irvine Calif)*. 2013;817–24.
10. Eissler LA, Casken J. Seeking health care through international medical tourism. *J Nurs Scholarsh*. 2013 Jun;45(2):177-84.
11. Levesque J, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*. 2013 Dec;12(1):1-9.
12. Anggraheni NV, Abi Muhlisin H, Ambarwati SP. Factors that influence community decision making to choose health services at the PKU Muhammadiyah Simo Hospital, Boyolali Regency [Doctoral dissertation]. Surakarta: Universitas Muhammadiyah Surakarta; 2012.
13. Shaikh BT, Haran D, Hatcher J. Where do they go, whom do they consult, and why? Health-seeking behaviors in the northern areas of Pakistan. *Qualitative Health Research*. 2008 Jun;18(6):747-55.
14. Rahman FL, Riyanti E, Huda S. Factors related to the search for health services (health seeking behavior) in Nursing Study Program students who experience complaints of dysmenorrhea at Diponegoro University. *Jurnal Kesehatan Masyarakat (e-Journal)*. 2017 Aug 1;5(3):519-26.
15. Hidayat D, Setiawati EP, Soeroto AY. Description of tuberculosis patient seeking behavior in Bandung City. *J Sist Kesehat*. 2017;3(2):65–72.
16. Anselmi L, Lagarde M, Hanson K. Health service availability and health seeking behaviour in resource poor settings: evidence from Mozambique. *Health Econ Rev*. 2015;5(1):1–13.
17. Gupta I, Dasgupta P. Health-seeking behaviour in urban Delhi: an exploratory study. *World Health Popul*. 2000;3:2-10.
18. Saeed BI, Abdul-Aziz AR. Assessing the influential factors on the use of healthcare: evidence from Ghana. *International Journal of Business and Social Science*. 2013 Jan 1;4(1):12–20.

19. Rumengan DSS, Umboh JML, Kandou GD. Factors associated with the utilization of health services for BPJS health participants at the Puskesmas Paniki Bawah, Mapanget District, Manado City. *Jikmu Suplemen*. 2015;5(2):88–100.
20. Musoke D, Boynton P, Butler C, Musoke MB. Health seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. *Afr Health Sci*. 2014Dec;14(4):1046–55.
21. Qureshi RN, Sheikh S, Khowaja AR, Hoodbhoy Z, Zaidi S, Sawchuck D, et al. Health care seeking behaviours in pregnancy in rural Sindh, Pakistan: a qualitative study. *Reprod Health*. 2016 Jun;13(1):75-81.
22. Thompson AE, Anisimowicz Y, Miedema B, Hogg W, Wodchis WP, Aubrey-Bassler K. The influence of gender and other patient characteristics on health care-seeking behaviour: a QUALICOPC study. *BMC Fam Pract*. 2016 Dec;17(1):1-7.
23. Atwine F, Hulstj  S, Albin B, Hjelm K. Health-care seeking behaviour and the use of traditional medicine among persons with type 2 diabetes in south-western Uganda: a study of focus group interviews. *Pan Afr Med J*. 2015;20(1):1–13.
24. Dias S, Gama A, Cortes M, de Sousa B. Healthcare-seeking patterns among immigrants in Portugal. *Heal Soc Care Community*. 2011 Sep;19(5):514-21.
25. Ministry of Health, Republic of Indonesia. West Java Province basic health research results report (Risksedas) 2018. Badan Penelitian dan Pengembangan Kesehatan; 2018.
26. Begashaw B, Tessema F, Gesesew HA. Health care seeking behavior in Southwest Ethiopia. *PLoS One*. 2016 Sep 14;11(9):e0161014.
27. Ridwan I, Saftarina F. Health facility services: patient satisfaction and loyalty factors. *J Major*. 2015 Dec 1;4(9):20-6
28. Rahman AN, Prabamurti PN, Riyanti E. Factors related to health seeking behavior among students at Al Bisyril Tinjomoyo Islamic Boarding School Semarang. *Jurnal Kesehatan Masyarakat (Undip)*. 2016 Nov 2;4(5):246-58.
29. Chauhan RC, Manikandan PA, Samuel A, Singh Z. Determinants of health care seeking behavior among rural population of a coastal area in South India. *Int J Sci Rep*. 2015 Jun;1(2):118-22.
30. Siahaan S. Factors that influence the use of private health service facilities. *Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan*. 2018 Aug 22:87-94.