

Willingness To Pay And Ability To Pay Child Follow-Up Immunization In Medan City

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Abstract.

Immunization must be given to children starting from infancy and is a mandatory program from the government. Immunization can be provided free of charge at community health centers but can also be paid (carried out independently) at other health service facilities such as private clinics. The aim of this research is to determine the factors that influence Willingness To Pay and Ability To Pay at the Medan South Area Health Center and Rumah Zakat Pratama Clinic in Medan City. This type of research is quantitative research with descriptive analytics using cross sectional methods. Research data was obtained using a questionnaire given to 150 respondents from both research sites, namely the health center and clinic. Job criteria are education and knowledge for willingness to pay, while number of family members, accessibility, income and expenses are associated with ability to pay. Data analysis to see the relationship used the chi-square test ($\alpha=0.05$). The results of the research show that there is a relationship between education, work and knowledge among respondents at community health centers and clinics with willingness to pay (WTP) with $p<0.05$ and there is a significant relationship between respondents at both community health centers and clinics where accessibility criteria are met. ability to pay (ATP) with a p value <0.05 .

Keywords: Ability To Pay (ATP), Educatio, Knowledge, and Immunisation, Willingness to Pay (WTP).

I. INTRODUCTION

Immunisation is an effort to actively increase a person's immunity to a disease so that if one day exposed to the disease does not immediately get sick or only experiences mild pain, with the main objective of providing protection against diseases that can be prevented by immunisation, reducing morbidity, disability, and mortality from diseases that can be prevented by immunization [1], [2]. In the Global Vaccine Action Plan 2011-2020 published by WHO (World Health Organization), immunisation can avoid approximately 2.5 million deaths each year. If individuals are immunised, they can be protected from preventable diseases such as tuberculosis, diphtheria, pertussis, measles, polio, tetanus, hepatitis-B, and pneumonia. A person who has been immunised has a better chance of growing and realising their abilities and the benefits continue to increase with repeat immunisations in childhood and adulthood. Immunisation is part of a comprehensive package of interventions for disease prevention and control, making it an investment in the future of the world [3]–[5]. Follow-up immunisation is a repeat of basic immunisation to maintain the level of immunity and to extend the protection period of children who have received complete basic immunisation. A person is declared to be fully immunised if they have been immunised according to the schedule and age that has been determined [6]. Follow-up immunisation can be given to children under 2 years of age (Baduta), elementary school age children (SD), and women of productive age (WUS). In achieving the expected recovery, sometimes a person needs help from other parties, namely health care facilities, one of which is the Puskesmas. Puskesmas is the first level implementing unit of the Health Office which is responsible for the implementation of health development in a working area.

One of the tasks of the Puskesmas is to maintain and improve the health of individuals, families, and communities and their environment. So that an area can be well maintained. But in reality, Puskesmas must compete with other health care facilities such as hospitals, private clinics, doctor's practices, etc. This is due to community dissatisfaction. This is due to public dissatisfaction with the Puskesmas in many ways. The dissatisfaction is a gap between the need and demand for health services [3]. Patient satisfaction is the goal of health care delivery and is one of the signs of good quality services provided. Satisfied patients will comply with instructions and continue further immunisation. For this reason, efforts are needed to improve the quality of existing health services and facilities and in setting immunisation rates must be proportional to the

expertise and desire of parents who have children aged 1-5 years to pay some money for the services provided. Because the value of Willingness to Pay (WTP) and Ability to Pay (ATP) affects the consumptive level of service users [3], [7], [8]. Based on the background description above, the author would like to research on "Willingness to Pay and Ability to Pay for Advanced Childhood Immunisation in Medan City". The author chose the research objects of Puskesmas and clinics because these objects have a role as policy makers and play a role in implementing policies in achieving health development goals in their working areas.

II. METHODS

This type of research is descriptive with a cross sectional study design using a quantitative approach. This study was conducted at the Medan Area Selatan Community Health Centre and the Rumah Zakat Primary Clinic. The location was chosen based on the number of toddlers who immunised at the puskesmas and clinic. The implementation of this research was carried out in early March 2022. The sample size was 150 people who were taken by purposive sampling [9], [10].

Inclusion and Exclusion Criteria

Inclusion criteria: Mothers of children aged between 1 and 5 years who have complete basic immunisation status. Mothers who are willing to become research respondents by signing informed consent. Respondents can read and write.

Exclusion criteria: Mothers who do not live at home with their children. Mothers who filled out the questionnaire incompletely. Not able to communicate and read well

Data Analysis

The chi-square test is conducted to see whether there is a relationship between willingness to pay (WTP) and ability to pay (ATP) using the level of significance (α) = 0.05, where if $p < \alpha$ (0.05), it can be concluded that there is a significant relationship between the dependent variable and the independent variable [9], [10]

III. RESULT AND DISCUSSION

Distribution of Respondents' Characteristics

Respondents in this study amounted to 150 people of these 150 people were divided in 2 work areas, namely the South Medan Area Puskesmas work area as many as 68 people and in the work area of the Pratama Clinic of Rumah Zakat Medan City as many as 82 people. The characteristics of respondents in this study include occupation, education, number of family members, income, expenditure and gender. For the results of the overall characteristics of respondents can be seen in table 1. Table 1 shows that all respondents were female because mothers always bring their children for immunisation. A woman is also more concerned about the health of her family, especially her child. Non-working mothers also brought their children for immunisation at this puskesmas because they had more free time (82.4%) or almost 5 times that of working mothers. Whereas mothers who brought their children to the clinic were more likely to work (52.4%) slightly more than mothers who did not work 47.6%. Based on the level of education, the most dominant is SMA / SMK graduates both in mothers who bring their children to the health centre or who bring their children to the clinic (more than 50%). Mothers who brought their children to the clinic were more likely to have a high school education level, but more were working because working meant that they would have more income to bring their children to the clinic because they had to pay privately.

In addition, those who bring their children to the puskesmas also have a D3 or S1 degree and there are more of them than those who bring their children to the clinic. The number of family members who were 3 or more people had a percentage that was not much different between immunisation at the puskesmas and at the clinic, with a percentage of 50%. The majority of respondents in the work area of Puskesmas Medan Area Selatan, had a family size of 4- $\geq$ 5 people as many as 34 respondents (50.0%) and a family size of 3 people as many as 34 respondents (50.0%). The majority of respondents in the working area of the Rumah Zakat Pratama Clinic, had a family size of $\geq$ 4 people as many as 47 respondents (57.3%) and a family size of 0-3 people as many as 35 respondents (42.7%). The majority of respondents in the Medan Area Selatan

Health Centre working area, with the most family income per month $\geq$ Rp.3,500,000 were 22 respondents (32.4%), while respondents whose income was based on the range of Rp.500,000 - Rp.1,500,000 were only 4 respondents (5.9%), the range of Rp.1,500,000 - Rp.2,500,000 were 20 respondents (29.4%), the range of Rp.2,500,000 - Rp.3,500,000 were 22 respondents (32.4%). The most family expenditure classification per month based on respondents with expenditure $\geq$ Rp.3,500,000 was 10 respondents (14.7%), while respondents who spent per month based on the range of Rp.500,000- Rp.1,500,000 were only 12 respondents (17.6%), the range of Rp.1,500,000 - Rp.2,500,000 was 34 respondents (50.0%), the range of Rp.2,500,000 - Rp.3,500,000 was 12 respondents (17.6%).

Greater income will increase the desire for greater health care. If income increases, the income line will shift right so that the amount of goods and services health goods and services increases. In a society with low-income society, will fulfil needs of goods first, after the need for goods is fulfilled will consume health [11]–[13] The majority of respondents in the Rumah Zakat Pratama Clinic work area, with the most family income per month $\geq$ Rp.3,500,000 as many as 62 respondents (75.6%), while respondents whose income is based on the range of Rp.500,000 - Rp.1,500,000 are only 2 respondents (2.4%), the range of Rp.1,500,000 - Rp.2,500,000 as many as 7 respondents (8.5%), the range of Rp.2,500,000 - Rp.3,500,000 as many as 11 respondents (13.4%). The most family expenditure classification per month based on respondents with expenditure $\geq$ Rp.3,500,000 was 17 respondents (20.7%), while respondents who spent per month based on the range of Rp.500,000- Rp.1,500,000 were only 4 respondents (4.9%), the range of Rp.1,500,000 - Rp.2,500,000 was 25 respondents (30.5%), the range of Rp.2,500,000 - Rp.3,500,000 was 36 respondents (43.9%). The ability to pay the health insurance budget is highly influenced by one's income level. level of a person's income. The income factor and the number of dependents in the family have a significant effect on the ability to pay[14], [15]

Table 1. Distribution of Respondent Characteristics

Characteristics of Respondents	Primary healthcare		Clinic	
	N	%	N	%
Gender				
Male	0	0	0	0
Female	68	100,0	82	100,0
Total	68	100	82	100
Employment				
Not working	56	82,4	39	47,6
Work	12	17,6	43	52,4
Total	68	100	82	100,0
Education				
Elementary school	0	0	0	0
Junior high school	1	1,5	7	8,5
Senior High School	38	55,9	60	73,2
Diploma	12	17,6	7	8,5
Bachelor	17	25,0	8	9,8
Total	68	100,0	82	100,0
Number of Family Members				
3 people	34	50,0	35	42,7
$\geq$ 4 people	34	50,0	47	57,3
Total	68	100,0	82	100,0
Income				
Rp500.000-Rp1.500.000	4	5,9	2	2,4
Rp1.500.000-Rp2.500.000	22	32,4	7	8,5
Rp2.500.000-Rp3.500.000	20	29,4	11	13,4
$\geq$ Rp3.500.000	22	32,4	62	75,6
Total	68	100,0	82	100,0
Expenditure				
Rp500.000-Rp1.500.000	12	17,6	4	4,9
Rp1.500.000-Rp2.500.000	34	50,0	25	30,5
Rp2.500.000-Rp3.500.000	12	17,6	36	43,9
$\geq$ Rp3.500.000	10	14,7	17	20,7
Total	68	100,0	82	100,0

Number of respondents for each criterion, both at the health center and clinic. From table 2 it can be seen that from the work criteria for the work area at the health center, data is obtained that the number of patients who work is less than those who do not work, where those who do not work are 8 times more than those who work. But the willingness to pay for immunization is greater among those who do not work. This may be because even though the patient does not work, he actually wants to pay for immunization himself if he has more income. Meanwhile, in clinics, more working patients want to pay independently for their children's immunizations, because patients have the ability to pay independently because they work. Respondents with high school/vocational education levels have a greater desire to pay for immunizations independently, even though immunization is carried out at the community health center. Meanwhile, in clinics, SMA/SMK respondents dominate the number and most are willing to pay for immunization independently. In terms of willingness to pay criteria, respondents at the health center mostly have sufficient capacity. This means that with sufficient ability regarding immunization, parents of immunized children will still be willing to carry out immunization even if they have to pay. The percentage of those with a low level of knowledge but who were willing to pay if required was 56.5% to respond at the community health center, while those who were not willing were 43.5%.

Meanwhile, respondents in clinics were almost the same as in community health centers, most respondents had sufficient knowledge and were willing to pay for immunization if required. Respondents in clinics had a low level of knowledge with a percentage of 52.9%. Meanwhile, willingness to pay despite low knowledge in the community health center area was 47.1%. The number of family members can indeed affect the family's ability to pay, the more family members, the greater the expenses. However, according to the results of this study, respondents in community health centers, even though the number of family members was >4, 88.2% of patients were still able to pay for immunization if required by the government. Meanwhile, more respondents at the clinic were able to pay even though their family members were larger. About 85.1%. Accessibility can also affect respondents' ability to pay. From the results of the table above, it can be seen that more respondents from the Public Health Center have the ability to pay if accessibility is easy (97.8%), although if accessibility is difficult there are still respondents who are able to pay for immunization (68.2%). For clinic respondents, data was obtained even though accessibility was difficult. Respondents at the clinic were dominated by respondents who were able to pay for immunization independently (90.8%).

The amount of income really influences a person's ability to pay for goods/services, including immunizations. From the table above, it can be seen that for respondents in community health centers with income $\geq$ Rp. 3,500,000, there is not much difference between those who can and those who cannot afford to pay for immunization, where those who can afford it are 54.5% and those who cannot afford it 45.5%. Respondents in clinics with income $\geq$ Rp. 3,500,000 are mostly able to pay for immunizations, because in clinics you have to pay for immunizations independently. Expenditures are indeed something that is important to influence a person's ability to pay for goods/services. From table 2 it can be seen that respondents in community health centers even though their expenses are $\geq$ Rp. 3,500,000, there are still 60% of 10 people who have the ability to pay for insurance. . For the respondents in the clinic, it can be seen that the expenditure of IDR 2,500,000 - IDR 3,500,000 is the highest for those who have the ability to pay for immunizations where of the 36 respondents, there are 21 people who have expenses of IDR 2,500,000 - IDR 3,500,000 but has the ability to pay.

Table 2. Number of respondents for each criterion, both at the health center and clinic

Criteria	WTP primary healthcare				Total	
	Unwilling to pay		Willing to pay			
	N	%	N	%	N	%
Employment						
Not working	7	12,5	49	87,5	56	100
Work	3	25	9	75	12	100
Total	10	14,7	58	85,3	68	100
WTP Clinic						
Employment						

Not working	14	35,9	25	64,1	39	100
Work	4	9,3	39	90,7	43	100
Total	18	22	64	78,0	82	100
WTP primary healthcare						
Education						
Elementary school	0	0	0	100	0	100
Junior high school	0	0	1	100	1	100
Senior High School	5	13,2	33	86,8	38	100
Diploma	1	8,3	11	91,7	12	100
Bachelor	4	23,5	13	76,5	17	100
Total	10	14,7	58	85,3	68	100
WTP Clinic						
Education						
Elementary school	0	0	0	100	0	100
Junior high school	6	85,7	1	14,3	7	100
Senior High School	9	15,0	51	85,0	60	100
Diploma	2	28,6	5	71,4	7	100
Bachelor	1	12,5	7	87,5	8	100
Total	18	22,0	64	78,0	82	100
WTP primary healthcare						
Knowledge						
Not enough	10	43,5	13	56,5	23	100
Enough	0	0	45	100	45	100
Good	0	0	0	100	0	100
Total	10	14,7	58	85,3	68	100
WTP Clinic						
Knowledge						
Not enough	18	52,9	16	47,1	34	100
Enough	0	0	48	100	48	100
Good	0	0	0	100	0	100
Total	18	22,0	64	78,0	82	100
ATP Primary healthcare						
Number of Family Members		Unable to pay		Ability to pay		
3 orang	4	11,8	30	88,2	34	100
≥4 orang	4	11,8	30	88,2	34	100
Total	8	11,8	60	88,2	68	100
ATP Clinic						
Number of Family Members						
3 people	6	17,1	29	82,9	35	100
≥4 people	7	14,9	40	85,1	47	100
Total	13	15,9	69	84,1	82	100
ATP primary healthcare						
Accessibility						
Easy	1	2,2	45	97,8	46	100
Difficult	7	31,8	15	68,2	22	100
Total	8	11,8	60	88,2	68	100
ATP Clinic						
Accessibility						
Easy	6	9,2	0	0	6	100
Difficult	7	100	69	90,8	76	100
Total	13	15,9	69	84,1	82	100
ATP primary healthcare						
Income						
Rp.500.000	- 4	100,0	0	0,0	4	100

Rp.1.500.000						
Rp.1.500.000	- 22	100,0	0	0,0	22	100
Rp.2.500.000						
Rp.2.500.000	- 20	100,0	0	0,0	20	100
Rp.3.500.000						
≥ Rp.3.500.000	10	45,5	12	54,5	22	100
Total	56	82,4	12	17,6	68	100
ATP Clinic						
Income						
Rp.500.000	- 2	100	0	0	2	100
Rp.1.500.000						
Rp.1.500.000	- 7	100	0	0	7	100
Rp.2.500.000						
Rp.2.500.000	- 11	100	0	0	11	100
Rp.3.500.000						
≥ Rp.3.500.000	19	30,6	43	69,4	62	100
Total	39	47,6	43	52,4	82	100
ATP primary healthcare						
Expenditure						
Rp.500.000	- 11	91,7	1	8,3	12	100
Rp.1.500.000						
Rp.1.500.000	- 32	94,1	2	5,9	34	100
Rp.2.500.000						
Rp.2.500.000	- 9	75,0	3	25,0	12	100
Rp.3.500.000						
≥ Rp.3.500.000	4	40,0	6	60	10	100
Total	56	82,4	12	17,6	68	100
ATP Clinic						
Expenditure						
Rp.500.000	- 4	100	0	4	4	100
Rp.1.500.000						
Rp.1.500.000	- 11	44	14	56	25	100
Rp.2.500.000						
Rp.2.500.000	- 15	41,7	21	58,3	36	100
Rp.3.500.000						
≥ Rp.3.500.000	9	52,9	8	47,1	17	100
Total	39	47,6	43	52,4	82	100

Bivariate Test between the Independent Variable and the Dependent Variable at the Medan Area Selatan Health Center and Rumah Zakat Pratama Clinic

From table 3 it can be seen that employment, education and knowledge have a significant relationship for both respondents at the health center and at the clinic. Regarding willingness to pay. Meanwhile, the number of family members and expenses do not have a significant relationship with the respondent's ability to attend the clinic. For respondents at the community health center, the number of family members, income and expenses did not have a significant relationship with the ability to make payments. Meanwhile, in both community health centers and clinics, the accessibility criteria have a significant relationship with a p value <0.05.

Table 3. Bivariate Test Results between Independent Variables and Dependent Variables at Medan South Area Community Health Center and Medan City Zakat Home Pratama Clinic

Independent variable	Dependent variable	P Value Primary helathcare	P value Clinic	Information
Occupation	Willingness To Pay (WTP)	0,000	0,000	Correlation
Education		0,000	0,000	Correlation
Knowledge		0,000	0,000	Correlation
Number of	Ability To Pay	0,645	0,508	No Correlation

Members Family Accessibility	(ATP)			
	0,001	0,000	Correlation	
Income	0,593	0,000	No Correlation	
Expenditure	0,292	0,745	No Correlation	

People with higher incomes or higher paying jobs may have higher WTP because they have greater financial means. A person with a lower income may have a lower WTP for certain goods or services due to financial limitations. Education level can affect the perceived value of a product or service. People with higher education may be more likely to understand the benefits of a product or service and therefore be willing to pay more for it. Knowledge of the product or service can also affect WTP. People who are more knowledgeable about the features, benefits, or quality of a product may be more willing to pay more because they understand the added value it provides.

However, it is important to note that psychological factors, personal preferences, and an individual's financial situation also play an important role in determining one's WTP for a product or service. Moreover, in economic analysis, there are various models and theories used to understand WTP behaviour that involve more complex factors, such as price elasticity, consumer preferences, and market demand [16], [17]. The relationship between accessibility and ability to pay is often intertwined in the context of consumer decisions. For example, a person may have high financial means (ability to pay) but still be unable to access a good or service due to factors such as geographical location or limited availability (accessibility issues). On the other hand, a person may have good access to a good or service but not enough financial means to pay for it [18]–[20]

IV. CONCLUSION

There is a correlation between occupation, education and knowledge on willingness to pay and there is a relationship between accessibility and ability to pay with p value <0.05 while the number of family members, income and expenses do not affect the ability to pay.

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