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Application of the Health Belief Model to Analyze Factors Influencing Public Intention to Participate in the Free Health Check-up Program in Sragen Regency, Indonesia

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ABSTRACT

Background: The Free Health Check Program (*Cek Kesehatan Gratis*) is a promotive and preventive initiative aimed at improving early detection of health problems in the community. Public interest in participating in the program may be influenced by factors explained by the Health Belief Model (HBM). This research is to analyze factors influencing public interest in the Free Health Check Program based on the Health Belief Model.

Subjects and Method: This quantitative study employed a cross-sectional design. The research was conducted in six community health centers (Puskesmas) in Sragen Regency involving 246 respondents. The variables examined were perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action. Data were analyzed using logistic regression. The research was analyze by STATA.

Results: Perceived benefits significantly influenced public interest in participating in the CKG Program (OR=2.98; 95%CI=1.08 to 8.21; p=0.03). Cues to action also showed a significant effect (OR=3.12; 95%CI=1.09 to 8.94; p=0.03). Meanwhile, perceived barriers (OR=3.12; 95%CI=0.17 to 1.05; p=0.06), perceived susceptibility (OR=1.22; 95%CI 0.55 to 2.70; p=0.62), perceived severity (OR=1.14; 95%CI 0.51 to 2.53; p=0.75), and self-efficacy (OR=1.00; 05%CI 0.34 to 2.90; p=0.99) were not significantly associated with public interest. Collectively, all HBM variables significantly affected public interest in the program (Prob > chi^2=0.019).

Conclusion: Perceived benefits and cues to action are the main factors influencing public interest in participating in the Free Health Check Program in Sragen Regency.

Keywords: Health Belief Model, Public Interest, Free Health Check Program

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BACKGROUND

The Free Health Checkup Program (CKG), launched by the President in 2025, is one of the national strategies aimed at improving the early detection of noncommunicable diseases while strengthening promotive and

preventive services at primary health care facilities. The Free Health Checkup Program (CKG) has achieved a significant milestone, with the number of participants attending surpassing 70 million as of December 29, 2025. According to data from the end of December 2025, there was 70,292,151 participants attended out of a total of 73,128,356 registrants, or 96.12 percent. This achievement was dominated by the General CKG, with an attendance rate of 96.97 percent. Of the 47,393,692 registrants, 45,957,044 people were recorded as having attended and taken advantage of the free health check-up services provided by the government (Ministry of Health of Indonesia, 2025).

CKG aims to identify physical, mental, and social health risk factors, pre-disease conditions, and diseases, in order to maintain productivity, improve quality of life, and increase life expectancy among the population. CKG is provided to the entire population throughout the life cycle, from newborns to the elderly. Health checkups for adults are conducted based on available human resources and medical equipment; where possible, patients may be referred to community health centers with greater capacity (Ministry of Health of Indonesia, 2026).

A gap in this study is that the CKG rate in Sragen Regency has not yet met the government's 2025 target, standing at only 36% (Central Java Provincial Government, 2025). Public interest is one of the key factors believed to significantly influence a person's decision to participate in a health screening program. Interest reflects public engagement, an understanding of the benefits, and the motivation to use preventive health services (Chien et al., 2022). Without sufficient interest, even free service programs can face difficulties in achieving maximum reach; public interest can be explained using the Health Belief Model. The Health Belief Model was chosen because it focuses more on individual perceptions and beliefs that influence interest in preventive health behaviors, including participation in CKG (Glanz et al., 2022).

Interest is a tendency to pay attention to and act upon people, activities, or situations that are the object of that interest. Public interest is the willingness of an individual or group to possess or use an object that is relevant to them, accompanied by a feeling of pleasure and without coercion from others (Cho and Cho et al., 2022).

HBM is a theory of expected value; the concept of expected value in the context of health behavior refers to the desire to avoid illness and achieve good health, as well as the belief that certain healthy actions can be taken to prevent and reduce illness. These expectations are then explained in relation to individuals' assessments of their personal vulnerability to disease and the severity of that disease, as well as their perceived ability to reduce the threat through personal actions such as adopting a healthy lifestyle (Glanz et al., 2022).

The six factors in the HBM are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Perceived susceptibility to noncommunicable diseases encourages people to pay closer attention to their health, especially when they feel they are at risk due to family history, age, or certain symptoms. The more an individual accepts that they are vulnerable to noncommunicable and chronic diseases, the more likely they are to adopt healthy lifestyle behaviors to avoid those risks. (Taniguchi et al., 2023).

Perceived severity may also play a role, as public awareness of the serious consequences of chronic diseases such as diabetes and hypertension can increase the

sense of urgency to undergo early screening. This perception of severity refers to the perception of the social and physical consequences that a person experiences as the suffering associated with an illness (Alkhaldi et al., 2026).

On the other hand, perceived benefits of the CKG program such as the opportunity to receive a comprehensive health checkup at no cost can encourage the public to take greater interest in utilizing these services. Perceptions of benefits are divided into early detection efficacy, psychological peace of mind, and treatment efficiency. Early detection efficacy refers to how effective the process of identifying health issues is. This occurs in the very earliest phase, before symptoms become serious, allowing for earlier intervention, which increases the likelihood of recovery, prevents complications, and enables more efficient and cost-effective treatment compared to treatment at later stages. Psychological peace of mind means inner peace and tranquility, emotional stability, the ability to think clearly, and the ability to maintain balance in life. Efficient management means being able to save on treatment costs by being better prepared and more vigilant about one's own physical condition whether one is still healthy or showing symptoms of illness (Centers for Disease Control and Prevention, 2025).

Perceived barriers such as fear of test results, the belief that testing is time-consuming, or previous negative experiences at health care facilities can reduce public interest in participating (Gasper et al., 2025). Cues to action can also be an important factor in increasing interest, including encouragement from healthcare professionals, media campaigns, or physical symptoms that individuals experience when they feel healthy. Cues to action are divided into internal triggers, media/digital triggers, and interpersonal influences. Internal triggers in cues to action are factors originating within the individual, such as awareness of disease symptoms, the emergence of fear of harm, belief in the benefits of an action, and past experiences that shape the motivation to engage in healthy behaviors which differ from external triggers such as advertisements or encouragement from others. Media or digital triggers are factors related to the influence of social media on the public's desire to seek healthcare services. Interpersonal influences include personal influence, direct communication, and social support that encourage a person to take specific health-related actions (Alyafei and Easton-Carr, 2024).

Self-efficacy or the public's confidence in accessing health care services also determines the extent to which they feel capable and confident in participating in the CKG program (Zelya et al., 2025). This study aims to investigate whether the interest of the community in Sragen Regency in practicing CKG is influenced by these six factors in the HBM.

SUBJECTS AND METHOD

1. Study Design

This was a cross-sectional study conducted in 6 community health care centers located in Sragen Regency, Central Jawa, Indonesia from March until the end of April 2026.

2. Population and Sample

The target population of this study was all of patient in 6 community health care centers, The study was conducted at six community health centers representing different geographical areas in the region, namely two community health centers in the northern rural area (Gesi Community Health Center and Sukodono Community Health Center), two community health centers in the central urban area (Sragen

Community Health Center and Karangmalang Community Health Center), and two community health centers in the southern rural area (Kedawung 1 Community Health Center and Sambirejo Community Health Center). Research sample selection was conducted using purposive sampling of 246 respondents selected using the Lemeshow sampling technique.

3. Study Variables

The independent variables in this study included 6 factors of Health Belief Model such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The dependent variable in this study is public interest.

4. Operational Definition of Variables

Public Interest is an individual's desire or intention to participate in a free health screening program (Chien et al., 2020).

Perceived Susceptibility is an individual's perception or belief regarding their own vulnerability to the risk of a particular disease or health condition.

Perceived Severity is perceptions of how serious a medical condition is and its impact, including symptoms and social and economic consequences.

Perceived Benefit is individuals' beliefs about the benefits of free health screenings.

Perceived Barrier is perceptions of barriers or negative aspects of engaging in health-promoting behaviors.

Cues to Action is an external or internal factors that encourage people to take advantage of free health screenings.

Self Efficacy is an individual's belief in their ability to successfully engage in healthy behaviors and overcome barriers during free health screenings.

5. Study Instruments

Public interest, perceived susceptibility, perceived severity, perceived benefit, perceived barrier, cues to action, and self-efficacy were measured using questionnaires that had been tested for validity and reliability. Public interest was assessed using two items, namely wishes and recommendations. Perceived susceptibility consisted of nine items grouped into three dimensions: Personalized Genetic Risk, Lifestyle Vulnerabilities, and Asymptomatic Risk, with three items in each dimension. Perceived severity comprised seven items categorized into Long-Term Clinical Severity (2 items), Socioeconomic Impact (2 items), and Decline in Quality of Life (3 items). Perceived benefit was measured using eight items covering Early Detection Efficacy (3 items), Psychological Well-Being (2 items), and Treatment Efficiency (3 items). Perceived barrier consisted of seven items divided into Psychological Barriers (2 items), Procedural Barriers (3 items), Social Stigma (1 item), and Opportunity Cost (1 item). Cues to action were assessed through seven items encompassing Internal Triggers (2 items), Digital Media Triggers (2 items), and Interpersonal Influences (3 items). Finally, self-efficacy was measured using eight items grouped into System Navigation Efficacy (2 items), Communication Efficacy (3 items), and Outcome Management Efficacy (3 items).

6. Data analysis

Univariate analysis was used to describe the frequency distribution, percentages, and mean values for each variable. Bivariate Analysis in this study using Chi Square test. The significance criterion was $p<0.05$. Multivariate analysis was conducted using a multiple logistic regression.

7. Research Ethics

The research ethical clearance approval letter was obtained from the Research Ethics Committee at Dr. Moewardi Hospital, Surakarta, Indonesia, No. 394/III/-HREC/2026, on March 10, 2026.

RESULTS

1. Characteristics of the Study Participants

This study involved 246 participants, namely patients who underwent free health checkups at community health centers in Sragen Regency. The characteristics of the sample are presented in Table 2.

In general, the study participants were predominantly adults or individuals of working age (25–59 years), totaling 237 people or 96.4%. By gender, there were more female research subjects than male. In terms of educational level, the majority of research subjects had a high school education or equivalent, totaling 147 people or 59.6%. In terms of occupational characteristics, the largest group of study participants were homemakers, totaling 80 people or 32.5%. Based on information sources, the majority of study participants obtained information from community health centers or social media, totaling 153 people or 62.2%.

Table 2. Sample Characteristics (n=246)

Variable	Category	Frequency (n)	Percentage (%)
Age	Adult (25-59 years old)	237	96.4
	Elderly (>59 years old)	9	3.6
Gender	Male	66	26.8
	Female	180	73.2
Education	Elementary and Junior High School	48	19.5
	Senior High School	147	59.7
	Higher Education	51	20.8
Profession	Student	21	8.5
	Private-Sector Employees	50	20.3
	Civil Servants	11	4.5
	Self-Employed	37	15
	State-Owned Enterprise Employees	1	0.4
	Stay-at-Home Parents	80	32.5
	Online Workers	6	2.4
	Other	35	14.2
	Retirees	2	0.8
Information	No/ Spontaneous	93	37.8
	Yes/ From Healthcare and social media	153	62.2

For the susceptibility variable, the majority of research subjects fell into the low category, totaling 102 subjects (41.5%). Furthermore, regarding the perceived severity variable, the largest number of research subjects fell into the high category, totaling 114 research subjects (46.3%). Regarding the perceived benefit variable, the low category had the highest number of subjects, with 89 research subjects (36.2%). Then, for the perceived barriers variable, the majority of research subjects fell into the moderate category, totaling 112 research subjects (45.5%). For the cues to act variable, the high category was the most dominant, with 121 research subjects (49.2%). Meanwhile, for the self-efficacy variable, the largest number of research subjects also fell into the high category, totaling 110 research subjects (44.7%).

Table 3. Categorical Group of Health Belief Model

Variables	Category	Frequency (n)	Percentage (%)
Perceived Susceptibility	Low (<32.10)	102	41.5
	Medium (32.10 to 34.29)	57	23.2
	High (≥34.30)	87	35,3
Perceived Severity	Low (<34.03)	111	45.1
	Medium (34.03 to 35.77)	21	8.5
	High (≥35.78)	114	46.3
Perceived Benefit	Low (<25.24)	89	36.2
	Medium (25.24 to 27.16)	81	32.9
	High (≥27.17)	76	30.9
Perceived Barrier	Low (<27.62)	54	21.9
	Medium (27.62 to 29.55)	112	45.5
	High (≥29.56)	80	32.5
Cues to Action	Low (<25.40)	83	33.7
	Medium (25.40 to 27)	42	17
	High (≥27)	121	49.2
Self Efficacy	Low (<24.58)	105	42.7
	Medium (24.58 to 26.40)	31	12.6
	High (≥26.40)	110	44.7

2. Bivariate Analysis

Based on the results of the bivariate analysis using Pearson's chi-square test in the Table 4, it was found that the variables of perceived benefit (OR= 7.340; p= 0.002) and perceived barrier (OR= 7.217; p= 0.027) had a significant association with public interest in the Free Health Checkup Program (CKG), as the p-values were less than 0.05. Meanwhile, the variables of perceived susceptibility (OR=2.030; p= 0.730), perceived severity (OR= 0.333; p= 0.847), cues to action (OR= 1.338; p= 0.512), and self-efficacy (OR= 4.998; p= 0.082) did not show a significant relationship with public interest, as all p-values were greater than 0.05.

Table 4. Bivariate Analysis

Independent Variables	OR	p
Perceived Susceptibility	2.03	0.730
Perceived Severity	0.33	0.847
Perceived Benefit	7.34	0.002
Perceived Barrier	7.22	0.027
Cues to Action	1.34	0.512
Self Efficacy	4.99	0.082

3. Multivariate Analysis

Based on the results of an ordinal logistic regression analysis in the Table 5, perceived benefits (OR=2.98; 95% CI=1.08 to 8.21; p=0.030) and cues to action (OR=3.12; 95%CI=1.09 to 8.94; p= 0.030) had a significant effect on the public interest in participating in CKG. Respondents with high perceived benefits were 2.98 times more likely to be interested in participating in the CKG, while cues to action increased that likelihood by a factor of 3.12. These results indicate that perceived benefits and external incentives are important factors in shaping the public's interest in participating.

Meanwhile, the variables perceived severity (OR=1.14; 95%CI 0.51 to 2.53; p=

0.750), perceived susceptibility (OR=1.22; 95%CI= 0.55 to 2.70; p=0.620), perceived barriers (OR=3.12; 95%CI 0.17 to 1.05; p= 0.060), and self-efficacy (OR=1.00; 95% CI= 0.34 to 2.90; p=0.990) did not show a significant effect on public interest. However, if the significance level is set to 10%, the perceived barrier variable may be considered to have a tendency to be associated with or tend to be significant in reducing public interest (OR (0.06) < 1). The results of the simultaneous test showed a Prob > chi² value of 0.0193 (<0.05), indicating that the regression model used is significant in explaining the variation (categories) in the public interest variable. The results of bivariate and multivariate analyses may differ because bivariate analysis relies solely on the influence of each individual variable without considering the overall picture. Multivariate analysis demonstrates that the independent variables included in the model (Health Belief Maudel) are collectively capable of explaining variations in the level of public interest in participating in the Free Health Check-up Program.

Table 5. A multople logistic regression of Health Belief Model constructs on the public's interest in participating in free health check-up program

Variable	OR	95% CI		p
		Lower limit	Upper limit	
Perceived Susceptibility	1.22	0.55	2.70	0.620
Perceived Severity	1.14	0.51	2.53	0.750
Perceived Benefit	2.98	1.08	8.21	0.030
Perceived Barrier	0.41	0.17	1.05	0.060
Cues to Action	3.12	1.09	8.94	0.030
Self Efficacy	1.00	0.34	2.90	0.990
Number of obs = 246				
Log Likelihood = -40.63				
Prob > chi² = 0.019				
Pseudo R^2 = 0.157				

DISCUSSION

The effect of perceived benefits on public interest in participating in CKG

Perceptions of benefits influence the public's interest in participating in CKG, with the following results. Perceived benefits mean that after an individual engages in a certain activity in this study, CKG the perceived benefits are so great that the individual feels that, since the activity is beneficial, it can be undertaken immediately without incurring specific costs (Huang et al., 2016). The perception of benefits influences public interest because when people believe a program offers clear benefits, they tend to view participation as something valuable and beneficial to themselves. In the context of the Health Behavior Model (HBM), a strong perception of benefits can increase individuals' readiness to act because they believe that participating in the program will have a positive impact on their health or help prevent health problems (Pasya et al., 2023).

Belief in the maximum benefits to be gained determines how consistently a person undergoes self-screening facilitated by CKG, thereby significantly reducing mortality rates and preventing complications, which in turn lowers medical costs that could otherwise skyrocket if the condition is not detected early. CKG participants feel that the good holistic health they have

achieved after learning their CKG results has a positive impact on their overall well-being. By cultivating inner peace, the mental benefits derived from CKG can be even greater and more meaningful (Ministry of Health of Indonesia, 2025).

The effect of cues to action on public interest in participating in CKG

Cues to action influence the public's interest in participating in CKG, with the following results. Cues to act in this study encompass three points: internal triggers, digital media triggers, and interpersonal influences. One of the steps in health promotion is to improve public health by influencing the public to change unhealthy habits and providing activities to promote positive health. Health promotion is carried out, among other ways, through communities and individuals. When individuals are aware of the need to get a health checkup as soon as they begin to feel ill, health promotion through CKG is considered successful (Lin, 2022).

Several previous studies have indicated that digital media has a positive influence on people's motivation to undergo health checkups. Digital media can increase access to information and raise awareness because it serves as a powerful promotional tool (Giustini, 2018). The influence of community validation also plays a significant role in explaining the impetus to act. Health screenings can create a social proof effect. The abundance of easily accessible health information also often causes anxiety among the public (Çeleğen and Sarıöz, 2026).

The Effect of Perceived Barriers on Public Interest in Participating in CKG

Perceptions of barriers did not have a significant effect on the public's interest in participating in the CKG, with the following results. This indicates that the barriers perceived by respondents such as time constraints, distance, long wait times, and discomfort during the examination are not the primary factors determining their interest in participating in the CKG program. In this study, self-efficacy did not have a significant effect on the public's interest in participating in the CKG. Theoretically, self-efficacy describes an individual's belief in their ability to perform a health-related action, including making decisions, seeking services, and undergoing screenings. However, when its effect is not significant, this may indicate that the public's belief in their own abilities has not yet become a primary factor driving interest in participating in the CKG. In the context of health behavior, a person may feel capable of undergoing a screening, but the intention to actually do so is still influenced by other considerations such as perceived benefits, barriers, social encouragement, and ease of access to services (Fang et al., 2025).

A study conducted last year explained that perceptions of barriers may influence the public's interest in health screenings. Health screenings are similar to CKG, but health screenings focus on specific issues, whereas CKG focuses on general health checks with a broad scope covering the entire body (Dianaulina et al., 2025). The health screening program must address those factors and barriers that negatively influence screening uptake and its provision through appropriate behavioural change and communication strategies, and close monitoring of the screening programme by all concerned parties at different levels of the health system (Ayanto et al., 2023).

The effect of perceived susceptibility on public interest in participating in CKG

Perceived Susceptibility had no effect on the public's interest in participating in the

CKG program, with the following results. From a statistical perspective, the perception of susceptibility does not have a significant effect on the public's interest in participating in the CKG program. These results indicate that the level of confidence among the study participants residents of Sragen Regency regarding the likelihood of experiencing health problems does not directly influence their interest or willingness to utilize CKG services. These findings suggest that even though an individual may be aware of the risk of health problems, that awareness does not necessarily lead to an interest in undergoing a health checkup (Sinaga et al., 2026). The findings indicate that even though individuals are aware of the risks of health problems, this awareness does not necessarily lead to an interest in undergoing health screenings. This may be because people have various other considerations when making decisions regarding the use of health services, such as their busy daily schedules (Klinedinst et al., 2024). These findings suggest that efforts to increase community participation in the CKG program require more than just raising awareness about disease risks; they must also be supported by strategies that highlight the benefits of health screenings and the ease of access to these services (Fritz et al., 2023).

The Effect of Perceived Severity on Public Interest in Participating in CKG

Perceived severity had no effect on the public's interest in participating in the CKG, with the following results. These findings suggest that although the public understands the existence of serious risks or impacts associated with health issues, this understanding is not necessarily strong enough to motivate them to participate in CKG. Theoretically, these non-significant results are still important because they indicate that knowledge about the severity of a risk does not always automatically translate into an interest in preventive behavior. People may be aware that untreated health conditions can have serious consequences, but they may still delay or be uninterested in undergoing CKG because they feel it is not yet necessary, do not fully understand its direct benefits, or believe that screening is only necessary when they are sick. Therefore, these findings reinforce the idea that efforts to increase CKG participation should not only emphasize the dangers of disease but also build perceptions of the benefits, convenience, and relevance of screening to daily life (Berhimpong et al., 2020). Given the lack of significant results, the public is advised to increase their understanding of the seriousness of the condition (Muresu et al., 2025). The perceived severity should actually be a predictor of an increased likelihood of engaging in such behavior; however, given the non-significant results, other supporting factors are needed to confirm that the severity of a disease influences interest in health screening (Lau, 2020).

The effect of self-efficacy on public interest in participating in CKG

Self-efficacy had no effect on the public's interest in participating in CKG. Theoretically, self-efficacy describes an individual's belief in their ability to perform a health-related action, including making decisions, seeking services, and undergoing screenings. However, when its effect is not significant, this may indicate that the public's belief in their own abilities has not yet become a primary factor driving interest in participating in the CKG. self-efficacy is defined as a person's belief in their own ability to organise and execute specific actions required to attain a desired outcome (Zhang et al., 2023).

In the context of health behavior, a person may feel capable of undergoing a screening, but the intention to actually do so is still influenced by other considerations such as perceived benefits, barriers, social encouragement, and ease of access to services (Fang et al., 2025). Conceptually, self-efficacy plays a greater role when individuals are already in the phase of considering taking action, whereas interest in participating in CKG may be shaped earlier by cognitive factors and the more tangible environmental factors within the community (Lianto, 2019).

Given the limited scope of the variables in this study, it is hoped that future research will expand the scope to include additional variables that influence public interest in participating in CKG.

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CONFLICT OF INTEREST

There is no potential conflict of interest on this study.

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