The Understanding and Perceptions of PeKa B40 Health Service: A Qualitative Study in Felda Lubuk Merbau

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ABSTRACT

Non-communicable diseases (NCDs) pose a significant public health challenge in Malaysia. Hence, the PeKa B40 program was launched to target the economically disadvantaged by offering financial aid for specific medical treatments. This study in Felda Lubuk Merbau seeks to uncover the residents' understanding, experiences, benefits, and perceptions to understand and address barriers to the PeKa B40 program uptake for targeted improvements. This qualitative study employed two Focus Group Discussions with ten Felda residents: five individuals who utilized the Peka B40 program and five who did not, all aged over forty years old and were eligible for the PeKa B40 program. Thematic analysis was used to analyze the data and the NVIVO v11 qualitative software was used for data management. The results present insights into the PeKa B40 program across four domains: Understanding, highlighting limited knowledge and factors like doctors' guidance; Experience, noting differences in diagnoses during the PeKa B40 program; Benefits, emphasizing early detection of diseases with reasonable charges; and Perception, highlighting the recommendation of the programs to other persons and negative perception from certain individuals towards the health screening program. The utilization of healthcare facilities demonstrates the implementation of successful interventions, which in turn is associated with improved health outcomes. The Malaysian government's efforts to enhance health are hindered by insufficient promotion. The problems include financial constraints, obtaining support from stakeholders, and addressing the vast range of demands. Effective communication of information is vital, particularly for initiatives such as PeKa B40, which provides health tests and assistance for chronic illnesses. Health education has a beneficial impact on how people perceive and behave towards healthcare. On the other hand, stigma creates obstacles that prevent people from obtaining timely and appropriate care, which has a substantial impact on their health outcomes.

Keywords: FELDA resident, health service, PeKa B40, qualitative study, screening chronic disease

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INTRODUCTION

Non-communicable diseases (NCDs) are a major public health issue in Malaysia, including prevalent conditions such as cardiovascular illnesses, diabetes, cancer, and respiratory diseases. According to the Institute for Public Health (IPH), the increasing prevalence of NCDs can be attributed to various factors like changes in lifestyle, urbanization, and a growing elderly population (Institute for Public Health (IPH), 2020). These disorders place a significant load on the healthcare system, leading to higher healthcare expenses and long-term difficulties in managing them (Hishamudin et al., 2023). The Malaysian government has developed several efforts targeting prevention, early detection, and lifestyle interventions to tackle NCDs (Sazlina, 2015). However, there are persistent challenges, including those related to information, accessibility of healthcare services, and continued efforts to promote healthy behaviors (Kim & Ho, 2023). Several efforts are currently concentrated on improving the healthcare infrastructure and policies to effectively address and reduce the impact of NCDs on the population's general health (Camilloni et al., 2013).

The PeKa B40 program is a Malaysian healthcare initiative designed to offer financial aid for medical treatment to the B40 demographic, which comprises the lowest 40% of the income distribution in the nation (ProtectHealth,

2019). This initiative aims to cater to the healthcare requirements of this socioeconomically disadvantaged group by providing financial assistance for specific medical illnesses and treatments. Qualified persons are eligible to receive monetary aid to assist with the expenses associated with medical treatments and services for particular illnesses (ProtectHealth, 2021). Nevertheless, the PeKa B40 program faces a significant problem in achieving broad awareness due to inadequate communication and a lack of information regarding the program's advantages and eligibility requirements, resulting in poor participation rates. Moreover, the potential existence of social stigma linked to obtaining financial aid for healthcare may dissuade eligible persons from applying due to worries about privacy and public scrutiny.

Although the PeKa B40 program was initiated in 2019, the participation rate for the health screening programs among eligible individuals remains low at only 7.6% (Syed Ahmad Yunus et al., 2021). Therefore, this qualitative study aims to investigate the perspectives, understanding, perceived advantages, and experiences of the residents of Felda Lubuk Merbau regarding the PeKa B40 program, in response to the low participation rate observed in this government initiative. The objective is to provide a nuanced understanding of the factors influencing the uptake of the program among this specific community, shedding light on their perceptions and experiences to identify potential barriers and areas for improvement.

METHOD

Participants and Setting

This qualitative research was conducted with the residents of Felda Lubuk Merbau located in Kedah, Malaysia. Approval was acquired from both the Medical Research and Ethics Committee (MREC) (NMRR-20-30882-57796 (IIR)) and the Research Ethics Committee of Universiti Teknologi MARA (UiTM) (REC/08/2022 (PG/MR/176)).

Study Design

Two Focus Group Discussions (FGD) were formed involving ten participants each who were selected via purposive sampling from two distinct cohorts: individuals who are utilizing the PeKa B40 program and those who are not. The discussion was done in two separate sessions between the two groups. Before the focus groups, a briefing session was held to establish a consistent format and to ensure that all participants had a clear understanding of the main objectives and discussion parameters (LI, 2022). The questions for both cohorts were similar and focused on four domains: their perception, understanding, experiences, and benefits gained from the PeKa B40 program (Appendix 1).

Data Collection

The participants confirmed their B40 status by responding to the initial inquiry regarding their eligibility for government financial assistance under the B40 program known as *Sumbangan Tunai Rahmah* (STR), formerly referred to as *Bantuan Sara Hidup* (BSH). The data collection procedure was conducted through face-to-face interviews during the FGDs. It consists of three sessions: pre-interview session, during the interview session, and post-interview session.

Pre-interview Session

The residents were informed about the purpose of the study from the beginning of their participation. They were briefed regarding the length of the interview during the interview session. The interview was conducted on February 2023 at Lubuk Merbau Health Clinic for both groups. Baseline sociodemographic data was collected before the FGD sessions.

During Interview Session

The residents were asked to sign a consent form before the interview session. They were informed that they were free to express their opinions and beliefs in response to the interview questions. The interviews lasted between 25 to 45 minutes and were conducted in the Malay language. A single interviewer was responsible for handling both sessions at two different times. The purpose of the FGDs was to guide the participants and encourage them to freely and spontaneously communicate their ideas, perspectives, and experiences on the specified topic until a point of data saturation was reached. The interviews were video and audio recorded and transcribed verbatim. To foster honest dialogues, the participant’s privacy was safeguarded by their explicit consent.

Post Interview Session

The interviewer thanked the residents for their time to be interviewed.

DATA ANALYSIS

The qualitative data was analyzed using NVivo version 11. Thematic analysis was performed to identify the motives derived from the narrative provided. The video and audio recordings required multiple iterations of listening to accurately match the verbatim transcriptions. The researchers carefully converted the tapes into English and thoroughly examined the translations multiple times to familiarise themselves with the facts.
Manual coding was done whereby codes that emerged from the initial interviews were utilized to create the codebook, which was then employed to evaluate the subsequent translated transcripts. The first coding method was extended to encompass focused coding, which involved examining the connection between several starting codes based on their frequency, sequence, correspondence, and resemblance. The final codes were grouped into meaningful categories.

To ensure the study's rigor and trustworthiness, we recruited participants who possessed a wide range of characteristics that met our predefined inclusion criteria. The interview questions were standardized to ensure consistency during data collection. In the analysis phase, extensive discussions were conducted among members of the research team to enhance the accuracy and clarity of interpretations. For qualitative research, it is advisable to have a large number of researchers involved to assist in the interpretation of data. The collaborative effort enables researchers to supplement and question each other's viewpoints, ultimately enhancing and refining the analysis.

RESULTS

Thirteen categories initially emerged from the raw data which were further re-categorized into seven general themes. Two themes are under the domains of Understanding, Experience and Perception, while one is under the Benefits domain (Appendix 3). The seven themes are (1) Limited information on PeKa B40 (Domain understanding) (2) Unknown screening location (Domain understanding) (3) Different diagnoses were detected during PEKA B40 screening (Domain experience) (4) Collaboration between agencies (Domain experience) (5) Early detection of various diseases with a reasonable charge for further treatment (Domain benefit) (6) Positive recommendations on PeKa B40 (Domain perception), and (7) The negative perception of PeKa B40's screening (Domain perception).

The themes are discussed by including quotations from the interviews.

Theme 1: Limited Information on PeKa B40 (Domain Understanding)
It is essential to assess the patient's familiarity with PeKa B40 since a lack of understanding may hinder their ability to obtain necessary testing. The interviews unveiled that the understanding of PeKa B40 among the participants is impacted by a scarcity of information regarding the program and a lack of awareness concerning the location of the screening place. Figure 1 offers an in-depth illustration of this matter.

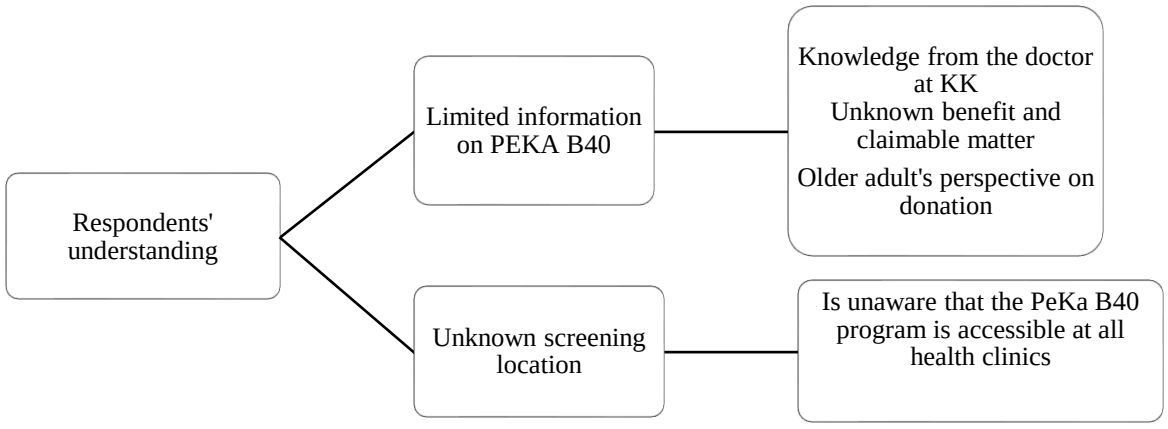

Figure 1: Respondents' understanding of PeKa B40

The majority of participants agreed that their comprehension of the screening was mainly derived from the doctors' recommendations during their visit to the health clinic for other medical conditions or subsequent check-ups. Based on the accounts of the initial and subsequent interviews, the physicians at the healthcare facility provided

significant assistance in uncovering PeKa B40 and its practical implementation. This can be illustrated by their statement:

> "*In my initial experience with PeKa, during a follow-up with Dr. Hafizi, he informed me of my eligibility for the PeKa B40 program."* (Third interviewee)

> "*At first, the health clinic doctor informed me about my eligibility for PeKa B40. However, I ended up undergoing the health screening at different general practitioners, not at the Lubuk Merbau Health Clinic." (Fifth interviewee)*

From the interview, the doctors at the health clinic extensively helped in introducing and promoting PeKa B40 to the participants. The absence of such a role may result in the majority of them being unaware of their eligibility for the program. For example, the first interviewee mentioned about lack of knowledge among the B40 group about the scheme. It can be illustrated through this statement:

> *"I believe that the term PeKa B40 is unfamiliar to our society. For instance, in a recent survey about the PeKa B40 program, when attempting to elucidate its advantages to them, individuals demonstrated a lack of awareness regarding the program*" (First interviewee)

Aside from having a general understanding of PeKa B40, the issue also pertains to the participants' awareness of potential benefits and other claimable matters that they could gain from the program. This is illustrated by the following statement:

> "*In my observation, a significant number of people lack awareness about the PeKa program, its benefits, and the process of applying for claims. The exception is those individuals who have undergone the health screening for PeKa B40 and received information directly from the staff at the health clinic."* (Seventh interviewee)

These results suggest that a significant portion of residents living in Felda Lubuk Merbau have a limited understanding of the PeKa B40 program. This is particularly prominent among the elderly population who are only familiar with the government's monetary aid programs, such as *Sumbangan Tunai Rahmah* (STR). The second interviewee supports this statement:

> *"I am not familiar with it; what is it exactly? Is it a form of financial assistance or something else? Typically, older adults are accustomed to receiving financial aid in the form of cash, so understanding this program might be unfamiliar to them if it involves something other than monetary assistance from the government"* (Second interviewee)

Theme 2: Unknown screening location (Domain Understanding)
Some participants initially mentioned that they did not know the screening location for PeKa B40. Although all government health clinics and selected private clinics are offering this program, the misunderstanding that PeKa B40 is only available at certain locations can be a barrier for them to obtain the necessary health services. This is illustrated by the fifth interviewee:

> "*I am opting not to go because the location at Kota Sarang Semut Health Clinic is quite distant, and considering our residence here in Felda Lubuk Merbau, it's challenging for us to allocate time for the journey there*". (Fifth interviewee)

Furthermore, the fifth interviewee mentioned that the screening place's location at Lubuk Merbau is far from her house, thus preventing her from having access to the PeKa B40 program. Another interviewee was excluded from receiving treatment due to her lack of awareness regarding the availability of the PeKa B40 health screening service at the Lubuk Merbau Health Clinic.

Theme 3: Different diagnoses were detected during PEKA B40 screening (Domain Experience)
Following insights into their level of knowledge, the interviews continued to further explore the experiences of participants who have been screened in the PeKa B40 program. Figure 2 describes the domain in detail.

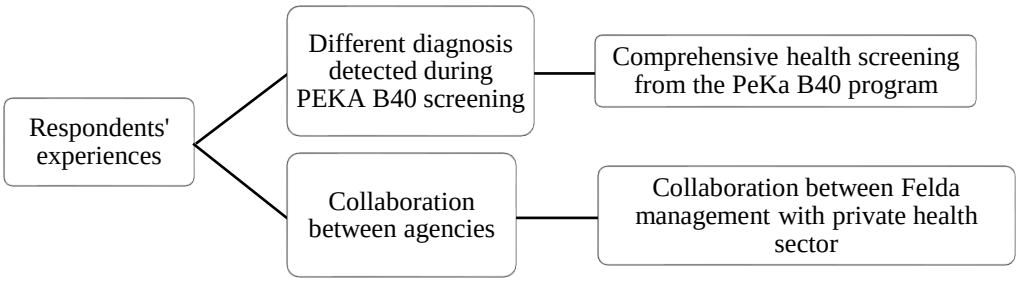

Figure 2: Respondents' experiences in PeKa B40

The majority of the participants concurred that they obtained a new diagnosis regarding their health status via the PeKa B40 program including Dyslipidaemia, Diabetes Mellitus, and Hypertension. Insights from the first and eighth interviewees provide supporting evidence for this claim:

> *"After the PeKa health screening, I got to know that I had dyslipidemia*" (Eighth interviewee)

> "*Yes, I have been employed for 25 years and have undergone numerous health screenings throughout my career. I used to conduct comprehensive health screenings every six months during my service, and I never encountered any issues during that period. However, with the recent PeKa screening, I was diagnosed with diabetes"* (First interviewee)

At the same time, the second interviewee also illustrates the unique collaborations between the Felda management and private health sector in arranging the mass health screening program for the community.

> *"I didn't participate in the PeKa B40 health screening at this clinic; instead, I attended the health screening at the public hall with my friends, which was organized by Felda in partnership with a private clinic*" (Second interviewee)

Theme 4: Collaboration between agencies (Domain Experience)
The participants who underwent screening in PeKa B40 were questioned about their understanding of the various forms of assistance that can be obtained from the program. The domain is described in detail in Figure 3.

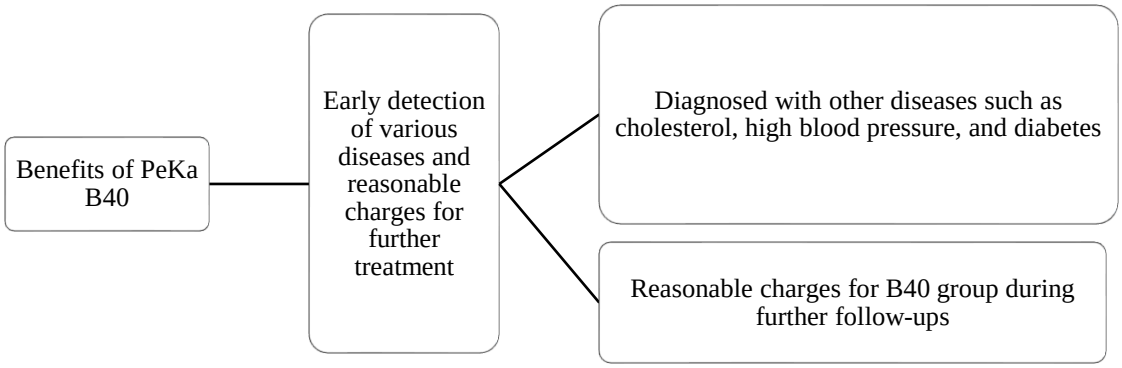

Figure 3: Benefits from PeKa B40 health screening

During the interview, the participants explained the numerous advantages they obtained from the health screening. PeKa B40 is reported to offer prompt identification of several diseases, including diabetes and hypertension. Statements from the third and fourth interviewers confirmed this notion:

> *"I visited at that time seeking medication for a fever. Following the PeKa B40 health screening, I discovered for the first time that I have high cholesterol"* (Third interviewee)

"*In the past, I underwent checks but found no issues. With PeKa, I can now monitor my blood pressure and cholesterol. This is beneficial because, without PeKa, we wouldn't have been aware of these conditions*" (Fourth interviewee)

Theme 5: Early detection of various diseases with a reasonable charge for further (Domain Benefit)
The participants believed that the cost of receiving treatment through the PEKA B40 program is acceptable as it charges a modest fee for those in the B40 socioeconomic group. The statement from the third interviewee provides validity for this claim:

"I have derived numerous benefits from this program. Notably, I received a substantial discount of half the usual price for my eye treatment, specifically the cataract surgery, with a nominal charge of only RM50" (Third interviewee)

The findings suggest that while the B40 group may initially have limited awareness of the program, it is proven beneficial for them once they become acquainted with the list of advantages and begin receiving appropriate medical care for their health condition.

Theme 6: Positive recommendations on PeKa B40 (Domain Perception)
Figure 4 describes the domain in detail.

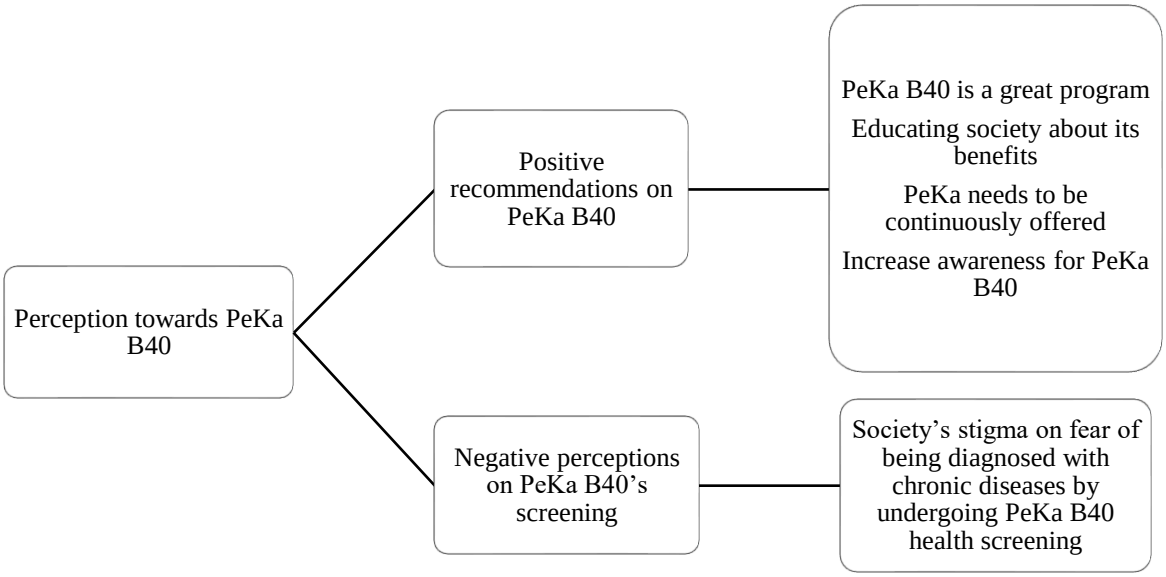

Figure 4: Perception towards PeKa B40

The participants gave several favorable suggestions. There is a clear agreement in their belief that raising knowledge about the program is essential as it is still unknown to many individuals, especially older adults. All participants unanimously agreed on the exceptional quality of the PeKa B40 program, highlighting its multiple advantages for the B40 community. Moreover, they expressed optimism that the government will continuously maintain the provision of the PeKa B40 program in the long run. This is exemplary through their statements:

"*I express the hope that awareness about PeKa will continue to grow*" (Nineth interviewee)

"From my perspective, this program is beneficial, and I hope it remains ongoing. Previously, I underwent checks, and everything seemed fine. However, it was only through PeKa that I discovered certain health conditions. Without PeKa, I wouldn't have been aware of these diseases"
(Sixth interviewee)

"I believe it's essential to promote PeKa to all Felda residents, especially since older adults, particularly those aged 80 and above, might lack awareness about the program. Increasing promotion can help ensure that everyone in the community is informed about the benefits

> *and opportunities provided by PeKa"* (Fourth interviewee)
>
> *"I hold the hope that PeKa will be consistently implemented indefinitely. Despite its initiation during the challenging period of the COVID-19 pandemic, my wish is for the program to endure and remain in place over the long term"* (Tenth interviewee)

Theme 7: The negative perception of PeKa B40's screening (Domain perception)
Conversely, B40 adults who have never had health screening in the PeKa program hold an unfavorable impression. They choose to stay within their comfort zone as they have not received a diagnosis of any chronic conditions like Diabetes Mellitus and Hypertension. Obtaining a health test from PeKa B40 will merely cause them to experience distress in the presence of any health issues. The eighth interviewee provided support for this claim through the following statement:

> "*Yes, initially, some individuals are reluctant to come for health screenings; fear may deter them from visiting the clinic. For instance, when I encourage them to undergo PEKA health screening at the health clinic, they often respond that since nothing has been diagnosed, there's no need to come. However, later on, they might be diagnosed with certain health conditions unexpectedly"* (Eighth interviewee)

In conclusion, while PeKa B40 elicits positive feedback and suggestions from patients, it is important to acknowledge that there exists a negative perception within society, particularly concerning the diagnosis aspect of the program.

DISCUSSION

The usage of health facilities is a clear indication of the effectiveness of healthcare interventions while a rise in the use of health services has been linked to improved health outcomes (Speizer et al., 2003). The Malaysian government has instituted a range of health aid initiatives to improve the welfare of its citizens. However, significant obstacles have emerged as a result of the inadequate promotion of these activities, resulting in their limited use. The obstacles to successful health promotion can be categorised into three main areas: financial limitations and dependent on the availability of adequate funds; the factor of 'interest' that indicates the necessary support from relevant stakeholders; and the aspect of 'needs' which includes essential resources and the target population's perception of what is necessary (Stanton et al., 1996). This distinction emphasises the complex nature of difficulties in the field of health service promotion, highlighting the importance of financial resources, stakeholder engagement, and a nuanced understanding of the diverse needs and perspectives of the target population. To effectively tackle this issue, it is crucial to ensure that the targeted population fully grasps the government's goals and the potential advantages that they can obtain from these initiatives (Mahmoodi et al., 2023). To ensure successful involvement and maximise the good impact on public health, it is necessary to adopt a proactive approach that involves clear communication and extensive explanations before implementing these activities.

The prevailing subject of insufficient knowledge among the intended target population about healthcare services has been extensively elaborated in previous studies. A considerable segment of the Malaysian populace lacks understanding regarding the availability of health services accessible to them, primarily due to their failure to engage with health clinics for unrelated health issues. Information on various health treatments offered at health centres is only shared within the physical boundaries of the clinic (Pourrazavi et al., 2021). The primary reason for the low usage of these services by eligible individuals is the lack of information distribution (Sohrabi et al., 2018). Additionally, the majority of individuals who make use of the health service are typical patients who visit the health centre for their chronic illness and utilise other available health services after receiving an in-depth explanation from their doctors (Hu et al., 2021).

The government can use sensible and effective methods to enhance information distribution. This involves tailoring messages to specific demographics, such as providing clear public health guidelines for vulnerable groups like the elderly (Schmid et al., 2008). Implementing feedback mechanisms allows for real-time evaluation and adjustment of communication strategies. Additionally, the use of various platforms like traditional media, digital platforms, and community engagement ensures broad coverage that can reach both rural and urban populations. Providing accessibility in multiple languages through translations, cultural sensitivity, and accommodations for disabilities enhances inclusivity, ensuring that diverse populations can access vital information effectively (Roberts-Lewis et al., 2023). Consistently assessing and adjusting communication tactics in response to changing citizen requirements also guarantees the continual enhancement of public engagement and knowledge (Alfikri, 2021).

The PeKa B40 program offers several benefits to patients, starting with health screening activities and extending to governmental assistance for persons diagnosed with particular diseases. This aid includes both monetary support and the supply of medical equipment funded by the Malaysian government (ProtectHealth, 2019). Such health support guarantees that patients diagnosed with chronic diseases, such as cataracts and cancer, can obtain appropriate and continuous medical care. Government subsidies relieve the financial burden on patients in the B40 group, enabling them to obtain standardised therapy that is on par with what those with better financial capabilities may access. The objective of this effort is to narrow the disparity in healthcare and facilitate fair and equal availability of essential services (Xie et al., 2014).

Individuals with a higher level of health education tend to exhibit positive perceptions and feedback regarding the healthcare services they receive. A study conducted in Nigeria revealed that those who received peer health education on the advantages of early detection of cervical cancer through screening demonstrated an improved perception of health screening programs (Mbachu et al., 2017). Consequently, this heightened awareness contributed to an increased prevalence of utilising such services, emphasising the impact of health education on shaping positive attitudes and encouraging proactive healthcare behaviour. However, those with lesser levels of education are more likely to report poorer health, have shorter life expectancies, and demonstrate reduced survival rates when presented with illnesses most probably due to the lack of usage of health services available to them. Prior studies have demonstrated that the relationship between education and health is complex, encompassing multiple potential indicators. These indicators include, but are not limited to, the connections between demographic and family background factors, highlighting the intricate nature of the correlation between educational achievement and the general welfare of the patient (Raghupathi & Raghupathi, 2020).

Stigmatisation pertaining to an individual's health condition denotes the prejudice and discrimination experienced by individuals who are affected by a certain illness or health concern. This form of stigma permeates several aspects of an individual's life, whether it originates from the perspective of others or the individual's perception (Nyblade et al., 2019). This is harmful as it negatively impacts people who are seeking healthcare services during their most vulnerable periods. Healthcare settings have extensively recorded cases of health-related stigma, which include explicit refusals of care, the delivery of inadequate healthcare, physical and verbal mistreatment, as well as more subtle forms such as lengthy waiting periods or the assignment of care to less experienced staff (Hamann et al., 2014; Hu et al., 2021). Hence, stigma acts as a substantial barrier for individuals seeking healthcare services to prevent diseases, cure acute or chronic disorders, or maintain a good quality of life (Chidyaonga-Maseko et al., 2015; Govindasamy et al., 2014). Stigma targeting persons with certain diseases within the healthcare system hinders their ability to receive prompt diagnosis and suitable treatment, and ultimately achieve positive health outcomes.

Limitation of Study

Although we strive to assure trustworthiness, there may be constraints in accurately capturing the participants' genuine understanding, points of view, and encounters during the interpretation and translation of data. The conversations were held in Malay; hence, it required a precise translation to fully comprehend the participants' viewpoints within their intended framework. Another constraint of this study is the mere inclusion of residents from Felda Lubuk Merbau in the Focus Group Discussions, which may not offer a full representation of the entire Malaysian B40 demographic. Furthermore, certain individuals were observed to be passively involved in the discussion, leading to an insufficient representation of opinions and thereby restricting the comprehensiveness of our findings.

CONCLUSION AND RECOMMENDATIONS

This study examines the understanding, experiences, benefits, and perceptions related to the PeKa B40 initiative among the residents of Felda Lubuk Merbau. The findings underscore a significant deficiency in the participants' awareness, with a substantial number relying on information provided by healthcare experts at clinics. However, PeKa B40 has been important in detecting previously unknown health conditions such as dyslipidemia and diabetes. The participants praised the program for its capacity to diagnose diseases at an early stage and for the affordability of treatments, expressing a generally positive outlook. The challenges mostly revolve around a lack of awareness, particularly among older adults, and a hesitancy among certain individuals to undertake exams due to apprehensions about potential health complications. Although advocates emphasize the need for increased knowledge, individuals who are yet to undergo the program's health tests maintain a negative perception of the program. Hence, proactive intervention is required to acknowledge these issues.

To ensure active participation in focus groups, future research may consider using moderator instruction with a focus on promoting openness and employing effective facilitation methods. Second, the moderator needs to

encourage variety within groups to guarantee that a wide range of viewpoints is taken into account, thus enhancing the quality of conversations. Third, by implementing feedback tools, participants will be able to offer better input, hence improving the quality and relevancy of discussions.

In conclusion, this study offers relevant stakeholders significant information that may be used to implement the PeKa B40 program effectively. To enhance the adoption of the program, it is essential to address the issues raised by participants during its implementation, especially considering its focus on the B40 demographic at a nationwide scale. It is crucial to employ various ways of explaining the PeKa B40 program to ensure understanding among the target demographic. Furthermore, the effective partnership between organizations such as Felda Lubuk Merbau management and the private healthcare sector during the program's execution should be expanded to other communities to improve the adoption of the PeKa B40 program.

AUTHOR CONTRIBUTION

Abdul Hadi Mohd Zuki conceived the framework, conducted the Focus Group Discussions (FGD), collected the data, and performed the analysis. He was involved in the translation process and thematic analysis and prepared the full manuscript for publication. Mohamad Rodi Isa also conceived the framework, designed and performed the analysis. He was also involved in the translation process and thematic analysis and performed a critical revision of the article. On the other hand, Leny Suzana Suddin was engaged during the translation process, performed the thematic analysis as well as the critical revision of the article.

DECLARATION OF STATEMENT

The lead author confirms the manuscript's integrity, stating that it provides an honest, accurate, and transparent account of the reported study. No crucial aspects of the study were omitted and any discrepancies from the planned (and, if applicable, registered) study have been appropriately explained.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest. All co-authors have reviewed and approved the manuscript and there are no financial interests to disclose.

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Appendix 1: Characteristics of the Interviewees

No	Variables	Utilized Of PeKa B40 (n=5)		Non-Utilized PeKa B40 (n=5)	
		Mean (SD)	Frequency (%)	Mean (SD)	Frequency (%)
	Age	61.2 (8.87)		60 (5.07)	
2	Gender				
	-Male		1 (10%)		2 (20%)
	-Female		4 (40%)		3 (30%)
3	Marital Status				
	-Married		4 (40%)		5 (50%)
	-Divorcee		1 (10%)		0
4	Ethnic				
	Malay		5 (50%)		5 (50%)
	Non-Malay		0		0
5	Education Level				
	-Primary		2 (20%)		0
	-Secondary		3 (30%)		5 (50%)
6	Occupation				
	-Farmer		2 (20%)		2 (20%)
	-Bussiness		0		1 (10%)
	-Housewife		3 (30%)		2 (20%)
7	Partner Occupation				
	-Farmer		3 (33%)		3 (33%)
	-Housewife		1 (11%)		2 (22%)
8	Presence Chronic Disease				
	-Yes		4 (40%)		1 (10%)
	-No		1 (10%)		4 (40%)

Appendix 2: The questions and the probing in the interview in the qualitative study

Domain	**Question**	**Probing**
Understanding	Do you know what the Peka B40 program is?	Who gave you the understanding to participate in the Peka B40 program? How well do you understand the purpose of this program?
Experience	What is your experience using the Peka B40 program?	State your experience using the Peka B40 program What is the difference between the health screening program under PeKa B40 compared to other programs?
Benefit	What are the benefits of the Peka B40 program?	Do you know the benefits of this B40 Program? Does this program directly or indirectly benefit your economic situation?
Perception	What is your perception regarding the Peka B40 program?	Do you think this program is good for Peka B40 to continue? Would you recommend to your closest contacts to use the Peka B40 program? What makes you not want to use the Peka B40 program