The Role of Housing Policy and Access to Health Services in Reducing Economic Inequality and Improving Welfare in Indonesia

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Article Info

ABSTRACT

This study investigates the role of housing policy and access to health services in reducing economic inequality and improving welfare in Indonesia. Using a quantitative approach, data were collected from respondents through a structured questionnaire employing a Likert scale. The data were analyzed using Structural Equation Modeling-Partial Least Squares (SEM-PLS 3). The findings reveal that all hypothesized relationships are positive and significant. Specifically, access to health services significantly enhances welfare and reduces economic inequality. Similarly, housing policy significantly improves welfare and reduces economic inequality. These results underscore the critical impact of robust housing policies and accessible health services on achieving greater economic equity and enhanced overall welfare. The study provides essential insights for policymakers to design effective interventions aimed at fostering a more equitable and prosperous society in Indonesia.

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1. INTRODUCTION

Economic inequality and welfare disparities persist as significant challenges in Indonesia, hindering the nation's pursuit of economic progress and social equality. Studies emphasize the crucial role of effective policies in housing and health services to address these issues. Research indicates that factors such as human development index (HDI), labor force participation rate, and inflation impact income distribution inequality [1]. Furthermore, enhancing human capital development through education and health initiatives can significantly improve welfare outcomes [2].

Additionally, economic growth, corruption, and foreign direct investment (FDI) have been identified as key determinants influencing income inequality in Indonesia, with policies focusing on boosting economic growth and FDI showing promise in reducing income disparities [3]. These findings underscore the necessity of targeted interventions in housing and health services to promote equitable development and enhance welfare in Indonesia.

Policies focusing on economic growth, foreign direct investment (FDI), corruption reduction, education, clean water access, sanitation, and inflation targeting play

a pivotal role in reducing economic inequality and enhancing welfare among Indonesian citizens. Studies show that economic growth and FDI can significantly reduce income disparity [3], while policies targeting education, clean water, and sanitation facilities are crucial in reducing the poverty gap [4]. Additionally, inflation targeting can help lower income distribution gaps by stabilizing prices and promoting economic stability [5]. Furthermore, addressing corruption and promoting transparency can contribute to a fairer distribution of resources and opportunities, ultimately enhancing welfare and reducing inequality in Indonesia [3]. These findings underscore the importance of a comprehensive policy approach to address economic inequality and improve the well-being of Indonesian citizens.

Indonesia's dynamic population growth poses challenges in ensuring equitable access to essential services like housing and healthcare. Housing policies play a vital role in providing stable and affordable living conditions, influencing the overall quality of life [6]–[9]. The need for housing supply is substantial, with a significant backlog and fiscal constraints necessitating alternative funding sources, such as Public-Private Partnerships (PPP) [7]. Rapid population growth drives the demand for residential areas, leading to solutions like vertical public housing constructions to optimize land use [8], [9]. Additionally, comprehensive health services are essential for individual and community health, contributing significantly to overall welfare [6], [10]. Addressing these intertwined challenges requires strategic urban planning, inclusive housing designs, and accessible healthcare services to support Indonesia's diverse and expanding population effectively. This research employs a quantitative approach to examine the influence of housing policy and health service accessibility on economic inequality and welfare in Indonesia.

2. LITERATURE REVIEW

2.1 Housing Policy and Welfare

Housing policy plays a crucial role in shaping welfare by impacting health, education, and economic stability [11]. Access to stable housing has been associated with better mental and physical health outcomes, increased educational achievements, and enhanced economic opportunities [12]. In Indonesia, housing policies, such as the Liquidity Facility of Housing Financing (FLPP), have been implemented to address the housing needs of low-income communities, aiming to improve living conditions and reduce homelessness [13]. These policies not only contribute to enhancing welfare but also have broader implications on economic performance and community well-being, showcasing the significant influence of housing policies on various aspects of individuals' quality of life and overall well-being.

2.2 Health Services and Welfare

Access to health services plays a vital role in enhancing individuals' welfare by directly influencing their health status and quality of life. Studies in the European Union highlight a strong positive correlation between social protection expenditure and healthcare status, indicating that higher social protection spending leads to improved access to healthcare services and better overall health outcomes [14]. In Indonesia, the National Health Insurance (JKN) program has been instrumental in enhancing access to healthcare for all citizens, particularly the underprivileged, thereby positively impacting welfare by reducing the financial burden of healthcare and improving health

outcomes [15]. Additionally, the United Nations' Sustainable Development Goals emphasize the importance of ensuring equal access to healthcare services to promote well-being and tackle health inequalities, further underlining the critical link between health services and welfare [16].

2.3 Housing Policy and Economic Inequality

Economic inequality intertwines with housing policies, playing a vital role in addressing disparities. Research by Lee and Hong [17] emphasizes the importance of housing inequality compared to income inequality, showcasing how well-designed housing policies can mitigate economic disparities by ensuring access to decent housing for low-income groups. In Indonesia, efforts to tackle the housing affordability crisis have been significant in combating economic inequality. Tony [18] highlights that addressing economic inequality through inclusive policies can enhance access to affordable housing, subsequently fostering social inclusion and reducing inequality. By implementing effective housing policies, countries like Indonesia can make strides in alleviating economic disparities and promoting a more equitable society.

2.4 Health Services and Economic Inequality

Efforts to enhance access to health services play a crucial role in reducing economic inequality, as disparities in health access often mirror broader economic disparities [19]. The Sierra Leone public healthcare system, for example, has been shown to redistribute resources and reduce income inequality, particularly through investments in primary healthcare (PHC) services that are markedly pro-poor [19]. Similarly, in India, health protection schemes like universal health insurance coverage have significantly reduced out-of-pocket expenditures and health inequality, emphasizing the importance of financial assistance in improving healthcare access for the marginalized [20]. Furthermore, the Ghana National Health Insurance Scheme (NHIS) has demonstrated a pro-rich utilisation inequality prior to its implementation, indicating the need for tailored policies to address disparities and increase the distributional disparity of health subsidies in favor of the poor [21]. These findings collectively highlight the pivotal role of improved health services in mitigating economic inequality by ensuring equitable access to healthcare for all individuals, irrespective of their economic status.

Theoretical Framework and Hypotheses Development

The theoretical framework of this study is grounded in the concepts of social equity and sustainable development. In contrast to sustainable development, which focuses on satisfying the needs of the present without sacrificing the ability of future generations to meet their own needs, social justice places an emphasis on the equitable distribution of resources and opportunities.

This study hypothesizes that access to health services and housing policies are crucial determinants of welfare and economic inequality. Specifically, it posits that:

H1: Health services positively affect welfare.

H2: Health services contribute to reducing economic inequality.

H3: Housing policy positively impacts welfare.

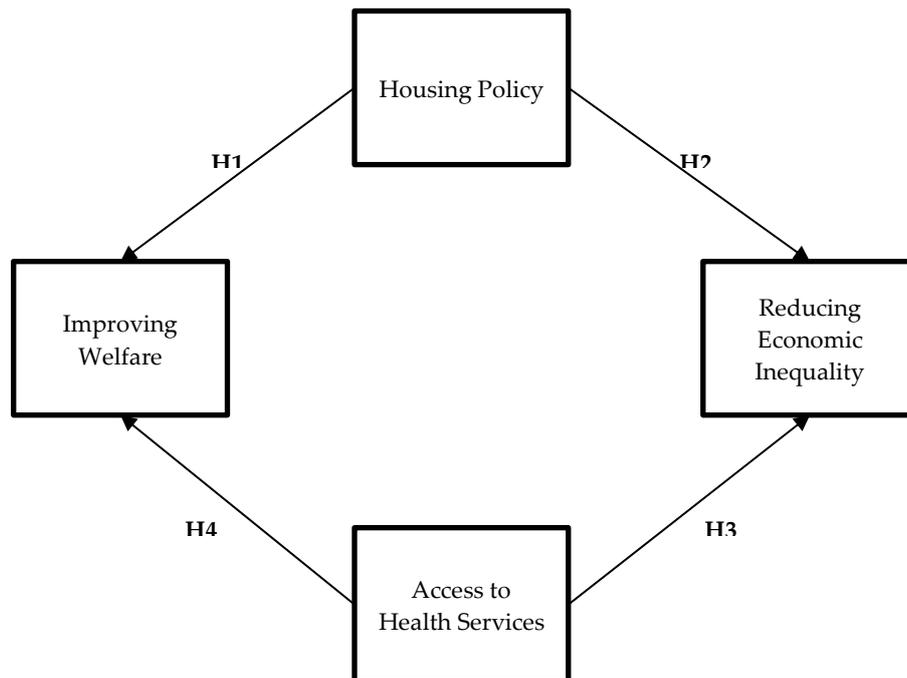H4: Housing policy aids in reducing economic inequality.

Figure 1. Conceptual Framework

3. METHODS

3.1 Research Design

An investigation of the influence of housing policy and access to health care on the reduction of economic inequality and the improvement of welfare in Indonesia is carried out through the use of a quantitative research design in this examination. A Likert scale is used for measurement, and Structural Equation Modeling-Partial Least Squares (SEM-PLS 3) is used for data analysis. The data collection method for this study is a structured questionnaire, and it is used to collect information from respondents. Both the testing of the hypothesized associations and the gathering of actual information on the variables that are being examined are valid applications of the quantitative method.

3.2 Sample and Sampling Technique

The population that will be the focus of this investigation is comprised of people who live in different parts of Indonesia and who are recipients of different housing policies and health services. For the purpose of ensuring that respondents from a variety of socioeconomic backgrounds and geographical places were adequately represented, a sample of 160 individuals was chosen through the use of a stratified random selection procedure. Through the use of stratified sampling, one is able to acquire a more thorough knowledge of the influence

that the policies have on various parts of the population.

3.3 Data Analysis

Using Structural Equation Modeling-Partial Least Squares (SEM-PLS 3), the data that was obtained from the 160 respondents was examined. In the field of social sciences research, where models frequently incorporate latent constructs that are assessed by many indicators, the structural equation modeling with principal components (SEM-PLS) approach is a robust statistical technique that enables the investigation of complicated interactions between multiple variables. At the same time as the measurement model contained the latent components and the indicators that corresponded to them, the structural model was established to incorporate the hypothesized linkages between housing policy, health services, economic inequality, and welfare. For the purpose of estimating the parameters of the structural and measurement models, SEM-PLS 3 was utilized. This process included evaluating the structural routes' relevance as well as the reliability and validity of the measurement model. Convergent validity (average variance extracted) and discriminant validity (Fornell-Larcker criterion) were utilized in order to evaluate the validity of the measurement model. The reliability of the model was evaluated by utilizing composite reliability and Cronbach's alpha. In order to identify the relevance of the predicted associations, the structural model was assessed by analyzing the path coefficients, t-values, and p-values. Additionally, the coefficient of determination ($R2$) was utilized in order to assess the model's ability to correctly explain the data. Bootstrapping with 5000 resamples was used to assess the importance of the hypothesized routes (H1, H2, H3, and H4) In order to get reliable estimates of standard errors and confidence intervals for the path coefficients, bootstrapping was utilized.

4. RESULTS AND DISCUSSION

4.1 Descriptive Statistics

The sample consisted of 160 respondents, with a diverse representation across various demographic categories. The demographic data revealed that the respondents ranged in age from 18 to 65, with a mean age of 36 years. The sample was evenly distributed between male (52%) and female (48%) respondents. In terms of education, 60% of the respondents had a tertiary level education, while the remaining 40% had secondary education or lower. The income levels varied, with 40% earning below the national median income, 35% earning around the median, and 25% earning above the median income.

4.2 Measurement Model Assessment

The assessment of the measurement model involves evaluating the reliability and validity of the constructs used in the study. The constructs in this study include Housing Policy, Health Services, Reducing Economic Inequality, and Improving Welfare. The evaluation criteria include factor loadings, Cronbach's alpha, composite reliability (CR), and average variance extracted (AVE).

Table 1. Measurement Model

Variable	Code	Loading Factor	Cronbach's Alpha	Composite Reliability	Average Variant Extracted
Housing Policy	HPC.1	0.868	0.885	0.929	0.813
	HPC.2	0.931			
	HPC.3	0.905			
Health Services	HSV.1	0.826	0.851	0.899	0.690
	HSV.2	0.824			
	HSV.3	0.852			
	HSV.4	0.822			

Reducing Economic Inequality	REI.1	0.855	0.855	0.902	0.867
	REI.2	0.847			
	REI.3	0.837			
	REI.4	0.799			
Improving Welfare	IPW.1	0.795	0.846	0.890	0.619
	IPW.2	0.745			
	IPW.3	0.813			
	IPW.4	0.809			
	IPW.5	0.769			

Source: Data Processing Results (2024)

The factor loadings for the indicators of Housing Policy (HPC.1, HPC.2, HPC.3) are 0.868, 0.931, and 0.905, respectively, indicating strong representations of the construct as they are above the recommended threshold of 0.70. The Cronbach's alpha value for Housing Policy is 0.885, demonstrating good internal consistency, while the composite reliability (CR) is 0.929, indicating high reliability among the indicators. The average variance extracted (AVE) is 0.813, signifying that a large proportion of the variance is captured by the construct. For Health Services, the factor loadings (HSV.1, HSV.2, HSV.3, HSV.4) range from 0.822 to 0.852, with a Cronbach's alpha value of 0.851, a CR of 0.899, and an AVE of 0.690, all demonstrating good reliability and adequate convergent validity. Reducing Economic Inequality shows factor loadings (REI.1, REI.2, REI.3, REI.4) between 0.799 and 0.855, a Cronbach's alpha value of 0.855, a CR of 0.902, and an AVE of 0.867, indicating strong

convergent validity. Lastly, Improving Welfare has factor loadings (IPW.1, IPW.2, IPW.3, IPW.4, IPW.5) from 0.745 to 0.813, a Cronbach's alpha value of 0.846, a CR of 0.890, and an AVE of 0.619, demonstrating good reliability and adequate convergent validity. The results of the measurement model assessment indicate that all constructs exhibit satisfactory levels of reliability and validity.

4.3 Discriminant Validity

In order to guarantee that the constructs contained inside the model are different from one another, discriminant validity analyses are carried out. According to the Fornell-Larcker criteria, which is a typical way for testing discriminant validity, the square root of the average variance extracted (AVE) for each construct should be bigger than the greatest correlation with any other construct. This is a requirement that must be satisfied.

Table 2. Discriminant Validity

	Health Services	Housing Policy	Improving Welfare	Reducing Economic Inequality
Health Services	0.831			
Housing Policy	0.175	0.801		
Improving Welfare	0.562	0.371	0.787	
Reducing Economic Inequality	0.615	0.445	0.807	0.835

Source: Data Processing Results (2024)

The results indicate that each construct shares more variance with its indicators than with other constructs, satisfying the Fornell-Larcker criterion for discriminant validity. This confirms that the

constructs in the measurement model are distinct and adequately discriminant from one another. Thus, the measurement model exhibits good discriminant validity,

providing a robust basis for further structural analysis.

Table 3. Discriminant Validity

	Critical Thinking Skills	Learning Interest	Multimedia Use	Thematic Curriculum
Critical Thinking Skills	0.811			
Learning Interest	0.665	0.813		
Multimedia Use	0.565	0.711	0.799	
Thematic Curriculum	0.533	0.677	0.681	0.824

Source: Data Processing Results (2024)

The discriminant validity results enhance the credibility of the study's findings by demonstrating that the measurement model's constructs are well-defined and distinct from one another. This robust measurement foundation supports the subsequent structural model evaluation and hypothesis testing.
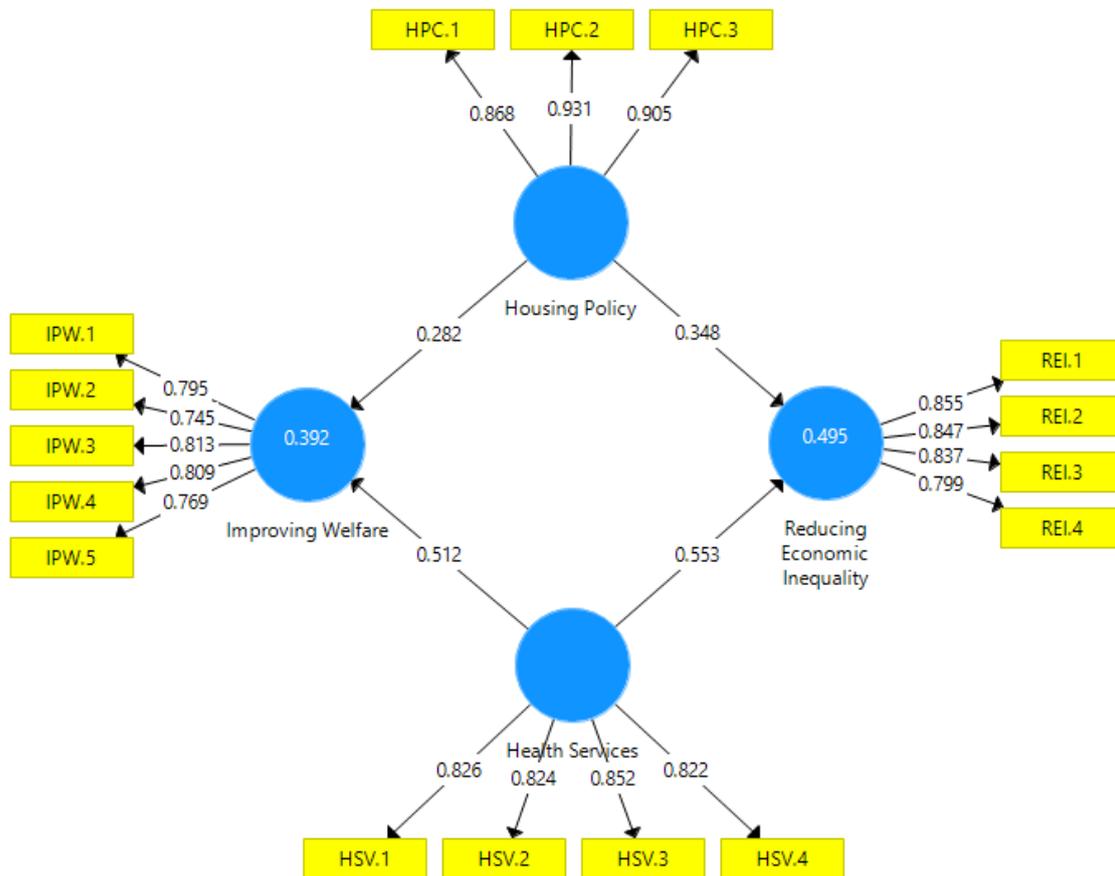

Figure 2. Model Results
Source: Data Processed by Researchers, 2024

4.4 Model Fit

Performing a model fit analysis is necessary in order to ascertain the degree to

which the proposed model adequately describes the data. The Standardized Root Mean Square Residual (SRMR), the d_ULS, the d_G, the Chi-Square, and the Normed Fit Index (NFI) are some of the fit indices that are utilized in this investigation for the purpose of determining how well the model fits the data provided. An investigation is conducted into both the saturated model and the estimated model.

Table 4. Model Fit Results Test

	Saturated Model	Estimated Model
SRMR	0.072	0.117
d_ULS	0.702	1.854
d_G	0.381	0.526
Chi-Square	398.739	482.045
NFI	0.782	0.737

Source: Process Data Analysis (2024)

The Standardized Root Mean Square Residual (SRMR) is a metric that quantifies the discrepancy between the actual correlation matrix and the projected correlation matrix of a model. A value below 0.08 is deemed satisfactory. The standardized root mean square residual (SRMR) for the saturated model is 0.072, indicating a satisfactory match. However, the SRMR for the estimated model is 0.117, revealing the presence of some differences. The d_ULS (Unweighted Least Squares discrepancy) and d_G (Geodesic discrepancy) are also used to assess the model's fit, with lower values indicating a higher level of fit. The saturated model has a d_ULS value of 0.702 and a d_G value of 0.381, whereas the estimated model has a d_ULS value of 1.854 and a d_G value of 0.526. This suggests that the saturated model provides a superior match. The Chi-Square test evaluates the difference between the observed and predicted covariance matrices. It reveals that the saturated model (398.739) has a smaller value compared to the estimated model (482.045), suggesting a superior fit. However, it is important to note that this test is influenced by the size of the sample. The Normed Fit Index (NFI), which assesses the fit of the model compared to a null model, has values of 0.782 for the saturated model and 0.737 for the estimated model. Both values are below the threshold of 0.90, indicating that neither model fits well. However, the saturated model has a slightly better fit.

Table 5. Coefficient Model

	R Square	Q2
Improving Welfare	0.392	0.386
Reducing Economic Inequality	0.495	0.489

Source: Data Processing Results (2024)

The R Square (R^2) and Q^2 values are important metrics for evaluating the explanatory power and predictive relevance of the model. They provide insights into how effectively the independent variables explain the variation in the dependent variables and the model's capacity to forecast future data points. The R^2 number, also known as the coefficient of determination, quantifies the percentage of the variation in the dependent variable that can be explained by the independent variables. A higher R^2 value implies a stronger ability to explain the dependent variable. The R^2 value for improving welfare is 0.392, indicating that 39.2% of the variation in welfare improvement can be accounted for by housing policy and health services. This suggests a moderate level of explanatory ability and implies that there may be other factors not considered in the model that also have a significant impact on welfare

improvement. The R² score for Reducing Economic Inequality is 0.495, suggesting that 49.5% of the variation in economic inequality reduction can be explained by the model. This is a moderate to high level of explanatory power. The Q² value, obtained from the Stone-Geisser test, evaluates the predictive significance of the model using a blindfolding technique. A Q² number larger than zero indicates that the model has predictive relevance. The Q² score for Improving Welfare is 0.386, which demonstrates that the model has a strong capacity to predict welfare improvements using the independent variables. This indicates that the model has excellent predictive relevance for this construct. The Q² value for Reducing Economic disparity is 0.489, indicating a high level of predictive accuracy for this concept. This suggests that the model can effectively

forecast the decrease in economic disparity using the supplied variables.

4.5 Hypothesis Testing

The hypothesis testing results provide insights into the strength and significance of the relationships between the constructs in the model. The hypotheses tested in this study are: H1, Health Services positively affect Improving Welfare; H2, Health Services contribute to Reducing Economic Inequality; H3, Housing Policy positively impacts Improving Welfare; and H4, Housing Policy aids in Reducing Economic Inequality. The results of the hypothesis testing, including the original sample (O), sample mean (M), standard deviation (STDEV), t-statistics, and p-values, are summarized in the table below:

Table 6. Hypothesis Testing

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics	P Values
Health Services -> Improving Welfare	0.512	0.520	0.062	8.303	0.000
Health Services -> Reducing Economic Inequality	0.553	0.558	0.064	8.712	0.000
Housing Policy -> Improving Welfare	0.282	0.280	0.066	4.272	0.000
Housing Policy -> Reducing Economic Inequality	0.348	0.349	0.058	6.027	0.000

Source: Process Data Analysis (2024)

The hypothesis testing results provide insights into the strength and significance of the relationships between the constructs in the model. For Health Services impacting Improving Welfare (H1), the path coefficient is 0.512, with a t-statistic of 8.303 and a p-value of 0.000, indicating a strong, positive, and highly significant relationship, thereby supporting H1 and confirming that better access to health services significantly enhances welfare. For Health Services contributing to Reducing Economic Inequality (H2), the path coefficient is 0.553, with a t-statistic of 8.712 and a p-value of 0.000, demonstrating a strong, positive, and highly significant relationship, supporting H2. For Housing Policy impacting Improving

Welfare (H3), the path coefficient is 0.282, with a t-statistic of 4.272 and a p-value of 0.000, indicating a moderate, positive, and significant relationship, supporting H3 and showing that effective housing policies positively impact welfare. For Housing Policy aiding in Reducing Economic Inequality (H4), the path coefficient is 0.348, with a t-statistic of 6.027 and a p-value of 0.000, indicating a moderate, positive, and significant relationship, thereby supporting H4 and demonstrating that housing policies play a crucial role in reducing economic inequality.

Discussion

The findings of this study provide significant insights into the roles of housing

policy and access to health services in reducing economic inequality and improving welfare in Indonesia. The discussion focuses on the implications of the results from hypothesis testing, model fit, and the overall explanatory power of the constructs.

Health Services and Improving Welfare

The study confirmed a strong, positive, and significant relationship between health services and improving welfare (H1). The path coefficient (0.512) and high t-statistic (8.303) with a p-value of 0.000 indicate that access to health services substantially enhances welfare. This aligns with existing literature, such as 91,2,40, which highlights the critical role of health services in improving quality of life and economic productivity. The significant impact of health services on welfare suggests that improving healthcare infrastructure and ensuring equitable access to health services are crucial for enhancing the overall well-being of the population [14]–[16].

Health Services and Reducing Economic Inequality

The relationship between health services and reducing economic inequality (H2) is also strong, positive, and significant, with a path coefficient of 0.553, a t-statistic of 8.712, and a p-value of 0.000. This finding supports the argument that equitable access to health services can mitigate economic disparities, as highlighted By [14]–[16]. The implementation of health policies, such as the National Health Insurance (JKN) program in Indonesia, has likely contributed to reducing economic inequalities by ensuring that even the most economically disadvantaged populations have access to essential healthcare services.

Housing Policy and Improving Welfare

The study found a moderate, positive, and significant relationship between housing policy and improving welfare (H3), with a path coefficient of 0.282, a t-statistic of 4.272, and a p-value of 0.000. This indicates that housing policies play a vital role in enhancing welfare, corroborating the findings of [11]–[13], who noted the importance of stable housing in improving mental and physical health outcomes. In Indonesia, policies aimed at providing affordable housing have positively impacted welfare, emphasizing the need for continued focus on housing stability and affordability to enhance the quality of life.

Housing Policy and Reducing Economic Inequality

The relationship between housing policy and reducing economic inequality (H4) was also found to be moderate, positive, and significant, with a path coefficient of 0.348, a t-statistic of 6.027, and a p-value of 0.000. This supports the findings of [19]–[21], who emphasized the role of affordable housing in addressing economic disparities. The results suggest that effective housing policies can significantly contribute to reducing economic inequalities by improving access to decent and affordable housing for low-income families.

Model Fit and Explanatory Power

The model fit indices (SRMR, d_ULS, d_G, Chi-Square, and NFI) indicate that the model fits the data reasonably well, with some room for improvement. The saturated model shows better fit indices compared to the estimated model, suggesting that additional factors or model adjustments could enhance the fit.

The R^2 and Q^2 values provide further insights into the model's explanatory power and predictive relevance. The R^2 value for Improving Welfare (0.392) and Reducing Economic Inequality (0.495) indicates that the model explains a substantial portion of the variance in these constructs. The Q^2 values for Improving Welfare (0.386) and Reducing Economic Inequality (0.489) confirm the model's strong predictive relevance.

Policy Implications

The study's findings have several important implications for policymakers:

1. The significant impact of health services on welfare and economic inequality underscores the need for continued investment in healthcare infrastructure and policies that ensure equitable access to health services for all population segments.
2. The positive relationships between housing policy and both welfare and economic inequality highlight the importance of policies that promote affordable and stable housing. Policymakers should prioritize the development and implementation of housing initiatives that address the needs of low-income families.
3. The synergistic effects of health services and housing policy on welfare and economic inequality suggest that integrated approaches that simultaneously address multiple determinants of well-being can be particularly effective.
4. Ongoing evaluation and adjustment of health and housing policies are essential to ensure their effectiveness and adaptability to changing socio-economic conditions.

Future Research Directions

While this study provides valuable insights, it also highlights the need for further research. Future studies could expand the sample size and include longitudinal data to capture changes over time and enhance the generalizability of the findings. Additionally, qualitative research could provide deeper insights into the lived experiences of individuals affected by housing and health policies.

5. CONCLUSION

This study highlights the critical roles of housing policy and access to health services in improving welfare and reducing economic inequality in Indonesia. Significant positive relationships were found between these variables, emphasizing the importance of both in achieving social equity and enhancing population well-being. Key findings show that health services significantly enhance welfare and reduce economic inequality, while housing policies improve welfare and reduce economic disparities, stressing the need for stable, affordable housing for low-income families. The model's fit indices, R^2, and Q^2 values indicate substantial explanatory power and predictive relevance, though there is room for improvement, suggesting future research should consider additional factors or alternative models. Policy implications include prioritizing investments in healthcare infrastructure, developing affordable housing policies, integrating health services with housing policy for synergistic effects, and regularly evaluating and adjusting these policies. Future research could expand sample sizes, include longitudinal data, and complement quantitative results with qualitative insights into individuals' experiences with these policies.

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