

THE EFFECT OF EDUCATION, HEALTH, AND ECONOMICS ON ACCESSIBILITY OF POOR HOUSEHOLD NEEDS IN GIANYAR DISTRICT

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ABSTRACT

The purpose of this study is to analyze the effect of education, health, and socioeconomic status on the capacity of poor households in an effort to increase the accessibility of basic needs. The study was designed using the general structural component analysis method which was validated by a qualitative method. The study used 400 samples for quantitative research and 25 key informants for qualitative research. Quantitative data were analyzed using descriptive statistics and parametric general structural component analysis. Qualitative data were analyzed using reduce, display, and conclusion (drawing / verifying) techniques. The results of the study found that the reason for the low accessibility of basic needs is that the implementation of the scholarship program for poor households is not optimal, understanding of health regulations is still low, ownership of production factors in the form of narrow agricultural land, while the main livelihood is agriculture and agricultural labor, coupled with environmental influences. socio-culture is negative. Thus, the capacity of poor households to increase accessibility of basic needs is insignificant or low.

Keywords: education, health, socioeconomic status, capacity, accessibility

INTRODUCTION

Gianyar Regency is one of the regencies in Bali Province, Indonesia. This district is committed to improving education, health and economic factors as agreed by 189 countries at the Millennium Summit (MDGs, September 2000). Many programs and activities have been implemented in an effort to combat poverty and hunger, including the Community Based Development and the Bali Urban Infrastructure Project funded by the World Bank. Other programs are the Integrated City Infrastructure Development Project, Urban Poverty

Reduction Program, Efforts to Increase Prosperous Family Income, Women's Savings and Loans, Direct Cash Assistance, Social Assistance, Joint Business Group, People's Welfare Program, Poor Rice Assistance, Integrated Poverty Alleviation Movement, Insurance National Health Insurance, Bali Mandara Health Insurance, Integrated Agricultural Systems, and various other poverty alleviation programs with a large amount of funds.

The number of poor households (RTM) in Gianyar Regency in 2009 was recorded 25,500 RTM; in 2010 there were 31,500 people, and in 2011 there were 26,000

RTM. These data indicate that there is no downward trend, that is

In fact, there is an increasing trend in the number of poor families for three years (BPS Provinsi Bali, 2012). This data raises various questions, such as why road poverty is in place, what's wrong with poverty, and various other questions.

The results of field observations indicate that poor households face various obstacles, such as internal and external constraints. Internal constraints are inherent in individuals, such as generally low education and skills, poor health (disability, permanent illness, aging, old age, and malnutrition), and generally little asset ownership. External constraints in the form of a less supportive socio-cultural environment and less accountable local poverty reduction institutions.

Low average RTM capacity. They have difficulties in utilizing access, difficulties in interacting with the socio-cultural environment and regional poverty reduction institutions. The socio-cultural environment includes family, neighbors, Pakraman villages, and others. The regional poverty reduction institutional environment includes Village Community Development Cadres, Village Community Empowerment Institutions, District Facilitators, District Facilitators, Regional People's Representative Council, Regional Work Unit Forum, Inter-village Cooperation Agency, Village Head, Village Secretary, Head of District, Civil Servants who trained to assist with participatory planning (Setrawan) at the district and sub-district levels

Limited capacity, faced with a less supportive socio-cultural environment and less accountable regional poverty reduction institutions, are thought to be the cause of the program of activities to combat poverty and road hunger in place. Todaro and Smith (2006) and Basri (2009) say that efforts to fight poverty and hunger are slow because development is seen as merely an economic phenomenon. The level of development progress is only

measured based on the level of gross national income, both as a whole and per capita which is believed to be trickling, creating jobs, and equitable distribution (trickledown effect), while the problems of poverty, unemployment and inequality receive less attention. Many studies have been carried out related to the phenomenon of poverty, including research conducted by Trisnawati (2016), Srinadi et al. (2014), and research conducted by Safitri et al. (2013).

Trisnawati (2016) examined middle class participation in rural poverty alleviation in Gianyar Regency. The research method used was multivariate discriminant. The total sample is divided into groups based on the characteristic variables known from some cases. The results of his research concluded that the existence of the middle class needs to be empowered in fighting poverty and hunger, especially their role, both in providing direct assistance (material assistance) and indirectly (in the form of information, education, and employment).

Srinadi et al. (2014) examined villages in Gianyar Regency based on factors that influence poverty. The research method used is factor analysis or cluster analysis. The results of his study concluded that the lowest percentage of poor households was Batubulan Village, which was 2.81 percent and the largest percentage of poor households was Beresela Village, which was 73.18 percent.

Safitri et al. (2013) examined the relationship between regions and the spread of poverty. The research method used is a partial regression model (Spatial Durbin Model). The results of his research concluded that the village with the highest percentage distribution of poor households was Bukian, Beresela, Taro, and Pupuan Village (51.2% –73.18%). Meanwhile, the village with the lowest percentage of poverty distribution was Batubulan (2.18%).

From the studies described above, it is known that there is no specific research on the capacity of poor households to the accessibility of basic needs in terms of education, health and economic factors. In addition, seen from the research methodology, no one has used the general structural component analysis (GsCA) methodology which is validated by qualitative or concurrent embedded research.

Based on the research problems and existing research gaps, the objectives of the study were (1) to analyze the effect of the capacity of poor families, education, and socioeconomic status on the accessibility of basic needs of poor families in Gianyar Regency; (2) to analyze the effect of education, health, and socio-economic status on the capacity of poor families in

Gianyar Regency; and (3) to analyze the most dominant variable influencing the accessibility of basic needs of poor families in Gianyar Regency.

THEORITICAL REVIEW

Poverty is said to be a condition, in which a person or household is in a state of “lack of welfare” (Haugton and Khandker, 2012). Poverty is defined as a condition of someone who is not wealthy, in need or destitute (Anwar, 2001). Economists generally associate the problem of poverty with a low standard of living and an unequal income distribution. Meanwhile, sociologists associate the problem of poverty with social class or low stratification and are called marginalized groups (Hadirman and Midgley, 1982).

According to the types and causes, poverty can be divided into two, namely absolute poverty and relative poverty. Absolute poverty is associated with estimates of levels of income and needs. Estimates of the level of need are limited to basic needs or minimum basic needs that enable a person to be able to live properly. If the income does not reach the minimum requirement, someone is said to be poor. Relative poverty is more determined by the level of development of the surrounding community. Someone who has reached the level of minimum basic needs, but his income is much lower than the income of the surrounding community, that person is in the relatively poor category (Arsyad, 2010).

In Indonesia, poverty cannot be interpreted only as a result of the low productivity of the poor or other internal causes. Poverty has existed since colonial times and is inseparable from the political and economic order, both global and national, which did not provide room for movement to the people's economic actors, who were generally poor people. A poor population does not mean that the person has nothing and is lazy to do something, but is an economic actor who is very active even though he has few assets, still unable to get out of the cycle of poverty (Rintuh, 2005).

Poverty Reduction Strategy

Poverty in Indonesia has existed since the colonial era. However, poverty reduction was only carried out by the New Order government since 1969 (Darwin, 2010). At that time Dewey (1993) said that poverty reduction programs were not yet a top priority. This happened because the development strategy still relies on economic rehabilitation efforts, namely

controlling the inflation rate, creating an investment climate, national stability, and economic growth (trickle down effects strategy).

There were several weaknesses in the implementation of poverty reduction programs during the New Order era, so that it was impossible to implement them during the reform era. These weaknesses include being top down, obtaining support by means of coercion, being more physically oriented, homogeneous and less accommodating to regional diversity, not being integrated with macroeconomic programs, not prioritizing the basic rights of the poor, and paying less attention to gender equality (Darwin, 2010). In this connection, a new national poverty reduction strategy is needed which is expected to give a new orientation to all development programs at the central and regional levels so that there is a synergy of development programs for poverty reduction. The underlying assumption is that economic growth is high and all development programs must make a positive contribution to poverty reduction. In addition, it is also in line with the basic rights of the poor, democracy, good governance, environmental sustainability and gender equality.

According to Darwin, the strategy includes expanding employment opportunities for the poor, both men and women, by creating supportive economic, political and social conditions and environments; empowering community institutions by strengthening social, political and cultural institutions and expanding the participation of the poor in decision-making and public policies that guarantee respect, protection and fulfillment of basic rights; capacity building by developing basic abilities and business abilities of the poor, both men and women, in order to take advantage of environmental developments; social protection by providing a sense of security to groups of women as heads of households, the poor, neglected children, the elderly, and the disabled. In addition, the rearrangement of international cooperation to support the four strategies.

Capacity for Access Utilization

Capacity is a measure of the production capability of a facility per unit of time. Individual capacity affects productivity through knowledge, skills, attitudes, and behavior (Benardin and Russel, 1993). Capacity is the ability to do or complete a job or something else. While access is defined as a way in, a way out, or a connection to something that causes a person to get out of the problem at hand. Capacity in utilizing access can be defined as the ability to use facilities as a way out of the poverty problem at hand.

Basically, individual capacity includes being honest or trustworthy in words, actions, and work, both towards oneself and towards others; responsible in attitude and behavior to carry out their obligations as they should be; discipline in behaving in an orderly manner and obeying the provisions of the applicable regulations; able to develop an attitude of working together to obtain greater results; be fair to yourself and others; being concerned about the environment; and have a vision for a better life in the future. These seven characteristics are believed to be able to get someone out of the poverty problem they are facing (Hermawan, 2010).

Education and Capacity

The term education comes from Latin, which is *e-ducare* which means to guide out, a process of human dignity towards the peak of optimizing cognitive potential, affective and psychomotor (Danim, 2010). Law No. 23, 2003 says that education is a conscious and planned effort to create an atmosphere of learning and the learning process so that students actively develop their potential to have religious spiritual strength, self-control, personality, intelligence, noble character, and skills that are needed by themselves, the community, nation and state. So, in order to educate the nation's life, national education has the function of developing abilities, character, and forming a dignified national civilization. However, printing a quality human being is not easy, because many factors influence it. Various studies have proven that there are many obstacles and constraints in realizing quality human resources, including the education gap between rural and urban areas (Combs, 1968), gender education disparities (Hadaad, 1990), and education and health discrimination among children and women (George, 1998).

Combs said that the education gap between cities and villages can be seen from the slow progression of modernization in rural areas, higher poverty rates, low motivation to learn, malnutrition, old-fashioned, and tend to maintain past cultural heritage. The gender education gap can be seen from the ratio of female children receiving education much less than that of boys. According to Hadaad, this gap occurs in almost every developing country, namely 66 out of 108 countries. George (1988) states that in the world of education in developing countries there is still discrimination against girls both in obtaining education and health.

George said that there are four reasons why expanding the scope of women's education is economically beneficial. The four reasons are (1) the rate of return of women is higher than

that of men in most developing countries; (2) improving women's education not only increases work participation and productivity in agricultural and factory land, but also postpones marriage and fertility, improves children's health and nutrition; (3) better health and nutrition for children and educated mothers will have a multiplier effect on the quality of the nation's children for generations to come; (4) because women bear the biggest burden of poverty and scarcity of cultivated land, improving the role and status of women through education can break the cycle of poverty.

Regarding efforts to improve the quality of education in the context of fighting poverty, Stephan (1996) in his study in Sub-Saharan concluded that the education system in that country does not reduce poverty, but actually exacerbates income inequality. The reason is the adverse effect of formal education on income distribution. This means that there is a positive relationship between education level and lifetime income. The income of those who complete secondary school and tertiary education reaches 300 to 800 percent more than those who have only elementary school education or less. Because the level of income is influenced by the level of education, it is clear that income inequality will get worse considering the opportunity of students from high-income families is greater than low-income families to continue their education to the highest level.

Health and Capacity

Health is a state of health, both physically, mentally, spiritually, and socially, which enables everyone to live productively socially and economical (Law No. 36, 2009). The health status of a person is greatly influenced by the national health system, especially in terms of health service provision (Lassey, 1997). The national health system is both a form and a method of implementing health development that combines health institutions, human resources, organizational network mechanisms, management, and administration in an effort to support the provision of health services for patients. Todaro and Smith (2006) say that health is the core of welfare which is fundamental in shaping human capabilities.

At the same time Todaro and Smith said that education plays a major role in shaping the ability of a developing country to absorb modern technology and develop the capacity to create sustainable development growth. Therefore, health is a prerequisite for increasing productivity. On the other hand, the success of education rests on good health. On the one hand, it is realized that health status is important for increasing productivity. However, on the

other hand, Adisasmito (2007) said that Indonesia is still facing health development problems, namely (1) disparity in health status, (2) double burden of disease, (3) low health service performance, (4) less supportive community behavior, a clean and healthy lifestyle, (5) low environmental health conditions, (6) low quality, equity and affordability of health services, (7) limited health personnel and uneven distribution, and (8) low health status of the poor.

Regarding the low health status of the poor, Blum (1974) states that there are four factors that determine a person's health status, namely individual and community behavioral factors, environment (socioeconomic, physical, and political), health services (type, coverage, and quality), and genetic factors. These four factors interact with each other dynamically to influence the health status of a person and society. Of the four factors, human behavior is the most influential factor and the most difficult to overcome compared to other factors. This happens because behavior change requires policies to regulate the dynamics of the interaction of these determinants of health (Muninjaya, 2004).

The complexity of human behavior in terms of health is also recognized by Howarth and Hadaad (1992). They say that even if there is an increase in income in a household, it does not guarantee the increase will be invested in the health and education of children significantly. On the other hand, household consumption choices do not show a strong link between income and knowledge for improving nutrition, especially for children.

Development policies that emphasize increasing income of poor households without paying attention to what income is spent, does not improve health and development success in general. According to Tonia (1992), the relationship between increased income and increased nutrition is not significant.

Socio-Economic Status and Capacity

Socio-economic status is defined as income, which is the amount of money received by individuals and companies in the form of wages, wages, rent, interest, profit, unemployment benefits, and others (Pass and Lowes, 1998). Household income, whether it comes from labor services or not, is not important in the economy because all factors of production can generate income.

Economic status as measured by income level affects the capacity of the population to use access to basic needs, such as education, health, and others (Budiono, 1997). Low

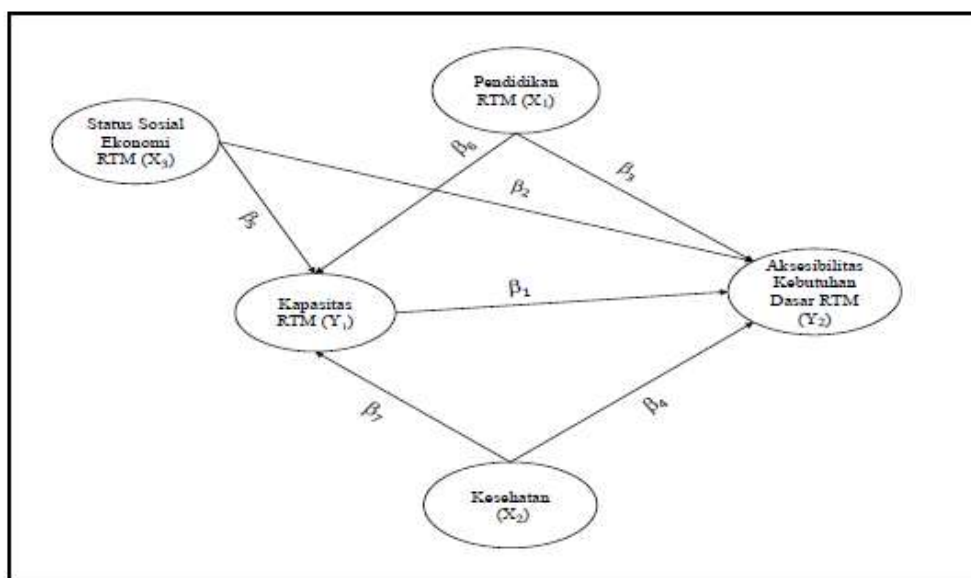
economic status or low income is the reason someone is malnourished, falls ill, or is the cause of low individual capacity (Sen, 1999).

Low income is determined by the policies of the government concerned, especially how fairly national income is distributed among all citizens of the country. The gap is high if 40% of the lowest income population receives less than 12% of national income, whereas the gap is moderate if the 40% of the lowest income population receives 12 to 17% of national income. Especially for Indonesia, 40% of the lowest income population receives 19.5% of national income (Kuncoro, 2010).

Framework of thinking

Based on theoretical studies and research results, a frame of mind that describes the clarity of the relationship between research concepts is shown in Figure 1. There are two models of thinking frameworks that can be built, namely the first model explaining that the capacity of poor households (Y_1) is influenced by education (X_1), health (X_2), and socioeconomic status (X_3). On the other hand, the second model explains that the accessibility of the basic needs of poor households (Y_2) is influenced by the capacity of poor households (Y_1), education (X_1), health (X_2), and socioeconomic status (X_3).

Gambar 1 Kerangka Konsep Model Penelitian



METHODOLOGY

The research design used is concurrently embedded, which is a combination of quantitative and qualitative approaches to the same research problem (Creswell and Clark, 2007). However, the quantitative approach is more dominant. This means that a qualitative approach is used to validate the results of quantitative research. The quantitative approach uses general structural component analysis (GsCA). The GsCA approach is a powerful analytical method, not based on multiple assumptions. The data do not have to be multivariate and normal distributed data it doesn't have to be big (Wold, 1985). Because in this study the quantitative approach is more dominant, the research problem follows the formulation of a quantitative research problem which implies that the problem statement must be clear before the research is carried out (Cooper and Emory, 1996). The research location was chosen based on several considerations. First, the number of poor households tends to increase, from 25,500 in 2009 to 26,000 in 2011. Second, the human development index during the period 2009 to 2011 increased from 72.43 to 73.43.

Quantitative and Qualitative Data

The initial step is to determine the population and sample. The population is all poor households recorded in 2011 by BPS Gianyar Regency, namely 24.026 poor families spread across seven sub-districts and in seventy villages / wards. The sample is a part of the population, which is selected with certain procedures and considerations so that it represents the population. The sample selection is based on the principle of representativeness, homogeneity, and the principle of precision. Samples were taken from each sub-district represented by two villages / wards originating from one urban or urban village and one rural or rural village. Homogeneity is seen from the socioeconomic status, capacity, socio-culture, and institutions with relatively the same characteristics. Social research precision is considered good, ranging from 1% to 10% with a critical point of 5% (Sarwono, 2010). In this way the study population became 7.646 RTM. By using the Slovin formula a total sample of 400 RTM is obtained.

$$n = \frac{N}{1 + n \cdot e^2}$$

Remark:

n = sample

N = population = 7.646 RTM

e = critical point 0.05

Calculation

$$n = \frac{7.646}{1 + 7.646 (0,05)^2} = 380,11 (400)$$

Samples were selected by systematic random sampling technique in the first selection continued according to the size of the interval (the interval is the population divided by the sample, i.e. $7.646 / 400 = 19$).

The data collection technique used questionnaires, in-depth interviews, focus group discussions, and observation. The questionnaire uses a closed list of questions covering the thoughts, feelings, attitudes, beliefs, values, perceptions, personalities and behaviors of the respondents. In-depth interviews were conducted with key informants, either structured or unstructured, face to face, and or by telephone if the situation supported. The focus group discussion involved key informants consisting of elements of village community development cadres (KPM D), village heads, Setrawan and sub-district facilitators, Setrawan and district facilitators, the Inter-Village Cooperation Agency (BKAD), Regional Work Units Forum (SKPD), DPRD elements, and the Head of the Village Community Empowerment Division (BPMD) at the Gianyar Village Community Empowerment Agency, and traditional / religious leaders. Observations were made using the senses and assistive devices in the form of cameras, writing instruments, voice recorders, and pictures (handy cam). However, researchers are not directly involved in the activities of the research subjects.

Data analysis technique

The analysis technique used is descriptive analysis techniques, general structural component analysis (GsCA), and qualitative analysis techniques. Descriptive analysis is used to generate categories for respondents' answers. GsCA analysis is used to evaluate whether the structural model shows a goodness of fit and the overall model. Qualitative analysis

techniques are used to analyze qualitative data in order to validate the results of quantitative research.

DISCUSSION

By doing bootstrapping, the t statistic value (t-statistic) and the standard deviation of each estimator are obtained to determine the significance of the estimator parameters of the model. Ho is accepted if CR is calculated ≤ 1.645 and Ho is rejected if CR is ≥ 1.645 at alpha 0.05. Based on the parameters in Table 1 and the feasibility test of the model on overall model, hypothesis testing and discussion of research results can be carried out.

Tabel 1
 Statistik Deskriptif

No. (1)	Variabel (2)	Rata-rata (3)	Standar Deviasi (4)
1.	Aksesibilitas kebutuhan dasar	2,477	0,959
2.	Pendidikan	2,729	1,112
3.	Kesehatan	2,983	1,154
4.	Status sosial ekonomi	2,881	1,279
5.	Kapasitas	3,201	1,002

Sumber: Hasil Pengolahan Data Primer

Tabel 2
 Hasil Analisis *Goodness of Fit* Model Keseluruhan

No. (1)	Variabel (2)	Koefisien Jalur Antarkonstruk Laten				Keterangan (7)
		Estimasi (3)	SE (4)	t Tabel (5)	CR (6)	
1.	X ₁ → Y ₁	0.016	0.058	1,645	0.28	Tidak sig.
2.	X ₂ → Y ₁	0.201	0.068	1,645	2.95*	Signifikan
3.	X ₃ → Y ₁	0.192	0.059	1,645	3.27*	Signifikan
4.	X ₁ → Y ₂	0.192	0.042	1,645	4.5*	Signifikan
5.	X ₂ → Y ₂	0.212	0.071	1645	3.0*	Signifikan
6.	X ₃ → Y ₂	0.346	0.066	1645	5.24*	Signifikan
7.	Y ₁ → Y ₂	0.043	0.049	1,645	0.88	Tidak sig.

Sumber: Hasil Model Struktural GsCA. CR* Significant at. Level: 1.645

Tabel 3
Hasil Uji Pengaruh Tidak Langsung

No.	Variabel	Pengaruh		χ^2	Keterangan
		Langsung	Tidak Langsung		
(1)	(2)	(3)	(4)	(5)	(6)
1.	$X_1 \rightarrow Y_2$	0,192	0,242	3,841	Tidak signifikan
2.	$X_2 \rightarrow Y_2$	0,212	2,940	3,841	Tidak signifikan
3.	$X_3 \rightarrow Y_2$	0,346	2,856	3,841	Tidak signifikan

Sumber: Hasil Olah Data GsCA. CR 1,645 Alpha 0,05

1. Direct and Indirect Effects of Education on Accessibility Basic Needs of RTM

The direct effect of the education variable on the capacity variable shows a path coefficient of 0.016 and a CR value of 0.28 smaller than the value of t table 1.645 on alpha

0.05. This means that the education variable has a positive but not significant effect on capacity. Increasing education increases RTM capacity. The results of the analysis of means scores of latent education were 2.729 and capacity 3.201 means that education strengthens capacity, but not significantly. This relationship took place at an equally low level.

Indirectly, education through capacity has a positive but insignificant effect on the accessibility of basic needs. The results showed that the path coefficient of 0.242 was smaller than the value of $\chi^2 \geq 3.841$ at alpha 0.05. Education serves to strengthen the capacity for accessibility of basic needs. These findings indicate that fighting poverty and hunger requires a significant increase in education for poor households.

The low level of education of poor households is caused by ineffective implementation of the scholarship program. They stated that 57 percent had never received a scholarship program. Meanwhile, 22.3 percent stated that they used the three to five year scholarship, 10 percent for six to eight years, 6 percent for nine to eleven years, and only 4.8 percent stated that they used the scholarship for more than twelve years. Thus, based on these findings, it is known that in the effort to improve the education of poor households, the implementation of the scholarship program needs to be further strengthened.

2. Direct and Indirect Health Effects on Accessibility Basic Needs of RTM

The direct effect of health on capacity shows the path coefficient 0.201 and the CR value of 2.95 * is greater than the t table value of 1.645 alpha 0.05. This means that health has a positive and significant effect on capacity. As health improves, capacity increases. Mean

scores of latent health were 2,983 less than means scores of latent capacity 3.201. This means that health strengthens capacity significantly.

Indirectly health through capacity has a positive effect, but it is not yet significant for the accessibility of basic needs. This is indicated by the path coefficient of 2.940 which is smaller than the value of $\chi^2 \geq 3,841$ at alpha 0.05. In the descriptive analysis, it was found that the cause of the low influence of health through capacity on accessibility was poor households' understanding of low health regulations (average score 2.685). This finding means that in an effort to improve health status, it is necessary to further improve the process of communication, education and information on health regulations, especially those concerning their rights to health services.

3. Direct and Indirect Effects of Socio-Economic Status on Accessibility Basic Needs

The direct effect of socio-economic status on the capacity of poor households is positive and significant. The results showed the path coefficient of 0.192 and the CR value of 3.27 were greater than the t table value of 1.645 at alpha 0.05. This means that the higher the socioeconomic status, the accessibility of basic needs increases. Means scores of latent socioeconomic status are 2,881 greater than means scores of latent accessibility are 2,477. This means that the socioeconomic status has a more positive and dominant effect on capacity than the effect of education and health.

Indirectly, socio-economic status through capacity has a positive but insignificant effect on the accessibility of basic needs for poor households. The results showed that the path coefficient of 2.856 was smaller than the value of $\chi^2 \geq 3.841$ at alpha 0.05. Based on the results of the descriptive analysis, it was found that a positive but insignificant relationship was the ownership of the production factors in the form of low land. Most of them (61.25) own ± 10 acres of land, while their main livelihoods are farmers and farm laborers (40.5%). These findings indicate that efforts to combat poverty and hunger with agricultural intensification and intensification policies are not appropriate. Therefore, it takes other, more creative and innovative ways to increase the income of the poor apart from agriculture.

4. Direct Effect of Capacity on Accessibility of Basic Needs

The direct effect of capacity on the accessibility of basic needs shows a path coefficient of 0.043 and a CR value of 0.88 smaller than the value of t table 1.645 on alpha 0.05. This shows that capacity has a positive but insignificant effect on the accessibility of basic needs.

Means scores of latent capacity are 3.407 greater than means scores of latent accessibility of 2.490. This means that a sufficiently good capacity does not guarantee good accessibility either. There are other factors at play. The results of research conducted by Tingkes (2014) found that negative socio-cultural environmental factors hampered the accessibility of the basic needs of poor families. This finding means that in the effort to fight poverty and hunger it is necessary to pay attention to the socio-cultural environmental factors. According to Soemarwotto (1989) it is important to pay attention to the negative socio-cultural environment when two ecosystems with different levels of development interact, there is an exchange of energy, material and information between the two. However, the flow of exchange always benefits developed ecosystems (more affluent groups of people) and harms underdeveloped ecosystems (disadvantaged groups of people).

CONCLUSION

Based on the research problems, research objectives, and research results analyzed descriptively, quantitatively, and various types of testing validated with the results of qualitative research, it can be concluded that the cause of the slow reduction in the poverty rate is the implementation factor of the scholarship program for poor households that has not optimal, understanding of health regulations is still low, ownership of production factors in the form of narrow agricultural land, while the main livelihood is agriculture and agricultural labor. In addition, the influence of the negative social and cultural environment. Therefore, the capacity or ability of poor households to access basic needs is low or insignificant.

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