



Interest of National Health Insurance Owners in Informal Sector in the Use of First Level Health Facilities in Jambi City

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ABSTRACT

The highest coverage of JKN participation in Jambi Province is the Jambi city. However, the size of JKN participation in Jambi city is not proportional to its use. This study aims to determine the interest of the owners National Health Insurance in informal sector in the use of first-level health facilities in the Jambi city. This research was conducted with quantitative methods using approach cross sectional. The population in this study are all informal workers whose population is unknown. The sample in this study are 105 respondents, the sampling technique was used purposive sampling. Bivariate results using the chi-square test, the relationship between the independent variable and the dependent variable, age ($p=0,130$), gender ($p=0,401$), education ($p=0,134$), income ($p=0,183$), knowledge ($p=0,057$), health facilities ($p=0,174$), needs ($p=0,000$) with interest in using health insurance. The owners of the informal sector JKN in Jambi city was interested using first-level health facilities and there is a relationship between needs and interests of JKN owners in informal sector in the use of the first-level health facilities Jambi city.

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INTRODUCTION

The mandate of the 1945 Constitution as a result of the 2002 amendment is to oblige the state to develop a social security system for all Indonesian citizens, therefore JKN was formed. The purpose of the establishment of JKN is to fulfill the basic needs that are appropriate for insurance participants and their families. The principles for establishing this social security system are based on the principles of mutual cooperation, for-profit or non-profit, openness, prudence, accountability, portability, mandatory, mandated and the proceeds of funds are managed for the benefit of participants in order to develop programs that are utilized as much as possible (Subkhan, 2018).

The JKN program has been running and implemented starting from January 1, 2014 which later in 2019, there were about 1.685.482 citizens in Jambi province who already have health insurance and Jambi City has the highest membership coverage, as in 67.97% (BPS, 2020).

Someone who has insurance but does not use it has a very different behavior with those who use their insurance. There is a relationship between education level and income level on insurance utilization (Fadly & Vianny, 2019). Negash's research suggests that there is an influence of age, gender, and education of the head of the household on the use of insurance for informal workers (Negash, 2019).

The physical appearance of a health facility is a factor that affects the use of health services because it affects the waiting time in obtaining the desired health services. The most important thing in attracting patients to use health services is comfort, tidiness, cleanliness, completeness of drugs and examination equipment in health facilities (Wulandari, et al, 2016).

The main objective of the JKN program is to increase the convenience, which the community can obtain through health services according to their needs. If the increasing number of the utilization of JKN is perceived by the whole community, then it is an ideal representation of the achievement of the JKN program (Fadly & Vianny, 2019).

However, the amount of JKN participation in Jambi City is not proportional to its utilization. Based on data from the Jambi City Health Department in 2019, the number of visits to the Jambi City Health Center was 658.240 patients, 250.651 (38.07%) of whom did not make any use of their health insurance in using health services because they did not have health insurance (Jambi, 2019).

BPJS Health in Jambi stated that 83.75% of BPJS Health PBPU participants or informal workers are non-active (Retnaningsih, 2018). This shows that the high universal health coverage does not always increase the utilization of health services, there are other factors that also affect the interest of the community, especially informal workers in the use of health insurance. This situation can hinder the government's efforts to achieve one of the goals of sustainable development, that are good health and welfare for the community. This study aims to determine the interest of the JKN owners in informal sectors in the use of first-level health facilities in the Jambi city in 2020.

METHOD

This research is an analytic quantitative study with a cross sectional approach, with a sample of 105 people. Characteristics of the population consists of people who work in the informal sector in 11 Districts of Jambi City

The sampling technique was purposive on random sampling with the criteria of grocery store owners, conventional motorcycle taxi drivers and traders who were included in BPJS Health's non-wage recipients (PBPU).

The variables that become covariates in this study are age, education level, gender, and income. Distribution of data processed by univariate and bivariate tests

RESULTS AND DISCUSSION

Distribution of Research Frequency

Following the results of the study, the frequency distribution of respondents were obtained in table 1.

Table 1
Frequency Distribution of Respondents

Distribution of Frequency	Frequency	%
Age (Years)		
Adult (26-45)	55	52,4
Elderly (46-65)	50	47,6
Gender		
Male	50	47,6
Female	55	52,4
Education		
Primary School Graduates	14	13,3
Secondary School Graduates	28	26,7
High School Graduates	51	48,6
Diploma/Bachelor	12	11,4
Education Category		
Low (PS-SS)	40	38,1
High (HS-Uni)	65	61,9
Income		
Low (<2.630.162)	43	41
High (≥2.630.162)	62	59
Knowledge		
Poor	40	38,1
Good	65	61,9
Health Facilities		
Poor	4	3,8
Good	65	61,9
Needs		
Low	51	48,6
High	54	51,4
Interests		
Not Interested	48	45,7
Interested	57	54,3

Table 2
Correlation test between variables of interest in the informal sector JKN owners in the use of FKTP (N=48)

Variables	Categories	Interests				P-Value
		Not Interested		Interested		
		N	%	N	%	
Age (Years)	Adult (26-45 years old)	29	27,6	26	24,8	0,130
	Elderly (46-65 years old)	19	18,1	31	29,5	
Gender	Male	25	23,8	25	23,8	0,401
	Female	23	21,9	32	30,5	
Education	Low (PS-SS)	22	21,0	18	17,1	0,134
	High (HS-Uni)	26	24,8	39	37,1	
Income	Low	23	21,9	20	19,0	0,183
	High	25	23,8	37	35,2	
Knowledge	Poor	23	21,9	17	16,2	0,057
	Good	25	23,8	32	38,1	
Health Facilities	Poor	0	0,0	4	3,8	0,174
	Good	48	45,7	53	50,5	
Needs	Low	40	38,1	11	10,5	0,000
	High	8	24,7	46	43,8	

Correlation between variables and Interest of Informal sector JKN Owners within Use of First-Level Health Facilities (FKTP) Jambi City

In accordance with the results of the Chi-Square test, the following result obtained from Table 2, the P. Value of $0.130 > 0.05$ means that there is no relationship between age and the interest of JKN owners in informal sector in the use of first-level health facilities in Jambi City. In reference to the results of the interview with respondents in the adult category who are interested in the use of first-level health facilities, they stated that they have a disease that needs to be checked by a doctor every month, while for the respondents in the elderly category, their answers are the same as those for the respondents in the adult category, so the researchers concludes that age is not an indicator of a person's use of health services, both adults and the elderly have their own risk factors for illness due to different lifestyles and habits. JKN owners in the informal sector in the elderly category are the backbone of the family, the family economy will deteriorate if they fall ill, therefore JKN owners in informal sector use JKN. This is in line with Ariska et al., (2016), participation in the National Health Insurance is not limited by age because participation is mandatory for all Indonesian citizens so that age is not related to participation in the National Health Insurance. In line with Fajrini et al., (2019) where the value ($\rho = 0.492$) means that there is no significant relationship between age and the use of BPJS in outpatients at the Islamic Hospital in Jakarta Sukapura.

Based from gender variable generated P Value $0.401 > 0.05$ means that there is no relationship between gender and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. There is no difference in access to information received by male and female, because the majority of JKN owners in the informal sector are female in this study. Both male and female have the same opportunities in using JKN, it is the need from oneself that distinguishes JKN owners in the informal sector from using JKN. This study is in line with Irawan (2018) which stated that gender does not affect people to be able to take advantage of health services, both male and female are at the same risk of getting sick.

Meanwhile from education variable generated P Value $0.134 > 0.05$ means that in this study, there is no relationship between education and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. JKN owners in the informal sector with higher education are still influenced by their surroundings and act based on their experiences. In line with (Laila, Ainy, & Safriantini, 2020) there is no relationship between education and the decision of workers to become JKN participants, because education is a factor that is difficult to intervene. A person's level of understanding is not only obtained from formal education but can also be obtained through non-formal education and the use of information technology to obtain any information quickly.

Income was also one of variables that reviewed by P Value $0.183 > 0.05$ means that there is no relationship between income and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. In reference to the results of the interview, JKN owners in informal sector with high-income who do not have their JKN cards active, because the income earned every month is uncertain and unpredictable and the assumption is that they rarely get sick and will lose if they pay JKN contributions every month, based on experience they do not have a disease that requires with a lot of costs, even if the

JKN owners in informal sector feel like they are able to seek treatment using cash because the only illness they suffer from are either a fever or a cold cough. JKN owners in the informal sector who have income above the minimum wage have the same opportunity to use or not use JKN. The JKN owner in the informal sector uses the income earned to meet daily needs, especially food needs. Even though they have income above the minimum wage, it is in accordance with the respondent's statement that the income received is uncertain every month so that JKN owners in the informal sector are reluctant to use JKN because the contributions are paid every month and they feel like that it is not their main need. This is in line with (Fadly & Vianny, 2019), that stated the higher the income, the lower the tendency to use JKN (odds ratio of 0.090), the poorer the population, the more limited the choice to use health services, in other words, the richer population has more choices to take advantage of the health insurance coverage.

Knowledge variable also be reviewed in this research and got P Value $0.057 > 0.05$, means that there was no relationship between knowledge and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. The results of this study are that most of respondents categorized with high level knowledge because they have a lot of experience, information and counseling about the benefits of JKN and information sources such as the internet, radio, newspapers and so on. JKN owners in the informal sector get a lot of information about the benefits of JKN through friends or relatives who have experience using JKN, and the ease of exchanging information makes them have high level knowledge. High level knowledge may be influenced by the type of work they have, such as the informal sector, the number of people who come and go, and they interact more often with many people so their access to information and knowledge is wider (Purwaningsih, 2016). The results of this study are in line with Wicaksono et al., (2020) where the results of the statistical test results obtained a value of $= 0.690 > 0.05$, meaning that there is no relationship between knowledge and participation in the use of JKN services in the Sungai Ulin Community Health Center work area in 2020 (Yusuf et al., 2019).

If examined from availability of health facilities, it shows that P Value $0.174 > 0.05$ means that there is no relationship between health facilities and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. The JKN service procedure is carried out in stages starting from the FKTP where participants are registered, so even though respondents stated that their health facilities were bad, they still use them for referrals to advanced level referral health facilities or FKRTL. In line with (Kurniawan, Abadi, & Nurhayani, 2018) 91 respondents stated that health facilities were good, but 28 respondents did not use JKN and 63 respondents used JKN while 9 respondents thought that health facilities were not good, there were 5 respondents who did not use JKN and 4 respondents used it. The results of the analysis obtained ($\rho = 0.131$) which means that there is no significant relationship between health facilities and the use of JKN.

Needs of using health facilities also be reviewed with P Value $0.000 < 0.05$ concluded that there is a relationship between needs and the interest of JKN owners in the informal sector in the use of first-level health facilities in Jambi City. Based on the results of the study, the average of JKN owner in the informal sector who has high needs and has a high interest in the use of first-level health facilities is those who have chronic diseases and must regularly check

with doctors, therefore they continue to activate their BPJS Health cards because if they don't use BPJS, the cost they will have spend will be enormous. This is in line with Darmayanti and Raharjo (2020) who stated that there is a high need for protection for someone who has a history of catastrophic disease or high-cost disease where health insurance is a top priority. Participating in the JKN program will reduce the costs borne by respondents when receiving treatment at a health facility.

LIMITATION OF THE STUDY

This study only uses a limited sample of JKN owners in Jambi City. The results of this study do not reflect the results of other districts/cities and do not represent data on all JKN owners in Jambi province. The results of this study only contain JKN users from the informal sector and that may not represent results in other sectors.

CONCLUSIONS AND SUGGESTIONS

1. Owner of JKN informal sector having interest of using first grade health facilities with interested proportion is 54.3% ad without interested proportion is 45.7%
2. There are no correlation between age, gender, education, income, knowledge and health facilities and interest of JKN informal sector within using first grade health facilities
3. There is correlation between needs of using health facilities and interest of owner JKN informal sector within using first grade health facilities

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