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Factors Influencing the Participation of National Health Insurance Independently

(Analytic Observational Study on Work Area Sungai Malang Primer Health Care Hulu Sungai Utara Regency)

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Abstract

Health insurance is a guarantee of health protection for everyone, 90% of Indonesians are already JKN participants. The coverage of JKN participation, especially in South Kalimantan is still low, namely 1,323,001 people (34.8%), one of the districts whose membership level is still low, namely Hulu Sungai Utara Regency with 49.65% from 225,822 is not yet a JKN participant especially in the work area of Sungai Malang Primer Health Care where only 12,387 people (25.67%) are JKN participants. Therefore it is necessary to investigate what factors affect the participation of JKN. Explain factors that influence the participation of National Health Insurance independently in the working area of Sungai Malang Primer Health Care. This research type is observational analytic research with design of case control design conducted by work area of Sungai Malang Primer Health Care. The populations were JKN participants and not JKN participants, while sampling using purposive sampling. The research variables are age, education level, knowledge, income, motivation, perception and socialization as independent variable and JKN membership independently as dependent variable. The research instrument used is the stuffing sheet. The result of multiple logistic regression analysis obtained the most influential variable is age (OR=9,8). There is a significant influence, level of education (P-value=0,000), knowledge (0,000), motivation (0,000), perception (0,000) and socialization (0,000).

Keywords: national health insurance, social insurance provider body, participation

Introduction

Health insurance is a guarantee in the form of health protection for the community to benefit health care and protection in fulfilling basic health needs given to every person who has paid the dues or fees paid by the government[1]. There is a Social Security System in the amendment of the 1945 Constitution, and the publication of Law No. 40 of 2004 on the National Social Security System (SJSN) that every person has the right to social security to be able to meet the basic needs of a decent life and improve his dignity towards the realization of a prosperous, just and prosperous Indonesian society becomes a strong proof that government and related stakeholders have a great commitment to realize social welfare for all its people[2].

In support of the implementation, Law no. 24 Year 2011 establishes the National Health Insurance (JKN) organized by BPJS, which consists of BPJS Health and BPJS Employment. JKN held by BPJS Kesehatan whose implementation begin on January 1, 2014[3]. Social Security Administering Body (BPJS) as the implementing agency has done various activities to accelerate JKN roadmap travel process so universal health coverage (UHC) quickly achieved. Socialization in various mass media about the benefits, payment method, the amount of dues chosen according to ability, has been implemented, but the expected result that there will be increasing independent participant not seen real[4].

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Data Ministry of Health RI (2013), shows the number of people who are guaranteed in various forms and health insurance as much as 151.6 million out of a total of 293.7 million people in Indonesia. Thus there are still 142.1 million people in Indonesia who do not have health insurance. Based on data of Social Security Administration Agency (BPJS) Health (2015). South Kalimantan Province of the total population of 3,989,793 people in the JKN membership coverage of 1,323,001 people (34.8%), consisting of 763,063 people (57.67%) of the contribution beneficiaries (PBI) and non PBI 559,938 inhabitants (42.32%)[5].

Based on data on the coverage of the working area of each Primer Health Care in Hulu Sungai Utara District, the Sungai Malang Health Center has the working area with the largest number of residents from other working areas and has the lowest percentage of JKN participation in Hulu Sungai Utara Regency. The number of JKN participants at the Sungai Malang Primer Heath Care was 12,387 people as of June 2016 with the coverage of the working area 47,961 residents in Amuntai Tengah subdistrict, meaning only 25.67% of the population in the working area of Malang River Community Health Center which is the participant of JKN which means 75,43% of the people in the region have the potential to become the most independent JKN participants.

Material and Method

The research is a kind of quantitative observational analytic research with case control approach. Type research is done by comparing case groups and control groups. The number of samples in this study is determined by purposive sampling method. The number of samples in study as much as respectively 130 respondents, which means the total sample in study was 260 respondents.

Findings

Table 1: Result of Univariate Analysis

No	Variable	Category	Frequency	%
1	Age	18-40 year	181	69,6
		41-65 year	79	30,4
2	Level of education	Primary school	23	8,1
		Junior high school	57	26,4
		Senior High School	99	37,6
		College	81	30,8
3	Knowledge	Less	157	59,7
		Good	103	39,2
4	Income	Low Income (≤ Rp 2.085.000)	171	65,8
		Higher Income (>Rp 2.085.000)	89	34,2
5	Perception	Low	78	30
		High	182	70
6.	Motivation	Low	148	56,9
		High	112	43,1
7.	Socialization	Not	136	52,3
		There is	124	47,7

Based on table 1 can be seen that of 260 respondents consisted of 18-40 (adult) age range 181 respondents (69.6%) and respondents with age range 41-65 (old) as much as 79 respondents (30.4%). Respondents can be seen in this study more than the range adult, this is because respondents with age range 18-40 is still productive and have a job. High school education level has the highest percentage (37,6%) this matter because resopondens in this research is participant by JKN independently which majority is entrepreneur. Of the 260 respondents, 157 respondents (59.7%) had less knowledge about JKN. Based on the results of the questionnaires of respondents who have less knowledge due to the respondents do not know the benefits obtained when a participant JKN as many as 155 people (97.4%), who do not know who is required to become a participant JKN as many as 155 people (97.4%), (94.7%) who do not know the purpose of BPJS Health (94.7%), who do not know the participants JKN consists of as many as

153 people (94.7%), who do not know the purpose of JKN as much as 153 people (94.7%) , who do not yet know the number of JKN participants as many as 151 people (92,1%), who do not yet know how to register become JKN participants for PBPU counted 145 people (86,8%), not yet know the procedure of registration of JKN as many as 122 people (73, 7%), who do not yet know the requirements to become a participant of JKN for Indonesian citizens are 95 people (68,4%).

Income low ($\leq$ Rp 2,085,000) more reported on the type of work in the informal sector with uncertain income each month. Concerned perceptions, 80 respondents (30.7%) assume that the facilities provided if the illness is incomplete, as many as 120 respondents (46%) assume that BPJS is only for the poor. Respondents have low motivation caused by those who say that does not agree that the way of registration as JKN participants is easy.

Table 2. Bivariate Analysis

Variable	JKN Independently Active Participation				p-value	OR (95% CI)
	Not a Participant (Control)		Participants (Case)			
Age	n	%	n	%		1,337
Adult (18-40 tahun)	98	75,4	83	63,8	0,059	(0,991-1,802)
Old (41-65 tahun)	32	24,6	47	36,2		
Level of education						
Low	17	13,07	63	48,46	0,000	0,16
High	113	86,92	67	51,53		
Knowledge						
Less	105	80,8	52	40	0,000	6,3
Good	25	19,2	78	60		(3,59-11,02)
Income						0,597
Low ($\leq$ rp 2.085.000)	78	60	93	71,5	0,067	(0,35-1,00)
Higher (> rp 2.085.000)	52	40	37	28,5		
Perception						3,50
Low	130	100	52	40	0,000	(2,78-4,40)
High	0	0	78	60		
Motivation						8,22
Low	130	100	18	13,8	0,000	(5,33-12,6)
High	0	0	112	86,2		
Socialization						8,70
No	100	76,9	36	27,7	0,00	(4,97-15,243)
There is	30	23,1	94	72,4		

Based on table 2 above, the result of chi-square test with 95% confidence level, there is a significant influence, level of education (P-value=0,000), knowledge (0,000), motivation (0,000), perception (0,000) and socialization (0,000).

Table 3 Results the initial model of multiple logistic regression analysis

No	Variabel	B	Sig	Exp(B)
1	Age	2.283	0.023	9.807
4	Level of education	-2.270	0.019	0.103
3	Income	0.235	0.749	1.265
4	knowledge	1.869	0.021	6.483
5	Perception	-19,181	0,996	0,000
6	Motivation	-22,248	0,994	0,000
7	socialization	1,422	0,061	0,938

Table 4. Results of final model of multiple logistic regression analysis

No	Variabel	B	OR	95% CI OR	P value
1	Age	2.283	9.807	1,129-69,423	0.023
2	Level of education	-2.270	0.103	0,174-11,392	0.019
3	Income	0.235	1.265	0.299-5.344	0.749
4	knowledge	1.869	6.483	1,428-35,972	0.021
5	Perception	-19,181	0,000	0,000	0,996
6	Motivation	-22,248	0,000	0,000	0,994
7	socialization	1,422	0,938	0,880-16,113	0,061

Based on table 4 can be seen that the most influential variable is age, meaning that the more mature one's age then 9.8 times have the opportunity to become participants of health insurance independently.

Discussion

Based on table 2, to see the effect of age on JKN membership independently that, p-value= 0,059, means there is no significant influence between age with JKN membership independently.

The results of this study is supported by the results of previous research by Widhiastuti (2015) which states there is no significant influence between age with public awareness in insurance. Research with similar results was also revealed by Anggi Afifi (2014)[4]. In this study sampling was conducted only in primary health care, so there was no significant difference in health risks between respondents aged <40 years and ≥40 years, where they were more likely to experience low health risks[6].

Education of the 130 respondents who are not independent JKN participants, there are 113 respondents (86.9%) have high education level, while JKN membership comes from education level ≤ junior high school and college level only 24.6% and 26.9% which means lower levels of education are more likely to choose to be JKN participants. From these findings it can be seen that the level of education has no effect on knowledge. In addition, respondents with low level of education have concerns in terms of income due to their low employment rate (traders) as much as 218 respondents (82.9%). The effect of education with JKN participation independently, p-value=0,000, which means there is a significant influence between education with JKN membership independently. The value of OR=0.16 indicates that a person with a low educational

level is 0.16 times more likely to be an independent JKN participant than someone with a higher level of education.The results of this study in line with the results of research conducted by Siswoyo BE (2015) there is a relationship between the type of work with the awareness of being a participant JKN. Respondents with unpredictable jobs and income are more interested in becoming JKN participants to ensure their health[7].

The effect of JKN self-knowledge and membership, that p-value = 0,000. The OR score indicates 6.3 which means that respondents who have high knowledge about JKN independently will have 6.3 times more chance to become independent JKN participants compared with those who have less knowledge about JKN. The results of this study in line with the results of research Tanjung (2015) there is a meaningful influence between knowledge with attitude JKN independent participation. Respondents' knowledge of JKN includes understanding, understanding of participants regarding BPJS, JKN, JKN membership and benefits gained [8].

As many as 71.5% of JKN participants came from respondents who have income $\leq$Rp.2.085.000, whereas respondents who have total income> Rp.2.085.000 per month only 28.5%. Based on the findings in the field of respondents with income of $\leq$Rp 2,085,000, more are based on the types of jobs in the informal sector with uncertain income each month. Uncertainty about income is what affects a person to ensure his health by deciding to become a participant of JKN, another factor high income level of income is found to be meaningless. The researcher's assumptions are caused by the National Health Insurance program is a social health insurance, in which membership is mandatory for all Indonesians in meeting basic health needs. The implementation of this program has been adapted to the economic capacity of the people. This research is in line with the Whidiastuti (2015) study which stated that the respondents' income in this study did not affect the JKN participation independently[4].

Perception is very closely influenced by perceived benefits. Based on the theory of Kurt Lewin (1951) that changes in one's behavior is influenced by the driving factors and inhibiting factors. When a person's perception of a program's benefits is high, it will be said to be a driver toward the desired goal. This drive will be strengthened if the perception of resistance as an inhibiting factor is found low, then the behavioral change

toward the desired goal will be faster. The results of this study in accordance with the Health Belief Model where the change in behavior in respondents is influenced by the belief of the benefits or obstacles perceived. High perceptions of benefits and the discovery of low barriers of perception will lead to changes in respondent behavior[9].

There is a significant influence Motivation on JKN independently membership. The OR score indicates 8.22 which means that a person with high motivation has an opportunity to become a JKN participant compared to someone with low motivation. This research is in line with the results of Hardini's (2016) research, motivation related to the participation of the national health insurance program because of the ease of registering, socialization, information received, the availability of health facilities, the health costs covered, and the protection of old age[10].

P-value = 0,000. There is an influence of JKN socialization on independent participation. Based on the table can be seen from 130 respondents who are not independent JKN participants, there are 100 respondents who have never received socialization related to JKN. Based on the findings in the field, respondents who are not independent JKN participants claimed to have never received socialization directly by the BPJS Amuntai Branch. In addition to direct socialization, respondents also have not received socialization through other media (print or electronic). Based on table 5.1.4 shows 59% of respondents have knowledge about JKN is still low which means still lack of socialization about JKN. Another thing is because most of the respondents who are not independent JKN participants are informal workers / SMEs. This is in line with research conducted by Fajar (2012) on MSME workers who get information that the respondents only know the program JKN as much as 21%, while those who do not know 62%. This indicates that massive socialization of the program is still needed, especially for the lower middle class, working in the informal sector and MSMEs[10].

Conclusion

1. There is no influence of age, income of respondents to the participation of National Health Insurance independently in Sungai Malang Primer Health Care

2. There is influence of educational level, knowledge, perception, motivation and

socialization of National Health Insurance participation independently in Sungai Malang Primer Health Care.

3. The most influential factor of logistic regression analysis is age to the participation of National Health Insurance independently in Sungai Malang Primer Health Care

Ethical Clearance: this study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public Health Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research tittle, purpose, participant's right, confidentiality and signature.

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