

Informal Workers and Its Role in Jaminan Kesehatan Nasional in Denpasar City: feasible model for collecting revenue to the achievement of universal health coverage

by Putu Ayu Indayathi

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Informal Workers and Its Role in Jaminan Kesehatan Nasional in Denpasar City: feasible model for collecting revenue to the achievement of universal health coverage

Indrayathi, P.A., Kusumadewi, M.D, Fridayanti Irama, M.D
Program Studi Ilmu Kesehatan Masyarakat, Fakultas Kedokteran, UNUD
Email: pa.indrayathi@gmail.com
HP : +6281339570537

Abstract

In order to improve community's health level, government launched Jaminan Kesehatan Nasional (JKN) program. One of the challenge in the achievement of universal coverage is reaching informal workers sector. This research aims to know informal workers job and their knowledge about JKN program so can find models fundraiser.

This research is an explorative descriptive study with cross sectional design and data collection with a combination of quantitative and qualitative method. Quantitative data collection is done through questionnaire survey to informal workers followed by qualitative data collection is done through in-depth interviews. Quantitative data were analyzed using univariate analysis and qualitative data were analyzed using thematic content analysis.

The results of the study shows that identification results of informal workers is known that are included in informal workers sector is all kinds of mayor job classifications by BPS Denpasar with the status of own work, free workers and the family workers/not paid; kinds of mayor job in the field of agriculture, manufacturing, and construction with employment status tried assisted by temporary workers; as well as the main type of work in agriculture with employment status of workers/employees. Furthermore, known that general knowledge of JKN program is as many as 90 respondents (84,91%) have less knowledge. Most of the respondents are willing to join as a member of JKN and afford to pay Rp 25.000,-.However, they are mostly reluctant to pay through ATM. This is because the informal workers are not familiar with Bank. The feasible model in the revenue collection for informal workers is through the collaboration with local body such as Lembaga Perkreditan Desa (LPD) or Koperasi Unit Desa.

This study suggest that the government under ministry of health collaboration with BPJS Kesehatan should be more active in socialization/disseminating JKN program so people know about JKN program and procedures for acquiring. BPJS Kesehatan might provide more active ways to reach the informal workers for instance providing "jemput bola" service to reach those informal workers with no access to BPJS Kesehatan and bank.

Keyword : JKN, Informal worker, Denpasar

BACKGROUND

Healthy behaviors and the ability of people to choose and obtain quality health services determine the success of health development. The difficulty to access health services is one reason of low level of public health in Indonesia. It is influenced mainly due to lack of economy capacity. Expensive health care costs with health financing patterns based on out of pocket payment has increase the difficulty of citizens to obtain health care . One step taken by the government to solve the problem is by launching the National Health Insurance Scheme (Jaminan Kesehatan Nasional/JKN). JKN Implementation is expected to create health care for all citizens (Kemenkes RI, 2013).

However, there are some obstacles hamper the achievement of universal health coverage. One of the problem is in the membership of JKN is the difficulty in reaching the informal sector workers. According to Triyono and Soewartoyo (2013), the majority of informal sector workers does not have social security program, it is not simply due to a lack of program, but because of social constraints derived from the characteristics of the workers themselves. Informal sector workers are mostly migrants. From the results of a study conducted by the International Labour Organization (ILO) in 2004 on the extension of social security in the informal sector in Indonesia showed that 34.39% believe social security are the responsibility of the state, 22.04% of informal sector workers willing to pay social insurance premiums, 18.86% thought paying social insurance premiums are the responsibility of workers, employers, and government, as well as 8.07% declared a national social security are the responsibility of the employer (Triyono and Soewaryoto, 2013). The data shows that there are different perceptions about National Social Security. The largest percentage of that is the idea that the social security are the responsibility of the state, this perception may be one of the factors that lead to informal sector workers have no desire to become a participant JKN.

Therefore, it is important to identify informal sector workers, the perception and knowledge level of informal sector workers about JKN and exploring their perception's of relevant model in collecting revenue in Denpasar. Denpasar is the city where the highest population density in the year 2012 with amount of 4,170 per km² (Badan Pusat Statistik Provinsi Bali, 2013). With a high population density is assumed to have a positive relationship with the number of migrants.

METHODS

This research is explorative descriptive study and the data were collected with a combination of quantitative and qualitative methods. Informal workers identification done by adapting identification

conducted by BPS Pusat and BPS Kabupaten Batang in the analysis of informal sector workers by Santoso (2012). Criterias of informal workers by Santoso (2012), is a combination of : the status of own work with energy farming, agriculture, animal husbandry, fisheries, forestry, and hunting; seeks itself with energy production and transport tool operation manual labor; seeks temporary laborers / workers are not paid by the agriculture, plantation, animal husbandry, fisheries, forestry, and hunting; seeks temporary laborers / workers are not paid by the operational production transport equipment and manual labor; worker / employee / employee with power farms, plantations, livestock, fisheries, forestry, and hunting; as well as the entire family worker worker status .

Quantitative data collection is done through a survey questionnaire to informal sector workers continued with qualitative data collection through in-depth interviews. Quantitative data were analyze with univariate and multivariate analysis techniques and qualitative data were analyzed thematically. The target population of this study were participants JKBM this is because JKBM member are those who does not have any health insurance scheme (Askes, Jamkesmas, or Jamsostek) in Denpasar. The population of this study is JKBM participants in Puskesmas I Denpasar Timur, Puskesmas I Denpasar Selatan, Puskesmas II Denpasar Barat, Puskesmas III Denpasar Utara. Samples obtained from the calculation is 96 people, but to avoid the drop out it is necessary to add 10 % of the number of samples obtained (Chandra , 2009) . So on these considerations, the study sample size to 106 samples. For qualitative data, based on the principle of suitability and adequacy of the number of respondents are 20 people .

RESULTS

1. Identification of Informal Workers in Denpasar

In the employment data which is owned by BPS Denpasar, labor classification is not equipped with the identification of informal sector workers. Classification of labor performed by four (4) categories, including: gender, education level, employment major, and work status. The results of the identification of informal sector workers in Denpasar based on classification by BPS Denpasar with employment status on their own, free labor, and workers' families / unpaid; The main types of work in the field of agriculture, manufacturing, and construction employment status sought assisted by temporary workers; as well as the main job in agriculture with employment status of workers / employees / employee. The result can be seen on the table below :

Table 1. Identifikasi Tenaga Kerja Sektor Informal di Kota Denpasar

Status Pekerjaan	Jenis Pekerjaan Utama							Keuangan, persewaan, dan jasa perusahaan
	Pertanian	Pertambangan dan penggalian	Industri pengolahan	Listrik, gas, dan air minum	Konstruksi	Perdagangan, hotel, dan restoran	Pengangkutan dan komunikasi	
Perusaha sendiri	INF	INF	INF	INF	INF	INF	INF	INF
Perusaha dibantu buruh tidak tetap/ tidak dibayar	INF	F	INF	F	INF	F	F	F
Perusaha dibantu buruh tetap/dibayar	F	F	F	F	F	F	F	F
Buruh/ karyawan/ pegawai	INF	F	F	F	F	F	F	F
Pekerja bebas	INF	INF	INF	INF	INF	INF	INF	INF
Pekerja keluarga/tidak dibayar	INF	INF	INF	INF	INF	INF	INF	INF

Sumber: Diolah dari data BPS Kota Denpasar, 2013

Keterangan:

F : Tenaga Kerja Sektor Formal

INF : Tenaga Kerja Sektor Informal

2. Informal workers knowledge about JKN

Distribution level of knowledge regarding general information of JKN obtained by processing the data of the entire statement in the questionnaire.

Table 2 Distribusi Tingkat Pengetahuan Mengenai Jaminan Kesehatan Nasional secara umum

Kategori pengetahuan	Frekuensi	%
Baik	0	0
Cukup	16	15,09
Kurang	90	84,91
Total	106	100

Based on Table 2 it can be seen that respondents about JKN are mostly at the category less knowledge about JKN. From the table we can see that, as many as 90 people (84.91 %) have less knowledge while just as many as 16 people (15.09 %) which is in the category sufficient, and no respondents are in the category of good level of knowledge. That is because majority of respondents claimed not to know in each aspects of the JKN, and respondents assumed that the implementation of JKN similar with JKBM. From Bivariate analysis, it was found that only two of the characteristics of the participants have a significant relationship with the level of knowledge namely education and resources to obtain information about JKN. Both characteristics are then analyzed with multivariate analysis to determine if they have a meaningful relationship or not.

Table 3. Distribusi Kemaknaan Hasil Uji Multivariat

Karakteristik	Nilai P
Pendidikan	0,03
Sumber Informasi	0,08

From table 3, it can be seen that only education had meaningful relationship with the knowledge of the respondent where p value is 0 , 03 (less than the value of $\alpha = 0.05$).

3. Informal Workers perception of JKN : Feasible Model in Revenue Collection

Based on indepth interview that was done, in general informal workers totally agree with the implementation of JKN and willing to participate. The presence of JKN can avoid them from cathastropic health expenditure.

"Setuju. Iyaa, iyaa. Itu kan lebih jadinya orang yang tidak mampu itu eee... bisa dibantu oleh orang yang lebih mampu. Ya kalau begitu ya diterusin." (informal 7).

In addition, respondents were also interested in becoming a participant because JKN is considered to be different from the private insurance that limits participation. There are no membership restrictions in it

"Saya sangat tertarik, sangat sangat tertarik lagi bahkan kan. Karena kelebihanya begini, JKN dibandingkan produk-produk yang lain. Ini yang dijadikan kata kunci dari JKN, dalam hal ini adalah jika insurance swasta lainnya itu melihat batas umur, orang tua itu lebih tinggi preminya pembayarannya, orang yang berisiko seperti perokok dan lain sebagainya lebih tinggi. Dan JKN itu tidak ada."(informal 3)

However, some respondents respond negatively regarding the implementation of JKN program. The respondents did not agree with the reasons for JKN participants must pay, because Bali is still held regional health insurance called Bali Mandara Health Insurance (JKBM).

"Gimana ya... Kalau menurut saya pribadi ya, maaf ya, artinya kurang setuju... Karena apa, karena bayar. Padahal tadi kan sudah ada JKBM gratis, Jamkesmas gratis, sekarang masuk JKN tapi bayar. Itu dah masalahnya, itu bedanya. Menurut saya pribadi ya, nanti yang lain terserah." (informal 6).

If the terms of the benefit package JKN, respondents said that the benefits package offered by JKN already good. Based on their experience with previous social health insurance, respondents wanted the provision of technical services to participants JKN done fast, responsive, agile, friendly, polite, and do not discriminate between rich participants with participants who are less affluent. Fast in providing help and broke a long bureaucratic and convoluted, with hope when showing the membership card, patients treated immediately. The perception is based on personal experience and the experience of relatives or family ever utilize other health insurance program financing.

Furthermore, informal sector workers in the city of Denpasar said that they had never heard or did not fully understand JKN program and feel the socialization of JKN program is very important and should be done immediately. Although the actual socialization has been done, but in reality there are still many who do not know about the program JKN. One of the respondents revealed that in his working environment many traders has not been properly socialized about JKN in. The way to deliver information about JKN programs should be done directly to the community by involving existing tradition institutions in Bali such as Kelihan Banjar customs, as well as levels of government closest to the head of the environmental community namely *kepala lingkungan*. When providing information, it should be accompanied by providing brochures and forms to JKN program. In addition, it can be done also by putting up banners or billboards in light traffic signs, or with a more attractive advertising in banjar or desa.

In terms of membership registration procedure, some respondents who agreed to take the time to come to the office a few hours BPJS Health. However, some respondents did not agree with it. BPJS

Kesehatan, should register participant by using proactive methods that officers went to informal sector workers who wish to register, and registration through the head of the environment . The reason those who disagree come to BPJS office are mainly due to time and distance constraints.

"Kendala JKN itu saya kira adalah pemerintah tidak mau menjemput bola. Jadinya menunggu aja masyarakat untuk datang mendaftar, jadi tidak mau datang, misalnya bekerjasama dengan aparat pemerintahan terbawah seperti misalnya kepala lingkungan, kelurahan... seperti itu, ini harus dilibatkan. Yaa.. memang anggaphlah mereka ini sebagai tenaga operasional dari pemerintah... pemerintah untuk marketing-nya gitu ya. Nanti berapa mereka memang harus mendapatkan fee dan lain sebagainya diberikan, seperti itu." (informal 14)

With the ease of registering, it is expected that many informal sector workers who immediately register as a participant JKN. Furthermore, some respondents did not agree to pay premium to BPJS Kesehatan. However, some respondents agree with payment system via BRI, BNI, Bank Mandiri, or through ATMs, and if it can be developed into a private bank such as BCA. In addition, some respondents also have the perception that not all communities have a bank account or bank minded. Therefore, BPJS Kesehatan is expected to involve the Village Credit Institutions (LPD) in every village in the province of Bali and cooperatives that are currently highly developed in register and collecting premium for informal workers. LPD is one institution that has been attached to the traditions of the people of Bali. In addition, there are also respondents told that premium payments should be made by BPJS Kesehatan officers to homes , to prevent participants forgot to pay it .

"Memang sekarang kan eee... yang namanya pembayaran sistem pembayaran itu kan sudah sangat gampang dengan ATM dan lain sebagainya. Akan tetapi yang menjadi pertanyaan apakah sudah semua masyarakat punya ATM, apakah sudah semua masyarakat sudah bank minded, punya rekening bank. Nah, disini yang saya bilang, ada LPD kenapa ndak dimanfaatkan LPD, ya kan." (informal 14).

DISCUSSION

Identification of the informal sector workforce is needed to facilitate the participation of JKN. Currently in Denpasar have not found employment identification for informal sector. Identification of informal workers in Denpasar already in accordance with the definition of the informal sector of the International Conference of Labour Statisticians (ICLS) in 1993. The informal sector is defined as a business unit involved in the production unit of goods and services with the primary objective of generating employment and income for the people involved in it. If there is a relationship of employment , largely on

the basis temporary work , fraternity , personal relationships , social relationships , which is not on the basis of a contract agreement with a formal assurance (Suprobo et al ., 2007) .

Furthermore, this research found that the majority of respondents have less knowledge about JKN. more than 50% of respondents claimed not to know the most of the statements in the questionnaire. It can be an indicator that the dissemination of information regarding JKN needs to be improved, especially regarding payment procedures and registration procedures in order to increase public knowledge about JKN. According to Mubarak (2011) in Heriati (2013) , there are several factors that affect people in learning, such as education , occupation , age , interests , experiences , cultural environment , and information . It can be seen some of the things that cause a lack of knowledge about JKN are found in this study. One is due to the lack of dissemination of information of JKN. Lack of socialization can be seen from the results of the study indicate that there are still 39 respondents who stated that they were never informed about JKN. Then although 67 respondents had received information, but no respondents who received information from JKN guide books and more than 50% of respondents have less knowledge for each source of information. It indicates that the socialization of JKN also not optimal. Former Head of the Health Insurance Branch PT Denpasar, Putu Gede Wiadnyana in Antara News (2014) stated that due to limited personnel therefore socialization can not be done quickly .Furthermore, former Deputy Minister of Health (Wamenkes) Ali Gufron Mukti in Lampost (2013) admitted that there is a deficiency in terms of socialization JKN. Therefore, informal sector workers in Denpasar require more targeted socialization to be able to understand JKN program, then you can take action to follow JKN membership.

According to research by Trisna & Muninjaya (2007), there are several reasons why families have not joined the health financing, namely: financial constraints (32.6%), had never heard of information on health financing (29%) , do not know security benefits (22.5%), poor company image and credibility of the organizers, especially the bureaucracy (7.2%), the rules of the organizers guarantee that limits participation (5.2%), and have not had time to take care of membership (3.5%). The data showed that respondents who have not participated in the membership health financing by having never heard information about health financing is the second biggest reason.

JKN as a national of health programs is intended to all Indonesian people. The informants stated that before JKN era those who get health insurance only employed, while traders do not get health insurance. Therefore, the respondents strongly agreed with the JKN which covers the whole of society. They also want that government really concern about informal because informal sector workers in Denpasar wanting to secure their health status. This is consistent with the results of research about the opinion of informal sector

workers about health financing on Social Health Insurance Bali (JKSB) in 2006, the informal sector workers who agree to participate by 61.4% (Trisna & Muninjaya, 2007). That is because most of the informal sector workers in Bali that is equal to 82.6% do not have health financing (Trisna & Muninjaya, 2007). In the absence of health financing community must spend money from their own pockets (out-of-pocket payments). Whereas, current health care costs are not cheap so that people have to spend more money than his income when requiring inpatient care in hospitals. In his dissertation, Ruby (2007) found that 83% of households experiencing poverty when they need hospitalization. In that sense, the household will become poor when ill and need treatment in hospital, although public hospitals are partially funding comes from public money (Thabrany, 2013).

Informal sector workers in Denpasar stated that the affordable amount of contributions is Rp 22.800,- for the entire family. The data is supported by the results of research on the Ability To Pay (ATP) or the ability to pay the people of Bali, held in 2006 (Trisna & Muninjaya , 2007). This ATP finding is not much different from the amounts of fees that are considered reasonable by the informal sector workers in the city of Denpasar. Thus, informal sector workers are able to reach the amount of fees for services in the treatment room of class III or Rp 25.500.00 . However, Informal workers stated that the registration system at BPJS Kesehatan office seem to be one of the obstacles them to register as a participant JKN. Method of payment is very difficult for them because not all informal workers are "bank minded". Therefore, it is important to involve local Village Credit Institutions (LPD) and Koperasi Unit Desa since this institution available in every village in the province of Bali and highly developed.

LPD is one institution that has been attached to the traditions of the people of Bali. This is in line with research by Trisna and Muninjaya (2007). This study found that 29.8% of respondents want salary deduction, pay through ATMs, and is collected by officers directly to home as method of payment. Payment merging with PLN bill 26.2%, cash payments through the LPD method of 23.8%, a cash payment method through commercial banks amounted to 17.1%, as well as methods of merging with taps bill by 3,1% , respectively (Trisna & Muninjaya, 2007). Therefore, BPJS Kesehatan shall develop an effective and efficient mechanism to reach the workers is not the recipient.

CONCLUSION

Study found that informal sector workers are all kinds of major job classifications by BPS of Denpasar with the status of own work, free workers, and the workers family / not paid; The main types of work in the field of agriculture, manufacturing, and construction employment status sought assisted by

temporary workers; as well as the main type of work in agriculture with employment status of workers / employees / employee. Furthermore, in general most of informal workers (90 respondents /84.91%) have less knowledge about JKN. This lack of knowledge is due to the lack of socialization and not many respondents have higher education levels. Informal sector workers generally want to be a participant in JKN and able to pay for class III treatment, but some hope that the procedure of registration and collection premium of participants using "jemput bola" system or working with the village institution for example LPD and Koperasi Unit Desa because many do not know where the BPJS Kesehatan and many of them do not have savings accounts in banks that have cooperated with BPJS Kesehatan.

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REFERENCES

- Badan Pusat Statistik Republik Indonesia. (2013). Penduduk 15 Tahun Ke Atas Menurut Status Pekerjaan Utama, 2004 - 2013. Retrieved March 13, 2014, from http://www.bps.go.id/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=06¬ab=3
- Chandra, Y. (2009). *Gambaran Pengetahuan Wanita Tentang Sadari Sebagai Deteksi Dini Kanker Payudara Di Kelurahan Petisah Tengah Tahun 2009*. Universitas Sumatera Utara Medan.
- Heriati, D. (2013). *Faktor-Faktor Yang Mempengaruhi Pengetahuan Ibu Tentang Penggunaan IUD Di Rumah Sakit Umum Daerah Dr. Zainoel Abidin Tahun 2013*. Karya Tulis Ilmiah. Sekolah Tinggi Ilmu Kesehatan U'budiyah Program Studi Diploma III Kebidanan Banda Aceh
- Kemenkes, R. (2013). *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional*. Jakarta: Kementrian Kesehatan Republik Indonesia.
- Santoso, S. B. (2012). *Analisis Pekerja Sektor Informal*. Retrieved from <http://id.scribd.com/doc/127319546/Artikel-Analisis-Pekerja-Sektor-Infomal-mei-2012>
- Sulaiman. (29 Desember 2013 - last update), "Kemenkes Akui Sosialisasi JKN Kurang", (Lampost.co), Available: <http://lampost.co/berita/kemenkes-akui-sosialisasi-jkn-kurang> (Accessed: 26 April 2014)
- Suprobo, T. B., Tarigan, I. U., & Weiss, D. (2007). *Laporan Teknis Untuk Penyusunan Peraturan Pelaksanaan UU Tentang SJSN*.
- Surya, I. M. (5 April 2014 - last update), "Kepala Askes Anggap Masyarakat Puas Pelayanan JKN", (AntaraneWS), Available: <http://bali.antaraneWS.com/berita/50787/kepala-askes-anggap-masyarakat-puas-pelayanan-jkn> (Accessed: 26 April 2014)

- Thabrany, H. (2003). *Tinjauan Akademis Tentang Asuransi Kesehatan Nasional*. Jakarta: Pusat Kajian Ekonomi Kesehatan Universitas Indonesia
- Thabrany, H. (2013). *Asuransi Kesehatan Nasional (dalam SJSN) Penangkal Kebodohan Bangsa*. Retrieved from [http://dib-online.org/wp-content/uploads/AKN Penangkal Kebodohan.pdf](http://dib-online.org/wp-content/uploads/AKN_Penangkal_Kebodohan.pdf)
- Trisna, A. A. I. N., & Muninjaya, A. A. G. (2007). Survei Pasar Jaminan Kesehatan Sosial Bali. *Jurnal Manajemen Pelayanan Kesehatan*, 10. Retrieved from <http://jurnal.ugm.ac.id/jmpk/article/download/2701/2424>
- Triyono, & Soewartoyo. (2013). Kendala Kepesertaan Program Jaminan Sosial Terhadap Pekerja Sektor Informal: Studi Kasus di Kota Surabaya. *Jurnal Hukum PRIORIS*, 3.

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