

# WILLINGNESS SURVEY OF THE INFORMAL WORKERS IN BANGLI REGENCY ABOUT NATIONAL HEALTH INSURANCE (JKN) PROGRAM

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## ABSTRACT

The subsidized members (PBI) dominated the membership of the National Health Insurance Scheme (JKN) in Indonesia, including in Bangli Regency. In 2016, the membership of JKN in Bangli Regency was only 42,92% and membership of non wage earners (PBPU) only 4,32%. The low number PBPU in JKN program because socialization not yet optimal and also because of willingness of informal workers to join JKN still very low. This study aims to explore factors related to willingness of informal sector workers to join JKN program and to find out the reason of postponement to be JKN participant. The study was observational analytic with cross-sectional design. The subject of informal sector workers at Selat and Pengiangan Village Sub district Susut in Bangli Regency who have not join JKN, set with multi stage random sampling (96 respondents) and they were selected proportionately. The data was collected with questionnaire and analyzed with quantitative method approaches (univariate, bivariate used chi square, and multivariate used Poisson Regression). Research found that 66,67% respondents want to participate in JKN. While based on Poisson Regression, the main factor influenced participation on JKN is education (APR=5.15) and perceived of benefit (APR=2.41). Furthermore, and the reason of respondents tend to post phone membership are busy working and no time to register in BPJS Kesehatan office. Education and perception of benefits altogether influenced the willingness to participate JKN program. Therefore, it is necessary to provide information by emphasizing the perceptions of JKN benefits in various education level, as well as registration, and payment of JKN with 'jemput bola' system.

Keywords: Willingness, informal sector workers, education, perception of benefits, JKN

## INTRODUCTION

Health development is an effort to be implemented by all components of the Indonesian nation. It aims to increase awareness, willingness, and healthy living ability for everyone to achieve the highest degree of public health, as an investment for human resources development that are productive socially and economically. Therefore, the government held a program called national health insurance (JKN)<sup>1</sup>. The membership of JKN in Indonesia is dominated by the subsidized members (PBI) category is 67.75%, while the non wage earners (PBPU) membership is least than other members<sup>2</sup>, similar conditions also apply in Bangli Regency, Bali Provincial. The membership of JKN PBPU category is 4.36%<sup>3</sup>. In Bangli Regency, the lowest number of JKN participations is in Susut Sub district with only 35.50% participation<sup>3</sup>. The low participation of JKN indicates that there is no willingness to follow JKN program<sup>4</sup>. Willingness determines a person's ability to participate in community activities or programs in the community, including the JKN program<sup>5</sup>. Willingness can be only to form if society has awareness of the program, awareness is the possession of knowledge or be aware of the situation and something<sup>6</sup>.

According to the behavior change theory of Health Belief Model (HBM) describes that attitudes of individuals to adopt new behaviors that are preceded by the formation of willingness, willingness is used as a predictor factor of behavior, so if you want to predict individual behavior then it should be assessed willingness, thus the higher the individual wants so that the easier it will be for the individual to adopt new behaviors<sup>5</sup>. According to King in Surharyat (2015) states that the willingness with action should be consistent, so that what will become indifference willingness be reflected in his behavior, but if there is inconsistency between the willingness and action means there is an outside inhibiting factor of the individual concerned that causes to delay in making decisions to adopt new behaviors<sup>7</sup>. Based on the results of descriptive research conducted by Wisudarma et al (2015) stated that the low level of willingness of the community to follow the JKN program with percentage is 25%, the study explained that the head of the family who has a family member >4 peoples known not agree to register all members his family in the JKN program, the negative perception of the head of the household related to the membership aspect and the contribution of the program has low willingness to register as JKN participant<sup>8</sup>. Based on that, the researcher wanted to study about willingness survey of the informal sector workers to follow JKN program in Bangli Regency.

## **METHODS**

This study is quantitative analytical with cross sectional design. This research is done at Selat and Pengiangan Village Subdistrict Susut In Bangli Regency from April to May 2017. The sample in this research is 96 respondents, with the inclusion criteria : family head who have not been a participant of JKN, and willing to fill out the questionnaire. Sample selected through multistage random sampling technique. The research instrument used is questionnaires that have been tested before the research is done. The data was collected and analyzed be using STATA SE 12 software. The analysis was univariate analysis which resulted the frequency distribution and proportion of each dependent and independent variable, bivariate analysis with chi square to see the relation of independent variable with dependent variable and multivariate analysis with Poisson regression test for see the most influential variable. This research had been approved by the ethical commission with ethical clearance number 1015/UN.14.2/KEP/2017 from Research Ethical Commission Udayana University Medicine Faculty/Sanglah Hospital, Denpasar.

## **RESULTS**

### **Respondent's characteristic**

Based on the socio-demographic characteristics, the majority (53.13%) of respondents has age >40 years old, with the average of age is 40 years and the age of the respondent between 21 years to 63 years, most of respondents (88.54%) are female, most respondents had graduated the lower senior high school with percentage is 64,58%, most of them (47,92%) have professions as artisans of wood carvings of Balinese Catton, based income most of respondents (54,17%) have less minimum pay of Bangli Regency, based on family size indicate most respondents (54,20%) have family members is bigger than 4 peoples, and most respondents (66.67%) want to follow JKN program.

### **Perceptions of respondents about JKN**

Based on the perception variable there are 5 perception variables studied in this research, they are perception of susceptibility, perception of severity, perception of threat, perception of benefit and perception of barriers, obtained result that most (62,50%) respondents feel high susceptibility, Which is high if suffering from disease as much as 68.75%, besides respondents who have high perception of threat as much as 54.17% , in addition most (68.75%) of respondents who have high perceived benefits if follow JKN program, this is expected to increase the chance of willingness of respondents to follow JKN program, the possibility is also reinforced with findings that most respondents have low barriers perception if follow JKN program as much 56.25%.

### Socialization about JKN which accepted by respondents

Based on the description of socialization most (38.54%) of respondents often get information about JKN, viewed by source of information then most (78.13%) respondent receive information from peers or family, the rest receive information from media (TV, radio and newspaper), primary care providers, and other sources, such as the internet and hospitals.

**Table 1 Result of bivariate analysis about relation of socio-demographic factor, perception, and socialization with willingness to follow JKN program (n=96)**

Independent variable	Willingness to follow JKN		Crude PR	95% CI	p value
	Willing	Not willing			
<b>Age groups</b>					
> 40 years	37 (72.55%)	14 (27.45%)	1.457	0.822-4.150	0.1931
21-40 years	27 (60.0%)	18 (40.0%)	<i>Ref</i>		
<b>Sex</b>					
Female	7 (63.64%)	4 (36.36%)	0.9058	0.391-2.095	0.8210
Male	57 (67.06%)	28 (32.94%)	<i>Ref</i>		
<b>Education</b>					
≥ Senior high school	31 (91.18%)	3 (8.82%)	5.302	1.742-16.128	0.001
< Senior high school	33 (53.23%)	29 (46.77%)	<i>Ref</i>		
<b>Occupation</b>					
Do a business	18 (78.26%)	5 (21.74%)	1.7014	0.7041-3.906	0.176
Free workers	46 (63.01%)	27 (36.99%)	<i>Ref</i>		
<b>Income</b>					
High	35 (79.55%)	9 (20.45%)	2.1623	1.1201-4.175	0.0138
Low	29 (55.77%)	23 (44.33%)	<i>Ref</i>		
<b>Family size</b>					
Little	27 (75.0%)	9 (25.0%)	1.53333	0.800-2.938	0.1800
Many	37 (61.67%)	23 (38.23%)	<i>Ref</i>		
<b>Susceptibility perception</b>					
High	43 (71.67%)	17 (28.23%)	1.4705	0.741-2.569	0.1800
Low	21 (58.33%)	15 (41.67%)	<i>Ref</i>		
<b>Seriousness perception</b>					
High	52 (78.79%)	14 (21.21%)	2.825	1.696-4.898	0.0001
Low	12 (40.00%)	18 (60.00%)	<i>Ref</i>		
<b>Threat perception</b>					
High	41 (78.85%)	11 (21.15%)	2.2562	1.227-4.148	0.0059
Low	23 (52.27%)	21 (47.73%)	<i>Ref</i>		
<b>Benefit perception</b>					
High	51 (77.27%)	14 (22.73%)	2.4933	1.477-4.2952	0.0001
Low	13 (43.33%)	18 (56.67%)	<i>Ref</i>		
<b>Barrier perception</b>					
Low	40 (74.07%)	14 (25.93%)	1.6530	0.935-2.9283	0.0810
High	24 (57.18%)	18 (42.82%)	<i>Ref</i>		
<b>Socialization</b>					
Often	47 (81.03%)	11 (18.97%)	2.9138	1.592-5.3300	0.0001
Seldom	17 (44.74%)	21 (55.26%)	<i>Ref</i>		

Based on the result of bivariate analysis showed that there are six variables related to willingness to follow JKN program, namely education (Crude PR=5,3 and 95% CI=1,742-16,120), income (Crude PR= 2,1623 and 95%CI=1.1201-4.175), seriousness perception (Crude PR = 2,825, and 95% CI=1,696-4,898), threat perception (Crude PR = 2.2562, and 95% CI=1.227-4.148), benefits perception (Crude PR=2.4933, and 95% CI = 1477-4.2952), socialization about JKN (Crude PR = 2,9138, and 95% CI =1,592-5,330).

**Table 2 Final model of multivariate analysis of socio-demographic factors, and perceptions and socialization of JKN with willingness to follow JKN (n = 96)**

Variable	Adjusted PR	95% Confidence Interval		p value
		Lower	Upper	
<b>Education</b>				
High (≥ Senior high school)	5.15	1.57	16.92	0,007
Low (< Senior high school)	<i>Ref</i>			
<b>Perception of Benefit</b>				

High (If total score $\geq$ 12)	2.41	1.20	4.823	0,013
Low (If total score < 12)	<i>Ref</i>			

Based on the result of multivariate analysis above showed that there are only two variables which altogether influenced the willingness to join JKN program that is education (Adjusted PR = 5.15, 95% CI = 1.57-16.92) and variable of perception of benefit (Adjusted PR = 2.41, 95% CI = 1.20-4.823).

### **Cause of Delay Following JKN**

Based on the reason to delay of the respondents it is known that most (34.38%) have not registered as JKN participants because they are busy working so limited time and opportunity to register to BPJS Health Office, and the reason other respondents have not registered BPJS Health due to negative perception on the quality of service had been heard by respondents from friends who have used health services with JKN cards such as a convoluted referral system and the length of the queue into consideration of respondents have not signed up to be a participant JKN

### **DISCUSSION**

Based on the results willingness survey of the informal sector workers' to follow JKN program it is found that most (66.67%) respondents want to follow the JKN program. Multivariate analysis showed that educational variable was the most influencing factor on willingness to follow JKN program with Adjusted PR= 5.15 and p value <0.05, it shows that respondents who have higher education have a chance to join JKN program 5.15 times bigger than less educated person.

According Kumar et al (2011), the level of education affects the level of awareness of crop insurance in India, as a form of risk transfer<sup>9</sup>. Research on Litbang Kompas (2014) in Sakinah (2014) also proves that the higher of education person have awareness of the importance insurance is better than less educated person, in other words the higher education will have better knowledge about being healthy, by becoming a participant of health insurance<sup>10</sup>. The results of finding in the field revealed that the respondents who have higher education have better knowledge or understanding of the importance JKN program in order to prevent catastrophic health expenditure, it is proven from the survey results revealed that there are some respondents who are highly education already have private insurance. Therefore it is necessary to provide information about the importance of JKN program at various levels of education level from primary, secondary, to university to form positive and permanent attitude about the program and expected students are able to inform to the parents or guardians who will indirectly affect membership in JKN program especially PBPU category.

This research also found that there is no significant relationship between age and willingness to follow JKN, this is also found in research by Affi (2014) states that there is no relationship between the age of consciousness insurance<sup>11</sup>, and there is no relationship between the sex with willingness to follow JKN, similarly found research by Litik (2007) states that there is no relationship between sex and community-based insurance ownership<sup>12</sup>, the work is also not related to the willingness to follow JKN also found in the research Lestari (2016) states that there is no job relationship with JKN membership<sup>13</sup>, other than that income unrelated to the willingness to follow JKN this is also found in the Mhere (2013) study in Zimbabwe found that household income does not affect the public health insurance disposal<sup>14</sup>, in addition the number of family members is also not related to the willingness to follow the JKN, This is in line with research Siloho (2016) states that the number of families is not a determinant factor willingness to pay JKN<sup>15</sup>.

The majority of respondents have a high perception in terms of susceptibility, seriousness, threats of disease, with each proportion is 62.50%; 68.75%; and 54.17%. the most (68.75%) of respondents have high benefit perception if follow JKN program, while perception of low barrier is 56,25%. The result of multivariate analysis of perceptual variables in this study shows that only the benefits perception that have a significant influence on willingness to follow the JKN program, high benefit perception has the opportunity to encourage the willingness of respondents to join the program JKN 2.41 times bigger than the respondents who have low benefit perception. Research by Elviera and Siswi (2013) states that the

perception of benefits has the strongest effect is 2.94 times higher to encourage a person to conduct preventive behaviors<sup>16</sup>, besides Tiaraningrum research (2014) on the motivation of JKN Mandiri membership in Surakarta City get the result that 80% realized the benefits of the importance of health in life and is 86% said participation in JKN<sup>17</sup>. Finding of this study also in line with Health Belief Model (HBM) theory in which the intention (willingness) and changes of individual behavior is influenced by the belief in the benefits and perceived barrier. Perceptions of high benefits and low barriers perceptions are likely to be dominant factors that encourage respondents to have willingness to follow JKN program, the change is supported by finding high vulnerability, threat, and severity, and most respondents have been informed about JKN. According to Kurt Lewin in Subari (2014) states that the willingness or change in person's behavior is influenced by the driving factors and inhibitors, if the perception of benefits on a program is high, then this will lead to the formation of willingness and behavioral changes desire<sup>18</sup>.

The findings in this study indicate that JKN program is already quite popular in the community, it is proved that most respondents have often received information about JKN. The source of information on the JKN program most received by respondents came from friends or family, this finding is in line with research by Tiaraningrum (2014) stated that the culture of Indonesian society such as still the family as the first place to obtain health information and the study also explain the respondents who received information from 35,50% more families to participate in JKN Mandiri<sup>18</sup>, but to increase the willingness to follow JKN program needs to be educated by cooperating education sector and community leaders through the delivery of messages more specifically such as the magnitude of the risk of disease and the cost of treatment if suffering disease and various information about the importance of JKN program need to be packed more interesting so that people have enthusiasm and high willingness to join JKN program. Most of the causes of the respondents have not signed up to be a JKN participant because they are busy working so there is no time or opportunity to go to BPJS Kesehatan Office, therefore it needs closer registration system and payment of premium JKN with “jemput bola” system means that BPJS Kesehatan officers has collect the premium directly to community or cooperating with LPD and cooperation in local village. Indrayathi et.al (2015) found that 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. Informal sector workers generally want to be a participant and collection premium of participants using “jemput bola” system or working with the village institution for example LPD (Village Credit Institutions is one institution that has been attached to the traditions of the people in Bali) and Koperasi Unit Desa because many do not know where the BPJS Kesehatan<sup>19</sup>. Furthermore, information about JKN obtained by respondents was not complete therefore it is important to invite potential group in society like community leaders and religious leaders to participate in socialization about JKN program. This is because of cultural belief that people in rural area tend to imitate the behavior of their community leader. Bad experience of respondent friend about quality services when using JKN also hamper their willingness to join JKN.

## **CONCLUSION**

Most of the informal sector workers are willing to join the JKN. Factors that influence the willingness to follow the JKN program are the level of education followed by perception of benefits of JKN. Respondents mostly delay to join the program because of busy with jobs and no time or opportunity to go to BPJS Kesehatan Office. It is expected that BPJS Kesehatan can be socialized the program by emphasizing the benefit perception aspect when joining JKN program to various level of education starting from primary, middle, to university institutions to form a positive and permanent attitude about the importance of JKN program and can provide information to parents / guardian and able to persuade parents / guardians to participate in the program JKN. Additionally, 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 working closely with LPD and Koperasi Unit Desa since this institution available in every village in the province of Bali and highly developed.

## REFERNCES

1. Kemenkes RI. (2015). Rencana Strategis Kementerian Kesehatan Tahun 2015 sampai dengan 2019. Jakarta: Kemenkes RI.
2. BPJS Kesehatan Pusat. (2017). Cakupan Kepesertaan Jaminan Kesehatan Nasional Berdasarkan Jenis Kepesertaan Hingga Januari Tahun 2017. Jakarta: BPJS Kesehatan Pusat.
3. BPJS Kesehatan Cabang Klungkung. (2016). Cakupan Kepesertaan Jaminan Kesehatan Nasional di Kabupaten Bangli Tahun 2016 Berdasarkan Jenis Pembayaran. Klungkung: BPJS Kesehatan Cabang Klungkung.
4. Siswoyo dkk, B. E. (2015). Kesadaran Pekerja Sektor Informal Terhadap Program Jaminan Kesehatan Nasional di Provinsi Daerah Istimewa Yogyakarta. *Jurnal Kebijakan Kesehatan Indonesia*, Vol. 04, Pages:118-225.
5. Kainth, G. S. (2009). Enviromental Awarness School Teacher. *The Icha University Journal Of Enviromental Economic*, Vol. VII.
6. Priyoto. (2014). Teori Sikap dan Perilaku Dalam Kesehatan. Jakarta: nurhamedika guma.
7. Suharyat, Y. (2015). Hubungan Antara Sikap Minat dan Perilaku Manusia. Semarang;Universitas Islam Negeri Semarang.
8. Wisudarma, I. A. (2015). Kemauan Masyarakat Pengguna Jaminan Kesehatan Bali Mandara Mengikuti Jaminan Kesehatan Nasional. *Jurnal Sekala Husada*, 12 Nomer 1 April 2015, 32-38.
9. Kumar et al. (2011). An Analysis of Farmers' Perception and Awareness towards Crop Insurance as a Tool for Risk Management in Tamil Nadu. *National Centre for Agricultural Economics and Policy Research*.
10. Sakinah, U. (2014). Faktor-Faktor Yang Berhubungan Dengan Kesadaran Masyarakat Dalam Berasuransi Kesehatan di Kelurahan Poris Gigi Tangerang. *Jurnal Forum Ilmiah Adminitrasi dan Kebijakan Kesehatan*, Volume 11 Nomor 2, Mei 2014.
11. Affi, A. (2009). Faktor Faktor Yang Berhubungan Dengan Kepemilikan Asuransi Komersial Khususnya Pada Program S2 Fakultas Kesehatan Masyarakat Universitas Indonesia.
12. Littik, S. (2004). Faktor Faktor Yang Berhubungan Dengan Kepemilikan Asuransi di Provinsi Nusa Tenggara Timur, Skripsi:Universitas Unsa.
13. Lestari, E. H. (2016). Persepsi dan Motivasi Keikutsertaan Program Jaminan Kesehatan Nasional Di Bogor. Skripsi Ilmu Pertanian Bogor.
14. Mhere F. (2013). Health Insurance Determinine In Zimbawe. *Journal Adminitrasi and Health Policy*.
15. Sihalo, E. N. (2015). Determinine Faktor Kemauan Membayar Iuran Peserta Jaminan Kesehatan Nasional di Kota Semarang Tahun 2015. Skripsi Kesehatan Masyarakat Universitas Semarang.
16. Elviera dan Siwi. (2013). Persepsi Peluang Aksi dan Informasi Serta Perilaku Pencegahan. *Jurnal Kesehatan Masyarakat*, Vol:7 No:8.
17. Tiaraningrum. (2014). Studi Deskriptif Motivasi dan Personal Reference Peserta JKN Mandiri Pada Wilayah Tertinggi di Kelurahan Mojosongo.
18. Subari dkk (2014) Faktor Yang Mempengaruhi intensi Menjadi Peserta Mandiri Jaminan Kesehatan Pada Masyarakat Kota Cirebon.
19. Indrayathi, P.A., Kusumadewi, M.D, Fridayanti Irama, M.D(2015) Informal workers and Its role in Jaminan Kesehatan Nasional in Denpasar City : feasible model for collecting revenue to the achievement of universal health coverage, *Proceeding 1<sup>st</sup> & 2<sup>nd</sup> Indonesian Health Economics Asociation (InaHEA) Congress*, ISBN 978-979-99674-0-4