

# Willingness Survey of the Informal Workers in Bangli Regency about National Health Insurance (JKN) Program

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**Keywords:** Willingness, Informal workers, National health insurance (JKN) program.

**Abstract:** The subsidized members (PBI) dominated the membership of the National Health Insurance Program (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 of PBPU in JKN program because socialization not yet optimal and also because willingness of informal workers to join JKN program still very low. This study aims to explore factors which influence to willingness of informal 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 this study is informal workers at Selat and Pengiangan Village Subdistrict Susut in Bangli Regency who have not join JKN yet, this study was set up by multi stage random sampling (96 respondents) and they were selected proportionally. 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 program. While based on Poisson Regression, indicate that the main factor which influenced participation on JKN is education (Adjusted PR=5.15, 95%CI=1.57-16.92) and benefit perception (Adjusted PR=2.41, 95%CI=1.20-4.823). Furthermore, and the most reason of respondents tend to postpone membership are busy working and no time to register in BPJS Kesehatan Office. Education and benefits perception altogether influenced the willingness to participate JKN program. Therefore, it is necessary to provide information by emphasizing the benefits perception of JKN programs in various education level, as well as registration and payment of JKN program with “jempot bola system” (BPJS Kesehatan’s officer should actively gain the premium from the participants).

## 1 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 behaviour change theory of Health Belief Model (HBM) describes that attitudes of individuals to adopt new behaviours that are preceded by the formation of willingness, willingness is used as a predictor factor of behaviour, so if you want to predict individual behaviour 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 behaviour, 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.

## 2 METHODS

This study is quantitative analytical with cross sectional design. This research is done at Selat and Pengiang Village Subdistrict Susut in Bangli Regency from April to May 2017. The sample in this research is 96 respondents. Respondents in this research are those who work in informal sector at Selat and Pengiang Village with the inclusion criteria: family head who have not been a participant of JKN, and willing to fill out the questionnaire. Sample selected through multi stage 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 find out the relation of independent variables with dependent variable and multivariate analysis with Poisson regression test to find out 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.

## 3 RESULTS

### 3.1 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 payment of Bangli Regency, based on family size indicate most respondents (54,20%) have family members bigger than 4 peoples, and most respondents (66.67%) want to join JKN program.

### 3.2 Perceptions Of Respondents About JKN

Based on the perception variable, there are 5 perception variables studied in this research, namely 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 joining 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%.

### 3.3 Socialization about JKN Which Accepted by Respondents

Based on the description of socialization most (38.54%) of respondents often get information about JKN, from source of information mostly (78.13%) respondents receive information from peers or family, the rest of them 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	Unwilling			
Age groups					
> 40 years	37	14	1.457	0.822-4.150	0.1931
21-40 years	27	18	<i>Ref</i>		
Sex					
Female	7	4	0.9058	0.391-2.095	0.8210
Male	57	28	<i>Ref</i>		
Education					
≥ Senior high school	31	3	5.302	1.742-16.128	0.001
< Senior high school	33	29	<i>Ref</i>		
Occupation					
Do a business	18	5	1.7014	0.7041-3.906	0.176
Free workers	46	27	<i>Ref</i>		
Income					
High	35	9	2,1623	1.1201-4.175	0.0138
Low	29	23	<i>Ref</i>		
Family size					
Little	27	9	1.53333	0.800-2,938	0.1800
Many	37	23	<i>Ref</i>		
Susceptibility perception					
High	43	17	1.4705	0.741-2,569	0.1800
Low	21	15	<i>Ref</i>		
Seriousness perception					
High	52	14	2.825	1.696-4.898	0.0001
Low	12	18	<i>Ref</i>		
Threat perception					
High	41	11	2.2562	1.227-4.148	0.0059
Low	23	21	<i>Ref</i>		
Benefit perception					
High	51	14	2.4933	1.477-4.2952	0.0001
Low	13	18	<i>Ref</i>		
Barrier perception					
Low	40	14	1.6530	0.935-2.9283	0.0810
High	24	18	<i>Ref</i>		
Socialization					
Often	47	11	2.9138	1.592-5.3300	0.0001
Seldom	17	21	<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	
Education				
High (≥ Senior high school)	5.15	1.57	16.92	0,007
Low (< Senior high school)	<i>Ref</i>			
Perception of Benefit				

Variable	Adjusted PR	95% Confidence Interval		p value
		Lower	Upper	
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 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).

### 3.6 Cause of Delay Joining JKN

Based on the reason to delay, most of them 34.38% have not registered as JKN participants because they are busy working so limited time and opportunity to register to BPJS Health Office. Additionally, other respondents have not registered 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 participant of JKN.

## 4 DISCUSSION

Based on the results of willingness survey, found that most (66.67%) respondents want to join the JKN program. Multivariate analysis showed that educational variable was the most influencing factor on willingness to join 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 higher than less educated person.

According to 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 of 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 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 join JKN, this finding also found in the study of Lestari (2016) states that there is no job relationship with JKN membership<sup>13</sup>. Furthermore, income also unrelated to the willingness to join 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 from Siloho (2016) which is 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 Tiaranigrum (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 is the BPJS Kesehatan (Indrayathi, et al., 2015). 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.

## 5 CONCLUSIONS

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 their jobs and no time or opportunity to go to BPJS Kesehatan Office. It is expected that BPJS Kesehatan can be socialized the 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. Additionally, BPJS Kesehatan in Bali should working closely with LPD and Koperasi Unit Desa since this institution available in every village in the province of Bali and highly developed and trusted by local communities.

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