

Relationship between Types of Work with the Use of Health Insurance Cards in Village Area

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Abstract: World Health Organization encourages all countries to develop a health insurance for Universal Health Coverage. The fact showed that most people in Wotan Hamlet, Lamongan worked as farmers. They mostly worked until the evening; unfortunately the health facility was closed already by then. Therefore, if one caught an illness, they chose midwives and made payment out-of-pocket. The utilization of insurance card was triggered by an antecedent factor (occupation). This study aimed to examine the relation between occupation and the utilization of insurance card in Wotan Hamlet. This was an analytical research. The cross-sectional design was used in this study. The sample in this study was taken by using simple random sampling for as many as 71 heads of family. Data were collected using a questionnaire which was then analyzed by contingency coefficient. The result of this study showed that the majority occupation of THE insurance card users was farmer (66.7%). The number of people who made use of the card was 12.7% of the population. There was a relation between occupation and insurance card utilization with significance level of 0.022. The utilization of insurance card was influenced by occupation. Additional time of health service through Mobile Community Health Centre was good ways.

1 INTRODUCTION

World Health Organization encourages all countries to develop a health insurance for every citizen of theirs (Universal Health Coverage). Under the health insurance, all citizen within the countries which develop this health insurance are included as the members of the health insurance (Syaputra, 2015). A universal coverage is a health system where each citizen has a fair access to promotive, preventive, curative, and rehabilitative health services, which are of high quality and needed, within affordable range of price (Ministry of Health Republic of Indonesia, 2013).

The Law of the Republic of Indonesia Number 24 Year 2011 on the Social Security Administering Body states that every company is required to register its employees as a member of BPJS while the person or family not working at the company must register themselves and their family members on BPJS and pay the contribution in accordance with the desired level of benefit.

Wotan Hamlet of Slaharwotan Village is one of the hamlets where the residents have not made use of insurance card. This village is a valley area which only has 1 midwife, 1 nurse. The Ngimbang Community Health Centre is five kilometres away. Besides, the transportation available in this village is only motorcycle taxi which is decreasing in number recently. Most of the people in this village work as farmers. Farming activities are always done in the morning, while Health Centre's outpatient services cannot be done in the afternoon. This causes many citizens have to pay straight away or out of pocket to the nearest health services when they are sick. This condition has been declared by one of the staff in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District.

The use of insurance card by the people of Wotan Hamlet Slaharwotan Village can be identified using Antecedent behaviour Consequence behaviour model. Antecedent behaviour Consequence model states that behaviours are triggered by antecedent (something that precedes behaviour and causally

related to it) and followed by consequences (the behaviour result for the individual) which will add or reduce the chance of repetition. The type of occupation is one of the variables included in antecedent factor categories besides age, sex, education degree and salary (Wati, 2015).

This is the background to set off a research on the relation between the type of occupation and the behaviour of insurance card utilization in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency.

2 METHODS

The type and design of this research is *observational research*. The characteristic of this research is analytical research. The design of this research is *cross-sectional*. In a cross-sectional research, risk or causal variable and consequence or case that happens to the object of research are measured or collected simultaneously (at the same time).

This research was held from June to August 2016 in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency. Slaharwotan is a rural part of Lamongan City, East Java, Indonesia. The population was all the 270 heads of the family in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency and the sample was 71 of them.

Sampling technique used was *simple random sampling*. According to Notoatmodjo (2012), sampling technique using *simple random sampling* is divided into two, by drawing the members of population or lottery technique and by using number table or random numbers. However, the sampling technique used in this research was by drawing heads of the family's names in Wotan Hamlet Slaharwotan Village. This research used a questionnaire as the instrument. Data were analyzed using *coefficient contingency*. The signification result of each variable is considered relational if $\alpha \leq 0.05$.

3 RESULT

The occupation of the respondents is their daily job. The measuring result of occupation types was categorized into seven categories; they are army/police officer, civil servant, state-own company employee, private company employee, entrepreneur, farmer and others. The identification result of the respondent's occupation type in Wotan

Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency is shown at table 1

Table 1: The Distribution of Respondent's Occupation Type in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency in 2016

Occupation Type	n (%)
Private Company Employee	7 (9,9)
Entrepreneur	6 (8,5)
Farmer	57 (80,3)
Others	1 (1,4)
Total	71 (100)

Table 1 shows that the identification result of insurance card utilization behaviour in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency is shown at table 2.

Table 2: Identification Result of Insurance Card Utilization Behaviour in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency in 2016

Behaviour	n (%)
Use Insurance Card	9 (12,7)
Not Use Insurance Card	62 (87,3)
Total	71 (100)

Table 2 shows that 87.3% of the respondents did not make use of insurance card. The distribution of insurance card utilization based on respondents' occupation type in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency is shown at table 3.

Table 3: The Distribution of Insurance Card Utilization According to Respondents' Occupation Type in Wotan Hamlet Slaharwotan Village Ngimbang Sub-District Lamongan Regency in 2016

Occupation Type	Insurance Card Utilization		Sig.
	Use Insurance Card	Not Use Insurance Card	
	n (%)	n (%)	
Employee	2 (22,2)	5 (8,1)	0,022*
Entrepreneur	0 (0)	6 (9,7)	
Farmer	6 (66,7)	51 (82,3)	
Others	1 (11,1)	0 (0)	
Total	9 (100)	62 (100)	

*p<0,05

Table 3 shows that 82.3% citizens who did not make use of insurance card were farmers, this also applied to those who made use of their insurance

card. Analysis data technique used in this research is inferential statistic analysis, using *coefficient contingency*. Relational analysis result between occupation type and insurance card utilization shows significancy number of 0.022. This proves that there is a relation between occupation type and insurance card utilization.

4 DISCUSSION

Citizens who have used insurance card 66.7 % work as farmers while 82.3% of those who have not used the facility are also farmers. Signification result of 0.022 shows a relation between occupation type and insurance card utilization. The lack of insurance card use by farmers is influenced by their job. Occupations have an impact to one's knowledge. Work environment allows someone to get experience and knowledge whether directly or indirectly. For instance, someone who works in health industry certainly will understand how to take care of health in their environment better (Notoatmodjo, 2010).

Based on the research of Londo (2017), it can be concluded that there is relationship between age and occupation with utilization of Community Health Center Service.

According to Health Minister Policy Republic of Indonesia Number 28 Year 2014, Donation Fee Recipient of the Health Care is the poor people. This matches with the research result which shows that most of the respondents are farmers who have insurance card type of Donation Fee Recipient. This also explains that farmers in Slaharwotan Village do not always own their own field; most of them are farm workers. Besides, the citizens with insurance card feel more comfortable visiting the midwife to get health services, than visiting the Community Health Centre. The distance between the village and the Community Health Centre is approximately 5 kilometres away and the lack of public transportation contributes to the low factor of insurance card utilization.

Nadjib & Pujiyanto (2002) show that health service utilization is influenced by many factors, mostly are geography (distance), social-economy (ability to pay), high rate of the services, gender inequality, culture (belief, sick perception), and service quality (medicine availability, open hours, and others)

Behaviour is triggered by *antecedent* (something that precedes behaviour and causally related to it) and followed by consequences (behaviour result to

the individual) which add or reduce the chance of repetition (Wati, 2015). In this case, insurance card utilization can be caused by one's occupation.

One of the ways to increase the access, especially for farmers who need health services, is by using Mobile Community Health Centre. However, Mobile Community Health Centre (*Puskesmas Keliling*) must be able to receive payment by using insurance card. As Permenkes No 75 Year 2014 on Community Health Centre Article 40 Sub-section 5 which mentions that Mobile Community Health Centre provides mobile health services, to increase the range and the service quality for the areas which have not been covered by the main Community Health Centre (Ministry of Health Republic of Indonesia, 2014).

5 CONCLUSION

The lack of insurance card use by farmers is influenced by their job. Most of the citizens who did not make use of insurance card were farmers who had to visit the midwives and paid in cash in order to get the health services they needed. Therefore, the existence of Mobile Community Health Centre that accepts insurance card will be helpful. It is suggested that insurance collaborates with local midwives to find insurance card owners who have not made use of the card and puts forward a dissemination regarding the benefits of paying by insurance card for the card owners, especially farmers which are categorized as mid-low class financially.

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