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PARTICIPATION OF FARMER HOUSEHOLD NON-CONTRIBUTION ASSISTANCE RECIPIENT IN THE NATIONAL HEALTH INSURANCE PROGRAMME IN INDONESIA

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Abstract: Indonesia has set the achievement of Universal Health Coverage in 2019. Community participation in the national health insurance programme is the key to success, especially independent community groups (non-beneficiaries) in premium payments. Participation of farmer household non-contribution assistance recipient in the national health insurance programme is very low. Therefore, this study aims to analyze the factors that influence the participation of farmer households non- contribution assistance recipient in Jember District (agricultural center in East Java, Indonesia). This research used quantitative analytical method with observational approach. The independent variables of the study consist of the level of knowledge, the need on health insurance, the ability to pay the premium. Dependent variable was participation in health insurance programme. Data analysis using logistic regression. The results showed that the level of knowledge has a significant influence on the willingness of respondents to participate in the programme NHI with Odds ratio of 0.214. The need for health insurance also has a significant influence on the willingness of the respondents to participate in the NHI programme with the Odds ratio of 0.077.

Keywords: participation, farmer household, health insurance

Introduction

The Government of Indonesia has set the achievement of Universal Health Coverage (UHC) in 2019 through a National Health Insurance (NHI) Programme. UHC's target was that all Indonesians have fair access to quality, promotive, preventive, curative and rehabilitative services, at an affordable cost. This was in accordance with the concept of UHC according to WHO (2005) that universal coverage contains two core elements, namely: (1) Access to fair and quality health services for every citizen; And (2) Financial risk protection when citizens use health services (Bump, J.B., 2010). This ideal condition will be achieved if all the people of Indonesia have been registered as participant peogram national health insurance (Fengler W. et. all. 2008).

The membership in NHI programme is divided into 2 (two), ie the participants of the Contribution Assistance Recipient (PBI) and Non-Contribution Assistance Recipient (non PBI). PBI participants include people who are classified as poor and disadvantaged people whose premium payment are borne by the government (central and local government) with sources of state budget (APBN) and local budget (APBD) funds. Non-PBI participants include wage earners and their families, as well as non-workers and their families. Contribution payments for non-PBI participants are borne by individuals and employers in accordance with the provisions (Government Regulation No. 86 of 2013). So the challenge of participation is non PBI participants in which participants have to pay premiums independently.

Most Indonesians work as farmers. Jember Regency as a center of agriculture and plantation in East Java has a population with a lot of farmers' profession. Based on the results of the agricultural census of Jember Regency in 2013 by Central Bureau of Statistics Jember, obtained the number of household farming business

as much as 325,062 households. Silo, Wuluhan, and Sumberbaru are the sub-districts with the highest number of farm households. Based on the results of interviews with the Head of Marketing Unit BPJS Jember health obtained information that until the beginning of 2015 the participation of farmers (not farm laborers) is still very little. Number of informal sector workers (including non-PBI farmers) who registered as many as 76,603 people or 4.6% of the total participants. Therefore this study aims to examine the factors of low participation of farmers in the health insurance programme by analyzing the factors of knowledge, ability to pay the premium, the need on health insurance for the willingness to be a participant of health insurance.

Research Methods

The type of this study was observational analytic research, where researchers did observation, interview and filling questionnaires and make measurements on several variables that are being studied without providing intervention to the object of research. Based on the timing of the implementation, this study included cross sectional, since data on the dependent and independent variables were obtained at a certain time. The unit of analysis in this study was the household with the respondent head of the family or family members who have information about the family and contributed in family decision making as much as 90 respondents.

Results and Discussion

Knowledge of respondents

Knowledge of respondents in this study is used to identify the extent to which the adequacy of information owned by respondents that can influence the decision to become an independent participant health insurance. Knowledge of respondents is divided into 4 (four) aspects of the assessment, namely knowledge of the existence of health insurance programmes, knowledge of registration procedures as participants, knowledge of the mechanism of payment of contributions (premiums), and knowledge of mechanisms of utilization of health insurance. Distribution of respondents based on their knowledge as follows:

Table 1 Distribution of Respondents by Their Knowledge

No.	Questions	Knowledge				Total
		Know		Unknown		
		∑	%	∑	%	
1	The existence of a health insurance programme	40	44,4	50	55,6	90
2	Registration procedure as a participant	8	20,0	32	80,0	40
3	The mechanism of payment of premium	9	22,5	31	77,5	40
4	mekanisme pemanfaatan jaminan kesehatan	8	20,0	32	80,0	40

Knowledge of respondents about the existence of health insurance programme was quite low, where 50 respondents (55,6%) did not know existence of policy about national health insurance. Whereas from 40 respondents who known the existence of health insurance programme, it was known that knowledge of respondent about registration procedure as participant still very low (80% did not know). Knowledge of respondents on the aspect of premium payment mechanism was also low, where 77.5% of respondents did not know. While on the mechanism of utilization of service guarantee, only 20% of respondents known it.

Ability to Pay (ATP)

ATP describes the ability of respondents in paying NHI programme dues adjusted to the prevailing premium amount. The ability to pay was identified by calculating family income and family expenditure in 1 month (for food, non essential food, and non food). This calculation is predictive as measured by the ability of

respondents to generate income from various sources and used to finance various family needs. The following is the amount of rupiah in accordance with the financial components managed in the respondent's family:

Table 2 ***Average Revenue and Expenditure of Respondents***

Components		The amount (rupiah)
Average family income (per month)	:	Rp 2.491.661,-
Average family expenditure (per month) :		
Average food expenditure	:	Rp 882.464,-
Average non-essential food expenditure	:	Rp 224.270,-
Average non-food expenditure	:	Rp 1.077.904,-
Average cigarette and betel expenditure	:	Rp 277.243,-

If referring to the Ministry of Health (2001) guidelines, the ability to pay the community can be done with the formula approach of 5% of total expenditure. So in this study used the approach to predict ability to pay premium respondents.

Needs On Health Insurance

Needs are dynamic and tend to continue to grow with time. For economists, necessity is something of an evaluative and normative sense, which has an underlying object (Hosseinpoor A R, 2013). Meanwhile, the need is the desire to obtain certain satisfiers for a deeper need. Needs in this study more on personal need which is the assessment of respondents to the need or not with the existence of health insurance by the government. With the personal need is expected to improve the willing attitude to be a participant of the NHI programme. Based on the research results obtained information as follows:

Table 3 Distribution of Respondents According to Needs, Attitudes and Participation of Respondents

Variables	Category	∑	%
Needs on NHI	Need	62	68,9
	Not Need	28	31,1
Willingness to participate	Willing	28	31,1
	Unwilling	62	68,9
Participation of Respondents	Registered	7	7,8
	Not registered yet	83	92,2

From the above table it is known that the personal need of respondents to the health insurance is greater (68.9%) than the unnecessary (31.1%). It's just that the need for health insurance is not directly proportional to the willingness of respondents to become participants of the NHI programme. The number of respondents who are not willing to be a participant of NHI programme (68.9%) is more than willing (31.1%). This is also indicated by the low number of respondents who have registered themselves as participants of the NHI programme.

Willingness to Be a NHI Participant

This low requirement is also related to the low effort of respondents in finding the necessary information, so that only 40% of respondents know the existence of NHI programme. Perceptions of respondents to these needs also affect the attitude to be willing or not to be a participant of NHI. This willingness will underlie the

decision to engage in real activities of registration as a participant. This description can be seen from the respondent's answer as follows :

Table 4 Distribution of Respondents According to Willingness to Pay and Participation

Willingness to Pay	Participation of Respondents		Total
	Registered	Not Registered Yet	
Willing	6 (85,7%)	22 (26,5%)	28 (31,1%)
Unwilling	1 (14,3%)	61 (73,5%)	62 (68,9%)
Total	7 (100%)	83 (100%)	90 (100%)

Descriptively illustrated that based on observed data, from 7 respondents who have registered having tendency to have willing attitude (85,7%) than unwilling (14,3%). While in the group of respondents who have not list, from 83 respondents there are 16.5% are willing, while 73.5% said not willing. So that the respondents who have not registered has a tendency to not willing to register themselves as participants of the NHI programme.

Multiple Logistic Regression Analysis

Researchers chose to use multiple logistic regression analysis as a mathematical model because of the relationship of some independent variables with one dichotomy (binary) dependent variable. Through several stages of data processing obtained **output 1** as follows :

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-.795	.228	12.189	1	.000	.452

From the output 1 above it can be seen that Step 0 gives information when the equation model only inserts the constants (independent variables have not been inserted) hence the value of significant constants to be inserted into the model (sig value <0.05).

Output 2 is the Omnibus Test of Model Coefficients used for the test of overalls with the following results :

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	22.796	3	.000
	Block	22.796	3	.000
	Model	22.796	3	.000
Step 2[a]	Step	-.781	1	.377
	Block	22.015	2	.000
	Model	22.015	2	.000

a. A negative Chi-squares value indicates that the Chi-squares value has decreased from the previous step.

Value of sig < 0,05, so there is at least 1 variable that significantly affects the dependent variable, so the model can be used for further analysis. **Output 3** is Hosmer and Lemeshow Test used to test statistically there is or not significant difference between model with observation value so that model have fit with data or this test can be used for goodness of fit.

Hosmer and Lemeshow Test

Step	Chi-square	df	Sig.
1	5.503	8	.703
2	.538	2	.764

With a significance level of 5% found that the logistic regression model has been quite able to explain the data / fit model. (value of sig > 0,05). Output 4 is the Summary Model: Nagelkerke value R^2 = 0.098 which can be interpreted as R^2 on multiple linear regression.

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	88.802[a]	.224	.315
2	89.583[b]	.217	.305

a. Estimation terminated at iteration number 6 because parameter estimates changed by less than .001.

b. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

It means that willingness to be NHI participants which can be explained by independent variable in this research is only 30,5%, while 69,5% is influenced by other variable has not been studied. Output 5 is to formulate the equations based on the following variables in the equation :

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	Knowledge	-1.446	.543	7.095	1	.008	.235	.081	.682
	Willingness	-2.830	.912	9.635	1	.002	.059	.010	.352
	ATP	.000	.000	.800	1	.371	1.000	1.000	1.000
	Constant	.322	.460	.488	1	.485	1.379		
Step 2[a]	Knowledge	-1.541	.531	8.441	1	.004	.214	.076	.606
	Willingness	-2.567	.814	9.952	1	.002	.077	.016	.378
	Constant	.532	.397	1.798	1	.180	1.703		

a. Variable(s) entered on step 1: Pengetahuan, Butuh_JK, ATP.

From the output 5 it can be concluded that the significant independent variable that influences the willingness of the response to be a NHI participant is the level of knowledge and needs on health insurance. The variable of knowledge level has a significance value of 0.004 (value sig. <0.05) and the value of Odds Ratio or Exp (B) of 0.214, which means that the possibility / tendency of respondents who do not have knowledge about JKN well to become JKN participants is 0.306 times the respondents Has a good unity about JKN. While the

need for health insurance has a significance value of 0.002 (value sig. <0.05) and the value of Odds ratio or Exp (B) of 0.077, which means that the tendency of respondents who do not feel the need in NHI programme to become NHI participants is 0.077 times the respondents feel the need in NHI programme.

Discussion

The decision-making process of respondents to NHI participants generally consists of several steps, that is : Introduction of needs, information search, alternative evaluation, and post-evaluation of BPJS health service utilization. For the introduction of needs, sufficient information will be required of the existence of NHI programme. If looking back at table 1 it can be seen that from 90 respondents only 40 respondents (44.4%) who know of the health insurance programme. Moreover, from 40 respondents who know, only about 20% of respondents who know the registration procedure as a participant and the mechanism of payment of contributions. This means that the introduction of the product by the respondent is far from perfect. According to Langenbrunner (2009, 2011) that gaps in knowledge needing to be addressed strengthen and reform existing health financing mechanisms and thereby expand health coverage and benefits.

The low knowledge of respondents on rights and obligations in the NHI programme will have an impact on the extent to which the respondent's need for health insurance. Knowledge will encourage the formation of resonden attitude to what he knows. Attitude is one of the presdisposing factors that greatly contribute to the formation of one's behavior, both supportive and inhibiting behavior. From the results of the research obtained information that 68.9% of respondents chose the attitude of not willing to be a participant of the NHI programme. There are 2 (two) reasons that most respondents, ie do not know (35 respondents or 38,9%) and don't have ability to pay (36 respondent or 40%). The reasons for the ignorance of respondents have been much discussed above. But there is one thing that should be studied further that is related to public knowledge about the benefits (benefit) JKN programme. From the results of the study, only 20% know how they utilize health services in this NHI programme. People will find it easier to think with the logic of profit or loss when they register themselves as independent participants. Concerns of getting inappropriate services (disadvantaged) can be an impediment to community participation in the NHI programme. In some studies have linked patient satisfaction with equity in healthcare.

Regarding the ATP of varied respondents, they considered that the premium fee payment multiplied by a number of family members per month is considered burdensome. Reluctance of respondents due to two things, namely the amount of premium and the time of premiums payment. The premium amount has been set between Rp 25,500, - to Rp 59,500 per person per month. If the average number of family members of the insured is 4 persons, then the amount of premium to be paid each month between Rp 102.000, - to Rp 238.000, -. The amount of paying ability is equivalent to 5% of non-food expenditure. These limits are based on health expenditures. Based on the results of the research note that the average non-food expenditure of respondents amounted to Rp 1.634.620, -. This means the ability to pay peasants' premiums is around Rp 81,731 per month. Whereas for the lowest level of premiums only in the programme NHI with the average family member insured 4 people is Rp 102.000, -. So the reason of the inability of respondents in paying a premium is very possible given the ability to pay them is still below the amount of premium payments per family per month. The role of government is needed to cover the deficit of non-PBI paying ability in certain groups, so it is possible that cost sharing between participants and the government. While China has successfully extended the breadth of Health Coverage to the Poor (HCP), its scope (the comprehensiveness of services covered) and depth (the degree of financial risk protection) appear to be insufficient (Wagstaff, A ., et al, 2009, Liang, L. et al, 2013,

The second reason of the ability to pay is the time of payment. Characteristic of a typical farmer is income or income derived primarily from crop yields when harvesting. Cultivated species such as maize, coffee, tobacco which take months to reach the harvest and generate income. So if the rules of late payment of premiums imposed a fine of 2% (two percent) of the total contributions in arrears, then this will incriminate the farmers. Taking into account some of the results of this study, then efforts to increase participation participation RTUP need special socialization to farmer groups or farm cooperatives. Collective payments coordinated by farmer

groups or cooperatives are an alternative solution to offer. So the non-PBI premium will be paid first by the farmer group or cooperative manager, then after the harvest comes the new farmers pay the premium to the farmer group or cooperative. Indonesia remains a comparatively low spender on health, indicates that there will continue to be upward pressure on resources for the health sector in the near future (World Bank, 2008, World Bank, 2009). It analyzes Thailand's experience in health insurance coverage expansion within limited fiscal constraints through various mechanisms to contain costs (Hanvoravongchai, P., 2013).

Conclusions and Suggestions

The decision-making process of the respondents to be a participant of the NHI programme has an obstacle to the fundamental aspect of product introduction. The community has not properly understood the objectives, benefits and mechanisms of the NHI programme. This has an impact on the attitude of respondents who are mostly not willing to be NHI participants although respondents feel the need with the health insurance program. So from the result of multiple logistic regression test, knowledge and requirement variable on health insurance have a significant influence on willingness to become NHI participant. Suggestion to the weak understanding of respondents to the NHI programme, it is necessary socialization and communication media involving the participation of support community leaders or influential parties in the environment. Therefore, coordinating with the parties and providing information NHI programme to community leaders need to take precedence before plunging into the community. As for the limitations of respondents' ability to pay is influenced by the income characteristics of farmers who are very dependent on crops whose timing varies according to the type of planting. Therefore, the policy of monthly premium payment and sanction for the late should be reviewed.

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