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Analysis of savings asset ownership sand duration of illness on ability to purchase first-level health care facility services in Jambi city

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ABSTRACT

Asset ownership and savings are the main factors that must be owned in an effort to access health care facilities, along with the uncertainty of the cost of health services. The purpose of this study was to analyze ownership of savings assets and length of illness on the ability to pay fees to first-level health care facilities in Jambi City. The research method used a cross sectional design, with the instrument using a questionnaire to 100 BPJS Mandiri Non Beneficiaries (PBI) participants with accidental sampling technique. Data analysis was carried out quantitatively, with the results of the statistical test showed that there was a relationship between ownership of savings assets and the ability to buy (p value = 0.003) and there was no relationship between length of illness and the ability to buy (p value = 1,000). The conclusion of this research study is that there is a relationship between ownership of savings assets and there is no relationship between length of illness and the ability to pay for health care costs.

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INTRODUCTION

In order to improve the health status of the community, the government issued a policy in the health sector, namely the National Social Security System (SJSN). Law Number 40 concerning the National Social Security System (SJSN) was promulgated in 2004, which includes mandatory social security for all Indonesians or National Health Insurance (JKN) (KEMENKES RI, 2013).

The National Health Insurance (JKN) is part of the SJSN which is carried out with mandatory national social health insurance procedures, designed to meet the basic needs of adequate population health, and distributed to everyone, both those who have paid their own contributions and whose contributions are financed by the government. The vision of the National Health Insurance is the fulfillment of Universal Health Coverage (UHC) for all Indonesians (KEMENKES RI, 2013).

The total population of Indonesia in 2020 amounts to 268,074,600 citizens according to Central Statistics Agency. Meanwhile, the total of Indonesia citizens that have been covered in the National Health Insurance program is 222,435,719 (as of August 31, 2020) with a total of 96,696,683 National Budget Contribution Assistance Recipients, 35,118,769 Regional Revenues and Expenditures Budget Contribution Assistance Recipients, Wage Recipients - State Administrators amounts to 17,716,869, Wage Recipient Workers - BU amounts to 37,364,257, Non-Wage Workers - independent workers with 30,487,891 and non-workers amounts to 5,5051,250. The achievement of UHC for all Indonesians in 2020 was (95%), whereas the target that have been reached was (83%). In other words Indonesia has not reached the target that has been set yet (BPJS Kesehatan, 2020).

Specially in Jambi Province, the total number covered in health insurance amounts to 1,685,482 citizens in 2020. Healthcare and Social Security Agency (BPJS) participants who are Assistance Recipients (PBI) amounts to 786,533 citizens (21.70%) and Non-Assistance Recipient amounts to 898,895 citizens (24.80%) while in Jambi city BPJS Health participants who are PBI Recipients amounts to 132,463 citizens (21.91%) and Non- PBI Recipients amounts to 278,469 citizens (46,06%) (Badan Pusat Statistik, 2020). Based on Presidential Decree No. 64 of 2020, the contributions for non-wage workers (PBPU/Independent) and non-workers are class I (Rp. 150,000,-), class II (Rp. 100,000,-) and class III (Rp. 42,000,-) (Nomor 64 Tahun 2020 Tentang Jaminan Kesehatan, 2020).

Currently, the responsibility of being a BPJS health participant is to pay monthly contributions. For Assistance Recipients (PBI) the monthly contribution will be financed by the government, while independent Recipients will spend money every month to pay the dues. Health financing and participation in health care insurance are currently becoming significant problems because of the increase in the dues contributions for independent participants are quite burdensome, especially for the middle to lower economic groups.

Inability in the economy results in some groups of the population having limited payments for health services that people get the same as others. This results in a mismatch between what they can afford and what they expect. All citizens have the right to receive quality services, in accordance with their medical concerns and economic capacity.

Utilization of health services is influenced by a person's ability and willingness to pay. The ability to pay can be calculated through the calculation of family income, family assets, and family expenses. Assessing asset ownership and patient length of illness against Ability to Pay (ATP) aims to calculate how much the community's ability to purchase a health product by utilizing the resources they have (Aziza et al., 2020).

Based on the data in Jambi, with only (46.06%) BPJS Health Non-Assistance Recipients, denoting that they have not reached the UHC target, which is (95%), so it is necessary to conduct research on the ability of the community and how the community allocates assets to purchase health services. Based on this, the authors are interested in analyzing the ownership of savings assets and length of illness on the ability to buy first-level health services in Jambi City.

RESEARCH METHOD

This research is a survey research type with a quantitative approach and a cross sectional design. The population in this study were all participants of independent BPJS Health Non -Assistance Recipients amounts to 278,469. The sample in this study were 110 respondents. Sampling was carried out by accidental sampling method, accomplished by interviewing respondents at the research location who were or had used health services at first-level health facilities. The independent variables in this study are ownership of savings assets and length of illness, while the dependent variable is the ability to purchase services. Prime data was collected using a questionnaire. Bivariate analysis was used to see whether there was a relationship between each independent variable and the dependent variable using the Chi Square $(X)2$ test.

RESULTS AND DISCUSSIONS

Results

From the research results, the characteristics of the respondents are as follows:

Table.1. Characteristics of Respondents

Variable	Frequency (n=100)	Percentage (%)
Gender		
Male	53	53
Female	47	47
Age		
21-31	16	16
32-42	22	22
43-53	34	34
54-64	21	21
≤ 65	7	7
Occupation		
Civil Servant	7	7
Private Employee	17	17
Entrepreneur	25	25
Honorary Employee	2	2
Farmer	1	1
Laborer	21	21
Housewife	16	16
Retired	11	11
Education		
Primary School	10	10
Middle School	17	17
High School	57	57
Diploma	3	3
Bachelor	13	13
Income		
Very High	20	20
High	27	27
Moderate	36	35
Low	17	17
BPJS Contribution		
Class I	22	22
Class II	25	25
Class III	53	53

Based on table 1, it can be seen that from 100 respondents, there were 47 female respondents (47%). Meanwhile, there were about 53 male respondents (53%). Based on the table above, it shows that the highest percentage of respondents' age was the age group of 43 – 53 years amounts to 34 respondents (34%). Meanwhile, the lowest respondent comes from age 65 years groups amounts to 7 respondents (7%). Most of the respondents were entrepreneur with the highest percentage of 25%. While the occupation with the lowest percentage was farmer with 1 respondent (1%). Most of the respondents had a high school background (57%). Meanwhile, respondents with the lowest percentage of education was diploma (3%). Based on the table above, it shows that most of the respondents had moderate income, 36 respondents (36%). Meanwhile, there were 17 respondents (17%) with low income. According to the table above, it can be seen that there were 22 respondents (22%) respondents who paid BPJS class I contributions, respondents

who paid BPJS class II contributions were 25 respondents (25%) and respondents who paid class III BPJS contributions were 53 respondents (53%).

Table 2. Frequency Distribution of Research Variables

Variable	Frequency (n=100)	Percentage (%)
Asset ownership		
Savings		
Lowest	55	55
Highest	45	45
Duration of Illness		
≥ 6 Months	46	46
< 6 Months	54	54
Ability to Buy		
Capable	47	47
Incapable	53	53

Source: Primary Data 2020

Based on table 2, the frequency distribution of respondents based on 100 respondents ownership of savings assets were divided into two groups, namely the lowest wealth score and the highest wealth score. There were 55 respondents (55%) with the lowest wealth score whereas 45 respondents (45%) were group with the highest wealth score. Meanwhile, respondents with duration of illness < 6 months were 54 respondents (54%). Based on the ability to buy, there were about 53 respondents (53%) incapabale, while the respondents who were capable to buy were 47 respondents (47%).

Table 3. Bivariate Analysis of Independent and Dependent Variables

Dependent Variables	Dependent Variables				P Value
	Incapable		Capable		
	N	%	n	%	
Asset ownership					
Savings					
Lowest	41	67,2	20	32,8	0,001
Highest	12	30,8	27	69,2	
Duration of Illness					
≥ 6 Months	24	52,2	22	47,8	1,000
< 6 Months	29	53,7	25	46,3	

Based on table 3 above, it can be concluded that in the ownership of savings assets variable, the results of statistical tests with chi - square obtained a value of 0.001 where the value is less than 0.05 (0.003 < 0.05), then Ho is rejected and Ha is accepted. Thus, there is a relationship between ownership of savings assets and the ability to purchase first-level health facility services in Jambi City. As for the duration of illness, based on the statistical test results with chi - square obtained a value of 1,000 where the value is greater than 0.05 (1,000 > 0.05), then Ho is accepted. This means that there is no relationship between the duration of illness and the ability to purchase first-level health facilities services in Jambi City.

Discussion

Relationship of Savings Asset Ownership with Ability to Purchase First Level Health Facilities

As the results of the study, it was found that respondents who have savings assets will affect the ability to buy health services. Respondents with the lowest wealth score were mainly respondents in the incapable category. Meanwhile, respondents with the highest wealth score were mainly respondents in the capable category.

The results of statistical tests with chi - square obtained value of 0.003 where the value is less than 0.05 (ρ < 0.05) which means Ha is accepted and Ho is rejected. Thus, there is a relationship between ownership of savings assets and the ability to purchase first-level health facility services. This is in line with Susanti (2020) which stated that asset ownership is related to the ability to pay. Asset ownership affects household poverty and can be described as ownership factors of production or wealth in a household which in turn can result in the level of income and consumption in the household (Susanti, 2020). However, Alesane (2018) showed different results that found asset ownership did not show a significant relationship with the ability to pay insurance premiums and asset ownership which results in low participation in health insurance (Alesane & Anang, 2018).

Referring to the result of this study, the majority of the respondents were lowest wealth respondents (55%). Most respondents or household are categorized incapable to afford health facilities (53%). This shows that the more ownership of a person's savings assets will affect the ability to buy greater health services. In other words, the results of this study are in line with the theory.

According to Russell's theory, it shows that the more assets and income in a household, the greater the purchasing power of a person. The more assets you have, the higher the opportunity to buy health services. Household who have a lot of assets can buy the desired health insurance to face the cost challenge when health services will be higher to pay for health costs including health insurance (Russell, 2014).

Other research is also relevant in the sense that it has a significant influence on the income and education level variables on health indicators which are largely determined by individuals and society(Amar et al., 2018), but budget allocations still have a weak influence. This also happened in Surakarta City which stated that in determining the variable economic ability had a positive influence on buying health services, while knowledge and perception had a positive but not significant effect(Khristiana & Iskandar, 2020). Nugroho H's research(Nugroho et al., 2021) also states that knowledge about national health insurance, economic factors, health care needs factors, and has a negative perception of the quality of health services and insurance management institutions, and concludes to join the national health insurance. What is interesting is the case in Massachusetts, the results of research(Finkelstein et al., 2019) show the need for subsidies for low-income residents to pay for services.

The results show that the relationship between poverty status and household work is quite strong and the indicators that distinguish poor and non-poor households are not being able to pay for treatment at a polyclinic/hospital, no savings or goods that can be sold with a minimum value of Rp. 500,000, and a job. with an income of less than IDR 600,000(Febrianty & Pahlevi, 2020).

Based on research, ownership of savings assets plays a role in the ability to purchase health services because asset ownership will affect the level of income in the household. A low level of income can reduce the ability to buy, some respondents said that the necessities of daily life that are a priority are difficult, especially to pay health insurance contributions while they do not need health services.

The Relationship between Duration of Illness and Ability to Purchase First Level Health Facility Services

The results of the study indicate that a person's duration of illness does not affect the ability to buy health services. Respondents with duration of illness ≥ 6 months were majority in the category of incapable. Meanwhile, respondents with duration of illness < 6 months were majority in the category of incapable.

The results of statistical tests with chi - square obtained value of 1,000 where the value is greater than 0.05 (ρ > 0.05) which means Ho is accepted. Thus, there is no relationship between duration of illness and the ability to purchase first-level health facilities. This is in line with Handayani et al (2014) which stated that there was no significant relationship between the illness

history and the ability to pay health insurance contributions. Owing to the fact that the suffering from illness does not significantly reduce the respondent's finances where the respondent feels they can bear their health care (Handayani et al., 2014).

However, a different result came from Darmayanti and Raharjo (2020) that stated the duration of illness is related to the ability to pay for health insurance. The community can be helped in reducing the risks and costs that cannot be estimated for their health care, specifically by becoming a participant of JKN and spending a certain amount of money on BPJS through a set dues (Darmayanti & Raharjo, 2020).

Most of the respondent or family members (54%) suffer from illness < 6 months. Majority of the respondents who suffered from illness < 6 months occurred in the incapable group amounts to 29 respondents (53.7%). This study shows that the duration of a person's illness does not affect the ability to pay because the community is an independent participant of BPJS Health, which means that the result of this study is not in line with the theory. In accordance with Russell's theory, a person's duration of illness is critical to the family's purchasing power. Acute illness will burden the family spontaneously and prompt proper management of funds, while chronic disease requires funds in the long term and has a long-term impact on household resources (Russell, 2014).

From the study, it can be seen that the community is an independent participant of BPJS Health, most of whom have a history of non-communicable diseases such as hypertension, diabetes mellitus, and heart disease suffered by themselves or by their family members. One way to reduce the cost burden of the risk of the disease that they suffer is that the community is able to pay BPJS Health dues.

CONCLUSION

Based on the discussion above, it can be concluded that the proportion of respondents is divided into (53%) poor respondents and (47%) capable respondents. There is a relationship between ownership of savings assets with the ability to buy services for first-level health facilities in Jambi city (value 0.003). There is no relationship between length of illness and the ability to buy services for first-level health facilities in Jambi city (ρ value of 1,000). Asset ownership and length of illness are important indicators in accessing to health facilities, so that it becomes the attention of the relevant stakeholders.

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