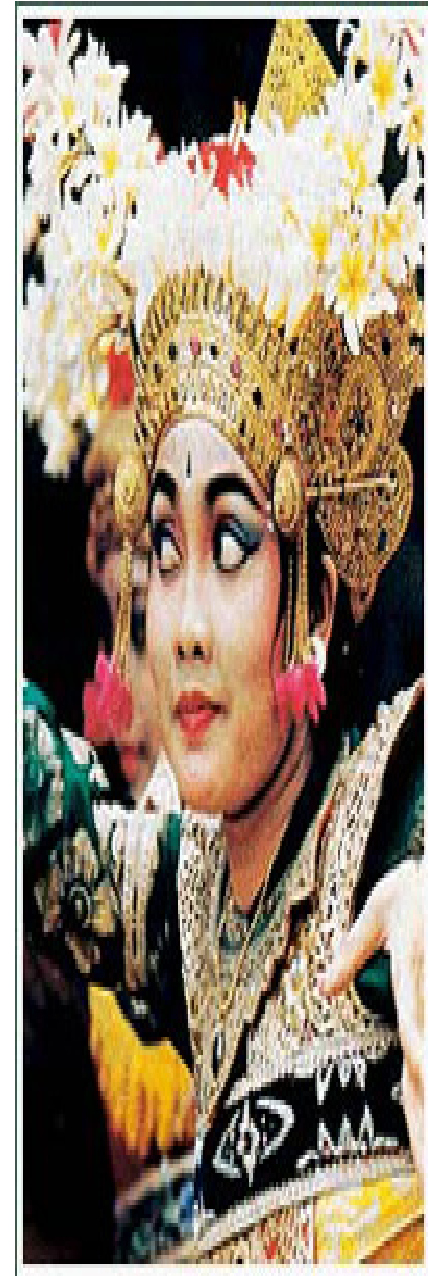


# **Informal Workers and Its Role in JKN in Denpasar City : feasible model for collecting revenue to the achievement of universal health coverage**

Indrayathi, P.A., Kusumadewi, M.D,  
Fridayanti Irama, M.D

Program Studi Ilmu Kesehatan Masyarakat,  
Fakultas Kedokteran, UNUD

Email: [pa.indrayathi@gmail.com](mailto:pa.indrayathi@gmail.com)



# Introduction

Healthy behaviors and the ability of people to choose and obtain quality health services determine the success of health development

To improve community's health status, government launched Jaminan Kesehatan Nasional (JKN) program.

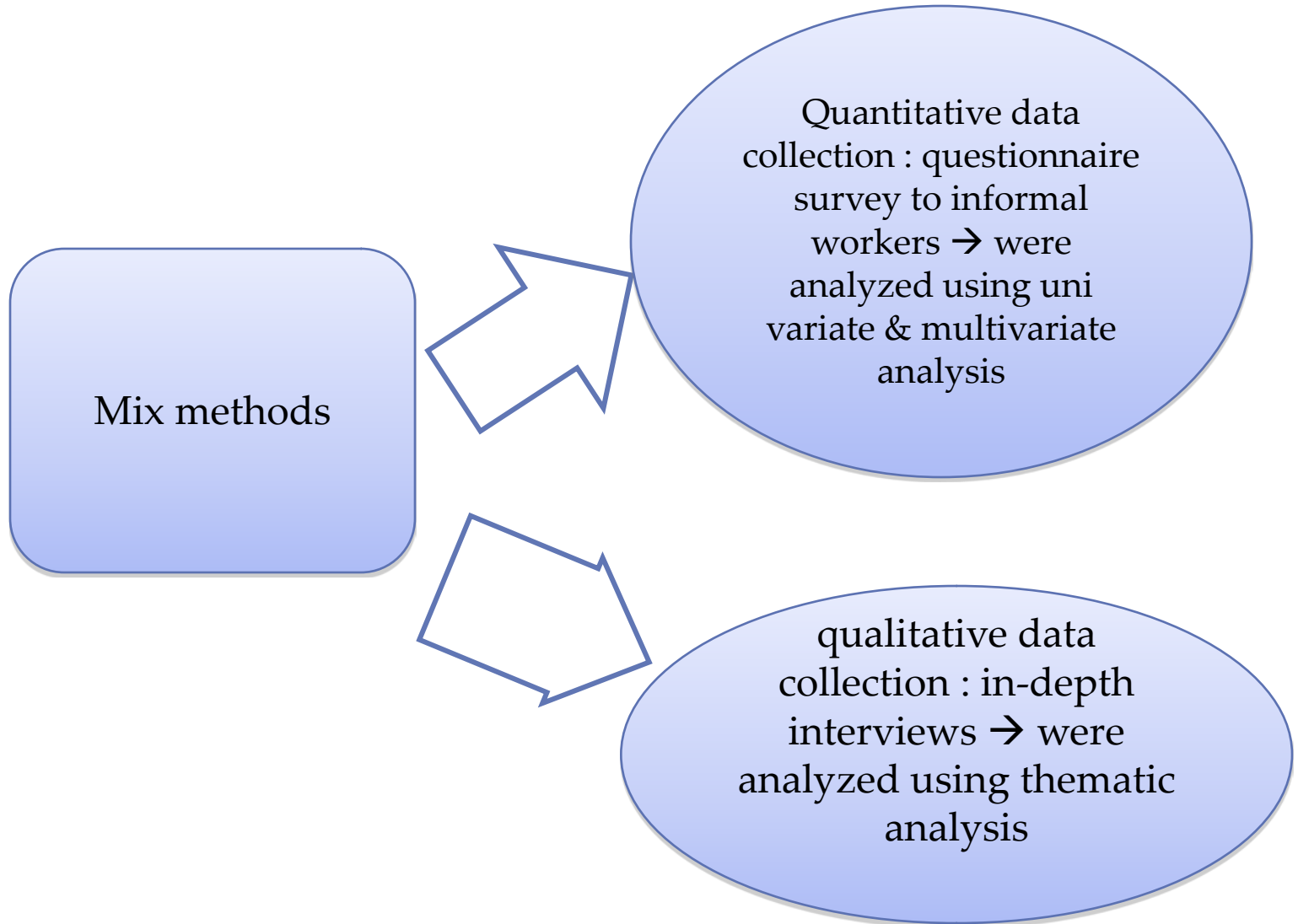
One of the challenge in the achievement of universal coverage is reaching informal workers sector.

Therefore, it is important to identify informal sector workers  
→ The perception and knowledge level of informal sector workers about JKN and exploring their perception's of relevant model in collecting revenue

# Aims

- To Identify informal workers job
- To find out informal workers knowledge about JKN
- To explore informal workers perception about JKN and feasibility model for collecting JKN premi

# Methods



# Results

## 1. Identification of Informal Workers in Denpasar

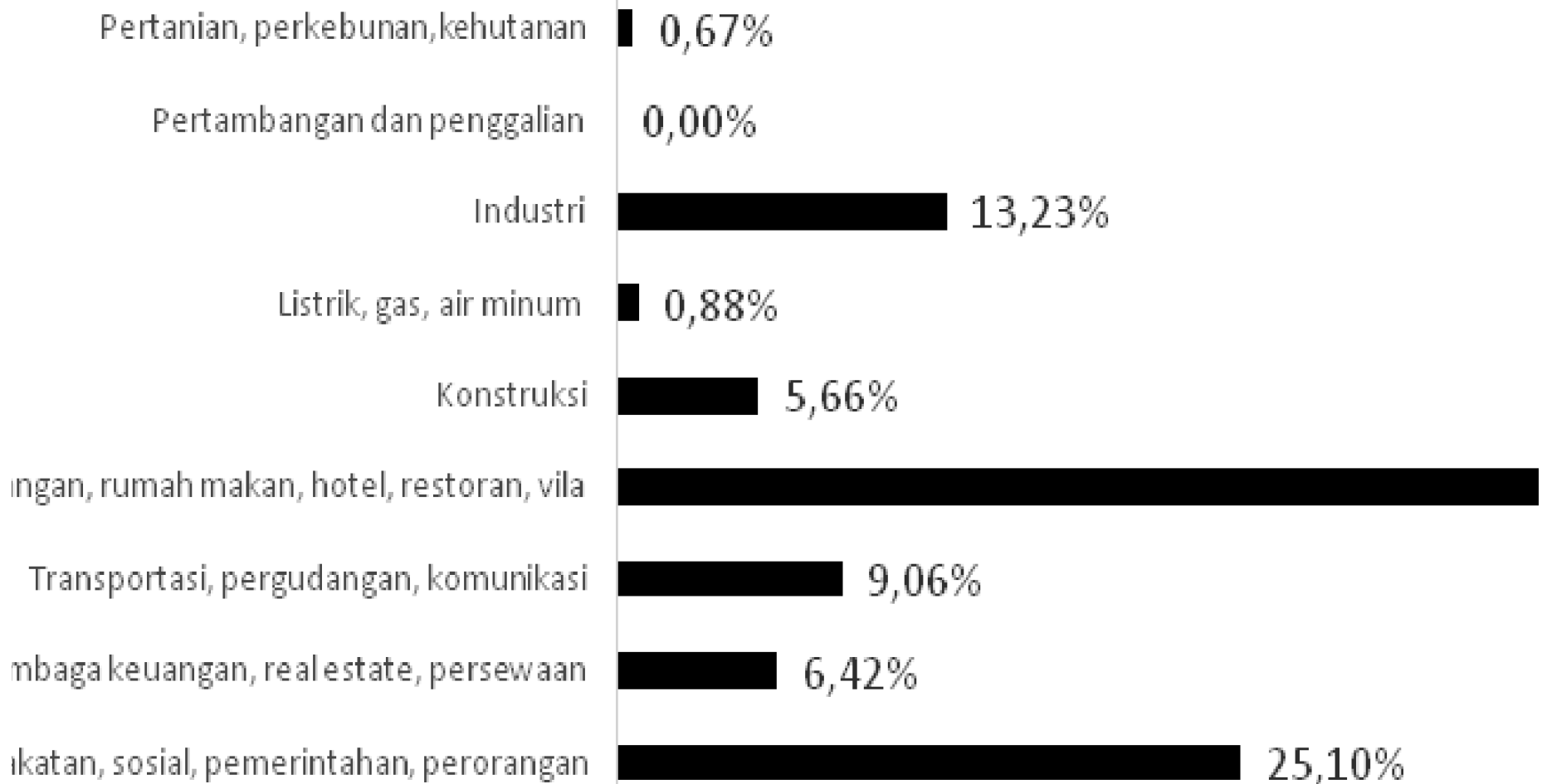
- Datas of workers in Denpasar were obtained from BPS using SAKERNAS Kota Denpasar
- There are 7 categories/status of workers according to BPS (Suprobo,2007):
  1. Berusaha sendiri;
  2. Berusaha dibantu buruh tidak tetap atau buruh tak dibayar;
  3. Berusaha dibantu buruh tetap atau buruh dibayar;
  4. Buruh atau karyawan atau pegawai;
  5. Pekerja bebas di pertanian;
  6. Pekerja bebas di non pertanian; serta
  7. Pekerja tak dibayar.

# Results

Informal workers identification according to Santoso (2012) are the combination of :

- o status pekerjaan berusaha sendiri dengan tenaga usaha pertanian, perkebunan, peternakan, perikanan, kehutanan, dan perburuan;
- o berusaha sendiri dengan tenaga produksi operasional alat angkutan dan pekerjaan kasar;
- o berusaha dibantu buruh tidak tetap/tidak dibayar dengan tenaga usaha pertanian, perkebunan, peternakan, perikanan, kehutanan, dan perburuan;
- o berusaha dibantu buruh tidak tetap/tidak dibayar dengan tenaga produksi operasional alat angkutan dan pekerja kasar;
- o buruh/karyawan/pegawai dengan tenaga usaha pertanian, perkebunan, peternakan, perikanan, kehutanan, dan perburuan;
- o serta seluruh pekerja yang berstatus pekerja keluarga.

# Results



# Identification of Informal Workers in Denpasar :

Status Pekerjaan	Jenis Pekerjaan Utama							
	Pertanian	Pertambangan dan penggalian	Industri pengolahan	Listrik, gas, dan air minum	Konstruksi	Perdagangan, hotel, dan restoran	Pengangkutan dan komunikasi	Keuangan, persewaan, dan jasa perusahaan
Berusaha sendiri	INF	INF	INF	INF	INF	INF	INF	INF
Berusaha dibantu buruh tidak tetap/ tidak dibayar	INF	F	INF	F	INF	F	F	F
Berusaha dibantu buruh tetap/dibayar	F	F	F	F	F	F	F	F
Buruh/ karyawan/ pegawai	INF	F	F	F	F	F	F	F
Pekerja bebas	INF	INF	INF	INF	INF	INF	INF	INF
Pekerja keluarga/tidak dibayar	INF	INF	INF	INF	INF	INF	INF	INF



## 2. Informal workers knowledge about JKN

Table 2. Distribusi Tingkat Pengetahuan Mengenai Jaminan Kesehatan Nasional secara umum

Kategori pengetahuan	Frekuensi	%
Baik	0	0
Cukup	16	15,09
Kurang	90	84,91
Total	106	100

•From Bivariate analysis, it was found that only two of the characteristics of the participants have a significant relationship with **the level of knowledge namely education and resources to obtain information about JKN.**

•Table 3. Distribusi Kemaknaan Hasil Uji Multivariat

Karakteristik	Nilai P
Pendidikan	0,03
Sumber Informasi	0,08

•From table 3, it can be seen that only education had meaningful relationship with the knowledge of the respondent where p value is 0 , 03 ( less than the value of  $\alpha = 0.05$  ).

### 3. Informal Workers perception of JKN : Feasible Model in Revenue Collection

Based on indepth interview, in general informal workers totally agree with the implementation of JKN and willing to participate. The presence of JKN can avoid them from catastrophic health expenditure.

*“Setuju. Iyaa, iyaa. Itu kan lebih jadinya orang yang tidak mampu itu eee... bisa dibantu oleh orang yang lebih mampu. Ya kalau begitu ya diterusin.” (informal 7).*

In addition, respondents were also interested in becoming a participant because JKN is considered to be different from the private insurance. There are no membership restrictions in it

*“Saya sangat tertarik, sangat sangat tertarik lagi bahkan kan. Karena kelebihanannya begini, JKN dibandingkan produk-produk yang lain. Ini yang dijadikan kata kunci dari JKN, dalam hal ini adalah jika insurance swasta lainnya itu melihat batas umur, orang tua itu lebih tinggi preminya pembayarannya, orang yang berisiko seperti perokok dan lain sebagainya lebih tinggi. Dan JKN itu tidak ada.”(informal 3)*

However, some respondents respond negatively regarding the implementation of JKN program. **The respondents did not agree to join because JKN participants must pay, while Bali is still held regional health insurance namely Bali Mandara Health Insurance (JKBM)**

# Cont...

In terms of membership registration procedure, some respondents agreed to come to BPJS Kesehatan office. However, some respondents did not agree with it → **BPJS Kesehatan, should register participant by using proactive methods that officers went to informal sector workers who wish to register, and registration through the head of the environment . The reason those who disagree come to BPJS office are mainly due to time and distance constraints.**

*“Kendala JKN itu saya kira adalah pemerintah tidak mau menjemput bola. Jadinya menunggu aja masyarakat untuk datang mendaftar, jadi tidak mau datang, misalnya bekerjasama dengan aparat pemerintahan terbawah seperti misalnya kepala lingkungan, kelurahan... seperti itu, ini harus dilibatkan. Yaa.. memang anggaplah mereka ini sebagai tenaga operasional dari pemerintah... pemerintah untuk marketing-nya gitu ya. Nanti berapa mereka memang harus mendapatkan fee dan lain sebagainya diberikan, seperti itu.” (informal 14)*

Most of the respondents are willing to join as a member of JKN and afford to pay Rp 25.000,-However, they are mostly reluctant to pay through ATM → This is because the informal workers are not familiar with Bank.

The feasible model in the revenue collection for informal workers is through the collaboration with local body such as **Lembaga Perkreditan Desa (LPD) or Koperasi Unit Desa.**

*“Memang sekarang kan eee... yang namanya pembayaran sistem pembayaran itu kan sudah sangat gampang dengan ATM dan lain sebagainya. Akan tetapi yang menjadi pertanyaan apakah sudah semua masyarakat punya ATM, apakah sudah semua masyarakat sudah bank minded, punya rekening bank. Nah, disini yang saya bilang, ada LPD kenapa ndak dimanfaatkan LPD, ya kan.” (informal 14).*

# Discussion

- This research found that the majority of respondents have less knowledge about JKN. **More than 50% of respondents stated not to know most of the statements in the questionnaire about JKN. It can be an indicator that the dissemination of information regarding JKN needs to be improved, especially regarding payment procedures and registration procedures in order to increase public knowledge about JKN** → According to Mubarak (2011) in Heriati (2013) , there are several factors that affect people in learning, such as education , occupation , age , interests , experiences , cultural environment , and information
- The results of the study indicate that there are still 39 respondents who stated that they were never informed about JKN. Then although 67 respondents had received information, but no respondents who received information from JKN guide books and more than 50 % of respondents have less knowledge for each source of information → **It indicates that the socialization of JKN also not optimal.**
- Former Head of the Health Insurance Branch PT Denpasar, Putu Gede Wiadnyana in Antara News ( 2014 ) stated that due to limited personnel therefore socialization can not be done quickly Furthermore, former Deputy Minister of Health (Wamenkes ) Ali Gufron Mukti in Lampost ( 2013 ) admitted that there is a deficiency in terms of socialization JKN .

# Cont...

- The informants stated that before JKN era those who get health insurance only employed, while traders do not get health insurance.
- Therefore, the respondents strongly agreed with the JKN which covers the whole of society. They also want that government really concern about informal workers because informal sector workers in Denpasar wanting to secure their health status → This is consistent with the results of research about the opinion of informal sector workers about health financing on Social Health Insurance Bali (JKSB) in 2006, the informal sector workers who agree to participate by 61.4% (Trisna & Muninjaya, 2007).
- Informal sector workers in Denpasar stated that the affordable amount of contributions is Rp 22.800,-for the entire family. The data is supported by the results of research on the Ability To Pay (ATP) or the ability to pay the people of Bali , held in 2006 ( Trisna & Muninjaya, 2007) → This ATP finding is not much different from the amounts of fees that are considered reasonable by the informal sector workers in the city of Denpasar . Thus , informal sector workers are able to reach the amount of fees for services in the treatment room of class III or Rp 25.500.00 .
- 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. **Method of payment is very difficult for them because not all informal workers are "bank minded" → The feasible model in the revenue collection for informal workers is through the collaboration with local body such as Lembaga Perkreditan Desa (LPD) or Koperasi Unit Desa.**

# Cont...

- Method of payment is very difficult for them because not all informal workers are "bank minded".
- Therefore, it is important to involve local Village Credit Institutions (LPD) and Koperasi Unit Desa since this institution available in every village in the province of Bali and highly developed.
- This study found that 29.8% of respondents want salary deduction, pay through ATMs, and is collected by officers directly to home as method of payment.
- Payment merging with PLN bill 26.2%, cash payments through the LPD method of 23.8%, a cash payment method through commercial banks amounted to 17.1%, as well as methods of merging with taps bill by 3,1% , respectively(Trisna & Muninjaya, 2007). Therefore, BPJS Kesehatan shall develop an effective and efficient mechanism to reach the workers is not the recipien

# Conclusion

- Study found that informal sector workers are all kinds of major job classifications by BPS of Denpasar with the status of own work, free workers, and the workers family / not paid; The main types of work in the field of agriculture, manufacturing, and construction employment status sought assisted by temporary workers; as well as the main type of work in agriculture with employment status of workers / employees / employee.
- In general most of informal workers (90 respondents /84.91%) have less knowledge about JKN.  
→ This lack of knowledge is due to the lack of socialization and not many respondents have higher education levels.
- Informal sector workers generally want to be a participant in JKN and able to pay for class III treatment, but some hope that the procedure of registration and collection premium of participants using “jemput bola” system or working with the village institution for example LPD and Koperasi Unit Desa because many do not know where the BPJS Kesehatan and many of them do not have savings accounts in banks that have cooperated with BPJS Kesehatan

THANK YOU FOR YOUR  
ATTENTION

