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The Relationship between Family Socio-economic Status and Health Financing Practices at Abdul Manap Hospital, Jambi City

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ABSTRACT

The provision of health services is one way to meet the needs and demands of the community for health, in the process including health financing. There are six financing patterns applied, one of which is out of pocket financing and Social Health Insurance Administration Body. The ability to buy health services depends on the readiness of the family to finance the household, so socioeconomic status influences the use of health financing patterns. This study uses quantitative methods with a cross-sectional research design. The population is the head of the family who seeks treatment at Abdul Manap Hospital, with as many as 89 respondents. Data collection using a questionnaire and data analysis using chi-square. Based on the analysis, the variables that have a relationship with the pattern of Social Health Insurance Administration Body financing are income (p-value 0.000), occupation (p-value 0.003), number of family members (0.028), and asset ownership (0.000). Meanwhile, the one that does not have a relationship is education (0.276). The conclusion of this study is that income, occupation, the number of family members, and asset ownership have a relationship with the use of financing patterns, while education has no effect.
Keywords: family socio-economic, health practices, hospitality management, health finance.

Introduction

Health is one of the fundamental needs of humanity. A healthy lifestyle is an objective need of life (health need) that enables each individual to enhance his health state. On the other hand, health contains needs (health demand) that are of a subjective character, such that whether or not the health demands of each individual, home, and community can be met from every endeavor to enhance the level of good health (Puluhulawa, 2013) cannot be determined with certainty. According to the 2020 Sustainable Development Goals (SDG) Report, one billion individuals would spend at least 10 percent of their household budget on health care (UN, 2020). According to the 22019 National Socio-Economic Survey), public private costs accounted for 62.67 % health costs (Statistics, 22019).

The provision of health services is one strategy to address the community's health requirements and desires. In Indonesia, a social Social Health Insurance Administration Body mechanism has been developed, specifically through the mandatory National Social Health Insurance Administration Body, with the intention of providing financial protection against health costs, particularly catastrophic costs, in the hope that personal health expenditures will be reduced (Djamhari, et al., 2020). It is indicated by statistics on changes in the funding of the National Social Health Insurance Administration Body program from 2014 to 2018, during which time the community's independent expenditures decreased by 10 % (Statistics, 22019).

Indicators in achieving health status are through the Human Development Index (IPM) (Statistics, 22019). HDI explains how the community can access the results of development to obtain income, education, health, and so on3. In 2020, the HDI of Jambi Province has reached 71.29 and Jambi City has reached 78.373. Noerjoedianto's 2016 study which looked at the influence of the socioeconomic status of the family on the selection of patterns and methods of health financing stated that household expenditures in Jambi Province in the form of the ability to purchase health services ranged from Rp. 25,235 to Rp. 110,044 (16). The premium for BPJS class 3 as of January 1, 2021, is IDR 35,000. While the category of small family amounted to 4 people. This proves that each family costs as much as IDR 140,000 per month to pay Health Insurance contributions. However, the highest range of ability to buy health services is only around Rp. 110,044. This shows that there is a limited ability of the community to buy health services (Ratriani, 2021).

In theory, the factors that influence socioeconomic status are education, income, occupation, number of family members, asset ownership, and type of residence (Supriyanto, Ernawati, & Budi, 2018). To improve the

degree of health, the socioeconomic status of the family needs to be considered. The higher a person's position, the easier it is to obtain the facilities needed and desired. One of the government's efforts to fulfill the rights of citizens to obtain optimal health is the construction of health service facilities both in urban and rural areas. Researchers conducted an initial survey at Abdul Manap Hospital, because it is a Jambi City referral hospital with a stable trend of monthly visits. Based on an initial survey that was conducted to 15 heads of patient families at Abdul Manap Hospital, there were 6 heads of families of patients who purchased health services from their own pockets and 11 heads of families of patients who used Social Health Insurance Administration Body. Of the 11 family heads who purchased the service with Social Health Insurance Administration Body, there were 7 families who experienced economic difficulties in paying their monthly contributions and had experienced arrears. Based on the data above, researchers are interested in knowing whether the socioeconomic status of the family is related to the use of health financing patterns at Abdul Manap Hospital Jambi City in 2021.

Method

This research is a sort of survey research in which data is collected using a questionnaire from respondents. This study employs quantitative techniques and a cross-sectional design. The questionnaire's validity and reliability have been evaluated using a sample of 28,267 family heads of patients seeking treatment at Abdul Manap Hospital. In this study, the independent factors consist of education level, income, job status, family size, and asset ownership, whereas the dependent variable is the selection of health funding patterns.

Results

Table 1. Distribution of Respondents by Age Group, Gender, Education, Occupation, Number of Family Members, Income, and Asset Ownership

Variabel	n	%
Age		
≤ 47	43	48,31
> 47	48	51,68
Gender		
Male	79	88,7
Female	10	11,2
Education		
Elementary School Graduate	4	4,5
Junior High School Graduate	10	11,2
Senior High School Graduate	40	44,9
Diploma Graduate	5	5,6
University Graduate	30	33,7
Education Level		
Low Ecuation	14	15,7
High Education	75	84,3
Occupation		
Informal Sector	54	60,7

Formal Sector	35	39,3
Number of Family Members		
≤ 4 individuals	48	53,9
> 4 individuals	41	46,1
Income		
< Provincial Minimum Wage of Jambi	23	25,8
≥ Provincial Minimum Wage of Jambi	66	74,2
Asset Ownership		
Low	52	58,4
High	37	41,6

Based on table 1, it is known that the age group > 47 years (51.68%) is more than the age group 47 (48.31%). Meanwhile, based on gender, there were more males (88.7%) than females (11.2%). Most of the respondents' education was high school graduates (44.9%), followed by university graduates (33.7%), and at least elementary school graduates (4.5%). Respondents work more in the informal sector (60.7%) compared to the formal sector (39.3%). The group of respondent's family members 4 people (53.9%) is more than the group of family members > 4 people (46.1%). As many as 74.2% of respondents have high income, while there are 25.8% of families have low income. As well as respondents who have asset ownership more or less 58.4%, while respondents who have a lot of asset ownership are 41.6%.

Table 2. Distribution of Respondents Based on Health Financing Patterns and Social Health Insurance Administration Body Ownership.

Variable	n	%
Health Financing Patterns		
Out of Pocket	53	59,6
Social Health Insurance Administration Body	36	40,4
Social Health Insurance Administration Body Ownership		
Yes	70	78,7
No	19	21,3

Table 3. The Relationship Between Dependent Variables and Independent Variables

Variable	P-Value	OR	CI (95%)
Education			
Low	0,276		

High			
Occupation			
Informal Sector	0,003	0,216	0,080 - 0,578
Formal Sector			
Income			
Low	0,000	0,104	0,034 - 0,322
High			
Family Member Number			
≤ 4 individuals	0,028	2,964	1,213 - 7,242
> 4 individuals			
Asset Ownership			
Low	0,000	0,148	0,057 - 0,383
High			

Based on table 2, it is known that 59.6% of respondents who choose out-of-pocket payment patterns, while 40.4% of respondents who choose insurance payments. 78.7% of respondents have Social Health Insurance Administration Body, while 21.3% of respondents who do not have Social Health Insurance Administration Body.

Discussion

1. The Relationship between Education and the Use of Health Financing Patterns

The results of statistical tests with chi-square obtained the value of $\rho = 0.276$ greater than $\alpha = 0.05$ ($\rho > 0.05$) which means Ho is accepted, meaning that there is no relationship between education and health financing patterns at Abdul Manap Hospital. This can be proven by the results of research that from the education category of the head of the family, the head of the family with higher education mostly chooses the Out of Pocket health financing pattern, not the head of the family with low education. Judging from the selection of financing patterns, family heads with low education prefer the Social Health Insurance Administration Body financing pattern, namely Social Health Insurance Administration Body.

Research on factors related to the use of National Health Insurance conducted by Yusuf et al (22019) showed the same results. This research shows that there is no significant relationship between education level and National Health Insurance utilization. The results of this study are also in line with the results of research by Laura et al (2020) which states that there is no relationship between education and insurance ownership. This is because people with higher education have the ability to manage their own risks and tend not to use insurance (Laura, Mihai, & Mihela, 2020).

2. The Relationship between Employment and the Use of Health Financing Patterns

The results of statistical tests with chi-square obtained the value of $\rho = 0.003$ smaller than $\alpha = 0.05$ ($\rho < 0.05$) which means Ho is rejected. Thus there is a relationship between work and the selection of health financing patterns at Abdul Manap Hospital. This can be seen from the results of the study which showed that the heads of families who worked in the informal sector preferred the Social Health Insurance Administration Body's health financing pattern compared to the heads of families who worked in the formal sector.

The results of this study are in line with research conducted by Kirana et al (2020) conducted in the City of Banjarmasin stating that there is a significant relationship between work and the use of national health insurance (Kirana, Anway, & LO, 2020). Another study conducted by Ilhamdani (2017) which states that there is a correlation between the type of work and the selection of health financing patterns. Heads of families who work

as civil servants and private employees have a pattern of health insurance financing. This is because the company they work for facilitates health insurance that covers all needs such as health checks (Ilhamdani, 2017).

3. Relationship between Income and Health Financing Pattern

The results of statistical tests with chi-square obtained the value of $\rho = 0.000$ which is smaller than $\alpha = 0.05$ ($\rho < 0.05$), which means Ho is rejected. Thus, there is a relationship between income and the selection of health financing patterns at Abdul Manap Hospital. According to the results of the study, there are still heads of families who have low incomes who choose out of pocket financing patterns when seeking treatment at health facilities.

The results of this study are in line with research conducted by Tobing (2018), which states that there is a relationship between family income and the selection of health financing patterns, namely the use of the Social Health Insurance Administration Body. Tobing revealed that in his research, the higher the income, the higher a person wants to get the best health services (Tobing, 2018).

Heads of families with high incomes ($\geq$Rp 2,630,162) prefer the out of pocket health financing pattern compared to the Social Health Insurance Administration Body's health financing pattern. This is in line with research by Lumi (2014) which states that the higher the income a person receives, the more likely it is to choose and use health services with better quality and facilities, whereas the opposite is true if someone has less income, they will choose health services, and use health services that match what they can afford (Lumi, 2014).

4. The Relationship between The Number of Family Members and The Use of Health Financing Patterns

The results of statistical tests with chi-square obtained the value of $\rho = 0.028$ smaller than $\alpha = 0.05$ ($\rho < 0.05$) which means Ho is rejected. Thus, there is a relationship between the number of family members and the selection of health financing patterns at Abdul Manap Hospital. The results of this study are in line with research conducted by This is in line with research conducted by Solida et al (2021) which states that there is a relationship between the number of family members and health spending patterns. The number of family members is proven to be one of the main reasons for the pattern of health spending, where in this case a family with a large number of members affects the total household expenditure and vice versa (Solida , Noerjordianto, Mekarisce, & Widiastuti, 2021).

The research of Sihombing & Nurul (2013) also states the same thing that families with 4 experience health financing problems compared to families with 4. and ultimately adds to the family's economic burden (Sihombing & Nurul, 2013).

5. Relationship between Asset Ownership and Use of Health Financing Patterns

The results of statistical tests with chi-square obtained the value of $\rho = 0.000$ which is smaller than $\alpha = 0.05$ ($\rho < 0.05$), which means Ho is rejected. Thus, there is a relationship between asset ownership and the selection of health financing patterns at Abdul Manap Hospital. This is in line with research by Anwar (2021), which states that there is a relationship between ownership of savings assets and the ability to purchase health services (Anwar, 2020).

This is also in line with research conducted by Handayani et al (2008) which states that people who have savings have a willingness to finance health services compared to people who do not have savings. In addition, this study also explains that people who have savings for health care costs are carried out solely as a preventive measure against possible disease risks in the future18. Heads of families who have a lot of assets can buy health services with an out of pocket financing pattern. Meanwhile, the heads of families who have few assets prefer the Social Health Insurance Administration Body financing pattern with the aim of reducing future health risks when income is low. Lambregts & Schut (2020) argues that the optimal solution for households to protect against their health risks is that these assets can be used to purchase additional health insurance without going into debt (Lambregts, 2020).

Conclusion

There is no relationship between education and the use of the Social Health Insurance Administration Body financing pattern (p-value = 0.276). While the variables that have a relationship with the Social Health Insurance Administration Body financing pattern are income (p-value = 0.000), occupation (p-value = 0.003), number of family members (p-value = 0.028), and asset ownership (p-value = 0.000).

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