

The Impact of Health Insurance for Children Under 5 Years Old in Surabaya

Rina Dwi Novita

Faculty of Public Health, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia
rinadnov@gmail.com

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Abstract: The study was established to examine the impact of various health insurances for children under 5 years old. This paper uses the descriptive analysis method to get a detailed explanation from online questionnaires. The population of this study was 217.183 children and the sample consisted of 100 children using incidental sampling. This paper has evaluated the impact of health insurance on the health care utilisation of children under 5 years old in Surabaya. The results are that there are still many children who do not have health insurance. In addition, the parents do not go for treatment in health facilities in accordance with the health insurance that they have.

1 INTRODUCTION

Health Development is a part of national development, in relation to the health development objectives of improving optimal public health. *Jaminan Kesehatan Nasional* (JKN) has been implemented since January 1st, 2014 based on *Undang-Undang Dasar* 1945 No. 40/2004 about the National Social Security System (SJSN) in order to achieve universal health coverage.

According to the Health Insurance Association of America, health insurance is defined as coverage that provides for the payments of benefits as a result of sickness or injury. It includes insurance for losses from accident, medical expenses, disability, or accidental death and dismemberment (Caxton, 2002). The importance of having health insurance is according to our needs. Having health insurance can protect from the sudden, unexpected cost of hospitalization which would otherwise make major dent into household savings or even lead to indebtedness. Healthcare is increasingly expensive, with technological advances, new procedures and more effective medicines that have also driven up the costs of healthcare. While these high treatment expenses may be beyond the reach of many, taking the security of health insurance is much more affordable. (IRDA, 2007).

Organization of the health services in the era of JKN covers all health facilities in collaboration with

Badan Penyelenggaraan Jaminan Sosial Kesehatan (BPJS Kesehatan) including primary health care and secondary healthcare, where primary health care is formed of *Puskesmas* or the equivalent, doctors, dentists, clinics and hospitals, which must organise their offered health services in a comprehensive manner. Health services before the era of JKN covered many different health facilities. Health facilities include *Jaminan Kesehatan Masyarakat* (Jamkesmas), *Jaminan Kesehatan Tenaga Kerja* (Jamsostek), *Asuransi Kesehatan* (Askes) for civil servants, pensioners, veterans, independent pioneer families and *Jaminan Kesehatan Daerah* (Jamkesda) which differs between the organiser and other organisers.

Child health has received a great deal of attention in all countries. The improvement of children's health in low-income countries is challenging because of nutrition problems and poor health care services. Children can be more vulnerable to illness. Poor children have limited access to preventive and sanitised facilities such as clean water and a flushing toilet, and it might be easier for them to get diseases and illnesses.

Members of *BPJS Kesehatan* including everyone, including foreigners who work a minimum of 6 (six) months in Indonesia, which includes been paying their dues. Non-PBI consists of civil servants, members of the military, members of the national police, officials of state, non-government civil service employees and private

employees that have had children who have never been married or do not have their own income; the children are still dependant family members.

The benefits of *Jaminan Kesehatan Nasional* (JKN) in primary healthcare includes the administration of the service, promotive and preventive services, examinations, treatment and medical consultations, non-specialist medical measures both operative and non-operative, care drugs and medical consumable materials, blood transfusions as needed, and a medical laboratory investigation and diagnosis at the first level.

Health insurance can improve health, health insurance certainly increases the quantity of health care consumed, and many medical interventions have proven to be greatly beneficial (Levy & Meltzer, 2008). In this study, we aimed to examine the impact of various health insurances for children under 5 years old in Surabaya.

2 METHODS

This study was conducted in Surabaya City, capital of East Java, the second largest city in Indonesia. The spread of the questionnaires was conducted over four days. The questionnaire was presented in the form of an electronic questionnaire, which is the Google docs app that can be accessed online via the internet. The data that was processed was analysed by the author to get a detailed explanation of the research. The intended target population in this study was the parents who had children (0-4 years) in Surabaya, amounting to 217,183 children (Census 2011).

In this study, there were several factors that made researchers unable to examine the entire population; cost, power, and time. The sample selection technique used was non-probability sampling which involves techniques that do not provide an equal opportunity for each element of the population to be elected as members of the sample. The researchers also used incidental sampling which is based on chance for the sample to meet with the researchers to be used as a sample; if it is deemed that they were found to be suitable as a data source. In this study, the researchers used a formula called the Yamane guidelines as follows:

$$n = \frac{N}{N \times d^2 + 1} \tag{1}$$

$$n = \frac{217\ 183}{217\ 183 \times 0.1^2 + 1} \tag{2}$$

$$= 99.9 \approx 100$$

n = sample size

N = population size

D = looseness of accuracy, because the sample error which can be tolerated (10%)

3 RESULTS

The study evaluates the number of *BPJS* cards have been used particularly for children under 5 years old, where the card has been used or if the card has been used properly in terms of the place of treatment, and the reason why they choose the health service. After the distribution of the questionnaire concerning the known kinds of health insurance held by the respondents, the results were as follows

Table 1: Kinds of Health Insurance Held By The Respondents

Health Insurance	Number
<i>BPJS Kesehatan</i>	68%
<i>ASKES</i>	21%
Private Health Insurance	7%
Do not have insurance	4%

From the table above, it can be seen that there are still people who are not covered by the JKN from when it has been around since 2014. With the ownership of health insurance, the wage earners with a biological child not yet 21 years old or 25 years old in a period of study will be certain to take insurance from *BPJS Kesehatan* following their parents. 21% of children in Surabaya do not have health insurance as in the following table,

Table 2: Number of Children Own Health Insurance

Children's Health insurance	Number
Yes	79%
No	21%

When the children are sick, not all of the parents get their child to a medical facility in accordance with the health insurance they had. The respondents' answers were diverse as in the following table.

Table 3: Health Care Facility Used by The Children

Children’s Health Service	Number
According to health insurance	34%
Hospital	21%
Specialist doctor	23%
Private clinic	14%

The reason was an assortment of visiting health facilities for children who are sick as the following table

Table 4: Reason to Choose Health Care Facility

Reason	Number
According health insurance	34%
Easy access	17%
Cheap	7%
Subscriptions	28%
According to employment agencies	2%
Good service quality	12%

4 DISCUSSIONS

Universal health coverage for the entire population of Indonesia will become a reality later in January 1st, 2019, when all residents will have health insurance and get the same medical benefits. People without health insurance are at risk of financial hardship when in need of health care, which includes the vulnerable population groups. Children without health insurance, in a study at Hopkins Children’s, led by Fizan Abdullah, MD, Ph.D. said that ‘If you are a child without insurance, if you are seriously ill and ended up in the hospital, you are 60 percent more likely to die than the sick child in the next room who has insurance’ (Nolan, *et al.*, 2005).

There might be at least two possible reasons why some children do not have health insurance. Firstly, the premium of health insurance can be costly for poor households. Secondly, health insurance is sometimes to blame for poor health care services, and people can find it unhelpful to have health insurance. For children, a comprehensive package that covers not only health services but also developmental services, such as rehabilitation services that help children attain, maintain, or improve skills to maximise their function, is ideal.

In addition, the coverage of health insurance participants who choose healthcare did not correspond with the registered health facilities have also become a concern in this study. In providing health care to its participants, *BPJS Kesehatan*

applies what is known as a referral system. This system has been summarised in the terms and conditions for the participants of *BPJS Kesehatan* who want to get healthcare. If sick, the health facilities wherever they go are free or wherever the patient wants. It can be a hospital, *Puskesmas*, or clinic. However, it does not mean that the patients free to choose the health facility. They need to know whether the insurance company has worked together with a given health facilities or not.

BPJS Kesehatan has a different system. The healthcare provided is divided into three levels: Primary Healthcare which is the health service first attended by BPJS patients who want treatment, such as *Puskesmas*, clinics, or a general practitioner. Then, there is the Secondary Health care: this is a continued health service after receiving a referral from Primary Healthcare conducted by a specialist or dentist. Tertiary Healthcare is the last advanced health service if Secondary Health care cannot handle the patient, such as the main clinic or equivalent, public hospitals, and speciality hospitals. The objective is keeping health care carried out in stages. In practice, secondary healthcare will only be granted on the basis of a reference given by primary healthcare. Then, tertiary healthcare will be provided on the basis of a referral from secondary healthcare.

Primary health care is the starting gate for participants of *BPJS Kesehatan* to obtain health care. *BPJS Kesehatan* patients are required to come to primary healthcare if they have health problems and want to get treatment. If after checking it is necessary to be referred, the doctor will be made a referral to a specialist or another hospital. In the BPJS system, the patients choose the primary healthcare that they want to go (such as *Puskesmas*, or a public clinic).

However, based on this study, as many as 66% of respondents did not bring their children to primary healthcare but to other health facilities such as hospitals, clinics, specialist doctors, and others. The reason also varies including easier access, cost, already being a subscriber to the health service, good quality of service, and a recommendation from the workplace.

Regarding the quality of service, the patient perception of quality of service is associated as being between expectation and reality. It is, as stated by Bustami (2011), the ratio of the patient to reliability, responsiveness, assurance, empathy, physical appearance good facilities and the nursing services expected. When the service is obtained in accordance with the expectations of the patient, the patient's perception of the quality of hospital

services going to be good. Otherwise, if the service received does not match the expectations of the patient, the patient's perception of the quality of hospital services is going to be bad.

In addition, the cost of health care which is cheaper, speedier and more accurate in the delivery of services is one of the factors that affects the timing or duration of treatment for patients.

The utilisation of healthcare services is related to public trust in a health institution. When people say they would take advantage of health care services, they have to consider the quality that is to be obtained, the facilities accepted and the cost to obtain the health care services.

Health insurance is a powerful predictor of children's degree of access to and use of primary care, including such aspects as entry into the healthcare system, identification of a regular clinician, level of satisfaction with care, and the amount of physicians' service received. The effect of insurance remained substantial and statistically significant even after we controlled for several potentially confounding variables, such as family income and children's health status (Newacheck, *et al.*, 1998).

5 CONCLUSIONS

This study help provide a picture of children's health insurance ownership and their utilization. Health insurance for children has been an effective program providing comprehensive coverage and financial protection. It has also helped to reduce the disparities in health coverage and care that affects low-income children. But there are still many children who do not have health insurance. In addition, the parents do not go for treatment to health facilities in accordance with the health insurance listed for several reasons such as easier access, cost, already being a subscriber to the health service, good quality of service, and following a workplace recommendation. Suggestions to the *BPJS Kesehatan* are for them to disseminate the flow of health service at *BPJS Kesehatan*, so that the vision of *BPJS Kesehatan* that Universal Health Coverage 2019 seeks to complete can be achieved.

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