# Correlation between Family Participation in National Health Insurance and Fulfillment of Family Care Logistic in Jember Regency

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**ABSTRACT**

Family participation in JKN (National Health Insurance in Indonesia) is an indicator of PIS-PK (Healthy Indonesia Program - Family Approach). JKN is also part of the National Health System (SKN) whose management consists of eight subs, one of which is management. The management theory put forward by Marquis and Huston consists of five processes, namely planning, organizing, manpower, directing, and controlling. The organizing section includes several activities, including equipment preparation and logistics. Therefore, this study intends to analyze the relationship between family participation in JKN and the fulfillment of the care logistics. This study used a correlational analysis design with a cross-sectional approach. The sampling technique used simple random sampling on 172 families. The instrument uses JKN membership and access questionnaires (Riskesdas, 2018) to measure the fulfillment of family care logistics. The results show that the fulfillment of family care logistics refers to 3 things, namely distance, time, and transportation models. Based on this, the results of the analysis of family participation in JKN with the fulfillment of family care logistics in the working area of the Sumbersari Health Center, Jember Regency, using the Chi-Square test, three references are seen, namely in terms of distance, time, and transportation models. Distance shows p-value=0.32 (>0.05), time 0.001 (<0.005), and transportation model 0.00 (<0.005). This shows that the alternative hypothesis (Ha) is accepted or that there is a relationship between the two variables. Logistics for family care in the Sumbersari Health Center, Jember Regency's working area are sufficiently fulfilled. There is a relationship between family participation in JKN and fulfillment of family care logistics in the working area of the Sumbersari Health Center, Jember Regency. The JKN participation coverage and education on the importance of participating in JKN can continue to be increased.

**KEYWORDS**

Fulfillment of Family Care logistics, JKN, National Health Insurance

## 1. BACKGROUND

Indonesia as a developing country has problems related to poverty which can hamper the improvement of its people's welfare and quality of life. Health insurance is one of the needs that are hampered when the country experiences poverty (Sunardi et al, 2018). The National Health Insurance (JKN) as part of the social security system aims to meet the basic health needs of the community appropriately (Rahmadani et al, 2019) (Natalia et al, 2021). Therefore, with the participation of the family or community in JKN, it is hoped that they will be able to fulfill family health care.

In 2019, 224.1 million Indonesians became JKN participants. From this amount, it can be seen that 83% of Indonesia's population has become JKN participants. The largest number is the Contribution Assistance Recipients (PBI) group. The PBI group is a group of JKN members funded by the National Expenditure Budget (APBN), around 96.5 million people. The least number is non-PBI groups such as workers and their families, whose members number 5.1 million (Natalia et al, 2021). Of the total number of JKN users in Indonesia, the number of members in Jember Regency is 153,022 (Health Office of Jember, 2021). This number proves that 0.06% of Jember residents have used JKN. Furthermore, each JKN member has different experience using it in various health facilities, especially in fulfilling treatment logistics.

Friedman explained that the basic function of the family consists of five parts, namely the affective function, socialization function, economic function, and family care function (Friedman, 2010). Health care from the family improves the health status of family members (Tamamengka et al, 2019). The function of family care is very important in supporting family life, one of which is regarding the logistics of family care. Family care logistics will be fulfilled through the Healthy Indonesia Program with a Family Approach or PIS-PK (Azizah et al, 2021). The government created PIS-PK to address various health problems by approaching families (Isnaini et al, 2020). One example of the PIS-PK program that can address family health problems is JKN (Azizah et al, 2021). Therefore, family participation in JKN will properly meet their logistical needs.

Family participation in JKN manifests the vision of the World Health Organization (WHO), namely Universal Health Coverage (UHC). WHO said that health services have two visions: UHC and SDGs or Sustainable Development Goals (Fabanyo & Anggraeni, 2022). UHC is a health insurance that ensures

all citizens have equitable access to affordable health services. UHC consists of two elements: access to fair quality health services for every citizen and protection against financial risks when citizens use health services (Dinas Kesehatan DIY, 2018).

Family participation in JKN is an indicator of PIS-PK (Kemenkes RI, 2016). JKN is also part of the National Health System (SKN) whose management consists of eight subs, one of which is management (Perpres, 2013). The management theory by Marquis & Huston consists of five processes: planning, organizing, manpower, directing, and controlling. The organizing section includes several activities, including equipment preparation or logistics (Marquis & Huston, 2010). The intended logistics is one of the logistics of family care. Including the logistics of family care, namely the distance of the health facility from home, the transportation used to go to the health facility, and the time used to travel to the health facility (Friedman, 2010). Therefore, this study intends to analyze the relationship between family participation in JKN and the fulfillment of the care logistics.

Based on data for JKN participants in 2021 by the Jember District Health Office, it is explained that the coverage is 153,022 or 31.02%. Of these, the Sumbersari Health Center ranks first with the largest number of participants in the district. There are 5634 JKN participants in the Sumbersari health center working area or 52.07% of the total population of 10820 (Dinas Kesehatan Jember, 2021). With this in mind, JKN participation is usually associated with fulfilling the logistics of caring for its members. However, it is still not known with certainty about the relationship between the two. Therefore, the possible results of this study can describe whether or not there is a relationship between family participation in JKN and the fulfillment of family care logistics in the working area of the Sumbersari Health Center, Jember Regency.

## 2. METHODS

The research design is a correlation study with a case-control approach. The sample in this study amounted to 172 people obtained using consecutive sampling techniques. In this study the independent variable used was family participation in JKN and the dependent variable was the fulfillment of family care logistics. The instrument in this study used a questionnaire adapted from Riskesdas (2018) regarding access to health services. Data collection was carried out by

distributing questionnaires to the sample which was carried out using the door-to-door method. The results of this study were analyzed using the Chi-Square test.

## 3. RESULTS

The results are divided into several aspects, namely regarding the characteristics of respondents, family participation in JKN, and primary data. The frequency distribution of the demographic characteristics of the respondents is shown in Table 1.

**Table 1.** Respondent characteristics (n=172)

| Category | Control group (n=86) | | Case group (n=86) | |
|---|---|---|---|---|
| | f | % | f | % |
| Gender | | | | |
| Male | 78 | 90,69 | 80 | 93,02 |
| Female | 8 | 9,31 | 6 | 6,98 |
| Age | | | | |
| 15-24 year | 0 | 0% | 6 | 6,97 |
| 25-34 year | 10 | 11,63 | 17 | 19,77 |
| 35-44 year | 29 | 33,72 | 31 | 36,05 |
| 45-54 year | 36 | 41,86 | 24 | 27,91 |
| 55-64 year | 11 | 12,79 | 8 | 9,30 |
| Savings | | | | |
| Do not have | 9 | 10,46 | 34 | 39,53 |
| Own | 77 | 89,54 | 52 | 60,47 |
| Education levels | | | | |
| Elementary school | 27 | 31,40 | 34 | 39,54 |
| Junior high school | 20 | 23,25 | 32 | 37,20 |
| Senior high school | 12 | 13,95 | 19 | 22,09 |
| College | 27 | 31,40 | 1 | 1,17 |
| Work | | | | |
| Farmer | 6 | 6,98 | 6 | 6,98 |
| Laborer | 11 | 12,79 | 23 | 26,74 |
| Civil servants | 15 | 17,44 | 0 | 0 |
| Private employees | 18 | 20,93 | 6 | 6,98 |
| Businessman | 20 | 23,25 | 26 | 30,24 |
| Other | 16 | 18,60 | 25 | 29,06 |
| Income | | | | |
| <UMK Rp 2.555.662,91 | 51 | 59,31 | 82 | 95,34 |
| ≥UMK Rp 2.555.662,91 | 35 | 40,69 | 4 | 4,66 |
| Disease | | | | |
| do not have | 74 | 86,04 | 76 | 88,37 |
| Own | 12 | 13,96 | 10 | 11,63 |

Table 1 shows that there were more females in the case group, namely 80 (93.02%) compared to the control group which only amounted to 78 (90.69%). When viewed from an age perspective, the late adult group in the control group had a higher score of 36 (41.86%) compared to the case group which only amounted to 24 (27.92%). Regarding savings ownership, the control group had more savings, namely 77 (89.54%) compared to the case group which only amounted to 53 (60.47%). Regarding education, the case group had more elementary school graduates, numbering 34 (39.54%) compared to the control group, which numbered 27 (31.40%). In terms of work, there were more cases in the group who worked as entrepreneurs, namely 26 (30.24%) compared to the control group, which amounted to 20 (23.25%). In terms of income, the case group had more income <UMK, namely 82 (95.34%) compared to the control group which only amounted to 51 (59.31%). Regarding co-morbidities, the case group tended to be more absent, namely 76 (88.37%) compared to the control group which only numbered 74 (86.04).
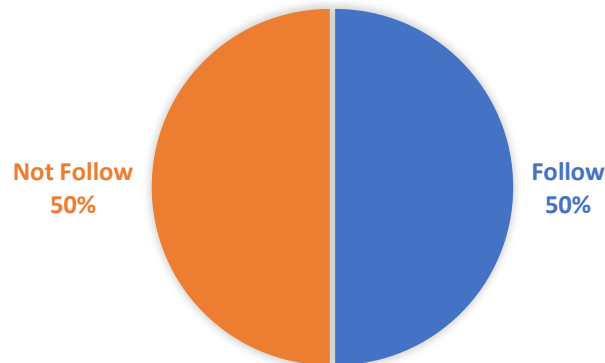


**Figure 1** Family participation in JKN (N=172)

From Figure 1 it can be seen that the participation in the National Health Insurance in the working area of the Sumbersari Health Center has the same comparison, namely 86 participants (50%) and 86 participants (50%) who did not follow JKN.

Family care logistics are fulfilled based on three references: distance to health facilities, time to health facilities, and ease of transportation. The following is a description of each of these indicators:
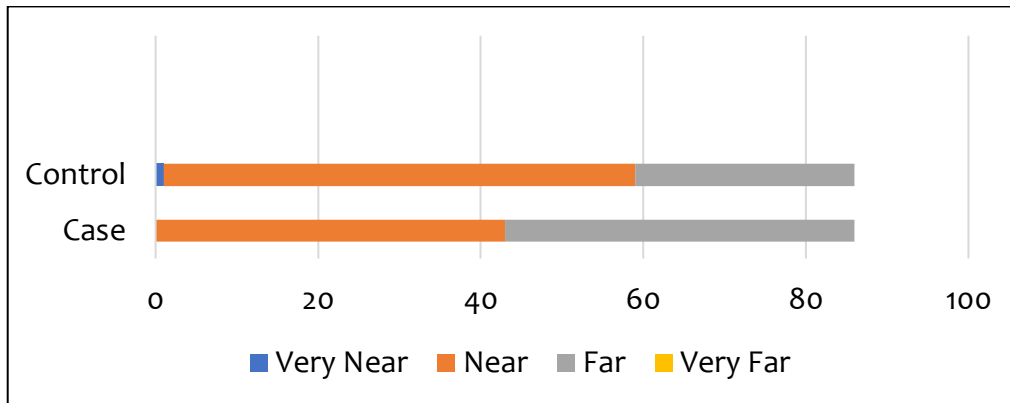
**Figure 2.** The distance to health facilities (n=172)

Figure 2 shows that the control group is much nearer, namely 58 (67.44%), compared to the case group which is 43 (50%). This shows that the average respondent who participates in JKN in the working area of the Sumbersari Health Center is near a health facility.
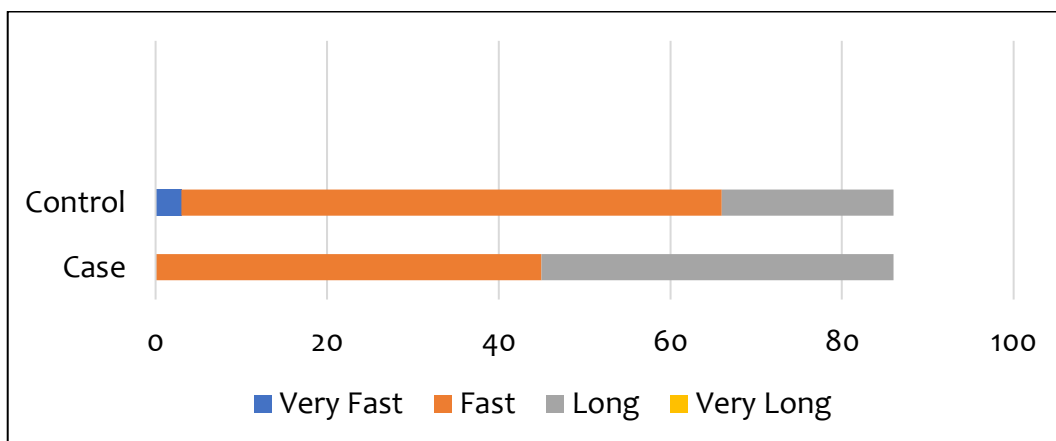


**Figure 2.** Time to go to access health facilities (n=172)

Figure 2 shows that the time to quickly go to a health facility in the control group was more, namely 63 (73.22%), compared to the case group, which was 45 (52.3%). This shows that the time to go to health facilities in the working area of the Sumbersari Health Center is relatively fast.
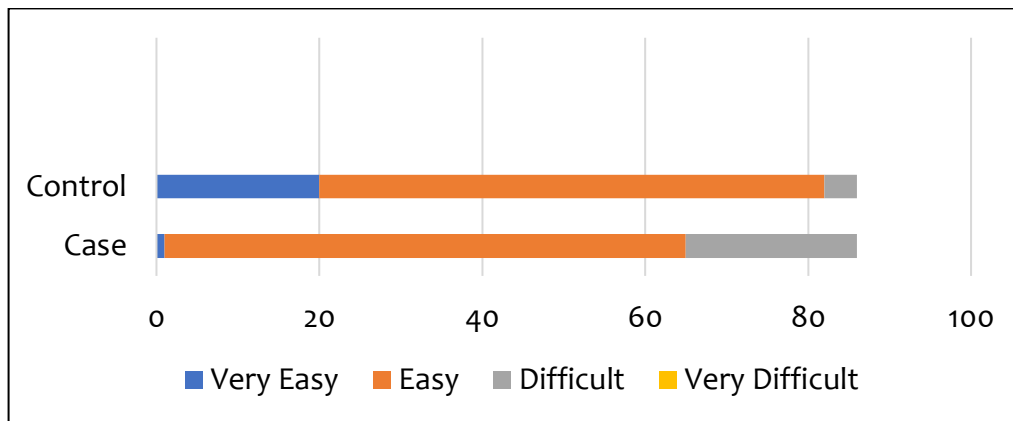
**Figure 3.** The Ease of transportation to health facilities (n=172)

From Figure 3 it can be seen that transportation to health facilities in the case group is easier, 64 (74.5%), compared to the control group, which is 62 (72.1%). This shows that the ease of transportation to health facilities in the Sumbersari Health Center working area in Jember Regency is relatively easy.

The correlation between family participation in JKN and fulfillment of family care logistics is presented in Table 2.

**Table 2.** Correlation between family participation in JKN and fulfillment of family care logistics
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| Fulfillment of Family Care Logistics | Control Group (n=86) | | Case Group (n=86) | | X² | P value |
|---|---|---|---|---|---|---|
| | f | % | f | % | | |
| Location of Health Facilities | | | | | | |
| Yes | 86 | 100% | 85 | 98% | <0,001 | 0.316 |
| No | 0 | 0% | 1 | 2% | | |
| | | | | | | |
| Health service contacts | | | | | | |
| Yes | 30 | 34.8% | 8 | 9.3% | <0,001 | <0.001 |
| No | 56 | 65.2% | 78 | 90.7% | | |
| Difficulty accessing health facilities | | | | | | |
| Yes | 83 | 96.5% | 84 | 97.6% | <0,001 | 0.650 |
| No | 3 | 3.5% | 2 | 2.4% | | |
| Distance to health facilities | | | | | | |
| Very close | 1 | 1.16% | 0 | 0% | 6.885 | 0.320 |
| Near | 58 | 67.44% | 43 | 50% | | |
| Far | 27 | 31.4% | 43 | 50% | | |
| Very far | 0 | | 0 | | | |
| Time to go to a health facility | | | | | | |
| Very fast | 3 | 3.48% | 0 | 0% | 13.230 | 0.001 |
| Fast | 63 | 73.22% | 45 | 52.3% | | |
| Long | 20 | 23.3% | 41 | 47.7% | | |
| Very long | 0 | 0% | 0 | 0% | | |

| Fulfillment of Family Care Logistics | Control Group (n=86) | | Case Group (n=86) | | X² | P value |
| --- | --- | --- | --- | --- | --- | --- |
| | f | % | f | % | | |
| Easiness of transportation to health facilities | | | | | | |
| Very easy | 20 | 23.2% | 1 | 1.10% | 28.782 | <0,001 |
| Easy | 62 | 72.1% | 64 | 74.5% | | |
| Difficult | 4 | 4.7% | 21 | 24.4% | | |
| Very difficult | 0 | 0% | 0 | 0% | | |

Fulfillment of family care logistics refers to 3 things, namely distance, time, and mode of transportation. Based on this, Table 2 shows the results of an analysis of family participation in JKN with the fulfillment of family care logistics in the working area of the Sumbersari Health Center, Jember Regency using the Chi-Square test, 3 references are seen, namely in terms of distance, time, and transportation model. Distance shows p-value=0.32 (>0.05), time 0.001 (<0.005), and transportation model 0.00 (<0.005). This shows that the alternative hypothesis (Ha) is accepted or that there is a relationship between the two variables.

## 4. DISCUSSION

**Family Participation in JKN in the Working Area of the Sumbersari Health Center, Jember Regency**

The results of the data analysis show that the frequency of JKN participation in the Sumbersari Health Center work area is evenly distributed between those who participate (50%) and those who do not participate (50%). This is because many of the families in the working area of Sumbersari Health Center have graduated from elementary school (control: 31.40%) and (case: 39.54%), and the income level is quite balanced between those <UMK and>UMK. Education level (Darmayanti, 2020) and income are included in the enabling and predisposing factors in JKN membership (Taswin, 2022). Therefore, knowing the income and education level in analyzing JKN membership factors is important.

The results of the data analysis show that the frequency of JKN membership in the Sumbersari Health Center, Jember Regency, is divided into two parts, namely PBI (58.14%) and Non-PBI (41.86%). This is because the work and income of each family in the working area of the Sumbersari Health Center are different. In terms of work, there are more entrepreneurs (26.7%) compared to other jobs. However, on the other hand, the work of farmers (7%) and laborers (34%)

also exists in the working area of the Sumbersari Health Center, Jember Regency. In addition, the income of the case and control groups was <UMK (59.31%). Family participation in JKN is driven by several factors, such as level of knowledge (Syahda et al, 2022), education level, employment level, income level, and information about JKN (Darmayanti, 2020). Therefore, this has influenced JKN membership in the Sumbersari Health Center work area.

**Fulfillment of Family Care Logistics in the Working Area of the Sumbersari Health Center, Jember Regency**

The results show that the fulfillment of family care logistics refers to three indicators. These indicators are distance to health facilities, time to health facilities, and ease of transportation to health facilities. This refers to Friedman's theory regarding the logistics of family care (Friedman, 2010). Therefore, it is very important to focus on the distance, time, and ease of transportation to the health facility when analyzing the fulfillment of the care logistics.

The data analysis results show a difference in the distance between respondents to health facilities in the working area of the Sumbersari Health Center, Jember Regency. In terms of the control group, there were more close quarters (67.44) than the case group (50%). This is related to JKN membership. Therefore, JKN participation can be related to the community's distance from the health facility.

The results of data analysis show that the time to go to health facilities in the working area of the Sumbersari Health Center, Jember Regency also has differences. When viewed from the control group (73.22%) the number is greater than the case group (52.3%). This shows that the time to go to health facilities in the working area of the Sumbersari Health Center is relatively fast.

The analysis results show that the ease of transportation in the Sumbersari Health Center, Jember Regency working area is not the same between one family and another. Families who participate in JKN and are the control group (74.5%) find it easier to access transportation to health facilities compared to the case group (72.1%). The differences in the case and control groups were not so obvious. However, this affects whether or not the family is enrolled in JKN.

**Relationship between Family Participation in JKN and Fulfillment of Family Care Logistics**

The results of the study are known that the results of the chi-square hypothesis test obtained a p-value which shows that the alternative hypothesis (Ha) is accepted or that there is a relationship between the two variables. This refers to 3 things, namely in terms of distance, time, and transportation model. The distance shows the p-value = 0.32 (>0.05), time 0.001 (<0.005), and the transport model 0.00 (<0.005). However, the results of this analysis did not show a strong correlation between variables because only two scopes had significant p-values. This is in line with Friedman's theory, that the logistics of care should include the distance of health facilities from home, transportation used to go to health facilities, and time to travel to health facilities (Friedman, 2010).

## 5. Conclusions

Family participation in JKN in the working area of the Sumbersari Health Center, Jember Regency, is more Contribution Assistance Recipients (PBI) members (58.14%) than non-PBI (41.86%).

Logistics for family care in the Sumbersari Health Center, Jember Regency's working area are sufficiently fulfilled. There is a significant relationship between family participation in JKN and fulfillment of family care logistics in the working area of the Sumbersari Health Center, Jember Regency.

## AUTHOR CONTRIBUTIONS

Substantial contributions to conception, data collection, analysis, and writing: Kingkin Nindi Oktasari, Tantut Susanto, Fahruddin Kurdi. Manuscript revisions: Kingkin Nindi Oktasari.

## CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

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