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The 2nd International Conference on Economic Development

"Indonesia Economic Policy in The Changing World"

Monday, October 9, 2017 Labersa Grand Hotel Pekanbaru - Riau

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Important Dates

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DETERMINANT FACTORS THAT INFLUENCE THE DEMAND OF SOCIAL HEALTH INSURANCE IN SURAKARTA ON 2017

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ABSTRACT

Health was considered as an investment and human right, even the increase of public health was expected to bring an improvement over a country development. Every individual has the possibility to experience severe/chronic illnesses, get old, retire and have no income in the long term. There are parts of our society that has not thought about owning insurance due to expensive insurance fees or lack of knowledge regarding the benefits of insurance, specifically in the health insurance. This study aims to provide an overview of the influence of income, education, jobs, gender, age, marital status and hospital sheet on the ownership of health insurance in Surakarta City on 2017. The data analysis used in this study is logit regression analysis and primary data that's performed through simple random sampling method with 100 respondents.

The results showed that the variables of income, job, and age have a significant effect on the ownership of health insurance in Surakarta City on 2017. While for education, gender, marital status, and hospital sheet variables are found un-significant on the ownership of health insurance in Surakarta City on 2017.

Through the finding of this study we recommend the organizers of social health insurance to conduct an intense and periodic socialization about BPJS programs, while also improving the health facilitator health services and should not differentiate between BPJS participant and non-BPJS participant. The society was also expected to have social health insurance because it's important for their future health assurance.

Keywords: *Age, Income, Job, Logit Regression, Social Health Insurance*

INTRODUCTION

Health is a basic need because a maintained health is the main capital for people to live in the future. In the 1945 constitution, article 28 and 34 Law No.23/1992, which was subsequently amended by Law no.36/2009 regarding to public health stating that everyone has the same right to gain access to receive a safe, qualified, and affordable health care. To achieve improvement in the public health status, the need for awareness, willingness, and ability to live healthy is needed for the implementation of health development as a whole and sustainable. Every individual is very inclined to experience the risk of illness/chronic, get old, and retire without income in the long run. The general public usually has no thought about health insurance, possibly due to lack of health insurance or health services (Ministry of Health, 2014)

On January 1st, 2014, the central government enacted a National Health Insurance (JKN- *Jaminan Kesehatan Nasional*) program which is a solution to address various risks of illness without financial constraints. The implementation of JKN is based on the Law No.40/2004 on the National Social Assurance System (SJSN - *Sistem Jaminan Sosial Nasional*) and Law No.24/2011 on the Agency of Social Assurance (BPJS - *Badan Penyelenggara Jaminan Sosial*) mandated to provide health insurance for all Indonesian people. This law mandates all Indonesians to become health insurance participants, to achieve universal coverage by a health insurance on 2019. Until February 24th, 2017, the BPJS health program participants had reach 174.757.722 people. With details of the Contribution Receiver Program (PBI - Penerima Bantuan Iuran) had reach as many as 108.138.240 people and non-PBI of 66.619.482 people. Based on the data above shows that the development of health insurance increased by 0.18% from 2014 (BPJS, 2017).

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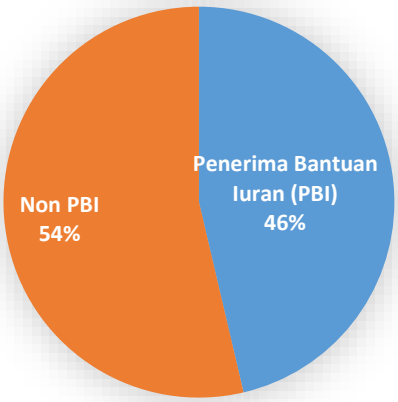

Image 1. The participants of BPJS Health program in 2017

Source: BPJS Health program 2017 (Processed Data)

Data obtained from BPJS Health program of Regional Division VI (Central Java) showed that the number of participants of BPJS Health program in Surakarta City on 2015 has reached 344,725 people or 67.33% of Surakarta residents in 2015 - 512,023 people, it consists of participant in Contribution Receiver Program (PBI - Penerima Bantuan Iuran) 159,725 people or 31.19% and non-PBI of 185,000 people or 36.13%. Residents who do not have health insurance in Surakarta is still reaching 167,298 people or 32.67%. Various efforts have been made to socialize health insurance programs through electronic media, mass media and socialization conducted BPJS institution in Surakarta. But the lack of awareness in health problems still became one of the main issues.

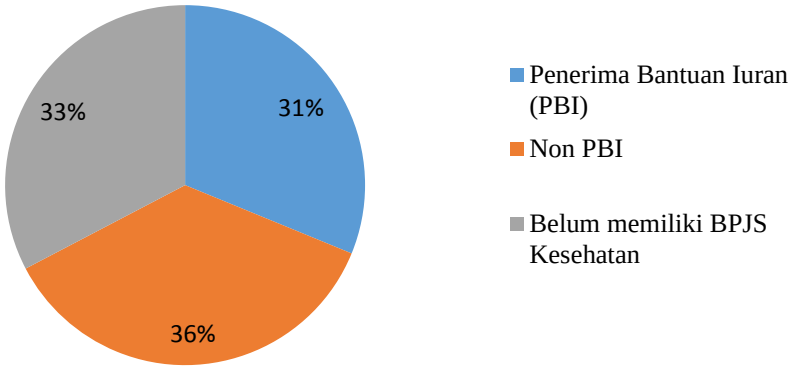

Image 2. The participants of BPJS Health program in 2015

Source: BPJS Health program 2017 (Processed Data)

The finding in other regions regarding to society willingness to participate in health insurance is performed in Vietnam which states that someone's income, needs over health care, age, and educations level is one of determinants factors that significantly influence a household to be willing in participating for health insurance (Lofgren et al., 2008). Related findings in Namibia also find that younger age is more willing to participate and pay for a health insurance. The result of research in Tanzania were also supporting previous statements where 74% respondent (age over 50s) is not willing to participate and pay for health insurance (Bukola, 2013)

LITERATURE REVIEW

Insurance according to Law no.2/1992 in regard to insurance business providers is an agreement between two parties or more, where one of insurer party is binding into insured party by receiving some amount of insurance premiums, to give a return for the insured which caused by costs, damage or loss in expected profit or legal liability of the third party which might be insured that's emerge through uncertain events, or giving a payment over a deceased that has been insured.

The definition of health insurance according to Jacobs (1997) is the payment for the expected costs of group resulting from medical utilization based on the expected expanse incurred by the group. The payment can be based on community or experience rating. From the previous definition we can conclude few keywords mentioned; namely: a) payment, in economic term there is a number of expense where it's called premium, b) cost, which expected to be paid due to the medical treatment, c) the medical

service/treatment it's based on the possibility to get illness, d) the possibility to experience illness is something that considered as uncertainty, it's not periodic and might not always happen. Benefits in the ownership of health insurance is more than creating an easier accessibility to society to receive health services, it also includes:

1. Insurance altering uncertain events becomes definite and planned
2. Insurance helps to reduce individual risks to became people's risks through risk pooling method. Thus there'll be cross-subsidy; The young help the old, the healthy help the sick, the rich help the poor.

Based on the type of management, then the health insurance is divided into two groups:

1. Social Health Insurance

Social health insurance is a health insurance that has an obligatory characteristic for a group of residents (eg civil servants), benefits or the package of health services is guaranteed by the rules and same for all participants, while dues or premiums are specified from the percentage of wages or salaries received. Social insurance is a government insurance program organized by the government or government appointed agency. There is mandatory in the participation of this insurance, thus this type of insurance is sometimes called as compulsory health insurance.

2. Commercial Health Insurance

Commercial health insurance was offered in major cities in the early 1970s by multinational insurance companies that have branch offices or business units in Indonesia. Private health insurance (voluntary insurance) refers to health insurance where an insurance policy is provided by a private insurance company and may be purchased by consumers in the private market. The health insurance policies may be purchased by individuals, families or community groups through the private market of profit or non-profit oriented insurance companies (Murti B, 2000: 30).

Understanding the demand for health insurance is inseparable from the notion of demand in economics, ie a number of commodity goods or services that are needed and can be consumed by consumers in a certain period of time. In general, within the concern of health lots of people use needs as a basis consideration for demand. Need is the number of health services believed by the health/medical experts which must be received by a human to keep or maintain the condition as healthy as possible (optimal).

Santerre and Neun (2000) stated four individual factors that influencing the amount of demand for health insurance, namely:

1. Insurance price. Specifically, if the price of health insurance decreases, health utilization will relatively increase and the amount of demand for health insurance will also increase - if others do not change (ceteris paribus).
2. The opportunity of sickness occurrence subjectively, it was one of a reason why many people take the optional service compared to periodic services, such as periodic physical examination.
3. The willingness to buy health insurance increases with a loss of income. The potential for large amounts of income loss is the reason many people choose hospital services.
4. The degree of aversion to takes risks. The definition of risk aversion, in this case, is a person in a state of gambling with the possibility of losing wealth due to spending the time he was sick with the advantage of not losing wealth is 50:50. The results are based on self-assessment which is usually influenced by various factors such as health status, age, and lifestyle.

RESEARCH METHODS

This research is conducted in Surakarta City area which covers five districts, namely: the district of Laweyan, Serengan, Pasar Kliwon, Jebres, and Banjarsari. The timeframe that we used as a reference is 2017. In this study, we analyze the factors that influence public health insurance ownership which reflected by the variable of education, income, occupation, gender, age, marital status, history of diseases, and the motivation to own health insurance.

The data used in this study consisted by primary data and secondary data. Primary data is conducted using survey method and performed to the respondents of the community in Surakarta City who have health insurance and do not have health insurance. The sample in this study is 99, 98 or 100 people of Surakarta City. The method in this research to determine the number of samples is Slovin formula (Sugiyono, 2011: 81) as follows:

$$n = \frac{N}{1+Ne^2}$$

Description:

n = The Number of Sample

N = The Number of Population

e = Percentage of leeway of inaccuracy (precision) due to sampling errors that are still tolerated with e of 10% then obtained a sample of:

$$n = \frac{512.226}{1+ 512.226 \text{ x } 0,1^2}$$

$$= \frac{512.226}{5.123,26}$$

n = 99,98 = 100

Data analysis methods to determine the effect of education level, income level, occupation, gender, age level, marital status, and illness history to health insurance ownership is logistic regression. The logit model in this research to measure the relationship between the probabilities of two choices with some of the characteristics selected. A probability is a number one and zero. The used of logit is to analyse qualitative data reflecting the choice between two alternatives (Gujarati, 2003: 595

$L_i = B_1 + D_1EDU + B_2INC + D_2JOB + D_3SEX + B_3AGE + D_4MARRY + D_5SICK + u_i$

Description:

L_i = logit/community that have health insurance and do not have health insurance

Dummy 0 = do not have

1 = have

B_1= constants

B_2, B_3, B_4,B_5 = coefficient of logit equation

EDU = dummy variable prior education that has been finished

D1 = 1 = above Junior High School

0 = Elementary School

D2 = 1 = above Senior High School

0 = Elementary School, Junior High School

D3 = 1 = University

0 = Elementary School, Junior High School, Senior High School

INC = Family head's income in a month

JOB = dummy variable respondent's occupation

D = 0 = government employees

1 = private employees

2 = entrepreneur

3 = other

SEX = dummy variable respondent's gender

D = 0 = men

1= women

AGE = respondent's age

MARRY= dummy variable marital status

D = 0 = not yet/ever married

1 = married

SICK = dummy variable respondent's health history

D = 0 = have no illness

1 = have an illness

u_i = Bias Factor

DISCUSSION

Base on the survey that has been conducted to 100 respondents, it can be classified base on the ownership of social health insurance, commercial, or those who do not have health insurance yet. The classification is presented in the following table/picture:

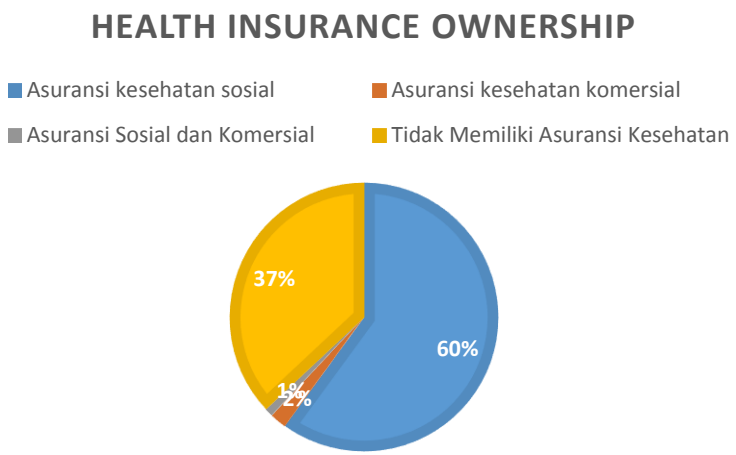

Image 3. The Classification of the Respondent Based on The Health Insurance Ownership (people)
Source: Primary Data, processed (2017)

The data is obtained from the Surakarta City area. There are 60 or 60% respondents who have social health insurance and there are 2 or 2% respondents who have commercial health insurance.

Meanwhile, there is 1 or 1% respondent who has both of the health insurance, and the rest of 37 people or 37% of the respondents do not have health insurance yet, both social or commercial health insurance. Logit regression results of the factors that effect on the demand of social health insurance in Surakarta City is presented in the Table 1:

Table 1. Result of Logistic Regression Analysis

Variable	Coefficient	Std. Error	z-Statistic	Prob.
C	-3.127753	1.723166	-1.815120	0.0695
D1_Education	1.499285	1.195209	1.254412	0.2097
D2_ Education	1.503494	1.013783	1.483053	0.1381
D3_ Education	0.918898	1.080138	0.850723	0.3949
Y_Income	0.312016	0.169490	1.840907	0.0656
JOB	-0.654582	0.282816	-2.314511	0.0206
SEX	-0.041738	0.478882	-0.087157	0.9305
AGE	0.064732	0.025998	2.489906	0.0128
MARRY	-0.423986	0.571473	-0.741917	0.4581
SICK	0.316923	0.529883	0.598100	0.5498
McFadden R-squared	0.156152			
S.D. dependent var	0.485237			
LR statistic	20.57941			
Prob(LR statistic)	0.014655			
Obs with Dep=0	37	Total obs		100
Obs with Dep=1	63			

Source: Eviews 9.0 (data processed)

Therefore, the model equation can be formulated as follows:

Y = -3,1277 + 1,4992 D1_EDUCATION + 1,5034 D2_ EDUCATION + 0,9188 D3_ EDUCATION + 0,3120 Y_ EDUCATION - 0,6545 JOB - 0,0417 SEX + 0,0647 AGE – 0,4239 MARRY + 0,3169 SICK

After processing data using logit regression, then odd ratio calculation should be conducted first. The result of the odd ratio calculation is presented in the Table 2:

Table 2. The Result of Odd Ratio Calculation on the Demand of Health Insurance

Variable	Coefficient	Odds Ratio	Probability
C	-3,127753	-99,9254844	0,0695
D1_Education	1,499285	30,5707573	0,2097
Y_Income	0,312016	105,1237748	0,0656
JOB	-0,654582	-77,847742	0,0206

SEX	-0,041738	-9,16316371	0,9305
AGE	0,064732	16,07321134	0,0128
MARRY	-0,423986	-62,3284057	0,4581
SICK	0,316923	107,454567	0,5498

Source : Data Processed (2017)

Coefficient of education variable is equal to 1.4993 with probability equal to 0,2097, hence it can be concluded that the significance level reach as 10%, education variable found to have no significant effect on the demand for health insurance. The odds ratio of the education variable is 30.5707. But since the education variable has no effect on the ownership of health insurance, the odds ratio value has no significance.

According to research conducted by Istiqomah (2015), education has no effect on the ownership of health insurance because it is not necessary for those with higher education level that's it will effect them to have a demand on health insurance. On the other hand, the possibility of a high level of education will not guarantee a person to get a job as he/she wanted that effecting on its earned income.

Coefficient of income regression equal to 0.3120 with level of probability equal to 0.0206, thus at the significance of 10% income has effect on the ownership of health insurance. The odd ratio of occupation variable is 105,12, this means if the income increase at the level of 1 million, the probability to have health insurance will also increase at 105.12%.

Coefficient of occupation variable equal to 0.6546 with probability equal to 0.0206, thus at the significant of 10% occupation variable has effect on the demand of health insurance. The odd ratio of occupation variable is 77.8477, this means that except government employees the rest of occupation has probability to decrease on the ownership of health insurance at 77.84%. This result is in accordance with research conducted by Oriakhi (2012), which states that people who work on the formal sector and has high level of income to have more desire to be participant of health insurance due to the easiness to give contribution payment.

Coefficient of gender variable equal to -0.0417 with probability equal to 0.9305, thus at the significant 10% of gender variable has no effect on the demand of health insurance. This is because of gender probability is 93.05%, and it is higher that the significant level. The odd ratio of gender variable is -9.1631. Because of gender variable has no effect on

the ownership health insurance, thus the odd ratio is not so important. This result is in accordance with research conducted by Mahar (2013), which states that majority of women more often to go to the doctor to perform regular check-up, buy generic medicine, and have more chance to have chronic illness that man. In other words, women are likely to take care of their health than man.

Coefficient of age regression equal to 0.0647 with probability equal to 0.0128, thus at the significant 10% age variable has significant effect on the demand of health insurance. The odd ratio of age variable is 16.0732, this means if respondent's age is 1 year older, respondent probability to have health insurance will increase at 16.07%. This result is in accordance with research conducted by HIAA (1997), which states that older people more often to have illness than younger people. Furthermore it will also affect the demand of health insurance.

Coefficient of marital status variable equal to -0.4240 with probability equal to 0.4581, thus at the significant 10% marital status variable has no effect on the demand of health insurance. This result is in accordance with research conducted by Montez (2010) toward Mexican birth woman who live in the Unites State of America, it shows that marital status is not a guarantee for people to have health insurance, because it also influenced by income variable from the family member, family head's income, and the climate of marital stability.

Coefficient of illness history variable equal to 0.3169 with probability equal to 0.5498, thus at the significant 10% illness history variable has no effect on the demand of health insurance. This result is in accordance with research conducted by Littik (2007) in NTT Province, which states that health complains, disease severity, risky behaviour (smoking), and chronic illness history/accidents have no effect on the ownership of health insurance. This is because people prefer to use traditional medicine or even go to alternative treatment, thus people prefer to ignore illness history and more concern with daily need fulfilment than having health insurance.

CONCLUSION

Variable of income, occupation, and age has a significant effect, while variable of education, gender, marital status, and illness history has no significant effect on the ownership of health insurance in Surakarta City.

Recommendation

For the people or community who do not have health insurance are expected to have both social and commercial health insurance due to it is mandatory and very important. For social health insurance provider (BPJS health program), is expected to give information and socialization intensively or periodically, thus people who want to participate are easier to access the detail, because there are many respondent who feel complicated and difficult to participate in BPJS health program. For the health facilitator need to improve health service and hospital service readiness and not to discriminate between the participant of BPJS health program and non BPJS health program, thus people who have signing do not feel harmed and get the service according to the need.

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by Nurul Istiqomah

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ABSTRACT

Health was considered as an investment and human right, even the increase of public health was expected to bring an improvement over a country development. Every individual has the possibility to experience severe/chronic illnesses, get old, retire and have no income in the long term. There are parts of our society that has not thought about owning insurance due to expensive insurance fees or lack of knowledge regarding the benefits of insurance, specifically in the health insurance. This study aims to provide an overview of the influence of income, education, jobs, gender, age, marital status and hospital sheet on the ownership of health insurance in Surakarta City on 2017. The data analysis used in this study is logit regression analysis and primary data that's performed through simple random sampling method with 100 respondents.

The results showed that the variables of income, job, and age have a significant effect on the ownership of health insurance in Surakarta City on 2017. While for education, gender, marital status, and hospital sheet variables are found un-significant on the ownership of health insurance in Surakarta City on 2017.

Through the finding of this study we recommend the organizers of social health insurance to conduct an intense and periodic socialization about BPJS programs, while also improving the health facilitator health services and should not differentiate between BPJS participant and non-BPJS participant. The society was also expected to have social health insurance because it's important for their future health assurance.

Keywords: *Age, Income, Job, Logit Regression, Social Health Insurance*

INTRODUCTION

Health is a basic need because a maintained health is the main capital for people to live in the future. In the 1945 constitution, article 28 and 34 Law No.23/1992, which was subsequently amended by Law no.36/2009 regarding to public health stating that everyone has the same right to gain access to receive a safe, qualified, and affordable health care. To achieve improvement in the public health status, the need for awareness, willingness, and ability to live healthy is needed for the implementation of health development as a whole and sustainable. Every individual is very inclined to experience the risk of illness/chronic, get old, and retire without income in the long run. The general public usually has no thought about health insurance, possibly due to lack of health insurance or health services (Ministry of Health, 2014)

On January 1st, 2014, the central government enacted a National Health Insurance (JKN- *Jaminan Kesehatan Nasional*) program which is a solution to address various risks of illness without financial constraints. The implementation of JKN is based on the Law No.40/2004 on the National Social Assurance System (SJSN - *Sistem Jaminan Sosial Nasional*) and Law No.24/2011 on the Agency of Social Assurance (BPJS - *Badan Penyelenggara Jaminan Sosial*) mandated to provide health insurance for all Indonesian people. This law mandates all Indonesians to become health insurance participants, to achieve universal coverage by a health insurance on 2019. Until February 24th, 2017, the BPJS health program participants had reach 174.757.722 people. With details of the Contribution Receiver Program (PBI - Penerima Bantuan Iuran) had reach as many as 108.138.240 people and non-PBI of 66.619.482 people. Based on the data above shows that the development of health insurance increased by 0.18% from 2014 (BPJS, 2017).

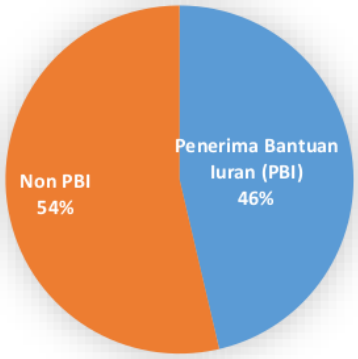

Image 1. The participants of BPJS Health program in 2017

Source: BPJS Health program 2017 (Processed Data)

Data obtained from BPJS Health program of Regional Division VI (Central Java) showed that the number of participants of BPJS Health program in Surakarta City on 2015 has reached 344,725 people or 67.33% of Surakarta residents in 2015 - 512,023 people, it consists of participant in Contribution Receiver Program (PBI - Penerima Bantuan Iuran) 159,725 people or 31.19% and non-PBI of 185,000 people or 36.13%. Residents who do not have health insurance in Surakarta is still reaching 167,298 people or 32.67%. Various efforts have been made to socialize health insurance programs through electronic media, mass media and socialization conducted BPJS institution in Surakarta. But the lack of awareness in health problems still became one of the main issues.

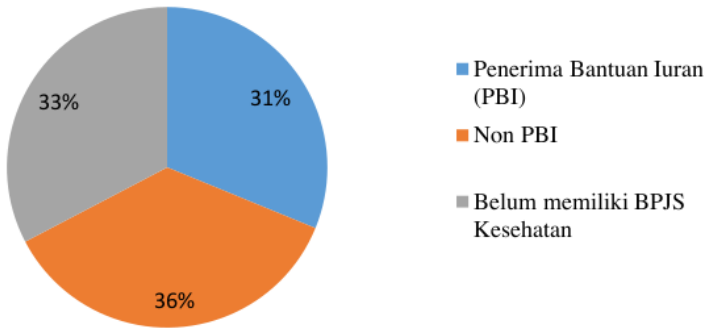

Image 2. The participants of BPJS Health program in 2015

Source: BPJS Health program 2017 (Processed Data)

The finding in other regions regarding to society willingness to participate in health insurance is performed in Vietnam which states that someone's income, needs over health care, age, and educations level is one of determinants factors that significantly influence a household to be willing in participating for health insurance (Lofgren et al., 2008). Related findings in Namibia also find that younger age is more willing to participate and pay for a health insurance. The result of research in Tanzania were also supporting previous statements where 74% respondent (age over 50s) is not willing to participate and pay for health insurance (Bukola, 2013)

LITERATURE REVIEW

Insurance according to Law no.2/1992 in regard to insurance business providers is an agreement between two parties or more, where one of insurer party is binding into insured party by receiving some amount of insurance premiums, to give a return for the insured which caused by costs, damage or loss in expected profit or legal liability of the third party which might be insured that's emerge through uncertain events, or giving a payment over a deceased that has been insured.

The definition of health insurance according to Jacobs (1997) is the payment for the expected costs of group resulting from medical utilization based on the expected expanse incurred by the group. The payment can be based on community or experience rating. From the previous definition we can conclude few keywords mentioned; namely: a) payment, in economic term there is a number of expense where it's called premium, b) cost, which expected to be paid due to the medical treatment, c) the medical

service/treatment it's based on the possibility to get illness, d) the possibility to experience illness is something that considered as uncertainty, it's not periodic and might not always happen. Benefits in the ownership of health insurance is more than creating an easier accessibility to society to receive health services, it also includes:

1. Insurance altering uncertain events becomes definite and planned
2. Insurance helps to reduce individual risks to became people's risks through risk pooling method. Thus there'll be cross-subsidy; The young help the old, the healthy help the sick, the rich help the poor.

Based on the type of management, then the health insurance is divided into two groups:

1. Social Health Insurance

Social health insurance is a health insurance that has an obligatory characteristic for a group of residents (eg civil servants), benefits or the package of health services is guaranteed by the rules and same for all participants, while dues or premiums are specified from the percentage of wages or salaries received. Social insurance is a government insurance program organized by the government or government appointed agency. There is mandatory in the participation of this insurance, thus this type of insurance is sometimes called as compulsory health insurance.

2. Commercial Health Insurance

Commercial health insurance was offered in major cities in the early 1970s by multinational insurance companies that have branch offices or business units in Indonesia. Private health insurance (voluntary insurance) refers to health insurance where an insurance policy is provided by a private insurance company and may be purchased by consumers in the private market. The health insurance policies may be purchased by individuals, families or community groups through the private market of profit or non-profit oriented insurance companies (Murti B, 2000: 30).

Understanding the demand for health insurance is inseparable from the notion of demand in economics, ie a number of commodity goods or services that are needed and can be consumed by consumers in a certain period of time. In general, within the concern of health lots of people use needs as a basis consideration for demand. Need is the number of health services believed by the health/medical experts which must be received by a human to keep or maintain the condition as healthy as possible (optimal).

Santerre and Neun (2000) stated four individual factors that influencing the amount of demand for health insurance, namely:

1. Insurance price. Specifically, if the price of health insurance decreases, health utilization will relatively increase and the amount of demand for health insurance will also increase - if others do not change (ceteris paribus).
2. The opportunity of sickness occurrence subjectively, it was one of a reason why many people take the optional service compared to periodic services, such as periodic physical examination.
3. The willingness to buy health insurance increases with a loss of income. The potential for large amounts of income loss is the reason many people choose hospital services.
4. The degree of aversion to takes risks. The definition of risk aversion, in this case, is a person in a state of gambling with the possibility of losing wealth due to spending the time he was sick with the advantage of not losing wealth is 50:50. The results are based on self-assessment which is usually influenced by various factors such as health status, age, and lifestyle.

RESEARCH METHODS

This research is conducted in Surakarta City area which covers five districts, namely: the district of Laweyan, Serengan, Pasar Kliwon, Jebres, and Banjarsari. The timeframe that we used as a reference is 2017. In this study, we analyze the factors that influence public health insurance ownership which reflected by the variable of education, income, occupation, gender, age, marital status, history of diseases, and the motivation to own health insurance.

The data used in this study consisted by primary data and secondary data. Primary data is conducted using survey method and performed to the respondents of the community in Surakarta City who have health insurance and do not have health insurance. The sample in this study is 99, 98 or 100 people of Surakarta City. The method in this research to determine the number of samples is Slovin formula (Sugiyono, 2011: 81) as follows:

$$n = \frac{N}{1+Ne^2}$$

Description:

n = The Number of Sample

N = The Number of Population

e = Percentage of leeway of inaccuracy (precision) due to sampling errors that are still tolerated with e of 10% then obtained a sample of:

$$n = \frac{512.226}{1 + 512.226 \times 0{,}1^2}$$

$$= \frac{512.226}{5.123{,}26}$$

$$n = 99{,}98 = 100$$

Data analysis methods to determine the effect of education level, income level, occupation, gender, age level, marital status, and illness history to health insurance ownership is logistic regression. The logit model in this research to measure the relationship between the probabilities of two choices with some of the characteristics selected. A probability is a number one and zero. The used of logit is to analyse qualitative data reflecting the choice between two alternatives (Gujarati, 2003: 595

$L_i = B_1 + D_1EDU + B_2INC + D_2JOB + D_3SEX + B_3AGE + D_4MARRY + D_5SICK + u_i$

Description:

L_i = logit/community that have health insurance and do not have health insurance

Dummy 0 = do not have

1 = have

B_1= constants

B_2, B_3, B_4,B_5 = coefficient of logit equation

EDU = dummy variable prior education that has been finished

D1 = 1 = above Junior High School

0 = Elementary School

D2 = 1 = above Senior High School

0 = Elementary School, Junior High School

D3 = 1 = University

0 = Elementary School, Junior High School, Senior High School

INC = Family head's income in a month

JOB = dummy variable respondent's occupation

D = 0 = government employees

1 = private employees

2 = entrepreneur

3 = other

SEX = dummy variable respondent's gender

D = 0 = men

1= women

AGE = respondent's age

MARRY= dummy variable marital status

D = 0 = not yet/ever married

1 = married

SICK = dummy variable respondent's health history

D = 0 = have no illness

1 = have an illness

u_i = Bias Factor

DISCUSSION

Base on the survey that has been conducted to 100 respondents, it can be classified base on the ownership of social health insurance, commercial, or those who do not have health insurance yet. The classification is presented in the following table/picture:

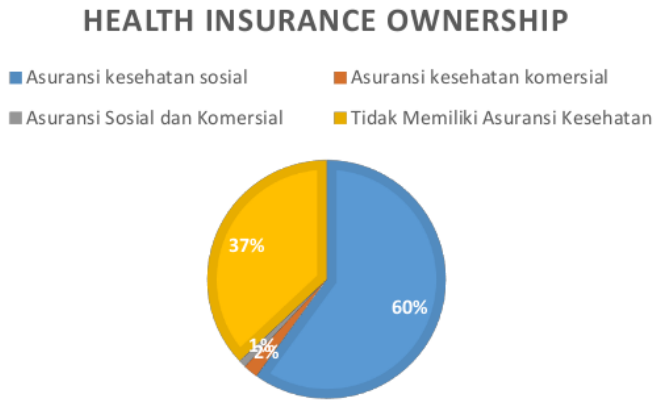

Image 3. The Classification of the Respondent Based on The Health Insurance Ownership (people)
Source: Primary Data, processed (2017)

The data is obtained from the Surakarta City area. There are 60 or 60% respondents who have social health insurance and there are 2 or 2% respondents who have commercial health insurance.

Meanwhile, there is 1 or 1% respondent who has both of the health insurance, and the rest of 37 people or 37% of the respondents do not have health insurance yet, both social or commercial health insurance. Logit regression results of the factors that effect on the demand of social health insurance in Surakarta City is presented in the Table 1:

Table 1. Result of Logistic Regression Analysis

Variable	Coefficient	Std. Error	z-Statistic	Prob.
C	-3.127753	1.723166	-1.815120	0.0695
D1_Education	1.499285	1.195209	1.254412	0.2097
D2_ Education	1.503494	1.013783	1.483053	0.1381
D3_ Education	0.918898	1.080138	0.850723	0.3949
Y_Income	0.312016	0.169490	1.840907	0.0656
JOB	-0.654582	0.282816	-2.314511	0.0206
SEX	-0.041738	0.478882	-0.087157	0.9305
AGE	0.064732	0.025998	2.489906	0.0128
MARRY	-0.423986	0.571473	-0.741917	0.4581
SICK	0.316923	0.529883	0.598100	0.5498
McFadden R-squared	0.156152			
. dependent var	0.485237			
LR statistic	20.57941			
Prob(LR statistic)	0.014655			
Obs with Dep=0	37	Total obs		100
Obs with Dep=1	63			

Source: Eviews 9.0 (data processed)

Therefore, the model equation can be formulated as follows:

Y = -3,1277 + 1,4992 D1_EDUCATION + 1,5034 D2_ EDUCATION + 0,9188 D3_ EDUCATION + 0,3120 Y_ EDUCATION - 0,6545 JOB - 0,0417 SEX + 0,0647 AGE – 0,4239 MARRY + 0,3169 SICK

After processing data using logit regression, then odd ratio calculation should be conducted first. The result of the odd ratio calculation is presented in the Table 2:

Table 2. The Result of Odd Ratio Calculation on the Demand of Health Insurance

Variable	Coefficient	Odds Ratio	Probability
C	-3,127753	-99,9254844	0,0695
D1_Education	1,499285	30,5707573	0,2097
Y_Income	0,312016	105,1237748	0,0656
JOB	-0,654582	-77,847742	0,0206

SEX	-0,041738	-9,16316371	0,9305
AGE	0,064732	16,07321134	0,0128
MARRY	-0,423986	-62,3284057	0,4581
SICK	0,316923	107,454567	0,5498

Source : Data Processed (2017)

Coefficient of education variable is equal to 1.4993 with probability equal to 0,2097, hence it can be concluded that the significance level reach as 10%, education variable found to have no significant effect on the demand for health insurance. The odds ratio of the education variable is 30.5707. But since the education variable has no effect on the ownership of health insurance, the odds ratio value has no significance.

According to research conducted by Istiqomah (2015), education has no effect on the ownership of health insurance because it is not necessary for those with higher education level that's it will effect them to have a demand on health insurance. On the other hand, the possibility of a high level of education will not guarantee a person to get a job as he/she wanted that effecting on its earned income.

Coefficient of income regression equal to 0.3120 with level of probability equal to 0.0206, thus at the significance of 10% income has effect on the ownership of health insurance. The odd ratio of occupation variable is 105,12, this means if the income increase at the level of 1 million, the probability to have health insurance will also increase at 105.12%.

Coefficient of occupation variable equal to 0.6546 with probability equal to 0.0206, thus at the significant of 10% occupation variable has effect on the demand of health insurance. The odd ratio of occupation variable is 77.8477, this means that except government employees the rest of occupation has probability to decrease on the ownership of health insurance at 77.84%. This result is in accordance with research conducted by Oriakhi (2012), which states that people who work on the formal sector and has high level of income to have more desire to be participant of health insurance due to the easiness to give contribution payment.

Coefficient of gender variable equal to -0.0417 with probability equal to 0.9305, thus at the significant 10% of gender variable has no effect on the demand of health insurance. This is because of gender probability is 93.05%, and it is higher that the significant level. The odd ratio of gender variable is -9.1631. Because of gender variable has no effect on

the ownership health insurance, thus the odd ratio is not so important. This result is in accordance with research conducted by Mahar (2013), which states that majority of women more often to go to the doctor to perform regular check-up, buy generic medicine, and have more chance to have chronic illness that man. In other words, women are likely to take care of their health than man.

Coefficient of age regression equal to 0.0647 with probability equal to 0.0128, thus at the significant 10% age variable has significant effect on the demand of health insurance. The odd ratio of age variable is 16.0732, this means if respondent's age is 1 year older, respondent probability to have health insurance will increase at 16.07%. This result is in accordance with research conducted by HIAA (1997), which states that older people more often to have illness than younger people. Furthermore it will also affect the demand of health insurance.

Coefficient of marital status variable equal to -0.4240 with probability equal to 0.4581, thus at the significant 10% marital status variable has no effect on the demand of health insurance. This result is in accordance with research conducted by Montez (2010) toward Mexican birth woman who live in the Unites State of America, it shows that marital status is not a guarantee for people to have health insurance, because it also influenced by income variable from the family member, family head's income, and the climate of marital stability.

Coefficient of illness history variable equal to 0.3169 with probability equal to 0.5498, thus at the significant 10% illness history variable has no effect on the demand of health insurance. This result is in accordance with research conducted by Littik (2007) in NTT Province, which states that health complains, disease severity, risky behaviour (smoking), and chronic illness history/accidents have no effect on the ownership of health insurance. This is because people prefer to use traditional medicine or even go to alternative treatment, thus people prefer to ignore illness history and more concern with daily need fulfilment than having health insurance.

CONCLUSION

Variable of income, occupation, and age has a significant effect, while variable of education, gender, marital status, and illness history has no significant effect on the ownership of health insurance in Surakarta City.

Recommendation

For the people or community who do not have health insurance are expected to have both social and commercial health insurance due to it is mandatory and very important. For social health insurance provider (BPJS health program), is expected to give information and socialization intensively or periodically, thus people who want to participate are easier to access the detail, because there are many respondent who feel complicated and difficult to participate in BPJS health program. For the health facilitator need to improve health service and hospital service readiness and not to discriminate between the participant of BPJS health program and non BPJS health program, thus people who have signing do not feel harmed and get the service according to the need.

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Identitas Prosiding	:	a. Nama Prosiding	:	**The 2nd International Conference on Economic Development**
		b. ISBN/ISSN	:	-
		c. Tahun Terbit,Tempat Pelaksanaan	:	**2017, Pekanbaru**
		d. Penerbit/organiser	:	**Fakultas Ekonomi dan Bisnis Universitas Riau**
		e. Alamat repository PT/web prosiding	:	https://drive.google.com/open?id=1aEpZ4ALbUN7XbXN14PmjuadYS6-gc26Z
		f. Terindeks di (jika ada)	:	

Kategori Publikasi Makalah (beri ˇ pada kategori yang tepat)
: ☐ Prosiding Forum Ilmiah Internasional .....
☐ Prosiding Forum Ilmiah Nasional .....

Hasil Penilaian *Peer Review* :

Komponen Yang Dinilai		Nilai Maksimal *Prosiding* 15		Nilai Akhir Yang Diperoleh
		Internasional ☐	Nasional ☐	
a.	Kelengkapan unsur isi paper (10%)	13		1,3
b.	Ruang lingkup dan kedalaman pembahasan (30%)	13		3,9
c.	Kecukupan dan kemutahiran data/informasi dan metodologi (30%)	13,5		4,05
d.	Kelengkapan unsur dan kualitas terbitan/prosiding (30%)	12,5		3,75
Total = (100%)				13
Nilai Pengusul =				

Catatan Penilaian artikel oleh Reviewer :

Kesimpulan bisa diterangkan lebih rinci serta saran bisa lebih tepat sasaran untuk diberikan kepada pengambil kebijakan

Surakarta, 7 Mei 2018

Reviewer I **

Prof. Dr. Yunastiti Purwaningsih, MP

NIP 195906131984032001

Fakultas Ekonomi dan Bisnis
Universitas Sebelas Maret

*Dinilai oleh dua Reviewer secara terpisah
**Coret yang tidak perlu

LEMBAR

HASIL PENILAIAN SEJAWAT SEBIDANG ATAU *PEER REVIEW*

KARYA ILMIAH : ***PROSIDING****

Judul Karya Ilmiah (paper)	:	Determinant Factors That Influence The Demand Of Social Helath Insurance In Surakarta On 2017
Jumlah Penulis	:	2 Orang (**Nurul Istiqomah**, Anggia Desty Rahmasari)
Status Pengusul	:	Penulis pertama / ~~penulis ke~~ / ~~penulis korespondasi**~~
Identitas Prosiding	:	a. Nama Prosiding : **The 2nd International Conference on Economic Development**
		b. ISBN/ISSN : **-**
		c. Tahun Terbit,Tempat Pelaksanaan : **2017, Pekanbaru**
		d. Penerbit/organiser : **Fakultas Ekonomi dan Bisnis Universitas Riau**
		e. Alamat repository PT/web prosiding : https://drive.google.com/open?id=1aEpZ4ALbUN7XbXN14PmjuadYS6-gc26Z
		f. Terindeks di (jika ada) :

Kategori Publikasi Makalah : ☐ Prosiding Forum Ilmiah Internasional ....

(beri ˇ pada kategori yang tepat) ☐ Prosiding Forum Ilmiah Nasional ....

Hasil Penilaian *Peer Review* :

	Komponen Yang Dinilai	Nilai Maksimal *Prosiding* 15		Nilai Akhir Yang Diperoleh
		Internasional ☐	Nasional ☐	
a.	Kelengkapan unsur isi paper (10%)	14		1,4
b.	Ruang lingkup dan kedalaman pembahasan (30%)	13,5		4,05
c.	Kecukupan dan kemutahiran data/informasi dan metodologi (30%)	14		4,2
d.	Kelengkapan unsur dan kualitas terbitan/prosiding (30%)	13		3,9
	Total = (100%)			13,55
	Nilai Pengusul =			

Catatan Penilaian artikel oleh Reviewer :

- Metode sampling lebih tepat kalau pakai stratified random sampling
- Model analisis lebih tepat kalau pakai probit model

Surakarta, Mei 2018

Sutrisno, SE, M.Si.

NIP 19620221 198601 1001

Fakultas Ekonomi dan Bisnis
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*Dinilai oleh dua Reviewer secara terpisah

**Coret yang tidak perlu