

The Participation of Foreign Workers in Indonesia National Health Insurance: An Initial Study

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ARTICLE INFO

Article history:

Received Oct, 6, 2024

Revised Oct 20, 2024

Accepted Oct 22, 2024

Keywords

Enrolment;
Expatriates;
Indonesia National Health;
Insurance;

ABSTRACT

Background: Indonesia National Health Insurance (JKN) program has been established since 2014. One segment of enrollees in the national program that has yet being explored is foreign workers or expatriates. This study aims to understand the enrolment of expatriates in JKN and the reasons for their enrolment.

Method: A survey was posted in five expatriate forums for a month in September. Participation is voluntary for foreign workers who has been living in Indonesia for at least six months. At the initial stage, the final number of participants could not be determined due to accidental nature of the sampling, however, subsequently, six expatriates decided to take part in this research.

Results: Two third of them enrolled in the program, The reasons to enrol were reinforced by a number of factors such as personal values, price, promotion, and environmental stimuli.

Conclusion: The JKN program must be promoted more widely

1. Introduction

1. Indonesia National Health Insurance (JKN) has been established for more than 10 years. Currently, the program covers 267 million people or more than 95% of Indonesia total population. The rest 5% consist of various groups such as youth, informal sector workers, and villagers (1). One segment of the population that often overlooked is expatriates that live in Indonesia. In 2023 there were around 350,000 expatriates living in the country. More than 120,000 of them employed in various occupation, mostly as white collar workers. The remaining numbers were mostly families or students, studying in universities across Indonesia.

2. The Government of Indonesia regulates that all foreign workers in the country has to join the National Health Insurance after six months. However, the law was not effectively implemented. There were no reliable data on their enrolment nor were there any well-planned promotion addressed for foreign workers. BPJS as the implementing agency of JKN did not consider it as priority – at least for now – probably due to the relatively small number of foreign workers compared to the existing arears found among informal sector workers. They were also relatively well off, therefore, did not pose a threat to the national health system of Indonesia.

3. Health-care-seeking-behaviours among foreign workers in Indonesia has not been well studied. References are limited. If we look more specific on the National Health Insurance program it became much fewer. From the existing few studies, we know that expatriates were practical in their choice of health services. As long as it addresses expat needs and culturally appropriate, they will go for it (2). Contrary to the widely-held belief, most expats did not choose to get medical care abroad, if they could find it in Indonesia. The place was not an issue so long as the quality of care is effective, reliable, efficient, patient-centred, and the health workers could converse in English (3). In term of the expatriates' preferences regarding Indonesia National Health Insurance we do not know much except

some few assumptions using the analogy from their health-care-seeking-behaviour that they willingly to be enrolled provided that the program cater their needs. This research, therefore, aims to understand the behaviour and preferences of expatriates towards Indonesia National Health Insurance.

2. Method

2.1 Research Design

This research employs a qualitative approach in order to explore our understanding on expatriate's views on Indonesia National Health Insurance and their preferences. The number of participants was determined through accidental sampling, where the link to the survey was posted to five expatriates online forum. Potential participants were then decided whether to join or not to join this study. As already anticipated, participant rates were low and references were limited, qualitative approach is suitable for this research as it does not require a definite number of samples. This research has received ethical approval from Komite Etik Penelitian Universitas Ahmad Dahlan (KEP UAD) number 012409299.

2.2. Data Collection

For data collection this research uses online survey posted at five expatriates online forum

1. <https://www.expatriando.org/community/>
2. <https://community.justlanded.com/id/Indonesia>
3. <https://flip.id/blog/expat-forums-in-indonesia>
4. <https://www.internations.org/jakarta-expats>
5. <http://expat.or.id/>

The survey was posted from 1st September to 30th September 2024. It requires participants to be foreign workers who has been working in Indonesia for at least six months. Participation is voluntary and prelude to the survey they were informed that by filling out the survey they have given their consent to participate. Using the survey, this research collected data on expatriate's views on health insurance and their preference on health insurance. The questionnaire covers informants' identity (country of origin, gender, occupation, income, and JKN membership), seeking health behaviours (membership of social/commercial insurance, illness, their seeking behaviours, and plan if do not have health insurance), and their literacy on Indonesia health Insurance program (awareness on JKN, enrolment, source of information, and preference for a better JKN).

2.3. Data Analysis

For data analysis this research uses descriptive analysis. The data collected from each topic were classified, quantified, and arranged into tables and charts using excel to show tendencies and trends. Any possible association between topics were supported by references from related studies from published articles.

3. Result

There were six expatriates that participated in this research. The sociodemographic profile of the informants are displayed below:

Table 1. Informans Sociodemographic Characteristis

Country of Origin	Gender	Education	Occupation	Age	Income (IDR)
USA	Male	Post Graduate	Senior Advisor	65	26.000.000,00
Austria	Male	Bachelor Degree	Retired	78	30.000.000,00
Australia	Male	Diploma Degree	Business Consultant	64	8.000.000,00
Serbia	Male	Post Graduate	Manager	48	50.000.000,00
South Africa	Male	Highschool	Retail Manager	28	9.500.000,00
USA	Male	Post Graduate	Retired	73	20.000.000,00

As is the case with most expatriates in Indonesia, the informants were all blue-collar workers with the average of monthly income IDR 25 million. Most of the informants have some sort of degree and it reflected on their monthly income. Informants with a bachelor or master degree receive at least IDR 20 million or more, while one informant with high school degree have a monthly income of IDR 9.5 million. One participant with diploma degree receives monthly income of IDR 8 million. In term of country of origin most of them came from higher income countries.

3.1 Enrolment in JKN

When ask whether they enrolled as JKN member, two third of them has been enrolled at the program as revealed by the figure below:

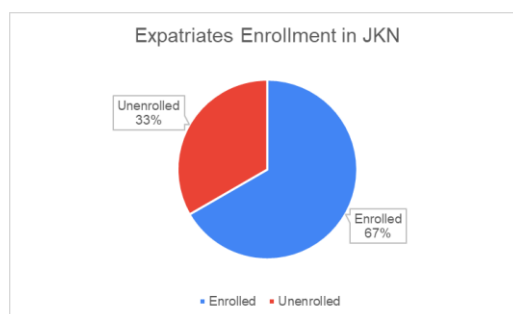


Figure 1. Expatriates Enrolment in JKN

Half of those enrolled were enrolled as formal sector workers and the other half were enrolled as informal sector workers as shown in the figure below:

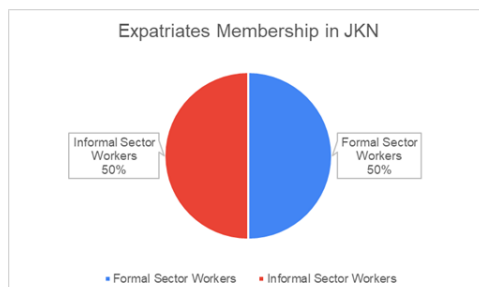


Figure 2. Expatriates Types of Membership in JKN

As expected, all enrolees among expatriates in this research chose the 1st class. They chose the 1st class because of two reasons, it is affordable, as mentioned by the informant as follows:

“With my salary level, I entitle for 1st class” (Exp-4)

and it has the best services or expected to have the best services as not all enrolees has been hospitalised, as mentioned by the informant below:

‘I hope to get the best services’ (Exp-2)

3.2. The Reasons to Join JKN

The main reason to join JKN was to anticipate potential hospitalisation in the future, especially in case of catastrophic illness. The other reason was the mandatory nature of the National Health Insurance program as mentioned by the informant below:

'For the workers it is obligatory, while for dependent it is beneficial' (Exp-4)

Due to its mandatory, even for those who already purchased commercial health insurance they were still obliged to enrol in JKN. On the contrary, the reasons for not enrolled were more varied and complex. It seems that its due to a combination of young age, unmarried, and having low income, and healthy, even though these reasons are not definite as indicated in Table 2.

Table 2. Factors Influencing Enrolment (Age, Marital Status, Income, and Medication)

Enrollment in JKN	Age	Marital Status	Income (IDR)	Under Medication
No	64	Married	8.000.000,00	Yes
No	28	Not Married	9.500.000,00	No
Yes	65	Married	26.000.000,00	No
Yes	78	Married	30.000.000,00	No
Yes	48	Married	50.000.000,00	No
Yes	73	Married	20.000.000,00	Yes

Table 2 shows that if an expatriate is young, unmarried, has a relatively low income, and healthy, they will likely not to enrol, even though once again, it is not definite. Unfortunately, we do not have more participants that is unenrolled. The decision to be enrol (or unenroll) appears to be more complicated. Promotion conducted by the BPJS-Kesehatan, the agency that administrates JKN, seems to play an important role for expatriates to enrol as suggested by Table 3.

Table 3. Factors Influencing Enrolment (Promotion)

Enrollment in JKN	Proficiency in Bahasa Indonesia	Awareness of JKN	Knowledge on JKN	Source of Information
No	Bad	No	Nothing	N.A.
No	Bad	No	Not much	N.A.
yes	Excellent	Yes	It's the government health insurance	Company
Yes	Average	Yes	Well informed	Did not answer
Yes	Good	Yes	Quite informed	Media
Yes	Bad	Yes	Quite a lot	Government Promotion

Table 3 shows that promotion and dissemination of JKN could influence expatriates on their decision to enrol (or to unenroll) and it got to do – partly – to the language and media used for promotion. As expatriates are mostly fluent in English, it would be sensible that the language used for promotion is also in English, not in Bahasa Indonesia. It is interesting that from the three informants with low proficiency of Bahasa Indonesia, two informants did not enrol and has no knowledge and awareness of JKN. This finding indicates that it is likely that JKN was promoted mostly using Bahasa Indonesia, the language that could not be comprehend by the three informants.

4. Discussion

Determinants to Enrol According to Various Theory

Since the establishment of JKN in 2014, BPJS-Kesehatan has put the plan to expand JKN protection to include expatriates living in Indonesia by extending collaboration with the Ministry of Manpower (4). The plan was finally implemented in 2017 (5). A large body of research stated that the program is mandatory for foreign workers or expatriates, but unfortunately very few focus on their enrolment (6), (7), (8). In fact, the exact number of enrolees among foreign workers is still unknown.

According to consumers behaviour, the decision to purchase is influence by influence by personal views and values, price, place, and promotion, and other environmental inducement such as economy, technology, politic, and culture (9). Personal views on health insurance have a profound effect on their

decision to enrol. It is interesting that from the six informants, only two informants have some sort of health insurance prior working in Indonesia. Both informants came from countries with strong mandatory social health insurance. The two informants were also enrolling in JKN. The view that the program is beneficial for the workers and their dependents was a strong motive to enrol. It is very likely that the motive was influenced by their experience in their respective countries.

Price has definitely influenced expatriates' decision to enrol in JKN. The influence of price – known as premium in JKN – has been widely studied among local membership (10), (11), (12). There were discrepancies between enrollees' willingness to pay and the existing premium in all three classes. However, the discrepancy was much smaller in the 3rd class than the 2nd and 1st class due to higher premium in the latter two classes. Among foreign workers in Indonesia, we did not have any data yet, but from studies among foreign workers in other countries the price of health insurance premium is definitely influencing their enrolment. Skilled workers in large companies were more likely to be insured than unskilled workers in small factories (13), (14). In this study, even though we could not say for certain that the premium has a similar effect – due to the small number of informants – but it is very likely, particularly if we compared between informants with low monthly income and high monthly income.

Another important factor according to Kottler's consumer behaviours theory is promotion and politics. We are aware that the Government of Indonesia envisions Universal Health Coverage (UHC) by 2019. As consequent, the government through BPJS-Kesehatan has established collaboration with different stakeholders to increase enrolment (5). In order to provide effective health promotion, it is important that the message could be conveyed and understood by the target groups. BPJS-Kesehatan has conducted the three stages in marketing: segmentation, targeting, and positioning (15). However, the strategy taken by BPJS-Kesehatan seems to be less effective. The website has not yet provided information in English and alternative medias in English seem to be scarce (16). Awareness is important as a prelude to enrolment. However, to ensure that it leads to enrolment, information on JKN must be conveyed in a language understood by foreign workers. Otherwise, it would not be effective. Similar studies support this phenomenon among foreign workers in Japan, Czechia, Thailand, and the Philippines (17), (18), (19). The promotion towards expatriates was not as intensive as for local Indonesian for a reasonable reason, the number of expatriates is miniscule if compared to the general population of Indonesia who are yet to enrol.

What did actually encourage foreign workers in Indonesia to be Insured?

The decision not to enrol to a health insurance among foreign workers was not always clear. In Saudi Arabia for instance, around three quarters of foreign workers that were uninsured did not provide valid reasons for it, even as the government asserted that enrolment is mandatory (20). What seems to be clear was that literacy and awareness on the importance of health insurance is a prerequisite to enrolment (21), (22), (23). Literacy, however, is distinct from formal education even though at times higher education level could result in better exposure on the program. A person could have rudimentary education, but know more on health insurance, vice versa. Effective promotion, therefore, is very crucial in order to advertise the national program. The other important factors to persuade enrolment is ability of workers to pay insurance premium. Awareness and literacy on the National Health insurance would be useless if they are not supported by ability to pay the premium. Nevertheless, as most foreign workers in Indonesia belong to white collar workers, their ability to pay was not an issue, especially in regards to JKN premium. A more ascertaining factor was government political will. Regulating the enrolment as mandatory would not be sufficient, unless reinforce it with law enforcement (24). We could use the case of Malaysia and Singapore as lessons learned. Singapore has strict regulation and at the same time fiercely enforcing it to foreign workers in the country, while Malaysia was more lenient. As a result, most foreign workers in Singapore were insured, while in Malaysia significant numbers were uninsured, especially among the unskilled workers (25).

5. Conclusion

The majority of expatriates in this research has enrolled in the National Health Insurance program. However, the true coverage could not yet be confirmed as the number of informants was limited. Enrolment in JKN was influenced by a number of factors, among others personal values, price, promotion, and environment inducement, especially politic.

3.

Acknowledgment

State the research funding (if any) or state, "This research has not received external funding" for research without a donor. (1–11)

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