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Self-Medication and Outpatient Care Utilization after Implementation of National Health Insurance in Indonesia

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INDEXING

Keywords:

Self-Medication :

Outpatient Care;

JKN;

Kata Kunci:

Swamedikasi;

Pelayanan Rawat Jalan;

JKN;

ABSTRACT

The implementation of National Health Insurance in 2014 is expected to increase access in health services while reducing the economic burden due to illness. This study aims to see how the behavior of people in choosing treatment when experiencing health problems, whether they tend to select self-medication or outpatient treatment. Quantitative analysis was carried out on variables previously formed based on the KOR Data questionnaire found in SUSENAS 2017. The results of the study showed that more respondents chose to do self-medication than those who accessed formal services with outpatient care. Multivariate tests show all variables except secondary education significantly influence individual decisions to self-medication.

Implementasi Jaminan kesehatan Nasional pada tahun 2014 diharapkan meningkatkan akses pelayanan kesehatan sekaligus mengurangi beban ekonomi karena sakit. Penelitian ini bertujuan untuk melihat bagaimana perilaku masyarakat dalam memilih pengobatan ketika mengalami gangguan kesehatan, apakah cenderung memilih melakukan Swamedikasi atau berobat jalan. Analisis kuantitatif dilakukan pada variabel yang sebelumnya dibentuk berdasarkan kuesioner Data KOR yang terdapat pada data SUSENAS 2017. Hasil analisis menunjukkan bahwa lebih banyak responden yang memilih melakukan Swamedikasi dibandingkan yang mengakses pelayanan formal dengan berobat jalan. Uji Multivariat menunjukkan semua variabel kecuali pendidikan menengah berpengaruh secara signifikan pada keputusan individu untuk melakukan Swamedikasi.

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INTRODUCTION

Lawrence Green (1984) sparks the concept of how individual relates to health seeker behaviour by three factors, namely predisposing, enabling, and need factor. These three factors influence personal decisions in dealing with health problems.¹ Nowadays, to meet curative needs or treatment when an illness occurs, individuals are often faced with two choices, namely self-medication or access to conventional medicine through the utilisation of health services. The choice of treatment chosen depends on the individual's condition. Sociodemographic conditions such as economic conditions, location of residence, and ownership of health insurance are referred to as factors that influence this decision.²

Furthermore, if viewed from the perspective of fulfilling economic needs, Self-Medication is categorized as "Inferior Goods". This terminology further defines demand of this practice as behavior that is more often done by individuals with low income and does not have ownership of health insurance.³ Systematic reviews conducted in several countries show different phenomena. In developed

countries, the proportion of people who do Self-Medication is quite high because of the adequate level of literacy. While in poor and developing countries, this behavior has become quite popular due to limited access to health services and the absence of health insurance.⁴

Self-Medication is considered to provide a cheaper treatment alternative and can be the choice of the poor if they are unable to access health services such as clinics or hospitals.⁵ Viewed from the perspective of health service's costs, self-medication in some countries can reduce the burden of government-based health insurance or government-funded health insurance. In individuals who have private health insurance, Self-Medication can save benefit packages or ceilings covered by insurance providers.⁶

The National Health Insurance (JKN) developed in Indonesia is part of the National Social Security System (SJSN). The National Social Security System is organized through a mandatory social health insurance mechanism based on Law No. 40 of 2004 concerning the National Social Security System (SJSN). The aim is that all

Market and Financial Analysis of General Islamic D-Class Hospital Establishment in Karangmojo Gunungkidul

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INDEXING

Keywords:

Feasibility study;
Market analysis;
Financial analysis;

ABSTRACT

This study aims to analyze the market potential and financial feasibility of the General Islamic D-class Hospital establishment with a capacity of 100 beds in Karangmojo Gunungkidul. This was quantitative descriptive design with a feasibility study approach. The research was conducted in Karangmojo Subdistrict, Gunungkidul. The data used are primary data through filling in questionnaires, then secondary data from the health department of Gunungkidul Regency. The results of market analysis showed that there were problems with hospital services faced by respondents in the form of slow service (33%), 39% of respondents felt doctors were lacking in providing explanations or education, most (96.76%) residents of Gunungkidul Regency were Moslems, The expectation of the community in the form of Islamic services is quite large (31%), it will be answered by professional and Islamic hospital services. The financial analysis obtained a value of 1) NPV = Rp.9,983,868,526.00; 2) IRR = 12.88%; 3) PI = 1.3193 times; 4) PP = 8 years 4 months; and ARR = 10.49%. Based on these results it can be concluded that In Karangmojo sub-district, Gunungkidul Regency, an Islamic hospital with 100 beds is feasible to be established from a review of market and financial aspects.

Kata kunci:

Studi Kelayakan;
Analisis Pasar;
Analisis Keuangan;

Penelitian ini bertujuan untuk Mengetahui potensi pasar dan kelayakan keuangan terhadap rencana pendirian Rumah Sakit Umum Islam kelas D dengan kapasitas 100 TT (tempat tidur) di Karangmojo Gunungkidul. Desain penelitian ini adalah deskriptif kuantitatif dengan pendekatan studi kelayakan. Penelitian dilakukan di Kecamatan Karangmojo, Gunungkidul. Data yang digunakan adalah data primer melalui pengisian kuesioner, serta data sekunder dari dinas kesehatan Kabupaten Gunungkidul. Hasil analisis pasar menunjukkan adanya masalah pelayanan rumah sakit yang dihadapi responden berupa pelayanan yang lambat (33%), sebanyak 39% responden merasa dokter kurang dalam memberikan penjelasan atau edukasi, sebagian besar (96,76%) penduduk Kabupaten Gunungkidul merupakan pemeluk Agama Islam, Harapan masyarakat berupa pelayanan yang Islami cukup besar yaitu 31%, maka akan terjawab dengan pelayanan rumah sakit Islam yang profesional dan Islami. Adapun analisis keuangan diperoleh nilai 1) NPV = Rp.9.983.868.526,00; 2) IRR = 12,88%; 3) PI = 1,3193 kali; 4) PP = 8 tahun 4 bulan; dan ARR = 10,49% . Berdasarkan hasil ini dapat disimpulkan bahwa di kecamatan Karangmojo Kabupaten Gunungkidul layak didirikan.

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INTRODUCTION

Gunungkidul Regency is one part of the Special Region of Yogyakarta (DIY). The area of Gunungkidul Regency is 1,485.36 km² or 46.63% of the area of the DIY Government. Gunungkidul Regency in 2015 had a population of 704,206 people, consisting of 340,531 men and 363,495 women. The average population density in Gunungkidul Regency is 473.9 people / km².

Religion adopted by residents in Gunungkidul Regency consists of Islam, Christianity, Catholicism, Hinduism and Buddhism. The religion adhered to by the

majority of the population is Islam (96.76%) followed by Christians (1.53%) and Catholics (1.28%).¹

Life expectancy is one indicator of public health and the Human Development Index (HDI) in Gunungkidul Regency in 2015 of 73.69%. Average Life Expectancy of Gunungkidul resident's shows a number below the DIY province average but, still relatively high and quite good when compared to the National Life Expectancy average in Indonesia.

Individual and group health degrees that also reflect the health status of the community have not been optimally



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Principle Investigator

Nama Institusi : Universitas Diponegoro
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This declaration of ethics applies during the period April, 17 st 2019 until April, 17 st 2020

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