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DOI: [10.31965/infokes.Vol21Iss3.1208](https://doi.org/10.31965/infokes.Vol21Iss3.1208)Journal homepage: <http://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Factors Related to Employer Health Insurance Contribution During COVID-19 Epidemic in Indonesia****Heni Rusmitasari^{1a*}, Supriatin^{2b}, Mohamad Sadli^{3c}, Lili Amaliah^{4d}, Teten Tresnawan^{5e}, Suyitno^{6f}, Maretalinia^{7g}**¹ Department of Public Health, Faculty of Public Health, Universitas Muhammadiyah Semarang, Semarang City, Central Java Province, Indonesia² Nursing Program, Cirebon College of Health Sciences, Cirebon City, West Java Province, Indonesia³ Public Health Program, Cirebon College of Health Sciences, Cirebon City, West Java Province, Indonesia⁴ Public Health Program, Mahardika Institute of Health Technology, Cirebon, West Java Province, Indonesia⁵ Nursing Program, Sukabumi College of Health Sciences, Sukabumi, West Java Province, Indonesia⁶ Occupational Safety and Health Program, Politeknik Medica Farma Husada Mataram, Mataram, Indonesia⁷ Ph.D. Program in Demography, Institute for Population and Social Research, Mahidol University, Thailand^a Email address: heni.rusmitasari@unimus.ac.id^b Email address: supriatin98@yahoo.co.id^c Email address: msadli333@gmail.com^d Email address: liliamaliah200382@gmail.com^e Email address: tetentresnawan2020@gmail.com^f Email address: nameseno@gmail.com^g Email address: mareta.linia.21@gmail.com

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Abstract

The COVID-19 pandemic impacted all sectors of the world, including business. In fact, the employer faced a collapse, and many employees were determined. Another issue is health insurance, which might change before and during the pandemic. The objective of this study was to examine the factors associated with the employer's contribution to health insurance during COVID-19. The secondary data, "Rapid Gender Assessment Survey 2021", was used on 239 employees in Indonesia. The dependent variable in this study was employer contribution to health insurance during the pandemic (yes or no) and the main independent variable was employer contribution before the pandemic. Other sociodemographic variables were also included in the model as controls. This study used univariate, bivariate, and multivariate (binary logistic regression). The result of this study revealed that employers who contributed to health insurance before the pandemic tend to contribute again to health insurance during the pandemic. This study also reviews the legal law, including regulations about national health insurance and employment. The government's intention is needed to ensure the rights of employees are well realized.

Keywords: Health Insurance, Employment, COVID-19 Pandemic.***Corresponding Author:**

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1. INTRODUCTION

The COVID-19 pandemic has affected almost all sectors of the world, including the industrial sector. According to the pandemic situation, there is public finance which is the main source to handle the budget allocation, especially for health infrastructure and preparedness for economic stability after the pandemic (Jaelani & Hanim, 2020). In the industrial sector, human resources still need to be more productive even though the day work needs to be reduced but they need risk control and a preventive approach to prevent the transmission (Ambarwati et al., 2022). The economic situation in Indonesia declined because of a contraction in household and corporate expenditure, investment, and exports due to unemployment and underemployment (Ssenyonga, 2021). In Ghana, there was a need the collaboration from all sectors to ensure the insurance industry because there are changes in terms of the economic systems that force employees to work under social distancing regulations and practice the cyber protocol and e-payment (Babuna et al., 2020). The Effect of the pandemic on the economic sector was reported by the Ministry of Health and BPJS (Health Insurance Administrating Affairs) Employment, which described 1.7 million employees from the formal sector and 749.4 thousand informal employees were determined (Agustiana, 2020). More than 40 million people were being unemployed according to data from March to May 2020 (Agarwal & Sommers, 2020). Besides the industrial sectors, there is an impact on the tourism sector as well since there is a social restriction (Riadil, 2020).

In terms of the economic and industrial situations mentioned above, there was a right of employees that needed to meet, especially during the COVID-19 pandemic. During the pandemic, many employees were determined without any severance pay which was called “temporary force majeure” (Neysa & Sarjana, 2020). However, this situation needs to be concerning because there is a provision in Article 151A letter g and Article 154A letter d about the Job Creation Law (*Undang-Undang Cipta Kerja*), it was mentioned that the company has to pay severance pay for workers laid off during the COVID-19 (Neysa & Sarjana, 2020). Furthermore, Regulation Number 13 in 2003 about employment mentioned employers cannot determine the workers if the loss has not reached 2 years, so during the pandemic employers need to have alternative ways to solve the problem (Matantu et al., 2021). About the type of employee, there is found employees in health sectors were the riskiest to be transmitted by the COVID-19 virus so they were the priority (Möhner & Wolik, 2020). Based on the US (United States) data, about half of Americans received health coverage through their employer (King, 2020). The willingness to pay for the vaccine before it was provided for free in China was influenced by family income, employee size in the workplace, and the trend of the pandemic (Wang et al., 2021).

The implementation of Universal Health Coverage (UHC) in Indonesia is rapidly growing because there is a need for some initiative from the government to meet the Sustainable Development Goals (SDGs) by 2030 (Agustiana, 2020). This study focused on the contribution of employers to health insurance during the COVID-19 pandemic. One study in Indonesia revealed only 28% of workers pay the insurance, within particular factors influenced by the number of household members, financial hardship, membership in other social protection, and experience the health services (Dartanto et al., 2020). The rapid growth of UHC in Indonesia is also contributed by the industrial sectors registered the employees and the family members. At the national level, Indonesia provided free health care to the poor, and at the subnational level, due to the decentralization reforms, the local government competed to provide local health care schemes (Aspinall, 2014). In terms of risk in the workplace, there are many potential risks that put the employee at a high level of morbidity and mortality. Occupational and Health

Systems in the workplace need to reach the standard. Apart from the employee itself, there are family members who also need to be concerned.

Most of the studies examined the contribution of employers to health insurance by using the qualitative approach. However, this study used the quantitative data and adjusted to other control variables. The data provided in this study reflected the role of national health insurance and legal law in regulating the right of workers to health insurance. The changes in contribution can be the exact data for policy recommendation. This study aimed to examine the contribution of employers to health insurance during COVID-19 by using a quantitative approach from secondary data.

2. RESEARCH METHOD

This study is a cross-sectional approach using secondary data entitled Rapid Gender Assessment Survey. This study provided the data on health insurance during COVID-19 which was not found in other datasets. The survey was implemented by collaboration between the UN Women's Regional Office for Asia and the Pacific and the Asian Development Bank. The study was a multipurpose survey of COVID-19 data response, including health scopes, main economic activity, unpaid domestic and care work, food hardship, personal and household income, remittances, and government support. Based on geographic coverage, the survey was national coverage with a targeted population aged 18 years and above with access to a mobile phone. The sampling method used in the survey was Digit Dialling (RDD) using numbering plans from national business registers. Mobile phone coverage was 70% with differences based on sex, age, educational attainment, and location. The data collection was done from 14 September to 08 December 2021. The unit of analysis of this study was adults as the representative of the household. This study only selected the adults who were working and completely answered all the questions in the questionnaire. After excluding the observation with the criteria mentioned before, and doing data cleaning, a total of 239 adult workers were brought to the analysis. However, the original survey had a limited number of participants to represent all the Indonesian workers.

In terms of workers' rights during the pandemic, this study focused on the contribution of employers to health insurance during COVID-19 (no/yes). The predictors included the contribution before the pandemic (no/yes), sex (male/female), age group, area of residence (rural/urban), level of education, marital status, and received COVID-19 vaccine for at least 2 doses. The univariate analysis was done to display the general characteristics of informants. The bivariate analysis was done using the Chi-square test to examine the correlation between each predictor to the outcome. The multivariate analysis which is binary logistic regression was done to test the influence of all predictors on the outcome. All the data was tested using STATA version 17. All the datasets can be downloaded following the link:

<https://data.unwomen.org/publications/two-years-lingering-gendered-consequences-covid-19-asia-and-pacific>.

3. RESULTS AND DISCUSSION

Table 1. General characteristics of the respondents

| Variables (n = 239) | Frequency | Percentage |
|--|-----------|------------|
| Employer contributed to health insurance during COVID-19 | | |
| No | 168 | 70.29 |
| Yes | 71 | 29.71 |
| Employer contributed to health insurance before COVID-19 | | |
| No | 162 | 67.78 |
| Yes | 77 | 32.22 |
| Sex | | |
| Male | 175 | 73.22 |
| Female | 64 | 26.78 |
| Age group | | |
| 18-29 | 93 | 38.91 |
| 30-39 | 75 | 31.38 |
| 40-49 | 47 | 19.67 |
| 50+ | 24 | 10.04 |
| Area of residence | | |
| Rural | 93 | 38.91 |
| Urban (City and town) | 146 | 61.09 |
| Level of Education | | |
| Primary or less than primary | 51 | 21.34 |
| Secondary education | 126 | 52.72 |
| Tertiary | 39 | 16.32 |
| Vocational/College | 23 | 9.62 |
| Marital status | | |
| Married | 178 | 74.48 |
| Unmarried | 61 | 25.52 |
| Completed vaccine COVID-19 for 2 doses | | |
| Yes | 167 | 69.87 |
| No | 72 | 30.13 |

Table 1 above describes the general characteristics of the respondents. The contribution of employers to provide health insurance to the employees before and during the COVID-19 pandemic decreased from 32.22% to 29.71%. According to other sociodemographic factors, the majority of the respondents were male (73.22%), aged 18 to 29 years old (38.91%), living in the urban area (61.09%), graduated from secondary school (52.72%), were married (74.48%), and have received at least 2 doses of COVID-19 vaccine (69.87%).

Table 2 below displays the bivariate analysis results, which examine the correlation between each independent variable and dependent variable. The bivariate analysis was done using the Chi-Square test. It was found that some variables had a correlation to the dependent variable including contribution before the pandemic (p-value 0.000), level of education (p-value 0.000), and completed COVID-19 vaccine for at least 2 doses (p-value 0.010). Other variables such as sex, age group, area of residence, and marital status were found no correlation with the dependent variable. The data on coverage of health insurance in Indonesia based on

the findings of the study was similar to the findings from the US that found 60% of before the pandemic and 95% of employers continued to do so during the pandemic (Dafny et al., 2020).

Table 2. The bivariate analysis result between each predictor to the outcome variable

| Predictor variables (n = 239) | The employer contributed to health insurance during the COVID-19 pandemic | | Total | p-value |
|--|---|------------|-------------|---------|
| | No | Yes | | |
| Employer contributed to health insurance before COVID-19 | | | | 0.000 |
| No | 155 (92.26) | 7 (9.86) | 162 (67.78) | |
| Yes | 13 (7.74) | 64 (90.14) | 77 (32.22) | |
| Sex | | | | 0.750 |
| Male | 124 (73.81) | 51 (71.83) | 175 (73.22) | |
| Female | 44 (26.19) | 20 (28.17) | 64 (26.78) | |
| Age group | | | | 0.421 |
| 18-29 | 60 (35.71) | 33 (46.48) | 93 (38.91) | |
| 30-39 | 55 (32.74) | 20 (28.17) | 75 (31.38) | |
| 40-49 | 34 (20.24) | 13 (18.31) | 47 (19.67) | |
| 50+ | 19 (11.31) | 5 (7.04) | 24 (10.04) | |
| Area of residence | | | | 0.054 |
| Rural | 72 (42.86) | 21 (29.58) | 93 (38.91) | |
| Urban (City and town) | 96 (57.14) | 50 (70.42) | 146 (61.09) | |
| Level of Education | | | | 0.000 |
| Primary or less than primary | 47 (27.98) | 4 (5.63) | 51 (21.34) | |
| Secondary education | 89 (51.98) | 37 (52.11) | 126 (51.72) | |
| Tertiary | 16 (9.52) | 23 (32.39) | 39 (16.32) | |
| Vocational/College | 16 (9.52) | 7 (9.86) | 23 (9.62) | |
| Marital status | | | | 0.211 |
| Married | 118 (70.24) | 44 (61.97) | 162 (67.78) | |
| Unmarried | 50 (29.76) | 27 (38.03) | 77 (32.22) | |
| Completed vaccine COVID-19 for 2 doses | | | | 0.010 |
| Yes | 109 (64.88) | 58 (81.69) | 167 (69.87) | |
| No | 59 (35.12) | 13 (18.31) | 72 (30.13) | |

Table 3 show that, it was revealed that only the variable of contribution from employers before the pandemic that significantly associated with the contribution of employers during the pandemic. In detail, the employer who contributed to health insurance before the pandemic was 156.6 times more likely to contribute to health insurance during the pandemic compared to the employer who did not contribute. However, other variables were found not significantly associated with the contribution of employers to health insurance during the pandemic. The model is the best model because Pseudo R² was 0.5891 which has the meaning this model can explain the contribution of employers during the pandemic for 58.91%.

Table 3. The multivariate analysis result between all predictors and the outcome variable.

| Variables | AOR | 95% C.I. | p-value |
|--|--------|----------------|---------|
| Employer contributed to health insurance before COVID-19 | | | |
| No (ref) | - | | |
| Yes | 156.61 | 45.73 – 536.30 | 0.000 |
| Sex | | | |
| Male (ref) | - | | |
| Female | 1.29 | 0.41 – 4.04 | 0.657 |
| Age group | | | |
| 18-29 | - | | |
| 30-39 | 0.49 | 0.13 – 1.82 | 0.288 |
| 40-49 | 0.56 | 0.13 – 2.47 | 0.445 |
| 50+ | 0.77 | 0.09 – 6.20 | 0.803 |
| Area of residence | | | |
| Rural | - | | |
| Urban (City and town) | 0.51 | 0.16 – 1.60 | 0.247 |
| Level of Education | | | |
| Primary or less than primary | - | | |
| Secondary education | 2.69 | 0.43 – 16.86 | 0.290 |
| Tertiary | 1.80 | 0.24 – 13.70 | 0.568 |
| Vocational/College | 0.80 | 0.08 – 8.56 | 0.860 |
| Marital status | | | |
| Married | - | | |
| Unmarried | 1.15 | 0.36 – 3.66 | 0.813 |
| Completed vaccine COVID-19 for 2 doses | | | |
| Yes | - | | |
| No | 0.45 | 0.14 – 1.48 | 0.190 |

Note: Log likelihood = - 59.74, Pseudo R2 = 0.5891, LR chi2(11) = 171.32, Prob>chi2 = 0.000, No obs = 239

DISCUSSION

Some other previous studies revealed that BPJS employment and BPJS Health the required to receive wage subsidies during the COVID-19 pandemic (Yudi, 2021). Some studies focus on the legal protection of employees, which revealed two forms of legal protection such as from the employers that are mentioned in the letter of agreement signed by both employer and employee and the work experience letter from the government (Prajnaparamitha, & Ghoni, 2020). Due to the quick transmission of COVID-19, the government regulated the policy to regulate the policy, especially for the elderly (Gama, Budiarta, & Ujjanti, 2022). BPJS Employment also reported the lack of implementation of job security protection during the pandemic because some informal sectors have not registered yet (Nasution, Mulyana, & Apandi, 2021). The implementation of social insurance for employees faced a lack of issues including the differences between formal and informal sectors that need legal law from the government (Islahudin et al., 2022).

Another employee right during the pandemic is the responsibility of the employer to pay for termination based on the regulation of job creation no.11 of 2020 (Hutabarat et al., 2021). According to the successfulness of the implementation of BPJS Employment, there are 3 indicators to measure the factors of issues, including 3 indicators such as the ability to pay health insurance, low participants in the informal sector, and the quality of the services (Pristanti, Sukidin, & Hartanto, 2022). During the pandemic, employers also need to do testing, treatment, surveillance, surveillance, workplace modifications, and hygiene as a strategy to make it healthy and safe from the transmission of the virus (Fragala et al., 2021). In terms of health insurance, there is a need the cooperation between employer and employee because, in the Indonesian context, the fee is paid to the employer but not fully (Wang et al., 2021). The

economic recovery post-pandemic needs to be arranged very well because it affects short and long term to the poor and employee (Sparrow et al., 2020). Even though there is regulation, for instance, Large-scale social restriction policy, and lockdown the employee still has the right to have health insurance that covers them and the family (Muhyiddin & Nugroho, 2021). The right and obligations of workers, it was influenced by communication, technology, and globalization based on the UUCK (*Undang-Undang Cipta Kerja*) or Job Creation Law No.11/2020 as the latest labor law in Indonesia, and the outbreak of COVID-19, problems related to industrial relations have become increasingly complex (Hamid, 2021). The protection to the workers, especially health workers during the pandemic is the implementation of Article 28 D paragraph 2 of the Constitution (Wijayanti et al., 2021).

The legal law in terms of employee rights was written legally law including the regulation of the President of Indonesia number 82 in 2018 about health insurance, government regulation apart from Constitution Number 2 in 2020 about Creating jobs, and Regulation Number 24 in 2011, about the national health insurance (President of Indonesia, 2011; President of Indonesia, 2018; President of Indonesia, 2022). According to the legal law, those three facts that health a candidate could enjoy the force.

Based on the findings and discussion above, there is a study limitation. The information on the contribution of employers to health insurance during the COVID-19 pandemic is self-reported data, so there might be underreported data. This study had a limited number of samples that might not represent all Indonesian workers.

4. CONCLUSION

The factor associated with the contribution of employers to health insurance during COVID-19 was the contribution of employers to health insurance before COVID-19. Means that employers who take care to employee before COVID-19 is more likely to care more for the pandemic by continuing to provide health insurance whatever the economic conditions they faced due to the pandemic. The government must make strict rules that employers must continue to provide health insurance even though a pandemic occurs. However, other control variables (sex, age group, area of residence, level of education, marital status, and COVID-19 vaccine) have no significant association with the contribution of employers to health insurance during the pandemic. One impact of the pandemic on the business sector is the collapse of the company and most of the employee was determined. However, there was the right of the employee that needed to be met by the employer based on the legal law. One of the employee's rights is health insurance which is also covered by family members. The government needs to ensure that the implementation of the law to the employees is well implemented, including the law about Social Security Agency on Health, Social Security Administrator for Employment, and Job Creation Law. Furthermore, the next study can be done using mix-method (quantitative and qualitative) for analyzing the impact of the pandemic or other outbreaks on the contribution of employers to health insurance.

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