CHAPTER 1

INTRODUCTION

1.1 Background

The public health status of a country is very important in improving the quality of human resources. The quality of human resources can be a benchmark for the country's progress. In addition, a good health status can also make a person more productive. This is because health is important to determine a person's survival. The limit of health raised by the World Health Organization (WHO) is that health is a perfect state, both physical, mental and social and not only free from disease and disability (Eliana & Sumiati, 2016). Meanwhile, according to the Law of the Republic of Indonesia No. 36 of 2009, health is a state of health, both physically, mentally, spiritually and socially that allows everyone to live a socially and economically productive life (Ministry of Health of the Republic of Indonesia, 2009).

According to Tompa (2002), health in individuals can directly increase output. This increase in output can be interpreted as an increase in individual productivity. This is supported by the results of a survey conducted by the Commonwealth Fund Biennial Health Insurance Survey which shows that the decline in productivity is caused by three factors, namely: individuals who are unable to work due to poor health or have a disability, workers who lose time for their jobs due to health problems, and workers who are less productive at work due to their own health problems (Davis, Collins, Doty, Ho, & Holmgren, 2005).

Health status in every country is still a serious problem for WHO. This is because there are still inequalities in the health sector in each country, which has made WHO the main focus in the Sustainable Development Goals (SDGs) in recent years in the health sector. This inequality problem occurs due to differences in the level of education and demographics where people live. People's behavior and knowledge about the importance of maintaining their health status are also problems that cause this inequality. In addition, each

individual's healthy lifestyle and lifestyle can also lead to the problem of health status inequality. It is this problem of inequality that makes the health status of individuals in each country different. The difference in health status that occurs in each country can be seen from the country's economic conditions. Countries with good economic conditions have a high value on the health status of each individual. This can be seen from the state's focus not only on advancing the country's economy, but also improving the health status of each individual. In 2018, the WHO stated that the gross mortality rate in low-income countries was higher than in high-income countries with a difference of 2.8% and 0.5% (World Health Organization, 2019). Countries with high economies also have very high spending on health budgets. One example of a country with high health expenditure is Japan. This can prove that health care facilities in Japan are evenly distributed in both villages and cities. The distribution of health care facilities between villages and cities is an important factor in improving the health status of individuals in each country.

This is different from Indonesia, if access to health facilities in Japan has reached most of its population, then Indonesia still has obstacles in the distribution of health service facilities between villages and cities. According to a 2020 report by the Ministry of Health (Ministry of Health of the Republic of Indonesia, 2020), the number of health centers and other health services is uneven and is only spread across big cities that have easy access. The need for health services that are still unmet is increasing every year. Unmet health care needs in villages are more valuable than in cities. This shows that health service facilities in the village are still inadequate to support the improvement of public health in the village. People living in urban areas have a better health status than people living in rural areas. This is due to the limited access of rural communities to health facilities and socio-economic conditions that are less than urban (Hapsari, Sari, & Pradono, 2009).

The distribution of the number of doctors tends to be uneven between urban and rural areas. Urban areas such as Jakarta, Surabaya, and Bandung generally have better ratios of doctors than remote or outermost areas such as Papua, East Nusa Tenggara, and North Kalimantan. This creates significant

gaps in health services and is one of the main problems in the national health care system. This inequality has an impact on access and quality of health services in various regions, especially in remote and disadvantaged areas.

Table 1.1 Placement of medical personnel and hospitals

NO	Province	Number of medical personnel	Number of General Hospitals
1	Aceh	4.714	64
2	North Sumatra	10.009	195
3	West Sumatra	4.313	49
4	Riau	5.011	59
5	Jambi	2.080	38
6	South Sumatra	4.769	68
7	Bengkulu	1.150	22
8	Lampung	3.444	59
9	Bangka Belitung Islands	1.121	21
10	Riau Islands	2.189	30
11	Jakarta	22.724	141
12	West Java	27.091	309
13	Central Java	18.143	267
14	IN Yogyakarta	4.649	60
15	East Java	23.047	302
16	Banten	9.250	85
17	Bali	6.726	65
18	West Nusa Tenggara	2.246	34
19	East Nusa Tenggara	2.058	50
20	West Kalimantan	2.100	45
21	Central Kalimantan	1.548	24
22	South Kalimantan	2.501	38
23	East Kalimantan	3.341	45

24	North Kalimantan	691	11
25	North Sulawesi	3.093	43
26	Central Sulawesi	1.640	35
27	South Sulawesi	6.758	86
28	Southeast Sulawesi	1.607	36
29	Gorontalo	678	15
30	West Sulawesi	587	11
31	Maluku	1.076	30
32	North Maluku	769	20
33	West Papua	432	20
34	Papua	308	46

Source: Data processed (2024)

In addition to the demographics of where to live, another factor that causes inequality in health status in Indonesia is education. Education is very important in improving one's health status. A high level of education will make an individual's knowledge about health increase as well as things to do and avoid to maintain his health status well. Education can also build good and healthy habits and improve one's self-control skills. These two things can also affect a person's health status. The level of education in Indonesia is still quite low when compared to other countries.

Based on a survey conducted by the Organization for Economic Cooperation and Development (OECD) to measure students' knowledge in the fields of mathematics, science, and reading in Asian countries including Indonesia, Indonesia is ranked 13th out of 15 other countries including Malaysia, Singapore, and Thailand (Ministry of Education and Culture of the Republic of Indonesia, 2019). This shows that the government still needs to improve the quality and facilities in the field of education in Indonesia. In addition, according to WHO, Indonesia is a country with a large population but the average level of education is still relatively low. This can be seen from Indonesia's HDI which ranks 111th among 182 other countries (Saputra, 2019). The low level of education in Indonesia is also caused by the small number of schools spread across each region. According to BPS (Central Statistics Agency,

2014a), the older a person is, the fewer School Participation Numbers (APS) he or she has. This shows that the older people get, the lazier they are to pursue education. Education is essential for one's survival. With a high education, one will get a good job, get a good quality of life and earn a high salary. These three things can also determine the health status of the public.

In addition to demographics and education level, working hours also greatly affect a person's health status, according to Grossman (1972) investment in health states that individuals will choose optimal working hours based on the investment in health obtained. Longer working hours will affect a person's income, so that income increases, which will later affect the consumption of a healthier person with more adequate nutrition, but long working hours also have a negative impact on a person's stress level (Daniel Hamermes, 1996), in Indonesia the average normal working hours have a total of 8 hours per day or 40 hours per week for 5 working days, with 2 days off. However, it is not uncommon for individuals to choose to work beyond the normal working hours that have been set.

This study aims to find out whether there is an influence between people's living demographics, education level and income on the health status of individuals in Indonesia. This research is expected to provide ideas for the government as a policymaker to address the problem of the health status of individuals in Indonesia who are still considered poor among other neighboring countries. This study uses survey data from the National Socio-Economic Survey (SUSENAS) This data is processed, using logarithmic regression.

1.2 Problem Formulation

According to law No. 36 of 2009 on health, health is defined as a state of being healthy physically, mentally, spiritually, and socially that allows every individual to live a productive life socially and economically. A person who experiences health complaints must receive health services fairly, both in terms of demographics and other social factors. This study aims to determine the influence of demographics and socio-economics on health status in Indonesia.

Therefore, several problem formulations can be proposed to explain the problems in this study:

1. How does education affect health status in Indonesia?
2. Does the length of working hours play a role in determining health status in Indonesia?
3. How does gender affect health status in Indonesia?
4. Is there a difference between individuals with health insurance and individuals without health insurance?
5. Is there a difference in health status between individuals living in cities and individuals living in villages?

1.3 Research Objectives

Based on the formulation of the problem, the general objectives of this study are:

1. Identify the influence of education on health status in Indonesia.
2. Explain how household economic conditions (per capita expenditure) affect health status in Indonesia.
3. Identify the influence of gender on health status in Indonesia.
4. Evaluate the difference between individuals who have health insurance and individuals who do not have health insurance.
5. Describe the difference in the health status of individuals living in cities and individuals living in villages.