



THE INFLUENCE OF SOCIO-ECONOMIC STATUS ON THE ABILITY TO PURCHASE HEALTH SERVICES WITH THE VARIABLES BETWEEN HEALTH FINANCING PATTERNS IN THE COMMUNITY IN BUNGO DISTRICT

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ABSTRACT

Background: The guarantee of health protection is a constitutional right for Indonesian citizens as stipulated in the country's laws. In the process of health care, there are still obstacles and challenges that cause the achievement of public health levels to still not be optimal and as high as possible, one of which is because it requires complex and large financing sources so that all people get access to safe and affordable health services according to their needs, both individually, in groups, and in society in general. WHO recommends 6 health financing patterns that become measures measuring ability buy service health. Study This aims to examine the correlation between financing patterns and the ability to purchase health services in the community in Bungo Regency. **Method:** The research method uses a quantitative method with a cross-sectional approach in April-August 2024 with a total of 136 respondents calculated using the Lemeshow formula. The sampling technique used was accidental sampling, then analyzed using path analysis. **Results:** The results of this study indicate a direct influence between socio-economic status and health financing patterns on the ability to purchase health services in Bungo Regency. **Conclusion:** The better the management of financing from the government, private sector, and individuals, the community will get safe and affordable health services, so that the ability to purchase health services in the community in Bungo Regency will be higher.

Keywords : economy; ability; purchasing; financing; health

INTRODUCTION

National health is an important pillar in national development that must be prioritized properly and maturely by the government, as a concrete form of guaranteeing the rights of every citizen to realize a healthy life and realize the global agreement in the Sustainable Development Goals (SDGs) to achieve Universal Health Coverage (UHC). UHC aims to ensure that everyone, everywhere can get quality health services without causing financial problems due to the disease they suffer from. In addition, the high or low level of national health achievement will affect the economic, social sectors, to the productivity and welfare of the community so that health transformation is needed to achieve an increase in the level of public health. In 2020, the health sector became one of the Priority Programs of the Indonesian Government, namely increasing access and quality of health services [1] [2] [3].

Health is a healthy state of a person, both physically, mentally, and socially and not just being free from disease to enable him/her to live productively. In an effort to fulfill the needs and demands of the community for health, efforts are made continuously and in a targeted manner, one of which is through the implementation of health service programs. Fulfillment of the requirements for quality health services is stated in several service indicators including available , comprehensive , continuous , integrated , appropriate , *acceptable* , quality , accessible *and affordable* [4][5].

Health financing is a vital component in the national health system down to the regional level. Health financing refers to the management of financial resources to ensure that the health system is able to meet overall health needs, both individual, group and community needs. The implementation of health efforts must be able to provide fair and equal services to all levels of society with affordable financing [4] [6] [7].

Health costs can be divided into two categories: (1) money spent on personal health and (2) money spent on public health. Personal health costs relate to the health of a single individual or family, such as the cost of purchasing antibiotics to treat a bacterial infection, paying a midwife to deliver a baby, or buying strips for self-monitoring of blood glucose levels by people with diabetes. Public health costs relate to collective activities that protect a community, nation, or large population, such as the costs associated with investigating an infectious disease outbreak, marketing a mass polio vaccination day that is part of a global eradication campaign, using insecticides outside a locality to kill mosquitoes that can transmit pathogens harmful to humans, and developing evidence-based clinical guidelines for managing chronic diseases [8].

Health financing is funding that involves various parties, namely buyers (consumers, patients), service providers (health care facilities), and third parties (national or private insurance institutions, and other institutions). Health financing includes payments made individually to obtain health services to financing with health insurance. Health financing does not only think about how to obtain funding, but also how funds can be managed with the principles of effectiveness, efficiency, economy, fairness, transparency, accountability, and sustainability [9][10].

The exploration, allocation and expenditure of financial resources in the health financing subsystem is carried out to finance public health efforts (UKM) and individual health efforts (UKP) of the poor population with mobilization and from the community, government and *public-private mix*. Meanwhile, for the well-off population, public health financing is mainly from the community itself with health insurance mechanisms, both mandatory and voluntary [10].

In Indonesia, it is around 5-6% of the total APBN each year, however, there is still an increase along with the increasingly complex indicators from time to time. The problem of health funding in general is due to the lack of funds available for health program activities, the use of existing funds is not yet appropriate, namely prioritizing curative services rather than promotive and preventive services, more is used for urban areas, in terms of financing management is not yet perfect including increasing health financing along with changes in time that are increasing [11].

In Jambi Province, based on data from the Jambi Branch of BPJS Kesehatan (2020) and the Jambi Provincial Health Office, ownership of health insurance up to the last two years (2018-2019) was dominated by BPJS Kesehatan recipients of contribution assistance of 21.70% while BPJS Kesehatan non-recipients of contribution assistance were 24.80% [12].

The socio-economic readiness of families to finance their own households greatly influences the ability to purchase health services. Middle-income groups have a 10 times greater risk of falling into poverty compared to wealthy groups. WHO also recommends 6 (six) patterns in health financing that are used as benchmarks for the ability to purchase health services, namely direct government financing, health insurance, community financing, user charge out of pocket, governmental organization and external cooperation, and private sector financing. Therefore, a study is needed on the influence of socio-economic status on the ability to purchase health services with variables between health financing patterns and the need to be studied in this study.

RESEARCH METHODS

This study uses a quantitative method with a cross-sectional approach with the aim of determining the relationship between independent variables (socioeconomic status) and dependent variables (ability to purchase health services) through intermediate variables (health financing patterns) in the community in Bungo Regency and at the same time through interviews using a questionnaire instrument. This study was conducted in April-August 2024 with a total of 136 respondents calculated using the lemeshow formula. The sampling technique used was accidental sampling. This study uses *path analysis*, with the aim of analyzing the causal relationship between variables that occur in multiple regression if the independent variables affect the dependent variable not only directly but also indirectly. With data processing using the SPSS AMOS 26 application.

RESULTS AND DISCUSSION

The population in the western region of Jambi shows a very strong economic center, especially in Bungo Regency, with the second largest population composition after Merangin Regency, the potential for economic development that it has will become a center of trade in the future, including because of its strategic position on the border with Damasraya Regency, West Sumatra Province, and a supplier for Tebo Regency and its surroundings.

1. Distribution of Respondent Characteristics

Table 1.

Distribution of Respondent Characteristics

Respondent Characteristics	n	%
Age		
Teenagers (<26 years)	23	16.9
Adults (26-45 years)	54	39.7
Elderly (>45 years)	59	43.4
Gender		
Man	64	47.1
Woman	72	52.9
Education		
Elementary school equivalent	18	13.2
junior high school or equivalent	29	21.3
High school or equivalent	71	52.2
College	18	13.3
Work		
Civil Servants/TNI/POLRI	18	13.2
Honorarium/Retired Staff	7	5.1
Traders/Farmers/Fishermen	47	34.6
Self-Employed/Entrepreneur	38	27.9
Casual Daily Laborer	26	19.1
Number of Family Members		
Small Family (1-4 people)	88	64.7
Large Family (>5 people)	48	35.3
Head of Family Income		
Less than 2,000,000	105	77.2
2,000,000-3,999,999	24	17.6
4,000,000-5,999,999	4	2.9
More than 6,000,000	3	2.2

Based on Table 1, it is known that most of the respondents are elderly, namely 43.4%, most of the respondents are female, namely 52.9%, most of the respondents have a high school education or equivalent, namely 52.2%, most of the respondents work as traders/farmers/fishermen, namely 34.6%, most of the respondents have a small number of

family members, namely 64.7%, and most of the respondents have an income of less than Rp2,000,000 per month, namely 77.2%.

2. Distribution of Respondents for Direct Government Financing Variables

Table 2.

Distribution of Respondents for Direct Government Financing Variables

Dimensions/Indicators Financing from Direct Government Financing	Average Answer Indicator Respondents	
	< Average(%)	≥ Average(%)
1 Head family And member his family is supported all in all regardless Category Type his illness Good light, currently or heavy.	20.6	79.4
2 The government covers health costs public in a way direct Goodindividual, family And public	22.8	77.2
3 Head family easy to obtain direct costs from government in utilization of services health	32.4	67.6
4 total cost of health services covered by government	33.1	66.9
5 Family Which wait on moment patient being treated financed by government	20.6	79.4
6 Transportation And accommodation family and members his family financed all in all while waiting at a health care facility .	24.3	75.7
Average Variables	25.6	74.4

Source: Data field Which has processed (2024)

Based on the table above, it is known that the average financing from government in a way direct based on 6 The indicator shows that the majority, namely 74.4%, feel support direct financing from the government, while the rest 25.6% is possible government Not yet give support financing in a way directly. Then, the average of the respondent's answer indicators that were most felt on aspect government bear all costs regardless of Category Type his illness Good light, currently or heavy.

3. Distribution of Respondents for Health Insurance Variables

Table 3.

Distribution of Respondents for Health Insurance Variables

Dimensions / Indicator Health Insurance	Average Answer Indicator Respondents	
	< Average (%)	≥ Average (%)
1 I realize importance own cardguarantee in form BPJS Health for yourself And family	33.1	66.9
2 I and member family easy obtain a BPJS health card in accordance withcondition Which has set	33.1	66.9
3 I And member family own card guarantee health in form BPJS Health with cost covered by the government	44.1	55.9
4 I And family own card health insurance in help BPJS Healthwith cost personal in form contribution	42.6	57.4
5 I and my family members always obedient to pay contribution BPJS health in a way routine every month	33.1	66.9

6	I and my family members always use card guarantee BPJS health on moment get medical treatment to facility servicehealth	30.9	69.1
7	My family and I experienced ease on moment use health services	33.1	66.9
Average Variables		35.7	64.3

Source: Data field which has processed (2024)

Based on the table above, the average health insurance indicators are in 7 indicators shows that the majority of 64.3% stated that it is important to use health insurance in pattern election financing health, whereas the rest as big as 35.7% it is possible Still Not yet realize about importance insurance health. Then, in general, the average indicator of the respondents' answers is the most big felt on the aspect of card usage guarantee BPJS health on moment get medical treatment to facility servicehealth.

4. Distribution of Respondents for Community Financing Variables

Table 4.

Distribution of Respondents for Community Financing Variables

	Dimensions / Indicators Financing From Community Financing	Average Answer Indicator Respondents	
		< Average (%)	≥ Average (%)
1	I willing in a way to deliberate For support my family by forming lottery club For cost health in environment stay	33.1	66.9
2	I am willing to determine the amount of the contribution. must saved in accordance with ability family I based on deliberation in the environment.	33.8	66.2
3	I willing help manage against funds Which Already agreed in social gathering forum health	33.8	66.2
4	I willing do payment appropriate contribution with agreement (period monthly)	35.3	64.7
5	I willing give input placeor unit service health, moment the members experience or in condition Sick	35.3	64.7
6	I willing For do deliberation about form contribution besides Money based on deliberation together	33.8	66.2
7	I am willing to provide an understanding of the importance community financing in a way active to member family Which other in my environment	37.5	62.5
Average Variables		34.7	65.3

Data source the field that has been processed (2024)

Based on the table above, it is known that the average answer Respondent on financing from public Which divided in 7 indicator show that part big that is 65.3% to argue that financing support from public is part the biggest in effort access service health, whereas there is 34.7% Which to argue Not yet or No sourced from public it is possible support financing from source Which other, Good government and institution guarantor others. Then, the average indicator the most real answers of the respondents are poured out on the aspect of willingness to deliberate For support my family by forming lottery club For cost health in environment stay.

5. Distribution of Respondents Out of Pocket Variable

Table 5.

Distribution of Respondents for Out of Pocket Variables

	Dimensions / Indicators Financing from Out of Pocket	Average Answer Indicator Respondents	
		< Average (%)	≥ Average (%)
1	I do payment in a way direct use Money cash moment get medical treatment tofacility service health	34.6	65.4
2	I do payment in a way directly with use transfer moment get medical treatment tofacility service health	34.6	65.4
3	I And family get response Whichpositive moment do payment directly	36.8	63.2
4	My family and I find it hard to pay service health in a way cash	34.6	65.4
5	I And family experience difficulty if pay in a way cash	35.3	64.7
6	I And family No Can make sure how much cost Which must I pay during treatment to facility service health	34.6	65.4
	Average Variables	35.1	64.9

Data source the field that has been processed (2024)

Based on the table above, it is known that the average financing indicator from patient pockets is... directly presented in 6 indicators shows that 64.9% statedthat the patient pays the service fee directly from his pocket in the pattern of selecting health financing, whereas 35.1% possible originate from source financing other Good government and family. Then, in general, the average indicator of the respondents' answers is the most big stated on aspect ability do payment in a way directly using cash or account transfer when seeking treatment at a health care facility.

6. for Governmental Organization and External Cooperation Variables

Table 6.

Distribution of Respondents for the Governmental Organization and External Cooperation Variables

	Dimensions / Indicators of Financing from Governmental Organization and External Cooperation	Average Answer Indicator Respondents	
		< Average (%)	≥ Average (%)
1	Family I get guarantee helpcost get medical treatment moment to facility health services in accordance with type disease suffered	35.3	64.6
2	Family I get help cost for family Which wait in service facilities health	35.3	64.6
3	Family I get help cost of care stay in facility service health	36.0	64.0
4	Family I get help costs for supporting examinations at service facilities health	36.0	64.0
5	Family I get help recovery costs post treatment	34.6	65.4
6	Family I get help maintenance costs family	38.2	61.8

7	Family I get help cost for control repeat to facility service health	36.8	63.2
Average Variables		36.0	64.0

Source: Data field which has processed (2024)

Based on the table above, it is known that the average distribution of respondents' answers regarding financing from organizations government and external cooperation which is divided into 7 indicators shows that 64.0% state Respondent feel the benefits from source financing from organization/party outside country, while 36.0% came from sources other than aid from organization government/party outside, it is possible help from financing from source another, Good government and institution guarantor others. Then, the average indicator respondents' answers are poured out on the family aspect get help recovery costs post treatment .

7. for Private Sector Financing Variables

Table 7.

Distribution of Respondents for Private Sector Financing Variables

Dimensions / Indicator Financing from Private Sector Financing	Average Answer Indicator Respondents	
	< Average (%)	≥ Average (%)
1 My family thinks about the importance of having type guarantee insurance additional health Which more Good	35.3	64.7
2 My family sets aside part of its income in insurance in accordance secondary needs	38.2	61.8
3 My family thinks about the importance of having insurance soul	36.8	63.2
4 My family thinks about the importance of having type vehicle insurance	37.5	62.5
5 My family thinks about the importance of having type insurance Education	39.0	61.0
6 My family thinks about the importance of having type insurance business	36.8	63.2
7 My family thinks about the importance of having type insurance journey	36.8	63.2
8 My family thinks about the importance of having type insurance fire	38.2	61.8
Average variable	37.3	62.7

Source: Data field which has processed (2024)

Based on the table above, it is known that the average respondent's answer to private sector financing is divided into: in 8 indicator show that 62.7% state his opinion the need ownership insurance yes its nature voluntary/commercial, whereas 37.3% stated that they were still focused on mandatory/social ownership. related service health in particular. Then, the average indicator the largest respondent's answer is poured out on aspect family always think about the importance of having type guarantee insurance additional health Which more Good.

8. Distribution of Respondents of Socio-Economic Status Variable

Table 8.

Distribution of Respondents for Socioeconomic Status Variables

Dimensions / Indicator Socioeconomic Status	Average Answer Indicator Respondents
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		< Average (%)	≥ Average (%)
1	The amount of the head of the family's basic income in 1 month is 2-4 million.	11.8	88.2
2	The amount of additional income for the head of the family within 1 month is half of the basic income.	11.0	89.0
3	There is an additional amount of the head of the family's basic income within 1 month.	12.5	87.5
4	There is an additional amount of additional income for the head of the family within 1 month.	11.8	88.2

Based on the table above, it is known that the average respondent's answer to the socio-economic status is divided into: in 4 indicators show that more than 87% stated in his opinion, the amount of the head of the family's basic income is 2-4 million, the amount of additional income is half of the basic income.

9. Distribution of Respondents of the Variable Ability to Purchase Health Services

Table 9.

Distribution of Respondents for the Variable of Ability to Purchase Health Services

Dimensions / Indicator Purchasing Ability Service Health		Average Answer Indicator Respondents	
		< Average (%)	≥ Average (%)
1	Income I as head familycapable to finance service health if member family Sick	66.2	33.8
2	My family and I always take advantage of the service health government And privatelf family Sick.	67.6	32.4
3	I always own Money cash For service fee health If family Sick.	25.7	74.3
4	My job moment This, capable set asideincome For cost health family.	51.5	48.5
5	I always save For cost family health	77.2	22.8
6	I own treasure in the form of land Andordinary jewelry for sale or pawn If Money Which owned No Enough health costs family if sick	37.5	62.5
7	I always borrow money if sick family.	65.4	34.6
8	My whole family and I have BPJS membership in a way independent and able toto pay in installments every month.	66.9	33.1
9	My whole family and I have BPJS membership which is covered by the government.	25.7	74.3
10	I Still own debt loan for the cost service health.	26.5	73.5
Average Variables		51.0	49.0

Source: Data field which has processed (2024)

Based on the table above, it is known that the average answer Respondent on variable ability buy health services consisting of 10 indicators show that more than half (51.0%) state his opinion that respondents are not yet able buy cost service health, whereas 49.0% state capable or it is possible get help from party other Good family, society or from government. Then, the average indicator the largest respondent's answer is poured out on aspect have BPJS

Socioeconomic status and health financing patterns are exogenous variables, which can directly affect the endogenous variable, the ability to purchase health services. Based on these results, it can be concluded that there are 2 variables that directly affect the ability to purchase health services. The following is explained in the table below :

Table 11.
Regression Weights: (Group Number 1 - Default Model)

			Estimate	S.E.	C.R.	P
CF	<---	PPK	1,000			
OOP	<---	PPK	1,009	0,037	27,590	0,001
GOE	<---	PPK	1,003	0,038	26,401	0,001
PSF	<---	PPK	0,999	0,042	23,631	0,001
KMPK	<---	PPK	0,114	0,029	3,953	0,001
HI	<---	PPK	1,008	0,040	25,192	0,001
DGF	<---	PPK	0,682	0,065	10,501	0,001
KMPK	<---	SSE	0,104	0,027	3,884	0,001

Based on Table 3, it is known that socio-economic status has a significant effect on teacher performance with a P value of 0.001 (<0.05), while health financing patterns have a significant effect on the ability to purchase health services with a P value of 0.001 (<0.05).

Table 12.
Correlations

	Estimate
PPK <- SSE	,505
->	

The figure of 0.505 shows that the relationship between Socioeconomic Status and Health Financing Patterns is close (above 0.5). While the relationship is positive, which means that the relationship between the two is in the same direction, the higher the socioeconomic status of the ability to buy social services, the higher the health financing pattern.

Table 13.
Squared Multiple Correlations

	Estimate
KMPK	,633

Based on the table above, socio-economic status and health financing patterns contribute to teacher performance by 63.3%.

Table 14.
Standardized Direct Effects (Group Number 1 - Default Model)

	SSE	PPK	KMPK	OOP	PSF	GOE	CF	HI	DGF
KMPK	,440	,477	,000	,000	,000	,000	,000	,000	,000

Based on the table above, it explains that Socioeconomic Status has a direct influence on the Ability to Purchase Health Services with a path coefficient having a positive sign of 0.440, meaning that if Socioeconomic Status increases by one unit, then the Ability to Purchase Health Services will increase by 0.440 units. Health Financing Patterns have a direct influence on the Ability to Purchase Health Services with a path coefficient having a positive sign of 0.447, meaning that if the health financing pattern increases by one unit, then the Ability to Purchase Health Services will increase by 0.477 units.

Table 15.
Standardized Indirect Effects (Group Number 1-Default Model)

	SSE	PPK	KMPK	GOOP	PSF	GOE	CF	HI	DGF
KMPK	,000	,000	,000	,000	,000	,000	,000	,000	,000

Based on the table above, it explains that Socioeconomic Status has an indirect influence on the Ability to Purchase Health Services with a path coefficient having a positive sign of 0.000, meaning that if Socioeconomic Status increases by one unit, then the Ability to Purchase Health Services will increase by 0.000 units. Health Financing Patterns have an indirect influence on the Ability to Purchase Health Services with a path coefficient having a positive sign of 0.000, meaning that if the health financing pattern increases by one unit, then the Ability to Purchase Health Services will increase by 0.000 units.

Table 16.
RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	,070	,353	,299	,326
Saturated model	,000	1,000		
Independence model	,780	,038	,002	,036

Based on the table above, the resulting model has an RMR value of 0.070 or close to 0, so it can be said that the variables have a good fit.

12. The Influence of Socioeconomic Status on the Ability to Purchase Health Services

From the research results obtained, it is known that there is a direct influence of socioeconomic status on the ability to purchase health services. This means that H_a is accepted and H_0 is rejected. Socioeconomic status on the ability to purchase health services with a path coefficient has a positive sign of 0.440, meaning that if the socioeconomic status increases by one unit, the ability to purchase health services will increase by 0.440 units.

Health costs generally increase in line with income. People with high incomes tend to check and maintain their health more often and intensively compared to people with low incomes. (13) This study is also in line with research in Selayar Islands Regency that the greater the amount of income per month, the greater the ability to buy health services. This is because with high income, the allocation of health costs is greater, so it will provide a greater ability to pay for health service rates. (14) Then, the respondent's ability to pay for health services is also influenced by additional income, but because the additional income earned each year is unstable, it is better to use it to meet other daily needs than to pay for health services. (15)

13. The Influence of Health Financing Patterns on the Ability to Purchase Health Services

From the research results obtained, it is known that there is a direct influence of health financing patterns on the ability to purchase health services. This means that H_a is accepted and H_0 is rejected. The health financing pattern on the ability to purchase health services with a path coefficient has a positive sign of 0.477, meaning that if the health financing pattern increases by one unit, the ability to purchase health services will increase by 0.477 units.

Health financing patterns include direct government financing, health insurance, community financing, user charge out of pocket, governmental organization and external cooperation, and private sector financing. In Indonesia, for citizens who are unable to afford it, health cost subsidies are provided through the provision of BPJS health insurance to groups of recipients of contribution assistance who receive direct financial assistance from the government, so that these people do not pay insurance premiums, but still receive guarantees and protection for access to safe and affordable health services. (16) This is a form of equal access and equal financing needed to ensure that all citizens receive affordable and quality health services. BPJS Health is a type of insurance protection that covers medical, surgical, drug, and inpatient costs. The health service policy with this insurance system can reduce the burden on the community in health financing and of course must be supported by good control. (3) (17) (18)

In the out of pocket financing pattern, this financing has the main characteristic that each individual directly bears the amount of health costs according to the level of use of both health services and health goods/products. However, this model generally provides a large opportunity for excessive service because patients and their families generally do not know and are unable to recognize the problems and needs of their illness. (19)

Another thing that needs to be considered in out-of-pocket health financing is for patients with catastrophic illnesses who are burdened with quite high costs and have an impact on the household's economic situation. When viewed from its characteristics, patients who experience *catastrophic payments* mostly have heads of families who do not work, with family income levels in the medium category, come from small families, and generally have chronic diseases. The largest medical costs that drive *catastrophic payments* experienced by patients are mostly allocated to buying medicine and laboratory tests, but the majority of patients who experience *catastrophic payments* have a low *ability to pay (ability to buy health services)*. (17)

Although there are several health financing schemes, it cannot be denied that the main scheme that bears the burden of health for many people is government financing and insurance (national health insurance) by pooling individual risks into group risks or from a small group to a larger group. (20) This can be proven by survey results that show that in the United States more than 55% of the population is registered in the government health insurance scheme. (21) Even in Australia, around 87% of the population has health insurance which is also guaranteed by the government. (22)

The current health budget situation with various health development targets to be achieved in the future, makes the funds needed increasingly large. The existence of foreign capital today is one of the influences due to the globalization era. Health programs funded by foreign loans aim to improve the quality of health services in Indonesia, so that they become an important and urgent factor for national health development. Based on data on the proportion of financing through foreign loans in activities per sector carried out by the Ministry/Institution until the end of 2021. The health sector is in the third highest position which receives a proportion of financing, namely 8%. (23)

Like the economy in other countries, especially *emerging markets*, to achieve and maintain financial sector stability, Indonesia needs the role of the private insurance sector as part of the financial services sector in managing risks and sources of investment payments that

are quite large and innovative. The risk *coverage* of industrial activities managed by private insurance is quite broad in scope and is closely related to the real sector such as in the motor vehicle, property, health, and credit sectors. However, the private insurance market in Indonesia is classified as *underdeveloped* where the level of public awareness and utility of private insurance products is still very low even though the public's desire tends to want to have private insurance, but is not supported by adequate family income. (24)

CONCLUSION

The results of the study indicate that socioeconomic status has a direct influence on the ability to purchase health services with a path coefficient of 0.440, and so does the pattern of health financing has a direct influence on the ability to purchase health services with a path coefficient of 0.447. The better the management of financing sourced from the government, private sector, or individuals, the community will get safe and affordable health services, so that the ability to purchase health services in the community in Bungo Regency will be higher.

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