The Effect of Employment And Marriage on The Level of Community Welfare (Studies in Health Sector) in Indonesia

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Article Information

A B S T R A C T

This study aims to determine the effect of household health level on the level of welfare in Indonesia. Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. Health is an indicator of welfare for the community, so that every community has the right to obtain health services good and quality. The level of welfare is one of the achievements of the Sustainable Development Goals (SDGs). The problem that forms the basis of this research is to find out how much influence labor and marriage have on the level of social welfare, especially in the health sector in Indonesia. The research method used is a quantitative method with a linear regression model using secondary data. To find out the variables that influence the level of household health on the level of welfare in Indonesia, the variables used are marital status and the employment sector. To explain the level of household welfare, a cross-tabulation analysis was carried out. Meanwhile, to examine the relationship between the dependent variable and the independent variable, linear regression analysis was used. The research results obtained that the level of welfare in the health sector is influenced by employment variables and marriage variables. So it can be concluded that people who have jobs and are married have a much better level of welfare in the health sector. The hope is that all people in Indonesia are expected to obtain quality health facilities so that their level of welfare increases. Health improvement can be done by increasing medical facilities and improving the quality of medical staff.

Keywords: Health, Marital Status, Employment Sector, Welfare Level, IFLS 5.
JEL Classification Code: I10,R20,J20,I30,Y10

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INTRODUCTION

The employment sector has an influence on the level of health in the community. Decent work can support household health for the better. According to A Hamzah, employment is workers who work inside or outside a working relationship with the main production tools as the production process of the workforce itself, both physical and mental energy. Employment is all matters relating to labor before, during, and after the work period.

According to Sukirno (2006) labor has an effect on changes in the economic structure. This change is referred to the development of the labor supply, in developing countries such as Indonesia there is an excess number of workers, but there is a lack of capital which results in low marginal productivity of labor. If more and more Indonesian people are unemployed, it will lead to poverty.

According to Budi Zulfachri (2017), poverty is a fundamental problem that is of concern to the government. Good poverty data can be used to evaluate the government regarding policies taken or will be taken in the future. With the data for measuring poverty can be used as a good instrument for policy making by the government. Poverty is closely related to employment, the higher the unemployment rate, the higher the poverty rate.

Based on Alexandra Hukom's research, in a study entitled Employment Relations and Changes in Economic Structure on Community Welfare, states that there is a relationship between Employment and Economic Structure on Community Welfare. This study states that employment has a positive and significant influence on the level of community welfare. People who work can fulfill their needs in order to become more worthy. In addition, people who have jobs can get facilities in the form of BPJS Employment which can be used to support household life needs. A person who works will earn income that can be used to meet the needs so that the household can be said to be prosperous.

According to Mosher (1987), the higher the household income, the lower or lower the percentage of income that can be used for food (food) will be. A prosperous household when there is an increase in the value of income and the increase in the value of the income does not affect consumption patterns. On the other hand, households that are not prosperous when there is an increase in the value of household income can change consumption patterns. It can be said that an increased consumption pattern accompanied by an increase in income results in poor households.

In addition to the employment sector, household marital status also affects household welfare. According to the Law on Marriage No. 01 of 1974 Article 1, marriage is an inner and outer bond between a man and a woman as husband and wife with the aim of forming a happy and eternal family (household) based on the One Godhead. With the marital status, the household can be said to be more prosperous because there are partners who can help each other and complement the shortcomings in the household. The marital status of parents will affect the child's poverty level. According to Whiteford and Adema (2007), the trend of child poverty is influenced by the working status of the parents and the marital status of the parents.

Based on Euis Naya Sari's research in a study entitled The Effect of Household Economic Status and Conditions on Child Poverty in Banten Province in 2017 stated that marital status affects household welfare. Children with divorced parents will affect the level of household poverty. If the marital status of the parents is divorced, the child's household is more likely to be classified as poor compared to the parents who are married. In addition, in a study conducted by Agnes Dewi Astuti entitled Marital Status with the title Marital Status Improving the Quality of Life of the Elderly

in PSTW Sinta Rangkang Tangkiling Central Kalimantan stated that the factor that greatly affects the quality of life of the elderly living in PSTW Sinta Rangkang Tangkiling is the marital status factor. An elderly life partner who is beside him, makes the elderly have positive support that can improve the quality of life of the elderly.

The level of community welfare is the fourth point achievement of the Sustainable Development Goals (SDGs). The Sustainable Development Goals (SDGs) are global action plans approved by world leaders, including Indonesian leaders, which aim to end poverty, reduce inequality, and protect the environment. The SDGs contain 17 goals and 169 targets that are expected to be realized by 2030. Among the goals of the SDGs are reducing poverty, ending hunger, improving health that results in prosperity, better quality education, gender equality and others. The welfare of a better life has always been a hope for every human being. With the fulfillment of all the needs of household life, the household can be said to be a prosperous family. A situation where a household is said to be prosperous is that it can meet basic needs which can be seen from a decent place to live, able to meet the needs of clothing and food, meet the needs of education, good health levels, and others.

According to Badrudin (2012), there are 4 indicators of welfare that are often used, namely health, housing, nutrition consumption, and education, while other indicators are difficult to compare. In this study, we limit the indicators of public welfare to the health sector. Health is an important indicator of the level of community welfare. This is because the researchers adjusted to the availability of research data, namely from IFLS 5 data. According to the Health Office, health is the well-being of body, soul, and social that everyone can do to live a productive life both socially and economically. Household health maintenance is an effort that can be done to overcome and prevent health problems. Health problems require examination, treatment, and care. Not only physical examinations, treatment, and health checks but also mental health.

The condition of a healthy and fit human body is a condition that is expected by every living person, this is because with health everyone is able to carry out every function of life. The function of life in question is like working to generate income to meet the needs of life and carrying out various other life activities that are able to support their needs. Health is a very important factor in life which is the right of every person or human being, which is in accordance with the Law of the Republic of Indonesia (Republic of Indonesia) No. 39 of 2009 concerning health issues which states that health is a human right and is one of the an element or part of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution. (Lolipory, 2008).

According to Azwar (1994) health services are efforts made by an organization either individually or jointly to maintain and improve health, prevent and cure disease and restore individuals, groups and or communities. Health services provided to users of health services affect the behavior of the community itself. Behavioral patterns of health service users can be seen from the use of services such as inpatient and outpatient services based on expectations for better health care products or services. Another effort to improve public health services can be by increasing the number of checkpoints and handling public health problems. More places for inspection and treatment of health problems are needed by the community. With the availability of checkpoints around their homes, people do not have to travel long distances to get good health services.

Good health services and the fulfillment of all health facilities are needed by the community, especially people in rural areas. Rural areas usually receive less health facilities when compared to more developed areas. Complete health facilities in rural areas are able to boost the level of health towards a better direction. With a high level of health is expected to increase the level of household welfare. In this study, the data used are Indonesian data whose respondents come from various islands in Indonesia, including Sulawesi, Java, Sumatra, Nusa Tenggara, Papua. However, none of the respondents came from Kalimantan. Respondents come from various circles of society with various diverse backgrounds.

METHODOLOGY

The method used is a quantitative method. Quantitative method is a method whose data is in the form of numbers and can be calculated in units of calculation (Sugiyono, 2006). The type of data used in this research is secondary data. Secondary data comes from second hand or from existing data. The object of this research is employment, marital status, and public welfare in the health sector. All data used and needed in this study are secondary data obtained from IFLS 5.

The Indonesia Family Life Survey (IFLS) or the Indonesian Household Aspects Survey (Sakerti) is a multi-level (household, individual, community, and facility) survey, multi-topic, large-scale, and longitudinal. IFLS data is very rich data that can be used and explored to analyze phenomena related to Islamic economics, business, and finance. In this study, the data used were IFLS 5 data taken in 2015. Data processing is carried out using STATA 16.0. To determine the effect of the health level variable on the welfare level of the population, which consists of: marital status and employment sector. Based on this research, the right method to use is the Linear Regression Model.

The model that can be used in this study to determine the effect of the dependent/dependent variable probability (the level of public welfare in the health sector) on the independent/independent variable (employment and marriage) is as follows:

$$Y1 = 0 + B1X1 + B2 X2 + e$$

Information:
Y1 = Level of Welfare in the Health Sector; 0 = Constant ; B1 and B2 = Regression Coefficient; X1 = Marital Status (0 = Not Married and 1 = Married); X2 = Employment Sector (0 = l Informal Sector and 1 = Formal Sector); e = estimator error

To avoid misunderstandings about the data used, operational definitions of the variables in the study are needed, including: 1) Operational definition of Marital Status (X1) is the marital status of the respondents which can be unmarried, married, divorced, widowed or widower. 2) The operational definition of Employment (X2) is the employment sector or field of work of the respondent, which consists of 2 sectors, namely the formal sector and the informal sector. 3) Operational definition of Health Level (Y1) is a measure that shows how big the health rate is in the community.

RESULT AND DISCUSSION

Prosperity or prosperity refers to a good state, a human condition in which people are prosperous, in good health and at peace. The welfare of the population is a condition of meeting the material, spiritual and social needs of citizens so that they can live properly and be able to develop themselves, so that they can carry out their social functions. There are 4 indicators of welfare that are often used, namely health, housing, nutritional consumption, and education, while other indicators are difficult to compare. In this study, we limit

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the indicators of public welfare to the health sector. Health is an important indicator of the level of community welfare. According to the Minister of Health, Nila Moeloek (Minister of Health for the period 2014-2019) emphasized that the importance of health is the beginning of well-being and the importance of maintaining health by prioritizing promotive-preventive rather than curative behavior.

In this study, welfare indicators are limited to the health sector due to adjusting to the availability of research data, namely from IFLS 5 data. In addition, health is an important part of the level of welfare. The high and low level of health will affect the level of community welfare.

Table 1
Health Level Questionnaire

KK01	In general, how is your health status?	Very healthy 1
		Quite healthy 2
		A little bit not healthy 3
		Not healthy 4

The health level variable questionnaire uses 4 categories or measures of health level. Among the 4 categories or measures used to measure the level of health are very healthy, moderately healthy, slightly unhealthy and unhealthy. This category or health measure is the measure used in extracting IFLS 5 data.

There are 4 measures of health level used, namely, very healthy, quite healthy, slightly unhealthy and unhealthy. The category of respondents with very healthy and quite healthy information is included in the healthy section which is marked or symbol using the number 1.

Table 2
Health Level Tabulation

Health	Freq.	Percent	Cum.
0	6	2.74	2.74
1	213	97.26	100.00
Total	219	100.00	

Source: Secondary Data Processed, 2021

Based on table 2, it is known that the respondents who answered 0 (unhealthy) were 6 people out of a total of 219 respondents or 2.74%. While those who answered 1 (healthy) were 213 respondents out of a total of 219 respondents or 97.26%.

Table 3
Marital Status Questionnaire

AR13	Marital Status	Not married 1
		Married 2
		Separated 3
		Divorced 4
		Widow/er 5

Source: Secondary Data Processed, 2021

In the questionnaire about the marital status variable, there are several statuses of the respondents. Among the marital status of the respondents are unmarried, married, separated, divorced, widowed/widower. This choice of marital status is the choice used for IFLS 5 data mining. Marital status based on respondents' answers in this study consisted of several categories, namely: unmarried, married, separated, divorced, widowed/widower. In this study, the categories of unmarried, separated, divorced, widows/widowers were included in the unmarried section. The unmarried category is marked or symbolized using the number 0. Meanwhile, married respondents are marked or symbolized using the number 1.

Table 4
Marital Status Tabulation

Marital Status	Freq.	Percent	Cum.
0	168	76.71	76.71
1	51	23.29	100.00
Total	219	100.00	

Source: Secondary Data Processed, 2021

Based on table 4, it is known that the respondents who answered 0 (not married) were 168 people out of a total of 219 respondents or 76.71%. Meanwhile, 51 of the total respondents who answered 1 (married) were 219 respondents or 23.29%

Table 5
Employment Status Questionnaire

TK 55	In the last job before IFLS5, what is your job position?	a. Position: _____
		b. Firm/Employer : _____
		c. Industry: _____

In the questionnaire, the employment sector variables consist of the respondent's position or job status of the respondent, the company or employer, and the respondent who has an industry. Due to the variety of existing employment statuses, this measure of employment status was used in extracting IFLS 5 data.

The respondents' occupations come from several occupational backgrounds such as teachers, students, enumerators, research assistants, bank employees, workshop owners, shopkeepers, midwives, entrepreneurs and so on. In this study, the employment sector will be divided into 2, namely the formal sector and the informal sector. The formal sector includes the status of permanent workers assisted by permanent workers/employees/employees. While the informal sector is workers who are self-employed and independent workers. The formal sector of employment will be marked or symbol 1 while workers in the informal sector will be marked with 0.

Table 6
Tabulation of Employment Sector

Work	Freq.	Percent	Cum.
0	90	41.10	41.10
1	129	58.90	100.00
Total	219	100.00	

Source: Secondary Data Processed, 2021

Based on table 6, it is known that the respondents who answered 0 (not married) were 90 of the total 219 respondents or 41.10%. While those who answered 1 (married) were 129 respondents from a total of 219 respondents or 58.90%. Based on the validity and reliability tests on data processing, it shows that each indicator has met the validity and reliability requirements. This can be seen in Table 7.

Table 7
Validity and Reliability

Item	Obs	Sign	Item-rest Correlation	Interitem Correlation	Covariance	Alpha
Work	219	+	0.7475	0.0521	0.027649	0.0522
Marital Status	219	-	0.6538	0.0546	0.024507	0.0357
Health	219	+	0.2826	0.0480	0.093628	0.0849
Total				0.048595	0.0914	
Scale						

Source: Secondary Data Processed, 2021

Based on table 7, it is known that each variable item: 1) Employment level is declared valid with an item-rest correlation value of 0.7475, an interitem correlation value of 0.0521 and a positive covariance value which means that there is a positive relationship. 2) Employment status is declared valid with an item-rest correlation value of 0.6538, an interitem correlation value of 0.0546 and a positive covariance value which means that there is a positive relationship. 3) The Health Level is declared valid with an item-rest correlation value of 0.2826, an interitem correlation value of 0.0480 and a positive covariance value which means that there is a positive relationship.

Linear regression analysis is a statistical technique to determine the effect of the independent variable on the dependent variable. The aim is to see the effect of marital status ($X1$) and employment sector ($X2$) on the level of public health (Y). The results of the regression analysis to prove the effect of the independent variable on the dependent variable are as follows:

Table 8
Linear Regression

Health	Coef.	Robust Std. Err.	T	P>|t|	[95% Conf. Interval]	
Marital Status	-0.149104	0.298563	-0.50	0.618	-0.7375	0.439
Work	0.095035	0.232899	0.41	0.684	-0.36402	0.554
Cons.	0.9704771	0.197213	49.21	0.00	0.931606	1.009

Source: Secondary Data Processed, 2021

Based on table 8 the interpretation of the data above are: 1) Number of Obs = 219, which means that the number of respondents or observation samples is 219 people. 2) The value of F(2,216) means that the F test on DF (Degree of Freedom) has a value of 2 and 216. DF (Degree of Freedom) has a value of 2 which means that the number of variables tested is reduced by 1 (one), which is 3- 1 = 2 so that

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the value of DF (Degree of Freedom) is 2. Then the number 216 is the value obtained from the number of respondents/sample used minus the number of variables used. The number of respondents in this study were 219 people and the variables used were 3 variables, namely 219-3 = 216 so that the F value was 216.

In table 8 there is an F value found at 0.00802. If the F value <0.05, it can be concluded that the F test accepts the research hypothesis (H1) at a significance level of 5%. From the F value, it means that the independent variables (marital status and employment sector) have an influence on the dependent variable (public welfare in the health sector).

R-squared is a multiple determination coefficient, meaning how much the value of all independent variables can explain the dependent variable. In table 5 the R-squared value is 0.24 which means the dependent variable explains the dependent variable by 24%. Then the remaining 100% -24% = 62% is influenced by other variables that are not included in the model.

The resulting linear regression equation is as follows:

$$Y = 0.9704 - 0.149 X1 + 0.095 X2 + e$$

where Y is the level of household health; X1 is marital status: X2 is employment sector.

The interpretation of the above equation is: 1) If every time there is a change in the Marital Status (X1) variable, it will reduce the chance of a healthy household by 0.149. 2) if every change in the Employment Sector variable (X2) is 1 time, it will decrease the change by 0.095. Good occupational safety and health will produce high performance and vice versa if the company has low occupational safety and health it will have an impact on decreasing employee performance. Occupational Safety and Health (K3) is a thought and effort to ensure the integrity and perfection of the physical and spiritual workforce in particular and humans in general as well as the work and culture towards a just and prosperous society.

Based on Data Kata (2021), Health is an important pillar in the development of national resilience. The average score of the global health resilience index is 38.9 points out of a score of 100 points. Indonesia's global health resilience index is ranked 13th among the G20 countries in 2021 with score 50.4 points. Worldwide and among the G20 countries, the United States' index of global health resilience is the highest. The country pocketed a score of 75.9 points. Meanwhile, the global health resilience index research covers 195 countries. The assessment is based on six categories, namely prevention, detection and reporting, speed of response, health systems, compliance with international standards, and environmental risks.

Marriage and health are closely intertwined. Married people experience lower morbidity and mortality in various health threats such as cancer, heart attacks, and surgery. There are gender differences in these effects which may be partly due to the relative status of men and women. Most research on marriage and health has focused on heterosexual couples, and more work is needed to clarify the health effects of same-sex marriage. Simply being married, as well as the quality of one's marriage, has been associated with various measures of health. Research has examined the socio-cognitive, emotional, behavioral and biological processes involved in these relationships.

Research on the relationship between marriage and health has measured mixed results. These are broadly categorized as clinical endpoints, surrogate endpoints, and biologic mediators. Clinical endpoints are variables that affect people's feelings, function, and survival. They are recognized as important

outcomes by healthcare providers and patients, for example being hospitalized, or having a heart attack. Surrogate end points and biological mediators are types of biomarkers of objective indicators of normal or pathological physiological processes. The surrogate endpoint serves as a surrogate for the clinical endpoint. They are expected to predict clinical endpoints, based on scientific evidence. For example, elevated blood pressure has been found to predict cardiovascular disease. Biological mediators reflect short-term sources of stress that affect health outcomes through repeated or persistent activation. These processes do not have a sufficient evidence base linking them to clinical endpoints for upgrading to a class of surrogate endpoints. Examples include changes in hormone levels, or immune measures.

Studies from the University of Virginia, United States, show that single people in their twenties are more likely to drink alcohol, be depressed, and report lower levels of satisfaction with their lives, compared to those in their twenties and married. Christopher Fagundes, people who live together act more carefully than people who live alone. Even after major surgery, married people live better. Married people who have had heart surgery three times are more likely to live 15 years later than unmarried people, according to researchers from the University of Rochester, US. It's not clear if this is because they feel more motivated to stay healthy or because a partner is looking after them. The happier the marriage, the better the outcome.

Another study of nearly 2,000 women found that women in happy marriages slept better, and found it even easier for them to fall asleep. Wendy Troxel of the University of Pittsburgh, who authored the study, also reports that divorced women tend to sleep worse than married women. Then, a study from the University of California, citing The

Telegraph, also states that married people are more likely to survive cancer. A large study of about 800,000 cancer patients found that marital status is a useful indicator of a person's cancer treatment outcome. Married cancer patients were more likely to stay on treatment, and the researchers attributed it to the fact that they had reliable "social support" from a partner.

Another advantage of getting married is that you will live longer. Living with a partner reduces mortality for men by 80 percent and for women by 59 percent, according to researchers from Michigan State University and the University of Cincinnati. Lead researcher Hui Liu said that marriage had a more dramatic effect on longevity than simply staying with a partner without marriage ties. According to Hui, many consider marriage and cohabitation (living in the same house without marriage ties) to be the same, but our research shows that cohabitation generally leads to a shorter lifespan. Minister of Health Nila Moeloek emphasized the importance of health as the beginning of prosperity and appealed to the public to be able to maintain health by prioritizing promotive-preventive behavior rather than curative. The government's efforts to improve the welfare of the community in the health sector: Cooperating with the World Health Organization (WHO) in conducting health programs. Carry out environmental quality improvement programs either with their own abilities or through collaboration with foreign countries.

CONCLUSION

The level of household welfare in the health sector is influenced by marital status and the employment sector. After a person gets married and gets a good job sector, the level of household welfare will increase. The level of household welfare will affect the level of public health because one of the indicators in measuring the level of community welfare is the level of health.

The need to improve public health will affect the increase in the level of welfare in the household. Improving the quality of health can be done by increasing health services and facilities in the community. Improving the quality of health services and facilities is still highly expected in order to achieve the goals of community welfare. There are several policies that should be taken by the government to improve welfare in the health sector. Health service policy is a policy that focuses on health services as an organized effort to treat or treat disease, disability, or disability. Health policy can include public and private policies on health. Health policy is assumed to encapsulate all directions of action affecting the institutional arrangements, organizations, services and financing arrangements in the health system. Among the policies that health classes can take before marriage; sharpening strategies for pregnancy readiness; health insurance and risk of accidents for workers; assistance for the use of health facilities for underprivileged people; and efficiency in the use of health insurance facilities. With these policy recommendations, it is hoped that the level of community welfare in the health sector will be much better and more people can enjoy health facilities.

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