THE ECONOMIC AND HEALTH FACTOR ON HAPPINESS INDEX OF INDONESIAN CITIZENS

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ABSTRACT

People who live with poverty lack resources to fulfill their basic needs such as food, clothing, education and health care. On average, their monthly expenses would not exceed the standard poverty line. The quality of education and healthcare can be measured by the Mean Years School (MYS) and Public Health Development Index (PHDI). Poverty, MYS and PHDI play a part in the Human Development Index (HDI) which in turn will affect the Happiness Index (HI). The main discussion in this journal is whether poverty, MYS and PHDI has any influence on the Happiness index of the Indonesian people. This study uses secondary data from 33 provinces and the National data of 2018 that was retrieved from Statistics Indonesia, in conjunction with path analysis as the analysis tool of choice. Research results reflect that based on the regression coefficient value (r) the four independent variables have simultaneous relationships with IKb of 0.534 and the determinant coefficient value (R-Square) of 0.286. Though this relationship is not Significant (0.198) to the IKb. Partially, only poverty has a negative relationship that is not Significant (0.038) to IKb with the parameter coefficient value of -5.273.

KEYWORDS: Poverty, Education, Health, Happiness

1. INTRODUCTION

One can be categorized as poor when their lack of resources (ie income) limit their ability to afford their basic needs. It can be measured by the poverty line (GK). The GK includes the minimum average expenditure per capita for food items and non-food items. Poverty line or GK is always changing, it is influenced by the development of people's purchasing power. In March 2020, the monthly GK was Rp. 458.947 per capita, fast forward to 2021, it increases to Rp. 472.525 per capita. The amount of people in poverty in March 2020 was 26.42 million people, this number grew to 27,54 million people.
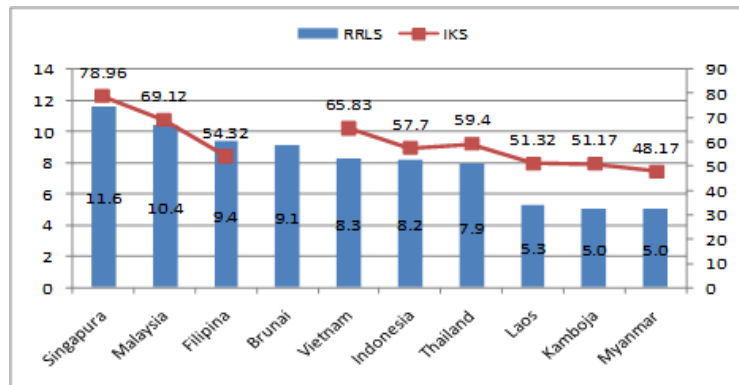
Graph 1. Mean Years School and Health Index in ASEAN Countries
Note: RRLS = Mean Years School
IKS = Health Index

Poverty has always been a factor that limits people's access to (formal) education. On average, developed countries have a higher MYS than the developing countries. In 2020, among ASEAN countries, Singapore had the highest MYS, which was 11.6 years, followed by Malaysia with 10.4 years. Indonesia sat on the sixth place with 8.2 years, placing Indonesia higher than Thailand, Laos, Cambodia, and Myanmar.

Poverty also makes it difficult for people to afford great healthcare. Lack of healthcare can often make people ill; this can make them less productive and their wage will be relatively lower than their counterparts. In 2016, the World Bank recorded that the highest expenditure per capita for health was from Singapore, which was $4.083,8, the highest in the world. On the other side, the second largest expenditures in ASEAN region were A with $1.812,4 and Malaysia with $362,7. This number is higher than other countries, Vietnam, Philippines, Myanmar, Cambodia, and Laos. This condition makes Singapore has the highest health index which was 78.96, followed by Malaysia with 69.12, meanwhile Myanmar has the lowest health index with 48.17 (Graph 1)

Poverty, mean years school (MYS), and health index are not only interrelated, but they also affect the human development index (HDI). The higher HDI the greater the quality of life and the greater the progress of development in the country. In 2019, Indonesia's HDI was 0.707, which is still considered as low, it was ranked 111th out of 189 countries, while Norway had the highest HDI, 0.954. Looking at the data, we could see there was clear indication that regions or countries that are prosperous economically, have higher HDI than other regions. In 2021, Jakarta was ranked as the region with the highest HDI with 81.11, the highest in Indonesia. Jogjakarta sat in second place with 80.22. On the other hand, East Nusa Tenggara province (NTT) was ranked in the 32nd out of 34 provinces, below were West Papua with the HDI of 65.26 and Papua province with 60.62.

The main problems in this research are 1) Are poverty, education, health/welfare, and human development index related to each other? 2) Do poverty, education and health/welfare have a relationship with the happiness of the people? 3) Which variable has the biggest effect in shaping people's happiness? The purpose of this study is to determine 1) the relationship between poverty, education, health/welfare, and human development index, 2) the relationship between poverty, education, and health on the population happiness, 3) how big does the impact each independent variable have in shaping the population happiness.

2. Data, Variables, Analysis Techniques

2.1. Data and Variables

This study uses secondary data that was published by the Statistics Indonesia and other similar reliable resources. There are 35 research subjects, which includes 34 of Indonesia's provinces, and national (Indonesia). Variables that were studied are poverty (X_1), education (X_2), health/welfare (X_3), human development index (X_4), and happiness index (Y). The human development index (HDI) plays as the intermediate variable that connects the rest of the independent variables to happiness index (Y). The relationship can be seen by looking at table 2.1.

Table 2.1 Treatment and Variable Measurement Technique

No	Variable	Measurement	Data Scale	Data Type	Data Source
1	Poverty (X_1)	%	Ratio	Quantitative	Statistics Indonesia
2	Education (X_2)	MYS	Ratio	Quantitative	Statistics Indonesia
3	Health (X_3)	PHI	Ratio	Quantitative	Statistics Indonesia
4	Human Development Index	HDI	Ratio	Quantitative	Statistics Indonesia

	(X4)				
5	Happiness Index (Y)	HI	Ratio	Quantitative	Statistics Indonesia

2.2 Data Analysis Techniques

Though the study is a ratio scale, there are variables that act as intermediates (HDI/X4). The path analysis tool was used in this study. The appropriate formal model is:

I. $X2 = P21X1 + P2w.W$
II. $X3 = P31X1 + P32X2 + P3u.U$
III. $X4 = P41X1 + P42X2 + P43X3 + P4v.V$
IV. $Y = P41X1 + P42X2 + P43X3 + PY4X4 + PFIX1X4 + PFIX2X4 + PFIX3X4 + PYz.Z$

2.3. Classical Assumption Test

There are four types of classical assumptions that are being studied: 1) normality, 2) linearity, 3) multicollinearity, and 4) autokolerasi assumption. Research results reflect that said assumptions were sufficient. The Sign value for normality assumption, linearity assumption and multicollinearity assumption of each independent variable was greater than the alpha value of 0.005. In the case for autokorelasi assumption, we chose to use Durbin-Watson statistics. The value that came out was close to 2, it was 1.782, therefore, statistically this research data was declared appropriate for further action.

3. The Path Analysis Result
3.1. Formal Model

The result of the path analysis is shown in the form of an equation based on the formal model; the summary can be seen in table 3.1

Table 3.1 Summary of Path Analysis Results: Formal Model

Model ke..	Pemodelan	Koefisien Jalur	Signifikansi		Koefisien		Nilai Residu
			t	F	Regresi(r)	Det.(R²)	
I	$X2 = P21X1 + PX2t.T$	-0.488 X1	0.003	0.003	0.488	0.238	0.872
II	$X3= P31X1+P32X2+Px3q.Q$	-0.486 X1	0.005	0.001	0.612	0.375	0.790
		0.204 X2	0.212				
III	$X4= P41X1+P42X2+P43X3+PX4t.Z$	-0.133 X1	0.042	0.000	0.947	0.896	0.322
		0.496 X2	0.000				
		0.514 X3	0.000				
IV	$Y= PY1X1+PY2X2+PY3X3+PY4X4+$ $FIX1X4+FIX2X4+FIX3X4+PYw.W$	-5.273 X1	0.038	0.198	0.534	0.286	0.846
		3.289 X2	0.405				
		4.396 X3	0.215				
		3.751 X4	0.017				
		4.490 X1X4	0.258				
		-3.742 X2X4	0.506				
		7.603 X3X4	0.254				

3.2. Effective Contribution (SE)

Table 3.2 Effective Contribution (SE) of Each Independent Variable (X) on Dependent Variable (Y)

No	Variable	Path Coef.	Coef.r.PM	SE	Rank
1	Poverty (X1)	-5.273	-0.095	0.501	III
2	MYS (X2)	3.289	0.156	0.513	II
3	Public Health Index (X3)	-4.396	-0.181	0.796	I
4	IPM	-3.751	-0.071	0.266	IV

	(X4)				
5	F1X1*X4	4.490	-0.093	-0.418	VI
6	F1X2*X4	-3.742	0.068	-0.254	V
7	F1X3*X4	7.603	-0.147	-1.118	VII
	Total of SE of each independent variable (X) on dependent variable (Y)		0.286		

4. DISCUSSION

In this section, we will discuss the interpretation of the result of the statistics analysis using relevant theories and hypothesis test as follows:
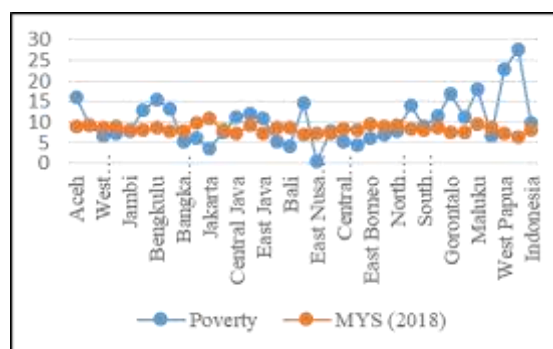
4.1. Poverty

Not everyone has sufficient ability to meet their daily needs, due to different characteristics and resources capabilities. On average, people who have a high school diploma and work in the formal sector and live permanently in urban areas are relatively more financially capable than their counterparts. In March 2020, 12.82% of people who live in rural areas were considered poor, this number was higher than in comparison to people who live in rural areas, which was 7.38%, in the same period of time. However, in September 2020, both of the numbers increased, 12.82% increased to 13.20%, 7.38% became7.88%. Similar cases have happened to other provinces as well. In 2018, Papua, and West Papua were at the first and second ranks, followed by East Nusa Tenggara. Respectively, 27.74% and 23.01%. On the other side, provinces like Jakarta and Bali, had the lowest rank in terms of poverty percentage. Respectively, 3.57% and 4.01%, beating the National (Indonesia)'s percentage. (Graph 4.1)
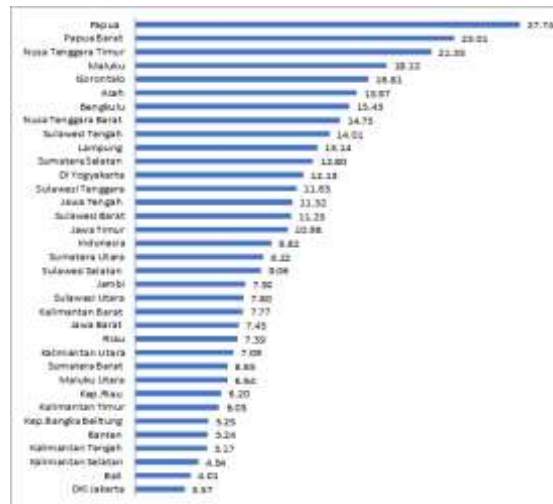
Graph 4.1 Percentage of Poor Population in Each Province, 2018

Graph 4.2 explains the relativity of the relationship between poverty and mean years school (MYS). Jakarta province has the lowest poverty percentage in Indonesia, with 3.57%. When it comes to MYS, Jakarta also sits at the highest rank with 11.05 years of MYS, surpassing the National number, which was 8.17 years of MYS. In second place was Riau Island with 9.81 years of MYS and the poverty rate of 6.20%. Maluku province on the other hand, although it is one of the provinces that has the highest poverty rate (18.12%), however, its MYS (9.58 years) is still higher than West Sumatra, Gorontalo, which both have relatively low poverty rate compared to other provinces. (Graph 4.2)

Graph 4.2 Relationship between Poverty and Mean Years School from Each Province in Indonesia in 2018

However, the results of the inferential analysis suggest a negative relationship between poverty and MYS, the path coefficient value was -0.488, indicating that as the poverty rate increases, the mean years school decreases by 0.488. The Sign value from this was 0.003, this is smaller than the alpha value of 0.005, therefore making the hypothesis acceptable. The relationship between MYS can be considered weak, with the regression (r) coefficient value of 0.488, meanwhile, the determinant coefficient (R^2) value was 0.238. This suggests that 24% of MYS is determined by the poverty rate and the other 76% is being contributed by other variables that are not included in the model.

Hadi (2019), in their research uses the secondary data that was derived from Statistics Indonesia for the Java province (2017). They found a similar case where poverty has a negative but Sign relationship with MYS. The coefficient value from said research was -2.904 with the Sign value of 0.000. Furthermore, the coefficient regression (r) value was 0.842 and the determinant coefficient value (R^2) was 0.709. In a completely different case, Bado, Salamun and Syamsul (2015) found that poverty has a Sign and positive relationship with MYS. The coefficient value from their research was 0.055 with the alpha value of 0.005, it also has the highest t.test value, which was 2.904. This means that each increase in poverty also increases the value of MYS by 0.005. This founding goes against the theory.

The population expenditure from provinces with relatively high gross domestic regional bruto (GDRB) is bigger than other provinces with low GDRB. In 2021, Jakarta's GDRB was Rp. 2.914.58 (billion), the highest number in Indonesia. Furthermore, in the same year, it was stated that Jakarta's per capita expenditure for curative medical purposes was Rp. 44.672, on the other hand, the per capita expenditure for preventative medical purposes was Rp. 22.970. East Nusa Tenggara (NTT), on the other hand, had Rp. 6.150 for curative medicine and Rp. 4.029 for preventative care. West Nusa Tenggara (NTB), had relatively better statistics compared to NTT, the average expenditure for curative medicine was Rp. 16.958 and Rp. 7.348 for preventative medicine (Statistics Indonesia – Healthcare - 2021).

Differences in expenditure has made people who live in Jakarta relatively healthier. In 2018, 11.5% of children in Jakarta suffered from stunting, this rate is 6.1% lower than NTT (26.7% and 16%) and NTB (24.3% and 9.2%). In the case of Papua Province, it was 17.8% and 15.3%. This number is even lower than the national rate which were 19.3% and 11.5%, in the same year.

This causes the human development index (PHI) to increase for provinces that are advanced economically. This suggests that between poverty and PHI there is a negative relationship, the higher the poverty the lower the PHI gets. (Graph 4.3)
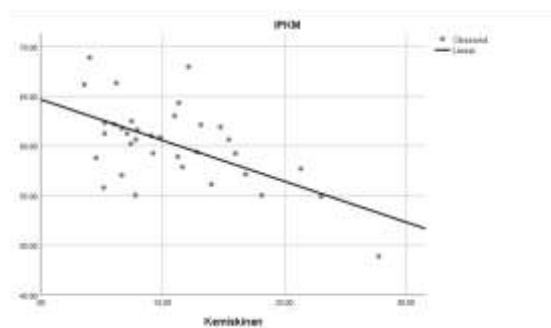
Graph 4.3 Relationship between Poverty and Public Health Index Indonesia in 2018

Azahari, Reza (2020), attempted to find out the relationship between poverty and health education. Partially, this produces -0.0651 of parameter coefficient for health, with Sign value of 0.000. With

each increase in poverty, the health index of the population tends to decrease about 0.0651. It could also be concluded that poverty could cause illness, this will affect the PHI. Similar results also were found in this study, there is a negative relationship that is also significant between poverty and PHI. The parameter value above was -0.486 with Sign of 0.005. That being said, the hypothesis on the Sign relationship between poverty and PHI could be accepted.

Poverty not only has a negative impact on PHI, but also has the potential to decrease the human development index (HDI) and happiness index (HI). HDI is an index that is composed of three elements; 1) economy, 2) knowledge, 3) health. Economic element is related to standard of living such as adjusted real per capita expenditure. Knowledge related to two aspects, which are i) the mean years school, ii) the expected time of schooling. The third element is health, this is measured by life expectancy. Every province has these three elements of HDI, however, they are varied, in quality or quantity. Economically advanced provinces tend to be able to provide their citizens a higher quality of health care, and education, making their citizens healthier and more educated, this in turn would increase the value of HDI. Hakim, et all (2021), when analyzing the secondary data found that in West Java, the economic development has a positive relationship that is also Sign with HDI, the coefficient value that was produced was 0.065.

Statistics Indonesia stated that in 2018, Jakarta had the highest HDI: 80.47, followed by Jogjakarta and East Borneo, respectively 79.53 and 75.83. This number surpasses the national rate which was 71.39. A few provinces in the east and in the central had the lowest HDI, such as Papua with 60.06, NTT with 64.39, and NTB with 67.30.

An inferential analysis that is used in this study suggests a negative relationship (-0.133) and Sign relationship between poverty and HDI. Meaning that with each increase in poverty, HDI will decrease as well, similar to what Syofya (2018) and Hakim, et al (2021) found in their research.

Poverty can affect the quality of someone's daily needs: food, health, and education. Often people who live under poverty do not think about the quality of those needs, the main goal for them is just to be able to afford it. They purchase food so they don't starve, attend school so they know how to read, build a house with the only purpose of protecting them against the sun, from rain or wind. All of these will negatively impact their overall welfare and happiness. Indonesian dictionary (KBBI) (2005), stated that well-being means happiness, and feeling content with what you have. Happiness index is an index that is composed of ten (10) aspects: health, education, work, social relationship, house/assets, environment, a sense of security (Rahayu, 2016). These ten aspects can be summarized into three dimensions; 1) life satisfaction: personally, socially, 2) affect, 3) Eudaimonia. We can conclude that the indicator for well-being is multidimensional.

Easterlin (2014) in their research proved that income is not the only factor that is related to happiness/well-being. This research result is later known as the Easterlin Paradox (Rahayu, 2016).

Social dimension is an important factor that has an effect on someone's happiness (Helliwell and Putnam, 2004). Income can be an indicator of poverty. People with a higher income find it easier to fulfill their daily needs, this ability to afford basic needs can lead to happiness. The result of the coefficient negative path from this study was -5.273, indicating that as poverty increases happiness index decreases by 5.273, even though said relationship is not Sign, the alpha value was 0.005, smaller than the probability value (0.238). The same goes with the descriptive result, there is a similar tendency where poverty would decrease the happiness index. (Graph 4.5).
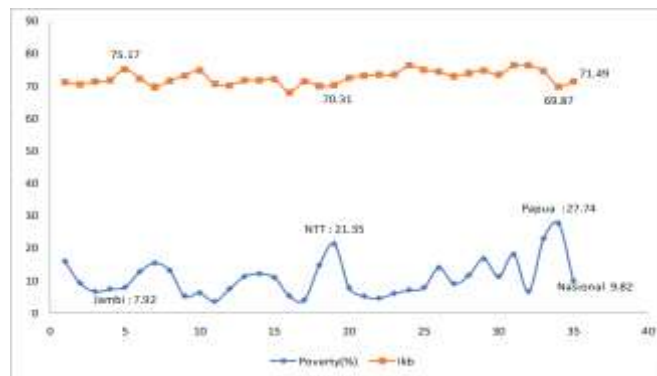
Graph 4.4 The Relationship between Poverty and Indonesian PHI in 2018
Note: HI/Ikb = happiness index

4.2. Mean Years School

Education is one of the ways to a better life that will eventually increase productivity which will increase income. There is formal education, informal education, and nonformal education. All of these have an important contribution to the quality of productivity and income. In the case of formal education, there is structure and level to it. All of the education processes that take place at any level have to obey the Sisdiknas No.20, 2003 law. The class curriculum, study method and teacher evaluation should be held regularly.

In the case of non-formal education, it tends to be more flexible and it is temporary, it is designed according to the needs in a short period, shorter than formal education. Non-formal education can have its level, depending on the urgency and the goal that wants to be achieved. Internships, workshops, training or even additional courses held by schools can be categorized as non-formal education. On the other hand, informal education can happen socially, for example, in school, house, workplace, it can happen in and outside of a person's house.

Mean years school is one of the indicators of success in an education field. Means years school or MYS is the length of time that is used for a person to attend a formal education. The higher the population's MYS, the higher the level of education that is being achieved, this leads to more productivity and higher income. Todaro (2003) stated that an individual income will surpass the

education cost, this applies to all levels of education. The higher the education the higher the income (Graph 4.6)
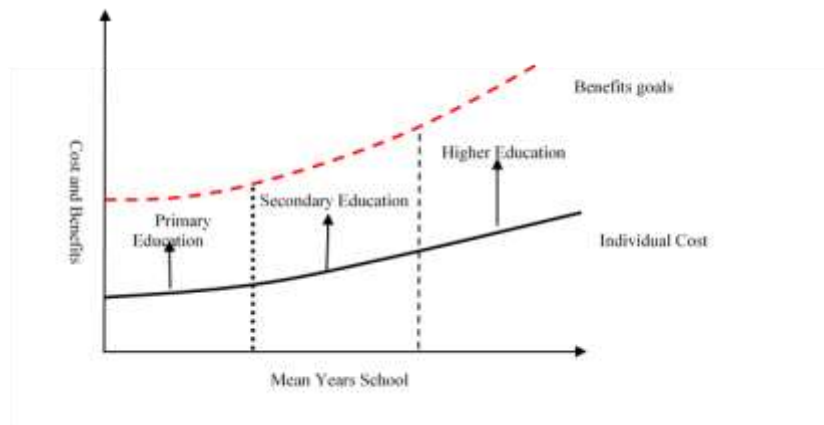
Graph 4.5 Relationship between Income and Cost of education based on the education level

4.3. Public Health Development Index (PHDI)

In addition to higher productivity and income, those with higher education tend to have relatively broad knowledge and a healthy lifestyle. They pay attention to types of food that they consume, usually the food is nutritious and healthy.
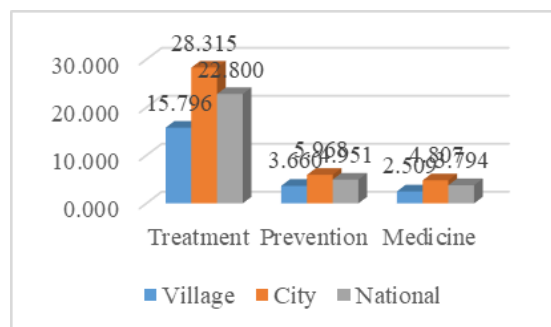
Graph 4.6 Indonesian people's average expenditure per capita/month for health purposes in 2020

Health control should be held regularly by the government or private health facilities. This kind of healthy lifestyle is mostly experienced by people living in urban areas. The average costs of treatment prevention and medicine purchase are higher for urban communities, higher than the rural and national costs (Graph 4.7). This condition is one of the causes of the difference in the public health development index or PHI between cities and villages. Ross (1995) argues that people with higher education will experience better health than people with lower education.

The result of the inferential analysis in this study found the evidence that MYS had a positive relationship with PHI, resulting in a path coefficient value of 0.204, however, this relationship is not

Sign. The value of Sign was 0.212, exceeding the alpha of 0.005, therefore, the hypothesis between MYS and PHI is rejected.

4.4. Human Development Index (HDI)

Education (MYS) together with health (PHI) are two (2) out of three (3) components that make up the human development index (HDI). The mean years school and the expected length of school represent aspects of education.
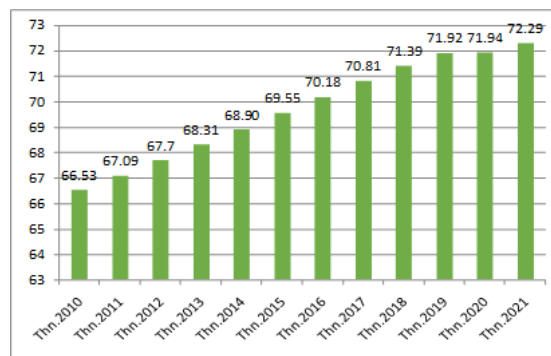
Graph 4.7 National Development Index, 2010-2021

Life expectancy explains the health aspects, while the indicators from the economic aspects are real expenditure per capita (adjusted). HDI reflects the quality of development of a region at a certain time. The national economic achievement that is reflected by HDI, shows a positive trend. (Graph 4.7)

Inferential analysis in this study resulted in a positive relationship between education (MYS) and HDI, and between PHI and HDI. The path coefficient values were 0.496 and 0.514, respectively, with a significance level of 0.000. Meaning that there is a positive and significant relationship between MYS, HDI and between PHI and HDI, therefore, the hypothesis is accepted. Yogiantoro (2019), using the secondary data from Statistics Indonesia (National) also found similar results, education (enrollment rate), is Sign and has a relationship with the human development index or HDI. Parameter coefficient value from their research was 0.462 and the Sign value was 0.002. Fadilla (2021), in their research in Yogyakarta, found a positive and significant relationship between the government spending on health and HDI. The coefficient value was 0.0200 with a Sign value of 0.000.

4.5. Happiness Index (HI)

Happiness is an expression of feelings of pleasure, joy and satisfaction due to the circumstances/situation they experience that match or exceed the goals. Happiness can also occur due to the adequacy of the needs needed, hereinafter referred to as prosperous life. The needs are not only in quantity but also in quality for: clothing, food, housing, health, education, recreation, and other types of basic needs. Sufficient fulfillment of needs is only possible if you have sufficient income. The results of research conducted by Budidharma in 2016, using the Indonesian data (Indonesian Family Life Survey = IFLS) found that spending for consumption purposes has a positive relationship and Sign

relationship with happiness. The parameter coefficient value was 0.0443 with a Sign value of 0.000. This means that poverty causes spending for consumption to decrease, thereby reducing happiness. The path coefficient value from this study was -5.273, meaning that the higher the poverty rate, the happiness rate decreased by 5.273. This relationship is Sign, the value of it was 0.038, which is smaller than 0.05, therefore the hypothesis that states that there is a Sign (negative) relationship between poverty and the happiness index (HI), is accepted.

Education (MYS) and PHI are two indicators that form welfare and happiness. Education is the determinant of getting a better, comfortable job with a relatively higher wage rate. (Graph 4.6) Consumption patterns to fulfill the needs of clothing, food, housing, including expenditure for health purposes: maintenance, and treatment of those with higher incomes are relatively more qualified, which in turn increases welfare and happiness. Furthermore, Budidharma (2016), found that education (MYS) (Coef.: 0.0118, Sign.: 0.000) and health (PHI) (Coeff.: 0.020, Sign: 0.001) each had a significant (positive) relationship with happiness index (HI). This positive relationship indicates that higher education and a healthy lifestyle will increase happiness.

In contrast to what was found in this study, education (MYS) has a positive relationship with happiness index, though not Sign. The coefficient value pathway was 3.289, while the value of Sign is 0.405, meaning the hypothesis is rejected.

Education (MYS) and health (PHI) are two out of the three indicators that make HDI, each of which does not have a Sign relationship with HI, however, HDI has a Sign relationship with HI. The path coefficient value is 3.751, while the Sign value is 0.017. This is smaller than the alpha value of 0.050, therefore there is s Sign relationship between HDI and HI.

4.6. Effective Contribution (SE)

Effective Contribution (SE) reflects the role (contribution) of each independent variable (independent) on the value of the dependent variable (Y). Total SE is equal to the value of the determinant coefficient (R^2). Of the 7 (seven) independent variables (including interaction factors), the health variable (IPKM) gave the largest contribution (rank I): 0.796 to the happiness index (HI)., following the average length of schooling (MYS) variable (rank II) and poverty (rank III). Rank IV is occupied by the independent variable HDI. While the role of interaction factors on the happiness index (HI), is relatively small (Table 3.2).

5. CONCLUSION

Based on the complete model, it is known that only the poverty variable (X1), and the human development index (X4) have a Sign. relationship with the happiness index. The variable of poverty also has a significant relationship with health (X3), human development index (X4). R-Square value: 0.286 (28%), in the complete model, it is known that health factors have the largest role, 80 percent,

followed by education: 51 percent, while poverty occupies the third position: 50 percent. The interaction factor between the independent variables tends to reduce the value of happiness.

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