Study on the Utilization of National Health Insurance Participants for Contribution Assistance Recipients Jambi City

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ABSTRACT

The coverage of JKN PBI participation is higher than that of non-PBI participants, but the utilization of health services by JKN PBI participants in Indonesia is still relatively low. This study aims to determine what factors are related to the utilization of health services for PBI group National Health Insurance (JKN) participants in Jambi City. This study is a quantitative study using a cross sectional approach. The sample amounted to 106 samples with a sampling technique using accidental sampling. The independent variables in this study were education, occupation, knowledge, attitudes, perceptions of health conditions, affordability and information, while the dependent variable was the utilization of health services. Data were obtained by filling out questionnaires by respondents. Data analysis was performed using univariate and bivariate (chi-square) tests. The results of this study indicate that most of the 61.3% of respondents do not use health services. Based on statistical tests in this study indicate that factors related to the utilization of health services are knowledge (0.000), attitudes (0.003), perception of health conditions (0.012), and information (0.000). And there is no relationship between education (0.147), occupation (0.295) and affordability (0.787) with the utilization of health services for participants of the National Health Insurance (JKN) PBI group. There is a relationship between the variables of knowledge, attitudes, perceptions of health conditions and information with the utilization of health services for the participants of the National Health Insurance for the PBI Group in Jambi City.

Keywords: Utilization of Health Services, JKN Participants, Contribution Assistance Recipients.

Introduction

The JKN program is held by the Indonesian Health Social Security Administration (BPJS). There are various policies that have been prepared by the government, including: Law no. 40 of 2004 regarding the National Social Security System, Law no. 24 of 2011 concerning BPJS, Presidential Instruction No. 7 of 2014, Presidential Regulation No. 82 of 2018 concerning Health Insurance, and Presidential Decree No. 64 of 2020 the 2nd amendment of PP No, 82 of 2018 regarding health insurance, contains one of the JKN programs in forming productive families through the Healthy Indonesia Card (KIS) instrument..(Boro, 2020)

BPJS membership types are divided into various membership groups, namely BPJS Contribution Assistance Recipients (PBI) and Non-PBI Assistance Recipients (Non-PBI), BPJS PBI participants are members whose monthly contributions are paid by the government, while Non-PBI are members whose contributions are paid every month. month paid by the person concerned or individual monthly. (Taufiqul et.al, 2017)

The number of PBI participants in September registered PBI participants in Jambi City was 122,197 and in November the coverage of PBI participants was 122,208. The coverage of JKN participants nationally reaches more than 70% of the population in Indonesia. The number of PBI participants dominates the participation, but the utilization rate of PBI is the lowest compared to the non-PBI participants.

The coverage of JKN participants nationally reaches more than 70% of the population in Indonesia. According to Irawan and Ainy (2018) research, it was found that there was a significant relationship between the variables of age, gender, perceptions of JKN, service accessibility and the utilization of health services for JKN participants. in the work area of the Payakabung Health Center.(Irawan and Ainy, 2018)

Utilization of health services is influenced by predisposing components, enabling and a person's needs, the predisposing component is described in 3 elements, namely demographic elements which include age, sexuality and marital status; the next is the element of social structure consisting of the level of education, occupation and race; Finally, there is a trust factor which includes views, attitudes and beliefs about health services. Furthermore, there is an enabling component which includes family resources (income, knowledge of health service information), service quality and accessibility/affordability. The enabling component consists of an individual assessment and a clinical assessment.(Yusuf et al., 2019)

The implementation of the JKN program, especially the PBI scheme, is still experiencing obstacles, such as low accessibility, especially for the poor and underprivileged due to internal and external conditions, namely the low awareness of PBI participants on the importance of accessing health services, the distance from where they live to the location of first-level health services and referrals, limited financial ability to undergo the treatment process (non-medical costs), service discrimination, complicated administration, besides that there are also several obstacles such as the problem of BPJS Health patients who do not get treatment rooms, patients pile up, long queues to get services. The existence of a Contribution Assistance Recipient (PBI) scheme provided by the government to the poor and underprivileged does not automatically eliminate the above problems and the problem of equity in health services.

Based on initial observations of several PBI communities, the utilization of health services is still low because they do not understand their rights to services such as what they get through their JKN. And also the health condition factors and attitudes of PBI participants also affect the utilization of health services. It is assumed that the low utilization of health services is also related to the lack of knowledge and information about the right to health services obtained through ownership of the JKN card.

Method

This research is a quantitative research using a cross sectional approach. Population is Contribution Assistance Recipient Participants (PBI). The sample amounted to 106 samples with a sampling technique using accidental sampling. The independent variables of the study were education, occupation, knowledge, attitudes, perceptions of health conditions, affordability and information. The dependent variable is the utilization of health services.data was obtained by filling out the questionnaire and then the data was analyzed by using the chi-square.

Results

The data presented include characteristics of age, gender, marital status, number of family members, income, education, occupation, knowledge, attitudes, perceptions of health conditions, affordability, information and utilization of health services.

Table 1. Univariate Analysis

No	characteristics		n	%
1	Age			
	21-39 Years		41	38,7
	40-60 Years		60	56,6
	>60 Years		5	4,7
	Total		106	100
2	Gander			
	Male		58	54,7
	Famele		48	45,3
	Total		106	100
3	Marital Status			
	Married		97	91,5
	Not Married		0	0
	Widow/Widower		9	8,5
	Total		106	100
4	Number of Family Members			
	1-4		70	66,0
	>4		36	34,0
	Total		106	100
5	Income			
	< Rp. 2.630.162,-		74	69,8
	≥ Rp. 2.630.162,-		33	30,2
	Total		106	100
	Education			
	Low (Did not finish SD, SD & SMP)		61	57,5

6	High (SMA&Academy/PT)	45	42,5
	Total	106	100
7	Pekerjaan (Waktu Kerja)		
	≤8hours	61	57,5
	>8 hours	45	42,5
	Total	106	100
8	Knowledge		
	Not good	75	70,8
	Good	31	29,2
	Total	106	100
9	Attitude		
	Not good	63	59,4
	Good	43	40,6
	Total	106	100
10	Perception of Health Condition		
	Not good	60	56,6
	Good	46	43,4
	Total	106	100,0
11	Affordability		
	Difficult	74	69,8
	Easy	32	30,2
	Total	106	100
12	Information		
	Not good	75	70,8
	Good	31	29,2
	Total	106	100
13	Utilization of Health Services		
	Not Utilizing	65	61,3
	Utilizing	41	38,7
	Total	106	100

Based on table 1. Univariate analysis, it can be seen that in this study of 106 respondents. married by 91.5% with the majority of family members 1-4 by 66% and most of the income is less than the minimum wage in the city of Jambi or less than 2,630,162 by 69.8%. While for the latest education, the majority of respondents have low education (not graduated from elementary school, elementary school and junior high school) as many as 57.5% of respondents, in the working time category, most of them 57.5% of respondents work in one day, i.e. 8 hours in one day, with some level of knowledge. 70.8% of respondents are categorized as unfavorable and 59.4% of respondents are unfavorable, and most of the respondents 64.2% have a perception of unfavorable health conditions. Meanwhile, in terms of affordability, most of the 69.8% respondents had difficult access and for information, most of the 70.8% respondents were in the poor category and in the utilization of health services, most of the 61.3% respondents did not use health services.

Table 2. Bivariate Analysis of Cross-tabulation of Education with Utilization of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Education	**Not Utilizing**		**Utilizing**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Not good	41	67,2	20	32,8	61	100
Good	24	53,3	21	46,7	45	100
Total	65	120,5	41	79,5	106	100
P-Value	0,147					
PR (95% CI)	1,260 (0,911-1,744)					

The results of the chi-square test analysis obtained a value of p = 0.147 (p <0.05), which means that there is no significant relationship between education and the use of health services. The value of Cl (95%) obtained is 0.911-1.744 and the PR (Prevalence Ratio) is 1.260 so it can be interpreted that respondents with low education are at risk of not using health services.

Table 3. Cross Tabulation of Working time with Utilization of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Working time	Not Utilizing		Utilizing		Total	
	n	%	n	%	n	%
>8jam	25	55,6	20	44,4	45	100
>8jam	40	65,6	21	34,4	61	100
Total	65	121,2	41	78,8	106	100
P-Value	0,295					
PR (95% CI)	0,847 (0,616-1,165)					

Based on the table above, the results of the chi-square test analysis obtained a value of p = 0.295 (p <0.05), which means that there is no significant relationship between work and utilization of health services. The value of Cl (95%) obtained is 0.616-1.165 and the PR (Prevalence Ratio) is 0.847, so it can be interpreted that respondents who work more than 8 hours are at risk of not using health services.

Table 4. Cross-tabulation of knowledge with the use of health services for JKN participants in the PBI group

Utilization of Health Services						
Knowledge	Not Utilizing		Utilizing		Total	
	n	%	n	%	n	%
Not good	55	73,3	20	26,7	75	100
Good	10	32,3	21	67,7	31	100
Total	65	105,6	41	94,4	106	100
P-Value	0,000					
PR (95% CI)	2,273 (1,341-3,855)					

The results of the chi-square test analysis obtained a value of p = 0.000 (p <0.05), which means that there is a significant relationship between knowledge and utilization of health services. The value of Cl (95%) obtained is 1.341-3.855 and the PR (Prevalence Ratio) is 2.273 so that it can be interpreted that respondents who have poor knowledge are at risk of not using health services.

Table 5. Cross Tabulation of Attitudes with Utilization of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Attitude	Not Utilizing		Utilizing		Total	
	n	%	n	%	n	%
Not good	46	73,0	17	27,0	63	100
Good	19	44,2	24	55,8	43	100
Total	65	117,2	41	82,8	106	100
P-Value	0,003					
PR (95% CI)	1,652 (1,144-2,387)					

Based on the table above, the results of the chi-square test analysis obtained a value of p = 0.003 (p <0.05), which means that there is a significant relationship between attitudes and the use of health services. The value of Cl (95%) obtained is 1.144-2.387 and the PR (Prevalence Ratio) is 1.652, so it can be interpreted that respondents who have a bad attitude are at risk of not using health services.

Table 6. Cross Tabulation of Perception of Health Conditions with Utilization of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Perception of Health Condition	Not Utilizing		Utilizing		Total	
	n	%	n	%	n	%
Not good	43	71,7	17	28,3	60	100
Good	22	47,8	24	52,2	46	100
Total	65	119,5	41	80,5	106	100

P-Value	0,012
PR (95% CI)	1,498 (1,065-2,108)

Based on the table above, the results of the chi-square test analysis obtained a value of p = 0.012 (p <0.05), which means that there is a significant relationship between perceptions of health conditions and the utilization of health services. The value of Cl (95%) obtained is 1.065-2.108 and the PR (Prevalence Ratio) is 1.498, so it can be interpreted that respondents who have a bad perception are at risk of not using health services.

Table 7. Cross Tabulation of Affordability with Utilization of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Affordability	**Not Utilizing**		**Utilizing**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Difficult	46	62,2	28	37,8	74	100
Easy	19	59,4	13	40,6	32	100
Total	65	121,6	41	78,4	106	100
P-Value	0,787					
PR (95% CI)	1,047 (0.747-1467)					

The results of the chi-square test analysis obtained a value of p = 0.787 (p <0.05), which means that there is no significant relationship between affordability and utilization of health services. The Cl value (95%) obtained is 0.747-1467 and the PR (Prevalence Ratio) is 1.047 so it can be interpreted that respondents with difficult access will be at risk of 1.047 not using health services.

Table 8. Cross-tabulation of Information with the Use of Health Services for JKN Participants in the PBI Group

Utilization of Health Services						
Information	**Not Utilizing**		**Utilizing**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Not good	55	73,3	20	26,7	75	100
Good	10	32,3	21	67,7	31	100
Total	65	105,6	20	26,7	75	100
P-Value	0,000					
PR (95% CI)	2,273 (1,341-3,855)					

The results of the chi-square test analysis obtained a value of p = 0.000 (p <0.05), which means that there is a significant relationship between information and the use of health services. The value of Cl (95%) obtained is 1.341-3.855 and the PR (Prevalence Ratio) is 2.273, so it can be interpreted that respondents with poor information will be at risk of not using health services.

Discussion

Because many do not understand JKN and health services. The results of this study are in line with Anisa's research (2020) which says that community knowledge is important and very influential on the high utilization of the Plunge Community Health Center with a p-value = 0.001 and it can be explained that the worse the community's knowledge, the lower the utilization rate of the Puskesmas and vice versa, the better the knowledge. the community will further increase the utilization of the puskesmas.(Anisa, 2021).

Individual attitudes in using health services depend on the knowledge they have, respondents who have a bad attitude about the use of health services because the knowledge gained is still lacking so they are not sure and have no interest in utilizing health services. The results of the bivariate analysis with the chi-square test obtained a p value of 0.003 (p <0.05), which means that there is a significant relationship between education and the utilization of health services.

In line with the research of Gugum and Neli (2020) which shows that the results of the statistical test get a p-value = 0.011, which means that there is a relationship between the attitude factors of JKN PBI participants and the utilization of health services.(Pamungkas and Inayah, 2020).

The results showed that respondents who had a good perception of health conditions and did not use health services were 22 respondents (47.8%) and 24 respondents (52.2%). This shows that many respondents have a bad perception that they do not take advantage of health services, meaning that people cannot feel personal risk or vulnerability, which is one of the stronger perceptions in encouraging people to adopt healthy behavior. Basically there is a difference in perception of the concept of disease (disease) with pain (illness), where usually people who

are actually affected by the disease, but do not feel sick. People consider themselves sick only when they are lying weak and unable to carry out activities.

Eliza's research (2018) which states that there is no significant relationship between health conditions and the utilization of puskesmas by PBI participants with a p-value = 0.161.(Eliza, 2018). Service affordability (accessibility) are factors that facilitate or hinder individuals from utilizing health services, related to distance traveled, travel time, and ease of obtaining transportation. The results showed that there was no relationship between affordability and utilization of health services with p of 0.787 (p <0.05). This research is in line with research by Azura (2016) which states that the affordability of services has no effect on the utilization of health services at the community health center in Binjai Village, Medan Denai District, Medan City in 2016.(Azura, 2016).

The results showed that there was a relationship between information and the use of health services by, The majority of respondents had never received information so that they had very little knowledge about JKN, about how to use their health insurance card and which first-level health facility they should visit. PBI membership has been directly registered by the government and the distribution is also through the kelurahan or neighborhood head of each place of residence.

This is the same as the research conducted by Nasution (2017) which states that there is an effect of affordability of information on the utilization of puskesmas by JKN PBI participants in Pematangsiantar City.(Nasution, 2018). The Social Security Administering Body is required to provide information on the rights and obligations of PBI participants to comply with applicable regulations. Every PBI participant has the right to obtain benefits and information about the implementation of the social security program that he/she participates in. Therefore, BPJS Health must be transparent and actively socialize.

Conclusion

From the results of research conducted on the utilization of health services by JKN participants in the PBI group in Jambi City, it can be concluded that there is a relationship between knowledge, attitudes, perceptions of health conditions and information. Meanwhile, between education, employment and affordability, there is no relationship to the utilization of health services.

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