e-ISSN : 2745-7818

Oral Presentation

THE 1ST SYEDZA SAINTIKA INTERNATIONAL CONFERENCE ON NURSING, MIDWIFERY, MEDICAL LABORATORY TECHNOLOGY, PUBLIC HEALTH, AND HEALTH INFORMATION MANAGEMENT (SeSICNiMPH)

ANALYSIS OF FACTORS RELATED TO PARTICIPATION OF USERS AND NON-USERS OF BPJS (SOCIAL HEALTH INSURANCE ADMINISTRATION BODY) AT MAPADDEGAT HEALTH CENTER

Alfita Dewi[1*], Ilma Nuria Sulrieni[2], Fajrilhuda Yuniko[3], Dewi Krisnawati[4]

[1,2,3,4] Department of Nursing, SyedzaSaintika's Health Science Institute

*Corresponding Author: alfitadewi@gmail.com

ABSTRACT

All Indonesian residents must participate in health insurance managed by BPJS (Social Health Insurance Administration Body), including foreigners who have worked for at least six months in Indonesia and have paid the premium. The West Sumatra community registered with BPJS for Health in the province is only 65 percent of the total target population registered reaches 5.4 million people. The target is still far from being achieved because the data is still not valid, and there are still poor people who have not received health insurance. This study aims to analyze factors related to the participation of BPJS for Health among users and non-users of BPJS at the Mapaddegat Health Center. The type of study is quantitative research with a case-control approach. The results showed that 30 of 60 respondents were BPJS users (50.0%), and the rests were non-users of BPJS (50.0%). Of the 60 respondents, BPJS users who were low-educated were eight respondents (26.7%), and non-BPJS users were six respondents (20.0%); BPJS users with negative attitude were 11 respondents (36.7%), and non-BPJS users were 22 respondents (73.3%), and BPJS users with less knowledgeable were four respondents (13.3%), and non-BPJS users were 16 respondents (53.3%). Thus, it could be concluded that there is a significant relationship between education, health workers' attitude, and knowledge toward the participation of BPJS for Health. This study's suggestions are to increase the socialization about the importance and benefits of being a BPJS user and the health that can be utilized by BPJS users ranging from preventive to rehabilitative.

Keywords: ***BPJS, Education, Attitude, Health Worker's Behavior, Knowledge***

INTRODUCTION

Health services, according to the Ministry of Health of the Republic of Indonesia (2009), are every effort that is carried out alone or collectively in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and/or communities. Health services, according to Notoatmojo (2010), are a sub-system of health services whose main objectives are preventive, curative, rehabilitative, and promotive services targeting the community.

In Indonesia, health services are organized by the National Health Insurance (JKN) program organized by the Social Insurance Administration Body (BPJS) according to Law (UU), namely Law Number 40 the Year 2004 concerning the National Social Security System (SJSN). The health insurance program is run nationally

with the principles of social insurance. The focus of equity and the system is in the form of a cooperation system in which capable and healthy participants will help poor and sick participants.

All Indonesian residents are required to participate in health insurance managed by BPJS, including foreigners who have worked for at least six months in Indonesia and have paid the premium.[3] The participants of BPJS for health based on Law No.24 of 2011 are divided into two, namely the participants of Premium Assistance Beneficiary (PBI) and Non-Premium Assistance Beneficiary (Non-PBI). BPJS participants who belong to the PBI category are people who are classified as low society or families. The number of BPJS participants nationally recorded in January 2014 was 116,122,065 people/participants.[4] After three years of the BPJS era, the number of BPJS participants in Indonesia now is 176,378,998 people/participant, as of 1 April 2018.

The people of West Sumatra who are registered with BPJS for Health in the province are only 65 percent of the total target population registered at 5.4 million. “For the whole West Sumatera participants has reached 65 percent of the total of 5.4 million people, so we are targeting the rest, of 1 January 2019, has reached 100 percent getting health insurance”[11]. Still far away from the target, described by the BPJS because there are still invalid data and poor people who have not received health insurance, which is currently homework for the government both at the central and regional levels to recollect data immediately.

Data from the Health Office of the Mentawai Islands Regency stated that the total population of BPJS participants was 76814 or 92.25% of the Mentawai Islands Regency population. It is due to the lack of public concern in managing BPJS cards. Even though the benefits of BPJS are substantial, at least they can help the community to seek treatment compared to the general public, which costs a lot.

Based on the above background, the researchers are interested in researching " analysis of factors related to the participation of users and non-users of BPJS (social health insurance administration body) at Mapaddegat Health Center."

MATERIALS AND METHODS

This study is quantitative research with case-control study design. The sample is 55 people to drop out of 10%, thus obtained samples of 60 (30 BPJS users and 30 non-BPJS users). The sampling technique used is Purposive Sampling.

RESULTS

Univariate Analysis

Univariate results of BPJS users and non-BPJS users are on the variables of education, attitudes, health workers' behavior, and knowledge

.

Table 4.2 Frequency Distribution of BPJS Participation among BPJS Users and Non-BPJS Users at Mapaddegat Health Center

Join BPJS	f	%
User	30	50.0
Non-users	30	50.0
Total	**60**	**100**

Table 4.2 shows that of 60 respondents, 30 respondents (50.0%) are BPJS users, and 30 (50.0%) others are non-BPJS users.

Table 4.3 Frequency Distribution of Education at Mapaddegat Health Center

Education	BPJS users		Non-BPJS users	
	f	%	f	%
High	22	73.3	6	20.0
Low	8	26.7	24	80.0
Total	**30**	**100**	**30**	**100**

Table 4.3 shows that BPJS users in low education levels are as much as eight respondents (26.7%), while non-BPJS users are 24 (80%).

Table 4.4 Frequency Distribution of Attitude at Mapaddegat Health Center

Attitude	BPJS users		Non BPJS users	
	F	%	F	%
Negative	11	36.7	22	73.3
Positive	19	63.3	8	26.7
Total	**30**	**100**	**30**	**100**

Table 4.4 shows that BPJS users with a negative attitude are 11 respondents (36.7%), while non-BPJS users are 22 (73.3%) of respondents who have a negative attitude.

Table 4.5 Frequency Distribution of Behavior of Health Workers at the Mapaddegat Health Center

Health Workers'	BPJS users	Non BPJS users

Behavior	f	%	f	%
Bad	3	10.0	12	40.0
Good	27	90.0	18	60.0
Total	**30**	**100**	**30**	**100**

Table 4.5 indicates that the health workers' behavior that belongs to the Bad category toward the BPJS users is three respondents (10.0%), while toward non-BPJS users are as many as 12 respondents (40,0 %)

Table 4.6 Frequency Distribution of Knowledge at Mapaddegat Health Center

Knowledge	BPJS users		Non BPJS users	
	f	%	F	%
Less Knowledgable	4	13 , 3	16	53.3
Knowledgable	26	86.7	1 4	46.7
Total	**30**	**100**	**30**	**100**

Table 4.6 shows that BPJS users who are less knowledgable are four respondents (13.3 %), while non-BPJS users are 16 respondents (53.3 %).

Bivariate Analysis Results

Table 4.7 Relationship between Education and BPJS Participation at the Mapaddegat Health Center

Edu cation	BPJS Participation				Total		P value	OR
	BPJS users		Non BPJS users					
	N	%	n	%	N	%		
Low	8	25.0	24	75.0	32	100	0.00	11,000 (3,292-36,751)
High	22	78.6	6	21.4	28	100		
Total	**30**	**50.0**	**30**	**50.0**	**60**	**100**		

In Table 4.7, Statistical test results obtained a value of p=0.000 <0.05, meaning that there is a significant relationship between education and BPJS participation toward BPJS users and non-BPJS users at Mapaddegat health center. The OR value also supports these results (odds ratio) = 11,00, meaning that the respondents with a higher education opportune 11 times participated and became a BPJS participant.

Table 4.8 Relationship between Attitude and BPJS Participation at Mapaddegat Health Center

Attitude	BPJS participation				Total		P value	OR
	BPJS users		Non BPJS users					
	N	%	n	%	n	%		
Negative	11	33.3	22	66.7	27	100	0.00 9	4,750 (1,584-14,245)
Positive	19	70.4	8	29.6	33	100		
Total	**30**	**50.0**	**30**	**50.0**	**60**	**100**		

In Table 4.8, Statistical test results obtained a value of p=0.009 <0.05. It can be concluded that there is a significant relationship between attitude and BPJS participation at Mapaddegat health center. This result is also supported by the OR (odds ratio) value =4,750, meaning that the respondents with a positive attitude have four times the chance to participate as BPJS participants.

Table 4.9 Relationship between Health Workers' Behavior and BPJS Participation at Mapaddegat Health Center

Know ledge	BPJS participation				total		P-value	OR
	BPJS users		Non BPJS users					
	N	%	n	%	n	%		
Not good	3	41.3	18	85.7	21	100	0,000	12,300 (4,533-51,172)
Well	27	69.2	12	30.8	39	100		
Total	**30**	**50.0**	**30**	**50.0**	**60**	**100**		

In Table 4.9, the statistical test results obtained the value of p=0.000 <0.05, so there is a significant relationship between health workers' behavior and the BPJS participation at the Mapaddegat Health Center.

Table 4.10 Relationship between Knowledge and BPJS Participation at Mapaddegat Health Center

Health worker behavior	BPJS participation				total		P-value	OR
	BPJS users		Non BPJS users					

	N	%	n	%	n	%		
Not good	4	13 , 3	16	53.3	20	100	0,000	13,500 (3,333-54,673)
Well	26	86.7	1 4	46.7	40	100		
Total	**30**	**50.0**	**30**	**50.0**	**60**	**100**		

In Table 4.10, the statistical test results obtained a value of p=0.000 <0.05. It can be concluded that there is a significant relationship between knowledge and the participation of BPJS at the Mapaddegat Health Center.

DISCUSSION

Univariate Analysis

BPJS participation

In this study, in table 4.2, it can be seen that of the 60 respondents, there are 30 respondents (50.0%) of BPJS users and 30 (50.0%) non-BPJS users. According to Azwar, (2007), the utilization of services said that health is the result of a process of seeking health services by individuals or groups. Health service is every effort that is carried out alone or collectively in an organization to maintain and improve health so that it can prevent and cure disease and restore the health of individuals, families, groups, and communities in an area.

The public health center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest public health status in its working area. Improving public health center services is not only through treatment. However, it can also be done by planning participant service schedules and education directly or indirectly through various media (brochures, posters, and pamphlets) regarding the coverage of health services, maximizing service visits such as prolanic exercise, forming health clubs (risk height), health screening, and health education.

Education

In this study, in table 4.3, it can be seen that there are 8 (26.7%) low education BPJS users (26.7%), while 24 respondents (80.0%) belong to non-BPJS users in low education level. The results of this study are not in line with Meiriska's (2014) research where more than half of BPJS participants have low education (72.4%).

In line with the research conducted by Yusniar et al. (2012), the higher the level of education, the easier it is for a person to receive information so that the more knowledge one has. On the other hand, a lack of education will hinder the development of one's attitude towards newly recognized values.

BPJS is a legal entity established to administer the Health Insurance program. According to the assumption that highly educated community researchers tend to consider health as an essential thing, the membership is all country citizens regardless of high or low education, economic status, and others. It is hoped that BPJS participants with higher education can

utilize more health services than BPJS participants with low education levels. However, in this study, the results showed that BPJS participants with high and low education had the same opportunity not to take advantage of health services.

Attitude

Table 4.4 shows 11 BPJS users (36.7%) with negative attitudes, while 22 (73.3%) non-BPJS users. This study's results are in line with Atriyana's research (2015), where 39.7% of BPJS participants have a positive attitude towards using BPJS cards.[8] The more positive the BPJS participants' attitude, the more that will register as BPJS participants, and the services provided by the BPJS will be maximized.

Health Worker's Behavior

Table 4.5 indicates that the behavior of health workers BPJS, which belongs to the Bad category, is three respondents (10.0%), while the non-BPJS users were 12 (40.8%). Behavior is a form of someone's real action as a result of response and reaction actions. The behavior of health workers is the response given by health workers to clients. Health workers' good behavior will influence clients in following the information given by health workers in providing health services.

Knowledge

Table 4.6 shows that there are 4 (13.3%) less knowledgeable of BPJS users (13.3%), while 16 (53.3%) non-BPJS users. According to researchers, knowledge is information that someone knows or is aware of. A person's good knowledge of a BPJS card's benefits will affect them in using the card in health services, and vice versa.

Bivariate Analysis

Relationship between Education and BPJS Participation at the Mapaddegat Community Health Center

Based on the research, there are 8 BPJS users with a low education level (25.0%) and 24 non-BPJS users (80.0%). The results of statistical tests obtained p-value = 0.000 <0.05. Thus, there is a significant relationship between education and BPJS participation in BPJS users and non-BPJS users at Mapaddegat Health Center. The results of this study are not in line with the results of research conducted by Atriyana (2015), where there is no a significant relationship between the level of education and use of BPJS card at the health center.

According to researchers, the level of understanding and knowledge of a person is not only obtained from formal education but along with advances in information technology. It dramatically affects a person to receive information and learning anywhere, so that formal education is not always a factor affecting a person's decision to become a BPJS participant. However, the average person who has a higher education level will care more about their health insurance than someone who has a low level of education.

Relationship between Attitude and BPJS Participation at the Mapaddegat Health Center

Based on the research results, 11

BPJS users have negative attitudes towards BPJS participation (33.3%) and 22 non-BPJS user respondents (73.3%). The statistical test results obtained p-value = 0.000 <0.05. Thus, there is a significant relationship between attitudes and BPJS participation at the Mapaddegat Health Center.

This study's results are in line with Meiriska's (2014) research that there is a significant relationship between attitudes and BPJS participation.[7] According to researchers, a person's attitude dramatically influences the person in choosing health services and health insurance. If someone understands the importance of health insurance, it will be followed by a positive attitude towards BPJS for health.

Relationship between Health Workers' Behavior and BPJS Participation at the Mapaddegat Health Center

Based on the study results, three respondents used BPJS and got bad behavior from health workers (10.0%) at the time of health services, and 12 respondents who were not BPJS users (73.3%) and got bad behavior fro the health workers. The results of statistical tests obtained p-value = 0.000 <0.05. It shows a significant relationship between the behavior of health workers and the participation of BPJS at the Mapaddegat Health Center.

The results of this study indicate that, on average, participants who get good health worker behavior are participants with BPJS users. In contrast, non-BPJS users get bad behavior from health workers. Researchers assume that the existence of disparities in health workers' behavior to the community, both users and non-users of BPJS, can influence people's decisions in using BPJS. The existence of this injustice can cause jealousy.

Relationship between Knowledge and BPJS Participation at the Mapaddegat Health Center

Lawrence Green's theory of behavior states that knowledge is one of the predisposing factors or factors that influence a person to tend to something that ultimately results in behavior. The study results in the case group show that 13.3% of respondents have insufficient knowledge of BPJS. It is evident from the study results, which showed a relationship between knowledge and BPJS Health participation (p = 0.000). The level of education may influence poor knowledge. According to Gerungan (2004), lower education will affect a person's personal opinion, thinking, and attitude in making decisions and actions, including planning for family health, one of which is by participating in BPJS for Health, and vice versa. It is supported by Rohmawati's research (2014), which shows that there is a relationship between education and the choice of health insurance.

CONCLUSION

From this research, it can be concluded that, of the 60 respondents, there are 30 (50.0%) respondents as BPJS users and non-BPJS users are 30 (50.0%). There are 8 BPJS users in low education levels (26, 7%) and non-BPJS as many as 24 users (80.0 %) in low education levels. There are 11 BPJS users with a negative attitude (36.7%) and 22 respondents non-BPJS users (73.3%). Three

respondents use BPJS and got poor behavior by health workers (10.0%) at the time of health services, and 12 respondents who are not-BPJS users (73.3%) and got bad behavior. Four respondents are BPJS users and have insufficient knowledge (13,3%), and 16 non-BPJS user respondents (53.3%) have inadequate knowledge of BPJS participation. There is a significant relationship between education, health worker's behavior, and knowledge and BPJS participation at Mapaddegat health center.

REFERENCES

Atriayana, U. 2015. Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Peserta BPJS di Wilayah Kerja Puskesmas Sungai Rumbai Kabupaten Dharmasraya. Padang: Andalas University.

Azwar, A. 2007. Menjaga Mutu Pelayanan Kesehatan Aplikasi Prinsip Lingkaran Pemecahan Masalah. Jakarta: Pustaka Sinar Harapan.

Departemen Kesehatan RI. 2009. Undang-Undang Republik Indonesia tentang Kesehatan. Jakarta: Depkes RI.

Gerungan. 2004. Psikologi Sosial. Bandung: PT. Refika Aditama

Kemenkes RI. 2014. Permenkes RI No 75 Tahun 2014 tentang Puskesmas. Jakarta: Depkes RI.

Kemenkes. 2013. Riset Kesehatan Dasar. Jakarta: Research and Development Agency for Health Ministry of Health RI.

Kementerian Kesehatan Republik Indonesia. Buku Pengangan Sosialisasi Jaminan Kesehatan Nasional. Jakarta; 2013.

Meiriska, R. 2014. Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan oleh Peserta BPJS Golongan PBI di Wilayah Kerja Puskesmas Lima Kaum I Tanah Datar.

Notoatmodjo, S. 2007. Promosi dan Perilaku Kesehatan, Edisi Revisi. Jakarta: Cipta Rineka.

Notoatmodjo, S. 2010. Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta Publisher.

Rohmawati, Desy. 2014. Hubungan pengetahuan sikap dan sosial ekonomi dengan pemilihan jenis iuran keikutsertaan JKN mandiri pada wilayah cakupan JKN tertinggi di Surakarta. Surakarta: Faculty of Health Science, Muhammadiyah Surakarta University.

Undang-Undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional (SJSN).

Yusniar, S and Ashari. 2012. Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Puskesmas Liu di Desa Bila Kecamatan Sabbangparu Kabupaten Wajo. STIKES Nani Hasanuddin, Makassar.