




Original Article

Analysis of Contribution Assistance Recipients' Utilization of National Health Insurance Participants

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ARTICLE INFO	ABSTRACT
<p>Article History:                      Submit : Nov 3, 2022                      Revised : Nov 6, 2022                      Accepted : Dec 18, 2022</p> <p>Keywords:                      Utilization, Health Services,                      National Health Insurance,                      Assistance Recipients.</p>	<p><b>Background:</b> Contribution Assistance coverage for National Health Insurance Participants Participation among recipients is greater than that of non-participants, but the use of health services by National Health Insurance PBI participants in Indonesia remains relatively low. This study aims to determine in 2021 which factors influence the utilization of health services by National Health Insurance PBI group participants in Jambi City.</p> <p><b>Methods:</b> This study is a quantitative cross-sectional investigation. The sample consisted of 106 random samples collected using the technique of accidental sampling. In this study, the independent variables were education, occupation, knowledge, attitudes, perceptions of health conditions, affordability, and information, while the dependent variable was health service utilization. Respondents filled out questionnaires to generate data. The data analysis consisted of univariate and bivariate (chi-square) tests.</p> <p><b>Result:</b> This study's findings indicate that the majority of respondents, 61.3%, do not utilize health services. Knowledge (0.000), attitudes (0.003), perception of health conditions (0.012), and information are associated with the utilization of health services, according to this study's statistical analyses (0.000). In addition, there is no correlation between education (0.147), occupation (0.295), affordability (0.787), and the utilization of health services among National Health Insurance (JKN) PBI group participants.</p> <p><b>Conclusion:</b> There is a correlation between knowledge, attitudes, perceptions of health conditions, and information and the utilization of health services by National Health Insurance for the PBI Group participants in Jambi City.</p>

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Introduction

The National Health Insurance program is held by the Indonesian Health Social Security Administration (BPJS). There are

various policies that the government has prepared, 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 groups: 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 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 (Efendy et al., 2022; Harjo et al., 2022; Kodriyah et al., 2020). 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, 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 & Ainy, 2018)

The 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 a 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, an enabling component 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 (Anshori & Ali, 2022; Mulyani et al., 2022; Ruslina, 2020).

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. Moreover, PBI participants' health condition factors and attitudes also affect health services utilization. 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.

## Methods

This research is a quantitative research using a cross-sectional approach. The population is Contribution Assistance Recipient Participants (PBI). The sample amounted to 106 samples with a sampling technique using accidental sampling. The study's independent variables 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 were analyzed 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	%
<b>Age</b>			
1	21-39 Years	41	38,7
	40-60 Years	60	56,6
	>60 Years	5	4,7
Total		106	100
<b>Gander</b>			
2	Male	58	54,7
	Female	48	45,3
Total		106	100
<b>Marital Status</b>			
3	Married	97	91,5
	Not Married	0	0
	Widow/Widower	9	8,5
Total		106	100
<b>Number of Family Members</b>			
4	1-4	70	66,0
	>4	36	34,0
Total		106	100
<b>Income</b>			
5	< Rp. 2.630.162,-	74	69,8
	≥ Rp. 2.630.162,-	33	30,2
Total		106	100

<b>Education</b>			
6	Low (Did not finish SD, SD & SMP)	61	57,5
	High (SMA&Academy/PT)	45	42,5
Total		106	100
<b>Pekerjaan (Waktu Kerja)</b>			
7	≤8hours	61	57,5
	>8 hours	45	42,5
Total		106	100
<b>Knowledge</b>			
8	Not good	75	70,8
	Good	31	29,2
Total		106	100
<b>Attitude</b>			
9	Not good	63	59,4
	Good	43	40,6
Total		106	100
<b>Perception of Health Condition</b>			
10	Not good	60	56,6
	Good	46	43,4
Total		106	100,0
<b>Affordability</b>			
11	Difficult	74	69,8
	Easy	32	30,2
Total		106	100
<b>Information</b>			
12	Not good	75	70,8
	Good	31	29,2
Total		106	100
<b>Utilization of Health Services</b>			
13	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, most 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, 57.5% of respondents work in one day, i.e., 8 hours in one day, with some knowledge. 70.8% of respondents are categorized as unfavorable, 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, 69.8% of respondents had difficult access to information, 70.8% were in the poor category, and in the utilization of health services, 61.3% of respondents did not use health services.

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

Education	Utilization of Health Services						
	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 chi-square test analysis results obtained a  $p = 0.147$  ( $p < 0.05$ ), meaning there is no significant relationship between education and the use of health services. The value of CI (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.

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

Working time	Utilization of Health Services						
	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 chi-square test analysis results obtained a  $p = 0.295$  ( $p < 0.05$ ), meaning there is no significant relationship between work and health services utilization. The value of CI (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.

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

Knowledge	Utilization of Health Services						
	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  $p = 0.000$  ( $p < 0.05$ ), meaning there is a significant relationship between knowledge and utilization of health services. The value of CI (95%) obtained is 1.341-3.855, and the PR (Prevalence Ratio) is 2.273, so it can be interpreted that respondents with poor knowledge are at risk of not using health services.

Tabel 4. Cross Tabulation of Attitudes with Utilization of Health Services for JKN Participants in the PBI Group

Attitude	Utilization of Health Services						
	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 chi-square test analysis results obtained a  $p = 0.003$  ( $p < 0.05$ ), meaning a significant relationship exists between attitudes and the use of health services. The value of CI (95%) obtained is 1.144-2.387, and the PR (Prevalence Ratio) is 1.652, so it can be interpreted that respondents with a bad attitude are at risk of not using health services.



Tabel 5. Cross Tabulation of Perception of Health Conditions with Utilization of Health Services for JKN Participants in the PBI Group

Perception of Health Condition	Utilization of Health Services				Total	
	Not Utilizing		Utilizing		n	%
	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 chi-square test analysis results obtained a  $p = 0.012$  ( $p < 0.05$ ), meaning a significant relationship exists between perceptions of health conditions and the utilization of health services. The value of CI (95%) obtained is 1.065-2.108, and the PR (Prevalence Ratio) is 1.498, so it can be interpreted that respondents with a lousy perception are at risk of not using health services.

Tabel 6. Cross Tabulation of Affordability with Utilization of Health Services for JKN Participants in the PBI Group

Affordability	Utilization of Health Services				Total	
	Not Utilizing		Utilizing		n	%
	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 chi-square test analysis results obtained a  $p = 0.787$  ( $p < 0.05$ ), meaning there is no significant relationship between affordability and utilization of health services. The CI 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.

Tabel 7. Cross-tabulation of Information with the Use of Health Services for JKN Participants in the PBI Group

Utilization of Health Services	
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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  $p = 0.000$  ( $p < 0.05$ ), meaning there is a significant relationship between information and the use of health services. The value of CI (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

Someone with a high education will have better thoughts in processing information so that it can affect his knowledge in one case, for example, health services from BPJS. The results of the bivariate analysis with the chi-square test obtained a p-value of 0.147 ( $p > 0.05$ ), which means that there is no significant relationship between education and the utilization of health services for the participants of the National Health Insurance (JKN) in the PBI group. This is in line with Manalu's research (2018), which states that the p-value = 0.789, which means that there is no significant relationship between education and the utilization of Puskesmas by Contribution Assistance Recipients (PBI) (Bakhtiar & Syaid, 2022; Dewi & Israhadi, 2021; Noerjoedianto et al., 2022)

The results of the bivariate analysis with the chi-square test obtained a p-value of 0.295 ( $p < 0.05$ ), which means there is no significant relationship between work and utilization of health services, Respondents who feel complaints and need health





services but at that time are working hours as laborers, traders, farmers and so on. They prefer to seek treatment at other health facilities outside their working hours to earn a living or buy over-the-counter medicines in the nearest stall.

This research is in line with [Nasution's \(2017\)](#), which states that there is no effect of work on the utilization of puskesmas by JKN PBI participants in Pematangsiantar City in 2017 with a p-value = 0.0359. ([Nasution, 2018](#))

Based on bivariate analysis with a chi-square test, p-value = 0.000 ( $p < 0.05$ ) means there is a relationship between knowledge and utilization of health services. Referring to the statistical test results, it can be explained that the higher a person's level of knowledge about the benefits of JKN, the more likely PBI participants are to take advantage of health facilities. Public knowledge is included in the poor category 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 essential 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 toward using health services depend on their knowledge; respondents have a terrible attitude about using health services because the knowledge gained is still lacking, so they are unsure and have no interest in utilizing health services. The bivariate analysis results with the chi-square test obtained a p-value of 0.003 ( $p < 0.05$ ), meaning a significant relationship exists between education and health services utilization.

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 terrible 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. There is a difference in perception of the concept of disease (disease) with pain (illness), where usually people who are 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 \(2018\)](#) 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 a 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 a relationship between information and the use of health

services. Most respondents had never received information, so they had little knowledge about JKN, how to use their health insurance card, and which first-level health facility they should visit. The government has directly registered PBI membership, 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 must provide information on PBI participants' rights and obligations 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, there is no relationship between education, employment and affordability to the utilization of health services.

## Authors Contributions

The author carries out tasks from data collection, data analysis, making discussions to making manuscripts

## Conflicts of Interest

There is no conflict of interest

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