

Analysis of Factors Inhibiting the Community to be the National Health Insurance Participants (*Jaminan Kesehatan Nasional Indonesia*)

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Abstract: Health is a basic need of society. Both low and upper-middle class people are required to meet their health needs. However, many people still are not able to access the health services available. Therefore, the Indonesian Government has launched a compulsive health insurance programme named JKN (*Jaminan Kesehatan Nasional*). This programme aims to improve the access of the whole community to the available health services, but there are many people who still have not yet registered as participants. The purpose of this study is to see what factors are preventing people from becoming JKN participants through previous study literatures from textbooks, program evaluations, and previous research studies. The results show that there are several inhibiting factors for the community members to register themselves as JKN participants, including internal factors such as education level, occupation, amount of income, residence, and external factors such as the administrative process, easiness of access to the health services, workforce situation, the influence of others, and so on.

1 INTRODUCTION

The National Health Insurance Program (*Jaminan Kesehatan Nasional* or JKN), which may be referred to as Social Health Insurance in Indonesia, is a program under the Social Security Administering Agency (*Badan Penyelenggara Jaminan Sosial* or BPJS) as a manifestation of the enactment of Law No. 40 of 2004 on the National Health Insurance System. The first program run through Healthy Indonesia Card aims to meet the needs of the community as one of the indicators of improving the quality of life, namely the increasing degree of public health. BPJS is a legal entity formed to organise the social security program, which is a transformation of PT Askes as it was before January 1st, 2014.

Social insurance is a compulsory program which collects the participants' contributions in order to provide protection to the participants from the socioeconomic risks that affect them and/or their family members (UU SJSN No.40 of 2004).

The National Social Security System is the procedure of the implementation of the Social

Security program by *Badan Penyelenggara Jaminan Sosial* (BPJS) of Health and BPJS of Labour. Social Security is a form of social protection to ensure that all people are able to fulfil their basic needs.

JKN membership itself is mandatory, with the intended participants having to register in the JKN program including foreigners who have worked at least 6 (six) months in Indonesia, who have paid their dues.

According to JKN's manual starting on January 1st, 2014, JKN participants are health insurance program participants who are transferred to the JKN program. They are Jamkesmas (PBI JKN) program participants, members of the TNI/PNS within the Ministry of Defence and their families, members of Polri/PNS within Polri and members of his family (PPU), PT Askes participants, and JPK Jamsostek participants which in total is estimated to be 110.4 million people (43.78% of the population).

Up to August 2017, the JKN program participants throughout Indonesia has reached 180,735,289 inhabitants out of the 237.6 million total population of Indonesia. This figure is considered to be a large number considering it

already consists of more than half of the people of Indonesia. It also indicates the enthusiasm of the community itself by having evidence of them participating in the success of the government program.

The participation rate of the community in the membership of JKN apparently still cannot be said to be the maximum, considering that JKN has a compulsory membership and should be able to cover the entirety of society. By the end of 2016, the target of the membership set by BPJS could not be fulfilled. Out of the 188 million targeted citizens registered with the Health Insurance program National-Healthy Indonesia Card (JKN-KIS), only 171.67 million participated in JKN-KIS; 91% of the target. This can be a problem because the Government has already set up the goals that 95% of the Indonesian citizenship has been targeted to participate in JKN-KIS by January 1st, 2019. *BPJS Kesehatan* only has two years until that date to add around 80 million residents as new participants so that the membership targets can be achieved.

The achievement of the JKN membership targets has a high level of importance in order to see in the success of the JKN program. This is because the participants are one of the determinants of the direction in which the program will run.

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2 METHODS

The type of data used was secondary data, in which the data to be analysed in this study is data derived from the literature that discusses the researched topic such as the data from government agencies, scientific articles, textbooks, journals, and previous research studies. The author composed this paper by using 9 various sources. These sources include some articles that could be found on scientific sites by inputting the exacts keywords, government regulations, previous study that published on public health journals, etc.

The data analysis technique used in this research study was started by analysing the most relevant research results until reaching the least relevant. It can also be done by looking at the research time; based on sequence of the year of research, starting from the most recent research study and then progressing until the oldest research study. The analytical process is also continued by reading the summary of the literatures used and making notes of

the important sections that are relevant to the issues raised in the study. Any sources of information used in the literature studies should also be included to avoid any form of plagiarism if the information comes from the ideas of others.

3 RESULTS

Jaminan Kesehatan Nasional (JKN) participation in Indonesia cannot be separated from the government's goal to realize Universal health Coverage (UHC) that can provide comprehensive health services to all Indonesian people. DJSN has arranged a roadmap toward JKN and agreed that Universal Health Coverage will be achieved completely in the end of 2019, where every single citizens will have a health insurance and get the same medical benefits (DJSN, 2012).

Those ambitious plans have some targets to realize its objectives, that is:

1. All Health Insurance participants from Civil Employee, *Jamkesmas*, *Jamsostek*, Army/Police and partly *Jamkesda* totalling around 121.6 million people will be managed by *BPJS Kesehatan* as of January 1, 2014.
2. All of *Jamkesda* participants have joined as BPJS participants at the latest by the end of 2016.
3. Employers have been gradually registering their workers and their families to *BPJS Kesehatan* during the period 2014-2019.
4. Self-employed workers who earn income from their own businesses have registered membership to *BPJS Kesehatan* during the period 2014- 2019.
5. In 2019 no more workers are not registered in *BPJS Kesehatan*.
6. By the end of 2019 universal health coverage achieved. (TNP2K, 2015)

In achieving these targets to realize UHC, then *BPJS Kesehatan* requires a maximum effort in performing performance *BPJS Kesehatan* performance progress in realizing UHC that should be achieved by the end of 2019 can be seen in table 1 which shows the amount of participants JKN until August 2017.

The number of Indonesian citizens registered as JKN participants up to August 2017 has reached 180,735,289 people out of Indonesia's total population of 237.6 million people. Details of the type of membership that JKN has in 3 years of the program can be seen in the table below:

Table 1: Number of JKN participants according to the membership type

Membership Types	Number of Participants
PBI APBN	92.216.825
PBI APBD	17.371.580
PPU-PNS	13.683.735
PPU-TNI	1.571.034
PPU-POLRI	1.238.914
PPU-BUMN	1.360.945
PPU-BMUD	171.651
PPU-Private	24.868.339
PPU-Self Employed	23.215.895
Non-Worker	5.036.371
Total	180.735.289

Source: Number of Health Facilities and Participants (*BPJS Kesehatan*, 2017)

Based on the data showed above, it can be seen that some of the JKN participants are beneficiaries of contributions from APBN, and that the number of PPU and non-PNS membership is also quite low. According to the data from BPJS, efforts to increase JKN membership itself, to achieve the goal of Universal Health Coverage, have been implemented since the era of *Askes*, or before the transformation of *Askes* into *BPJS Kesehatan*. In order to achieve the 100% target by 2019, participants who can be upgraded are only wage-paying and self-employed groups. The participation of both groups continues to increase, including in Bali Province and Denpasar City, but to accelerate the achievement of universal coverage target is required maximum effort (Widiastuti et. al, 2015).

According to Bappenas' data, there are several factors causing the low coverage of non-PNS PPU membership, some of which are:

1. Business Entities' lack of trust in the quality of JKN services.
2. Business Entities in general already have other health insurance that are considered to be better than JKN.
3. The absence of sanctions and law enforcement for Business Entities who do not register as participants of *BPJS Kesehatan*.
4. The lack of marketing staff at the *BPJS Kesehatan* office. In every branch of *BPJS Kesehatan*, on average there are only 1-3 marketing staff, while the target to be achieved is very large.
5. Some Business Entities have their own sufficient healthcare.
6. The low commitment of Business Entities that belong to several foreign countries to join JKN.

Meanwhile, regardless of the type of membership of JKN, according to the monitoring and evaluation results of the *Dewan Jaminan Sosial Nasional* (DJSN), factors that underlie the low number of JKN membership consists of:

1. Many residents have not registered with JKN-KIS because they do not have social number (*Nomor Induk Kependudukan* or NIK) which is the main requirement of JKN-KIS registration.
2. Many people cannot afford JKN-KIS contributions.
3. The residents are rarely sick, and so they feel no need to register.
4. Not registered by the workplace of the citizens concerned.
5. BPJS Health services are poorly rated.
6. Residents already have private insurance. (Kepmenkes RI, 2013)

4 DISCUSSION

Health is a basic need of society which is also one of the welfare indicators of the community. Every layer of society, from the rich to the poor, from high to the lower class, deserves proper health care. Based on the principle of sustainable health development, the government reformed the national health system by requiring all citizens to become national health insurance participants in order to meet the needs of the community as one of the indicators improving the quality of life, namely the improvement of the country's overall health status.

Jaminan Kesehatan Nasional, in order to actualize Universal Health Coverage (UHC), should be held with well preparation. Although the Government has tried to provide the well-organized system, its undeniable that until now the system still burdened with many problem in Indonesia (Widjaja, 2014). It has been proved from the experience in other countries who want to achieve the UHC, that the process to accomplish the goal has several obstacles, especially when it has to reach certain segments of the population (TNP2K, 2015).

The implementation of JKN, which has been running for 3 years up to and including 2017, has a lot of comprehensive problems, including the participants, health facilities, government, through to BPJS itself. As described in the previous section, the community participation in JKN membership seems to still not be maximised even considering the nature of the compulsory membership and that it should be able to cover the entirety of society. The data has proven that the trend of the number of JKN

participants continues to decline over time. Especially in the community included in the non-civil wage recipient worker group (PPU non-PNS), the membership rate is still quite low. That is due to the lack of trust of the business entity towards the services provided by BPJS. In this case, the business entities usually have other insurance that is considered to provide a maximum service which they feel is better than BPJS.

In addition, the lack of socialisation of the BPJS employees also becomes one of the factors that affects why many people have not registered themselves as JKN participants. It will also relate to people's ignorance of what the benefits of JKN are, and what the sanctions are if they do not register, so therefore they will feel no need to register as participants. Residents who tend to be healthy or rarely ill will feel that they have no interest in the membership and that they would not benefit if they had it. Communities can also be influenced by the surrounding environment that may have a counter to the JKN system. This kind of mind-set should be able to be straightened by BPJS officers by conducting deep socialisation within the community.

Another factor is that many residents have not registered with JKN because they do not have a social number (NIK), which is the main requirement of JKN registration. Every citizen has a NIK listed on the family card, so this should not be a problem. In fact, many residents do not have a resident registration number due to various factors, one of which is that the population does not have a family card because it has not been updated, has been lost, and so on, or because it has been hampered by administrative processes in connection to difficult government agencies. The solution of this problem is the need for easier access for the public to obtain public administration services.

Finally, the factor inhibiting the community to become a member of JKN is the number of people unable to pay the JKN premium. The payment of premiums that each month must be done by the community based on their respective class is still a barrier. Some people still object to paying the premium every month according to the tariff that is pre-determined. To overcome this, the government has implemented a policy of beneficiaries of contributions for people who cannot afford the JKN premiums. Seeing the existence of underprivileged people who have not been covered in the membership of beneficiaries of contributions, it can be a correction for the government to further improve their performance in relation to equity, especially for the middle to lower classes in society.

5 CONCLUSIONS

1. The implementation of JKN still has a lot of comprehensive problems, including the participants, health facilities, government, and BPJS itself. In the terms of participation, the data has proven that the trend in the number of JKN participation continues to decline over time.
2. There are many factors that affect the lack of participation, such as that business entities cannot believe in the services provided by BPJS, they have another insurance that is better than BPJS, the lack of socialisation from the BPJS side, and so on.
3. Another factor is that many residents have not registered with JKN because they do not have a social number (NIK) which is the main requirement of JKN registration. One of cause is that the population segment does not have a family card because it has not been updated, has been lost, and so on, or because it has been hampered by administrative processes in connection with difficult government agencies.
4. The factors that also inhibiting the community to become a member of JKN are that some people still object to paying the premium every month according to the tariff of the premium pre-determined by their class.
5. In order to resolve the problems above, the government has given some solutions, such as implementing a policy of beneficiaries of contributions for people who cannot afford JKN premiums.
6. The achievement of the JKN membership targets has a high level of importance in order to see in the success of the JKN program.

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