

Utilization the National Health Insurance Card (JKN) in Increasing Effectiveness of Health Services at Menggamat Community Health Center

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ABSTRACT

The Government always strives to improve the quality of public health services nationally, and one of these efforts is using social security. Utilizing health services using National Health Insurance can make it easier for people to seek treatment at no cost. With this national health insurance, people can enjoy the same service facilities and increase the effectiveness of health services at the Menggamat Community Health Center. Therefore, Community Health Centers are required to constantly make efforts and be committed to meeting the standards and regulations made by the Government. This research aims to determine what factors influence the use of the National Health Insurance Card (JKN) in increasing the effectiveness of health services at the Menggamat Community Health Center. This research is quantitative with a cross-sectional approach, conducted in January 2024 with 105 respondents using a purposive sampling technique. The data was analyzed using the Chi-Square test. There is no significant relationship between the level of education and utilization of National Health Insurance (JKN) with a p-value = 0.631 > 0.05 OR value of 1.375 (CI = 0.373-5.069), there is a significant relationship between the level of knowledge and utilization of JKN with a p-value = 0.023 < 0.05 OR value of 2.531 (CI = 1.126-5.687) then there is a relationship between people's perception of seeking medical treatment from a healer/shaman and the use of JKN with a p-value = 0.002 < 0.05 OR value of 0.265 (CI = 0.113-0.618). Services at the Menggamat Community Health Center can be said to be effective based on several criteria for measuring effectiveness; however, public awareness in carrying out health checks at the Menggamat Community Health Center is still lacking based on the perception of the community who still seek treatment from healers/shamans.

INTRODUCTION

The Government always strives to improve the quality of public health services nationally, and one of these efforts is using social security. Services in the health sector are a form of public service context and must be appropriately implemented by the Government. For the implementation of health services to achieve the desired goals, services must meet various requirements, including the availability of facilities and infrastructure, interconnectedness between patients and service providers, ease of reach, and quality, which will provide satisfaction that has an impact on the patient's desire to return to the institution that provides adequate health services. One of the facilities that can support the realization of health services is the Community Health Center (Puskesmas). The general purpose of health services through health centers by the Regulation of the Minister of Health Number 75 of 2014 concerning Health Centers is to implement quality, affordable, and community participation in public health efforts. Health centers are also one of the facilities providing health services closest to the community. The Community Health Center is a health facility that organizes public and individual health efforts by prioritizing promotive and preventive efforts to achieve the highest level of public health.(1)

The high number of National Health Insurance participants cannot be separated from the problem of services provided. If the health services provided are good, the possibility of National Health Insurance participants utilizing health services will be greater. However, if the services offered are considered less than good, then National Health Insurance participants will be less likely to use health services.(2, 3) Health centers and JKN are two things that are interrelated and cannot be separated in the health service system. It can be said that there is a positive correlation between the high utility of health services provided by participants and the optimality of the health center services offered, but the opposite can happen if the services are felt to be inadequate.(4)

Effectiveness is doing the right thing, while efficiency is doing things right or effectiveness is the extent to which we achieve our goals. Efficiency is how we mix all resources carefully. Effectiveness can also be interpreted

as the achievement of something that is done so that it can be completed properly. The goals achieved must be carried out by providing overall benefits.(5, 6)

Realizing that health services are a necessity for every citizen, the Government has made efforts from time to time to produce programs that can improve health services as a whole. One of the programs organized by the Indonesian Government is the implementation of the National Health Insurance (JKN) program organized by the Social Security Administering Agency (BPJS). The National Health Insurance Program (JKN) is a continuation of the previous health insurance program, namely PT. Askes and the JPKPT Jamsostek Maintenance Guarantee Program implemented by the Social Security Administering Agency (BPJS). The purpose of the National Health Insurance program is to fulfill universal health coverage, namely where all people and communities can use the health services they need, including promotive, preventive, curative, rehabilitative, and palliative services with quality that is effective enough and not burden users financially.(7)

The Social Security Administering Agency (BPJS) Health recorded the number of National Health Insurance (JKN) participants reaching 262,865,343 as of September 1, 2023. This figure covers around 94.64% of the population of Indonesia. These participants come from the groups of Recipients of Contribution Assistance from the State Budget (PBI APBN), Recipients of Contribution Assistance from the Regional Budget (PBI APBD), State Official Wage Recipients (PPU PN), Non-State Official Wage Recipients (PPU BU), Independent Workers (PPU Independent Workers), and non-workers. The Social Security Administering Agency (BPJS) Health recorded the number of National Health Insurance (JKN) participants in South Aceh reaching 233,635 participants as of November 2023, PBI/APBN participants 115,549 and PBI/APBD 85,995. Menggamat is one of the Kluet Tengah Districts with 13 villages and 1 Puskesmas unit. The Tapaktuan BPJS Kesehatan branch recorded the number of JKN card users at the Menggamat Health Center in 2023 as many as 7,066 participants, 4,523 PBI/APBN participants and 2,533 PBI/APBD participants. The utilization of the JKN card in 2023 decreased when compared to 2022. This utilization can be seen from the number of patient visits recorded at the Menggamat Health Center from 2022 - 2023. Based on data obtained by researchers, it is known that the number of patient visits in 2023 was 1,585 patients, and 4,505 patients in 2022. These data show that the utilization of the JKN card in 2023 was lower than in 2022.

Based on the description above, this study aims to determine what factors influence the Utilization of the National Health Insurance Card (JKN) in increasing the Effectiveness of Health Services at the Menggamat Health Center.

METHODS

This study uses a quantitative research type with a cross-sectional design. Which data collection was carried out at a particular time. This research was conducted in January 2024. This research was located in the working area of the Menggamat Health Center, Kluet Tengah District, South Aceh Regency. The population in this study were all JKN participants in the Menggamat Health Center working area, totaling 7,066 participants. The sample in this study was 96 respondents who were National Health Insurance (JKN) users. The sampling technique used in this study was Purposive Sampling. In this study, the data sources used were primary data and secondary data. The primary data collection technique was obtained by distributing questionnaires to study sample participants. Secondary data was obtained from the Indonesian Health Profile, the Tapaktuan Branch BPJS Office regarding the total number of JKN participants (PBI/APBN and PBI/APBD), Menggamat Health Center, and other related references (books, laws, research journals, theses/dissertations, mass media and information obtained from the internet).

RESULT AND DISCUSSION

RESULT

Respondent Characteristic

Table 1. Distribution of Respondent Characteristics

Characteristics		Amount	
		n	%
Age			
		44	41.9
		61	58.1
Adults (18-25 Years)			
Teenagers (26-35 Years)			
Gender			
	Woman	56	53.3
	Man	49	46.7
Education			
	Bachelor	10	9.5
	Senior High School	71	67.6
	Junior High School	17	16.2
	Elementary school	7	6.7
Profession			
	Midwife	1	1.0
	Teacher	2	1.9
	Selling Groceries	1	1.0
	Integrated Health Post Cadres	2	1.9
	Employee	1	1.0
	Kpps	1	1.0
	Student	14	13.3
	Teaching TPA	2	1.9
	House wife	34	32.4
	Village Apparatus	1	1.0
	Farmer	30	28.6
	PPK	1	1.0
	Mine	1	1.0
	Doesn't work	9	8.6
	Self-employed	3	2.9
	Businessman	2	1.9
Type of Participation			
	PBI/APBN	93	88.6
	PBI/APBD	12	11.4
Card Utilization			
	Never	60	57.1
	Often	45	42.9

Source: Primary Data, 2024

Based on table 1, the characteristics of the community/respondents in the Menggamat Health Center working area, the age of the respondents mainly was in their teens (26-35 years) with a percentage of (58.1%), more than half of the respondents were female with a percentage of (53.3%), the education of the respondents was mostly in high school (67.6%), based on the occupation, the most respondents were housewives (32.4%) and farmers with a percentage of (28.6%). Based on the type of JKN membership, the most were Government Contribution Assistance Recipients (PBI/APBN) with a rate of (88.6%). Based on card utilization, more than half of the respondents had never used the JKN card for health services with a percentage of (57.1%).

Table 2. Chi-Square Test

Card Utilization							95% Covidence Interval		
Variables	Category	often		Never		P Value	Exp (B)	Lower	Upper
		n	%	n	%				
Level of education	higher education	5	50	5	50				
	Secondary Education	40	42.1	55	57.9	0.631	1.375	0.373	5,069
Level of Knowledge	Good	31	52.5	28	47.5				
	Not good	14	30.4	32	69.6	0.023	2,531	1.126	5,687
Perception of seeking treatment from a shaman/healer	Good	22	31.9	47	68.1				
	Not good	23	63.9	13	36.1	0.002	0.265	0.113	0.618

*Chi-square test <0,05

Based on table 2. The education variable shows that at the secondary education level, it is an insignificant variable with the use of JKN cards with a p-value = 0.631 with (CI 0.631-5.069); in the higher education category, there are 50% of respondents who often use JKN cards and 50% of respondents never use JKN cards. In the secondary education category there are 42.1% of respondents who often use JKN cards and 57.9% of respondents never use JKN cards. Secondary education is a dominant factor with an OR value = 1.375 meaning that secondary education has 1 chance of using JKN cards to the Health Center. The variable of knowledge level shows that at the level of poor knowledge is a significant variable with the use of JKN card with a p-value = 0.023 with (CI 1.126-5.687); in the sound knowledge category, there are 52.5% of respondents who often use JKN card and 47.5% of respondents never use JKN card then in the category of poor knowledge there are 30.4% of respondents who often use JKN card 69.6% of respondents never use JKN card to Puskesmas, poor knowledge is a dominant factor with OR value 2.531 has the meaning that poor knowledge is 2 times more likely to use JKN card to Puskesmas. On the variable of perception of seeking treatment from a shaman/healer shows that at a less good level of perception, it is a significant variable with the use of JKN cards with a p-value = 0.02 with (CI 0.113-0.618), in the good perception category there are 31.9% of respondents who often use JKN cards and 68.1% of respondents never use JKN cards. In comparison, in the less good perception category, there are 63.9% of respondents often use JKN cards, and 36.1% of respondents never use JKN cards to the Health Center. Less good perception is a dominant factor with an OR value = 0.265, meaning that the perception of seeking treatment from a shaman/healer who is less good has no chance of using JKN cards to the Health Center.

DISCUSSION

The Relationship between Education Variables and the Utilization of JKN Cards in Increasing Service Effectiveness at the Menggamat Health Center

A Chi-Square test was conducted to assess the relationship between education variables, knowledge and perception of seeking treatment from a shaman/healer on the utilization of the JKN Card at the Menggamat Health Center. The statistical test for the education variable showed that the p-value = 0.631 > 0.05, so H_0 was accepted and H_a was rejected, which means there is no significant relationship between the education level variable and the utilization of the National Health Insurance card.

This study is in line with Prakoso. This study states that based on the chi-square test results between the level of education and the level of JKN use, a probability value (P-value) of 0.0557 > 0.05 is obtained.(8) This means there is no significant relationship between the level of education and the use of National Health Insurance at the Pajang Surakarta Health Center. This study is also in line with the research of Solelah and Amalia (2022). In this study, based on the results of the chi-square test, a p-value of 0.924 > 0.05 was obtained; there was no significant

relationship between education and the use of JKN cards in the work area of the Araraq Tengah Health Center, Banjarmasin City.

Education is a conscious effort planned by families, schools, and communities to provide guidance, knowledge, skills, and moral preparation to help students become competitive, intelligent, intellectual, and pious to produce generations. (9). This includes the National Health Insurance Program a high level of education makes it easier to receive and process new information. This case relates to the National Health Insurance Program and increases awareness of the importance of using the National Health Insurance Card in providing health services. However, on the other hand, low levels of education affect a person's perception of the information received, in this case, information related to the National Health Insurance Program.(10)

The results of this study indicate that the percentage of people who have never used a JKN card is in people with secondary education (57.9%). This is due to the low level of public education, so a person's ability to obtain information related to the National Health Insurance program is lacking, so public awareness of the importance of conducting health checks at health centers is getting lower than most people do not want to queue and are afraid of getting addicted to taking medicine from hospitals/health centers, people also think that if they do not have a health check at the health center it will not be a problem because they can still buy medicine at the shop without using the National Health Insurance (JKN) card, this is also an initial factor that causes a decrease in the number of visits by JKN card users at the Community Health Service Center.

Relationship of Knowledge Variables to the Use of JKN Cards in Increasing Service Effectiveness at Menggamat Health Center

The statistical test of the knowledge variable shows that the $p\text{-value} = 0.023 < 0.05$ so that H_0 is rejected and H_a is accepted, which means a meaningful relationship exists between the knowledge variable and the use of the JKN card at the Menggamat Health Center.

This study aligns with the study of Zegraoui. This study states that there is a relationship between the level of knowledge and the utilization of national health. (11) Knowledge and understanding are the most important areas for forming personal attitudes and open behavior. Knowledge is the result of 'knowledge' and people's feelings towards a particular object. Knowledge is generated based on the five human senses: hearing, sight, taste, smell, and touch. Most areas of knowledge or insight are not needed to influence a person's behavior. Understanding the importance of maintaining health begins with individuals with advanced health knowledge. People who have extensive knowledge about the importance of health will increase their awareness of the benefits of investing in health in the form of health insurance. Knowledge also controls a person's actions related to their primary lifestyle, making them active in the health sector.(12)

Knowledge is one of the key factors for people to choose and utilize health services. The better we understand the impact of disease problems, the more motivated we are to prevent them. On the other hand, a lack of understanding hinders the formation of attitudes toward using health facilities. The minimal use of health centers is due to the lack of information about the benefits of using the JKN card at the health center. When receiving services at the health center, some services are free, such as the right to health consultation and the right to be placed in an ambulance. (13)The knowledge factor influences the use of health insurance by individuals. The more we know about the importance of health, the more we will be aware of investing in health insurance, such as National Health Insurance, thus ensuring access to medical services. A person's level of knowledge affects how they use their country's health insurance. This means that someone with sufficient knowledge about the benefits of the JKN program will encourage that person to use JKN. (14, 15)

This study shows that the percentage with poor knowledge in the community who have never used the JKN Card (69.6%) is not much different from those who have good knowledge but often use the JKN card for health services (52.5%). The data explains that most people already understand about the National Health Insurance (JKN) but people do not yet consider that becoming a JKN participant is mandatory for every individual and some people also do not know how to register as a JKN participant because the JKN card was distributed by village officials in the past which was called the BPJS card. Thus, knowledge has a relationship in the use of the JKN card to the health center where good knowledge correlates with the use of the JKN card.

Relationship of Perception Variables of Seeking Treatment from a Healer/Shaman to the Utilization of JKN Cards in Increasing the Effectiveness of Services at the Menggamat Health Center

Based on statistical tests with the Chi-Square test, a significant value of 0.002 p-value <0.05 was obtained, meaning that there is a relationship between the perception of seeking treatment from a shaman/healer and the use of the National Health Insurance (JKN) card at the Menggamat Health Center. Perception is a person's reaction that is able to organize conclusions such as feelings, experiences, and high-level thoughts received from within or outside the person to find out what they receive. Awareness is closely related to treatment-seeking behavior. People with low cognitive abilities make less use of existing healthcare facilities. When there is nothing people can do, they seek medical services. People who rarely use health services, such as community health centers, are less likely to use the National Health Insurance card. Trust is also crucial in participating in JKN and how trust is associated with JKN membership. To participate in the health insurance program, consumers, formal and informal, in this case the community, must first trust the JKN program itself. In the health care system, it is essential to build confidence not only between patients and medical personnel but also between patients and health service providers such as hospital and clinic insurance and health insurance. (10, 16)

This study shows the percentage of perception of seeking treatment from a healer/shaman with a good perception in the community who have never used the JKN card to the health center is (68.1%). This is because the community still has a high perception of treatment from a healer/shaman; the community also considers that seeking treatment from a healer/shaman can be done anytime quickly; the community also believes that seeking treatment from a healer/shaman can cure all diseases, and the long-distance causes people to seek treatment from a healer/shaman still. Thus, the findings of this study are consistent with previous studies, providing a strong foundation that community perceptions are related to the utilization of health services using the JKN card at the Menggamat Health Center. The implications of these findings can provide a way to develop more targeted interventions and approaches to increase positive community actions toward using the JKN card to improve the effectiveness of health services at the Menggamat Health Center.

Utilization can be measured by real results in the community, to what extent someone believes that using the JKN card can make it easier when seeking treatment. This JKN program also covers almost all types of diseases and provides health insurance to the community to get free health services. Participation also refers to the concept of residents by allowing foreign citizens who work for at least six months in Indonesia to participate as participants in this health insurance program. Effectiveness is doing the right thing, while efficiency is doing things right, or effectiveness is the extent to which we achieve our goals. Efficiency is how we mix all resources carefully. Health services are a concept used to provide essential medical and/or specialist medical services to the community. To maintain or improve health status through prevention, diagnosis, therapy, recovery, or healing of diseases, injuries, and other physical and mental disorders. Menggamat Health Center services can be considered adequate from several effectiveness measurement criteria. However, public awareness in conducting health checks at the Menggamat Health Center is still lacking, as seen from the community's perception who still seek treatment from healers/shamans. This factor influences the community in utilizing the National Health Insurance card at the Community Health Service Center

CONCLUSION

Based on the results of the study on the Utilization of the National Health Insurance Card (JKN) to improve the Effectiveness of Health Services at the Menggamat Health Center, it can be concluded that there is no relationship between education level and the utilization of the JKN card at the Menggamat Health Center with a p-value = 0.631 with an OR value = 1.375 (CI 0.373 - 5.069), then there is a relationship between knowledge and the utilization of the JKN card at the Menggamat Health Center with a p-value = 0.023 with an OR value = 2.531 (CI 1.126 - 5.687), and there is a relationship between the perception of seeking treatment from a healer/shaman and the utilization of the JKN card at the Menggamat Health Center with a p-value = 0.002 with an OR value = 0.265 (CI 0.113 - 0.618). After studying this problem, the researcher gives suggestions for the Menggamat Health Center to improve the counseling and education program on the use of medical treatment at the Health Center using the National Health Insurance (JKN) card. For the community to increase awareness of the importance of conducting health checks at health services (Health Centers) and inviting family or other relatives to participate in the National

Health Insurance. Further research is hoped to explore the factors that can influence the use of the National Health Insurance (JKN) card.

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