Factors Related To Bpjs Participation In Communities In Puskesmas Working Area Supply Arrangement Building

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ABSTRACT

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation. The National Social Security System (SJSN), one of whose programs is the National Health Insurance (JKN), mandates that social security is mandatory for the entire population through a Social Security Implementation Agency (BPJS). The purpose of this study is to find out what factors are related to BPJS participation in the community in the Puskesmas Working Area of Gedung Tataan. The type of research used is Quantitative with Cross Sectional research design. The research instrument used was a questionnaire using a sample of 60 people. The analysis used is a bivariate analysis of chi square. Based on the results of the study, most of the respondents were BPJS participants by 91.7%, there was no age relationship with BPJS participation (p-value = 1,000), there was no educational relationship with BPJS participation (p-value = 0.779), there was a knowledge relationship with BPJS participation (p-value = 0.000), there was no relationship between distance to health facilities and BPJS participation (p-value = 0.086), no socialization relationship with BPJS participation (p-value = 1,000).

Keywords: Age, BPJS Participation, Distance, Education, Knowledge, Socialization.

INTRODUCTION

Health is a human right and one of the elements of well-being that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. Based on non-discriminatory, participatory and sustainable principles in the context of forming human resources Indonesia, as well as increasing the nation's resilience and competitiveness for national development, every activity in an effort to maintain and improve the highest degree of public health must be carried out. Every thing that causes health problems in the Indonesian people will cause huge economic losses for the country, and every effort to improve public health status also means investment for the development of the State (UU No. 36, 2009）.

According to Law no. 40/2004 concerning the National Social Security System (SJSN), one of whose programs is the National Health Insurance (JKN), which mandates that social security is mandatory for all residents, including the National Health Insurance (JKN) through a Social Security Administration Agency (BPJS). Law No. 24 of 2011 also stipulates that the National Social Security will be administered by BPJS, consisting of BPJS Health and BPJS Employment. Particularly for JKN, it is organized by BPJS Health, the implementation of which began on January 1, 2014. Operationally, the implementation of JKN is outlined in Government Regulations and Presidential Regulations, including: Government Regulation No. 101 of 2012 concerning Contribution Assistance Recipients and Presidential Regulation No. 12 of 2013 concerning Health Insurance and the JKN road map (Ministry of Health RI, 2021).

BPJS Health must understand the health service needs of the community it serves in determining the most effective way to provide quality health services. According to the law, health BPJS participants are divided into two, namely Contribution Recipient Recipients (PBI) and Contribution Assistance Recipients (Not PBI), and for poor people or families who cannot afford it, the government covers those that are integrated in the BPJS Contribution Assistance Recipient (PBI) program.

According to data obtained from the 2021 Indonesia Health Profile, the coverage for National Health Insurance (JKN) participation in 2021 is 87.0% of Indonesia's population who have become participants in the national health insurance (JKN). While Lampung Province is 80.7% which ranks 25th out of all provinces in Indonesia. The target for recipients of health insurance premium assistance (PBI) for 2015-2021 is 96.8% and an achievement of 93.5%. This shows that the achievement of health insurance participants is still below the target. According to data obtained from the Health Profile of Lampung Province in 2021 Participants Recipient of National Health Insurance Contribution/PBI Assistance (JKN) from APBN funds in Lampung Province amounted to 42.8% of a population of 9,081,792 people and from APBD funds of 8.4% . Meanwhile, Pesawaran Regency, with a population of 481,708, participated in the 2020 APBN PBI PBI by 39.5% and APBD PBI Participants (District/City) by 7.10%. This shows that the achievements in Pesawaran Regency are still low (Lampung Provincial Health Office, 2021).

Several studies that have been conducted previously by Azmy Lia (2021) state that the community has not become BPJS participants because they think that becoming a participant is not an obligation and the community has not made it a necessity so they do not have the awareness to become JKN participants. Research conducted by Imanudin (2021) states that the community does not yet need assistance from JKN because they have not experienced significant illness and the difficulty of administrative services, one of which is online services, where people do not understand technology.

Based on the problems described above, the authors are interested in conducting research entitled "Factors Associated with BPJS Membership in the Community in the Work Area of the Tataan Building Health Center, Pesawaran Regency"

METHOD

This type of research is quantitative, the data collected is primary data by interview technique using a questionnaire instrument. The independent variables in this study are age, education, knowledge, distance to health facilities, and BPJS socialization. The dependent variable in this study is BPJS membership. The analysis used was chi-square bivariate analysis. The population

in this study is the community in the working area of the Tataan Building Public Health Center. The sampling technique uses random sampling. and the number of research samples as many as 60 respondents. The research was conducted in December 2022.

RESULT

1. Univariate analysis

Table 1. Univariate Analysis Recapitulation

Variable	Amount	Percentage
BPJS membership		
No	5	8,3
Yes	55	91,7
Total	60	100
Age		
17-≤ 56 tahun	32	46,7
>56 tahun	28	53,3
Total	60	100
Education		
Tall	6	10
Intermediate	26	43,3
Base	26	43,3
No School	2	3
Total	60	100
Knowledge		
Tall	48	80
Low	12	20
Total	60	100
Mileage		

Near	28	46,7
Far	32	53,3
Total	60	100
Socialization		
Once	22	36,7
Never	38	63,3
Total	60	100

Based on the table above, it can be seen that most of the 60 respondents who have participated in BPJS are 55 people (91.7%) and those who have not become BPJS participants are 5 people (8.3%). Respondents aged >56 years were 46.7% and respondents aged 17-≤56 years were 53.3%. The education of respondents who did not attend school was 3.3%, basic education (SD) was 43.3%, secondary education (SMP-SMA) was 43.3%, and higher education was 10%. Most of the respondents have high knowledge of 80% and low knowledge of 20%. The distance to health facilities is 53.3%, and the short distance is 46.7%. Respondents who had participated in socialization were 36.7% and had never participated in BPJS socialization by 63.3%.

2. Bivariate analysis

Table 2. Bivariate Analysis Recapitulation

	BPJS membership						p-value	OR (95%CI)
	No		Yes		Total			
	N	%	N	%	N	%		
Age								0,744
> 56 tahun	2	7,1	26	92,9	28	100	1,000	(0,115-
17-≤ 56 tahun	3	9,4	29	90,6	32	100		4,805)
Amount	5	8,3	55	91,7	60	100		
Education							0,779	0,744
No School	0	0	2	100	2	100		(0,115-

Base	3	11,5	23	88,5	26	100		4,805)
Intermediate	2	7,7	24	92,3	26	100		
Base	0	0	6	100	6	100		
Amount	5	8,3	55	91,7	60	100		
Knowladge								
Low	5	41,7	7	58,3	12	100	0,000	0,583 (0,362-
Tall	0	0	48	100	48	100		0,941)
Amount	5	8,3	55	91,7	60	100		
Jarak Tempuh								
Dekat	5	15,6	27	84,4	32	100	0,086	0,844 (0,727-
Jauh	0	0	28	100	28	100		0,979)
Amount	5	8,3	55	91,7	60	100		
Socialization								
Never	2	9,1	20	90,9	22	100	1,000	0,857 (0,132-
Once	3	7,9	35	92,1	38	100		5,571)
Amount	5	8,3	55	91,7	60	100		

Based on the table above, there were 26 respondents aged >56 years who had become BPJS participants (92.9%) and 29 persons aged 17-≤56 years (90.6%), while respondents who were not participants aged >56 years as many as 2 people (7.1%) and ages 17-≤56 years as many as 3 people (9.4%). Statistical test results with the chi-square test obtained p-value = 1.000 > α 0.05, then Ho is accepted meaning that there is no relationship between age and BPJS membership in the community in the Work Area of the Tataan Pesawaran Health Center.

Respondents with higher education were all 6 people (100%) BPJS participants, 24 people with secondary education (92.3%), 23 people with basic education (88.5%), and 2 people who had no education (100%). Meanwhile, 2 respondents (7.7%) who did not participate in BPJS from secondary education, 3 people from basic education (11.5%). Statistical test results with the chi-square test obtained p-value = 0.779 > α 0.05, then Ho is accepted meaning that there is no relationship between education and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center.

Respondents who had high knowledge and had become BPJS participants were 48 people (100%) and those who had low knowledge were 7 people (58.3%). Meanwhile, only 5 respondents (41.7%) had low knowledge of respondents who were not BPJS participants. Statistical test results with the chi-square test obtained p-value = 0.000 <α 0.05, then Ho is rejected meaning that there is a relationship between knowledge and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center

Respondents who said that the Puskesmas was far from where they lived and had become BPJS participants were 28 people (100%) and those who said it was close were 27 people (84.4%). Meanwhile, respondents who were not BPJS participants said that there were 5 people (15.6%) who were close. Statistical test results with the chi-square test obtained p-value = 0.086 > α 0.05, then Ho is accepted meaning that there is no relationship between distance to health facilities (Puskesmas) and BPJS membership in the community in the Work Area of the Tataan Pesawaran Health Center Building

Respondents who were BPJS participants and had received socialization about BPJS were 35 people (92.1%) and who had never received socialization were 20 people (90.9%). Meanwhile, there were 3 respondents (7.9%) who were not participants and had received socialization about BPJS, 2 people (9.1%) had never received socialization. Statistical test results with the chi-square test obtained p-value = 1.000 > α 0.05, then Ho is accepted meaning that there is no relationship between socialization and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center.

DISCUSSION

BPJS membership

Based on the results of the study, it was shown that most of the respondents had become BPJS participants, as many as 55 people (91.7%) which were divided into 13 Mandiri BPJS participants and 42 Employment BPJS participants.

Based on the research, most of the respondents have become BPJS participants, meaning that the level of public awareness of the importance of health insurance is already high. Meanwhile, the information received from respondents who were not BPJS participants was because the respondents did not have free time to process their BPJS membership, and some reasoned that they wanted to pay directly when they were sick at a health clinic or bought medicine at a pharmacy.

According to Presidential Regulation No. 12 of 2013 Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government. Health insurance participation is mandatory and carried out in stages so that it covers the entire population.

Age

Based on the results of the study, it was shown that 26 respondents (92.9%) were aged >56 years who had become BPJS participants and 29 people aged 17-≤56 years (90.6%), while respondents who were not participants aged >56 years as many as 2 people (7.1%) and ages 17-≤56 years as many as 3 people (9.4%). Statistical test results with the chi-square test obtained p-value = 1.000 > α 0.05, then Ho is accepted meaning that there is no relationship between age and BPJS membership in the community in the Work Area of the Tataan Pesawaran Health Center.

In this study, most of the respondents who participated in BPJS were aged 17-≤56 years, 29 people (90.6%). This age is a productive age which requires health insurance if there is a risk of illness. Based on research conducted by Marhenta, et al (2018) that most of the BPJS participants are over 45 years old (39.2%).

The data shows that the majority of BPJS health participants who use health services are adults and the elderly. The older the respondents tend to use health services more frequently higher.

Education

Respondents with higher education were all 6 people (100%) BPJS participants, 24 people with secondary education (92.3%), 23 people with basic education (88.5%), and 2 people who had no education (100%). Meanwhile, 2 respondents (7.7%) who did not participate in BPJS from secondary education, 3 people from basic education (11.5%). Statistical test results with the chi-square test obtained p-value = 0.779 > α 0.05, then Ho is accepted meaning that there is no relationship between education and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center.

In this study, 24 respondents (92.3%) were respondents who were mostly BPJS participants with secondary education. The majority of the people in the Working Area of the Tataan Building Health Center are Laborers and Farmers. Parents only send their children to secondary education, because the orientation to find a livelihood is limited to being a worker or a farmer.

However, this research is not in line with research conducted by Azmi Lia (2021) that there is a relationship between education level and BPJS membership where p value = 0.018 < 0.05. Likewise with Nadia's research (2021) with a p value = 0.007 <0.05. The higher the level of education a person can influence in carrying out a plan and control action to overcome an uncertain risk in the future. So with a high level of education can increase public understanding and knowledge about health insurance, so as to increase high awareness of JKN membership.

Knowledge

Respondents who had high knowledge and had become BPJS participants were 48 people (100%) and those who had low knowledge were 7 people (58.3%). Meanwhile, only 5 respondents (41.7%) had low knowledge of respondents who did not participate in BPJS. The results of statistical tests using the chi-square test obtained p-value = 0.000 < α 0.05, then Ho was rejected, meaning that there was a relationship between knowledge and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center.

In this study, most of the respondents had high knowledge about BPJS. The community already understands the benefits and uses of BPJS, and has used BPJS service facilities if there is a risk of illness.

This research is in line with research conducted by Azmi Lia (2021) and Riyanti (2017) that there is a relationship between the level of knowledge and BPJS membership. However, this is not in line with research conducted by Atipah (2016) that knowledge does not affect BPJS membership.

Distance to health facilities

Respondents who said that the Puskesmas was far (> 3 km) from where they lived and had become BPJS participants were 28 people (100%) and those who said it was close (<3 km) were 27 people (84.4%). Meanwhile, respondents who were not BPJS participants said that there were 5 people (15.6%) who were close. Statistical test results with the chi-square test obtained p-value = 0.086 > α 0.05, then Ho is accepted, meaning that there is no relationship between distance traveled to health facilities (Puskesmas) and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center Building.

However, this research is not in line with research conducted by Nadia (2021) that mileage has a relationship with BPJS membership with a p-value = 0.002. Research by Atipah (2016) and Retno (2008) shows that the distance traveled to a health service has an effect on BPJS membership.

Socialization

Respondents who were BPJS participants and had received socialization about BPJS were 35 people (92.1%) and who had never received socialization were 20 people (90.9%). Meanwhile, there were 3 respondents (7.9%) who were not participants and had received socialization about BPJS, 2 people (9.1%) had never received socialization. Statistical test results with the chi-square test obtained p-value = 1.000 > α 0.05, then Ho is accepted meaning that there is no relationship between socialization and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center.

However, this research is not in line with research conducted by Atipah (2016) that socialization has an influence on community interest in BPJS membership where the p-value = 0.000. Likewise with Fredelina's research (2015) there is a relationship between socialization and BPJS membership. Socialization is done by face-to-face communication and the effects can be seen immediately. With socialization, the community understands more about the benefits of BPJS.

CONCLUSION

Based on the results of the research and discussion, the conclusions are drawn:

1. Most of the 60 respondents who were already BPJS participants were 55 people (91.7%) and 5 people who had not become BPJS participants (8.3%).
2. There is no relationship between age and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center with a p-value = 1,000.
3. There is no relationship between education and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center. with p-value = 0.079.
4. There is a relationship between knowledge and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center. with p-value = 0.000.
5. There is no relationship between the distance to the health facility (Puskesmas) and BPJS membership in the community in the Puskesmas Work Area Gedung Tataan Pesawaran dengan p-value = 0,086.
6. There is no relationship between socialization and BPJS membership in the community in the Working Area of the Tataan Pesawaran Health Center with p-value = 1,000

SUGGESTION

Based on the research results it is suggested:

1. The socialization carried out by the BPJS should be more intense to the public so that the public's understanding is more optimal regarding the benefits and use of BPJS facilities so that BPJS membership increases and is evenly distributed to remote areas.

2. Health workers are advised to maximize services for BPJS participants when the community uses BPJS facilities at health service points.

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