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TOWARDS A UNIVERSAL HEALTH COVERAGE IN THE PANDEMIC COVID-19: STUDY ON THE LOW PARTICIPATION OF HEALTH NATIONAL (JKN) IN THE DISTRICT BULUKUMBA

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Abstract. The implementation of the National Health Insurance (JKN) program is aimed at realizing the SDGs (Sustainable Development Goals), namely achieving UHC (Universal Health Coverage) commitments in Indonesia. However, until now there are still many residents, especially in Bulukumba Regency, who are not registered for JKN membership. In fact, JKN participation greatly helps the accessibility of health services and overcomes obstacles to medical expenses, especially for low-income people. Therefore, the purpose of this study is to identify the factors causing the low JKN membership and formulate efforts to increase JKN participation in Bulukumba Regency. This research method is a qualitative research with the determination of informants using purposive techniques. This research was conducted in Bulukumba Regency in June 2021. Data collection techniques were carried out through interviews, observations, documentation, and literature studies, then the data were analyzed using fishbone diagrams. The results showed that the factors causing the low JKN participation in Bulukumba Regency, namely low education level, the majority work as farmers, do not know the JKN registration process, do not understand the health insurance system, lack of socialization, the formation of a stigma regarding differences in health services between JKN participants and patients. general, apathetic family heads, the data bank in the Integrated Social Welfare Data (DTKS) has no updates, there is no synchronization of data for the poor, and there is a quota system for the JKN PBI APBD. Based on this, it can be concluded that the cause of the low JKN participation in Bulukumba Regency arises from problems from the community and the government. Therefore, it is necessary to update the data at DTKS regularly and provide education and socialization to the public regarding the health insurance system and JKN program, then form an Independent Institution to foster community enthusiasm to register as JKN participants.

Keywords: Bulukumba; national health insurance; participation; SDGs; UHC

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INTRODUCTION

Health development in Indonesia in recent years has grown significantly. Since 2014, the Indonesian government has launched the JKN (National Health Insurance) program through BPJS Health which is aimed at achieving UHC (Universal Health Coverage) which means that all Indonesian citizens must be registered as JKN participants (Wira, 2018). The government's JKN program is very relevant to the global development goals (SDGs) in the health sector in indicator 3.8, namely achieving UHC in 2030 (Adiyanta, 2020).

The main objective of the JKN program is to increase public accessibility to health services according to their needs (Nugraheni dan Hartono, 2017). In addition, the program was implemented with the aim of overcoming the problem of medical expenses, especially for low-income people (Soewondo et al., 2021). Therefore, it is important for all sectors to support and make various efforts so that all Indonesian citizens are registered as JKN participants with proof of ownership of the JKN card.

However, after seven (7) years of implementing the JKN program, it turns out that there are still many people in Indonesia who are not registered for JKN membership. One of the causes of low JKN participation is the level of education. The results of research by (Kusumaningrum and Azinar, 2018) reveal that a person's level of education plays an important role in JKN participation. A high level of education can increase public knowledge and understanding of health insurance to increase higher awareness of JKN participation, while according to (Hardy and Yudha, 2018), it is stated that JKN participation by the community is also influenced by daily income or economic factors.

One of the areas with a low level of JKN participation in Indonesia is Bulukumba Regency. Based on data by BPJS Kesehatan Bulukumba Regency in 2021, the percentage of the population registered as JKN participants in June 2021 was only 76.70% and those who were not registered were 23.30%. In fact, when compared to the national percentage, the condition of Bulukumba Regency is relatively low. Nationally, the average JKN participation rate in every district/city in Indonesia is around 85% (BPJS Kesehatan, 2021). On the other hand, this percentage is also still far from the 2019 UHC target, which is 95% (Puspitaningrum et al., 2019).

In addition, the percentage of JKN participation in Bulukumba Regency is also very different from the three (3) other regions under the auspices of the BPJS Kesehatan Branch Office of Bulukumba Regency. For example, Selayar Regency and Bantaeng Regency were the first to reach the UHC target since 2018. Based on data by BPJS Kesehatan Bulukumba Regency in 2021, the percentage of JKN participation in Selayar Regency is 95.10% and Bantaeng Regency is 96.56%. JKN participation rate is higher than Bulukumba Regency, which is 86.37% (BPJS Kesehatan, 2021).

The development of JKN participation in Bulukumba Regency is allegedly not in line with the direction of national policies and strategies in Presidential Regulation Number 18 of 2020 concerning the National Medium-Term Development Plan (RPJMN) for 2020-2024, namely the target

for JKN participation to cover 98% of the Indonesian population by 2024. Until now, the government is still trying to target the achievement ofUniversal Health Coverage, especially during the Covid-19 pandemic.

Based on this description, the purpose of this research is to identify the factors causing the low JKN participation in Bulukumba Regency and formulate efforts to increase JKN participation in Bulukumba Regency. This is very important considering that research on JKN participation in Bulukumba Regency has never been done before so that there is no benchmark for the government in formulating policies. In fact, in the current state of the Covid-19 pandemic, JKN participation is very helpful for the community in obtaining health services.

METHODS

This type of research is a qualitative research that intends to understand the phenomena of what is experienced by research subjects such as behavior, perception, motivation, action, and others, holistically, and by means of description (Moleong, 2017). The phenomenon studied is the cause of the low JKN membership in Bulukumba Regency. This research was conducted in Bulukumba Regency, covering the Districts of Herlang, Kajang, Bonto Tiro, Bonto Bahari, Bulukumpa, Gantarang, Kindang, Rilau Ale, Ujung Bulu, and Ujung Loe in June 2021.

Informants in this study were determined using atechnique purposive, namely determining informants who are done intentionally by setting certain criteria. The participating informants were 38 people with various ages ranging from 21 to 70 years with the following criteria for research informants: (1) People who are registered and not registered as JKN participants in every sub-district in Bulukumba Regency with the criteria of having an Identity Card (KTP) with domicile Bulukumba Regency, and has settled and lived in Bulukumba Regency for a minimum of five (5) years; (2) The regional government of Bulukumba Regency with the criteria of being a government official related to the JKN program, namely the Head of the Bulukumba Regency BPJS Health Branch Office, the Head of the Bulukumba Regency Health Office, the Person in Charge of the JKN Program and Reporting Subdivision PBI APBD (Recipient of Revenue and Expenditure Budget Contribution Assistance) Regional) at the Bulukumba District Health Office, Head of the Bulukumba District Social Service, Member of DPRD Commission D (Health Sector) Bulukumba Regency, Head of Ujung Bulu Sub-district, Bulukumba District, Head of Caile District, Ujung Bulu District, Bulukumba District, Head of Health Center Herlang District, Bulukumba Regency.

Data collection techniques were carried out through interviews, observations, documentation, and literature studies, then the data were analyzed using diagrams fishbone. According to Murnawan dan Mustofa (2014), revealing that the diagram fishbone or cause and effect (cause and effect) is one of the most effective techniques in analyzing existing data to identify problems by analyzing the causes of the problems that occur.

RESULTS AND DISCUSSION

Table 1. Result of Analysis of Root Causes of Problems

Faktor	Penyebab 1	Penyebab 2	Penyebab 3
Man (A1)	Masyarakat kurang memahami tentang JKN (A1.1)	Kurangnya sosialisasi (A1.1.1)	
		Kurangnya pengetahuan (A1.1.2)	Tingkat pendidikan rendah (A1.1.2.1)
	Masyarakat kurang mencari tahu informasi tentang JKN (A1.2)	Masyarakat selalu bergantung pada perangkat desa/kelurahan (A1.2.1)	
		Masyarakat sibuk bekerja (A1.2.2)	Mayoritas bekerja sebagai petani (A1.2.2.1)
		Masyarakat pasif (A1.2.3)	Tidak mengetahui alur pendaftaran JKN (A1.2.3.1)
	Masyarakat belum menyadari pentingnya JKN (A1.3)	Masyarakat belum sakit (A1.3.1)	
		Kurangnya pengetahuan (A1.3.2)	Tidak memahami sistem asuransi kesehatan (A1.3.2.1)
			Kurangnya sosialisasi (A1.3.2.2)
		Masyarakat kurang motivasi (A1.3.3)	Terbentuknya stigma di masyarakat perihal perbedaan pelayanan kesehatan antara pasien peserta JKN dan pasien umum (A1.3.3.1)
			Kepala keluarga apatis (A1.3.3.2)
Money (A2)	Kurangnya anggaran pemda untuk program JKN PBI APBD (A2.1)		
	Alokasi dana anggaran belum	Manajemen dan sistem anggaran Dinas Kesehatan	

	terarah dengan baik dan jelas (A2.2)	kurang baik (A2.2.1)	
	Pendapatan hanya cukup untuk kebutuhan sehari-hari (A2.3)	Pendapatan masyarakat rendah (A2.3.1)	Mayoritas bekerja sebagai petani (A2.3.1.1)
	Alur pendaftaran yang tidak praktis untuk JKN PBI APBD (A3.1)	Kurangnya koordinasi antara Dinas Kesehatan dan Dinas Sosial (A3.1.1)	
Method (A3)		Sistem pendaftaran yang berubah-ubah (A3.1.2)	Kurangnya sosialisasi (A3.1.2.1)
	Pembatasan aktivitas akibat pandemi Covid-19 (A3.2)	Masyarakat tidak mengetahui alur pendaftaran online untuk kepesertaan JKN Non PBI (A3.2.1)	Kurangnya sosialisasi oleh BPJS Kesehatan (A3.2.1.1)
Market (A4)	Dinas Sosial (A4.1)	Kurangnya sumber daya manusia (A4.1.1)	Bank data di Data Terpadu Kesejahteraan Sosial (DTKS) tidak ada pembaruan (A4.1.1.1)
		Kurangnya koordinasi dengan pihak pemerintah (A4.1.2)	Tidak ada sinkronisasi data (A4.1.2.1)
	Dinas Kesehatan (A4.2)	Kurangnya koordinasi dengan Dinas Sosial (A4.2.1)	
		Manajemen dan sistem anggaran yang kurang baik (A4.2.2)	
		Kurangnya inovasi dalam melakukan sosialisasi di tengah pandemi Covid-19 (A4.2.3)	
	BPJS Kesehatan (A4.3)	Sosialisasi tentang pendaftaran kepesertaan JKN Non PBI berbasis online seperti Aplikasi Mobile JKN dan PANDAWA (Pelayanan Administrasi melalui Whatsapp) belum optimal (A4.3.1)	

	Rumah Sakit (A4.4)	Kepesertaan JKN belum sepenuhnya menanggung beberapa pelayanan kesehatan, sehingga ada biaya tambahan (A4.4.1)	
	Puskesmas (A4.5)	Penggunaan Aplikasi Primary Care belum optimal (A4.5.1)	
	Masyarakat (A4.6)	Masyarakat selalu bergantung pada bantuan pemerintah (JKN PBI) padahal tergolong mampu (A4.6.1)	
Information (A5)	Adanya stigma yang terbentuk di masyarakat perihal perbedaan pelayanan kesehatan antara pasien peserta JKN dan pasien Umum (A5.1)	Tersebarnya informasi hoax tentang JKN di masyarakat (A5.1.1)	
	Informasi yang tersebar di masyarakat belum merata (A5.2)	Kurangnya sosialisasi (A5.2.1)	
Time (A6)	Masyarakat sibuk bekerja (A6.1)	Mayoritas bekerja sebagai petani (A6.1.1)	
	Kartu peserta JKN terbit dalam waktu cukup lama (A6.2)	Alur pendaftaran yang tidak praktis dan lama untuk kepesertaan JKN PBI APBD (A6.2.1)	Adanya sistem kuota untuk JKN PBI APBD (A6.2.1.1)
		Kartu kepesertaan JKN Non PBI terbit dalam kurun waktu 14 hari (A6.2.2)	
Technology (A7)	Masyarakat tidak mengetahui perihal Aplikasi Mobile JKN dan PANDAWA (A7.1)	Kurangnya sosialisasi oleh BPJS Kesehatan (A7.1.1)	

Based on Table 1. the cause of the problem is known based on the results of interviews and observations. The results of interviews and observations were then grouped into 7 factors. The seven factors include man, money, method, market, information, time, and technology. The factors causing the problem that have been identified then become the basis for the preparation of the diagram fishbone.

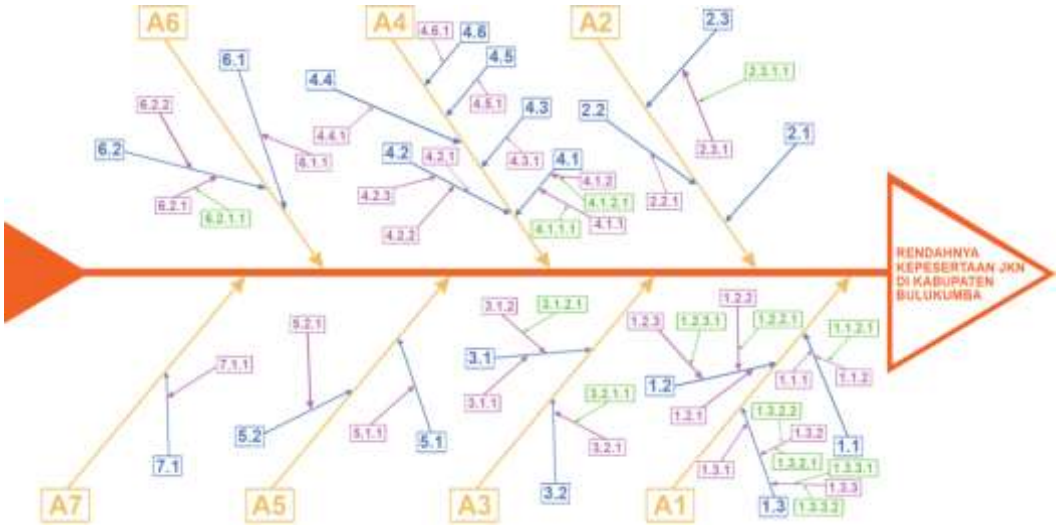

Figure1. Results Analysis of the Root Causes of the Problem Based on theDiagram Fishbone

Based on the diagram fishbone above, it is studied and agreed upon by looking at the causal factors in the last cause (cause 3) and the causal factors that often arise or the causes that appear on various factors so that they can be considered as the root cause of the problem. The factors causing the low JKN membership in Bulukumba Regency are as follows.

The first contributing factor is the low level of education. The classification of the level of formal education is divided into two (2), namely low education is graduating from SMP/MTs and below and higher education is graduating from SMA/MA/SMK and above (Arikunto, 2012). Based on data from the Bulukumba Regency BPS (2020), revealed that the education level of the population aged 15 years and over was greatest at the SD/MI and SMP/MTs education levels, which were 22% each, then SMA/MA/SMK at 20%, and the smallest percentage at the tertiary level is only 10%. In addition, the percentage of the population who does not have a diploma is still high, at 26%.

Therefore, based on the classification of education levels, most of the people of Bulukumba Regency have a low level of education with a total percentage of 70%. This percentage is in line with the results of the study which showed that low levels of education influenced the people of Bulukumba Regency to become JKN participants compared to people with higher education levels.

Based on Green dan Kreuter (1991) theory, it is stated that a high level of education can affect public understanding and knowledge regarding health insurance, thereby creating high awareness regarding JKN participation. The results of the research by (Kusumaningrum dan Azinar, 2018) show that respondents with a high level of education have 2.16 times the awareness to become JKN participants compared to respondents with a low level of education. This is also in line with research conducted by Niha et al. (2018) that there is a relationship between education level and community participation status in the JKN-KIS program

in Singkil District, Manado City, as well as research conducted by (Kurniawan, 2018) that there is a relationship between education level and community knowledge in the working area of Tamalanrea Jaya Health Center with utilization JKN.

The second contributing factor is that the majority work as farmers. Based on data from the Bulukumba Regency BPS (2020), the majority of people in Bulukumba Regency work in the agricultural sector, reaching 49.73%. Farmer is informal sector jobs with irregular incomes. Uncertain income every month causes people to find it difficult to register for JKN Non PBI (Not Contribution Assistance Recipients / Independent Recipients) because participant fees must be paid every month.

Based on research conducted by Rahman (2020), states that there is a relationship between income levels and community participation in the National Health Insurance (JKN) in the Sungai Ulin Community Health Center work area in 2020. Income above the UMR (Regional Minimum Wage) will affect and become a consideration for the community to become a JKN participant, while those with low incomes prefer to reconsider being a JKN participant because the income they get is prioritized for daily needs rather than being a JKN participant. This study is also in line with research conducted by (Kusumaningrum dan Azinar, 2018) which showed that there was a significant relationship between income level and public awareness for the use of health insurance, respondents with high incomes had 2.01 times greater awareness than respondents with higher levels of awareness. low income.

The third contributing factor is not knowing the JKN registration process. Based on the results of the study, it was found that most of the informants did not know the JKN registration process. This is due to the passive attitude and lack of socialization carried out by the local government (village/kelurahan officials, health center health workers, the Health Office, and the BPJS Kesehatan). The majority of JKN PBI participants do not know the JKN registration process because people are only passive objects and depend on village/kelurahan officials for JKN membership registration by depositing identity cards in the form of ID cards and Family Cards (KK).

In line with the research of Kurniawati and Rachmayanti (2018), it is revealed that people who do not have knowledge related to JKN have an effect on the low utilization of JKN because they do not know the benefits of having a JKN card. This causes people not to use their JKN cards optimally, resulting in the lack of information related to the importance of having JKN cards.

The fourth contributing factor is not understanding the health insurance system. Based on the results of the study, it was found that the public did not know the system that applies to health insurance which led to public suspicion of using the contributions paid. This built up stigma has led to the circulation of hoaxes related to budget abuse by program managers, which causes low public trust in BPJS Health and affects the number of non-PBI JKN registrants. It is necessary to provide understanding to the public regarding health insurance which is a type of insurance product that specifically

guarantees the health or treatment costs of the members of the insurance if they fall ill or have an accident as well as an understanding of how the mutual cooperation system applies at BPJS Health.

Lack of understanding of the concept of health insurance is the cause of the low number of people choosing health insurance. Knowledge can be the basis for a person to make decisions and actions (Lesmana dan Sugiman, 2020). Understanding of monthly premiums and their allocation must be disseminated to the public to provide an understanding of how the health insurance system works. Communication and education will increase public understanding of health insurance.

The fifth factor is the lack of socialization. Based on the results of the study, it was found that the community had never received socialization related to JKN from village/kelurahan officials, the Puskesmas, and the Health Office. Village/kelurahan officials who visited several residents' homes only asked for ID cards and KK to register underprivileged people as JKN participants without any further explanation regarding the JKN program, while people who did not receive visits from village officials only heard word of mouth. circulating related to JKN. The results of this study are in line with the research of Thobibah et al. (2020) that people who get information related to JKN have a higher percentage of being JKN participants than those who do not get information and research by Kurniawati dan Rachmayanti (2018) that lack of information causes low JKN participation.

The sixth contributing factor is the formation of stigma in the community regarding the differences in health services between JKN patients and general patients. Based on the results of the study, it was found that the public's reluctance to register as JKN participants was caused by the large number of news circulating related to health services for JKN users that were not as good as public services so that people preferred to seek general treatment when sick rather than register themselves as JKN participants. This is supported by research by Ernawati dan Uswatul (2019) which states that respondents who have negative perceptions regarding JKN have 40 times the opportunity not to register themselves as JKN participants.

The formation of positive perceptions in the community can be done by providing socialization related to JKN so that there are no more misunderstandings related to JKN in the community which causes low public interest in registering as JKN participants because of the development of negative perceptions due to a lack of public knowledge regarding JKN. In line with the results of research conducted by Firmansyah (2016) that there is no difference in patient satisfaction with JKN participants based on the quality of health services at the inpatient installation of RSD dr. Soebandi Jember because the services provided by health workers are fair, and without discriminating against patient status.

The seventh causative factor is apathy of the family head. Based on the results of the study, it was found that the head of the family who has an apathetic attitude causes

the head of the family to not understand the importance of JKN. This apathy has led to a lack of initiative from family heads to register as JKN Non-PBI participants and wait for assistance from the government. The apathy of the head of the family is due to lack of knowledge, family economic conditions, number of children and low motivation to register as a JKN Non PBI participant. This research is in line with Fithriyana (2019) which shows that the negative attitude of the family head regarding JKN has a significant influence on family participation in JKN. Efforts to change the attitude of family heads require the participation of health workers, religious leaders, community leaders and cross-sectoral collaboration to play an active role in encouraging and motivating family heads to become JKN participants through formal and informal counseling.

The eighth contributing factor is the lack of socialization by BPJS Health. Based on the results of the study, it was found that socialization was not carried out directly to the general public during the pandemic and was only carried out through various BPJS Health social media channels and to people who visited BPJS Health offices and Puskesmas. BPJS Health in its services focuses on providing information to participants who have registered as JKN participants by providing several conveniences such as PANDAWA services and others, while according to Bulukumba Regency BPS data (2020), states that the percentage of internet use in Bulukumba Regency is still relatively low, namely at 39.39% so that the socialization carried out did not reach the Bulukumba community.

Based on the results of the study, it was also found that the majority of informants did not know about theregistration system online and did not know the procedures and requirements for registration. This is in line with research conducted by Agustina et al. (2018) shows that the lack of socialization carried out by BPJS Health causes low public knowledge regarding the registration mechanism as a participant and the benefits of having a JKN card. Based on the results of observations, there were also no health promotion media related to JKN, such as posters, pamphlets, and banners in the community.

The ninth contributing factor is that the data bank in the Integrated Data for Social Welfare (DTKS) is not updated. Based on the Joint Decree between the Minister of Finance, Minister of Social Affairs and Minister of Home Affairs Number: 360.1/KMK/2020, Number: 1 of 2020, Number: 460-1750 of 2020 concerning Support for Accelerating Updating of Integrated Social Welfare Data by Regency/Municipal Governments, stated that the DTKS/BDT data is updated twice a year in April and October. Unlike what happened in Bulukumba Regency, data from DTKS is not updated twice a year, so data on births, deaths, and poverty of the population are not up-to-date. This has an impact on the number of JKN PBI users who continue to be financed by the local government, while the users have died or are no longer poor. In addition, the absence of data updates will also make it difficult for people who cannot afford to take care of JKN PBI because they are not registered in the decile classification of the poor who are entitled to assistance with health insurance contributions by the government. This also

affects the unsynchronization of community data in DTKS and the Population and Civil Registry Office regarding NIK (Population Identification Number) data which does not match the two data.

The tenth factor is the absence of data synchronization. Based on the results of the study, it was found that the JKN PBI APBD participants (Recipients of Regional Revenue and Expenditure Budget Contribution) by the local government in June 2021 in Bulukumba Regency were 82,000 people, and JKN PBI APBN participants (Recipients of State Budget Contribution Assistance) by the government center in June 2021 as many as 145,911 people with a total of 227,911 JKN PBI participants. When compared with the number of poor people in Bulukumba Regency, this is very inconsistent (BPJS Kesehatan, 2021). It is stated in the regulation of the Minister of Social Affairs of the Republic of Indonesia Number 21 of 2019 concerning Requirements and Procedures for Changing Data on Health Insurance Contribution Assistance Recipients that the recipients of health insurance contribution assistance are the poor and the poor. Based on the Integrated Social Welfare Data (DTKS) of Bulukumba Regency for the October 2020 period, the number of poor people in Bulukumba Regency is 137,667 people ((Dinas Sosial Kabupaten Bulukumba, 2020).

This data is different from data from the Bulukumba Regency BPS (2020) which shows the number of poor people in Bulukumba Regency is only 30,490 people. This shows that there is no synchronization of data from various institutions in Bulukumba Regency which directly affects the management of JKN, especially JKN PBI. In addition, according to Fikri (2021) in the news released through the Tribun Timur website on June 28, 2021, he revealed that hundreds of JKN PBI APBD participant cards were found in the trash around the Herlang Health Center, Bulukumba Regency in June 2021. The participant cards have been issued since 2017. Thus, it further proves that there are ghost/fictitious participants in JKN PBI membership in Bulukumba Regency.

The eleventh contributing factor is the existence of a quota system for the JKN PBI APBD. Based on the results of the study, it was found that there was a quota system for JKN PBI APBD participation in accordance with the budget set by the local government. The number of quotas that have been set is 82,217 people and as of June the number of registered participants is 82,000 participants. The remaining quota of 217 for new registrants, while there are many queues for JKN PBI APBD registration, this number will change according to the number of births and deaths of participants (BPJS Kesehatan, 2021).

Therefore, efforts that can be made to increase JKN participation in Bulukumba Regency, namely; updating the Social Welfare Integrated Data (DTKS) periodically by the Bulukumba District Social Service; provide education and understanding to the public in Bulukumba Regency about the health insurance system, especially the mutual cooperation system that applies to BPJS Health; conduct massive socialization

regarding the JKN program to the public in Bulukumba Regency, both offline and online, namely: (a) Optimizing the socialization of theApplications Mobile JKN and PANDAWAso that people can register for JKN membership online, especially during the Covid-19 pandemic, and (b) Optimizing the socialization of the JKN program by distributing brochures, placing posters, pamphlets, and banners in strategic places in Bulukumba Regency, such as mosques, tourist attractions, health facilities, and others; and forming independent institutions, such as Community Organizations (ORMAS) and Non-Governmental Organizations (NGOs) as organizations that focus on public health in order to develop the spirit and spirit of the community to register as JKN participants. On the one hand, as a channel for public aspirations regarding the obstacles faced when they want to register as participants and for those who have become JKN participants.

CONCLUSIONS

The factors causing the low level of JKN participation in Bulukumba Regency, namely the low level of education, the majority work as farmers, do not know the JKN registration process, do not understand the health insurance system, lack of socialization, the formation of stigma in the community regarding differences in health services between JKN patients and general patients , apathetic family heads, the data bank in the Integrated Social Welfare Data (DTKS) has no updates, there is no synchronization of data for the poor, and there is a quota system for JKN PBI APBD so that it can be concluded that the cause of the low JKN membership in Bulukumba Regency arises from problems from society and government. As for the efforts that can be made to increase JKN participation in Bulukumba Regency, namely updating DTKS periodically by the Bulukumba Regency Social Service, providing socialization and education to the public in Bulukumba Regency about the health insurance system, especially the mutual cooperation system that applies to BPJS Health and the JKN program. , both offline and online, and forming an Independent Institution in order to foster community enthusiasm to register as JKN participants.

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