

RESEARCH STUDY

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Implementation of Health BPJS Usage in Stunting Toddler Management at Stunting Locus

Implementasi Penggunaan BPJS Kesehatan dalam Penanganan Balita Stunting di Locus Stunting

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ABSTRACT

Background: Community-based health insurance is increasingly integrated into the Indonesia health system. Health protection is one of the dimensions in the Special Index for Stunting Management (IKPS). The Indonesia National Health Insurance, regulated by Social Health Insurance Administration (BPJS Health), has stunting handling programs. Stunting is less likely to occur in toddlers who have health insurance.

Objectives: To explore the use of by BPJS Health for handling stunting in the stunting locus area.

Methods: Qualitative research using a case study was conducted in the Wori Primary Health Service. Snowball sampling methods and recruit 9 participants: health service and village staff, a mother with a stunting toddler, and cadres. All interviews, were audio-recorded and transcribed verbatim. Thematic analysis was used to and using OpenCode software.

Results: Even though there was local health insurance, the regional government kept supporting BPJS Health ownership for stunting toddlers. They get referral services to pediatricians for further screening, but this cannot be carried out due to the low ownership of by BPJS Health. The determining variables were the absence of a toddler's National Identity Number, the drawn-out procedure, and the mother's perception of the risk of stunting. Because of the lower knowledge barrier and accessibility to other healthcare facilities, they thought it was sufficient to treat stunting at the Primary Health Service level.

Conclusions: The benefits of BPJS may be seen in the stunting handling program at the Wori Primary Health Service, however, there is a need for coordination of various components to inform it.

INTRODUCTION

Stunting is a concern in both developed and developing countries since it is influenced by economic and political conditions in a country, though not directly¹. Stunting is still a problem that must be addressed because it has long-term consequences in adulthood if not corrected. Children are more vulnerable to infectious diseases, experience cognitive and motor delays, and risk non-communicable diseases as adults, resulting in low productivity².

Stunting cases in Indonesia increased by 1.3% from 2007 to 2018³, the results of the Nutrition Status Survey show that stunting decreased by 21.6% in 2022⁴. The World Health Organization (WHO) still considers Indonesia to have a high prevalence of stunting between 30-38%, and it is envisaged that this can be reduced by around 50% of total cases⁵. The Indonesian government has made efforts to combat stunting, but these have not

been optimum or effective. Indonesia joined Scaling Up Nutrition (SUN) in 2011 and established an integrated (convergent) nutrition approach. The Investing in Nutrition and Early Years (INEY) project is being funded by the World Bank and the Global Financing Facility (GFF). This project's target audience includes pregnant women, children under the age of two, and their parents. A measurement device that employs the Special Index for Handling Stunting (IKPS) is required for this project. The IKPS includes 6 (six) dimensions and twelve (12) indicators covering health, nutrition, housing, food, education, and social protection. In general, the IKPS data for 2019-2020 demonstrate that the lowest dimension carried out in dealing with stunting is the social protection dimension⁶. This is also supported by research, which shows that measures aimed at reducing stunting tend to overlook social protection. Indeed, numerous research have found a correlation between

social security and the prevalence of stunting. Research conducted in 32 African countries found that a mother's active health insurance can reduce child stunting and underweight through the use of maternal health services and the provision of a variety of food diets for children⁷. Insurance is thought to be able to assist a family in dealing with health issues for their children⁸. Ownership of health insurance is significantly related to stunting in children under the age of five in Palembang, because the more people who have health insurance, the more opportunities for families to improve the health status of all family members, including reducing the risk of stunting in children under the age of five⁹.

Community-based health insurance is progressively being implemented into developing-country health-care systems. Every year, insurance contributes about 15.4% to the utilization of services, and children in households with insurance for 7 years have a likelihood of stunting of just 0.329, compared to 0.518 for children in households without insurance. A child born in an insured household is 77% less likely to suffer from stunting at this age¹⁰.

North Sulawesi Province is one of the provinces that has experienced a decline in stunting cases, which initially was 31.4%¹¹, but now has stunting cases of 20.5%⁴. The regional government assessed the performance of stunting reduction implementation in the locus districts of North Sulawesi. North Minahasa Regency is one of the districts with a stunting locus that has innovated in its management by including six aspects into IKPS¹². The Social Security Administering Body (BPJS) for Health in North Sulawesi has long provided primary care health insurance as a sort of social protection dimension in dealing with stunting. North Minahasa Regency, as a stunting locus region, has a BPJS PBI (Contribution Assistance Recipients) coverage rate that is 51.98% higher than the North Sulawesi Province coverage rate¹³. The North Minahasa Regency Government created a regional health insurance program for all its citizens to improve their health status, including handling stunting as a form of Universal Health Coverage (UHC). Even though the government has provided regional health insurance, it continues to encourage and make it easier for people to have BPJS. The social protection dimension in handling stunting is still a concern that needs to be improved in its implementation. Many studies have found a correlation between active health insurance ownership and the prevalence of stunting. Wori Community Health Center is a community health center in the North Minahasa Regency area with the most stunting cases, which has decreased from 106 cases to 53 cases in the last two years. However,

according to National Health Insurance (JKN) staff at the Wori Community Health Center, only 15 persons own BPJS, while 38 stunted children do not¹⁴. Researchers are interested in investigating the implementation of the usage of BPJS in dealing with stunting in the Wori Community Health Center working area as a stunting locus region.

METHODS

This research method used qualitative research with a case study approach in the Wori Community Health Center working area. The informants in this study were 9 people consisting of the head of the community health center, a nutritionist, a JKN officer at the community health center, a village office employee, and a mother with a stunted child. The selection of informants used a snowballing technique to obtain key informants and stops when the level of saturation is reached. This research was research on stunting with ethical permission at Aisyiyah University Yogyakarta with number 2574/KEP-UNISA/II/2023.

In-depth interviews were used to collect more information from the major informants. For in-depth interviews, the research instrument employed an interview guide. Aside from that, additional research tools included speech recorders to make data processing easier for researchers.

The preparatory portion of the research began with a search for existing literature/research studies, followed by determining the problem, conceptual framework, and research methodologies. To understand the meaning communicated by the informant, the processing stage was carried out by first transcribing the interview results in detail and then reading them as a whole. The results of this meaning were concluded and presented with quotes from informants. Data processing was carried out using OpenCode software.

RESULTS AND DISCUSSION

Based on the results of the snowballing technique, the criteria for informants were 9 people represented by the community health center, village officials, mothers with stunted babies, and posyandu cadres. The Community Health Center nutritionist was chosen because he was the key informant as the implementer of the stunting program. Then other informants were obtained who were interviewed in depth by the researcher. The village social welfare officer was chosen as the informant because he is heavily involved in the village health sector, including in the allocation of village funds for health programs.

Table 1. Characteristics of informants

Informant Code	Description
A1	The Head of Wori Community Health Center
A2	The Staff of JKN Puskesmas
A3	Nutrition Expert of Puskesmas
A4	The Village Staff of Social Welfare Section
A5	The Village Staff of Social Welfare Section
A6	A mother with the history of two stunting children that had recover
A7	A mother with stunting children
A8	Posyandu Cadre

Informant Code	Description
A9	Posyandu Cadre

Researchers carried out data analysis using OpenCode thematically after in-depth interviews with all informants. All recorded interviews were transcribed then coded, categorized and themes were determined

according to the research objectives. The themes that emerged in the analysis were divided into two, namely the use of BPJS and strategy. The results of the analysis are depicted in the following table.

Table 2. Results of data analysis using OpenCode

Theme	Category	Coding
BPJS Utilization	Low BPJS Ownership	Taking care of there is referral to the hospital Lazy to take care of registration Not having family card
Strategy	Socialization	There is socialization from the regency government, village government, and community health center
	Facility	Health Center and the village help for the registration Community health center and the village help in the referral process

Since the North Minahasa Regency regional administration established the UHC program, the entire population has had access to free care at all health facilities in the Regency, including cases of stunting. This program facilitates registration for BPJS PBI through villages or community health centers. Aside from that, the Community Health Center has discussed with the Director of Public Health the possibility of referring stunted children to physicians to monitor their growth and development and ensure that there are no major consequences from stunting. If you have a BPJS card, you will be granted a referral. This strategy has not been carried out because BPJS ownership remains low. This was expressed by a JKN Puskesmas officer who said that the problem with owning BPJS was because children did not yet have a Population Identification Number (NIK).

stated that she promptly treated BPJS because she was concerned about being charged while her child was being treated in the hospital. This study discovered that mothers with stunted children recognize the need to have BPJS but face administrative challenges such as not having a Family Card.

"Of the total 53 stunting cases, 15 have BPJS but 1 is not active. The rest have not yet taken care of the administration for BPJS, because they are constrained by their NIK. This number can be obtained if the parents have created a new family card. Even though the community health center can quickly help if there is a family member." (A2)

"He had just been admitted to be treated at the hospital, when he was just admitted he didn't have BPJS yet so we went to take care of it at the health service. Upon arrival at the hospital, BPJS was immediately active." (A6)

"But their problem is that many are not married. If it's difficult, they can get it from the Church which will provide a child certificate from the mother. They can try to do that. Then go to the civil registry first. After that, they process their family card and then they can make a BPJS card." (A1)

The low ownership of BPJS is because people are too lazy to take care of it. The informant stated that he felt lazy because he had taken care of things in the village collectively but there was no news until he took care of them himself when his child was sick. Another reason is that there are no complete files such as family cards.

"The problem with BPJS not yet being processed is that people come from outside. "Because, if you want to process BPJS, you have to be the people of North Minahasa." (A4)

"I tried to process the documents some time ago in the village but didn't know how to proceed. It's been a long time but my BPJS card hasn't finished yet. Finally, I took it to the BPJS office." (A7)

People instantly take care of BPJS if they become sick, even in the case of stunting, according to informants. When a child is stunted and has vomited and defecated multiple times, BPJS processing is performed. The mother

"They are too lazy to process Family Cards. Some are not residents of North Minahasa, but some have been married twice but did not follow up to create a family card either. This is an internal problem, the important thing is that we have conveyed it." (A1)

Because of the low ownership of BPJS, stunting is only treated in community health centers. People are served for free even without BPJS, although the government continues to encourage people to have BPJS, particularly for stunting. This encouragement pertains to the diagnosis of stunting, which must be made by a pediatrician, but there is no specialist pediatrician service at the community health center. The public was not excited about this strategy since there is still a lack of understanding about the consequences of stunting and the need for stunting management. Stunting is deemed

typical for women who have stunted toddlers because it is impacted by inherited factors. Stunting is not considered a serious problem by mothers as this was also expressed by posyandu cadres.

"They say that the parents are short so the children are also short. So they don't feel uncomfortable when I say stunting." (A9)

"We have referred them and they were told that those who are stunted are asked to see a doctor. But yeah, there was no follow-up from them, I don't know anymore. They didn't go either, whether it was transport costs or what, I don't know." (A3)

Stunting has so far been treated at the Community Health Center through the posyandu program and the availability of supplementary food from the village. Everything received is also free, thus women with stunted children are not concerned about having BPJS, even if the village continues to push the desire to own BPJS. Community health clinics and villages carry out socialization by highlighting the benefits of BPJS. Aside from that, if referrals are required, the community health center and village are involved in providing them at no cost.

"We went to their posyandu, looking for stunted babies, but the problem in the field was that the people weren't married, there were those who picked up the ball from the civil registry, according to them, they only needed a letter from the church, but the community didn't know. Arriving at the village, they didn't gather there either." (A1)

The community health center provides socialization at the posyandu or when moms have their children checked at the community health center. Because of financial limits, the informant stated that he could not achieve it by assembling the community. Similarly, villages continue to collaborate with the *pala* (village head) of each neighborhood to give personal outreach.

"Due to financial constraints, we and the health promotion officers went to the posyandu. Collecting them is a bit difficult. Meanwhile at the posyandu, they also don't want to come." (A1)

The social security component is a component of sensitive interventions for dealing with stunting. This technique helped to reduce stunting by 70%¹⁵. Many regional governments, like North Minahasa Regency, have worked to protect public health, despite numerous hurdles, particularly in cases of stunting. This was also done in Sumedang Regency, which created and implemented treatments linked to the effectiveness of BPJS in stunting cases, revealing that up to 43.8% of stunted toddlers did not have BPJS. This is due to one factor not knowing how to register¹⁶. Registration for patients who wish to receive BPJS with the government's blood budget is carried out through data collection by the Social Service/Department appointed by the Provincial/Regency/City Government, then determined

through a Decree of the Governor/Mayor/Regent. Membership data for Contribution Assistance Recipients (PBI) from the Regional Cost Planning Budget (APBD) is updated periodically¹⁷. People who do not take care of the administration in the form of a family card will find it difficult to obtain one, thus the North Minahasa regional government continues to encourage people to take care of this permit through community health centers and villages. Mothers with stunted children have little knowledge of BPJS and are even too indolent to follow the government's BPJS PBI registration process, making it difficult to gain card ownership¹⁶.

Other findings in the study indicated that even when women had a BPJS card, they were less likely to use health services because they did not believe they had a history of significant disease. According to Sumedang's research, only 37.5% of toddlers who already have BPJS use it. This is due to their belief that they have no history of significant illness¹⁶. According to earlier studies, 74% of women with stunted kids do not use health insurance to address their children's nutritional issues¹⁸. This is not in line with other research findings which state that someone who has health insurance makes more use of health services compared to those who do not have health insurance because those who already have health insurance receive government assistance by paying for health checks¹⁹. In this study, the community health center encouraged mothers with stunted children to have their child's condition checked by a pediatrician using a referral system, but their perception of the referral described their child's condition as serious, even though this was a form of advanced screening for stunting. Because of their lack of awareness of stunting, they are unwilling to provide any extra treatment other than posyandu and additional food. BPJS's health services include promotion, prevention, treatment, and rehabilitation. The referral system is a type of individual health service that is provided in phases based on the medical needs of the initial level of service. The referral process relates to medical indications at First Level Health Facilities (FKTP) which cannot be handled because they are outside the competence of FKTP²⁰.

The Regional Government must collaborate with the Village Government to socialize the National Health Insurance (JKN) program to accomplish the Universal Health Coverage (UHC) aim. This is due to the Village Government having access to the actual data of village communities for BPJS applications, particularly PBI. Outreach for stunted children is still advocated in this study because if not managed properly, it can lead to long-term health problems. Program socialization is the first stage that defines the program's effectiveness in accomplishing its goals, thus it must be adequately communicated so that the public understands it. According to research, socialization of the BPJS program can enhance the degree of knowledge by 63.3%. Their knowledge increases about registration requirements, referral systems, and benefits obtained²¹. The findings in this research show that apart from community health centers, villages have a big role. In line with research that has been conducted, it shows that the village government is obliged to increase the growth of the number of participants. Mapping poor residents is also a task for the

village government which must be carried out regularly because it is related to BPJS Health PBI membership. Apart from that, other roles that must be carried out are providing outreach, providing registration services and assistance by registering, preparing requirements, and accompanying the registration process²².

Community-based health insurance improves the nutritional intake and overall health of children and toddlers in rural communities. This program is directly tied to the village's level of poverty. According to research, only 22.2% of the 38.9% of families with stunted toddlers in Sukamulya Village, Singaparna District, West Java had BPJS. The reason for this low ownership is that income levels are lower than UMR²³. The lack of in-depth interviews with the Office of Religious Affairs (KUA) and churches to elicit information about the administration's support for BPJS ownership is a limitation of this study.

CONCLUSIONS

Handling the stunting program at the Wori Community Health Center continues to prioritize health insurance concerns. The benefits of BPJS membership for stunted newborns include moms not having to worry about whether their kid is sick and needs to be referred. Stunting patients are often sent to specialist doctors at no cost by the community health center. Conditions in the field discovered that, despite the benefits of BPJS, there are still many stunted babies that do not receive BPJS. This is because the infant does not have an NIK. After all, there is no family card. With data from the community, the regional administration has offered free health insurance. The community just needs to meet administrative criteria, yet this is not optimal. Coordination with the village government and community health centers is also routinely carried out to increase BPJS participation for stunted babies. Aside from that, data gathering and registration assistance are provided.

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