CONTRIBUTORY FACTORS TO THE INABILITY OF THE POOR TO ACCESS NATIONAL HEALTH PROTECTION: A CASE STUDY IN WAINGAPU, SUMBA TIMUR DISTRICT, INDONESIA

Baiq Dewi Harnani, Yohanes Kambaru Windi, Asnani

Nursing Department, Poltekkes Kemenkes Surabaya, Indonesia.

ABSTRACT

Millions of poor Indonesians still need access to Indonesia's National Health Protection (NHP). The study investigated barriers making NHP inaccessible for the poor in Waingapu, Sumba Timur, Indonesia. We used a qualitative approach to identify the contributing factors to why NHP was inaccessible for some populations. A total of 30 residents of Waingapu who attended healthcare in two hospitals and five Community Health Centers were recruited using convenience technic. Twenty residents participated in the semi-structured interview, while ten engaged in casual conversations. We also interviewed three heads of community groups and three health cadres for comparative information. Questions have been developed to guide the interviews and casual conversation. The interviews were audio-taped and transcribed while intensive note-taking was performed during the informal discussion or the conversation was narrated immediately after the talks ended. The information was inductive, analyzed, and coded to produce common information among the participants. The data analysis revealed the factors that contributed to the failure of the resident to enroll in the NHP, such as lack of information about the registration, poor socialization of the program, the ignorance of village officers, unaffordability, and confusion about the parties responsible for the registration. The study concluded that poor people were still vulnerable to access free coverage and healthcare from the NHP. The stakeholders of the NHP, especially the local management of NHP and local government, need to urgently and effectively educate the commoners about the mechanism, benefits, and contribution to the NHP to ensure equity and equality in accessing quality healthcare.

ARTICLE HISTORY

Received: April, 26, 2024
Revision: August, 20, 2024
Accepted: September, 29,2024
Online: November, 12, 2024

doi :
10.20473/jcmphr.v5i2.57065

KEYWORDS
Content Bacteriological, Consumption Patterns, Drinking Water, Stunting

Corresponding author
Yohanes Kambaru Windi
✉
windi.yohanes@poltekkesdepkes-sby.ac.id
Nursing Department, Poltekkes Kemenkes Surabaya, Indonesia.

How to cite:
Harnani, B.D., Windi, Y.K., and Asnani. 2024. Contributory Factors to the Inability of The Poor to Access National Health Protection: A Case Study in Waingapu, Sumba Timur District, Indonesia . Journal of Community Medicine and Public Health Reseacrh, 5(2): 186-196.

INTRODUCTION

The World Health Organization (WHO) campaigns for implementing Universal Health Coverage (UHC). The UHC aims to ensure the access of the whole population of a country to the full range of essential and quality healthcare needed and avoid financial catastrophe when seeking medication[1]. UHC is the answer for people in Low-Income Countries (LICs) and

Lower-Middle Developing Countries (LMICs) to access affordable and quality healthcare. The governments must provide free health protection and improve access to quality, equality, and equity healthcare[2]. Poverty is strongly associated with poor health, and medical costs draw the poor deeply to poverty[3–6]. Therefore, governments are responsible for reducing the gap betwee

n the poor and well-off populations in accessing quality health care.

In the Indonesian context, the progress of UHC is significant[7], especially when the NHP of Indonesia was officially introduced in 2014 as a measure to achieve UHC[8]. The NHP is a substantial achievement of Indonesia in protecting the population[9], especially the low-income population. Currently, the BPJS-Kesehatan (the organizing management of NHP) claims that 247.7 out of 276 million people have been enrolled as members, and 151.7 out of 247.7 million are Non-Contributory Health Insurance (NCHI) subsidized by the government[10]. The government pays for the monthly plan of the NCHI, while the rest of the population, the Contributory Health Insurance (CHI) population, is fully paid or partly subsidized by their employers.

Indonesia's poor and low-income groups reach 26.2 million (9.5%) of the country's total population[11]. The coverage of NCHI in NHP is 5.8, which is five times bigger than the country's poor population. The figures reflect that all poor people have yet to enroll in the NCHI scheme and have access to healthcare. However, the extent to which the poor are fully registered in NCHI needs to be clarified. Validation of the poor is weak, making this population vulnerable to being cast away from the scheme. For example, the waste pickers in Surabaya, as the representation of the urban poor group counted as 20%, were left behind from the NCHI membership[12]. The Ministry of Human Research, Development, and Culture reports that 10.8 million impoverished people need access to the NCHI scheme[13]. Furthermore, 28.3% of the urban poor are not covered by NHP[14].

The remaining question is why and what factors hinder people, especially poor groups, from accessing government health protection membership. The poor cannot access health protection due to the plan's cost, and free health protection does not reach the poor[15,16]. In the case of Indonesia, this study attempted to identify the contributing factors that make millions of people fail to enroll in the NHP. We chose Waingapu, the District of Sumba Timur, Nusa Tenggara Timur Province, as the research site based on some considerations, such as being classified as a poor district, limited access to social welfare benefits, and being geographically far from the center of government. The percentage of the poor population in the district was 31% from 252,704 people in 2017[17] The NCHI paid through the Sumba Timur District's annual budgeting plan reached 44,429 people or 17.6% of the district's population[18]. The statistics reflected the vulnerability of poor people in the district to access the NHP program.

Besides the district's financial capacity to enroll its residents in NHP, we argued that there must have been underlying factors that contributed to the inability of thousands of poor people in the district to access the social health plan. This study, therefore, investigated the factors that contributed to the failure of the poor residents of Sumba Timur to enroll in the NHP scheme. The study is vital for all stakeholders in the district to mitigate the factors and take necessary actions to

improve the coverage of NHP for the poor in need.

MATERIALS AND METHODS

The study adopted a qualitative inquiry involving 30 Waingapu, Sumba Timur District residents. Using convenience procedures, we recruited the respondents who were attending healthcare centers in two hospitals and five community health centers. Three heads of community groups, including three health cadres, also participated in the interview. We collected data using semi-structured interviews and casual conversations. We approached potential respondents and explained who we were, the aim of the study, and the nature of their involvement. A plain language statement was provided, orally presented to the respondents, and their consent was requested as proof of participation. We convinced the respondents to protect their privacy and they only appeared in pseudonyms in any publication. We also asked permission to audio-tape the interviews while intensive note-taking was performed during casual conversation. The information was transcribed and narrated. We performed inductive analysis, coded, and determined the themes.

The project had passed the Ethical Clearance issued by the Research Ethics Commission of Poltekkes Kemenkes Surabaya, with project No: EA/828/KEPK-Poltekkes_Sby/V/2022, on 18 March 2022. Before the data collection, the researchers proposed and obtained permission from the Political and Community Protection Board of both NTT Province and the District of Sumba Timur to collect the data.

RESULTS

The qualitative data analysis identified some factors that made people, especially the poor, unable to enroll in the NHP program. Lack of information due to poor socialization of NHP, the cost of the health plan, and the unrecognition of the government officials responsible for registration were identifiable factors related to failure to enroll in the scheme.

Unclear NCHI enrolment process

The residents must enroll in the NHP membership regardless of whether they are classified as NCHI or CHI. Some interviews showed the possibility of the residents (especially the NCHI groups) being left behind from the NHP membership. Being unfamiliar with the enrollment mechanism had made the residents without health protection. The following conversation reveals the situation.

Interviewer	:	*Did you have this card?? (Showing the NHP card membership)*
Umbu HPP	:	*No, I don't have one*
Interviewer	:	*Why? You can use this card for free medication*
Umbu HPP	:	*I still need the card. Some of the neighbors have it. They said that cards should be taken when going to Puskesmas.*
Interviewer	:	*Why don't you apply for the card? It is free for people like you*
Umbu HPP	:	*I need to learn how to apply for the card. When I asked my neighbors, they told me that they got the card from the head of the community group (Ketua RT)*
Interviewer	:	*So, they did not apply for the card?*

Umbu HPP : *No……the Ketua RT handed them the card, told them to keep the card in a secure place and bring the card when attending health care in Puskesmas*

Interviewer : *Did you ask the health cadre or Pak RT (The Head of the Community group)??*

Umbu HPP : *I did; they just asked me to wait…….until now, I have had no answer from them*

Poor socialization of NHP

The study found the poor socialization of NHP, either on its mechanism or benefits. Poor information about the enrollment mechanism and benefits reflects the program's poor socialization. A conversation with some respondents revealed that:

I have never been involved in any socialization of the NHP, not from the village office, the health department, or even the local management of the NHP. The head of the kampong reminds us to bring the membership card when seeking medication. I even need to find out how I got the card while some of my neighbors do not get the card as mine (Rambu KDD, 46-year-old woman).

A health cadre described that socialization of NHP was absent. She claimed:

The village officer handed me NHP cards and asked me to distribute them to the people in my working area. I told the recipient to securely store the card and take it with them when visiting health facilities. That is all the information I can share with the residents. When some people came and asked about the procedure to obtain the card, I couldn't satisfy their request. As a cadre, I have never been involved in the socialization of the NHP. I initiated to ask the village officers, but I also failed to get the information as they told me they obtained the card from social welfare without detailed information (Rambu TN, health cadre, 33 years old)

Poor support and coordination of NHP stakeholders

The enrollment of poor people in NHP depends on the verification of the Ministry of Social Welfare based on the data provided by the local Social Welfare Department and the village office. The problem occurs when no work guidelines for enrollment are provided for the lower village officers. It is complicated when residents expect the village officers to be knowledgeable about the enrollment registration mechanism when these officers need to be equipped with such knowledge.

The head of the community group does not know precisely the requirements for enrollment of poor people like me. We hope they can explain to us what the registration process is like so we can try to do it by ourselves. However, they need to give us information. Who else do we rely on? (Rambu Hn, 47 years old woman)

To confirm the residents' complaints, we interviewed one of the heads of the community group and a health cadre. The conversation implies that information regarding the registration, benefits, and responsibility of the NCHI is limited. The previous head of the community group explained:

The village office only required us to identify the poor people in our working area. We sent almost all the residents to my area because we thought they were poor. Unfortunately, only some proposed residents get membership cards from the NHP. Honestly, we know who is in need and eligible for the program. In reality, many of them do not get the card. The village office staff needed to explain why and how to re-enroll those people. They just told us to wait. (Umbu KLW, 68 years old)

Furthermore, a specific case described health care in that they found NHP cards dumped in front of the village office after the big flood hit the village in 2021. Hundreds of the cards belong to the residents in her working area, she explained:

Indeed, many residents asked me about the NHP membership. I am still trying to figure out what I should explain to them. So far, we have received the membership cards from the village office staff, who have asked me to distribute them. However, only some of the poor people in my area called the card. Sadly, when the big flood hit the city in 2021, we found that hundreds of NHP cards were dumped because of getting wet in the flood. When I sorted the cards, I found some cards belonging to the residents in my area. When I asked the village office staff, they explained that there was an instruction to distribute the card once the flood struck the city ((Rambu TN, a health cadre, 33 years old).

The unaffordability of the health plan

The NHP is a pro-poor social health insurance subsidized by the government. The government claims that the number of the NCHI exceeds the percentage of the country's poor population. However, it is undeniable that millions of this group are unable to access the scheme due to the weak validation of the poor[13,14]. Becoming a full-paying patient is the only way for them to access health care. Unfortunately, the monthly payment is unaffordable for these penniless people. They claimed:

I am still determining when I will get the card for free medication. Sickness can come at times without warning us. Buying the membership is the only option. The problem is how far I can pay the premium every month. Once, I paid the plan only a couple of months, and then my membership was suspended as I could not afford to continue the payment, especially during COVID-19. Live becomes complex, and paying the monthly premium is not our priority (Umbu LUT, 49 years old man)

A villager, Umbu TKG (53-year-old man), a traditional hand-weaving textile in Prailiu Village, explained his difficulties in pursuing the monthly premium of NHP. The villagers are primarily traditional textile crafters, heavily dependent on the tourists who visit and buy their clothes. When the COVID-19 pandemic hit Indonesia, any means of transportation to and from the city were suspended; therefore, no domestic and international tourists visited the village. He said:

I have six people in my house, including my mother-in-law. Even though the premium is not expensive, the accumulation is a problem for me. I have no permanent job and rely on selling this ***kain tenun*** *(hand-weaving textiles). It is difficult during the COVID-19 pandemic. Only a few tourists have visited our gallery. We cannot afford to pay the premium. Providing food for my family is far more important than spending the protection plan. Sadly, the selling of* ***Kain Tenun*** *differs from what we sell in grocery stores. They are collectible items that need a unique buyer. Only some tourists are collectors but are only interested in visiting this old-traditional village, learning how we make clothes, and practicing other traditional customs. It is hard to sell clothes in a normal situation. So, you can imagine our condition during this pandemic.*

DISCUSSION

The study revealed the risk of poor people receiving NCHI membership to access free health care. The mechanism of enrollment of residents needs to be better understood. According to the Regulation of the Ministry of Social Welfare No. 21/2019, poor people may access the NCHI membership if they are registered on the

Integrated List of Social Welfare (ILSW) in the Social Welfare Department (SWD)[19] The village officers register the NCHI candidate with the SWD and forward the list to the head of the district, the governor, and the Ministry of Social Welfare. Upon the approval of the Ministry of Social Welfare, the applicant will be considered the NCHI.

The remaining problem is to what extent the number of ILSW is adequately validated. It seems the registration is complicated and time-consuming, creating the risk of poor people being unregistered in social safety net programs, including NCHI[20,21]. Lack of knowledge of NHP, its benefits, and the registration mechanism lowers the coverage of NHP among poor informal workers in rural areas[22,23]. Low enrollment in social health insurance due to poor knowledge about the health protection program also occurs worldwide, such as in Uganda[24], where literacy level influences enrollment in health plans in Ghana[25].

Introducing new programs leads to intrigue and retention in society, especially when the policy is not believed to be a pro-poor program[26]. Likewise, the introduction of NHP in Indonesia faced challenges, political intervention, and retention from some religious leaders[12].

The statement above implies the importance of socializing the NHP program to the community. Lack of information prevents the resident from enrolling in the scheme. Promotion is an effective and efficient way to achieve maximum outcomes and participation in a health protection program. There is a strong association between socialization and awareness of enrolling for NHP membership and payment for the premium[27–29]. Socialization of NHP is only limited to becoming a member of the scheme without a further detailed description of the program[30].

The study found that complicated registration risks poor people's access to free health protection. The residents' remarks clearly described the poor support of the village office staff or any other stakeholder regarding the registration and distribution of the NHP membership cards. The coordination among NHP stakeholders (Village office staff, Social Welfare Department, District Health Department, and local management of NHP) is least optimum[31]. Besides poor coordination, service management, the attitude of stakeholders, and limited human resources in lower-level government are impediments to the NHP implementation[32]. Thus, limited support, poor coordination, and stakeholders' behaviors become identifiable burdens for the poor who want free health care protected by pro-poor NHP.

It is still unclear to what extent poor Sumba residents can access free health care under the protection of NHP. The risk of the poor being excluded from the scheme remains high[13,14]. The only options are buying a health plan or living without health protection. Unfortunately, the purchasing capability of the poor is low, especially during the COVID-19 pandemic, and premium payment needs to be adjusted[33]. The remarks above imply that the risk of poor people purchasing health plans is high, and their access to essential health care is at risk, especially during the COVID-19 pandemic.

The absence of health protection pushes the poor to pay the cost of their health care, and risking them falling deeply into poverty is conspicuous[34]. Equality and equity in access to affordable health care are at risk, as not all populations, especially disadvantaged groups, can afford it. If the

cost of medical care widens the gap between the poor and the economically advantaged, the absence of free healthcare will aggravate the poor and risk their health status and well-being.

CONCLUSION

Poor groups, especially in rural areas, are still vulnerable to enrolling in the free health care covered by the NHP. The bureaucratic procedure, multi-stage enrollment, and validation process of the NCHI are complicated and time-consuming. The poor need to be better informed regarding the enrollment procedure, requirements, and benefits of NHP. The lack of information on NHP is strongly associated with the poor socialization of the program. The risk of the flaw being cast away from the NHP relates to poor coordination between NHP stakeholders and the scheme's unaffordability. The study suggests the necessity of validating and equipping the poor with an enrollment mechanism while promoting the benefits and responsibilities of the NCHI.

ACKNOWLEDGMENT

Many parties contributed to the production of this research manuscript. We appreciate the people of Sumba who are available to share their thoughts and experiences. We also acknowledge the contribution of the staff health department at Sumba Timur District for supporting this project. We are also indebted to the support of the director of Politeknik Kesehatan Surabaya for funding this research project.

CONFLICT OF INTEREST

There are no conflicts of interest among authors, or other parties arise in this project.

ETHIC CONSIDERATION

The project has passed the Ethical Clearance issued by the Research Ethics Commission of Poltekkes Kemenkes Surabaya, with project No: EA/828/KEPK-Poltekkes_Sby/V/2022, on 18 March 2022.

FUNDING

This research is funded by Pusat Penelitian dan Pengabdian Masyarakat (PPM) Politeknik Kesehatan Surabaya.

AUTHOR CONTRIBUTION

All authors have proportionally contributed to the production process of the research, such as research preparation, data gathering, data curating, analysis, drafting, and consent to publish this manuscript.

REFERENCES

1. WHO. Universal Health Coverage (UHC) [Internet]. WHO. 2019 [cited 2019 Mar 10]. Available from: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
2. Ranabhat CL, Jakovljevic M, Dhimal M, Kim CB. Structural Factors Responsible for Universal Health Coverage in Low- and Middle-Income Countries: Results From 118 Countries. Front Public Heal. 2020;7(January):1–8. DOI: 10.3389/fpubh.2019.00414
3. World Bank. Health and Poverty [Internet]. The World Bank. 2014 [cited 2022 Dec 21]. Available from: https://www.worldbank.org/en/topic/health/brief/poverty-health
4. Sirag A, Nor NM. Out-of-pocket health

expenditure and poverty: Evidence from a dynamic panel threshold analysis. Healthc. 2021;9(5). DOI: 10.3390/healthcare9050536

5. Purba IE, Purba P, Dakhi RA. Analysis Of Inhibiting Factors For The Effectiveness Of Public Information Policy In The Services Of BPJS During The Covid-19 Pandemic At Puskesmas Kartini, Pematang Siantar City. Iqra J Perpust Dan Inf Vol 16 Nomor 2 Oktober 2022 [Internet]. 2022;16(2):252–64. Available from: http://apps.who.int/bookorders. https://jurnal.uinsu.ac.id/index.php/iqra/article/view/11792/5782
6. Meessen B, Van Damme W, Tashobya CK, Tibouti A. Poverty and user fees for public health care in low-income countries: lessons from Uganda and Cambodia. Lancet. 2006;368(9554):2253–7. DOI: 10.1016/S0140-6736(06)69899-1
7. World Bank. World Bank Approves Support to Strengthen Health Insurance, Improve Quality of Health Care in Indonesia [Internet]. The World Bank. 2021 [cited 2023 Jan 3]. Available from: https://www.worldbank.org/en/news/press-release/2021/12/16/world-bank-approves-support-to-strengthen-health-insurance-improve-quality-of-health-care-in-indonesia
8. TNP2K. The Road to National Health Insurance (JKN). TNP2K. 2015.
9. Simmonds A, Hort K. Institutional analysis of Indonesia's proposed road map to universal health coverage'. Melbourne; 2013.
10. BPJS-Kesehatan H. Peserta Program JKN [Internet]. BPJS-Kesehatan. 2023 [cited 2023 Jan 21]. Available from: https://www.bpjs-kesehatan.go.id/bpjs/home
11. BPS. Persentase Penduduk Miskin Maret 2022 turun menjadi 9,54 persen [The percentage of the poor population decreased to 9.54 percent in March 2022] [Internet]. Badan Pusat Statistik. 2022 [cited 2023 Jan 18]. Available from: https://www.bps.go.id/pressrelease/2022/07/15/1930/persentase-penduduk-miskin-maret-2022-turun-menjadi-9-54-persen.html https://www.bps.go.id/pressrelease/2022/07/15/1930/persentase-penduduk-miskin-maret-2022-turun-menjadi-9-54-persen.html
12. Windi YK. An Emerging Health Protection System and Its Coverage of a Vulnerable and Marginalised Population: The Waste Pickers of Surabaya, Indonesia. Monash University; 2018. https://d1wqtxts1xzle7.cloudfront.net/83361370/YohanesKWindiFinalThesis-libre.pdf?1649317068=&response-content-disposition=inline%3B+filename%3DAn_Emerging_Health_Protection_System_and.pdf&Expires=1729755781&Signature=CLw~XO~hagoIi4U89OYV0xfG-c1yH8MbacRosfy7YmdGyxpABJmIxkLRRv45kjdUfovWgGQK-MrOk9Flkpo2mXixrrXLb8-rE01Lc9Sr2T1hzV7x3rk-0XVWY0f~u~nxl9nGsfl~LF3Pkze-ZxACRaVuFa8yOzlYz2LQD2nSZ98vBQyAHPQ-rVofdJONFXZkx~XUlQiD3tiTtc3fWc-JNp-W0pZWPF1VevUe4fRAebHXg3PZXdxdemMzTXIyBocd29LQYMtPfyr2KHd5Kthq6ozxeB1iVdwPQduK7wtD87SuAmYWFbdvhJYXGhcMDXzX~6JBBpysQOkMRPTUpkH-Sg__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA
13. Adhi Wicaksono. 10,8 Juta Orang Miskin Ekstrem Belum Dapat Akses ke BPJS [10.8 Million Extremely Poor People Still Lacking Access to BPJS]. CNN Indonesia [Internet]. 2021; Available from: https://www.cnnindonesia.com/ekonomi/20211021204845-532-

710710/108-juta-orang-miskin-ekstrem-belum-dapat-akses-ke-bpjs
14. Laksono AD, Rukmini R, Tumaji T, Ipa M, Wulandari RD. National Health Insurance Membership among Urban Poor Societies in Indonesia in 2019: Are They Protected? Economies. 2022;10(8):1–9. DOI : 10.3390/economies10080196
15. Kotoh AM, Van Der Geest S. Why are the poor less covered in Ghana's national health insurance? A critical analysis of policy and practice. Int J Equity Health [Internet]. 2016;15(1):1–11. Available from: DOI : 10.1186/s12939-016-0320-1
16. Tolbert J, Drake P, Damico A. Key Facts about the Uninsured Population [Internet]. KFF. 2022 [cited 2023 Jan 21]. Available from: https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
17. BPS Sumba Timur. Jumlah Penduduk (Jiwa), 2015-2017 [Internet]. BPS Sumba Timur. 2023 [cited 2023 Feb 2]. Available from: https://sumbatimurkab.bps.go.id/indicator/12/32/1/jumlah-penduduk.html
18. Hauteas J. Wow, Pemkab Sumba Timur Daftarkan 44.429 Warga jadi Peserta JKN-KIS. Victory News Sumba Timur [Internet]. 2022 Jul; Available from: https://sumbatimur.victorynews.id/sumba-timur/pr-3433874663/wow-pemkab-sumba-timur-daftarkan-44429-warga-jadi-peserta-jkn-kis
19. Persyaratan Dan Tata Cara Perubahan Data Penerima Bantuan Iuran Jaminan Kesehatan [Requirements and Procedures for Changing Data of Health Insurance Contribution Beneficiaries]. Ministry of Social Affairs Republic of Indonesia [Internet]. Indonesia: KEMENSOS; 2019 p. 24. Available from: https://peraturan.bpk.go.id/Home/Details/129448/permensos-no-21-tahun-2019
20. Noer KU, Madewanti NLG. Too many Stages, Too Little Time: Bureaucratization and Potential Impasse in the Social Safety Net Program in Indonesia. J Stud Pemerintah. 2020;11(3):270–300. DOI: 10.18196/jgp.113120
21. Bambang Shergi Laksmono, Hartini Retnaningsih H. Operational Improvement On Data Validation And Verification Of Health Insurance Assistance Beneficiaries In Indonesia: An Overview Of Accountability/Governance Perspective. Psychol Educ J. 2021;58(1):2236–47. DOI: 10.17762/pae.v58i1.1101
22. Kurniawati W, Rachmayanti RD. Identifikasi Penyebab Rendahnya Kepesertaan JKN pada Pekerja Sektor Informal di Kawasan Pedesaan [Identification of the Causes of Low JKN Participation Among Informal Sector Workers in Rural Areas]. J Adm Kesehat Indones. 2018;6(1):33. DOI: 10.20473/jaki.v6i1.2018.33-39
23. Apriani L, Rumana NA. Karakteristik dan Pengetahuan Pasien tentang BPJS Kesehatan di Puskesmas Kecamatan Kebon Jeruk [Characteristics and Knowledge of Patients about BPJS Health in Kebon Jeruk District Health Center]. J Penelit dan Pengemb Pelayanan Kesehat. 2019;2(3):191–7. https://download.garuda.kemdikbud.go.id/article.php?article=1706698&val=12397&title=Karakteristik%20dan%20Pengetahuan%20Pasien%20tentang%20BPJS%20Kesehatan%20di%20Puskesmas%20Kecamatan%20Kebon%20Jeruk
24. Basaza R, Criel B, Van Der Stuyft P. Low enrolment in Ugandan Community Health Insurance Schemes: Underlying causes and policy implications. BMC Health Serv Res. 2007;7. DOI: 10.1186/1472-6963-7-105
25. Alesane A, Anang BT. Uptake of health insurance by the rural poor in

Ghana: Determinants and implications for policy. Pan Afr Med J. 2018;31:1–10. DOI: 10.11604/pamj.2018.31.124.16265

26. Dewi R. Studi Kasus Penolakan Publik Atas Kebijakan Publik [Case Study of Public Rejection of Public Policy]. Publikauma J Adm Publik Univ Medan Area. 2017;5(1):6. DOI: 10.31289/publika.v5i1.1165
27. Roesalya P. Hubungan Terapan Sosialisasi BPJS Kesehatan dan Sikap Masyarakat Pada Program dengan Keputusan Masyarakat Sebagai Peserta BPJS Kesehatan [The Relationship Between the Implementation of BPJS Kesehatan Socialization and Community Attitudes Towards the Program with Community Decisions to Participate in BPJS Kesehatan]. Diponegoro University; 2014. https://ejournal3.undip.ac.id/index.php/interaksi-online/article/viewFile/5571/5372
28. Laili N. Hubungan Sosialisasi Program BPJS Terhadap Pemahaman Tentang Hak Peserta BPJS Kesehatan Di RSUD Syarifah Ambami Rato Ebu Bangkalan [The Relationship Between BPJS Program Socialization and Understanding of Participants' Rights in BPJS Kesehatan at Syarifah Ambami Rato Ebu Regional General Hospital, Bangkalan]. DIA, J Adm Publik. 2014;12(1):27–38. https://jurnal.untag-sby.ac.id/index.php/dia/article/view/946/840
29. Sinamo M. The effect of socialization and business entity's understanding towards compliance and its impact on BPJS premium payment (at BPJS Kesehatan South Jakarta branch). Int J Soc Sci Humanit Res. 2018;6(2):329–36. https://www.researchpublish.com/papers/the-effect-of-socialization-and-business-entitys-understanding-towards-compliance-and-its-impact-on-bpjs-premium-payment-at-bpjs-kesehatan-south-jakarta-branch
30. Fitriana EN, Probandari AN, Pamungkasari EP, Ardyanto TD, Puspitaningrum RA. The importance of socialization in achieving universal health coverage: case study of Jaminan Kesehatan Nasional (JKN) implementation in two different region in Central Java province. J Kedokt dan Kesehat Indones. 2019;10(2):110–20. DOI : 10.20885/JKKI.Vol10.Iss2.art3
31. Nuryani, Ghalib S, Jamaluddin. Implementation of the national health assurance program in North Barito District. Int J Polit Law, Soc Sci [Internet]. 2022;2(3):1–8. Available from: https://ijpls.org/index.php/IJPLS/article/view/1/19
32. Suhadi ., Maidin A, Palutturi S, Astuti E. The Effectiveness of National Health Insurance Membership Services at Social Security Agency Office in South-East Sulawesi Province. In: 4th Annual Meeting of the Indonesian Health Economics Association. 2017. p. 303–9. https://www.scitepress.org/PublishedPapers/2017/70293/70293.pdf
33. Sembodo TH, Azzahra SN, Ramadhania SA. Dampak Pandemi COVID-19 terhadap Implementasi Jaminan Kesehatan Nasional di Indonesia [The Impact of the COVID-19 Pandemic on the Implementation of National Health Insurance in Indonesia]. Researchgate. 2021;(December):1–11. https://www.researchgate.net/profile/Salma_Azzahra5/publication/357448436_Dampak_Pandemi_COVID-19_terhadap_Implementasi_Jaminan_Kesehatan_Nasional_di_Indonesia_COVID-19_Pandemic_Impacts_on_Indonesian_Health_Insurance_Implementation/links/61ceae1eda5d105e550c83d6/Dampak-Pandemi-COVID-19-terhadap-

Implementasi-Jaminan-Kesehatan-Nasional-di-Indonesia-COVID-19-Pandemic-Impacts-on-Indonesian-Health-Insurance-Implementation.pdf

34. OXFAM. UNIVERSAL HEALTH COVERAGE: Why health insurance schemes are leaving the poor behind [Internet]. 2013. Available from: https://oxfamilibrary.openrepository.com/bitstream/handle/10546/302973/bp176-universal-health-coverage-091013-en.pdf;jsessionid=3438081AB7F6136E3C36A8EE255CD834?sequence=4