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ABDIGERMAS

Jurnal Ilmiah Pengabdian Masyarakat Bidang Kesehatan
https://ejournal.gomit.id/index.php/abdigermas/

Improving Community Knowledge on Health Insurance Utilization through Health Education

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Article Information:
Received May 22, 2024
Revised Juni 10, 2024
Accepted June 25, 2024

Keywords:
Health Services, JKN,
National Health Insurance

Abstract

The purpose of this activity is to plan community service activities to solve the problems obtained based on the priority situation analysis of the problems obtained by providing health education to the community to always maintain health. The method used consists of preparation, implementation, and closing. The implementation was carried out through counseling which took place at the RW 11 Mosque, Jayagiri Desara Village, Lembang District, West Bandung Regency, which was attended by 36 participants. From the survey results, it was also known that before the counseling, 57% of respondents realized that they had the potential to get high-risk diseases, but only half of them had health insurance to fund the risk of their disease. After the counseling, it was again identified that 64% of respondents have the potential for high-risk diseases, and now all respondents realize the need for health financing. This community service activity is expected to provide real benefits to the Jayagiri Village community and become an inspiration for similar efforts in various regions.

A. Introduction

The Health Social Security Organizing Agency (BPJS) oversees the National Health Insurance (JKN), which is an obligatory social health insurance program under Law Number 40 of 2004 concerning the National Social Security System. This program is a component of the National Social Security System (SJSN) system (Saputri & Muchsam, 2021). All Indonesian citizens are eligible for the National Health Insurance Program, a comprehensive health insurance guarantee that includes preventive, therapeutic, and rehabilitative treatments (Goodair & Reeves, 2024). Since 2014, the National Health Insurance (JKN) program has been in place in Indonesia (Nasution et al., 2020). Under the Social Security Administration for Health (Health BPJS), JKN unites all significant health insurance programs, including Askes, Jamkesmas, Jamsostek, and Jamkesda (Idaiani et al., 2023).

Health services are provided through forms of treatment and care (Putri & Murdi, 2019). One of the objectives of JKN is to improve equitable access to health services without the risk of impoverishment throughout Indonesia (Pratiwi et al., 2021). JKN applies not only to government health facilities, but also to participating private health facilities, which are growing in number (Santana et al., 2023).

JKN offers extensive benefits (Asante et al., 2023). The JKN program covers a basic package of health benefits, including outpatient and inpatient care (from designated primary care, and up to secondary and tertiary care based on referral), maternal and child health services, dental services (basic and advanced), advanced health services such as cancer therapy and hemodialysis, and health-related equipment of limited value or quantity, such as eyeglasses and hearing aids (Sambodo et al., 2021). JKN does not cover services that are considered cosmetic, accidents caused by hobbies, drug or alcohol abuse, the effects of natural disasters, traditional medicine or treatments, and non-prescription drugs (Maulana et al., 2022). In general,

How to Cite : Sianipar, I. M. G., Ardayani, T., Tresnadjaja, R., Sinaga, A., Sujana, T., & Hariningsih, W. (2024). Improving Community Knowledge on Health Insurance Utilization through Health Education . Jurnal Ilmiah Pengabdian Masyarakat Bidang Kesehatan (Abdigermas), 2(2), 52–56. https://doi.org/10.58723/abdigermas.v2i2.198
ISSN : 2986-2698
Published By : CV Media Inti Teknologi

there are two major groups of JKN participants: (1) the subsidized or Penerima Bantuan Iuran (PBI) group consisting of the poor and people with disabilities, and (2) the contributory group consisting of Wage Earner Participants (PPU) consisting of wage earners (both government and private), Non-Wage Earner Participants (PBPU) consisting of non-permanent workers and Non-Worker Participants (PBPU) consisting of non-employees (Erlangga et al., 2019).

In 2014, the coverage of National Health Insurance (JKN) membership was recorded at 133.4 million people. In 2017, it increased to 187.9 million of the total population of 261,890,900 people or 70.4% were registered as National Health Insurance (JKN) participants. In 2018, it reached 79.44% or 208,054,199 people from the entire population of Indonesia with details of 121,980,981 contributory assistance recipients (PBI) and 86,073,218 people who did not receive contributory assistance (Non PBI) (Wahyuningtyas & Rahardjo, 2023).

Community service is the implementation of the practice of science, technology and cultural arts directly in the community institutionally through scientific methodology as a dissemination of the Tri Dharma of Higher Education as well as a noble responsibility in an effort to develop community capacity, so as to accelerate the growth rate to achieve national development goals (Berlianty et al., 2023). Community service activities carried out by the Immanuel Institute of Health (IKI) are activities of the academic community that must be carried out annually by cross study programs under the auspices of the IKI research and community service institution (LPPM) to practice and cultivate science, knowledge and technology in the health sector to advance general welfare and educate the nation's life as described in Law Number 12 of 2012 concerning Higher Education Articles 47 and 48.

Jaya Giri Village is located in the lembang sub-district of West Bandung Regency with an area of 9.26 km² with a population of 18,547 people consisting of 9320 men, 9227 women and the average occupation of each citizen is farmers, ranchers, laborers and private employees with a working community economy of 11181 people, school and not working as many as 977 people, housewives 4052 people, fully employed 2189 people, working indefinitely 2263 people.

Community service activities are carried out in the RW 11 area which consists of 4 RTs with 357 households and a population of 1236 people. Based on the situation analysis from the initial survey data of community service activities, it was found that 62% of the community did not have JKN health insurance.

From the analysis of the health situation in the RW 11 area, it can be concluded that there are several important things that need to be intervened in the community to increase knowledge and education in the health sector.

Therefore, community service activities are carried out through a planning, implementation and evaluation process, for approximately 2 months, starting from August to September. With direct implementation in the field in the form of counseling / health knowledge improvement activities on September 6, 2023.

B. Research Methods

The implementation of activities was carried out in August-October consisting of preparation, implementation and closing. Preparations were carried out with various activities including field surveys, identification of problems, approaches to the community, situation analysis, preparation of proposals carried out in August 2023. Implementation was carried out in September, with activities to prepare extension activities and counseling through the delivery of material on hypertension. closing activities are carried out by preparing reports.

The purpose of this community service activity is to plan community service activities to solve the problems obtained based on situational analysis on the priority problems obtained by providing health education to the community to always maintain their health and utilize health insurance. The service was held at the RW 11 mosque in Jayagiri Village, which was attended by 36 participants out of 40 people, consisting of elements: Jayagiri Village community, especially in RW 11, health cadres, village government and related agencies, and community leaders.

C. Result and Discussion

After conducting a situational analysis of RW 11, several health problems were identified that require health interventions. The problems obtained from the identification results are: 62% of Jayagiri villagers do not have JKN health insurance.

Figure 1. Participants Of Community Service Activities

The counseling was conducted on Wednesday, September 6, 2023, from 11:00 to 15:00. The activity was held at the RW 11 mosque, Jayagiri Village, Lembang District, West Bandung Regency, which was attended by 36 participants out of 40 expected target participants (90% of participants) consisting of elements: RW, RT, Cadres, and the general public.

Figure 2. Delivery Of Counseling Material

Implementation was carried out in September, with activities to prepare counseling and counseling activities through the delivery of counseling materials, including 1) Understanding goals in life, 2) Understanding how to formulate goals in life, 3) Understanding of risks, or conditions that can cause financial losses. 4) Understanding of risk identification, 5) Understanding of the impact of risk, 6) Understanding how to fund risk, 7) Government programs help people to fund risk. While evaluation: 1) Identification of understanding of goals in life, 2) Identification of making the right goals, 3) Identification of making goals. 4) Identification of understanding of risk, 5) Identification of how to fund risk, 6) Identification of knowledge about the purpose of the government providing SJKN, 7) Identification of knowledge about the BPJS Health program, 8) Identification of knowledge that BPJS health is mandatory social insurance, 9) Identification of recognizing the risk of illness in the family, 10) Identification of readiness to fund risk. closing activities are carried out by preparing reports.

Community understanding of life goals, risk recognition, and risk financing through government health insurance, before counseling 54% understood and after counseling became 63%, or increased by 9%. Community understanding along with the topic of understanding, before counseling and after counseling as follows:

Table 1. Community Understanding and Topics of Understanding, Before Counseling and After Counseling

No.	Topic Understanding	Before	After	+ / -
1	Understanding of family goals	79%	86%	7%
2	Understanding the components of family goals	36%	46%	11%
3	Understanding how to create a family goal	11%	36%	25%
4	Understanding risk	14%	36%	21%
5	Understanding of risk financing	86%	89%	4%
6	Understanding the purpose of the government providing BPJS	36%	46%	11%
7	Understanding of BPJS health	79%	75%	-4%
8	Understanding the purpose of BPJS	89%	86%	9%

Based on the table, it can be explained as follows: The community's understanding of family goals increased by 7%, understanding the components of creating family goals increased by 11%, thus significantly boosting the ability to create family goals by 25%. This also encouraged the community's understanding of the risks in life, which increased quite sharply by 21%. However, the understanding of risk financing is still quite small, only about 4%. The understanding of the government's objectives in providing health and the purpose of BPJS also increased, but the detailed understanding of BPJS health actually decreased.

From the survey results, it was also identified that before the counseling, 57% of respondents realized that they had the potential for high-risk diseases, but only half of them had health care insurance to fund the risk of their disease. After the counseling, it was re-identified that 64% of respondents were potentially affected by high-risk diseases, and now all respondents realize the need for health financing.

Amadea and Raharjo with the research title Utilization of the National Health Insurance Card (JKN) at the Puskesmas resulted in multiple regression test analysis obtained that there was an influence of the variable level of education (p = 0.016), level of knowledge (p = 0.012) and individual pain perception (p = 0.000) on JKN utilization, and the level of education (Exp (B) = 5.002) was the most influential factor on JKN utilization at Perumnas Utara Health Center (Amadea & Rahardjo, 2022). While the results of community service activities carried out by Dewi and Salsabilla are an increase in public knowledge about the benefits & advantages of National Health Insurance, an increase in public knowledge about policies / regulations regarding National Health Insurance (Kur'aini et al., 2023). The community's understanding of insurance varies, some rural communities have understood but there are still many who do not understand and do not realize the importance of health insurance benefits. This happens because it is influenced by several factors such as individual characteristics, the surrounding environment, and the lack of access to health services. So it is necessary to increase education and socialization to rural communities regarding the benefits of health insurance in order to improve the degree of public health (Mariani et al., 2023).

D. Conclusion

The implementation of community service activities regarding Increasing Knowledge about Utilization of Public Health Insurance with Education Education RW 11 Jayagiri Village, Lembang District, West Bandung Regency can be carried out well and smoothly and conducive. From the survey results, it was also identified that before the counseling, 57% of respondents realized that they had the potential for high-risk diseases, but only half of them had health care insurance to fund the risk of their disease. After the counseling, it was identified again that 64% of respondents were potentially affected by high-risk diseases, and now all respondents realize the need for health financing. This community service activity is expected to provide tangible benefits to the Jayagiri Village community and become an inspiration for similar efforts in various regions.

E. Acknowdlegment

The authors would like to thank the Institute for Research and Community Service (LP2M) of Immanuel Institute of Health Bandung, for the support during this community service activity and to various parties who have contributed to the implementation of this activity. Thank you to the Village Government of Jayagiri Village, Lembang District, West Bandung Regency for providing support and assistance during the process of implementing intervention activities. Thank you to the Jayagiri village community, especially in RW 11, who have supported and played an active role in the implementation of the intervention from the beginning to the end. the implementation of the intervention from the beginning to the end of the activity.

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