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THE RELATIONSHIP BETWEEN HEALTH SERVICES AND BPJS HEALTH MEMBERSHIP IN THE PANDAN PUBLIC HEALTH CENTER WORK AREA, SINTANG REGENCY

Elvi Juliansyah
STIKES Kapuas Raya
elvi_juliansyah@yahoo.co.id

Ria Damayanti
STIKES Kapuas Raya

Sunarti
STIKES Kapuas Raya

Abstract

Background: The social health insurance system is based on the principle of solidarity between workers and employers, and guarantees access to healthcare services for the entire population. While coverage is high, the level of participant contribution activity still needs to be increased, with a target of at least 75% active participants. **The aim**: The purpose of this study is to explain the relationship between health services and BPJS Health membership in the Pandan Community Health Center Working Area, Sintang Regency, West Kalimantan. **Method:** The quantitative research method with a cross-sectional approach uses chi-square test analysis with a 95% confidence level and a 5% error rate, so the number of samples needed is around 100 respondents. **The results**: The results of the study showed that there was a relationship between health services (p value = 0.008 and OR = 5.179) and BPJS Health participation. **Conclusion:** there is a relationship between health services and BPJS health membership.
Keywords: *Health BPJS; Membership; Health Services; Public Health Center; Work Area*

1. Introduction

The current health insurance coverage in the world is based on very limited data from all countries.(1) WHO and other international agencies describe Universal Health Coverage (UHC) as a target, with the hope that everyone will have access to health services without facing financial hardship(2). National health insurance participation in various countries in the world, such as in Western Europe, such as the UK, Germany and France, health insurance has long been part of the structure of the welfare state(3). In the UK, health insurance is implemented by relying on the National Health Service (NHS) system which is entirely funded through general taxation and provides health services(4). Universally all citizens regardless of economic status(5). Social health insurance system with the principle of solidarity(6), where costs are shared between workers and employers, and there is guaranteed access to health services for the entire population(7). France combines a social insurance system with state subsidies, so that almost all its citizens are covered and can access affordable health care(8).

The global health coverage index increased from approximately 45 in 2000 to ~68 in 2021[9]. There has been significant improvement, with the rate of increase slowing since 2015. The WHO reports that the proportion of the population facing large out-of-pocket expenditures for health remains high in many regions[10]. Many countries have not yet achieved truly effective UHC, formally covering a large proportion of their population[11]. There is no single global figure currently that clearly states "the number of people in the world with health insurance" because the definition of "health insurance/health coverage" varies across countries (whether it is public, private, a combination, how extensive the benefits are, how active the participants are, etc.)[12].

Indonesia itself, through the Health Social Security Agency (Health BPJS), is committed to achieving Universal Health Coverage (UHC)[13]. Since the National Health Insurance (JKN) program was launched in 2014[14]. This system is based on social insurance that requires all residents to become participants, with funding sourced from participant contributions, government contributions for underprivileged groups, and strong regulatory support[15]. The successful implementation of significant participation expansion has made Indonesia one of the countries with the largest number of health insurance participants in the world. Sustainability of funding, quality of health services across all regions, and participant compliance in paying contributions[16].

National health insurance participation in various countries shows a variety of models, all of which aim to achieve universal health coverage[17]. Indonesia is on the same path as other countries that have succeeded previously[18], although it still needs strengthening in terms of equitable distribution of services, financial governance, and public awareness so that the JKN system can function optimally and sustainably[19]. The number of Health BPJS participants in West Kalimantan reached 84.88% of the total population, or around 2,702,142 people [18]. This shows quite broad coverage, with two districts/cities and almost the entire population registered in the JKN program[20].

The National Health Insurance Program (JKN) is managed by Health BPJS. The following details its development and current status. As of December 31, 2023, the number of JKN participants was recorded at 267.31 million, or approximately 94.77% of Indonesia's total population, which at that time was approximately 279.12 million[21]. The national target (RPJMN 2020–2024) is to achieve participation of 98% of the total population[22]. As of August 1, 2024, BPJS reported that JKN membership had reached 276,520,647, or 98.19% of the population[23]. It has been noted that although many people have registered, the percentage of active participants is much lower. As of July 1, 2025, for example, only approximately 77.3% of total participants were active. The remainder were listed as inactive (some inactive due to non-payment of contributions, others due to arrears in contributions, and so on). As of April 2025, data shows that active participation is around 224.1 million people [22].

West Kalimantan provincial data shows that the JKN program has been implemented, but there are still gaps between participant participation and activity, as well as differences

between districts/cities [24]. The population of West Kalimantan is approximately 5,646,268 people. As of July 1, 2025, the number of JKN-KIS participants in West Kalimantan was recorded at 5,241,084 people, meaning that approximately 92.82% of the total population has been registered[24]. Based on the percentage of active participants, the figure is much lower, namely approximately 67.90% of the total population of West Kalimantan[25]. The remainder are registered but inactive (not paying contributions, not using services, or other administrative reasons)[27]. Several districts/cities in West Kalimantan have achieved universal health coverage (UHC) in the sense that participation is approaching or reaching the target (≥ 98%).[28]. These districts include Kayong Utara, Pontianak, Mempawah, Bengkayang, Singkawang, Landak, Melawi, Sintang, and Ketapang. Mempawah Regency recorded 99.32% of its 314,148 residents registered as JKN-KIS participants as of May 1, 2025, and of that number, approximately 80.58% were active participants (29). As of May 1, 2025, JKN participation in Bengkayang Regency reached 98.08% or approximately 290,294 people; of that number, approximately 79.61% were active[26].

In Sintang Regency, West Kalimantan, National Health Insurance (JKN) coverage, managed by Health BPJS, has reached 100% of the population. Despite this high level of coverage, active participation in paying premiums still needs to be improved, with a target of at least 75% active participants. Residents of Bonet Engkabang, Nobal, Bancoh, and surrounding areas cannot travel to Merarai Satu Village if they need healthcare services. The same applies to residents along the Simpang Pinoh to Simpang Manis Raya roads.

2. Research methods

This study used a cross-sectional design with a quantitative approach (31). The population in this study was all residents in the working area of the Pandan UPTD Health Center with a total of 26,482 people based on 2024 data. Sampling was determined using the Lameshow formula to obtain the ideal sample size from a large population. Using a 95% confidence level and a 5% margin of error, the required sample size is approximately 100 respondents. This number is considered representative of a large population, so it can describe the actual situation in the field [32].

The research instrument used was a structured questionnaire regarding Health BPJS membership [33]. This questionnaire contained questions designed to obtain information regarding participant status, experience with the BPJS program, and factors influencing the sustainability of community participation. The collected data were analyzed in two stages. First, descriptive analysis was conducted to describe the characteristics of respondents and the distribution of Health BPJS membership in proportions and percentages. Second, inferential analysis was used to test the relationship between independent variables and Health BPJS membership status. The statistical tests used were chi-square to identify the relationship, and logistic regression to identify the determinants that most influenced community participation in the Health BPJS program.

3. Research result

Table 1
Respondent Characteristics

Characteristics		Frequency	Percentage
Age	> 45 age	68	68
	< 45 age	32	32
Education	< Junior School	53	53
	> Junior School	47	47
Participation	Not a participant	14	14
	Participant	86	86
Income	< 3 Million Rupiah	78	78
	> 3 Million Rupiah	22	22

Based on table 1, it explains the characteristics of respondents who are aged > 45 years, as many as 68 respondents (68%), Education < Junior High School as many as 53 respondents (53%), BPJS Health participants as many as 86 respondents (86%), and respondents with income < million rupiah as many as 78 respondents (78%).

Table 2
The Relationship between Health Services and BPJS Health Membership in the Pandan Public Health Center Work Area, Sintang Regency

Variables		BPJS Health Membership				Total		OR (CI 95%)	p value
		Not a Membership		Membership					
		n	%	N	%	n	%		
Health services	Not satisfied	10	26,3	28	73,7	38	100	5.179 (1.492-17.970)	0,008
	Satisfied	4	6,5	58	93,5	62	100		

Based on Table 2, it is explained that respondents who felt dissatisfied with health services were not Health BPJS participants as many as 10 respondents (26.3%), while respondents who were not Health BPJS participants were satisfied with health services were as many as 4 respondents (6.5%). The results of statistical tests showed that the p value < α of 0.008 means there is a relationship between satisfaction with health services and Health BPJS participation. Further analysis showed that respondents who were dissatisfied with health services were at risk of becoming Health BPJS participants 5,179 times more than those who were satisfied with health services.

4. Discussion

The Relationship between Health Services and BPJS Health Membership

Health services and Health BPJS membership are reciprocal, complex, and crucial to the sustainability of the national social security system in the health sector. Health BPJS was established as an implementing agency that manages public health insurance funds through the principle of mutual cooperation[27]. Health services are a concrete manifestation of the utilization of this membership, namely access to health facilities in accordance with participant rights. Health BPJS membership serves as the gateway to obtaining standardized, integrated, and tiered health services[28].

Health BPJS membership affects the accessibility of healthcare services, increasing the number of people entitled to healthcare services without being constrained by direct costs. This reduces financial barriers and increases visits to healthcare facilities. Consequently, healthcare services become more inclusive, no longer limited to those with financial means[29].

The existence of membership determines the sustainability of healthcare financing through funds collected from participant contributions—both government-paid PBI (Contribution Assistance Recipients) and independent and employee participants—used to finance healthcare services in hospitals and community health centers. This means that the healthcare services received by patients cannot be separated from membership, as the continuity of medical services is highly dependent on this membership-based financing scheme. The higher the level of contribution compliance, the more stable the service system that can be provided[30].

In healthcare itself, Health BPJS membership encourages standardization of services through a tiered referral system. Participants are directed to begin care at a Primary Health Care Facility (FKTP) such as a community health center or clinic, and then, if necessary, are referred to a hospital. This system ensures that healthcare services are effective, efficient, and aligned with medical needs. Without membership, this service flow cannot be implemented effectively because the financing mechanism and service responsibilities are not recorded in the BPJS system[31].

Membership also impacts the quality of healthcare services. With a massive number of participants, healthcare facilities are required to increase their capacity and service quality. The credentialing and accreditation programs of healthcare facilities in collaboration with the BPJS are instruments for maintaining this quality. In other words, BPJS membership creates institutional pressure to ensure more measurable and standardized healthcare services[32].

Health services are the "tangible manifestation" of Health BPJS membership, while membership is the "funding basis" that enables those services. Without membership, health services are difficult to provide fairly and sustainably; without quality services, membership loses its meaning. This relationship is not merely administrative, but is integrated into a

mutually supportive social health insurance system to achieve the highest possible level of public health[33].

Conclusion and Recommendations

This study concludes that Health BPJS membership is related to healthcare services. It is recommended that healthcare services be improved to encourage Health BPJS members to pay.

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