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## The Trust Of Non-Wage Workers As A Determinant Of JKN Participation

Anggi Ardhiasti<sup>1✉</sup>, Eko Rahman Setiawan<sup>2</sup>

Health Insurance Diploma Study Program, Department of Applied Health Science

Poltekkes Kemenkes Malang, Indonesia

Email: [anggi\\_ardhiasti@poltekkes-malang.ac.id](mailto:anggi_ardhiasti@poltekkes-malang.ac.id)<sup>1✉</sup>

### Abstract

Background: The National Health Insurance (Jaminan Kesehatan Nasional/JKN) uses a social insurance mechanism whose participation is mandatory and relies its financing from participant contributions. In JKN participation, informal workers are included in the segment of Non-Wage Earners (Pekerja Bukan Penerima Upah/PBPU) which is still a challenge in increasing their participation to achieve universal health coverage. Aims: To analyze the relationship between trust of PBPU towards participation of JKN. Methods: A Quantitative study using a cross-sectional approach. A total of 369 samples of PBPU in Malang were collected with purposive and proportional sampling. The data were collected through a questionnaire and were analyzed using chi-square test and logistic regression analysis. Results: There was a significant association between trust toward BPJS Kesehatan, FKTP, and FKRTL as health service providers for the JKN program and PBPU's participation in JKN  $p = 0 (<0.05)$ . PBPU, which has low trust in BPJS Kesehatan, FKTP, and FKRTL, has a higher tendency not to participate in JKN than PBPU which has high trust (OR 2.76 95% CI 1.65 – 4.60 each; OR 5.69 95% CI 2.27 – 14.25; OR 5.29 95% CI 2.22 – 12.62). Conclusion: Trust in JKN's health care providers has a significant relationship to PBPU's participation in the JKN program. Thus, it is highly recommended to BPJS Kesehatan to always evaluate the performance of health service providers in collaboration with BPJS Kesehatan as one of the efforts to accelerate universal health coverage.

Keywords: *JKN, non-wage workers, participation, trust, Universal Health Coverage.*

### Abstrak

Latar Belakang: Jaminan Kesehatan Nasional (JKN) menggunakan mekanisme asuransi sosial yang kepesertaannya wajib dan mengandalkan pembiayaan dari iuran peserta. Dalam kepesertaan JKN, pekerja informal masuk dalam segmen peserta Pekerja Bukan Penerima Upah (PBPU) yang masih menjadi tantangan dalam peningkatan partisipasinya untuk mencapai cakupan kesehatan semesta. Tujuan: Menganalisis hubungan antara kepercayaan PBPU di Malang terhadap partisipasi dalam JKN.

Metode: Penelitian kuantitatif dengan pendekatan cross-sectional dengan jumlah sampel 369 yang dihitung menggunakan purposive dan proporsional sampling. Pengumpulan data dengan kuesioner dan dianalisis menggunakan chi-square dan regresi logistik. Hasil: Ada hubungan antara kepercayaan terhadap BPJS Kesehatan, FKTP, dan FKRTL sebagai penyedia layanan kesehatan program JKN dengan partisipasi PBPU dalam JKN  $p = 0 (<0.05)$ . PBPU yang memiliki kepercayaan yang rendah terhadap BPJS Kesehatan, FKTP, dan FKRTL memiliki kecenderungan yang lebih tinggi untuk tidak berpartisipasi menjadi peserta JKN dibandingkan PBPU yang memiliki kepercayaan yang tinggi (masing-masing OR 2.76 95% CI 1.65 – 4.60; OR 5.69 95% CI 2.27 – 14.25; OR 5.29 95% CI 2.22 – 12.62). Kesimpulan: Trust terhadap penyedia layanan kesehatan JKN memiliki hubungan signifikan terhadap partisipasi PBPU untuk berpartisipasi dalam JKN. Dengan demikian, dapat direkomendasikan kepada BPJS Kesehatan untuk selalu melakukan evaluasi terhadap kinerja penyedia pelayanan kesehatan yang bekerjasama dengan BPJS Kesehatan sebagai salah satu upaya untuk mempercepat cakupan kesehatan semesta.

Kata kunci: *Cakupan Kesehatan Semesta, JKN, Kepercayaan, Kepesertaan, PBPU*

### INTRODUCTION

National Social Security System (Sistem Jaminan Sosial Nasional SJSN) as stated in Law No. 40 of 2004 is stipulated to provide comprehensive social security and ensure that everyone has the right to social security, one of which is JKN which is intended as an effort to provide financial protection against public health risks. The implementation uses the principle of mandatory social health insurance, aiming to guarantee the fulfillment of basic needs for a decent life for each participant and their family, based on the principle of mutual cooperation.

The implementation of JKN, which has been launched since 2014, has directly provided benefits to the community when viewed from the development of participation and utilization. However, in its implementation there is a large financing deficit that threatens the sustainability of JKN. One indication of the cause comes from the low discipline of participants to pay contributions, especially from the PBPU segment (Permatasari, 2021).

According to the Roadmap to JKN 2019, the main focus on expanding membership is how to increase the participation of informal sector workers in this case called self-employed non-wage recipients (PBPU) because the low participation of informal sector participants can potentially increase the miss match of the financial balance of the JKN program implemented by BPJS Kesehatan is due to an adverse selection where people who will participate as JKN member are those who are at risk of getting sick and feel they will benefit from the JKN system in the near future so that the principles of social insurance and the principle of equity can be disrupted, the premiums that have been collected are only come from people who are sick and require immediate and expensive health services, from a financial point of view, health

insurance contributions paid as a form of JKN participant contributions are needed to ensure a sound fiscal policy and are a complement to the government budget. which is used in the health sector, especially to finance the Health Insurance itself (Budiarsih, 2020).

One of the main challenges facing the expansion of universal health coverage (UHC) in Indonesia is the high prevalence of those working in the informal sector who must voluntarily register in JKN (Dartanto et al., 2020). Not only in Indonesia, but also in other countries (Jofre-Bonet, Kamara, & Mesnard, 2023) (James & Acharya, 2022).

The most common problems encountered in providing health insurance for the informal sector are low enrollment rates, difficulties in collecting contributions and re-enrollment, and adverse selection (Alex & Mwamfupe, 2020). In addition, the obstacles faced in expanding the aspect of participation are the large number of non-wage workers or commonly referred to as informal sector workers (Bokiu, 2023), most of whom do not occupy business locations permanently and do not understand the need for contributions for health insurance and what is health insurance is for.

In addition to these factors, the trust factor is also very important in the participation of Non-Wage Workers (Pekerja Bukan Penerima Upah/PBPU) in the JKN, and how the association of trust in participation of JKN. To participate in the health insurance program, consumers in this case are the community, both in the formal and informal sectors must first have trust toward JKN program itself. In the health care system, building a trust is very important, not only between patients and medical staff but also between patients and health institutions such as hospitals and clinics insurance company or health insurance (van der Crujsen, de Haan, & Roerink, 2021).

Based on a preliminary study conducted at BPJS Malang, it is known that the data of non-wage worker participants as of May 2021 is 272,055 people whom inactive is 49%. Based on the descriptive prior, this study aim to analyze the relationship between trust of PBPU towards participation of JKN in Malang regency so that furthermore it can be useful as consideration for BPJS Kesehatan as the organizer of JKN in expand the participation of PBPU participants in Malang Regency.

## METODE PENELITIAN

This quantitative research was an observational descriptive study with a cross sectional approach. The population in this study was PBPU at Malang Regency. Data were collected from February to July 2022. The samples were determined by using proportional and purposive sampling. Sampling was carried out the formula for estimation of proportion data and produced a sample of 369 respondents. The independent variable used in this study were trust of PBPU towards Social Security Agency of Health (BPJS Kesehatan) and trust towards healthcare provider i.e first level health facilities (Fasilitas Kesehatan Tingkat Pertama/FKTP) and advanced referral health facilities (Fasilitas Kesehatan Rujukan Tingkat Lanjut/FKRTL). The

dependent variable used in this study was JKN participation. Data processing were performed by frequency analysis, cross tabulation and statistical tests with chi-square to determine the association between dependent and independent variable. And then logistic regression was run to determine association between variables simultaneously.

This study has obtained ethical eligibility from the Health Research Ethics Committee State Polytechnic of Health Malang Reg. No: 386/KEPK-POLKESMA/2022 and a research permit from National Unity and Political Agency of Malang Regency (Badan Kesatuan Bangsa dan Politik/Bakesbangpol Kab Malang). In accordance with the research ethics protocol, the ethical principles included informed consent, beneficence, respect for anonymity, confidentiality, and respect.

## HASIL DAN PEMBAHASAN

### Characteristic of Respondents

Respondents' characteristics in this study include age, education, job, income, trust toward BPJS Kesehatan, FKTP, FKRTL, and JKN membership status can be seen in Table 1.

Table 1 shows that 240 respondents (65%) in this study were classified as below 50 years old. In terms of education, it can be seen that 236 respondents (64%) classified above SMA. In terms of occupation, it can be seen that 302 respondents (81.8%) were trader. The respondent's income was calculated from monthly income. Based on income, it shows that the respondents mostly had above UMK.

In terms of respondent's trust in BPJS Kesehatan, 234 respondents (63.4%) had high trust toward BPJS Kesehatan as the organizer of the JKN program. But related to trust in health care providers, most of the respondents (73.9%) had low trust in First Level Health Facilities (FKTP) and 72.9% of respondents also had low trust on Advanced Level Health Facilities (FKRTL) as seen on Table 1.

### The Trust of Non-wage Worker

Table 1. Frequency Distribution of Respondent's Characteristic In Malang Regency

Category	n	%
Age		
< 50	240	65
> 50	129	35
Education		
≤ SMP	133	36
≥ SMA	236	64
Job		
Trader	302	81.8
Farmer	67	18.2

Income		
< UMK (Rp. 3.068.275)	80	21.7
≥ UMK (Rp. 3.068.275)	289	78.3
Trust toward BPJS Kes		
Low	135	36.6
High	234	63.4
Trust toward FKTP		
Low	273	73.9
High	96	26
Trust toward FKRTL		
Low	269	72.9
High	100	27.1
JKN Membership Status		
Member	132	35.8
Non-member	237	64.2

Source: Primary Data 2022

The trust mentioned in this study was based on Organizational Trust Model (Jones, Abieta, Murray, & Bell, 2023). According to them, there are three characteristics of a trustee appear to explain a major portion of trustworthiness. These three factors can form a person's trust toward a program i.e ability, benevolence, and integrity. Ability can be defined as groups of expertise (skills), competencies and characteristics possessed by an organization that can make someone is interested in participating in it. Benevolence can be interpreted as the extent to which an organization that offers the program, can convince and deliver mutually beneficial satisfaction between himself and the consumer. With the formation of this dimension, it will create a positive perception about the program offered. The relationship between integrity and trust is so close that involves how a person's perception, whether an organization offering the program has complied with the principles acceptable to consumers. Integrity is related to behavior organization in carrying out its role, as well as information given to consumers whether it is in accordance with the facts and can be trusted or not (Jones et al., 2023).

Table 2. Bivariate Analysis Between Trust of Non-wage Workers and JKN Membership

Variables	Non Member (%)	Member (%)	n (%)	p
Trust toward BPJS Kes				
Low	55.6	44.4	135(100)	0.000
High	24.4	75.6	234(100)	
Trust toward FKTP				

Low	46.2	53.9	273(100)	0.000
High	6.2	93.2	96(100)	
Trust toward FKRTL				
Low	46.5	53.5	269(100)	0.000
High	7.0	93.0	100(100)	

Source: Primary Data 2022

As seen on Table 2, the results of the bivariate analysis of the independent variables have been shown i.e trust toward BPJS Kes, trust toward FKTP and trust toward FKRTL with JKN membership with a value of  $p < 0.05$ . It means that trust has a significant relationship with unwillingness to participate in the JKN program, both trust toward BPJS Kesehatan, trust toward FKTP and FKRTL with  $p$  value 0.000. This study shows that out of 135 respondents who had a level low trust toward BPJS Kesehatan, 55.6% of them did not become a JKN member. Of the 273 respondents who have low trust of FKTP, 46% of them are not members of JKN. While there are 269 people who have low trust in FKRTL, 46% of them are not JKN member.

In the health care system, building a trust is very important, not only between patients and medical staff but also between patients and health institutions such as hospitals and companies insurance or health insurance. Trust has the same function to satisfaction. However, in contrast to the satisfaction which is an assessment of something that has been obtained or happened before, Trust is an evaluation of the foresight to ongoing events (van der Crujisen et al., 2021).

Trust in general related to service quality, which underlies a person's actions that come from interactions between patients and health care providers and health insurance program provider (Gryseels, Kuijpers, Jacobs, & Peeters Grietens, 2019). For creating trust requires collaboration and policy-making that is complex between health insurance providers and service providers health and jointly maintain the quality of service for participants (Sifaki-Pistolla, Melidoniotis, Dey, & Chatzea, 2020).

As seen on Table 3, The results of the multivariate analysis shows that there is a significant relationship between trust in BPJS Kes, trust in FKTP and trust in FKRTL in participation non-wage workers in the JKN program. The conclusion is drawn based on the 95% CI value range of the variable does not pass number 1, the  $p$  value of all variables is less than 0.05.

Trust in BPJS Kes has a statistically correlation on JKN participant with  $p$  value 0.000. The OR value of trust on BPJS Kes is 2.76 which means that non-wage workers who have a low level of trust in BPJS Kes has a 2.76 times higher tendency to not participate in the JKN compared to non-wage workers who has the higher level of trust. In terms of trust toward FKTP, shows that statistically significant relationship to unavailability participation of non-wage workers in the JKN program with a  $p$  value of 0.000. Score OR in trust for the FKTP is 5.69 which means that the person who having low trust in First Level Health Facilities has a 5.69 times tendency not to participate in the program JKN. While the OR value in the FKTL is 5.29, it means that non-wage workers who has low trust in Advanced Health Facilities Level has 5.29 times tendency not to

participate in JKN.

This research is in line with the study which stated that trust in healthcare service and evaluation of healthcare service quality post-JKN were positively associated with policy acceptability (Zein, Putri, & Ridlo, 2020).

This contradict to the previous study that mention there was no relationship of trust towards healthcare with JKN participation (Darmayanti & Raharjo, 2020). No relationship here is due to the magnitude of the expectation from their respondents to JKN health services, where these expectations cannot be met by health service providers (Darmayanti & Raharjo, 2020).

Community trust in Facilities Primary Health is one of the important components that must have attention to the health care system. So it is a must that the public trust toward service system at the facility health primer needs to always be improved. In JKN, First Level Health Facilities which include Puskesmas, Family Doctors and Primary Clinics are gatekeepers in health service utilization. Services at primary health facilities will provide first impression on JKN participants before finally having to be referred to Advanced Level Health Facilities. It is not uncommon for patients to feel disappointed with the service at the FKTP which ultimately caused the patient not interested in continuing the service by using JKN. From our findings show that low level of non-wage worker trust toward FKTP statistically significant toward willingnes to join JKN.

This finding is in line with study conduct trust in health services is measured by the ability to provide quality services, provide convenience for JKN participants in accessing services, able to provide responsive service (Fitriasari, Nursanti, & Siswanto, 2020). In addition, the attitude factor is also become one of the indicators including the care and friendly attitude given by the health care provider. Another indicator is integrity that reflects appropriate quality service with the patient's needs as well as the transparency of the information that's important to patient (Fitriasari et al., 2020).

Based on the results of the analysis, it obtained that low trust in Advanced Health Care facilities has a significant relationship against the unavailability non-wage worker participation in JKN. This means that non-wage workers who have a low level of trust to FKRTL, had a higher tendency to not-willing to participate in JKN. The concept of trust is closely related to health service quality provided by the provider, so it can be said that good quality of care can build a trust and better trust can also improve quality care. This applies both in private providers and in companies government. Patient trust in health care providers important to note because it will affect the seeking behavior in health services which will ultimately affect the outcome of degree of health wider (Gryseels et al., 2019).

## SIMPULAN

Non-wage worker trust in BPJS Kesehatan, and JKN's health care providers has a significant relationship to participation in the JKN program. Thus, it is highly recommended to BPJS Kesehatan to always evaluate the performance of health service providers in collaboration

with BPJS Kesehatan as one of the efforts to accelerate universal health coverage. For example by making a survey in the form of a questionnaire or by suggestion box to find out the things that cause inconvenience from JKN participants when using the health service, so that BPJS Kes can provide feedback according to the findings to the Facility Health concerned. This also an effort to maintain participant trust when using the JKN program.

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