

## Research Article

## The Influence of Social Culture and Knowledge of Community Interests in Participation of BPJS Health Service in Duampanua District Pinrang Regency

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**Abstract:** From 2017 to 2019, the number of public patient visits at the Lampa Health Center is more than the number of BPJS Health patient visits. This has become a problem that occurs in the community in Duampanua District related to the very low coverage of BPJS Health membership. This study aims to determine the influence of social culture and knowledge on community interest in BPJS Health membership. This type of research used in this research is quantitative with cross sectional design. The population is 51,593 people. Samples were taken by purposive sampling as many as 100 people. Data analysis used univariate, bivariate and multivariate analysis methods. Relationship analysis will be performed using cross tabulation with chi square test. Chi square test results show that there is an influence between socio-cultural variables ( $p = 0,000$ ) and knowledge ( $0,000$ ) on community interest in Social Security Organizing Agency (BPJS) Health membership in Duampanua District, Pinrang Regency. It is expected that BPJS Health open socialization related to the National Health Insurance (JKN) mobile application to facilitate the public so that they do not have to queue for a long time at registration at the BPJS Health office. In addition, BPJS Health needs to work closely with cross-sectoral communities closest to the community such as Community Health Centre (Puskesmas), village officials, health cadres to provide education and disseminate information about the BPJS Health program while also inviting the public to register to become BPJS Health participants.

**Keywords:** Social culture, knowledge, community interest, BPJS Health membership.

### INTRODUCTION

Health services are a basic right for all Indonesian citizens where everyone has the right to get health services as stated in the Health Law No. 36 of 2009 which emphasizes that everyone has the same rights in gaining access to resources in the health sector. Furthermore, everyone has the right to obtain safe, quality and affordable health services. Therefore the existence of the National Health Insurance (JKN) is part of the National Social Security System which is implemented by using a mandatory social health insurance mechanism based on Law No. 40 of 2004 concerning the National Social Security System with the aim of fulfilling the basic needs of adequate public health provided to everyone who has paid contributions or whose contributions have been paid by the government (Health Ministry, 2013).

National Health Insurance is carried out with the principle of mutual cooperation, mandatory

membership, contributions based on wage presentations, and is carried out on a non-profit principle that has an impact on the people's economy. The community does not need to pay high costs for health and can use it for other needs. People who are not yet JKN participants are encouraged to register themselves as JKN participants so that the goals of Universal Health Coverage can be achieved.

Achievement of the National Social Health Insurance for the whole community requires comprehensive mapping covering aspects of regulation, membership, health services, financing, management, benefit packages, and other resources. In order to support the implementation, it has been stipulated in Law No. 24 of 2011 that the National Social Security will be held by the Social Security Organizing Agency (BPJS), which consists of BPJS Health and BPJS Employment. Specifically, for the National Health Insurance (JKN), it was held by the Health BPJS, the

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implementation of which began on January 1, 2014. Operationally, the implementation of JKN was set out in Government Regulation and Presidential Regulation, among others: Government Regulation No. 101 of 2012 concerning Contribution Aid Recipients (PBI); Presidential Regulation No. 12 of 2013 concerning Health Insurance; and the JKN Road Map (National Health Insurance Roadmap) (Health Ministry, 2013).

In Law No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS) it is determined that the BPJS is a legal entity formed to organize a social security program. BPJS aims to realize the delivery of guarantees to meet the basic needs of a decent life for each participant or family member.

In the Regulation of the Health Insurance Administering Agency Number 6 Year 2018 Concerning the Administration of Health Insurance Program Participation, there are two types of BPJS Health membership including non-beneficiary contributions (Non-PBI) participants and contribution beneficiary recipients (PBI). Non-PBI participants are divided into Wage Recipient Workers consisting of members of the National Police and TNI, State Officials, Civil Servants, Private Employees), Non-Wage Workers (self-employed workers), and Non-Workers (investors, employers, pension recipients, veterans, pioneers of independence). Whereas PBI participants are health insurance participants for poor people whose contributions are paid by the government as participants in the health insurance program.

Universal Health Coverage (UHC) policy in the health sector, especially in providing social security is an important instrument to reduce social inequality. Inequalities occur because of inequality in opportunities which results in poor people being unable to obtain opportunities to access good health services and facilities. Equitable health care concerns especially in reducing geographical disparities, health facilities, human resources, health, and economic capacity, especially for the majority of poor people living in rural areas (Shihab, 2017).

**RESULT**

*Respondents Characteristics*

**Table 1 Respondents Characteristics**

Respondents Characteristics	Category	Frequency	
		n	%
AGE	19-29	27	27,0
	30-40	22	22,0
	41-50	46	46,0
	51-60	5	5,0
Sex	Male	53	53,0
	Female	47	47,0
Last Education	Not graduated from Elementary School	2	2,0
	SD/Equivalent	12	12,0
	Junior School/Equivalent	20	20,0

Duampanua Subdistrict is one of the 12 sub-districts in Pinrang Regency which is still low in terms of BPJS Health membership coverage. This can be seen in the number of visits to one Puskesmas in Duampanua Subdistrict, the Lampa Puskesmas. Lampa Health Center is one of the Puskesmas in Duampanua Subdistrict located in Lampa Sub-District, Duampanua Sub-District, Pinrang District with a plenary accreditation status starting in 2018. The Lampa Health Center working area consists of 3 urban villages and 4 Villages namely Lampa Kelurahan, Kelurahan Pekkabata, Tatae Village, Paria Village, Kaliang Village, Kaballangan Village, and Katomporang Village (Public Health Office, 2019).

In its implementation, the highest number of patient visits at the Lampa Health Center from 2018 to January-May 2019 was the most common patient compared to BPJS Health patients. The large number of public patient visits shows that community interest in Duampanua Subdistrict, Pinrang District related to BPJS Health membership is still lacking. In addition, the number of BPJS Health participants nationally until June 1, 2019 was 222,002,996 people (82.53%), which means that not all of the people were registered as BPJS Health participants. The number of membership coverage until 2019 in South Sulawesi Province is 9,400,000 people who have participated in the Health BPJS. While the number of BPJS Health membership coverage until 2019 in Pinrang Regency is 217,432 people. This is the problem in Duampanua Subdistrict, Pinrang Regency related to the number of membership coverage that is not optimal. The purpose of this study was to determine the influence of social culture and knowledge on community interest in BPJS Health membership in Duampanua District, Pinrang Regency (BPJS, 2019).

**METHODOLOGY**

This type of research is quantitative with cross sectional design. The population of 51,593 samples was drawn by purposive sampling, namely 100 people. Data analysis used univariate, bivariate and multivariate analysis methods. Relationship analysis will be performed using cross tabulation with chi square test.

	High School/Equivalent	44	44,0
	Higher Education	22	22,0
Occupation	Students	7	
	Civil Servant, Police Officer, Army	8	8,0
	Entrepreneur	14	14,0
	Labor	17	17,0
	Housewife	22	22,0
	Farmer	18	18,0
	General Employees	12	12,0
	Others	2	2,0
Income per Month	< 1.500.000 IDR	70	70,0
	1.500.000 IDR- 2.500.000 IDR	8	8,0
	> 3.500.000 IDR	22	22,0
	Total	100	100

Source: Primary Data, 2019

Table 1 shows the characteristics of the respondents based on age, sex, last education, occupation, and income per month. Based on the age characteristics, the highest number of respondents was in the age group of 41-50 years as many as 46 people (46.0%), while the number of respondents was the least in the age group of 51-60 years which was as many as 5 people (5.0%) . Based on gender, the highest number of respondents was male, namely 53 people (53.0%), while female sex was 47 people (47.0%). Based on the most recent education, the most respondents were the

high school / equivalent level of 44 people (44.0%), while the fewest respondents did not complete elementary school, namely as many as 2 people (2.0%). Based on the work, the highest number of respondents were Housewives (IRT) as many as 22 people (22.0%), while the fewest respondents were Students / Students, as many as 7 people (7.0%). Based on income per month, the highest number of respondents is <Rp. 1,500,000, which is 70 people (70.0%), while the lowest number of respondents is Rp 1,500,000-Rp 2,500,000, which is 8 people (8.0%).

**Table 2 Univariate Analysis of Respondents Distribution Based on Socio-Cultural Variables in Duampanua District, Pinrang Regency in 2019**

Variable	n	%
<b>Social Culture</b>		
Good	50	50,0
Poor	50	50,0
Total	100	100,0

Source: Primary Data 2019

Table 2 shows that out of 100 respondents in Duampanua Subdistrict, Pinrang Regency, from the socio-cultural perspective, there were 50 people

(50.0%) who stated that the socio-culture was good and 50 people (50.0%) who stated that the socioeconomic was not good.

**Table 3 Univariate Analysis of Respondents Distribution Based on Knowledge Variables in Duampanua District, Pinrang Regency in 2019**

Variable	n	%
<b>Knowledge</b>		
Good	52	52,0
Poor	48	48,0
Total	100	100,0

Source: Primary Data 2019

Table 3 shows that out of 100 respondents in Duampanua Subdistrict, Pinrang Regency, if seen from knowledge that there were 52 people (52.0%) who

stated that knowledge was good and 48 people (48.0%) stated that knowledge was not good.

**Bivariate Analysis**

**Table 4 Bivariate Analysis of Socio-Cultural Effects of Community Interest in Health BPJS Participation in Duampanua District, Pinrang Regency in 2019**

Variable	Interest				Total		Statistical Test Results
	High		Low		n	%	
	N	%	n	%			
Socio-Cultural							
Good	11	22,0	39	78,0	50	100,0	$p = 0,000$
Poor	31	62,0	19	38,0	50	100,0	
Total	42	42,0	58	58,0	100	100,0	

Source: Primary Data 2019

Table 4 shows that out of 100 respondents who were classified as good socio-cultural and high interest were 11 people (22.0%) and those classified as good socio-cultural and low interest were 39 people (78.0%). Whereas respondents who were classified as socio-cultural were not good and had high interest were 31 people (62.0%) and those who were classified as socio-

cultural were not good and low interest were 19 people (38.0%). Statistical test results obtained the value of  $p = 0,000$ , because the value of  $p < \alpha = 0,000 < 0.05$  then  $H_0$  is rejected, this means that there is an influence between socio-cultural variables with community interest in BPJS Health membership in Duampanua District, Pinrang Regency.

**Table 5 Bivariate Analysis of the Effect of Knowledge on Community Interest in Health BPJS Participation in Duampanua District, Pinrang Regency in 2019**

Variable	Interest				Total		Statistical Test Result
	High		Low		n	%	
	n	%	n	%			
Knowledge							
Good	10	19,2	42	80,8	52	100,0	$p = 0,000$
Poor	32	66,7	16	33,3	48	100,0	
Total	42	42,0	58	58,0	100	100,0	

Source: Primary Data 2019

Table 5 shows that out of 100 respondents classified as good knowledge and high interest were 10 people (19.2%) and those classified as good knowledge and low interest were 42 people (80.8%). While respondents who were classified as poor knowledge and high interest were 32 people (66.7%) and those classified as poor knowledge and low interest were 16 people (33.3%). Statistical test results obtained the value of  $p = 0,000$ , because the value of  $p < \alpha = 0,000 < 0.05$  then  $H_0$  is rejected, this means that there is an influence between the knowledge variables with

community interest in BPJS Health membership in Duampanua District, Pinrang Regency.

**Multivariate Analysis**

This analysis is used to analyze the relationship of several independent variables with one dependent variable. In this multivariate analysis, the statistical test used is a multiple logistic regression statistical test. The method used is the backward stepwise (conditional) method because the dependent variable is a dichotomous variable in order to see the effect of each independent variable with the dependent variable.

**Table 6 Logistic Regression Analysis of the Effect of Social Culture and Knowledge of Community Interest in Health BPJS Participation in Duampanua District, Pinrang Regency in 2019**

Variable	B	Wald	Sig	Exp (B)
Step 1 <sup>a</sup> Socio-Cultural	0,489	0,187	0,666	1,631
	-2,566	5,153	0,023	0,077
	3,480	19,595	0,000	32,447
Step 2a Knowledge	-2,128	20,819	0,000	0,119
	3,563	21,558	0,000	35,280

Source: Primary Data 2019

Table 6 shows that after the multiple logistic regression test, the most influential variable on community interest in BPJS Health membership is knowledge variable with a value of 20.81 which means

that people with good knowledge tend to be 20.81 times more interested than people with poor knowledge.

## DISCUSSION

The results showed that the socio-cultural variable ( $p = 0,000$ ) had a significant influence on people's interest in BPJS Health membership in Duampanua District, Pinrang Regency. According to Douglas and Wildavsky in (Saaty and Ansari, 2011) states that the demand for life insurance in a country can be influenced by the culture that is unique in that country where the culture that influences people's unwillingness to demand for insurance (Saaty and Ansari, 2011).

Social factors are the forces exerted by others on buying behavior. Social factors, namely: (1) The role and influence of the family is the group with the strongest influence on one's perception and behavior; (2) Reference groups, namely individuals identify themselves with certain groups in such a way as to take values, attitudes, or behavior of group members; (3) Social class is a group that is open to an individual who has a similar social level (Pride and Ferrel, 2004).

Taylor in (Setiadi, 2008) states that culture is a complex whole encompassing knowledge, beliefs, arts, morals, laws / regulations, customs and other abilities and habits acquired (each individual as a member) in society. Socio-culture in this study is people's behavior not to use BPJS Health is influenced by the social environment and certain customs or beliefs.

Cultural habits also affect the way people deal with the risk of illness and can also be a source of problems (Wiesmann and Jütting, 2000). According to Garba et al, 1998 in (Arhinful, 2003) people may have traditionally saved money on unexpected events such as funerals and weddings as well as the education of their children, but where there is a belief that saving money for health care costs means "hoping yourself sick", this is why they might reluctant to join a public health insurance scheme.

The results of this study are in line with the results of research conducted by (Mahdjour, 2017) which states that there is a statistically significant relationship between socio-cultural variables and the attitude of Algerian consumers to insurance products. Likewise with the results of research conducted by (Saaty and Ansari, 2011) which states that there is a significant relationship between socio-cultural factors that have a large influence on the demand for insurance services in Saudi Arabia.

Based on the interview results from the questionnaire questions, there are still some indicators on socio-cultural variables that indicate people's unwillingness to BPJS Health membership as in the question item "Are you not participating in the BPJS because family, friends, and neighbors state that it will be a burden?" where as many as 71% of respondents

stated "Yes" because according to them, there were a number of their families and their neighbors who said that being a BPJS participant actually became a burden because payments were made continuously each month according to their class and this membership was valid for the entire lifetime. it means that the community cannot stop being a BPJS participant even though they want to stop. This has become one of the burdens for the community in Duampanua District.

In addition, as many as 66% of respondents answered "Yes" to the question item "If sick, you or other family members seek help from traditional medicine?" Where most people prefer traditional treatment first before going to health services and even if the disease does not go away get well. There are various reasons they prefer traditional medicine, among others because the location of the Puskesmas is located quite far from their homes and they trust the shaman who can quickly cure their illness without having to go to health services such as the Puskesmas / Hospital.

Knowledge in this study is the understanding of the community related to the Health BPJS program. Knowledge is the result of ideas, and this happens after someone senses a particular object. Someone without knowledge has no basis for making decisions and decisive action on the problem at hand. Knowledge can be obtained from direct experience or from other people who come to someone (Notoatmodjo, 2010).

Behavior and actions can be influenced by several factors, one of which is knowledge. Knowledge is a very important domain in shaping one's behavior (Notoatmodjo, 2010). Good knowledge is supported by a positive attitude held by the community so that they will think to prevent the risk of illness by joining BPJS Health and then voluntarily pay BPJS Health contributions (Purwaningsih, 2016).

After analyzing using the chi square test the value of  $p = 0,000 < \alpha = 0.05$  is obtained, then  $H_0$  is rejected and  $H_a$  is accepted. This shows that there is an influence between knowledge on community interest in BPJS Health membership in Duampanua District, Pinrang Regency.

The results of this study are in line with the results of research conducted by (Nadiyah and Subirman, 2017) which states that there is a relationship between knowledge about JKN and JKN membership in the area of Samarinda's Community Health Center where the results show that most respondents understand that everyone must register themselves and their family members and understand that health insurance is a guarantee of protection for health needs but the information can not be received optimally. Other studies conducted by (Surya and Yunita, 2018) stated that there was a significant relationship between knowledge and participation of the informal sector to

join the national health insurance program ( $p = 0.044 < 0.05$ ).

The results of this study are also in line with the results of research conducted by (Dartanto et al., 2015) which states that there is a significant relationship between where someone who joins BPJS Health is someone who has a positive effect on willingness to join BPJS Health. If the respondent has basic knowledge of insurance and the National Health Insurance (NHI) program, the probability of participating in this program increases by 0.465 times. Likewise with research conducted by (Almualm et al., 2013) which states that there is a significant relationship between respondents' knowledge and support for health insurance ( $p = 0.001$ ) where knowledge positively influences respondents' support for health insurance among patients attending Specialist Clinics in Malaysia.

However, the results of this study are not in line with the results of research conducted by (Pangestika et al., 2017) which states that based on the results of the chi square test shows that there is no relationship between knowledge with BPJS Mandiri Health membership in the informal sector with a  $p$  value =  $0.053 \geq 0.05$  then  $H_a$  is rejected so there is no relationship between knowledge and BPJS Health Mandiri membership in the informal sector.

From the 100 respondents obtained that the percentage of knowledge about BPJS Health, most have good knowledge that is equal to 52% while the remaining 48% have poor knowledge. The results of the translation of respondents' answers to knowledge about BPJS Health that most respondents do not understand when BPJS Health began to be held, they mostly said that BPJS Health began to be held on December 1, 2014 (61%) whereas the truth was on January 1, 2014. Things that It should also be noted that the majority of respondents have the wrong understanding, namely PT. ASKES is the Implementing Body in the Health BPJS (63%).

In addition, they are mostly mistaken about what are the benefits of being a BPJS member of first-level and advanced health services. Respondents who answered wrongly by 56% of the item question "One of the benefits of being a member of the BPJS first level health service is?" And by 59% of respondents answered incorrectly on the question item "One of the benefits of being a member of the BPJS advanced level referral health service is that?". Based on these data, researchers are of the opinion that respondents' knowledge about BPJS Health is actually already good. They already understand about the basic things that must be known in the Health BPJS such as the length of the BPJS, the understanding of BPJS, BPJS fees, the number of BPJS classes, BPJS registration flow, but respondents still do not really understand about things that are more in-depth about Health BPJS such as the

actors in BPJS Health, who is involved, the group of BPJS members, and the benefits of being a member of the BPJS referral health service at the first level and advanced level.

In the results of the multiple logistic regression test analysis it can be concluded that the most influential factor on community interest in BPJS Health membership in Duampanua District, Pinrang Regency is the knowledge variable with a wald value of 20.81 which means that people who have a relatively good knowledge, tend to be 20, 81 times more interested than people who have classified as less good knowledge. This means that the better the community's knowledge related to BPJS Health, the higher their interest in BPJS Health membership.

## CONCLUSION

Based on the results of research that has been done shows that there is an influence between socio-cultural variables and knowledge of community interest in BPJS Health membership in Duampanua District, Pinrang Regency. It is expected that BPJS Health open socialization related to the National Health Insurance (JKN) mobile application to facilitate the public so that they do not have to queue for a long time at registration at the BPJS Health office. In addition, BPJS Health needs to work closely with cross-sectoral communities closest to the community such as Puskesmas, village officials, health cadres to provide education and disseminate information about the BPJS Health program while also inviting the public to register to become BPJS Health participants.

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