



Research Article

Correlation Analysis Between Information Exposure and Knowledge of National Health Insurance among The Community in Sungai Lebung Village

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ABSTRACT

Rural communities tend to be more hesitant to accept and adopt information. This behaviour affects the knowledge they have, especially knowledge related to JKN. This study aims to determine the relationship between information exposure and JKN knowledge in the Sungai Lebung Village community. This quantitative study a cross-sectional design and purposive sampling technique for a total sample size of 108 respondents. The multiple logistic regression of risk factors was the statistical analysis used in this study. The univariate test results showed that 60 respondents (55.6%) had low JKN knowledge. Multivariate analysis showed that exposure to JKN information was associated with JKN knowledge after being controlled by confounding variables such as gender, education, occupation, and health worker support. People exposed to JKN information sourced by BPJSK have a 3.5 times chance of having high knowledge related to JKN. It can be concluded that socialization concerning JKN using information media sourced by BPJSK needs to be improved by considering gender, education, employment and health worker support.

Keywords: Exposure, insurance, information, knowledge, national health, rural community

INTRODUCTION

Law No. 40 on the National Social Security System (SJSN) is a regulation that has been in place since 2004 and governs regulations relating to health insurance. SJSN clarifies that every Indonesian resident must have social security. The purpose of SJSN is to ensure that the basic needs of each participant and the participant's family are met to lead a healthy life (Putro & Barida, 2017). The Health Social Security Organizing Agency (BPJSK) is responsible for the regulation and implementation of SJSN, including the National Health Insurance (JKN). The JKN is an innovative government program established in 2014 with planning and deployment focused on accommodating diversity and achieving Universal Health Coverage (UHC) (Agustina et al., 2019). Its implementation is mandatory. Based on DJSN data in November 2022, as many as 7,406,174 people (86.44%) of the total population of South Sumatra Province are JKN participants, which are spread



across 18 districts and cities. This figure illustrates that there are still 1,161,749 people, or 13.60% of the citizen, who still need to register as JKN members. In November 2022, there were 3,987,894 people in the working area of the main branch office of BPJS Kesehatan Palembang were registered as JKN participants. The main branch office of BPJS Kesehatan Palembang is located in places such as Palembang City, Banyuasin District, Musi Banyuasin District, Ogan Ilir District and Ogan Komering Ilir District. Palembang City has the highest coverage of JKN participants, namely 1,714,140 participants. Participants of JKN in Musi Banyuasin and Banyuasin Districts were 613,663 and 670,143, respectively. Then, Ogan Komering Ilir District has 602,230 participants.

Meanwhile, Ogan Ilir District has 387,718 JKN participants. Several reasons caused the JKN program in Indonesia to have low coverage. The lack of socialization about registration procedures, the use of contributions, JKN benefits, and the number of costs caused people to need to understand and realize the importance of JKN (Syahda et al., 2022). A previous study (Laturrakhmi et al., 2020) found that information provided to the public is a crucial factor influencing community involvement in the JKN program. Rural communities may have lower access to and use of specific health information sources than urban communities (Chen et al., 2019). Therefore, providing information to rural communities is very important.

Rural areas dominate government administrative areas in Indonesia. 84,096 government administrative areas at the village level comprised of 75,584 villages, 8,461 districts, and 51 Transmigration Settlement Units (Badan Pusat Statistik, 2022). Ogan Ilir District has 227 villages spread across 16 sub-districts. Sungai Lebung Village is a village of Pemulutan Selatan Subdistrict in Ogan Ilir District. Sungai Lebung Village is 17.4 km from the capital city of Ogan Ilir District. Sungai Lebung Village has a population of 2,255, whose livelihoods are dominated by farming, and its residents have an economic level dominated by the lower middle class. For this reason, the authors are interested in analyzing the correlation between exposure to JKN information and JKN knowledge in a rural community in Ogan Ilir District, especially Sungai Lebung Village.

MATERIAL AND METHODS

This study used a quantitative approach with a cross-sectional study design. The multiple logistic regression test was applied to analyze the correlation between exposure to JKN information sourced by BPJS Kesehatan and JKN knowledge. The research was conducted in Sungai Lebung Village, Pemulutan Selatan Subdistrict, Ogan Ilir District. Data collection and retrieval were conducted from October to December 2022. The sample was 108 respondents and was determined by purposive sampling.

RESULTS AND DISCUSSION

Table 1 indicates that 55.6% of respondents had a low level of JKN knowledge, which means that most residents of Sungai Lebung Village have a low level of knowledge regarding JKN. Most respondents had the following characteristics: Not obtaining JKN information from BPJS Kesehatan (64.8%), being ≥ 42 years old (55.6%), female (78.7%), having a low education (75.9%), earning less than regional minimum wage (63.9%), not working (58.3%), and receiving support from health workers (57.4%).

Table 1. Univariate Analysis

Variables	Total Respondents	
	n	%
Dependent Variable		
JKN Knowledge		
Low	60	55.6
High	48	44.4
Independent Variables		
JKN Information		
Did not receive information from BPJSK	70	64.8
Received information from BPJSK	38	35.2
Age (years)		
< 42	48	44.4
≥ 42	60	55.6
Gender		
Female	85	78.7
Male	23	21.3
Education		
Low	82	75.9
High	26	24.1
Income		
< Regional minimum wage	69	63.9
≥ Regional minimum wage	39	36.1
Occupation		
Not Working	63	58.3
Working	45	41.7
Health Worker Support		
Did not receive support	46	42.6
Received support	62	57.4

Table 2. Analysis of Interacting Variables

Variable	p-value
JKN Information	0.000
Age	0.897
Gender	0.713
Education	0.014
Income	0.030
Occupation	0.006
Health Worker Support	0.000

Table 3. Interaction Test

Variables	S.E.	p-value	OR
JKN Information	0.871	0.196	3.081
Age	0.677	0.751	1.240
Gender	1.179	0.019	0.063
Education	0.683	0.015	5.274
Income	0.595	0.046	0.306
Occupation	0.770	0.002	10.734
Health Worker Support	0.637	0.001	8.682
JKN Information*Age	1.102	0.959	1.058
JKN Information*Gender	1.344	0.631	1.908

The analysis result of the interacting variable is shown in Table 2. The analysis results illustrated that age and gender variables have p-value > 0.05, indicating the variables' interaction. Therefore, the interaction test employed—the result of the interaction test of variables provided in Table 3.

After multivariate testing, as shown in Table 4, it was found that age and income were not confounding variables. Gender, education, occupation, and health worker support were confounding variables. The multivariate test results showed that the JKN information variable had an association with JKN knowledge in a rural community after being controlled by variables of gender, education, occupation, and health worker support. People in Sungai Lebung Village who were exposed to JKN information have a 3.5 times chance of having higher JKN knowledge than people who were not exposed to JKN information. The more often the community is exposed to information, the more it will improve knowledge in the community itself. BPJSK, the relevant official institution, can overcome this problem by disseminating JKN information accurately and massively to improve public understanding. Knowledge about JKN may be needed to ensure participation in JKN. Based on a previous study in Payaman village, the cause of low JKN participation among the village community is the low knowledge about JKN, such as not knowing the essential benefits of JKN and not clearly understanding the flow of managing the JKN card (Kurniawan et al., 2022).

Table 4. Multivariate Modeling

Variables	p-value	First Model			p-value	Final Model		
		OR Crude	95% CI			OR- Adjusted	95% CI	
			Lower	Upper			Lower	Upper
JKN Information	0,023	3,748	1,205	11,662	0,024	3,562	1,184	10,719
Age	0,614	1,314	0,454	3,797	-	-	-	-
Gender	0,008	0,090	0,015	0,531	0,011	0,114	0,021	0,607
Education	0,014	5,345	1,396	20,466	0,41	3,490	1,054	11,559
Income	0,048	0,311	0,098	0,989	-	-	-	-
Occupation	0,002	10,989	2,428	49,741	0,001	11,397	2,701	48,089
Health Worker Support	0,001	8,467	2,478	28,931	0,000	8,567	2,619	28,025

From the results of this study, it was found that most respondents (64.8%) did not receive information concerning JKN. This result was in line with data related to as many as 42,6% respondents who had not received information about JKN from a health worker. This finding is similar to the previous study in Bogor, which showed that the lack of socialization and educational media on JKN for mothers is a barrier to JKN implementation at primary health facilities in Bogor (Nurfadhilah et al., 2016). Unequal distribution of information in the community results from differences in individual understanding concerning the JKN program. The study in Lao PDR In 2020 revealed that awareness about health insurance could be higher, possibly due to limited community consultation and inadequate information concerning national health insurance (Chaleunvong et al., 2020). Massive information dissemination regarding JKN is an effort to increase knowledge. The information gained by the community will assist in elevating the community's understanding of JKN knowledge. Sungai Lebung Village is located quite far from the capital of Ogan Ilir District; of course, a specific strategy is needed to disseminate JKN information to its community. Rural communities may differ in access to and understanding of information. In the USA, rural residents had lower access to health information from mass media and scientific literature than urban residents (Chen et al., 2019).

Knowledge is vital to increase JKN coverage and utilization of health facilities. Knowledge

about national health insurance was associated with the decision of self-employed as JKN participants (Laila et al., 2020). Patients with lower health insurance literacy avoided health services more (Tipirneni et al., 2018). Improving JKN knowledge in the target population is an exciting challenge. A previous literature review mentioned how to propagate health among rural women and highlighted the importance of understanding population's perceptions, wants and needs (Qutab & Road, 2022). Health insurance education campaigns by accredited health-care facilities and national health insurance management institutions were needed to enhance low-adequate knowledge of health insurance among National Youth Service Corp Members in Kano, Nigeria (Michael et al., 2020). Knowledge about the procedure and regulation of health insurance is one part that forms the health insurance literacy of individuals (Ståhl et al., 2021).

In addition to JKN information exposure, JKN knowledge in the Sungai Lebung Village community was also influenced by several factors, namely gender, education, and employment, and health worker support. Gender, education, employment are sociodemographic aspects of the individual. Gender has an influence on social life in the community. In a rural community, each gender's role is still tightly bound in social life. Higher education certainly has an impact on providing individuals with better JKN knowledge. A previous study discovered in his research that education level was an essential factor in enhancing awareness about innovative products in crop insurance in India (Rathod et al., 2016). Knowledge of health programs such as JKN tends to be owned by respondents with higher education. Education certainly affects personal understanding and knowledge. Low-educated individuals tend to need help with obtaining and understanding JKN. Social support is a challenging issue concerning the success of a health program; as explained in previous research, to improve patients' compliance with hypertension, it is necessary to pursue a program focused on health promotion activities involving social support (Maytasari & Sartika, 2020).

CONCLUSION AND SUGGESTION

Most respondents (55,6%) had a low level of knowledge related to JKN. The analysis showed that exposure to JKN information sourced by BPJSK had an association with JKN knowledge in the Sungai Lebung Village community after being controlled by variables of gender, education, occupation, and health worker support. People exposed to JKN information sourced by BPJSK have a 3.5 times chance of having high knowledge after controlling for variables such as gender, education, occupation, and support from health workers.

CONFLICT OF INTEREST

There is no conflict of interest

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