



THE EFFECT OF THE PROVISION OF BPJS-HEALTH EDUCATION AND TRAINING ON THE USE OF THE MOBILE-JKN APPLICATION

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ABSTRACT

Background: One form of health policy from the government is the national health insurance system and at this time BPJS-Health has launched a Mobile JKN application which is an innovation to make it easier for participants to manage BPJS Health and aims to facilitate the community towards prosperity. In the Sanrobone village, Sanrobone sub-district, Takalar district, the target and achievement of using BPJS-Health is still very far from what is expected, due to the large number of inactive community BPJS and the lack of public understanding of the BPJS-Health system and the community does not understand how to use the Mobile JKN application.

Purpose: This activity is carried out to increase public understanding and participation in BPJS-Health services in Sanrobone Village, Sanrobone District, Takalar Regency.

Method: This activity is carried out in several stages, namely the preparation stage, the implementation stage and the evaluation stage. The evaluation was carried out using a pre-post test questionnaire which was distributed to participants. The data analysis technique used is the Wilcoxon test.

Results: The results showed that BPJS-health counseling was able to increase the knowledge of cadres in Sanrobone Village, Sanrobone District, Takalar Regency.

Conclusion: BPJS-health counseling in Sanrobone Village, Sanrobone District is considered to have met the indicators of success because there was an increase in respondents' knowledge after counseling.

INTRODUCTION

Indonesia as a country with a large population, the health of every citizen is one of

the main elements in every person's life, because a person's health really supports his daily activities. Health development in the life

of the nation has a very large investment value, especially in human resources. With the creation of a healthy environment and well-maintained health of the population of a nation, the country will have more optimal human resources in development (Jabbar, 2020).

As stated in Article 28 H paragraph (1) of the 1945 Constitution of the Second Amendment, namely in the context of ensuring the realization of human rights in the field of health development. Furthermore, the government in accelerating health development is realized by the implementation of a social security system for the people of Indonesia, namely by establishing a Social Security Administering Agency hereinafter referred to as BPJS with Law Number 24 of 2011, which took effect on January 1, 2014 (Astuti, 2020).

The Social Security Administering Body (BPJS) is an institution established to administer social security programs in Indonesia according to Law Number 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning the Social Security Administering Body. The implementation of the two laws formed two BPJS bodies, namely BPJS Health and BPJS Employment. BPJS Health organizes health insurance programs and BPJS Employment organizes work accident insurance programs, old age insurance, pension benefits and death benefits (Astuti, 2020).

Since the enactment of Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), every BPJS participant has the right to obtain health services which include promotive, preventive, curative and rehabilitative services including drug services and medical consumables in accordance with the necessary medical needs. . Health services include all first-level health facilities and advanced-level health facilities, other health facilities determined by the Minister of Health in collaboration with BPJS (Bisra, 2021).

Basically, health insurance is a right for all people, especially the Indonesian people themselves, and then realizes the vision of achieving quality health insurance that covers the entire population of Indonesia and does not discriminate between people (Mustikasari, 2021).

BPJS Kesehatan is committed to providing the best service for the community, both in terms of health services and providing information to the Indonesian people (Bonowati & Revilia 2021). The development of the world of information technology, the use of information technology has penetrated the needs or needs of the community, one of which is the BPJS Health registration process. Without the development of technology, the information system in meeting the needs of the community will certainly be hampered, making it difficult to create an effective and efficient information system (Saryoko, Hendri and Sukmana, 2019).

Technological developments are a challenge for government agencies today to look at the digitalization side and to develop their services, for example the emergence of the *Mobile JKN* (Fatikasari and Sunarya, 2021). With the development of information technology, BPJS Health registration can be done in several ways. Registration can be done by coming directly to the nearest BPJS office, the second can register online on a computer, laptop connected to the internet on the <https://registration.bpjs-kesehatan.go.id/> or the third way to register online application *JKN mobile* with a smartphone or *cellphone*. For the third method, it is the most practical way, because nowadays almost all people have cellphones or smartphones or have them (Saryako, Hendri & Sukmana 2019).

BPJS Kesehatan provides innovative *Mobile JKN* application development that is useful for facilitating the National Health Insurance-Healthy Indonesia Card service. *Mobile JKN* is one of the most effective alternatives that BPJS Health can currently run to continue to serve in the current condition, namely a pandemic. *Mobile JKN* aims to enable people to enjoy services quickly. This application can be used anywhere at any time without time limit (*self service*). Service innovations carried out by BPJS Health are expected to meet customer satisfaction as BPJS Health participants (Herlinawati, Banowati and Revilia, 2021). With the *mobile* it has provided various conveniences for the community, especially those related to health

services. The usability level of the *mobile* can be seen how well users use and apply this application well. So, the application can later provide benefits to the community (Putra *et al.*, 2021).

The role of PBL Students (Field Learning Experience) in Public Health at Hasanuddin University, which was carried out three times, was presented to be able to help the government and health workers to educate and invite community participation, especially in Sanrobone Village, Sanrobone District, Takalar Regency regarding BPJS-Health, which then educates how to use application *Mobile JKN* to make it easier for the community to take care of BPJS-Health.

METHODS

Intervention activities in the form of counseling were carried out in the Sanrobone sub-district office hall, Takalar Regency on Thursday, January 13, 2022 at 14.00 - Finish WITA. The target audience in this activity are health cadres, and posyandu cadres in Sanrobone Village. We chose this target in this activity so that the cadres as promoters and mobilizers of the community can play an active role in developing the community in Sanrobone Village.

The method we use to realize the objectives of this activity is the lecture method and question-and-answer discussion. This activity was carried out through several stages, namely the preparation stage which was carried out by making the counseling material using several tools, namely a *laptop* to compile

the material, then after the material was compiled, then making *power points* as an intervention medium. The next stage of implementation is to provide material to participants with the lecture method and question-and-answer discussion. The counseling went smoothly and was attended by several members from health cadres, cleaning cadres, and security cadres in Sanrobone Village.

The success indicator of this activity is the increased knowledge of participants about BPJS Health and how to use the *Mobile JKN* after counseling was carried out in

Sanrobone Village, Sanrobone District, Takalar Regency.

The evaluation method used in this service is to use a *pre-post test* which is distributed to participants before and after counseling to see the success of the program. data from the *pre-post test* were tested with the Wilcoxon test using the help *software* the Statistics

RESULTS

The following is the data before the counseling was carried out determined by the value of the pre-test results and the data after the extension was determined by the post-test results. The two data can be seen in table 3.

Table 3 Distribution of Respondents' Answers Based on Pre-Post Test Questions Extension on the Use *Mobile JKN* Application in Sanrobone Village, Sanrobone District, Takalar Regency in 2022

Questions	Test				Post-test			
	True		False		True		False	
	N	%	N	%	N	%	N	%
Pert. 1	13	65	7	35	19	95	1	5
Pert. 2	9	45	11	55	20	100	0	0
Pert. 3	11	55	9	45	18	90	2	10
Pert. 4	7	35	13	65	19	95	1	5
Pert. 5	12	60	8	40	19	95	1	5
Pert. 6	14	70	6	30	19	95	1	5
Pert. 7	9	45	11	55	13	85	7	35
Pert. 8	8	40	12	60	17	85	3	15
Pert. 9	13	65	7	35	20	100	0	0
Pert. 10	15	75	5	25	20	100	0	0

Source: Primary Data

Information:

Pert. 1: *Mobile JKN* makes it easier for the public to use the National Health Insurance-Healthy Indonesia Card or JKN-KIS

Pert. 2: *Mobile JKN* benefits to find out billing information for family members registered in BPJS Health because it includes a premium

feature to find out the remaining unpaid dues arrears.

Pert. 3: In addition to registration, *Mobile JKN* is also useful for checking BPJS Health membership status.

Pert. 4: The *Mobile JKN* application makes it difficult for JKN-KIS participants to take

advantage of JKN-KIS services because they need to come to the BPJS Health office.
 Pert. 5: The *Mobile* can be downloaded via the *App Store* or *Play Store*.
 Pert. 6: The data required when registering for *Mobile* JKN is the NIK E-KTP.
 Pert. 7: After entering the NIK E-KTP and the next chapter code, the application can immediately be used.

Pert. 8: This application does not have various features that can be useful for JKN-KIS participants.

Pert. 9: *Mobile* JKN is an application launched by BPJS Kesehatan.

Pert.10: *Mobile* JKN is an effort to improve services for National Health Insurance participants

Table 3 above shows that of the 10 questions that are used as parameters to measure knowledge regarding the correct use of the *mobile*, the most correctly answered questions are question number 10 about the purpose of using the *mobile* JKN *pre-test* of 75% and number 2 about the benefits of *mobile* JKN, number 9 regarding the definition of *mobile* JKN and number 10 regarding the purpose of using the *mobile* JKN *post-test*

100% While the respondents who answered the most incorrectly were question number 8 about features in the *mobile* JKN *pre-test* of 60% and question number 7 about the next steps in BPJS registration in the *mobile* JKN *post-test* of 35%.

The distribution of the knowledge level of respondents before and after counseling about applications *mobile* jkn Sanrobone Village, can be seen in table 4.

Table 4 Distribution of Respondents' Knowledge Levels Before and After Counseling in Sanrobone Village, Sanrobone District, Takalar Regency in 2022

	N	Min	Max	Mean	SD
Pre	20	2	8	5,55	1,638
Post	20	6	10	9,20	1,056
Valid N (listwise)	20				

Source: Primary Data

Table 5 Statistical Test

	After – Before
Z	-3.935 ^b
Asymp. Sig. (2-tailed)	,000

Source: Primary Data

Table 4 related to the distribution of respondents' knowledge levels before and after counseling shows that there is a difference in

the increase in knowledge before and after counseling with an average of 5.55 to an average of 9.20.

In table 5 related to the results of statistical tests based on *the Wilcoxon test* on the questionnaire data before (*pre-test*) and after (*post-test*) counseling, a significance value (sig) of 0.000 is obtained, which is less than the value of $\alpha = 0.05$ which means H_a (Hypothesis Alternative) is accepted, so that it is known that there is a difference between respondents' knowledge about BPJS-Health and the use of *Mobile JKN* before counseling (Pre-test) and after (post-test).

DISCUSSION

This counseling is one of the non-physical interventions from Posko 30 Sanrobone Village which was carried out in the context of the Field Learning Experience (PBL) II which took place in the Sanrobone District Office Hall and was carried out on Thursday, January 13, 2022 at 14.00 WITA - finished.

This intervention was carried out based on the priority problems found in the Field Learning Experience (PBL) I that had been implemented, where there were still many of the people of Sanrobone Village who did not understand the use of the *Mobile JKN* application as an innovation from BPJS Health to facilitate prospective participants and JKN-KIS participants in perform administrative activities.



Figure 1. BPJS-Health Counseling in Sanrobone Village, Sanrobone District, Takalar Regency

Characteristics of Respondents

This outreach activity on the use of the JKN mobile application was conducted on Thursday, January 13, 2022 at 14.00 WITA in the Sanrobone District Office Hall with a total of 20 respondents.

Table 1 Distribution of Respondents by Gender in Counseling on the Use *Mobile JKN* Applications in Sanrobone Village, Sanrobone District, Takalar Regency in 2022

Gender	N	%
Male	-	-
Female	20	100
Total		

Source: Primary Data

In table 1 above shows that in distribution of respondents based on gender in counseling the use of the *Mobile JKN* it was found that all respondents were female as many as 20 people (100%).

Table 2 Distribution of Respondents by Age on Counseling on the Use *Mobile JKN* Applications in Sanrobone Village,

Sanrobone District, Takalar Regency Year
2022

Age	N	%
21-30 Years	8	40
31-40 Years	12	60
41-50 Years	-	-
Total		

Source: Primary Data

Table 2 which shows the distribution of respondents based on age in counseling using the *Mobile JKN* application, it was found that the most respondents were in counseling These are aged around 31-40 years, namely 12 people (60%) and the rest are aged 21-30 years, namely 8 people (40%).

The BPJS-Health outreach activities and the use of *Mobile JKN* in Sanrobone Village, Sanrobone District, were considered to have met the indicators of success because they could provide increased understanding of BPJS-Health to the targeted cadres after counseling was conducted in Sanrobone Village, Sanrobone District, Takalar Regency.

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CONCLUSION

From the results of the research that has been done and the results of the data processing that has been stated above, it can be concluded that there is an increase in knowledge after BPJS-Health counseling is carried out. This means that BPJS-health counseling in Sanrobone Village, Sanrobone District is considered to have met the indicators of success because there was an increase in respondents' knowledge after the counseling was carried out.

SUGGESTION

The use of the *Mobile JKN* application can provide various conveniences for the community, especially the Sanrobone Village community in the management of BPJS Health so that the Sanrobone Village apparatus, puskesmas or health cadres are able to provide assistance or guidance to the community in the use of *Mobile JKN*.

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