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Predictors of Indonesian National Health Insurance Knowledge: A Cross-Sectional Study Among Public Health Students in Palembang

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ABSTRACT
Students, as agents of change, are expected to assist in reaching the success of the Indonesian National Health Insurance/*Jaminan Kesehatan Nasional (JKN)* program. Therefore, this study aimed to analyze the JKN knowledge among public health students and the associated factors in Palembang City, Indonesia. A cross-sectional online survey was conducted to collect data from 279 students at Universitas Sriwijaya in Palembang City, Indonesia. The analyzed variables included gender, age, marital status, residence, family size, income, study level and period, as well as source of JKN information. Additionally, statistical analysis using binary logistic regression, presenting odds ratio and 95% CI, was conducted to identify the determinants of JKN knowledge with significance set at a *p-value* <0.05. The results showed that 92.47% of respondents had low JKN knowledge with the following characteristics; female (93.83%), aged >20 years (92.93%), not married (93.75%), living in urban areas (90.24%), having family members >4 people (91.39%), income ≤UMR (93.38%), undergraduate level (93.70%), study period ≤2 years (93.89%), and receiving information from the Social Security Administration Agency for Health/*Badan Penyelenggara Jaminan Sosial Kesehatan (BPJSK)* (94.32%). The most associated variable with JKN knowledge was reside nce after being controlled by gender, study period, and information source variables. Specifically, respondents residing in urban areas (aOR = 10.73; 95% CI: 1.32–86.89) showed a higher likelihood of having good JKN knowledge than those in rural areas.

INTRODUCTION

Several countries around the world are implementing social health insurance schemes for financing health services. In Indonesia, this scheme was organized by the National Government through the implementation of the National Health Insurance/*Jaminan Kesehatan Nasional (JKN)* program in 2014. This program, administrated by the Social Security Administration Agency for Health or *Badan Penyelenggara Jaminan Sosial Kesehatan (BPJSK)* is crucial as part of the government efforts to achieve Universal Health Coverage (UHC).

Given that health services are crucial needs of every citizen, the government continually strives to build programs capable of improving these services. However, in Indonesia, the understanding of social health insurance is still very low due to the lack of exposure to vital information. A previous study reported that nearly half of the respondents had low perceptions of health insurance benefits.[1] This lack of understanding may result in low utilization of health insurance at primary care.[2]

Insurance participation is basically driven by government policy.[3] In Indonesia, National Health Insurance is implemented on the principle of cooperation and its participation is mandatory. In this context, contributions are based on a percentage of wages and are carried out on a non-profit basis, ensuring that individuals do not incur exorbitant costs for health services. To achieve the goals of UHC, people who have not become JKN participants are encouraged to register as Non-Receiving Wage Workers/*Pekerja Bukan Penerima Upah (PBPU).* Without an adequate understanding of insurance policies, UHC cannot be achieved, even where appropriate and acceptable services are accessible.[4] Individuals with a grasp of the general principles and functions of health insurance have a high chance of registering. This underscores the importance of awareness, which is defined as a condition between acquiring clear knowledge and individual behavior.[5]

Universities, as intellectual centers, can greatly contribute to the implementation of health policies. However, among students, awareness and knowledge about health insurance are still very low. A previous study conducted at a public university in the southeastern United States reported that students had limited knowledge of health insurance.[6] A similar study carried out in Nepal reported that more than half of the undergraduate students had poor health literacy.[7] Increased knowledge of health insurance among students is encouraged when illness occurs and requires health services.[8] Increasing health insurance literacy in populations such as students is essential to improve access to health care, with knowledge being one of the factors that shape literacy.[9] Knowledge of health insurance among university students is important in making decisions to enroll in health insurance and use health services.[10]

The Social Security Administration Agency for Health has developed collaborations with universities in Indonesia to help students realize UHC through the BPJSK *"goes to campus program"*. Students are intellectuals who can act as agents of change and are expected to understand the importance of JKN ownership for financial risk protection when sick and raise public awareness to voluntarily register. Therefore, it is very important to improve their understanding of the JKN program.

Measuring individual knowledge of health insurance is important for efficient health services, but less attention has been paid to this aspect. Therefore, this study aimed to analyze knowledge about JKN and its associated factors among public health students.

MATERIAL AND METHOD

This study used a descriptive-analytic method based on quantitative data with a cross-sectional design. The population comprised all students of the public health faculty at Universitas Sriwijaya in Indonesia. Although a minimum of 100 respondents was set for the survey, all students who were interested in participating were welcomed. All undergraduates in the first–fourth year and graduate students of the faculty participated in this study, totaling 279.

A self-administered questionnaire concerning JKN knowledge was first tested for its validity and reliability by distributing to 30 other public health students who were not part of the respondents. The correct answer to each question was given a score of 1, and the wrong answer was accorded a score of 0. Among the 12 questions, 11 were considered valid, resulting in

a questionnaire with a Cronbach Alpha of 0.70. Furthermore, data collection was carried out through an online survey using Google Forms.

The questions, which comprised socio-demographic characteristics of respondents and education-related aspects were considered to be important variables influencing health insurance knowledge. Informed consent was also gathered from the students, while the questionnaire about JKN knowledge comprised 11 questions, with each item containing two options, namely, "true" and "false". In this context, 1 point was given for a correct response, and 0 point was awarded for an incorrect answer, with the total knowledge score ranging from 0 to 11. Knowledge of respondents was grouped using Bloom's cut-off point, comprising good when the score was between 80 and 100% (9–11 true answers), and poor when less than 80% (<9 true answers).[11] To identify the characteristics of the respondents, descriptive statistics with frequency distributions were presented. Bi-variable analysis was conducted to assess the association of the independent variables with the dependent ones.

The binary logistic regression model was performed to determine the dominant factor associated with JKN knowledge. To estimate the strength of association between the independent variables and the JKN knowledge, an odds ratio, a 95% CI, and a *p-value* were presented. This study obtained ethical approval from the Ethics Committee of the Public Health Faculty at Universitas Sriwijaya number: 367/UN9.FKM/TU.KKE/2022. To maintain confidentiality, the personal identities of respondents were not included. Moreover, well-explained informed consent was gathered. Respondents were also given a right to participate or not, and answer all questions or quit the interview before completing all questions.

RESULTS

Table 1 shows the characteristics of the respondents, with the frequency and percentage for each variable. Based on the results, the majority of public health students in Palembang had poor knowledge regarding JKN (92.47%) dominated by women (87.10%), aged above 20 years (65.95%), unmarried (86.02%), residing in urban areas (73.48%), had four family members or more (54.12%). Moreover, the family income was mostly below the minimum regional wage (54.12%), the majority were undergraduate (91.04%), and only participated in study periods of less than two years (93.91%), For JKN, information sources were mostly obtained from BPJSK (82.08%).

Table 2 shows the distribution of knowledge regarding JKN. Respondents with low health insurance (JKN) knowledge were dominated by female (93.83%), aged >20 years (92.93%), not married (93.75%), living in urban areas (90.24%), had a large family size > 4 members (91.39%), had an income below the UMR (93.38%), undergraduate education (93.70%), study period ≤ 2 years (93.89%), and obtained JKN information from BPJSK (94.32%). As shown in Table 2, five variables were found to be associated with knowledge of students including gender, residence, study level, study period, and JKN information sources.

Table 1. Characteristics of Respondents

Variable	n=279	%
Knowledge of JKN		
Poor	258	92.47
Good	21	7.53
Gender		
Male	36	12.90
Female	243	87.10
Age		
18-20 Years	95	34.05
>20 Years	184	65.95
Marital status		
Not married	240	86.02
Married	39	13.98
Residence		
Rural	74	26.52
Urban	205	73.48
Family size		
Small (≤4 People)	128	45.88
Big (>4 People)	151	54.12
Family income		
≤UMR (Regional Minimum Wage)	151	54.12
>UMR (Regional Minimum Wage)	128	45.88
Study level		
Undergraduate	254	91.04
Graduate	25	8.96
Study period		
≤2 Years	262	93.91
>2 Years	17	6.09
JKN information sources		
Not from BPJSK	50	17.92
From BPJSK	229	82.08

Source: Primary Data, 2022

Table 3 shows that among the 11 JKN knowledge questions, a total of six were mostly answered incorrectly. The majority of the respondents did not know that type D hospitals were not the Referral Health Facilities/*Fasilitas Kesehatan Rujukan Tingkat Lanjutan (FKRTL)* for JKN participants (72.76%), JKN membership was mandatory for all Indonesians (54.12%), membership was permanent (76.70%), and referral programs could be obtained at FKRTL (66.67%). Moreover, a significant proportion of the respondents were not aware that JKN participants could select the First-Level Health Facilities/*Fasilitas Kesehatan Tingkat Pertama (FKTP)* preferred when registering (61.65%), and emergency services at FKRTL may be obtained without showing a referral letter from the FKTP (73.48%).

The outcome variable (JKN knowledge) was treated as a binary outcome, including "1" for good knowledge and "0" for poor knowledge. In this context, a total of six explanatory variables were considered in the multivariate model. The binary logistic analysis showed that gender, residence, study period, and source of information were significantly associated with JKN knowledge.

Table 2. The Difference in JKN Knowledge among Public Health Students in Palembang

Variable	Knowledge		*p-value*
	Poor	Good	
	%	%	
Gender			
Male	83.33	16.67	0.038*
Female	93.83	6.17	
Age			
18-20 Years	91.58	8.42	0.684
>20 Years	92.93	7.07	
Marital Status			
Not Married	93.75	6.25	0.092
Married	84.62	15.38	
Residence			
Rural	98.65	1.35	0.019*
Urban	90.24	9.76	
Family Size			
Small (≤4 peoples)	93.75	6.25	0.457
Big (>4 peoples)	91.39	8.61	
Family Income			
≤UMR (Regional Minimum Wage)	93.38	6.62	0.534
>UMR (Regional Minimum Wage)	91.41	8.59	
Study Level			
Undergraduate	93.70	6.30	0.029*
Graduate	80.00	20.00	
Study Period			
≤2 Years	93.89	6.11	0.005*
>2 Years	70.59	29.41	
JKN information sources			
Not from BPJSK	84.00	16.00	0.032*
From BPJSK	94.32	5.68	

Source: Primary Data, 2022
*Significant at the 0.05 level (2-tailed)

Table 3. The Distribution of Answers on JKN Knowledge among Public Health Students

Statement	Answer	
	True	False
	%	%
One of the first-level health facilities (FKTP) for JKN participants is the public health center	85.30	14.70
One of the referral health facilities (FKRTL) for JKN participants is a type D hospital	27.24	72.76
The JKN program is organized by the Social Security Administration Agency for Health (BPJSK)	99.64	0.36
Participation in the National Health Insurance (JKN) is mandatory for all Indonesians	45.88	54.12
JKN membership is valid for life unless changing nationality	23.30	76.70
The referral program for JKN participants can be obtained at FKRTL	33.33	66.67
JKN participants in the contribution assistance segment/*Penerima Bantuan Iuran (PBI)* are the poor and the poor whose contributions are paid by the government	73.48	26.52
Non-wage workers are independent respondents who do not receive assistance in paying JKN contributions	79.21	20.79
Payment of JKN dues no later than the 1st of every month	51.61	48.39
JKN participants cannot choose the desired FKTP when registering	38.35	61.65
JKN participants can obtain emergency services at FKRTL by showing a referral letter from the FKTP	26.52	73.48

Source: Primary Data, 2022

Table 4 shows the results of the multivariate analysis. The variables risk factors for JKN knowledge included female students (OR = 0.17; 95% CI: 0.05 – 0.59), living in the urban area (OR = 10.73; 95 % CI: 1.32 – 86.89), study period >2 years (OR= 10.02; 95% CI: 2.62 – 38.37), and JKN information sources from BPJSK (OR=0.15; 95% CI: 0.05 – 0.47).

DISCUSSION

In this study, the majority of the respondents were female, reflecting the prominence of female public health students in Palembang. Based on the statistical analysis results, there was a significant relationship between gender and knowledge about JKN (*p-value* = 0.038). Poor health insurance knowledge was found in the female students (93.83%). This result was consistent with a previous study stating that gender had a significant effect on low knowledge of health insurance among artisans in Ekiti State, Nigeria.[12] Another study also stated that health literacy among students was influenced by demographic characteristics, namely gender.[13] However, the results differed from Kaklottar (2019) which found no relationship between gender and knowledge among nursing staff in hospitals.[14] The difference may be due to the use of varying respondent groups and living areas.

The statistical analysis results further showed that there was no significant relationship between age and knowledge about JKN (*p-value* = 0.684), probably due to the limited variation in age grouping. This was consistent with a previous study conducted in Ahmedabad District, India, where socio-demographic variables, such as age, had no significant relationship with knowledge.[14] In contrast, a study carried out in Katsina State, Nigeria found that age had a significant correlation with health insurance knowledge among the community.[15] JKN knowledge can influence participation, with age playing a significant role. A similar investigation also stated that age could predict health insurance literacy.[16]

Based on the results, there was no significant relationship between marital status and knowledge about health insurance among public health students (*p-value* = 0.092). In a previous study conducted at Pargarutan village, the results showed that marital status was not significantly related to BPJS service utilization.[17] Conversely, in another study, marital status was found to have a significant effect on the probability of getting health insurance.[18]

This study underscored the role of government in achieving UHC through effective socialization.[19] Based on the statistical test results, the residence had a significant correlation with the level of JKN knowledge among public health students (*p-value*=0.026 and an adjusted OR of 10.73). This implies a 10.73 times higher risk of exposure to JKN knowledge in urban areas. The result was consistent with a previous study showing that

low health literacy increased a disparity in healthcare utilization among urban society in China.[20] Health insurance providers can use social media to increase opportunities for rural communities to obtain information.[21] A study conducted in rural South India stated that the majority of the respondents were not aware of government health insurance schemes due to a lack of campaigns.[22]

The statistical test results showed that there was no significant relationship between the number of family members and the JKN knowledge of public health students (*p-value* = 0.457). Similar results were found among the community in Nigeria where the number of household members did not significantly affect knowledge of health insurance.[15] However, a study carried out in Bhaktapur District of Nepal showed that family number was significantly associated with health utilization.[23] Knowledge gap in health insurance literacy is a challenge for families to access health services and treatment.[24] The greater the number of family dependents, the higher the JKN contribution required, and this will affect membership. The study performed in Nepal reported that households with more than four family members were more likely to register for health insurance.[25] Among farmers in Banyuasin Regency, the number of family members also affected JKN membership.[26]

Based on the statistical test results, there was no significant relationship between family income and JKN knowledge among public health students (*p-value* = 0.534). A previous study reported that more than four-fifths of the respondents had poor knowledge of health insurance. One of the factors associated with low health insurance knowledge was family income.[12]

Table 4. Multivariate Analysis of Predictors of JKN Knowledge among Public Health Students

Variable	Initial Model				Final Model			
	p-value	Crude OR	95% CI		*p-value*	Adjusted OR	95% CI	
			Lower	Upper			Lower	Upper
Gender	0.005*				0.005*			
Male (ref)		1				1		
Female		0.18	0.55	0.59		0.17	0.05	0.59
Marital Status	0.911				-	-		
Not Married (ref)		1						
Married		0.89	0.12	6.72				
Residence	0.026*				0.026*			
Rural (ref)		1				1		
Urban		10.71	1.33	86.50		10.73	1.32	86.89
Study Level	0.779				-	-		
Undergraduate (ref)		1						
Graduate		0.67	0.04	10.69				
Study Period	0.064				0.001*			
≤2 years (ref)		1				1		
>2 years		14.21	0.86	234.55		10.02	2.62	38.37
JKN Information Sources	0.046*				0.001*			
Not from BPJSK (ref)		1				1		
From BPJSK		0.14	0.02	0.97		0.15	0.05	0.47

Source: Primary Data, 2022

*Significant at the 0.05 level (2-tailed)

Adults with higher educational status have better health due to accessible healthcare.[27] The statistical test results showed a significant relationship between education level (*p-value* = 0.029) and study period (*p-value* = 0.005) with JKN knowledge of public health students. A well-educated person tends to have better thinking skills when processing information. This heightened cognitive function is particularly beneficial in recognizing disease symptoms, fostering a desire to learn more about JKN, use the services, and play an active role in overcoming health problems. In other words, people with higher education tend to value health more as an investment and use related services. Education has a positive effect on health insurance participation. As stated in a previous study, communities with a high level of education showed an increased understanding and awareness of good health insurance.[19]

Improving health literacy requires several effective communication methods, such as the teach-back method, visualizing, summarizing, and repeating information.[28] A previous study illustrated the importance of using various media to disseminate information on health insurance schemes to support increased knowledge.[29] Based on the statistical test result, there was a significant relationship between the source of information from the JKN organizing agency and knowledge of public health students (*p-value* = 0.032). The adjusted OR of 0.15 means that exposure to information from BPJSK has a 0.15 chance of increasing knowledge. This underscores the importance of BPJSK improving its information dissemination to the public. The more information provided clearly and reliably, the more the likelihood of people using the available health facilities. Furthermore, high social health insurance literacy correlates with community participation when coupled with socialization through effective media. A low intensity of socialization can lead to failure to understand the benefits of JKN.[30] In this context, social media is an interesting strategy for information dissemination and can promote knowledge exchange.[31] A previous study showed how the dissemination of inaccurate health information might impact perceptual barriers.[32] Awareness and knowledge are important to increase the coverage of the social security scheme.[33]

CONCLUSION AND RECOMMENDATION

In conclusion, the variable most associated with JKN knowledge among public health students in Palembang City was residence after being controlled by gender, study period, and JKN information sources. Respondents residing in urban areas had a 10.73 higher likelihood of having good JKN knowledge compared to those in rural areas. At the 95% confidence level, residence was identified as the dominant factor for students to have good knowledge about JKN, with an interval range of 1.32 to 86.89. Furthermore, the results underscored the need for BPJSK to provide more resources to improve knowledge among the students. Effective socialization and communication activities should be implemented using various media to improve students understanding of health insurance.

AUTHOR CONTRIBUTIONS

AA contributed to the design and implementation of the study, analysis of the results, and writing of the paper. P contributed to the analysis and writing of the manuscript. All authors have read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

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