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# Protecting the community: improving knowledge, attitude, and behavior towards health insurance

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## ABSTRACT

Indonesia has implemented the National Health Insurance (*Jaminan Kesehatan Nasional*/JKN) program administered by the Health Care and Social Security Agency (*BPJS Kesehatan*) to improve the quality of community health and well-being. National Health Insurance implementation has had many challenges in eight years, such as complicated registration, premiums, unsatisfactory services, and lack of community participation. Policies regarding JKN should be better known and understood. This study aimed to know the knowledge, attitudes, and behavior towards health insurance that will be useful for stakeholders to develop public policies. This study was conducted in Umbulsari B sub-village in Sumberharjo, Prambanan, Yogyakarta, the lowest area of JKN participation based on Sleman HDSS data. We used a cross-sectional study design among 91 respondents who filled out a paper sheet questionnaire that consisted of five sections: demographic characteristics and insurance participation, knowledge, attitudes, actions, and satisfaction with the JKN program; the community service activities; coordination with local stakeholders; JKN participation identification using CHIKA; and educational media production and publication. Local stakeholders said that awareness about JKN is low. The Chat Assistant JKN (CHIKA) data identification from 529 IDs showed that 78.1% had become JKN participants, and 73.3% were "active". The respondents correctly answered most of each knowledge point (score >90%). However, there were several aspects that respondents disagreed with: "every participant will get the same health services (19.78%) in attitude points, and health workers in health facilities do not discriminate (21.21%) in satisfaction points. Additionally, 21.21% of respondents rarely use health services routinely for medical check-ups. We developed educational media about the importance of JKN, as well as using CHIKA and Pandawa tutorials. Education about health insurance needs to be done continuously according to the local cultural context and innovations so that the community remains protected from the financial burden of accessing health services.

**Keywords:** Attitude; behavior; health insurance; knowledge; Indonesia.
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## INTRODUCTION

Improving the quality of public health is essential in increasing the community's health status. To enhance the good quality of community health and well-being, starting January 1, 2014, the Government of Indonesia implemented the National Health Insurance (*Jaminan Kesehatan Nasional*/JKN) program administered by the Health Care and Social Security Agency (*BPJS Kesehatan*). JKN has been appointed as the national insurance for the Indonesian people, which means it is a guarantee of protection of good health and well-being. JKN aims at preventive health care, curative treatment, and emergency treatment. Low-income members are subsidy beneficiaries whose premium is paid by the government. For employed workers, the premium is split by the employer and the employee. Independent workers and non-workers must pay the premium themselves. JKN provides many benefits to the people of Indonesia because JKN premiums tend to be more affordable with a complete package of benefits, including inpatient, outpatient, pregnancy and childbirth, which is fully guaranteed without requiring a maximum cost limit.[1]

Implementing JKN presents many challenges, such as a complicated registration process, unsatisfactory services, an inpatient room unsuitable for the type of JKN class, and a lack of community participation. These may be due to a lack of public knowledge about enrolment procedures, how it works, and the importance of JKN membership.[2] Based on BPJS Health data as of March 31, 2022, the number of participants in the JKN program reached 238 million people or about 87% of the population in Indonesia.[3] However, Sleman Health and Demographic Surveillance System (Sleman HDSS) data in 2019 showed that many people still do not have JKN coverage.[4]

Sleman HDSS is a surveillance system that collects population transition data, health status and social transition information periodically within a certain period in Sleman Regency[4]. Based on Sleman HDSS data, 81.3% participated in the JKN program, with Seyegan (85%),

Minggir (84.4%), and Kalasan (83.7%) as the three highest sub-districts, and Tempel (77.6%), Cangkringan (76.7%), Prambanan (74.1%) as the three lowest sub-districts.[4] The lowest number of JKN participants was in the Prambanan sub-district (74.1%). Prambanan has six administrative villages and the lowest JKN participation was in Sumberharjo Village (55.8%).[4]

Community participation is an important part of achieving Universal Health Coverage (UHC), where the Indonesian healthcare system is transitioning with the target of providing health insurance for all communities. Government policies regarding JKN should be better known and understood by all Indonesians. Thus, this study aimed to know the knowledge, attitudes and behavior of the members of Umbulsari B sub-village in Sumberharjo village towards health insurance. The results of this study will be helpful for stakeholders to develop public policies aimed at increasing JKN membership and maximizing the JKN program.

## METHODS

Nested study and community service were implemented in Sleman HDSS area in Umbulsari B, Sumberharjo, Prambanan, Sleman, DI Yogyakarta which has the lowest number of JKN participation. Data collection and research activities were conducted from April 2021 – November 2021. We had five steps: 1) Coordination with local stakeholders; 2) JKN participation data identification; 3) Nested study with cross-sectional study design about knowledge, attitudes, and behavior towards health insurance; 4) Educational media production; and 5) Community service about JKN participation.

The first step was communication and coordination with the head of Sumberharjo village (*Kepala Desa* Sumberharjo) and the head of Umbulsari B sub-district village (*Kepala Dukuh* Umbulsari B). We asked about JKN problems in the community, expectation activities and outcomes, and steps to retrieve local data such as the number of households, number of JKN participation, and national identification numbers (*Nomor Induk Kependudukan*/ NIK).

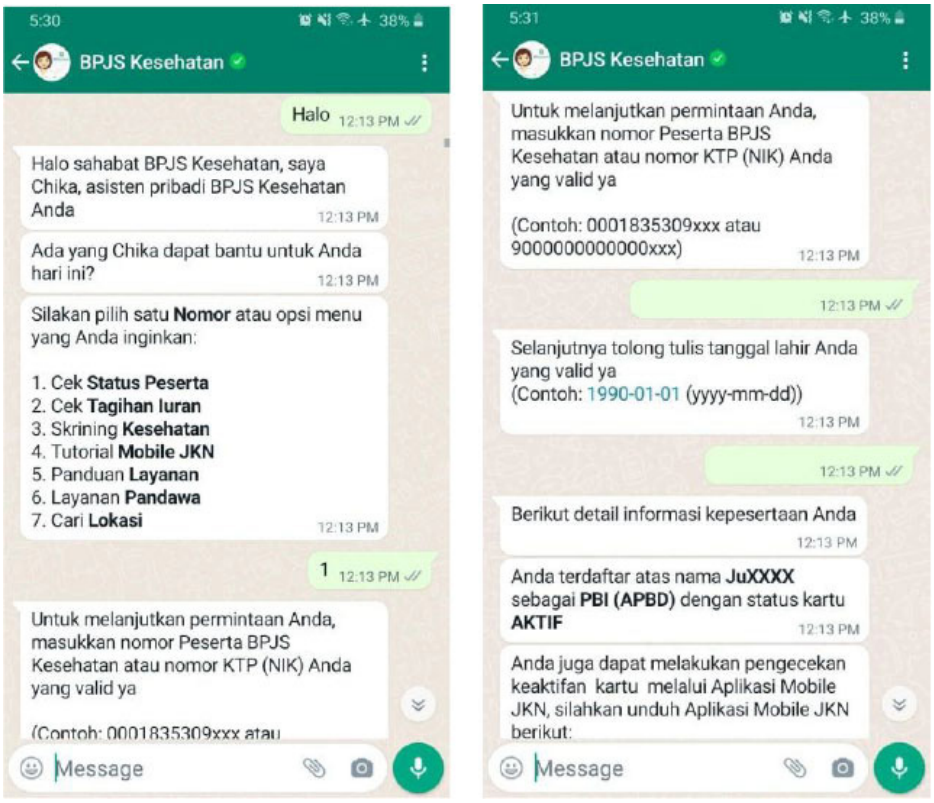



**Figure 1.** CHIKA on WhatsApp Platform.

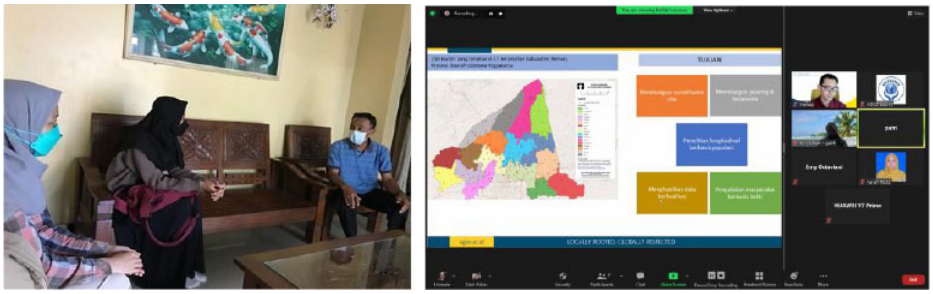


**Figure 2.** Discussion and coordination with stakeholders.

The second step was identifying JKN participation data to determine the distribution of JKN participation in the Umbulsari B sub-district. Checking JKN participant data using Chat Assistant JKN (CHIKA), by entering NIK and date of birth were obtained from local government data. CHIKA, is a service of information through chatbots that is automatically responded to by systems or artificial intelligence through social media platforms such as WhatsApp (Figure 1), Telegram and Facebook Messenger. Through this CHIKA, JKN participants can access services to check participant status, check bills, participant registration, make changes in health facility data, as well as information on the location of health facilities or the nearest BPJS Kesehatan office via WhatsApp (08118750400), Facebook (BPJS Kesehatan RI) or Telegram (https://t.me/BPJSKes_bot).

A cross-sectional study design was used among 91 respondents for the third step. The population of this study involved adults aged ≥20 years and residing in Umbulsari B. The questionnaire consisted of five sections: (1) demographic characteristics and insurance participation (initial, gender, the number of household members, education, occupation, income, type of insurance, monthly premium, insurance utilization), (2) knowledge (general knowledge about BPJS, general knowledge about JKN, JKN benefit, JKN procedure), (3) attitudes, (4) actions, and (5) satisfaction with JKN program. While the demographic and insurance

participation questionnaire section used multiple choice questions, the knowledge questionnaire section consisted of 10 true or false questions and one free text question. The attitude, action, and satisfaction questionnaire section used a Likert scale (1-4). This questionnaire used references from Sleman HDSS and Tarigan (2016) with modifications[5]. This study involved local stakeholders (the head of Umbulsari B sub-village and the head of hamlet/RW) in collecting data. The researchers provided a guideline and the questionnaire paper sheet, then gave them to each community leader (RW) to be given to the respondents. Data were analyzed descriptively to explore the characteristics of respondents, insurance participation, knowledge, attitudes, actions, and satisfaction with health insurance.

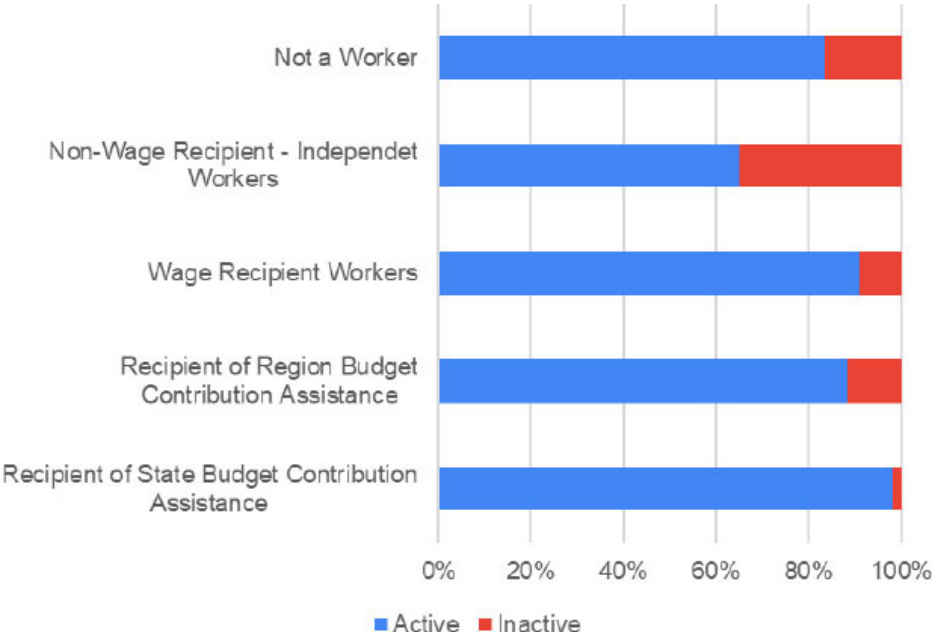



**Figure 3.** JKN participations.

**Table 1. Characteristic of respondents.**

| Variable | n=91 | % |
|---|---|---|
| **Age group** | | |
| 15-24 | 3 | 3.30 |
| 25-34 | 19 | 20.88 |
| 35-44 | 32 | 35.16 |
| 45-54 | 20 | 21.98 |
| 55-64 | 9 | 9.89 |
| >=65 | 2 | 2.20 |
| missing | 6 | 6.59 |
| Gender | | |
| Male | 59 | 64.84 |
| Female | 32 | 35.16 |
| Education level | | |
| Not attending school | 5 | 5.49 |
| Low (elementary school) | 18 | 19.78 |
| Medium (junior-senior high school) | 60 | 65.93 |
| High (university) | 7 | 7.69 |
| Don't know | 1 | 1.1 |
| Occupation | | |
| Laborer | 39 | 42.86 |
| Homemaker | 27 | 29.67 |
| Farmer | 10 | 10.99 |
| Service business | 4 | 4.4 |
| Private employee | 5 | 5.49 |
| Fieldworker | 1 | 1.1 |
| Students | 1 | 1.1 |
| Service servant | 1 | 1.1 |
| Retired | 1 | 1.1 |
| Unemployed | 1 | 1.1 |

The data results became material for understanding the JKN problems in the community and determining the community service activities and education media. Educational media involved the local community leaders, BPJS Kesehatan Sleman branch, JKN community workers and the research team. Within local data and cross-collaboration, the educational media should be appropriate to local conditions and easily understood by the communities. The last step was community service and education to increase the knowledge about the JKN program and services. We obtained ethical approval for this study from the Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada - Dr. Sardjito General Hospital Universitas Gadjah Mada, Yogyakarta. Indonesia (KE/FK/1034/EC/2021).

## RESULTS

### Discussion and coordination

Coordination with local stakeholders included the head of Sumberharjo village (*Kepala Desa* Sumberharjo), the head of Umbulsari B sub-district village (*Kepala Dukuh* Umbulsari B), BPJS Kesehatan Sleman branch, and JKN community workers as shown in Figure 2. Several problems were identified, such as difficulties paying a premium. Most of the respondents are farmers and unskilled laborers with unstable incomes. The local government has tried to propose subsidizing the premium for low-income members through various schemes such as the "Recipient of State Budget Contribution Assistance" or "Recipient of

**Table 2. Characteristics of respondents with JKN (n=66).**

| Variable | n=66 | % |
|---|---|---|
| Type of insurance owned | | |
| JKN Subsidized | 19 | 28.78 |
| JKN Non-Subsidized: Wage Recipient Workers | 4 | 6.06 |
| JKN Non-Subsidized: Non-Wage Recipient - Independent Workers | 7 | 10.61 |
| JKN Non-Subsidized: Not a Worker | 4 | 6.06 |
| Sleman Regional Health Insurance | 9 | 13.64 |
| Social Health Insurance for independent participants | 1 | 1.52 |
| Social Health Insurance | 4 | 6.06 |
| Insurance from Company (employer) | 2 | 3.03 |
| Don't Know | 14 | 21.21 |
| missing | 2 | 3.03 |
| Duration of being a JKN Participant | | |
| 1 year s.d 3 year | 8 | 12.12 |
| 6 months s.d 1 year | 1 | 1.52 |
| < 6 months | 2 | 3.03 |
| > 3 year | 51 | 77.27 |
| missing | 4 | 6.06 |
| Health Service Utilization (12 months) | | |
| 5-10 times | 11 | 16.67 |
| <5 times | 39 | 59.09 |
| >10 times | 11 | 16.67 |
| missing | 5 | 7.58 |
| Insurance Utilization | | |
| Medical Check-up | 21 | 31.82 |
| Referrals | 20 | 30.30 |
| Emergency | 12 | 18.18 |
| Sick | 7 | 10.61 |
| Others | 3 | 4.55 |
| missing | 3 | 4.55 |
| Primary Health Care Facility | | |
| General Practitioner Practice | 21 | 31.82 |
| Government Primary Health Centre (PHC) | 36 | 54.55 |
| Private Primary Clinic | 5 | 7.58 |
| missing | 4 | 6.06 |

**Table 3. Knowledge about BPJS Kesehatan (n= 91).**

| Variable | True | % |
|---|---|---|
| Full form of BPJS | 75 | 94.51 |
| The program goal of BPJS | 83 | 98.90 |
| Not a BPJS online service | 59 | 84.62 |
| The benefit of BPJS online service | 70 | 94.51 |
| JKN subsidized category | 54 | 93.41 |
| Non-emergency treatment procedure | 82 | 94.51 |
| BPJS referral procedure | 71 | 95.60 |
| Health services guaranteed by BPJS | 86 | 95.60 |
| Health services not guaranteed by BPJS | 73 | 95.60 |
| BPJS health care facility | 82 | 95.60 |

Region Budget Contribution Assistance". They expressed confusion caused by the many guidelines about low-income members' categories.

Meanwhile, the middle and upper-income residents are jealous that they were supposed to pay the premium themselves. Also, some of the community members do not know about the benefits of JKN, how to use JKN, how to check the status of JKN, JKN terms, conditions, and administration. They are unaware that JKN may be used for medical screening and preventive treatment. Based on their health-seeking behavior, they look for health facilities until they are unable to work. Because of this condition, the community needs more information about the JKN program and simple educational media. In collaboration with Sleman HDSS, local government, and JKN community workers, we initiated making educational media and community services about the JKN program and participation.

### JKN participation

JKN participation data identification through CHIKA (529) showed that 78.1% (413) had become JKN participants, 73.3% were "active", 4.7% were "inactive", and 21.9% (116) were not yet included in the National Insurance Program as shown in Figure 3. Data were obtained from the local government, and from Umbulsari B residents. These findings were submitted to the head of Umbulsari B sub-district village (*Kepala Dukuh* Umbulsari B) to be used for evaluation and decision-making in making public policies.

A total of 91 respondents filled out the questionnaires related to attitudes, actions and satisfaction with JKN. Most of the respondents are male (64.84%), 35-44 years old (35.16%), medium education level (65.93%) and laborers (42.86%) explained in Table 1.

Of 91 respondents, 66 (72.52%) have JKN, and most of them are JKN subsidized (28.78%). The majority had been members of JKN for more than three years (77.27%), and most of them used JKN less than five times (59.09%) for the need of a medical check-up (31.82%). The government's Primary Health Center (PHC) is used the most by respondents (54.55%) in Table 2.

Concerning the questions of general knowledge of BPJS, most of the respondents have good knowledge. Every point was answered correctly by more than 90%. However, questions related to BPJS online services could only be answered correctly by 84.62% of respondents as shown in Table 3. Based

**Table 4. Attitudes regarding health services in health facilities (n=91).**

| No | Variable | Strongly Agree | | Agree | | Disagree | | Strongly Disagree | | missing | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % | n | % |
| 1 | BPJS have carried out good socialization regarding the registration process and the benefit of JKN participation | 15 | 16.48 | 65 | 71.43 | 4 | 4.40 | 2 | 2.20 | 5 | 5.49 |
| 2 | Indonesians should be a JKN participant | 25 | 27.47 | 45 | 49.45 | 11 | 12.09 | 3 | 3.30 | 7 | 7.69 |
| 3 | Upper and middle income must become JKN participant and pay the premium themselves | 24 | 26.37 | 53 | 58.24 | 7 | 7.69 | 2 | 2.20 | 5 | 5.49 |
| 4 | JKN participants should do a medical check-up regularly or immediately seek a health facility if they experience symptoms of illness | 28 | 30.77 | 53 | 58.24 | 5 | 5.49 | 0 | 0 | 5 | 5.49 |
| 5 | JKN participants should use health facilities that become BPJS health facilities member | 23 | 25.27 | 58 | 63.74 | 5 | 5.49 | 0 | 0 | 5 | 5.49 |
| 6 | JKN participants have more advantages when using health service | 28 | 30.77 | 53 | 58.24 | 4 | 4.40 | 0 | 0 | 6 | 6.59 |
| 7 | JKN participants get cheaper health costs compared to non-participants | 35 | 38.46 | 44 | 48.35 | 6 | 6.59 | 1 | 1.16 | 5 | 5.49 |
| 8 | JKN participants will get the same health services compared to non-participants | 21 | 23.08 | 47 | 51.65 | 18 | 19.78 | 0 | 0 | 5 | 5.49 |
| 9 | Increasing health status for low-income participant | 22 | 24.18 | 56 | 61.54 | 8 | 8.79 | 0 | 0 | 5 | 5.49 |
| 10 | JKN protects people falling into poverty | 17 | 18.68 | 54 | 59.34 | 9 | 9.89 | 5 | 5.88 | 6 | 6.59 |

on the attitude questions section, the points of "good socialization" and "JKN participant should use health facilities that become BPJS health facilities members" were mostly agreed with by 71.43% and 63.74%, respectively. Furthermore, the "All Indonesians should be a JKN participant" and "JKN participants will get the same health service compared to non-participants" were mostly disagreed with (12.09%) and (19.78%), respectively, as explained in Table 4.

The action questionnaire section was answered by some of the JKN participants (n= 66). The question "Choosing health services in health facilities compared to alternative medicine" is the most answered by respondents (63.64%). Meanwhile, the point "Using JKN for a routine medical check-up" is rarely chosen by respondents (Disagree 21.21%, Strongly Disagree 10.61%), as shown in Table 5. The satisfaction questionnaire section was answered by some of the JKN participants (n= 66). For "Communication between health workers and patients goes well and listening to patient complaints", many respondents agreed with as many as 74.24%. Furthermore, "Health workers DO NOT discriminate between JKN participants and non-participants" is a point some respondents disagreed with (21.21%), as explained in Table 6.

## Educational media production

Education is essential in helping people change their behavior and increase awareness to control their health. Educational media are widely used, such as posters and videos. Previous research showed that giving education through posters and videos effectively changes people's behavior (Rahmatina and Erawati, 2020). We made leaflets and videos about the importance of JKN, as well as how to use CHIKA and Pandawa tutorials (Figure 4), which were simple and attractive so that they could be accepted by the community more readily. Leaflets were printed and distributed during the community service efforts, and we also showed the videos. Our videos have been published on YouTube (https://www.youtube.com/watch?v=z7EyP4wUvg8), which can be accessed anytime, easily, and by anyone.

## Community service

Community service activities promoted information about JKN participation. The community service attended by 30 residents was held on Sunday, November 21, 2021, at 09.00-12.00 WIB, offline with the COVID-19 protocols at the Umbulsari B Padukuhan Meeting Building, Sumberharjo, and Prambanan, presented by JKN community workers and study team members. The activity went well, and the participants were very enthusiastic. Community service was done to increase the knowledge and awareness of the importance of participating in JKN. In general, the material contained: the results

**Table 5. Actions of respondents as JKN participants in the utilization of health services (n=66).**

| No | Variable | Strongly Agree | | Agree | | Disagree | | Strongly Disagree | | missing | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % | % | n |
| 1 | Choosing health services in health facilities compared to alternative medicine (cupping, traditional healers, healers) | 42 | 63.64 | 7 | 10.61 | 4 | 6.06 | 10 | 15.15 | 3 | 4.55 |
| 2 | Using JKN when feeling illness | 36 | 54.55 | 21 | 31.82 | 5 | 7.58 | 1 | 1.52 | 3 | 4.55 |
| 3 | Using JKN for routine medical check-ups | 26 | 39.39 | 17 | 25.76 | 14 | 21.21 | 7 | 10.61 | 2 | 3.03 |
| 4 | Using JKN for referral procedures (from primary health facility to hospital) | 36 | 54.55 | 10 | 15.15 | 12 | 18.18 | 5 | 7.58 | 3 | 4.55 |
| 5 | Using JKN for emergency | 32 | 48.48 | 14 | 21.21 | 8 | 12.12 | 10 | 15.15 | 2 | 3.03 |

**Table 6. Satisfaction of JKN participants in the utilization of health services (n=66).**

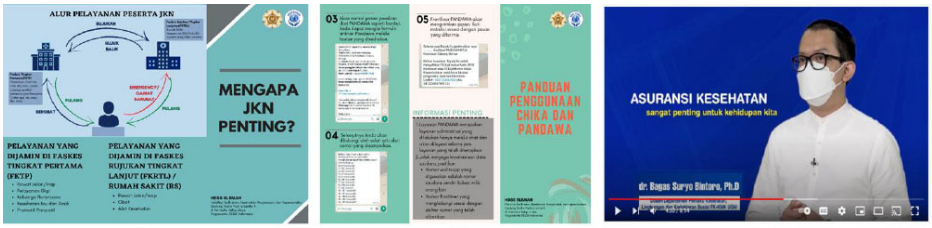
| No | Variable | Strongly Agree | | Agree | | Disagree | | Strongly Disagree | | missing | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % | % | n |
| 1 | Health facilities are adequate to provide optimal health service for JKN participants | 15 | 22.73 | 44 | 66.67 | 3 | 4.55 | 1 | 1.52 | 3 | 4.55 |
| 2 | Health workers provide good service and treatment for JKN participants | 15 | 22.73 | 45 | 68.18 | 3 | 4.55 | | 0.00 | 3 | 4.55 |
| 3 | Health workers show good response to provide good service for JKN participants | 19 | 28.79 | 40 | 60.61 | 3 | 4.55 | 1 | 1.52 | 3 | 4.55 |
| 4 | JKN guarantees optimal health services (medicine availability, supporting facilities, etc.) | 15 | 22.73 | 41 | 62.12 | 6 | 9.09 | 1 | 1.52 | 3 | 4.55 |
| 5 | Health workers show empathy and care for JKN participants | 13 | 19.70 | 46 | 69.70 | 3 | 4.55 | 1 | 1.52 | 3 | 4.55 |
| 6 | Communication between health workers and patient goes well, and they are able to listen to the patient's complaint | 13 | 19.70 | 49 | 74.24 | 1 | 1.52 | | 0.00 | 3 | 4.55 |
| 7 | JKN facilities provide trusted health care and service | 15 | 22.73 | 43 | 65.15 | 6 | 9.09 | | 0.00 | 2 | 3.03 |
| 8 | Health workers DO NOT discriminate between JKN participants and non | 15 | 22.73 | 34 | 51.52 | 14 | 21.21 | 1 | 1.52 | 2 | 3.03 |
| 9 | Health workers are polite in providing health care and service for JKN participants | 17 | 25.76 | 44 | 66.67 | 2 | 3.03 | 1 | 1.52 | 2 | 3.03 |
| 10 | Health facilities are accessible for JKN participants | 11 | 16.67 | 44 | 66.67 | 2 | 3.03 | 2 | 3.03 | 7 | 10.61 |

of identifying problems and solutions, understanding BPJS and JKN, benefits of JKN participants, JKN registration process and procedure, and introduction to CHIKA and PANDAWA online applications.

## DISCUSSION

In general, respondents had knowledge about BPJS. However, most of the respondents did not understand JKN online services. Respondents mostly agreed on "good promotion by BPJS health" and "JKN participants should use BPJS health care facility". However, we found high disagreement on "All Indonesians should join JKN" and "JKN participants will get the same health services compared to non-participants". Most of the respondents use JKN when they feel ill. However, only a few respondents use JKN for routine medical check-ups. "Good communication between health workers and patients and being able to listen to the patient's complaint" was the most respondents agreed on. "Health workers DO NOT discriminate between JKN participants and non-participants" is a point that many respondents disagreed with.

Most of the respondents are from JKN PBI insurance groups. This condition is similar to research conducted in 17 FKTPs in Yogyakarta, which found most of the




(a) (b) (c)

**Figure 4.** Educational Media: (a) Leaflet about JKN, (b) Leaflet about CHIKA and PANDAWA, (c) Video about JKN.

people are in JKN PBI groups (42.8%).[6] Factors influencing health insurance coverage were age, education level, wealth quintile, residence, marital status and earnings. The government must consider the characteristics and demographic conditions to achieve maximum health insurance coverage.[7] Independent national health insurance (INHI) is also an important part. The ownership of INHI is influenced by the following factors: age, urban, wealth, and history of chronic disease.[8]

The sustainability of paying for independent participants could reduce the government's burden. To improve payment contribution, the NHI should pay attention to internal factors of participants (understanding of the INHI program, financial ability and self-attitudes), improve proper socialization, mechanisms for collecting beneficiary contributions, and strengthen the healthcare system, both for services and the implementation of the financing system.[9]

Based on this activity, respondents had good knowledge but not in all JKN services. Direct socialization to the stakeholders, cadres and community was a strategy to improve knowledge in the community about JKN. The community has to know the importance of JKN. In addition, another study showed that the quality of health services in health facilities in terms of tangibles, reliability, responsiveness, assurance and empathy are related to BPJS participant satisfaction.[10] In this study, public knowledge related to JKN was in the good knowledge category with a value of more than 90%. This result is in line with research conducted in 2016 in Bandung that found 72.5% of the public have good knowledge of JKN.[11]

Additionally, the attitude value towards JKN is good with a value of 88%. In line with research in the City of Kediri, the majority have a positive attitude towards BPJS Health with as many as 96.2%.[12] The value of satisfaction with BPJS Health in this study is good, which was 74.24%. In line with the 2017 research conducted in Medan, the community has a fairly good satisfaction value of 71.8%.[13]

The Indonesian government needs to improve the quality of the JKN program and develop policies according to local problems with the local culture approach. In rural areas, young people are potential targets and those who are socially vulnerable (low education, unemployed, and poor).[14] Focusing on targets with poor education can significantly increase JKN membership in Indonesia.[14] Socialization in the community needs local government and community figures. The Health Care and Social Security Agency is advised to establish JKN community workers (cadres) to perform specific functions, namely the function of socialization (social marketing), recruiting, reminders and collection of contributions by each JKN cadre forming a community group to determine the characteristics of different communities.[15]

JKN community workers need to monitor participation status and encourage people to update their insurance status if needed. Socializing the JKN online services (CHIKA and PANDAWA) makes it easier for the community. Non-registered household members should immediately report to JKN community workers or register through online self-registration.

This research has several shortcomings. After the questionnaires were distributed to respondents, many did not return the completed forms to the researchers (unfilled). Also, not many respondents participated in the socialization/ community empowerment (because of social restrictions during COVID-19), so there was not much that could be done for pre-test and post-test analysis. As a mitigation effort, the researchers have followed up through the head of hamlet (RW) to get the community responses.

For further research, we suggest the assessment with local stakeholders using in-depth interviews or focus group discussions on capturing community problems thoroughly. Interventions are needed to help increase JKN participation in the regions that are more implementable and assess opportunities for program sustainability. For example, it is important to find new funding sources for JKN contributions. Monitoring needs to be conducted regularly so that the community is ensured and reassured that their health is financially protected.

## CONCLUSIONS

In general, knowledge about JKN was good, but not in all JKN services, especially in online services. Among the respondents, their attitude was good, but the responsibility to join JKN was low. They were mostly using JKN when ill, but not for routine medical check-ups. Satisfaction with the JKN program was very good, but they felt there was some discrimination against non-JKN participants. Promoting health insurance needs to be done continuously according to the local cultural context. Thus, the community remains protected from the financial burden of accessing health care services.

## ACKNOWLEDGEMENTS

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## CONFLICT OF INTERESTS

The authors stated that they have no conflict of interest in this paper.

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