

Overview of Participant and Utilization of National Health Insurance by Informal Workers in Sedayu

Safirina Aulia Rahmi¹, Este Latifahanun², Mahardika Ratih Resti Andani³, Rokhayati⁴, Sarif Febriandi⁵

Program Studi Administrasi Kesehatan Universitas Islam Mulia Yogyakarta

Article Info	ABSTRACT
<p>Keywords: Health Insurance (JKN), Informal sector workers, Participation, Utilization.</p>	<p>The low participation of informal sector workers in the National Health Insurance (JKN) program remains a significant barrier to achieving universal health coverage in Indonesia. Despite government efforts to expand JKN participant, many informal workers remain uninsured or inactive due to various socio-economic and structural challenges. Limited awareness, financial constraints, administrative difficulties, and perceptions of health service quality contribute to low participation and service utilization. This issue is critical as informal workers make up a large proportion of Indonesia's workforce, and their exclusion from JKN coverage poses risks to individual and public health. Understanding the factors that influence JKN participation and utilization among informal workers is critical to developing targeted interventions to increase coverage and improve access to health services. This study aims to analyze the factors influencing JKN participation and service utilization among informal workers. Using a quantitative approach, data were collected from 30 respondents in Sedayu through structured questionnaires. The results indicate that only 33.3% of respondents were registered and active participants, while 53.4% were either unregistered or unaware of their enrollment status. The primary reasons for non-enrollment were the lack of JKN socialization (70%) and the perception that insurance was unnecessary due to good health (30%). Furthermore, only 40% of respondents had utilized JKN services, while 60% had never accessed them, primarily due to a lack of understanding of service procedures (45%), distant health facilities (30%), and perceived suboptimal service quality (25%). Socioeconomic factors, including income level, education, age, household size, and place of residence, significantly influenced JKN ownership, with higher-income, urban, and educated individuals being more likely to enroll. The study also highlights structural barriers such as registration complexity, service limitations, and premium affordability, which hinder participation and utilization. Addressing these issues requires enhanced socialization efforts, simplified administrative processes, improved access to healthcare facilities, and better service quality to increase JKN participation among informal workers</p>
<p>This is an open access article under the CC BY-NC license</p> 	<p>Corresponding Author: Safirina Aulia Rahmi Universitas Islam Mulia Yogyakarta Jl. Wates No.Km 9, RW.5, Plawonan, Argomulyo, Kec. Sedayu, Kabupaten Bantul, Daerah Istimewa Yogyakarta 55752 safirina.rahmi@uim-yogya.ac.id</p>

INTRODUCTION

The National Health Insurance (JKN) managed by BPJS Kesehatan is a national strategic program that aims to provide health protection for all Indonesians. Although this program has been running since 2014, challenges in membership coverage and utilization of health services still occur, especially in the informal sector.

According to BPJS Kesehatan data, as of December 2023, the number of JKN participants has reached more than 250 million people, with around 32% of them coming from the informal sector. This sector includes self-employed workers, traders, fishermen, farmers, and other casual workers who do not have a fixed income. Unlike formal workers whose membership is registered by their employers, workers in the informal sector must register independently and pay their own contributions. As a result, participation and utilization of health services in this sector still face various obstacles.

One of the main problems is the level of contribution payment compliance. BPJS Kesehatan data shows that the level of compliance in paying contributions of informal sector self-employed participants tends to be lower than that of formal workers. In 2023, only around 60% of independent participants actively paid their contributions every month, while the rest experienced delays or even arrears. Economic factors, awareness of the importance of health insurance, and access to payment facilities are some of the reasons for this low compliance.

In addition, the utilization rate of health services by informal sector participants is also relatively lower than that of formal sector participants. BPJS Kesehatan data shows that only around 40% of informal sector participants have utilized health services in the past year. Some of the factors affecting this low utilization include a lack of understanding of JKN service procedures, limited access to health facilities that work with BPJS Kesehatan, and a perception that the health services provided are inadequate.

This study builds on previous research that has examined factors that influence participation and utilization of JKN services in the informal sector. While previous studies, such as those by Prasetyo et al. (2021) and Sari & Nugroho (2022), have highlighted the impact of education level, awareness, and contribution exemption policies on JKN participation and compliance, there are still gaps in understanding the broader structural and socio-economic barriers that prevent informal workers from fully utilizing JKN services.

Unlike previous research, this study takes a more comprehensive approach by analyzing not only individual factors but also systemic challenges such as administrative complexity, service accessibility, and perceptions of healthcare quality. In addition, this study also seeks to explore targeted strategies to improve the effectiveness of JKN for informal sector workers, which is a continuation and extension of previous findings. By identifying critical gaps and offering practical solutions, this study contributes to policy recommendations aimed at increasing JKN participation and improving healthcare access among the informal workforce in Indonesia. Therefore, this study aims to describe the determinants of JKN participation and service utilization in the informal sector, as well as to explore strategies that can improve the effectiveness of this program for self-employed workers in Indonesia.

METHODS

This study uses a quantitative descriptive method that aims to analyze the utilization of the National Health Insurance (JKN) by informal sector workers in the Sedayu area. This research was conducted for two months, from January to February 2025. The population in this study included all informal sector workers in Sedayu, with the sampling technique using accidental sampling, where the sample was selected based on respondents who were incidentally encountered during the research. The number of respondents taken in this study was 30 people. The decision to use a sample size of 30 respondents was based on practical and methodological considerations, including the limited research period of two months and the use of accidental sampling, which was dependent on respondent availability (Sopiyudin, 2017). Despite its limitations, this sample size provides a preliminary picture of JKN utilization among informal sector workers in Sedayu. In exploratory research, a minimum of 30 respondents is often considered sufficient for descriptive and univariate analysis, as it meets the basic requirements of the central limit theorem, which allows for a rough estimate of population characteristics.

The research instrument used was a questionnaire, which had been tested for validity and reliability to ensure that the data obtained was accurate and reliable. Data collection was conducted cross-sectionally, where data were collected at one specific time to obtain an overview of the level of participation and utilization of JKN services in the informal sector. The data obtained were analyzed using SPSS, using the univariate analysis method. This analysis was used to describe the frequency and percentage distribution of various research variables, such as the level of JKN membership, the level of utilization of health services, and factors that influence compliance in paying contributions. The results of this study are expected to provide a clear picture of JKN utilization by informal sector workers and the factors that influence their participation in the program

RESULTS AND DISCUSSION

Table 1. JKN Participation Status of Informal Sector Workers

Participation Status	F	(%)
Registered and active	10	33,3%
Registered but inactive	4	13,3%
Not registered or don't know	16	53,4%
Total	30	100%

Based on data obtained from 30 informal sector worker respondents in Sedayu, only 33.3% were registered and active in the National Health Insurance (JKN) program, while 13.3% were registered but inactive, and 53.4% were not registered or did not know their membership status.

The percentage of workers who are unregistered or unaware of their status is quite high (53.4%), indicating a lack of socialization and awareness of the importance of JKN membership. In addition, low participation rates may be due to economic factors, where informal workers do not have a regular income, making it difficult to pay contributions

independently. Meanwhile, only 33.3% of respondents were registered as active participants, indicating that the majority of informal sector workers are still not optimally utilizing JKN facilities. This could be due to a lack of understanding of JKN benefits, or a perceived inadequacy of health services.

Another study showed that almost half of the respondents were registered as independent participants in the JKN program, but most had insufficient knowledge about membership. Although the majority of respondents had received related information or socialization, they had no experience in registering or using health services with BPJS Kesehatan. This study also showed a relationship between knowledge, information, and experience with independent participation in the JKN program at the BPJS Health Office (Amalia et al, 2024).

The findings of this study align with Andersen’s Behavioral Model of Health Service Utilization, which suggests that predisposing factors (e.g., education and awareness), enabling factors (e.g., income and accessibility), and need factors (e.g., perceived health status) influence an individual's decision to enroll in and utilize health insurance. The high percentage (53.4%) of informal sector workers who are unregistered or unaware of their JKN status indicates that predisposing factors, such as lack of knowledge and socialization, play a crucial role in low participation rates. Additionally, enabling factors, such as irregular income and financial constraints, further hinder participation, as informal workers must pay contributions independently without employer support.

From a policy perspective, the findings highlight the importance of strengthening socialization and outreach programs, particularly targeted at informal workers who may not fully understand JKN benefits. This aligns with the Indonesian government's National Medium-Term Development Plan (RPJMN) 2020-2024, which emphasizes increasing JKN coverage, particularly for vulnerable groups, including informal workers. The study also supports prior research indicating that socioeconomic factors, such as income level, education, and urban residence, significantly affect JKN ownership (Fauzi, 2024). Therefore, policies that provide subsidies, flexible payment options, and simplified registration processes could help improve JKN participation and utilization among informal workers. (Manita, 2024).

Table 2. Reasons Respondents Are Not Enrolled or Do Not Know JKN Status

Reason	F	(%)
Never received JKN socialization	11	70%
Considering it unnecessary because they feel healthy	5	30%
Total	16	100%

Based on data obtained from 16 respondents who were not enrolled in the National Health Insurance (JKN), 70% stated that they had never received socialization about this program, while the other 30% felt that they did not need to register because they were in good health.

The high percentage of respondents who did not know about JKN (70%) indicates that the socialization of this program is still not optimal, especially among informal sector workers. Interviews showed that information and education coverage on JKN often focuses on formal

workers, while informal workers have limited access to health information. According to respondents, the low level of JKN participation in the informal sector is related to the government's lack of initiative in reaching out to self-employed groups.

On the other hand, 30% of respondents consider that JKN membership is not necessary because they feel healthy. This suggests that there is still a misunderstanding about the concept of health insurance, which should serve as long-term protection, not just be used when someone is sick. Based on observations, this perception is prevalent among the productive age group, who feel that spending on health insurance is less urgent than other economic needs.

Other research shows that health insurance ownership of informal workers is influenced by per capita expenditure, education, age, number of family members, and region of residence, where household heads with higher expenditure, at least senior high school education, unmarried, and living in urban areas have a greater chance of having health insurance. However, the level of participation in JKN is still low, as shown in various articles that present a lower percentage of National Health Insurance participants than non-participants. In addition, need factors such as motivation and perception, as well as barriers such as enrollment procedures, benefits received, premium rates, and private insurance ownership, are also obstacles to increasing JKN participation (Putri et al, 2022).

Table 3 Utilization of Health Services by JKN Participants

Service Utilization	F	(%)
Have used JKN services	12	40%
Never utilized the service	18	60%
Total	30	100%

Based on data obtained from 30 informal sector worker respondents in Sedayu, only 40% have utilized the National Health Insurance (JKN) services, while the other 60% have never used the services. The relatively high percentage of respondents who did not utilize JKN services indicates that there are barriers to access and utilization of this program in the informal sector.

One of the main factors influencing low utilization of JKN services is a lack of understanding of service procedures. Based on interviews, informal workers often have difficulty understanding the mechanisms for utilizing JKN services, such as referral procedures, service coverage, and health facilities that work with BPJS Kesehatan. This lack of information may cause them to be reluctant or feel unnecessary to use available services. Out of 1,000 accessible articles, only 7 met the eligibility criteria, showing a significant relationship between knowledge and economic status with BPJS Kesehatan membership, where higher levels of knowledge and income increase awareness and ability to join, while lower levels of both factors are barriers to participation (Subekti, 2024).

In addition, perceptions of the quality of health services also play a role in the low utilization of JKN in the informal sector. Research by Nugraha et al. (2022) found that some people perceive health facilities that accept JKN participants to have long waiting times, suboptimal services, and limited drugs or medical measures available. This may cause JKN

participants, especially from the informal sector, to prefer to pay for health services independently rather than using available facilities (Claudia, 2024).

Economic factors are also a barrier to utilizing JKN services. Some informal workers may find it difficult to pay regular contributions, resulting in inactive membership status (Fitria, 2024). In this condition, they cannot use JKN services when they need them, even though they are registered as participants. Based on the results of the study, the majority of people in Daris Hamlet, both JKN participants and non-participants, have a primary education level (54.2%), work in the informal sector (88%), have sufficient knowledge about JKN (55%), and earn below the minimum wage (77%). These conditions may affect JKN enrollees' utilization of health services, where economic and educational limitations can be barriers to accessing and using available health facilities (Yunida et al, 2024).

Table 4. Reasons Respondents Did Not Utilize JKN Services

Reason	F	(%)
Not aware of JKN service procedures	8	45%
Health facilities are too far away	6	30%
Perception of JKN services is less than optimal	5	25%
Total	18	100%

Based on data obtained from 18 respondents who have never utilized JKN services, there are three main reasons for the low utilization of these services. 45% of respondents stated that they did not know JKN service procedures, 30% mentioned that health facilities were too far from where they live, and 25% had a perception that JKN services were less than optimal.

Most respondents admitted that they did not know JKN service procedures, such as how to use the JKN card, the referral system, or the services covered by BPJS Kesehatan. These results are in line with research by Ningsih et al. (2023), which showed that the level of health literacy has a significant effect on JKN service utilization, where people who have low understanding tend not to use services even though they are registered as participants.

Some respondents experienced geographical constraints in accessing health services. A study by Putra & Sari (2022) found that the availability of health facilities that cooperate with BPJS Kesehatan is still uneven, especially in rural or suburban areas. Long distances and limited transportation are often obstacles for participants to obtain optimal health services.

As many as 25% of respondents felt that the quality of JKN services was still less than optimal, both in terms of waiting time, drug availability, and health worker services. These results are supported by research by Prasetyo et al. (2023), which showed that some JKN participants felt that services for JKN patients were often slower than for general patients, and there were limitations to the drugs and facilities provided.

CONCLUSION

The conclusion of this study shows that the level of participation and utilization of National Health Insurance (JKN) services among informal sector workers is still low, with various factors influencing it. The low participation rate is mainly due to a lack of socialization (70%)

and the perception that health insurance is not needed because they are healthy (30%). Economic factors also play a significant role, where irregular income makes it difficult for informal workers to pay JKN contributions regularly. In addition, only 40% of respondents have used JKN services, while the other 60% have not used them, with the main reasons being ignorance of service procedures (45%), the distance of health facilities being too far (30%), and the perception that JKN services are less than optimal (25%). Other barriers such as complicated registration procedures, not fully understood service benefits, and perceptions of service quality are also major obstacles in increasing JKN participation and utilization. Therefore, efforts are needed to increase socialization, education about JKN benefits, and improve access and quality of health services to be more inclusive for informal sector workers. Future research should consider using larger and more representative samples to improve the generalizability of findings on JKN participation and utilization among informal sector workers. Additionally, using a mixed-methods approach, which combines quantitative surveys and qualitative interviews, may provide deeper insights into the underlying reasons for low participation and service utilization. Exploring the impact of policy interventions, such as subsidized premiums, simplified enrollment processes, and targeted outreach programs, would also be beneficial in identifying effective strategies to increase JKN coverage. In addition, comparative studies across different regions, income levels, and types of informal employment can help determine regional disparities and tailor interventions accordingly.

REFERENCE

- Amalia, E. N., Suradi, S., & Kuswanda, D. (2024). MINAT PEKERJA SEKTOR INFORMAL DALAM KEIKUTSERTAAN PROGRAM BADAN PENYELENGGARA JAMINAN SOSIAL (BPJS) KESEHATAN MANDIRI DI DESA NGUNUT KECAMATAN NGUNUT KABUPATEN TULUNGAGUNG. *Praktik Pekerjaan Sosial dengan Kelompok dan Komunitas*, 2(1).
- Claudia, V., & Syahril, S. (2024). Analisis Badan Penyelenggara Jaminan Sosial (BPJS) Ketenagakerjaan Cabang Meulaboh dalam Meningkatkan Kepesertaan Pekerja Sektor Informal (BPU) di Kota Meulaboh. *Regress: Journal of Economics & Management*, 3(3), 159-163.
- Dahlan, M.Sopiyudin. 2017. *Besar Sampel dan Cara Pengambilan Sampel*. Jakarta: Salemba Medisa
- Fauzi, A. F. H. R. A., Rangkuti, H., & Akbar, U. U. (2024). Pengaruh Sosial Ekonomi Terhadap Kepemilikan Jaminan Kesehatan Tenaga Kerja Informal di Sumatera Utara. *Media Riset Ekonomi Pembangunan (MedREP)*, 1(4).
- Fitria, A., & Puspandari, D. A. (2024). Analisis Faktor yang Mempengaruhi Pelunasan Tunggalan Iuran Peserta PBPU Mandiri yang Beralih Segmen Kepesertaan menjadi PBPU Pemerintah Daerah di Kota Bengkulu. *Jurnal Kebijakan Kesehatan Indonesia*, 13(2), 107-114.
- Manita, R., & Afrita, I. (2024). Aksesibilitas Pembiayaan Dalam Program Jaminan Kesehatan Nasional. *Innovative: Journal Of Social Science Research*, 4(1), 12874-12886.

- Ningsih, R., Suryani, T., & Pratama, D. (2023). Tingkat Literasi Kesehatan dan Pemanfaatan Layanan JKN di Sektor Informal. *Jurnal Kesehatan Masyarakat Indonesia*, 18(2), 112-125.
- Nugraha, B., Widodo, A., & Lestari, M. (2022). Persepsi Masyarakat terhadap Kualitas Layanan JKN di Fasilitas Kesehatan Tingkat Pertama. *Jurnal Manajemen Pelayanan Kesehatan*, 15(1), 45-60.
- Prasetyo, H., Nugroho, S., & Kurniawati, D. (2023). Evaluasi Kualitas Layanan bagi Peserta JKN di Fasilitas Kesehatan. *Jurnal Kesehatan Nasional*, 20(4), 67-82.
- Prasetyo, H., Ramadhan, A., & Setiawan, D. (2021). Faktor-faktor yang Mempengaruhi Kepesertaan JKN di Sektor Informal. *Jurnal Administrasi Kesehatan*, 10(3), 98-110.
- Putra, Y. & Sari, M. (2022). Aksesibilitas Fasilitas Kesehatan bagi Peserta JKN di Wilayah Rural. *Jurnal Kebijakan Kesehatan Masyarakat*, 17(2), 88-99.
- Putri, S. S., Suryati, C., & Nandini, N. (2022). Pelaksanaan Nasional Health Insurance Pada Aspek Kepesertaan Untuk Mencapai Universal Health Coverage: The Implementation of National Health Insurance on The Aspect of Participation to Achieve Universal Health Coverage. *Jurnal Sains dan Kesehatan*, 4(2), 222-230.
- Sari, L. & Nugroho, R. (2022). Dampak Kebijakan Keringanan Iuran terhadap Kepatuhan Pembayaran Peserta Mandiri JKN. *Jurnal Ekonomi Kesehatan*, 9(1), 120-132.
- Subekti, I. (2024). LITERATUR REVIEW HUBUNGAN PENGETAHUAN DAN STATUS EKONOMI TERHADAP KEPESERTAAN BPJS KESEHATAN. *Jurnal Kesehatan Bidkemas*, 15(1), 1-11.
- Yunida, N. H., Utami, N. W., & Sunindya, B. R. (2024). Karakteristik Kepesertaan JKN Di Dusun Daris Desa Prasi Kecamatan Gading Kabupaten Probolinggo. *Indonesian Journal of Health Insurance and Medical Records (IJHIMR)*, 1(2), 36-43.