



Utilization of BPJS Health Services Reviewed from the Public Perception

Irma Finurina Mustikawati^{1*}, Endang Sutisna Sulaeman², Achmad Arman Subijanto³, Suminah⁴

¹Universitas Muhammadiyah Purwokerto, Purwokerto, Central Java, Indonesia

^{2,3,4}Universitas Sebelas Maret, Surakarta, Central Java, Indonesia

Email: irmafinurinamustikawati@ump.ac.id^{1*}, endangsutisna@staff.uns.ac.id²,
subijanto@staff.uns.ac.id³, suminah@staff.uns.ac.id⁴

ABSTRACT

This study aims to investigate community perceptions of the utilization of BPJS health services, focusing on perception of vulnerability, perception of severity, perception of benefits, and perception of obstacles. Quantitative methods with a descriptive approach were used in this study. All BPJS health participants who received treatment at Prof. Hospital under Dr. Margono Soekarjo Purwokerto became the study population. The results showed an influence between the perception of vulnerability, perception of severity, and perception of vulnerability on the behavior of BPJS health participants in utilizing health services. However, there is no influence between the perception of benefits on the behavior of BPJS health participants in utilizing health services.

Keywords: Vulnerability Perception, Severity Perception, Benefit Perception, Barrier Perception, Service Benefit.

INTRODUCTION

Government initiatives to improve people's welfare levels are based on the social health insurance system. The Health Social Security Organizing Agency (BPJS Kesehatan) is in Indonesia to implement the initiative. The mission of BPJS Kesehatan is to protect the public from excessive medical costs so that they can get quality services without having to be in debt. Understanding the community's view of this program is important to assess the effectiveness and utilization of BPJS Kesehatan services (Mauludina, 2023). Perception of vulnerability to health risks, perception of disease severity, perception of benefits received from BPJS Kesehatan, and perception of barriers in accessing these services are important elements shaping public perception (Azzahra, 2023; Rizkianti et al., 2021).

One thing that encourages people to sign up for health insurance schemes is their

perception of vulnerability. People will be more likely to participate in initiatives such as BPJS Kesehatan when they feel more vulnerable to disease and understand the need to care for their health (Maulana et al., 2022). In addition, how serious a condition is also significantly impacts how individuals behave and their perception of the importance of protecting their health. BPJS Kesehatan services are also influenced by how the benefits and obstacles are felt. People aware of the benefits offered by this program, such as financial security and easy access to health facilities, tend to use BPJS Kesehatan services more often. However, barriers such as unclear protocols, lack of health facility options, or inability to pay fees routinely may hinder community engagement (Haldane et al., 2019; Handayani et al., 2021).

This study explores the relationship between individual perceptions of health and health service utilization behavior, focusing on perceptions of vulnerability, severity, barriers, and benefits. According to Kotler (2019) and Rosenstock (1974), individuals utilize perception to select, combine, and interpret information that forms a meaningful world picture. Glanz et al. (2008) define perceived danger as a result of perceptions of severity and vulnerability. Other studies have shown that knowledge of a health problem affects how severe and susceptible a person is to the problem (Rosenstock, 1974), while perceived barriers can deter individuals from adopting healthy behaviors (Glanz et al., 2008). Furthermore, perceptions of the benefits of health services, such as those offered by the Social Security Organizing Agency (BPJS), are also an important factor in the decision to utilize health services (Kruk et al., 2018). The behavior of utilizing health services, such as the use of BPJS, is also influenced by predisposing, supporting, and driving factors (Notoatmodjo, 2005). Therefore, this study seeks to understand how individuals' perceptions of health and health services influence healthcare utilization behavior, hoping to provide useful insights for health policy improvement and health promotion.

This research is expected to help identify, from the point of view of public perception, the elements that influence the utilization of BPJS Health services. The government and BPJS Kesehatan, as well as other relevant parties, can use the findings of this research to improve the efficiency of health insurance policies and ensure that people will receive the maximum possible benefits. The purpose of this study is to determine how the utilization of BPJS health services is viewed from community perceptions (perception of vulnerability, perception of severity, perception of benefits, perception of obstacles).

RESEARCH METHODS

Quantitative methods with a descriptive approach were used in this study. Descriptive research techniques are a type of research methodology that offers methodical and precise explanations of facts, events, and symptoms related to the characteristics of a particular population or region (Abdullah, 2018). All BPJS health participants who received treatment at Prof. Hospital under Dr. Margono Soekarjo Purwokerto became the study population. Meanwhile, people who can provide correct information are also considered when choosing

informants. The inclusion requirements for participants identified in this study were:

1. Patients who were undergoing treatment at RSUD Prof.Dr.Margono Soekarjo Banyumas Regency was present at the time of the study.
2. Old patients (≥ 2 x treatment)
3. The patient is ≥ 18 years old.
4. The patient can read and write
5. Can communicate well
6. The patient is willing to be a respondent.

While the exclusion criteria are:

1. New patient (first time for treatment)
2. Patient aged < 18 years
3. Illiterate patients
4. Not willing to be a respondent

The sample size is taken based on the formula of Hair et al. (2019); the number of representative samples ranges from 100-200 respondents and can be adjusted to the number of indicators used in the questionnaire, assuming 5-10 times. Several indicators exist. In this study, there were 27 indicators. So, the sample number of this study based on the Hair formula is:

Sample = 5 x number of indicators to 10 x number of indicators
= 5 x 27 to 10 x 27 samples
= 135 to 270 samples

This calculation shows that the sample limit is a minimum of 135 samples and a maximum of 270 samples. SPSS software is the data processing tool used in this study. A multiple linear regression analysis approach was used in this study's data analysis. A multicollinearity test is needed to ascertain whether there are comparable independent variables between independent variables in a model (Sujarweni, 2016: 230). Multicollinearity does not occur between independent variables when the tolerance value is more than 0.10, and the inflation factor variance (VIF) value is less than 10. The difference in residual variance between the two observation periods was tested using heteroscedasticity. The autocorrelation test looks for the relationship between residual errors in period t and period $t-1$ (previous) in linear regression. According to Ghizali and Ratmono (2017), correlation problems are known as autocorrelation problems. Utilize Durbin Watson values to identify autocorrelations. This shows no positive or negative autocorrelation if $2 < d < 4 - dU$ or $dU < d < 2$.

RESULTS AND DISCUSSION

Respondent Profile

The main characteristics of respondents in this study were patients undergoing treatment at RSUD Prof. Dr. Margono Soekarjo, Banyumas Regency when the study was conducted, old patients (≥ 2 x treatment), aged ≥ 18 years. The characteristics of respondents to be used include gender, age, marital status, education, income, occupation, domicile, length of BPJS membership, class of service, type of participation, BPJS health facilities 1, health facilities 2, and how many visits can be seen in the following table:

Table 1. Respondent's Gender

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	60	37,5	37,5	37,5
	Woman	100	62,5	62,5	100,0
	Total	160	100,0	100,0	

Source: Processed Data (2023)

Table 1 shows that the majority of respondents in this study were women, amounting to 100 respondents, 62.5%, and those who were male were 60 respondents, 37.5%.

Table 2. Age of Respondents

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Age	160	18,00	82,00	45,8813	16,13714
Valid N (listwise)	160				

Source: Processed Data (2023)

Table 2 shows that the minimum age of respondents in this study is 18 years, and a maximum of 82 years. The average respondents in this study were aged 45.88125, with a standard deviation of 16.137137.

Table 3. Marital Status of Respondents

		Marital Status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unmarried	24	15,0	15,0	15,0
	Divorce Life	5	3,1	3,1	18,1
	Divorce Dead	4	2,5	2,5	20,6
	Marry	127	79,4	79,4	100,0
	Total	160	100,0	100,0	

Source: Processed Data (2023)

Based on Table 3, it is known that the majority of respondents in this study are those who have married marital status, amounting to 127 respondents (79.4%), having unmarried marital

status totaling 24 respondents (15%), having marital status of Living Divorce totaling 5 respondents (3.1%) and those who have Dead Divorce marital status are as many as 4 respondents (2.5%).

Table 4. Respondent Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D2	1	,6	,6	,6
	D3	12	7,5	7,5	8,1
	D4	1	,6	,6	8,8
	S1	74	46,3	46,3	55,0
	S2	33	20,6	20,6	75,6
	S3	5	3,1	3,1	78,8
	High School	12	7,5	7,5	86,3
	SMA	15	9,4	9,4	95,6
	SMK	5	3,1	3,1	98,8
	JUNIOR	2	1,3	1,3	100,0
	Total	160	100,0	100,0	

Source: Processed Data (2023)

Based on table 4, it is known that the majority of respondents in this study are those who have S1 education, amounting to 74 respondents (46.3%), having S2 education totaling 32 respondents (20.6%), having high school education totaling 15 respondents (9.4%), having D3 education totaling 12 respondents (7.5%), having high school education totaling 12 respondents (7.5%), having vocational education totaling 5 respondents (3.1%), having S3 education totaling 5 respondents (3.1%), have a junior high school education of 2 respondents (1.3%), has a D2 education of 1 respondent (0.6%) and have a D4 education of 1 respondent (0.6%).

Table 5. Respondent Revenue

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Income	160	,00	14000000,00	3087875,0000	2304799,58269
Valid N (listwise)	160				

Source: Processed Data (2023)

Table 5 shows that the minimum income of respondents in this study is 0 or no income, and the maximum respondents in this study have an income of IDR 14,000,000.00. The average respondent in this study had an income of Rp 3,087,875 with a standard deviation of 2304799.582687.

Table 6. Respondent's Occupation

		Work			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pharmacist	1	,6	,6	,6
	Doctor	6	3,8	3,8	4,4
	Lecturer	11	6,9	6,9	11,3
	Teacher	3	1,9	1,9	13,1
	Housewives	23	14,4	14,4	27,5
	SOE employees	1	,6	,6	28,1
	Private Employees	49	30,6	30,6	58,8
	Student	13	8,1	8,1	66,9
	Pensioner	30	18,8	18,8	85,6
	Farmer	1	,6	,6	86,3
	Civil servants	13	8,1	8,1	94,4
	Self employed	9	5,6	5,6	100,0
	Total	160	100,0	100,0	

Source : Processed Data (2023)

Based on Table 6, it is known that the majority of respondents in this study are those who have jobs as Private Employees, amounting to 49 respondents (30.6%), having jobs as Retirees totaling 30 respondents (18.8%), having jobs as Housewives totaling 23 respondents (14.4%), having jobs as civil servants totaling 13 respondents (8.1%), having jobs as Students totaling 13 respondents (8.1%), having jobs as Entrepreneurs totaling 9 respondents (5.6%), have a job as a doctor totaling 6 respondents (3.8%), have a job as a teacher totaling 3 respondents (1.9%), have a job as a pharmacist totaling 1 respondent (0.6%), have a job as a BUMN employee totaling 1 respondent (0.6%) and who have a job as a farmer each totaling 1 respondent (0.6%).

Table 7. Respondent's Domicile

		Domicile			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Baturaden	1	,6	,6	,6
	Kebasen	2	1,3	1,3	1,9
	Notog	1	,6	,6	2,5
	Patikraja	1	,6	,6	3,1
	Purwokerto	153	95,6	95,6	98,8
	Sokaraja	2	1,3	1,3	100,0
	Total	160	100,0	100,0	

Based on Table 7, it is known that the majority of respondents in this study are domiciled in Purwokerto, amounting to 153 respondents (95.6%), domiciled in Kebasen and Sokaraja, each totaling 2 respondents (1.3%), and those domiciled in Baturaden, Notog, and Patikraja each totaling 1 respondent (0.6%).

Table 8. Length of BPJS Respondent Membership

		Lama_Kepesertaan			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	>31	27	16,9	16,9	16,9
	1 to 10	91	56,9	56,9	73,8
	11 to 20	26	16,3	16,3	90,0
	21 to 30	16	10,0	10,0	100,0
	Total	160	100,0	100,0	

Based on Table 8, it is known that the majority of respondents in this study were the length of BPJS participation 1 to 10, which amounted to 91 respondents (56.9%), the length of BPJS participation > 31 amounted to 27 respondents (16.9%), the length of BPJS 11 to 20 participation amounted to 26 respondents (16.3%) and the length of BPJS 21 to 30 participation amounted to 16 respondents (10%).

Table 9. Respondent Service Class

		Kelas_Layanan			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1,00	14	8,8	8,8	8,8
	2,00	129	80,6	80,6	89,4
	3,00	17	10,6	10,6	100,0
	Total	160	100,0	100,0	

Based on Table 8, it is known that the majority of respondents in this study are those who have class 2 BPJS services, amounting to 129 respondents (80.6%), class 3 BPJS services totaling 17 respondents (10.6%), and class 1 BPJS services totaling 14 respondents (8.8%).

Table 9. Types of Respondent Participation

		Jenis_Kepesertaan			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non PBI	160	100,0	100,0	100,0

Table 9 shows that all respondents in this study have the type of BPJS Non-PBI participation, which is 160 respondents (100%).

Table 10. BPJS Health Care 1 Respondent

		Faskes_1			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family Doctor	6	3,8	3,8	3,8

Clinic	66	41,3	41,3	45,0
Phc	88	55,0	55,0	100,0
Total	160	100,0	100,0	

Based on Table 10, it is known that the majority of respondents in this study were those who had Health Care 1 BPJS at Puskesmas, amounting to 88 respondents (55%), had Health Care 1 BPJS at the Clinic, totaling 66 respondents (41.3%) and those who had Health Care 1 BPJS at Family Doctors totaling 6 respondents (3.8%).

Table 11. BPJS Health Care 2 Respondents

		Faskes_2			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	RSMS	160	100,0	100,0	100,0

Table 11 shows that all respondents in this study had 2 BPJS Health Facilities at RSMS, which was 150 respondents or 100%.

Table 12. How many visits to respondents

		Kunjungan_Keberapa			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	>32	40	25,0	25,0	25,0
	12 to 21	32	20,0	20,0	45,0
	2 to 11	84	52,5	52,5	97,5
	22 to 31	4	2,5	2,5	100,0
	Total	160	100,0	100,0	

Based on Table 12, it is known that the majority of respondents in this study have visited 2 to 11, amounting to 84 respondents (52.5%), have made visits >32 totaling 40 respondents (25%), have visited 12 to 21 totaling 32 respondents (20%) and have visited 22 to 31 totaling 4 respondents (2.5%).

Validity and reliability test results

The following is a table that shows the results of validity and reliability tests in this study:

Table 13. Validity Test

Indicators	r calculate	r table	Information
PR1	,834	0,159	Valid
PR2	,884	0,159	Valid
PR3	,847	0,159	Valid
PR4	,868	0,159	Valid
PR5	,723	0,159	Valid

Indicators	r calculate	r table	Information
PK1	,658	0,159	Valid
PK2	,754	0,159	Valid
PK3	,784	0,159	Valid
PK4	,665	0,159	Valid
PM1	,617	0,159	Valid
PM2	,662	0,159	Valid
PM3	,391	0,159	Valid
PM4	,648	0,159	Valid
PH1	,247	0,159	Valid
PH2	,579	0,159	Valid
PH3	,542	0,159	Valid
PH4	,604	0,159	Valid
PH5	,158	0,159	Invalid
PH6	,583	0,159	Valid
PL1	,625	0,159	Valid
PL2	,449	0,159	Valid
PL3	,610	0,159	Valid
PL4	,672	0,159	Valid
PL5	,669	0,159	Valid
PL6	,553	0,159	Valid
PL7	,632	0,159	Valid
PL8	,664	0,159	Valid
PL9	,217	0,159	Valid
PL10	,313	0,159	Valid
PL11	,489	0,159	Valid
PL12	,478	0,159	Valid
PL13	,661	0,159	Valid
PL14	,687	0,159	Valid
PL15	,667	0,159	Valid
PL16	,768	0,159	Valid
PL17	,703	0,159	Valid

Based on table 13, it is known that there is still one indicator that is declared invalid, namely PH5 because it has a calculated r value < r table, so one indicator is not used in subsequent analysis. Then next is the reliability test results.

Table 14. Reliability Test Results

Variable	Cronbach's Alpha	Cut Off Value	Information
Perception of Vulnerability	0,937	0.70	Reliable
Severity Perception	0,865		Reliable
Perception of Benefits	0,752		Reliable
Perception of Obstacles	0,704		Reliable
Behavior of BPJS Kesehatan Participants in	0,905		Reliable

Variable	Cronbach's Alpha	Cut Off Value	Information
utilizing health services			

Based on table 14. It can be known that for each of these studies has a value greater than 0.6 so it is said to be reliable.

Results of Classical Assumptions

Multicollinearity Test

Table 15. Multicollinearity Test Results

Indicators	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Persepsi_Kerentanan	0,665	1,504
Persepsi_Keparahan	0,466	2,146
Persepsi_Manfaat	0,489	2,045
Persepsi_Hambatan	0,997	1,003

Based on the table above, it can be seen that the VIF values of all variables are between the values of 1 and 10, which means that there is no multicollinearity.

Autocorrelation Test

Table 16. Autocorrelation Test Results

Type	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.565a	,319	,301	5,61364	1,794

Based on the table above, the Durbin-Watson value is 1.794. The results show no autocorrelation occurs because $d_U (1.7541) < d (1.794) < 2$.

Heteroskedasticity Test

Table 17. Heteroskedasticity Test Results

Coefficients ^a					
Type	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	4,783	2,622		1,825	,070
1					
Persepsi_Kerentanan	,102	,125	,079	,816	,416
Persepsi_Keparahan	-,262	,198	-,153	-1,324	,188
Persepsi_Manfaat	,316	,241	,148	1,311	,192
Persepsi_Hambatan	-,201	,137	-,116	-1,472	,143

a. Dependent Variable: absres

Based on the table above, it is known that the significance value of all variables is more than 0.05, which means that heterosexuality does not occur.

Hypothesis Test Results

Table 18. Hypothesis Test Results

Type	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	24,909	3,400		7,326	,000
1 Persepsi_Kerentanan	,442	,162	,222	2,731	,007
Persepsi_Keparahan	,606	,257	,229	2,363	,019
Persepsi_Manfaat	,516	,313	,156	1,649	,101
Persepsi_Hambatan	,572	,177	,214	3,228	,002

a. Dependent Variable: Pemanfaatan_Layanan

Based on the table above, it is known that the value of sig. The first hypothesis is $0.07 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of vulnerability to the behavior of BPJS health participants in utilizing health services.

Sig value. The second hypothesis is $0.019 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of severity and the behavior of BPJS health participants in utilizing health services.

Sig value. The third hypothesis is $0.101 > 0.05$, which means that the hypothesis is rejected and that there is no influence between the perception of benefits and the behavior of BPJS health participants in utilizing health services.

Sig value. The fourth hypothesis is $0.02 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of vulnerability to the behavior of BPJS health participants in utilizing health services.

Discussion

Perception of vulnerability to the behavior of BPJS Kesehatan participants in utilizing health services

Sig value. The first hypothesis is $0.07 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of vulnerability to the behavior of BPJS health participants in utilizing health services. BPJS Kesehatan participants believe they are very vulnerable to certain diseases. The perception of the severity of a health condition can play an important role in shaping the behavior of BPJS Kesehatan participants in utilizing health services. Participants who took seriously the severity of their illness tended to be more proactive in seeking care. Psychological factors, such as fear of the serious impact of disease and confidence in the health system's ability to provide effective care, can motivate participants to

use health services. Participants find it difficult to cope with their feelings of vulnerability if health services are difficult to reach or scarce. The importance of economic variables should also not be ignored (Huarcaya-Victoria et al., 2022).

In addition, the social aspect also plays a role, where social support from family or community can motivate participants to seek care. However, stigma associated with certain health conditions can also be an obstacle, influencing participants' decisions to seek care. Economic factors, such as the cost and accessibility of healthcare, also play an important role. If participants perceived the cost as high or difficult to access, they may delay or avoid using health services, regardless of their condition's severity. Education and information about health also influence perceptions of severity, with good knowledge helping participants understand the importance of treatment. Therefore, there is a need for a holistic approach that includes psychological, social, economic, and educational aspects in designing strategies to increase the utilization of health services by BPJS Kesehatan participants (Caponnetto et al., 2022).

Perception of the severity of BPJS Kesehatan participants' behavior in utilizing health services

Sig value. The second hypothesis is $0.019 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of severity and the behavior of BPJS health participants in utilizing health services. BPJS Kesehatan participants understand the severity of their health problems. This may be due to a failure to understand an abnormality's long-term health impacts or symptoms. The perception of the severity of health conditions significantly influences the behavior of BPJS Kesehatan participants in utilizing health services. If participants considered their health condition serious or potentially threatening, they tended to be more motivated to seek treatment early. Psychological factors such as fear of serious consequences of illness and confidence in the effectiveness of medical treatments can motivate participants to seek health help actively. In addition, perceptions of severity can be influenced by social factors such as family and community support (Hill et al., 2023).

Not only does this support provide an emotional boost, but it can also reinforce participants' perceptions of the importance of getting treatment as quickly as possible. On the other hand, social stigma against a health condition can be an obstacle, discouraging participants from seeking care due to fears of discrimination or negative judgments. Economic factors also play a role, with the cost and accessibility of health services influencing participants' decisions to seek care. To increase the utilization of health services by BPJS Kesehatan participants, there is a need for a comprehensive strategy that considers psychological, social, and economic aspects, as well as efforts to increase awareness of the importance of early handling of health conditions. Some individuals need to seek health services because they feel optimistic or are not prone to significant health problems (Trisnasari et al., 2023).

Perception of Benefits on the Behavior of BPJS Health Participants in Utilizing Health Services

Sig value. The third hypothesis is $0.101 > 0.05$, which means that the hypothesis is rejected and that there is no influence between the perception of benefits and the behavior of BPJS

health participants in utilizing health services. It is possible that the behavior of participants using BPJS Health services is not always directly influenced by the perceived benefits. This lack of influence may be due to several things. First, participants may not fully appreciate the value and relevance of BPJS Kesehatan to their health needs if they are not aware of the benefits of the program (Permatasari & Isfianadewi, 2022).

Participants may not be motivated to actively seek or use the health services offered if they do not fully understand the benefits. Secondly, personal drive and psychological factors are also important. There may be discrepancies between participants' perceived benefits and their actual behavior in accessing healthcare, even though they are aware of the benefits offered if they do not have the drive or urgency to take advantage of those benefits (Tan et al., 2022).

Perceived Barriers to the Behavior of BPJS Health Participants in Utilizing Health Services

Sig value. The fourth hypothesis is $0.02 < 0.05$, which means that the hypothesis is accepted and there is an influence between the perception of obstacles to the behavior of BPJS health participants in utilizing health services. BPJS Kesehatan participants may behave differently in using health services due to perceived barriers. The presence of health facilities is one of the key variables that may influence this perspective. The uneven availability and distribution of health facilities in different regions may severely hinder participants' access to and use of health services. Another crucial factor is the quality of medical services. Most likely, participants will not use the facilities offered if they believe the quality of service is substandard (Abdi et al., 2019).

Other cost considerations also have a big effect because they can limit participants. After all, BPJS health insurance does not cover the costs, making it difficult to predict how much financial pressure they will face. A lack of understanding of the benefits of these initiatives can also pose a challenge, reducing the incentive of participants to avail the services they need. In addition, healthcare users may experience difficulties utilizing healthcare effectively due to complicated administrative and bureaucratic procedures and inadequate knowledge. Therefore, for BPJS Kesehatan's mission to be more successful in providing health protection to the entire community, initiatives to increase participants' understanding, lower additional costs, and improve the availability and quality of health services can help overcome barriers to perception (Handayani et al., 2018).

CONCLUSION

From our analysis and discussion of the impact of perceived vulnerability, severity, benefits, and barriers on the behavior of BPJS Kesehatan participants in utilizing health services, we conclude that perceived vulnerability and severity significantly influence participants' behavior. However, there is no apparent influence of perceived benefits on their behavior. This indicates that while participants are aware of the benefits of the BPJS Kesehatan program, they

may not always be motivated to utilize the medical services offered. On the other hand, perceived barriers such as accessibility to medical facilities, financial obligations, service quality, and administrative complexities strongly correlate with participants' behavior, suggesting significant hurdles in accessing healthcare services.

BIBLIOGRAFI

- Abdi, S., Spann, A., Borilovic, J., de Witte, L., & Hawley, M. (2019). Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). *BMC Geriatrics*, 19(1), 195. <https://doi.org/10.1186/s12877-019-1189-9>
- Abdullah, R. (2018). Pemrograman web untuk pemula, jakarta: PT. *Ele x Media Komputindo*.
- Azzahra, A. (2023). Implementation of Good Governance in Public Services at Local Government. *International Journal of Social Service and Research*, 3(7), 1899–1906.
- Caponnetto, P., Platania, S., Maglia, M., Morando, M., Gruttadauria, S. V., Auditore, R., Ledda, C., Rapisarda, V., & Santisi, G. (2022). Health Occupation and Job Satisfaction: The Impact of Psychological Capital in the Management of Clinical Psychological Stressors of Healthcare Workers in the COVID-19 Era. *International Journal of Environmental Research and Public Health*, 19(10), 6134. <https://doi.org/10.3390/ijerph19106134>
- Glanz, K., Rimer, B. K., & Viswanath, K. (2008). *Theory, research, and practice in health behavior and health education*.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate Data Analysis . United Kingdom: Cengage Learning, EMEA*.
- Haldane, V., Chuah, F. L. H., Srivastava, A., Singh, S. R., Koh, G. C. H., Seng, C. K., & Legido-Quigley, H. (2019). Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PLOS ONE*, 14(5), e0216112. <https://doi.org/10.1371/journal.pone.0216112>
- Handayani, P. W., Dartanto, T., Moeis, F. R., Pinem, A. A., Azzahro, F., Hidayanto, A. N., Denny, & Ayuningtyas, D. (2021). The regional and referral compliance of online healthcare systems by Indonesia National Health Insurance agency and health-seeking behavior in Indonesia. *Heliyon*, 7(9), e08068. <https://doi.org/10.1016/j.heliyon.2021.e08068>
- Handayani, P. W., Meigasari, D. A., Pinem, A. A., Hidayanto, A. N., & Ayuningtyas, D. (2018). Critical success factors for mobile health implementation in Indonesia. *Heliyon*, 4(11), e00981. <https://doi.org/10.1016/j.heliyon.2018.e00981>
- Hill, K., Hug, S., Smith, A., & O’Sullivan, P. (2023). The Role of Illness Perceptions in Dyspnoea-Related Fear in Chronic Obstructive Pulmonary Disease. *Journal of Clinical Medicine*, 13(1), 200. <https://doi.org/10.3390/jcm13010200>
- Huarcaya-Victoria, J., Villarreal-Rao, B., Luna, M., Rojas-Mendoza, W., Alarcon-Ruiz, C. A., Villarreal-Zegarra, D., Vilela-Estrada, A. L., & Ramírez, S. (2022). Factors Associated with

- Mental Health Outcomes in Hospital Workers during the COVID-19 Pandemic: A Mixed-Methods Study. *International Journal of Environmental Research and Public Health*, 19(9), 5346. <https://doi.org/10.3390/ijerph19095346>
- Kotler, P. (2019). *Manajemen Pemasaran. Edisi Milenium. Jakarta: Prenhalindo.* Kotler, Amstrong.(2016). *Principles of Marketing Sixteenth Edition Global Edition. England. Pearson Education Limited.*
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., Adeyi, O., Barker, P., Daelmans, B., Doubova, S. V, English, M., García-Elorrio, E., Guanais, F., Gureje, O., Hirschhorn, L. R., Jiang, L., Kelley, E., Lemango, E. T., Liljestrand, J., ... Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
- Maulana, N., Soewondo, P., Adani, N., Limasalle, P., & Pattnaik, A. (2022). How Jaminan Kesehatan Nasional (JKN) coverage influences out-of-pocket (OOP) payments by vulnerable populations in Indonesia. *PLOS Global Public Health*, 2(7), e0000203. <https://doi.org/10.1371/journal.pgph.0000203>
- Mauludina, S. W. (2023). Policy Evaluation of the Use of Health BPJS in Fulfilling the Rights of Citizens as Health Insurance Ponorogo Community. *Proceeding of International Conference on Social Sciences and Education*, 3(1).
- Notoatmodjo, S. (2005). *Metodologi penelitian kesehatan.*
- Permatasari, D. I., & Isfianadewi, D. (2022). The strategy of health insurance-bpjs in efforts to increase jkn-kis participation in business entity on the segment of workers receiving wage. *International Journal of Research in Business and Social Science (2147- 4478)*, 11(7), 385–392. <https://doi.org/10.20525/ijrbs.v11i7.2049>
- Rizkianti, A., Saptarini, I., & Rachmalina, R. (2021). Perceived Barriers in Accessing Health Care and the Risk of Pregnancy Complications in Indonesia. *International Journal of Women's Health, Volume 13*, 761–772. <https://doi.org/10.2147/IJWH.S310850>
- Rosenstock, I. M. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328–335. <https://doi.org/10.1177/109019817400200403>
- Tan, P. P. S., Sandhu, R. S., Zain, S. M., Hall, D., Tan, N. C., Lim, H. M., Daud, F., & Pung, Y.-F. (2022). Health motivations and perceived barriers are determinants of self-care behaviour for the prevention of hypertension in a Malaysian community. *PLOS ONE*, 17(12), e0278761. <https://doi.org/10.1371/journal.pone.0278761>
- Trisnasari, Laosee, O., Rattanapan, C., & Janmaimool, P. (2023). Assessing the Determinants of Compliance with Contribution Payments to the National Health Insurance Scheme among Informal Workers in Indonesia. *International Journal of Environmental Research and Public Health*, 20(23), 7130. <https://doi.org/10.3390/ijerph20237130>

Copyright holder:

Irma Finurina Mustikawati, Endang Sutisna Sulaeman, Achmad Arman Subijanto, Suminah (2024)

First publication right:

Asian Journal of Engineering, Social and Health (AJESH)

This article is licensed under:

