

CHARACTERISTICS OF PARTICIPATION COVERAGE AND UTILIZATION OF NATIONAL HEALTH INSURANCE BY INDIGENOUS PAPUANS (OAP) IN JAYAPURA DISTRICT, PAPUA PROVINCE

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ABSTRACT

Article 28H of the 1945 Constitution states that health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation without exception. Currently, the National Health Insurance (JKN) membership in Papua Province has reached 1.3 million out of 1.5 million people. The percentage of JKN membership in the OAP community in Jayapura Regency is 76%, consisting of 50% OAP from outside Jayapura Regency and 20-25% OAP from the Local Marga of Jayapura Regency. The purpose of the study was to determine the characteristics of the national health insurance membership of Indigenous Papuans, the JKN membership status of Indigenous Papuans and the types of JKN membership of Indigenous Papuans in Jayapura Regency.

This research method is quantitative research with *cross sectional study* descriptive, the number of samples was 531 respondents with the sampling technique, namely the technique *Sampling Acidental*.

The results of the study showed that 87.94% of the OAP community had JKN. The types of OAP health insurance ownership were JKN of 78.53%, Papua Health Card (KPS) of 6.59% and other Health Insurance (Jamkesda, and Jampersal) of 14.87%. OAP community JKN membership \leq 1 year, namely 53.11%. In terms of utilization of JKN services, the OAP community answered that 43.12% were dissatisfied with health services, while 74.95% answered that it was easy to manage JKN membership for the OAP community. Fair in the distribution of JKN and KPS membership, the OAP community answered 75.14%. The conclusion is that the level of ownership of National Health Insurance (JKN) among OAP is quite high. The type of health insurance owned is dominated by JKN BPJS Kesehatan with most JKN participants having only been members for less than or equal

to one year. From the aspect of service utilization, almost half of the OAP community felt dissatisfied with the health services received, but stated that the JKN membership administration process was easy. In addition, most of the community considered that the distribution of JKN and KPS membership had been carried out fairly.

Keywords: *National Health Insurance, Indigenous Papuans, Jayapura Regency*

INTRODUCTION

Article 28H of the 1945 Constitution states that health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation without exception. It is further explained that every activity in an effort to maintain and improve the highest level of public health is carried out based on non-discriminatory, participatory, and sustainable principles in the context of forming Indonesian human resources, as well as increasing the resilience and competitiveness of the nation for national development.¹

The Indonesian health survey results show that as many as 27.8% of the Indonesian population do not have health insurance, 71.3% have 1 health insurance and 0.9% have more than 1 health insurance. The five provinces with the largest population without health insurance are: Papua Pegunungan (55.4%), Papua Tengah (42.7%), Maluku Utara (41.5%), Maluku (39.4%), and Jambi (37.0%). More than half of households (59.6%) that have health insurance covered by the state (PBI and Jamkesda) use health services at the Community Health Center. Efforts need to be made to increase the coverage of participants and the accuracy of determining the targets of health insurance as well as increasing access to health². This is in line with the research

of Ayuningtias et al. (2024) which found that the level of satisfaction of BPJS users was 56.5% indicating that the level of friendliness of health workers towards patients affects the level of patient satisfaction. Because patients usually surrender completely to health workers, patients will trust health workers who are friendly and polite more. BPJS customers will be satisfied if service standards are met³. In Papua Province itself, as of September 2024, active JKN participants reached 86.11%, out of 1,583,284 residents in nine districts/cities.⁴ Meanwhile, the membership of Papuan Indigenous People (OAP) in Jayapura Regency based on the report of the Jayapura Regency Health Office noted that 76% of OAP have been served by BPJS Kesehatan. Of that number, more than 50% are OAP residents from outside Jayapura Regency, while 20-25% come from local residents.⁵

New Autonomous Regions (DOBs) have an impact on the Fiscal in Papua Province because the main source of the Papua Provincial APBD comes from Transfer Funds including the Special Autonomy Fund, with the expansion of course the funds are divided, and the source of APBD funds from PAD has also been adjusted, this has an impact on the implementation of strategic programs, especially Health Services that are directly related to the community, which in the last 5-10 years the Papua Provincial Government as the central manager, has been distributed to DOBs, so that it can continue to implement and improve Health services in Papua Province. There needs to be a breakthrough regarding BPJS Membership in Papua so that all residents can be covered through centralized financing directly from the APBN.⁶

Based on the BPJS membership data, it is necessary to have separate data based on specific characteristics for indigenous Papuans (OAP) in the National Health Insurance membership. The purpose of this study is to determine the characteristics of the national health insurance membership of Indigenous Papuans in Jayapura Regency.

METHODS

This research is a quantitative research with an approach *study cross sectional* Descriptive. The population in this study were representatives of the heads of families of the OAP community who live in Jayapura Regency with a sample size of 531 respondents. The sampling technique used the *Sampling Acidental* namely a survey was conducted to heads of families who were met by chance and were willing to be recorded. The data collection instrument was a research questionnaire with Data analysis using the SPSS statistical application and data presentation in the form of tables and univariate analysis. "This research has been approved by the Research Ethics Committee [Health Research Ethics Commission of the Faculty of Public Health] with approval number [No.118/KEPK-FKM UC/2024]

RESULTS

The research respondents were indigenous Papuans (OAP) who reside and are domiciled in Jayapura Regency. The following is a distribution table of the characteristics of respondents from the OAP Community in Jayapura Regency based on JKN membership, type of insurance ownership, and length of JKN ownership:

Table 1. Distribution of Characteristics of Respondents of JKN ownership in OAP communities based on membership, type of membership and length of membership.

Character grid	n	%
JKN Ownership		
Of	467	87,94
No	64	12,06
Types of JKN Ownership		
BPJS Health	417	78,53
KPS	35	6,59
Other Health Insurance (Jamkesda and Jampersal)	79	14,87
Length of JKN Ownership		
> 1 year	249	46,89
≤ 1 year	282	53,11

Source: Primary data 2024

Table 1 shows that the majority of OAP people have become JKN participants, namely 87.94%, which is dominated by new participants ≤ 1 year of 53.11%. While the type of health insurance ownership, as much as 78.53% are BPJS Kesehatan participants.

Regarding the use of national health insurance by the OAP community in Jayapura Regency, this can be seen in Table 2 below:

Table 2. Distribution of JKN OAP utilization based on satisfaction with health services, ease of managing JKN membership and fairness in the distribution of JKN membership.

Utilization of JKN	n	%
Health service satisfaction		
What?	302	56,88
Not satisfied	229	43,12
Ease of managing JKN membership		
Of	398	74,95
No	133	25,05
Fairness in Distribution of JKN Membership		
Of	399	75,14
No	132	24,86

Source: Primary Data, 2024

Table 2 shows that 56.88% of OAP people are satisfied with the health services they receive at health facilities. In terms of ease of managing JKN membership, OAP people answered that it was easy, namely 74.95%. More than half of respondents answered that it was fair in the distribution of JKN

membership, namely 75.14%.

DISCUSSION

This study shows that the level of participation in National Health Insurance (JKN) in the Indigenous Papuan (OAP) community in Jayapura Regency is approaching *Universal Health Coverage* (UHC), which is 87.94%. This result is in accordance with the government's target through the JKN Program which aims to increase universal health coverage as mandated in Law No. 40 of 2004 concerning the National Social Security System⁷, which is then explained in more detail in Presidential Regulation No. 82 of 2018 concerning Health Insurance⁸. The results of this study are in line with research conducted by Yunida, Utami and Sunindya 2024 that 60.4% of the population of Daris Hamlet, Prasi Village, Gading District, Probolinggo Regency in 2024 had become JKN participants⁹. Based on research conducted by Wati RM et al. (2025), there is a correlation between involvement in the Independent National Health Insurance and a person's intention, social support, and ease of obtaining the information needed to use the National Health Insurance¹⁰. According to Hilmy, M. Y (2024), it is known that JKN in Sariharjo Village reached 96%. The obstacles found included deactivated cards, unevenly distributed facilities, and less effective socialization¹¹.

The most dominant type of health insurance owned by the OAP community group is BPJS Health at 78.53%, followed by regional health insurance such as the Papua Health Card (KPS) and other health insurance in the form of Jamkesda and Jampersal at 6.59% and 14.87%. This shows that although there are local programs in the regions, the nationalization of the national health insurance system through BPJS Health is still a leading program in the regions. This finding supports the statement of the Social Security Administering Agency (BPJS) Health (2023)¹² that BPJS is increasingly becoming the main reference for the Indonesian people, including special regions such as Papua.

In terms of length of membership, most of the OAP community have only been registered as JKN participants for a period of ≤ 1 year, amounting to 53.11%. This is then interpreted as the result of intensification efforts and efforts to encourage UHC for JKN registration carried out in the last few years in the Papua region, in line with the regional-based JKN acceleration program by the Papua Health Office¹³. In addition, programs such as Map, Comb, Advocacy, and Registration (PESIAR) have been *launching* to identify and register residents who do not yet have access to health services. This program is a collaboration between regional government organizations (OPD), including the Social Service and the Population and Civil Registration Service, to ensure the accuracy of population data that is a requirement for JKN membership¹⁴.

Regarding the utilization of health services, 56.88% of respondents stated that they were satisfied with the services they received, while 43.12% felt dissatisfied. This level of

satisfaction shows that although more than half of users feel quite satisfied, there are still challenges in the quality of health services in this area. This is in line with the results of research by Anggreiniboti, T., & Primal, D. (2025) which shows that there is a positive and significant influence of the utilization of health service places, and ownership of health insurance on the satisfaction of health insurance users¹⁵. Meanwhile, the report of the public satisfaction survey on health services at the Community Health Center in Jayapura Regency in 2020 conducted by Gati found that respondents predominantly assessed that the services were in accordance with the standard operating procedures (SOP) and the established regulatory provisions, with 98% of respondents stating that the services were in accordance with the standards. However, there were several notes regarding the quality of the service room and cleanliness that still needed to be improved¹⁶.

The ease of managing JKN membership administration, respondents answered quite well, with 74.95% of OAP people stating that managing membership was relatively easy. This is important considering that Papua is a region with high geographical challenges. The Indonesian Ministry of Health in the 2022 JKN Evaluation Report also emphasized that simplifying the administrative process is one of the strategies to increase JKN membership in the 3T (Underdeveloped, Frontier, and Outermost) regions¹⁷.

In addition, 75.14% of respondents felt that the distribution of JKN and KPS membership was carried out fairly. This is a positive indicator that health insurance programs in Papua have begun to reach targets fairly and proportionally, as emphasized in *Minister of Health Regulation No. 28 of 2021* about the Implementation of the JKN Program¹⁸. However, there are still 24.86% of respondents who feel there is injustice, and 25.05% who feel the administrative process is not easy. This indicates that improvements are still needed, especially in equalizing access and services.

CONCLUSIONS

Overall, this study indicates that the JKN program has been running quite well in reaching the OAP community in Jayapura Regency. The level of ownership of National Health Insurance (JKN) among OAP quite high, namely 87.94%. The type of health insurance owned is dominated by JKN BPJS Kesehatan participants at 78.53% with the majority of JKN participants having only been members for less than one year at 53.11%. In terms of service utilization, more than half of the OAP community is satisfied with the health services received at 56.88%, but stated that the ease of the JKN membership administration process was answered by 74.95%. In addition, the majority of the community considered that the distribution of JKN and KPS membership had been fair, at 75.14%.

Although the JKN program has been running quite well in reaching the OAP community in Jayapura Regency, there needs to be a policy to anticipate the dissatisfaction of health insurance users by minimizing the costs that must be paid by

health insurance users in addition to routine contributions and further efforts to improve service satisfaction, equity, and ease of administrative access so that the use of Health Insurance by Indigenous Papuans (OAP) can continue to increase and resolve health problems experienced by Indigenous Papuans. Then, more in-depth research needs to be conducted regarding the characteristics of the use of health services by the OAP community in Papua Province and the factors that influence it.

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