



National Health Insurance Ownership and Utilization with Stunting in West Sulawesi 2021: An Overview of Recent Evidence

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Abstract

Introduction: One of the policies to inform health and nutrition issues is the National Health Insurance Program (JKN), organized by the Health Social Security Administration (BPJS) under Law Number 40 of 2004 concerning the National Social Security System (SJSN). Although the coverage of JKN participation is increasing, it has not yet reached the Universal Health Coverage (UHC) target in the National Medium-Term Development Plan (RPJMN), which is 98% of the Indonesian population. So, this impacts the high nutritional issues of children under five in Indonesia, especially the suffering of stunting. **Objective:** The purpose of this study was to describe the ownership and utilization of JKN on stunting in West Sulawesi Province. **Methods:** The method in this study was a descriptive research design using SSGI 2021 secondary data in West Sulawesi Province. **Result:** The results showed that the percentage of JKN ownership for stunting toddlers was 36.2%, while the utilization of JKN for stunting toddlers was 26%. **Conclusion:** The results of the study illustrate that JKN ownership is still high compared to JKN.

Keywords: *National Health Insurance; Ownership; Stunting; Utilization*

Introduction

Facing nutrition problems is one of the 17 goals to be achieved by the Indonesian Health Sustainable Development Goals (SDGs), with the main target of reducing hunger and malnutrition for toddlers to adults by 2030 (Indonesian Ministry of Health, 2017). One-third of children under five in the world still suffer from malnutrition, namely short stature (stunt), a thin body (wasting), or being overweight. In Indonesia, on the other hand, millions of children under the age of five still have stunting and wasting at a fairly high rate, and they even have to deal with both malnutrition and overnutrition (UNICEF Indonesia, 2019).

The P2PTM of the Indonesian Ministry of Health (2018) states that one of the current government's focus areas is stunt prevention. This effort aims to ensure that Indonesian children can grow and develop optimally and maximally, accompanied by emotional, social, and physical abilities that are ready to learn and able to innovate and compete globally. The stunt is a chronic malnutrition problem caused by a lack of nutritional intake for a long time, resulting in growth disorders in children; namely, the child's height is lower or shorter than the legal age. Thus, they are more susceptible to disease and, as adults, are at higher risk for degenerative diseases. The effects of stunts are not only bad for your health, but they can also make you dumber because they stop your brain from growing.

According to WHO (2018), the prevalence of stunts in children under five was 30.8%, exceeding the SDG's target of 28%. So, we can conclude that the stunting problem has not reached the target of the SDGs. Meanwhile, the prevalence of stunts in West Sulawesi reached 41.6%, or the second-highest in Indonesia (Indonesian Ministry of Health, 2018). Therefore, the West Sulawesi Provincial Government continues to make efforts to reduce stunts by supporting the acceleration of the coverage of the National Health Insurance (JKN) participation through the APBD budget allocation so that people are no longer afraid to go to the hospital or other health services because it is free.

The National Health Insurance Program (JKN) is administered by the Indonesian Health Social Security Administration (BPJS) under Law Number 40 of 2004 concerning the National Social Security System (SJSN). The National Social Security System (SJSN) is implemented through a mandatory Social Health Insurance mechanism. The aim is that all Indonesians are protected under the insurance system so that they can fulfil their basic needs for proper health. So, the National Health Insurance (JKN) that Indonesia has is a part of the National Social Security System (SJSN) (President of the Republic of Indonesia, 2004).

The National Health Insurance Program is a government programme that aims to provide comprehensive health insurance for every Indonesian so that the Indonesian population can live healthy, productive, and prosperous lives. The benefits of this programme are provided in the form of comprehensive individual health services. These include health improvement services (promotive), disease prevention (preventive), treatment (curative), and recovery (rehabilitative), including drugs and medical supplies using quality and cost-managed service techniques (managed care) (President of the Republic of Indonesia, 2004).

According to the National Social Security Council (2022), 86.07% of the Indonesian population will become JKN participants in 2021, with the development of coverage every year continually increasing. The number of JKN membership coverage in 2019 was 224.15 million people (83.86%). It had decreased in 2020 to 222.46 million people (82.33%) and had increased again in 2021 to 23.72 million people (86.07%). Although JKN participation coverage is increasing, it has not yet reached the Universal Health Coverage (UHC) target in the National Medium-Term Development Plan (RPJMN), which is 98% of the Indonesian population, while the JKN participation coverage in West Sulawesi in 2021 is 95.44%.

Based on the above background, it can be seen that the incidence of stunts in West Sulawesi Province is still high, and the coverage of JKN participation is still below the target. This study aimed to provide a description of the ownership and use of JKN in stunt under-fives in West Sulawesi Province.

Research Methodology

The method used in this research was to use a descriptive research design, using SSGI 2021 as secondary data in West Sulawesi Province, namely, using the Census Block (BS) selected from the March 2020 National Socio-Economic Survey. The sample size obtained from SSGI data in 2021 consists of 2 districts/cities with a total of 16 BS and 160 households with the technique of stratified systematic sampling, with the estimated population size of children under five and the province as a statistical arrangement. The time and place of this research were carried out within 12 months (January 2021 - December 2021) in West Sulawesi Province.

Results and Discussion

Table 1: Demographic Characteristics with Stunt Incidence in West Sulawesi Province

Demographic Characteristics	Stunted		Not Stunted		Total
	n	%	n	%	
Toddler Age Group					
0 - 11 months	65	10.19	298	23.59	359 (18.88)
12 - 23 months	147	23.04	252	19.95	399 (20.99)
24 - 35 months	155	24.29	262	20.74	417 (21.94)
36 - 47 months	149	23.35	223	17.66	372 (19.57)
48 - 59 months	122	19.12	232	18.37	354 (18.62)
Total	638	100.00	1263	100.00	1901 (100.00)
Toddler Gender					
Male	330	51.72	633	50.12	963 (50.66)
Female	308	48.28	630	49.88	938 (49.34)
Total	638	100.00	1263	100.00	1901 (100.00)
Mother's Education					
Not finish elementary school/ not go to school	74	11.76	125	10.02	199 (10.61)
Elementary School	216	34.34	356	28.55	572 (30.49)
Junior High School	126	20.03	282	22.61	408 (21.75)
Senior High School	154	24.48	317	25.42	471 (25.11)
University	59	9.38	167	13.39	226 (12.05)
Total	629	100.00	1247	100.00	1876 (100.00)
Mother's Job					

Work	156	24.80	339	27.19	495 (26.39)
Doesn't work	472	75.04	908	72.81	1381 (73.61)
Total	629	100.00	1247	100.00	1876 (100.00)
Head of the family's Education					
Not finish elementary school/ not go to school	84	13.17	152	12.03	236 (12.41)
Elementary School	292	45.77	458	36.26	750 (39.45)
Junior High School	105	16.46	243	19.24	348 (18.31)
Senior High School	116	18.18	300	23.75	416 (21.88)
University	41	6.43	110	8.71	151 (7.94)
Total	638	100.00	1263	100.00	1901 (100.00)
Head of the family's Job					
Doesn't work	24	3.76	40	3.17	64 (3.37)
Labor/other	46	7.21	96	7.60	142 (7.47)
Farmers and Fishermen	413	64.73	713	56.45	1126 (59.23)
Self-employed	110	17.24	280	22.17	390 (20.52)
Private employees	30	4.70	67	5.30	97 (5.10)
Civil Servant / Indonesian National Army / Republic of Indonesia Police / State-Owned Enterprises / Regional-Owned Enterprises	15	2.35	67	5.30	82 (4.31)
Total	638	100.00	1263	100.00	1901 (100.00)
Regional Classification					
Urban	127	19.91	260	20.59	387 (20.36)
Rural	511	80.09	1003	79.41	1514 (79.64)
Total	638	100.00	1263	100.00	1901 (100.00)

Source: SSGI 2021 Data for West Sulawesi Province

Based on Table 1, we found that most stunted toddlers were in the age group of 24-35 months by 24.29%. Most stunted toddlers were male (51.72%). The stunted toddlers with a mother's education level completing elementary school were 34.34%, and the stunted toddlers with the employment status of mothers who did not work were 75.04%. The stunted toddlers whose education level was higher than that of the head of the family mostly finished elementary school by 45.77%, the stunted toddlers whose jobs as head of the family were mostly farmers and fishermen by 64.73%, and the stunted toddlers lived in rural areas by 80.09%.

From the expected results obtained from the data, it was stated that the level of a mother's education could reflect the results of the upbringing of children under five. Most of them live in rural areas and only rely on the work of the head of the family as farmers and fishermen, while the work of the mother only works as a housewife and does not generate additional income for the head of the family (father). Researchers assume that the importance of fulfilling nutrition in children is needed for the process of growth and development. This situation can affect the intelligence response of children because of the lack of balanced nutrition in the child's body (Arini, Mayasari & Rustam, 2019).

The problem of stunts in the province of West Sulawesi directly influences the quality of human resources, namely the problem of nutrition in children. Nutritional problems result in body weight under normal conditions (thin) or a short body (stunt) (Beal et al., 2018). The stunt is generally associated with low overall socioeconomic conditions and/or repeated exposures that can be in the form of diseases or events that can harm health. The socioeconomic level of the family can be seen from the family income.

The results of this study don't match up with the research of Hamed, Hegab & Roshdy (2020), which says that age, gender, place of residence, and parents' education and job don't have a big effect on the number of stunted children. It also did not find a relationship between the incidence of stunts and socioeconomic family status. In 2014, the Egypt Demographic and Health Survey showed that stunting might not be a sign of poverty or a lack of food. Instead, it might be a result of poor eating habits and a lack of knowledge about how healthy nutrition is important for children's growth (Hamed, Hegab & Roshdy, 2020).

Table 2: National Health Insurance Program (JKN) Card Ownership for Stunt Toddlers

Ownership JKN	Stunted		Not Stunted		Total
	n	%	N	%	
Have JKN	231	36.2	464	36.7	695
Doesn't have JKN	407	63.8	799	63.3	1206
Total	638	100	1263	100	1901

Source: SSGI 2021 Data for West Sulawesi Province

Based on Table 2, we knew that most stunted toddlers in West Sulawesi Province did not have a JKN card, with a percentage of 63.8% of stunted toddlers who had a JKN card, which was 36.2%. This proves that BPJS Healthcare does not cover most toddlers who experience stunts, so there is limited access to health services. Meanwhile, in the national strategy to accelerate the prevention of stunts, the provision of access to health insurance is one of the interventions that must be met (Secretariat of the Vice President of the Republic of Indonesia, 2019). So, it can be concluded that one of the interventions to accelerate stunt prevention in West Sulawesi Province has not been fulfilled.

Table 3: Usage of National Health Insurance Program (JKN) Card for Stunt Toddlers

Usage JKN	Stunted		No Stunted		Total
	n	%	N	%	
Use	60	26	117	25.2	177
Doesn't use	171	74	347	74.8	518
Total	231	100	464	100	695

Source: SSGI 2021 Data for West Sulawesi Province

Based on Table 3, we knew that most stunted toddlers in West Sulawesi Province did not use their JKN card, with a percentage of 74% of stunted toddlers who used their JKN card, which was 26%. This proves that most toddlers who experience stunts have never been routinely examined to deal with their stunt problems at health service facilities. This is very important to improve the growth and development of stunted toddlers, especially in terms of giving vitamin A, anti-worm medicine every six months, providing additional food (PMT), and giving other vitamins such as vitamin B complex and vitamin C as recommended by a doctor. So, Bhutta *et al.* (2017) say that the community needs to know how important it is for village midwives or nutritionists to check on stunted toddlers on a regular basis so that stunt toddler therapy can be managed in the best way possible.

Conclusion

Stunted toddlers in West Sulawesi Province were mostly in the 24-35 month age group by 24.29%. The male gender was 51.72%. The mother's education level was elementary school by 34.34%. The mother's employment status was not working at 75.04%. The level of education of the head of the family was elementary school at 45.77%. The head of the family was a farmer and fisherman, with 64.73%, and most of them lived in rural areas, with 80.09%. Most stunted toddlers in West Sulawesi Province did not have a JKN card, 63.8%. This showed that stunted toddlers in West Sulawesi Province were mostly not covered by BPJS Healthcare, so access to health services was limited. The use of the JKN card by stunted toddlers in West Sulawesi Province was mostly not used by 74%. This showed that most stunted toddlers have never been routinely checked at health service facilities to deal with their stunt problems.

Conflict of Interest

The authors declare that they have no conflict of interest.

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