



Participation and utilization of National Health Insurance (NHI) for seaweed farmers in Sanrobone District, Takalar Regency

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ABSTRACT

NHI is designed to be used by all Indonesian people in accordance with its goal of guaranteeing the health of all Indonesian people, without restrictions on gender, age, economic group, type of job, location of residence, and others. The purpose of this study was to determine the membership and utilization of NHI among seaweed farmers for seaweed farmers in Sanrobone District, Takalar Regency. The type of research is a mix of qualitative and quantitative methods. Quantitative research was carried out using a descriptive approach based on the results of an assessment through a questionnaire about the participation and utilization on seaweed farmers. Qualitative research with a research approach is an ethnographic study to examine the participation and utilization of seaweed farmers. The results of the data analysis show that the majority of seaweed farmers are not NHI participants, namely 435 people (61.6%) with the highest type of NHI being the independent type, as many as 225 people (31.9%) of the total NHI participants. The utilization of NHI by seaweed farmers is still very minimal, as much as 176 people (24.9%). In-depth interviews with seaweed farmers do not access healthcare facilities when they experience illness or health problems. Some of them are actually NHI participants but prefer not to take advantage of it. Lengthy preparations, transportation funds, and queuing processes at registration counters are factors that reduce people's interest in using NHI. In fact, seaweed farmers or families of seaweed farmers pay NHI contributions every month. Seaweed farmers tend to avoid consuming chemical drugs and prefer traditional treatment, either by massage methods or the use of natural plants. The participation and utilization of the National Health Insurance for seaweed farmers in Sanrobone District, Takalar Regency is still very minimal.

Keywords: National Health Insurance; seaweed Farmer; health care

1. INTRODUCTION

Health is a crucial aspect, both for individuals and communities. Public health assurance is one of the roles of the government, and its impact reflects on the government's success. The condition of public health significantly influences various aspects of governance. Therefore, the government establishes a health assurance system for the community, known as the National Health Insurance (Jaminan Kesehatan Nasional or JKN). Jaminan Kesehatan Nasional (JKN) is a government program aimed at providing comprehensive health assurance for all Indonesian citizens to ensure they are healthy, productive, and prosperous (Tama and Suryani, 2022).

Health development is an integral part of national development, aimed at improving the optimal level of community health. In its implementation, the National Health Insurance (Jaminan Kesehatan Nasional or JKN) faces various challenges, starting from the stages of socialization, levels of acceptability, feasibility, accuracy, compliance, and participation (Desriyani, Erika, Mira Indah Pratiwi Limbong, Nisa Azizah Rahma Ginting, 2022). JKN is designed to be accessible to the entire Indonesian population, in line with its goal of ensuring the health of all Indonesians, without limitations based on gender, age, economic group, occupation, location of residence, and other factors.

In the course of the implementation of the national health insurance program, there are several issues, particularly concerning membership. Nationally, membership in the National Health Insurance (Jaminan Kesehatan Nasional or JKN) in Indonesia has consistently increased from 2014 to 2019. By the end of 2020, the membership of the BPJS Kesehatan reached 222.5 million people, equivalent to 81.3% of the population in Indonesia. Based on this, it can be concluded that there was a decrease in membership in the implementation of the National Health Insurance from 2019 to 2020 (Putri, Suryati, and Nandini, 2022; Yumna, Saputri, and Anbarani, 2023).

Research results indicate that education level, place of residence, age, gender, occupation, marital status, and wealth predict membership in the National Health Insurance (Jaminan Kesehatan Nasional or JKN) among the impoverished population. Due to significant differences in all these predictors among the impoverished population with varying levels of education, our findings emphasize the importance of government investment in JKN, which should be supported by investment in the education of the impoverished population (Putri, Laksono, and Rohmah, 2023).

The National Health Insurance (Jaminan Kesehatan Nasional or JKN) is available to everyone, including seaweed farmers. In every type of occupation, there are various potential health issues that could arise and are highly suitable for coverage under JKN. For seaweed farmers, health complaints such as bodily pain and work-related injuries are significant health issues with a high likelihood of being experienced by them.

Seaweed farming is one of the informal sector occupations with risks of health issues due to repetitive tasks involving standing, bending, squatting, and maintaining

monotonous postures. These repetitive movements can lead to health problems such as muscle pain, injuries, and other health disorders. Additionally, seaweed farmers often engage in activities like lifting seaweed onto land and sun-drying them, carried out from morning to afternoon, making them susceptible to various health problems (Pratiwi, 2020). This is further supported by research reports stating that all respondents who were seaweed farmers experienced muscle pain in various parts of their bodies (Indah Permatasari, Mayumi Nitami, Erna Veronika, 2021).

Indonesia is a maritime region with vast sea territories, making the sea a strategic location to meet daily needs, especially for coastal areas. The management of natural resources and the environment has been ongoing, showcasing significant progress in improving the welfare of the community. One notable advancement is in the field of aquaculture, particularly seaweed cultivation, which has seen considerable growth up to the present day (Sarifah, 2019).

South Sulawesi is one of the largest seaweed producers in Indonesia. Seaweed commodities have become a primary focus for export activities in South Sulawesi, supported by the environmental conditions that have significant potential in several areas of the province. Takalar Regency is a major contributor to seaweed commodity production in the region (DKP, 2017).

The availability of competent human resources is crucial for the development of seaweed production. Indonesia possesses significant potential for seaweed cultivation, but lacks adequate infrastructure and skilled labor. According to Qalsum et al. (2018), the main constraints in seaweed production stem from traditional methods employed by farmers that often overlook other aspects. These include a lack of proficiency and application of technology, inadequate promotion, and limited capital ownership.

Seaweed farmers are a significant part of the livelihood for many in the Sanrobone District, Takalar Regency. This is supported by the geographical location of the region, which is coastal. However, there hasn't been specific research focusing on the participation and utilization of the National Health Insurance (Jaminan Kesehatan Nasional or JKN) by seaweed farmers. Therefore, researchers conducted a study on the participation and utilization of the national health insurance (JKN) among seaweed farmers in the Sanrobone District of Takalar Regency.

2. METHODS

The research involves a mixed-method approach, combining both qualitative and quantitative methods. The quantitative research is conducted using a descriptive approach based on the assessment results obtained through questionnaires administered to seaweed farmers in the Sanrobone District of Takalar Regency. On the other hand, the qualitative research focuses on understanding the reasons for participation and utilization of the National Health Insurance (JKN) among seaweed farmers in the Sanrobone District of Takalar Regency according to the community. This methodology aims to describe the

subjects and depict their behavior, either as individuals or as part of a group, influenced by the culture or subculture of their living environment.

This research was conducted in Sanrobone District, Jeneponto Regency, which is one of the coastal areas predominantly inhabited by seaweed farmers. This study is a mixed-method research designed to obtain answers in line with the research objectives. The quantitative research was conducted to understand the reasons for participation and utilization of the National Health Insurance (JKN). A total of 706 respondents participated in filling out the questionnaires, assisted by enumerators in the field. Additionally, 9 key informants and 3 additional informants agreed to in-depth interviews. Information for both qualitative and quantitative aspects of the study was obtained using purposive sampling method, with the following informants among others:

1. Key informants are active seaweed farmers who are native residents with a tenure of ≥ 1 year residing in the Sanrobone District of Takalar Regency.
2. Additional informants include community leaders, religious figures, village officials, and healthcare professionals..

Various data sources were utilized in this research to facilitate information collection, including: primary data obtained from questionnaire responses, in-depth interviews, and observations of the informants; and secondary data, which includes information acquired from the internet through literature review by reading, noting, and studying supplementary materials or references such as journals, websites, and proceedings.

The stages conducted in this research are as follows:

- ✓ Administration and research permit management
- ✓ Advocacy with local government
- ✓ Selection of research informants
- ✓ Data collection through quantitative questionnaires, in-depth interviews, observations, and qualitative documentation
- ✓ Data cleaning from questionnaire measurements
- ✓ Data entry from questionnaire measurements
- ✓ Descriptive data analysis from questionnaire responses
- ✓ Data reduction from in-depth interviews, observations, and qualitative documentation
- ✓ Preparation of research findings
- ✓ Preparation of discussion
- ✓ Drawing research conclusions and recommendations

In ethnographic studies, a variety of data is collected by spending time in the research location to understand the cultural patterns of a particular group. The data collection techniques used include:

1. In-depth Interviews
2. Literature studies
3. Observation
4. Documentation

In quantitative descriptive studies, data is collected using pre-prepared questionnaires. The data analysis technique involves specific stages conducted after the data collection process to obtain valuable information, namely: (1) data reduction, (2) data display (interpretation of data), and (3) conclusion drawing/verification (drawing conclusions).

3. RESULTS AND DISCUSSION

Results

The data collected through questionnaires and interviews are gathered and then processed and analyzed. Below are the results of the analysis from the quantitatively collected data.

1. Characteristics of Seaweed Farmers

Data related to the characteristics of seaweed farmers was collected using a questionnaire instrument. The results of the data collection can be seen in the following table.

Table 1. Distribution of Respondents Based on the Characteristics of Seaweed Farmers in Sanrobone District, Takalar Regency

Ages	Mean ± SD	Min-Max	n (N=706)	%
16 – 26			84	11,9
27 – 36	43,21 ±		169	23,9
37 – 46	13,86	16 - 84	175	24,8
>46			278	39,4
Work Duration (hours)				
5 – 8	6,20 ± 2,43	1 - 12	408	57,8

>8			101	14,3
Work Experience (year)				
1-10			393	55,7
11 – 20	13,66 ±	1 - 55	187	26,5
21 – 30	11,34		65	9,2
>30			61	8,6

Source: Data Primer, 2023

The data analysis results indicate that the majority of seaweed farmers fall into the age category of >46 years, totaling 278 individuals (39.4%). In terms of their tenure as seaweed farmers, the majority have worked for 1-10 years, totaling 393 individuals (55.7%), with an average of about 13 years. Regarding their working duration, on average, they work for about 6 hours per day. The majority work for 5-8 hours per day, comprising 408 individuals (57.8%). The distribution is illustrated in the pie chart below.

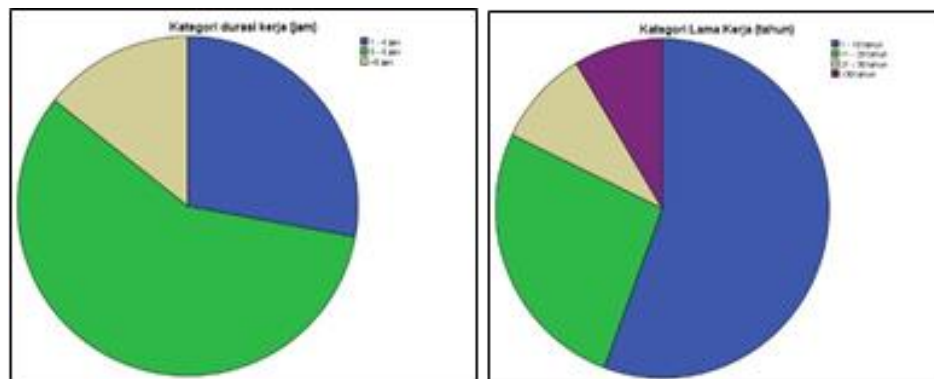


Figure 1. Distribusi responden berdasarkan karakteristik petani rumput laut di Kecamatan Sanrobone Kabupaten Takalar

2. Identification of Participation and Utilization of National Health Insurance (Jaminan Kesehatan Nasional or JKN)

Data on participation and utilization of the National Health Insurance (Jaminan Kesehatan Nasional or JKN) was obtained through a questionnaire instrument. The results of the data collection can be seen in the following table.

Table 2. Distribution of Respondents Based on National Health Insurance (JKN) Membership Among Seaweed Farmers

JKN Membership Status	n (N=706)	%
Member of JKN	271	38,4
Non-Member of JKN	435	61,6
JKN Types	26	3,7
JKN-KIS		
BPJS ASN	20	2,8
BPJS Mandiri	225	31,9

Source: Data Primer, 2023

The data analysis results show that the majority of seaweed farmers are not participants of the National Health Insurance (Jaminan Kesehatan Nasional or JKN), totaling 435 individuals (61.6%). Among those who are JKN participants, the majority are enrolled in the BPJS Mandiri category, amounting to 225 individuals (31.9%) out of the total JKN participants. The proportions can also be visualized in the following pie chart.

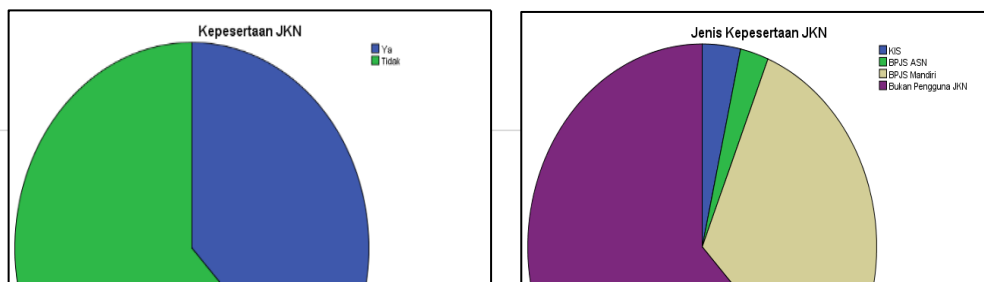


Figure 2. Distribution of respondents based on National Health Insurance (JKN) membership among seaweed farmers in Sanrobone District, Takalar Regency

3. Utilization of Healthcare Facilities

The utilization of healthcare facilities refers to the access to healthcare facilities using the National Health Insurance (Jaminan Kesehatan Nasional or JKN) by seaweed farmers. The distribution can be seen in the following table.

Table 3. Distribution of Respondents Based on the Utilization of National Health Insurance (JKN) among Seaweed Farmers in Sanrobone District, Takalar Regency

JKN Utilization	n (N =706)	%
Used	176	24,9
Not used	530	75,1

Source: Data Primer, 2023

The data analysis results indicate that the utilization of the National Health Insurance (Jaminan Kesehatan Nasional or JKN) by seaweed farmers is still very minimal, totaling 176 individuals (24.9%).

4. Management of MSD using Local Wisdom

Characteristics are inherent to each individual, which in this study include gender, age, duration of work, and length of work of seaweed farmers. The characteristic information for the research can be seen in the following table:

Table 4. Informan Characteristics

No	Informants	Gender	Ages	Work Experience (years)	JKN Membership
1.	SA	MALE	51	>10	Non-member JKN
2.	MN	MALE	40	>10	Member JKN Mandiri
3.	RD	FEMALE	66	>10	Member JKN Mandiri
4.	DL	FEMALE	45	>10	Member JKN Mandiri
5.	MD	MALE	60	>10	Non-member JKN
6.	SG	FEMALE	59	>10	Non-member JKN
7.	FD	MALE	35	>10	Non-member JKN
8.	RK	MALE	49	>10	Member JKN Mandiri
9.	MM	MALE	29	>10	Non-member JKN
10.	ND	MALE	32	>10	Member JKN Mandiri
11.	MA	FEMALE	49	0	Member JKN ASN
12.	AR	FEMALE	35	0	Member JKN ASN

Source: Data Primer, 2023

Based on the table above, all informants have a work experience of over 10 years, with a mix of both male and female participants. Building on the quantitative data, the research team then proceeded with in-depth interviews with seaweed farmers who frequently experienced MSDs complaints but did not access healthcare facilities. Interestingly, some of them were actually members of the National Health Insurance (Jaminan Kesehatan Nasional or JKN) but chose not to utilize it. The following are excerpts from the interviews:

"I don't go to the Community Health Center, yeah, I don't go to healthcare facilities. I have a health insurance card, but I'm just lazy. I have to prepare to go to the Community Health Center, find a ride there, pay for a motorcycle taxi, then wait in line again once I'm there. It just feels like too much effort." RD. Perempuan. 66 Tahun. JKN Mandiri.

Responses like this were almost stated by all informants. The lengthy preparation, transportation costs, and the queueing process at the registration counter are factors that reduce the community's interest in utilizing the National Health Insurance (Jaminan Kesehatan Nasional or JKN). Yet, they or their families pay the JKN premium every month.

"I don't have insurance. If it's really necessary, I can just pay directly at the counter, around fifteen thousand for the registration, they said it covers the cost of the medicine. But, I rarely have to go to the Community Health Center, let alone a hospital. Thank God I'm healthy. I'm lucky. At most, if I have muscle aches, well, that's just a part of working, everyone gets tired. When I have muscle aches, I massage and use some medicated oil, and it's quite relieving, a good sleep helps too. Rather than going to the Community Health Center and being given medicine. Taking medicine too often is not good, it's dangerous for the body. It's better to drink hot coffee, massage with medicated oil, and eventually the muscle aches go away." MD. Laki-Laki. 60 Tahun. Non-member JKN

"How can I put it, I rarely go to the Community Health Center or the hospital, so I didn't enroll in JKN. You have to pay every month, and everyone's name on the Family Card has to be registered, so it's a financial burden. Even though if there's some aches due to work, it's a common thing. People who work are like that. Just take it easy. After work, it's great to have warm sweet tea. The fatigue just vanishes. If you have body aches, you just need rest. Don't rush to the doctor every little while, don't take medicine every little while. In fact, that can cause more health problems. We prefer traditional ways." SG. Perempuan. 59 tahun. Non-member JKN.

From the interview results, it was found that the community is quite aware of the use of pharmaceuticals with chemical ingredients. They tend to avoid consuming chemical drugs and prefer relaxation through traditional methods such as drinking warm coffee or tea or using massage techniques with massage oil.

"Yes, that's what's usually practiced at home by my mother. Our bodies adapt to it. When it comes to treatment, there's nothing special. But at times, at home, my

mother often uses herbal medicine made from plants. Like drinking turmeric juice, and there are various leaves. She says it helps us stay fit for work, healthy, and not easily get sick." MM. Laki-laki. 29 Tahun. Non-member JKN.

"Just a normal routine, in the morning I have coffee, fried bananas, and do the work that needs to be done. The food is also regular, rice and side dishes. The same goes for the evening. Nothing special. If I'm sick, sometimes I just rest, eat well, and it rarely goes to a fever for more than 3 days. Thank God, I recover quickly when I'm sick, so even if I don't go to the doctor, I'll recover on my own, that's the way it is." ND. Laki-laki. 32 Tahun. Member JKN Mandiri.

"If I have aches, I ask my child to massage me with massage oil. Sometimes the massage makes me fall asleep. When I wake up, I'm usually feeling better, and I can resume work. Sometimes, if it leads to a fever, I'll just take paracetamol. I always have it ready at home. That's all. So, I don't have to go to the Community Health Center." DL. Perempuan. 45 Tahun. Peserta JKN Mandiri

From the interviews with several informants, it is known that the use of massage oil is a common remedy for aches and pains used by the community. Additionally, consuming beverages like brewed tea or coffee when warm is believed to provide a relaxing effect, reducing the perceived fatigue after work. Hence, even if they are a member of JKN, they don't feel a strong need to use it when experiencing MSDs complaints. And for those who are not JKN members, they feel it's unnecessary to enroll because they rarely find the need to use it.

Discussion

One of the missions of the Social Security Organizing Body (BPJS) Health is to expand JKN-KIS membership coverage throughout Indonesia by enhancing partnerships with all stakeholders and encouraging community participation, as well as improving compliance with membership. Efforts to promote community participation in achieving universal health coverage mean that all Indonesian citizens must be registered as JKN-KIS members. Therefore, it is important for all sectors to support and collaborate to ensure that all Indonesian citizens are registered as JKN members with proof of ownership of the JKN card. According to the Regulation of the President of the Republic of Indonesia Number 12 of 2013 concerning Health Insurance, health insurance is defined as protection to ensure that members obtain the benefits of health maintenance and protection in meeting basic health needs, provided to every person who has paid their premiums.

Based on the questionnaire distributed to the community, the results showed that only 24.9% of the population are JKN members. The low ownership of JKN cards indicates that many citizens are not yet registered as JKN members and are not aware of the importance of having a JKN card. Awareness of insurance involves understanding and comprehending insurance, enabling individuals to determine their willingness to

participate in insurance programs, including JKN, marked by openness in accepting and utilizing the benefits of JKN (Siswoyo et al., 2015).

Based on qualitative in-depth interviews, the community tends to find it more complex to access healthcare facilities, such as preparing themselves, transportation costs, and even more time and effort to queue at each healthcare service location, from registration counters to medication collection counters. The community tends to not become JKN members, especially for needs that are not perceived as high. They prefer traditional remedies and steer away from chemical-based treatments, which they perceive as potentially harmful to their health.

Even if they eventually need to access healthcare services, it is easier for them to pay for individual check-ups rather than paying the monthly premiums for JKN, especially when the utilization is not frequent. These are some of the factors that contribute to the low JKN membership among seaweed farmers in the research area.

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