



Model Problems of Socialization Systems of National Health Warehouse by the Executive Office of the National Health Security Agency Province Southeast Sulawesi Indonesia

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Abstract

Health problems in Indonesia are very diverse, one of which is the problem of inadequate availability of health budget. This condition affects the low availability of health services affordable by the community, because health services become expensive. As a result, the poor and incapable continue to experience health problems because they do not have the cost to purchase health services. Facing these problems, then since January 2014 the government implements the National Health Insurance (NHI) that applies to all the people of Indonesia. With the NHI program, it is expected that there will be no more poor, who do not seek medical treatment because they have no cost. The objective of the research is to analyze the effectiveness of NHI Socialization System by the Office of the Social Security Agency (SSA) of Southeast Sulawesi Province, to model problem and solution problem of effectiveness of Socialization System of NHI. Type of Survey Research, using Mix Qualitative quantitative method. Outpatient patient sample. Patient informant and SSA officer. Data collection using questionnaires, in-depth interviews and document review. The result of the research shows that the implementation of National Health Insurance in SSA Office has been adequate and effective. However, in its implementation still experienced problems both from service mechanism, external environmental aspects, service quality, and service resources. Conclusion; the implementation of the socialization of the National Health Insurance in SSA office has been done effectively but in its implementation still experienced problems such as policy aspects, service management, service quality, and readiness of resources. Recommendation; the need for SSA Parties to improve policy, improve service management, training for officers, and fulfillment of service resources needs.

Keywords: National Health Insurance; Membership Service; Effectiveness.

1. Introduction

"Health is a Fundamental Human Right" is the concept of the World Health Organization (WHO) to ensure that everyone can live healthy to produce. The ownership of such rights by a person expressly reflects two absolute obligations for any person or institution that strives for and provides health services that is to nourish the sick and maintain a healthy one. Thus it is in itself an obligation of every country in the world to ensure that such rights can be fulfilled and accepted by the whole population, [1] The Government of Indonesia since January 1, 2014 has implemented the National Health Insurance for all its people gradually until January 1, 2019.

Through the implementation of the National Health Insurance (NHI), no longer expected the people of Indonesia, especially poor people who do not seek treatment at health facilities at kala sick of having no cost. This Guarantee is called the National Health Insurance because all residents of Indonesia are required to become health insurance participants managed by the SSA including foreigners who have worked for a minimum of six months in Indonesia and have paid dues [2].

The follow-up to the mandate of the Constitution mandates the transformation of the organizing body of the existing organizational body to become SSA Health and SSA Employment [3]. The need for commitment and sincerity of the Government in organizing Social Security for all the people and at the same time establishing

the Laws and Regulations policy as legal umbrella and legal basis to implement it [4] Nowadays people have difficulty accessing NHI information. The socialization conducted by the government has not been comprehensive to the regions. The National Health Insurance Program held by SSA health has been running for about 1 year, however, not all people know how the program works. The result of the interview in the preliminary research found that in the case of socialization most informants said they had never received socialization, did not know there was socialization of NHI socialization and never got NHI socialization conducted by SSA. In relation with NHI socialization activity by SSA Kendari Office, the initial interview result obtained that generally patient and society have not get socialization of NHI implementation by SSA officer, NHI information is only obtained through electronic media and print media. Most informants still feel the lack of information about NHI.

For example, how do people know whether they are registered to be a PBI participant or not. And how to get NHI services. The lack of information makes people confused. This is in line with research [5] that socialization is an obstacle in the implementation of labor delivery.

Reference [6] that there are internal and external constraints in the implementation of the Jamkesmas program, and the obstacle is the lack of socialization. Research Objectives To Analyze Effectiveness And Prepare Model Problems Implementation of Socialization of National Health Insurance by the Office of National Health Insurance Implementing Agency of Southeast Sulawesi Province

2. Materials and Methods

Type of survey research, using qualitative and quantitative methods with cross-sectional design study. Patient informants and SSA Office Officers. Data collection using questionnaires, observation, in-depth interviews and document review. Quantitative data analysis is done by using SPSS program [7]. The analysis of qualitative data by analyzing the problem is done descriptively, which emphasizes its analysis on the process of inference to the dynamics between observed phenomena, using logic and the ways of formal and argumentative thinking [8]. The research was conducted in 2016, at the Office of SSA of Southeast Sulawesi Province.

3. Results

Socialization of the implementation of NHI by SSA officers is needed by the public in general. With the dissemination of information will be disseminating information and education to the public about the implementation of NHI. Effective socialization will help people know their rights and obligations in health services. From the result of the research, it is found that most of respondents stated that socialization activity has been sufficient as many as 57 respondents (55,3%) meanwhile socialization activity is not enough as 46 respondents (44,77%). In the case of Problem Model of Socialization System of SSA Office of South East Sulawesi, as found from the respondent's complaint is clearly illustrated in Figure 1:

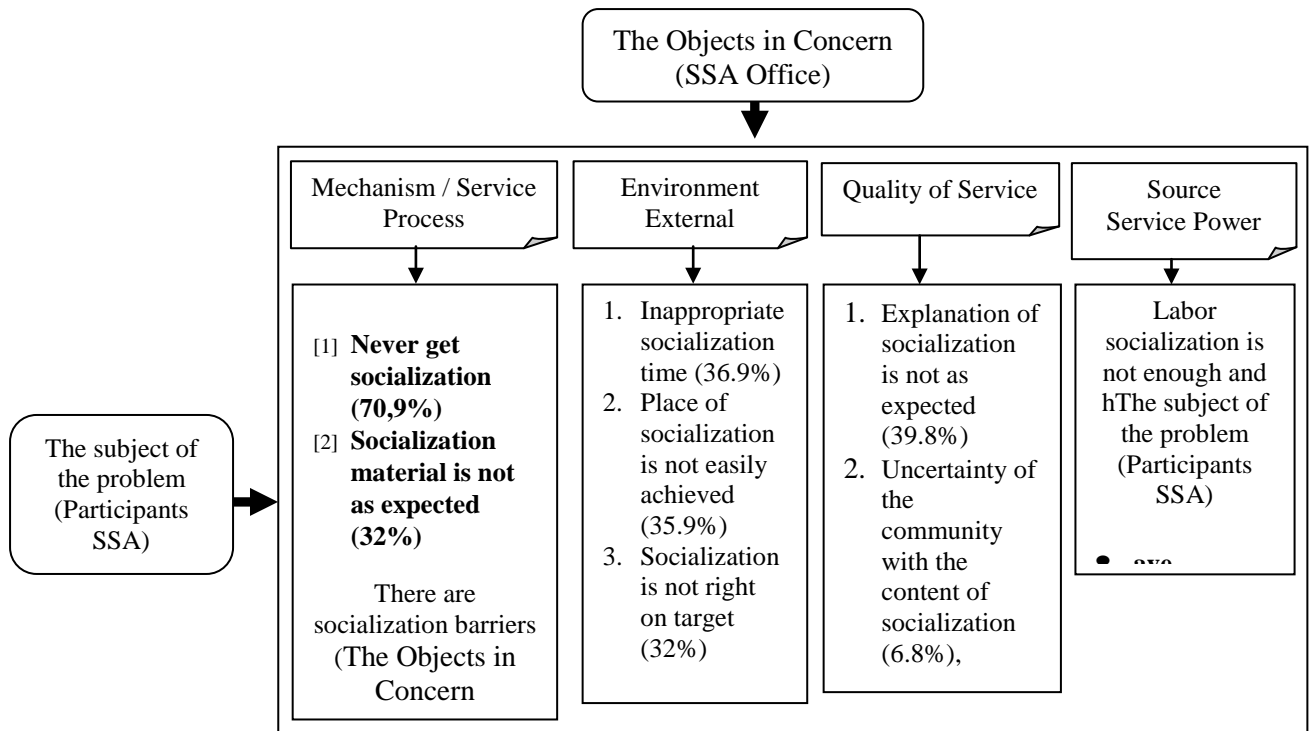


Figure 1: Models of Problems of Socialization System by SSA Office of Southeast Sulawesi Province

4. Discussion

Socialization is the process of disseminating information to outsiders with the aim to influence a person or society at large. According to [9] there are two factors that can affect the socialization process: a). Intrinsic factor. From the very beginning human beings have possessed the innate nature of talents, physical characteristics, and special abilities of their parents' inheritance. This factor will be a provision for someone to carry out various activities in the socialization. The result will be very influential, especially in the acquisition of skills, knowledge, and values in the socialization itself. b). Since man was born he has gained influence from the environment around him which is called an extrinsic factor.

These factors can be values, custom habits, customs, norms, social systems, cultural systems, and living livelihood systems that exist in society. The values and norms that exist in the community serve as guidelines for a person to perform various activities so that his attitude and behavior in accordance with the expectations of the community.

Reference [10] stated that there are two main classes of socializing agents for children: cognitive factors and social factors. While cognitive factors are related to age, social factors include family, media and peers. Fundamental factors of a new kind of socialization, cognitive role structure of society and spiritual ability determine creativity and play an important role in the development of community knowledge [11]. Reference [12] Well-planned socialization of economics and culture, and to deeply entrenched alignment with a positive home economics identity

Factors Causing Socialization Ineffectiveness By SSA Office

From the results of interviews of respondents stated that the socialization system is not effective, socialization has been done but not optimal and socialization efforts continue to be done by SSA officers. This result is in line with research [13] that stated socialization has been done but not yet optimal. Reference [14] stated that there is still continuous socialization of NHI implementation. The cause of ineffectiveness of socialization is due to the fact that the distance from socialization sites is far from being accessible, the socialization staff is limited so that there is insufficient energy and time to reach the wide socialization area, the location of socialization is difficult to reach, the lack of support and the role of the local government apparatus and the lack of community support. Inhibiting factors of socialization include the busyness of the community in their daily work so that they do not have enough time to come to the socialization because people are more concerned with their work than the socialization. Lack of public awareness of the importance of socialization, so some people feel no need to follow the socialization, on the other side of the language communication factor when socialization in the common people will disrupt the understanding of socialization materials. Reference [15] stated that barriers to the implementation of socialization include; great distances, public attitudes, and the presence of disliking parties. In the case of the implementation of NHI, currently people generally do not understand and know about the NHI program in general, it is in line with the study [6] that the implementation of Jamkesmas Program impediment due to lack of socialization. Reference [16] the lack of intensity of socialization so that the participation of the community in the service of participation is less. Reference [17] stated that socialization effort is needed so that information is acceptable to all levels of society. Reference [18] stated that the socialization of dental services, registration procedures and dental procedures for SSA participants are still lacking. [19] stated that the need to socialize the Jamkesmas program so that the community can understand the Jamkesmas program

Although the implementation of the National Health Insurance Socialization has been carried out by SSA as often as possible in all corners of the district / city, including all elements / community communities but it is not maximally done because basically related to the lack of public interest / interest in getting information. Lack of public participation to get socialization it will be difficult to disseminate information about the importance of NHI services, thus the community will be hampered to get NHI services because of their lack of understanding. Another problem in the socialization where the SSA has not planned well the implementation of socialization system this can be seen from the lack of socialization invitations distributed to the community, because the well-planned socialization process is very influential on, some participants are less familiar with the content of socialization obtained because the lay with the content of many socialization materials, and other issues of limited time of question and answer discussion. With the various problems in the socialization system, the SSA, related institutions including the local government need to synergize and reorganize the socialization process by conducting socialization in an integrated, sustainable, individual, community, and involving the local community. Reference [20] stated that interpersonal communication as the main channel of society in obtaining information. Reference [15] mentioned the barriers to socialization activities include; great distances, public attitudes, busy socializers, and some dislike. Supportive factors; support from stakeholders, support from health facilities, cooperation with the mass media, open community attitudes and active community roles. Reference [21] stated that the barrier to the socialization process is the lack of communication. Reference [22]

communication barriers consist of psychological barriers to ecological barriers that are inadequate, anthropological barriers to language differences between communicators

Model Problem Effectiveness Implementation of Socialization By SSA Office

From Figure 1, the model of the problem of effectiveness of the implementation of socialization by SSA officers includes: a). Mechanism / service process Mechanism / Service procedure is one of the standards of public service. Service procedures should be standardized for the giver and the recipient of public services, including complaints so that no future problems arise. Service procedures should be established through minimum service standards, so that the service recipient can understand the mechanism. The principle of the provision of good public services is the ease and simplicity of the service mechanism, since the commencement of service until the end of the service, the participants felt no difficulty and any obstacles. The participants' complaints about socialization services were 70,9%, socialization was not as expected (32%), socialization barrier (26,2%), and no discussion in socialization (16,5 %), this indicates that in the case of socialization service mechanism is still found problems, therefore with the condition of socialization services that have not been adequate then the need for SSA make improvements management of socialization services by preparing a socialization plan carefully to facilitate socialization services and can be received well by the whole society. b). External environment. The external environment in this case the location of NHI socialization services is seen from the distance where the community lives, the time of socialization, and the target of socialization. The close proximity of the location of the residence will affect the desire of the community to come to the place of socialization services NHI. There are still public complaints in terms of socialization services in the form of inappropriate socialization time (36.9%), where socialization is not easily achieved (35.9%), and socialization is not right target (32%), it shows that there are still problems in NHI socialization service, therefore the need for SSA to improve service management by conducting planning and monitoring of socialization in an integrated manner. c). Quality of service. Quality is a product or service that qualifies or desires the customer, where the customer can use or enjoy the product or service with great satisfaction and he becomes a regular customer. The success of the public service process depends on two parties: bureaucracy (minister) and community (served). Thus, to see the quality of public services need to be considered and studied two main aspects namely: First, the internal process aspects of bureaucratic organization (minister); second, the external aspect of the organization is the benefit perceived by the customer community. Conditions of Service Socialization explanation officers are not as expected (39.8%) and the lack of understanding with the community.

Limitations of this study are some of the respondents and informants have a limited time to provide detailed information at the time of the interview.

5. Conclusions and Recommendation

Conclusion; the implementation of the socialization of the National Health Insurance in SSA office has been done effectively but in its implementation still experienced problems such as policy aspects, service management, service quality, and readiness of resources. Recommendation; the need for SSA Parties to improve policy, improve service management, training for officers, and fulfillment of service resources needs.

Conflict of Interest

Authors declare no conflict interest.

References

- [1]. Maidin, A., *Ekonomi dan Pembiayaan Sektor Kesehatan*. 2013, Makassar Masagena Press.
- [2]. Kemenkes R.I, *Buku Saku FAK Badan Penyelenggara Jaminan Sosial Kesehatan*. 2013, Jakarta: Sekretariat Jenderal.
- [3]. Shihab, A.N., *Hadirnya Negara di Tengah Rakyatnya Pasca Lahirnya Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial*. *Jurnal Legislasi Indonesia* 2012. **Vol. 9 No. 2.**: p. 175 - 190.
- [4]. Zaelani, *Komitmen Pemerintah dalam Penyelenggaraan Jaminan Sosial Nasional* *Jurnal Legislasi Indonesia* 2012. **Vol. 9 No. 2.**: p. 191 - 206.
- [5]. Kemenkes RI, *Laporan Akhir Penelitian Riset Evaluatif Implementasi Jaminan Persalinan*. 2013, Kementerian Kesehatan RI: Jakarta. p. hal; 1 - 217.
- [6]. Eka, F. and P. Dewi, *Implementasi Peraturan Menteri Kesehatan Republik Indonesia Nomor 40 Tahun 2012 Tentang Pedoman Pelaksanaan Jaminan Kesehatan Masyarakat Di UPT Puskesmas Perawatan Tanjung Palas Kabupaten Bulungan* *Journal Administrasi Negara*, 2013. **Volume 1, Nomor 2**.
- [7]. Dahlan, M.S., *Statistik Untuk Kedokteran dan Kesehatan*. Vol. Edisi Ke 5. 2013, Jakarta: Penerbit Salemba Medika.
- [8]. Consuelo, S.G., *Pengantar Metodologi Penelitian*. 1997, Jakarta: Penerbit Universitas Indonesia.
- [9]. Narwoko, D. and B. Suyanto, *Sosiologi Teks Pengantar dan Terapan*. 2006, Jakarta: Penerbit Kecana.
- [10]. sharma, A., *Role of family in consumer socialization of Children: literature review* *Journal of Arts, Science & Commerce*, 2011. **Vol.– II**, (Issue –3): p. PP 161-167.
- [11]. Karpova, A.O., *Socialization for the Knowledge Society*. *International Journal Of Environmental & Science Education* 2016. **Vol 11**(No. 10): p. pp 3487-3496.
- [12]. McGregor, S.L.T., *Home Economics in higher education: Pre professional socialization*. *International Journalof Consumer Studies*, 2011. **Vol 35**(No (5)): p. PP , 560-568.
- [13]. Geswar, R.K., Nurhayani, and Balqis, *Kesiapan Stakeholder Dalam Pelaksanaan Program Jaminan Kesehatan Nasional Di Kabupaten Gowa*. *ejournal repository.unhas.ac.id/*, 2014.
- [14]. Riegel Putri, J.P., Ardiansa Tucunan, *Kesiapan PT Askes (Persero) Cabang Manado Dalam Bertransformasi Menjadi Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan* *Jurnal fkm.unsrat.ac.id*, 2013.
- [15]. Mariza Rizqi Iriani, S.J., *Sosialisasi Jaminan Kesehatan Nasional (JKN) (Studi Evaluasi Efektivitas Sosialisasi Jaminan Kesehatan Nasional oleh Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Kabupaten Temanggung)*. *e-jurnalkommas.com*, 2015.

- [16]. Febrianty, A., Studi Tentang Kepesertaan Jaminan Kesehatan Daerah Di Kelurahan Sungai Siring Samarinda. *eJournal Ilmu Pemerintahan*, 2015. **Volume 3**(Nomor 1): p. Hal 333-334.
- [17]. Witcahyo, E., Kesiapan dan Persepsi Masyarakat Kabupaten Bondowoso terhadap Kebijakan Jaminan Kesehatan Nasional (JKN) *e-Jurnal Pustaka Kesehatan*, 2016. **vol. 4 (no. 1)**.
- [18]. Leander, M., Implementasi Sosialisasi Jaminan Kesehatan Nasional Dalam Pelayanan Di Poli Gigi Puskesmas Rurukan Tomohon *jurnal jkesmasfkm.unsrat.ac.id*, 2015.
- [19]. Hamdani, P.D., Implementasi program pelayanan jaminan kesehatan Masyarakat berdasarkan peraturan kementerian Kesehatan Republik Indonesia nomor 903/menkes/per/v/2011 (Studi di Puskesmas Sawahan Kabupaten Nganjuk). *ejournal hukum.studentjournal.ub.ac.id/*, 2013.
- [20]. Agus Rahmat, et al., Implementasi model komunikasi kesehatan melalui Penyebaran informasi jaminan kesehatan masyarakat Jawa barat. *Jurnal Penelitian Komunikasi* 2014. **Vol. 17 No.1**(Bulan Juli 2014): p. Hal : 29-40.
- [21]. Danial Pahril, E.F., Analisis Hambatan Proses Sosialisasi Nilai-Nilai Islam Bagi Remaja Dalam Keluarga. *Jurnal Ilmiah Kajian Ilmu Sosial dan Budaya* 2012. **Vol 14**(No 1): p. 46-58.
- [22]. Nurdianti, S.R., Analisis Faktor-Faktor Hambatan Komunikasi Dalam Sosialisasi Program Keluarga Berencana Pada Masyarakat Kebon Agung-Samarinda. *ejournal.ilkom.fisip-unmul.ac.id*, 2014. **Vol.2**(No.2): p. 145-159.