

THE DILEMMA OF BPJS KESEHATAN (NATIONAL HEALTH INSURANCE) BILL FOR POOR PEOPLE IN RURAL COMMUNITY OF MERABUAN

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ABSTRACT-- *The public health insurance program launched by the government does not always benefit the community. It does not also harm the community, as done by the Agency for National Health Insurance (BPJS Kesehatan) program which is considered only beneficial for the upper economic class community. However, it is detrimental for the lower economic community as experienced by the majority of the people of Merabuan Village. The purpose of this study was to discuss the dilemma of the Social Security Organizing Agency (BPJS) contribution dilemma for the lower economic community in Merabuan Village. To overcome the above problems, discussing in-depth interviews, observations and arranging were carried out successfully for some underprivileged residents in Merabuan Village. The results of this study indicate the health insurance program with the principle of mutual cooperation, at the time of approval did not go according to plan but the program had become a dilemma of bills that rose more than 100% which was very burdensome, especially for the lower economic community. Conclusion: On the one hand, the weak economy community asks for a health insurance program to lighten their economy, but approving the BPJS with a payment system based on a family member card considers it very burdensome for the economically weak Merabuan Village community.*

Keywords-- Bill Dilemma, BJPS, Health Care, Lower-Upper Economy, Village Community.

I. INTRODUCTION

Health is a vital problem for human life, so the government have to takes part in health problems for the welfare of society. Because the welfare of society is inseparable from the role of government, as a symbol of leadership, that is "every leader has a time and every time there is a leader" (Zamzam, 2018). Cultural experts, such as Geertz (1973); (1976); Cassirer, (1994) said that each different culture has meaning. These meanings include government programs for the community that are important about health care.

The government as the head of State has responsibilities towards its people, this is in line with the Word of the Prophet that the leader is servants for the people (Imaniyah & R, 2019). This category also includes problems health, which almost every country, is concerned about health people, including in Indonesia. (Lehtonen, 2007;

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Hung & Li, 2008; Chang et al., 2004). The health program in Indonesia in 2005 was known as Guarantee Health Maintenance (PJKPM) or Poor Public Health Insurance (Askekin). This program is as the name suggests, which is devoted only to among the poor or unable. In 2008, Askin, the basic class health insurance was changed became the Community Health Insurance (JAMKESMAS) (Librianty, 2017; Sukardi, 2016; Dewi et al., 2017). Then, the health program changed back to being Health Insurance or abbreviated ASKES and in 2014 became the Agency Social Security Provider (BPJS) (Kolistiawan, 2016); BPJS was initiated at the time President Ir. Joko Widodo.

BPJS has a legal protection regulated by the government within Permenkes Number 28 of 2014 (Librianty, 2017). The BPJS insurance model is regulated in Act Number 40 of 2004 and Act Number 24 In 2011. BPJS financing sources consist of two parts, namely taxes and fees participants (Firdaus, 2018). The BPJS program is required by the government for the people of Indonesia at January 1, 2014, there were 86.4 people who could not afford it. Then, the government changed the function of BPJS cards, not for groups certain but all groups without knowing the rank or position, especially again for Civil Servants and Retired Civil Servants (Ikram & Rusdiawan, 2013). This determination took place on March 1, 2015, by changing the name BPJS cards become Indonesia Healthy Cards (KIS) (Firdaus, 2018). Government's goal of this program is to help each other to help everyone, from illnesses that are experienced by the community both with severe and severe illness diabetes, caring and other diseases (Sutrisno et al., 2017; Maryana, 2019).

The intention of the government is to be able to help each other help others, it means by mutual cooperation system, which is every payment that is conducted by the people of Indonesia will help the soul for the sick (Hasibuan et al., 2018). The service system is left to the hospital or the like which serves sick patients, prepared by the government professional medical personnel, from nurses, doctors and other medical personnel (Imelda & Nahrisah, 2015; Wandini & Triyoso, 2016; Winbaktianur & Rizqi, 2016). However, nurses' services in hospitals greatly determine patient satisfaction. An indicator of community satisfaction is good service at the hospital. (Librianty, 2018). According to research "Service Quality and Patients' Satisfaction in Medical Tourism "that services that receive community satisfaction from "reliability, responsiveness, assurance and empathy" (Wandini & Triyoso, 2016; Guilford & Fruchter, 1978; Parasuraman et al., 1988; Rahman, 2017; Zeithaml et al., 1990).

However, not all hospitals serve BPJS patients well, compared to general patients. Several studies on hospital services for BPJS patients are available services that are not good, such as research conducted by Librianty (2017) Ardila, 2018), Itang (2015), Thabrany (1995), Imelda & Nahrisah (2015). Complaint-community complaints over poor service for BPJS patients the government is increasingly upgrading its services with an online system (Salisah & Pertiwi, 2016; Aulia et al., 2015; Marini & Sarwindah, 2017). Government only improve online service systems so that people pay more easily BPJS was initially only paid through banks, but nowadays everywhere BPJS has been able to pay, such as Alfamart, Indomaret, and places the other. In fact, it is not from this system that is expected by the community but system of services provided by Puskesmas and Hospitals for patients who sick. One area where people live has experienced complaints over Hospital services for BPJS patients are in the Merabuan Village area, Dusun Teluk Sebasung. Merabuan Village is in the Tangaran District area, Sambas Regency, West Kalimantan. The Dusun Teluk Sebasung community, which is almost average economic community down with livelihoods as farmers. Almost as a whole the community did not use BPJS services that were considered highly burdensome communities with ever-increasing fees.

On Initially, the community was very enthusiastic about participating in the BPJS program at a cost of two fifty-five thousand a month for third grade, but by 2020, BPJS costs have risen sharply so that the BPJS is stopped. In fact, the conditions are very sad there are people who want to give birth, but BPJS payment arrears, and when it comes to giving birth, the community must pay a fine of three million and a half. This condition the community feels very expensive and finally did not pay BPJS contributions. Increase in BPJS fees and services sick housing which is considered not worth the monthly BPJS payment making the Teluk Sebasung hamlet community stop payments BPJS and do not follow this program. For this basis, this research is very interesting to be further researched about the dilemmas experienced by the Gulf community Sebasung from BPJS fees and hospital services for BPJS patients.

II. MATERIAL AND METHOD

To answer this research problem, 10 participants have participated successful in-depth interviews continued with field observations while secondary data obtained through documentation. According to the type of study, this qualitative study used a field method with an approach qualitative (Meleong, 2008; Furchan, 1992). Qualitative research is that emphasizing the researchers themselves with the aim of seeing the phenomena experienced by society (Bogdan and Biklen, 1998; Strauss & Corbin, 2003) this is especially the people in the Teluk Sebasung. Data collected from are primary data and secondary data. Primary relating to the Teluk community in Sebasung, while secondary is related to demographic documents Merabuan Village. The procedure in collecting data is observation, interview and documentation. Data analysis using the theory of Matthew et al., (1994) with three categories namely reduction of data from raw data, the presentation of data in accordance with the data you want discussed and draw conclusions from the results of research that has been done.

III. RESULTS AND DISCUSSION

Merabuan Village is one of the regions of West Kalimantan Province located in Sambas Regency, Tangaran District. Tangaran District has several villages under its aegis, including the Merabuan village. Area change as the Merabuan area is inseparable from the history that houses it.

Sztompka (1993) as a sociologist who gives an understanding of change is history. Related to that too, the history of Proverbs newly formed during the kingdom of Sambas. Merabuan located in the northern part Sambas, with a population of not so many has opened suitable land planting to grow rice by cutting down forests and having Merabuan wood.

Since then, the area was named Merabuan. The village of Merabuan was initially led by Usman and Village secretary, Tabi'i. In the era of the 60's only led by M. Yusuf H. Ishaq, as the second village head and his secretary was still Tabi'i. M. Yusuf H. Ishaq served as village head until the end of 1974 and elections were held returned, then won by Rozali H. Zakaria. Village secretary, Habiri Tabi'i. In 2006, the village of Merabuan held a democratic party and won by Darmono. From 2006-2012, until now (2019), Darmono won as village headman (Gray, 2019). Total population Merabuan village has increased every year, which is currently 1,816 The soul consists of 910 men and 906 souls. Source of livelihood Merabuan community, including farmers, farm labours, traders, craftsmen, carpenters, masons, civil servants, retirees, temporary teachers and other jobs.

Merabuan Village consists of several hamlets, one of which is a hamlet Teluk Sebasung. The Sebasung Bay community is almost as a whole working as farmers, driving wood, so they are known as the community economy down. According to Idi (2011), the economic community down is a society that not too concerned with education. This incident also happened to the community Teluk Sebasung, whose parents are not enthusiastic about education, so that livelihoods are only more oriented towards driving wood, seeking fortune in Malaysia, farmers, planters and other occupations. In terms of health, the people are still thick with magical values. Shamans still play a role directly to the ritual of treatment if the community experiences pain will but, as time goes on, this tradition has begun to fade and society have started to the health center and hospital. Diseases that are not able treated by herbalists, such as childbirth, diabetes and diseases that are not healed, then the community has started going to the Puskesmas and hospital.

In the 2010s, hospital costs went through Jamkesda, which was shared poor people only ask for a certificate from the village head and the information is directly processed through the hospital. When the program health changes under the name BPJS, but the function is the same, namely helping people who are sick by not knowing the rank, position and the stratum. The principle of BPJS is to help so that all can be helped. Price the contribution was raised, which previously was only 80,000 level health insurance, then at this time 180,000. When the BPJS price was cheap, almost all of the people of Sebasung Bay join the government program by paying monthly contributions. Every people who are sick, immediately ask for a Puskesmas referral letter and directly went to the hospital.

However, a number of people in Teluk Sebasung were treated in hospitals using BPJS do not get services as they are should be. This was experienced by Misra and and Komeng, so he stopped their BPJS (Misra & Komeng, 2020). The nurses as workers in the hospital Sambas, does not serve patients with BPJS standards. While society using public services, the nurses seemed to be serving well. This incident, not only experienced by Misra and Komeng but the people of the Gulf Sebasung others, such as Norlin (2020); Erni (2020); Mastur (2020) and society the other. The Sebasung Bay community only activates the BPJS when experiencing it emergency diseases such as giving birth so that the BPJS is activated. BPJS long term dismissed it will pay a fine of an unpaid amount. However, the paradigm of using BPJS when experiencing disease and if it's healthy, then everything is stopped. This problem is the dilemma experienced by the people of Teluk Sebasung. One of the Teluk community Sebasung, who had not paid BPJS for a long time, had already given birth for the first child and finally the BPJS was stopped. At the time of giving birth to the second child, then Norlin wanted to reactivate his long-unactivated BPJS. Finally Norlin and his mother went to Sambas and had a bank account for pay BPJS later. However, when the bank account was created and Norlin want to reactivate with a fine of three million more, so the intention to pay has vanished. Her husband felt unable to pay arrears BPJS funds and finally surrendered to God to be given convenience in childbirth. Such dilemmas from events not only are experienced to Norlin, but the other Teluk Sebasung community. A dilemma is a choice in which neither choice is profitable (Mujiburrahman, 2003). The dilemma experienced by the Teluk community Sebasung from high BPJS fund contributions is not proportional to income Teluk Sebasung community. On one hand they want to get services satisfying at the hospital, but on the other hand the service is very disappointing. The amount of the fine to be paid from the BPJS fine is not proportional to the amount price of labor costs if giving birth normally. To treat a dilemma, finally the Teluk Sebasung people surrendered everything to their God.

IV. CONCLUSION

The government's BPJS-style health care program with a share system so that everything can be helped is considered unable to help by Teluk Sebasung community. Government health programs are considered too incriminating the Teluk Sebasung community, so that this program was not participated by Teluk Sebasung community and only a part of the community are still active follow the high-income ones. This program is rated by the community only favorably in middle and upper economic communities compared with the economy down, so this program is a dilemma for the community Teluk Sebasung. On one hand BPJS fees are too high for the community but on the other hand it needs help from the government in terms of his health.

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