JKKI
SCIENTIA EST BASIC VITAE

Jurnal Kedokteran dan Kesehatan Indonesia

Indonesian Journal of Medicine and Health

Journal homepage : www.journal.uii.ac.id/index.php/JKKI

The importance of socialization in achieving universal health coverage: case study of *Jaminan Kesehatan Nasional* (JKN) implementation in two different region in Central Java province

Ema Nur Fitriana*[1], Ari Natalia Probandari[2], Eti Poncorini Pamungkasari[2], Tonang Dwi Ardyanto[3,4], Rizky Amalia Puspitaningrum[1]

[1]Master Program of Family Medicine, Universitas Sebelas Maret, Surakarta, Indonesia
[2]Department of Public Health, Faculty of Medicine, Universitas Sebelas Maret, Surakarta, Indonesia
[3]Department of Clinical Pathology, Faculty of Medicine, Universitas Sebelas Maret, Surakarta, Indonesia
[4]Sebelas Maret University Hospital, Surakarta, Indonesia

Original Article

ARTICLE INFO

Keywords:
Socialization,
Jaminan Kesehatan Nasional,
Universal Health Coverage

***Corresponding author:**
emanur.fitriana@gmail.com

DOI: 10.20885/JKKI.Vol10.Iss2.art3

History:
Received: April 3, 2019
Accepted: August 20, 2019
Online: August 30, 2019

ABSTRACT

Background: *Jaminan Kesehatan Nasional* (JKN) is Indonesia's health policy to achieve universal health coverage (UHC). Towards 2019, not all regions have succeeded in achieving UHC. One of the reasons is the uneven distribution of information regarding JKN policies. Socialization is needed so that the JKN policy is understood by the people of Indonesia.
Objective: This research was design to describe the importance of JKN policy socialization to reach UHC.
Methods: Qualitative research was conducted in September 2018-February 2019 in two districts in Central Java, that were the district that had reached UHC and districts that had not yet reached UHC. The informants consisted of leaders of regional organizations and also the community. The researcher conducted an interactive model analysis on the interview transcript.
Results: In districts that had reached UHC, socialization was conducted directly and indirectly through the government, community cadres and BPJS cadres. The district government provided support by issuing circulars letters. The district socialization effectively increases JKN participants. Meanwhile, in districts that had not yet reached UHC, there was found differences between community and the government. The government said that they had conducted effective socialization. But the community said that the information provided has not been effective and there is no detailed information about JKN.
Conclusion: An effective socialization of JKN policies is needed to increase the understanding and awareness of the community to achieve UHC.

Latar Belakang: *Jaminan Kesehatan Nasional (JKN) merupakan kebijakan kesehatan Indonesia dalam rangka mencapai tujuan Universal Health Coverage (UHC). Namun, belum semua daerah berhasil mencapai UHC. Salah satu penyebab keadaan ini adalah belum meratanya penyebaran informasi mengenai kebijakan JKN. Penyebaran informasi terkait kebijakan JKN melalui sosialisasi yang akurat sangat diperlukan agar kebijakan JKN dapat dipahami oleh masyarakat Indonesia.*
Tujuan: *Penelitian ini bertujuan untuk mendeskripsikan pentingnya sosialisasi kebijakan JKN di dua kabupaten/kota di Provinsi Jawa Tengah.*
Metode: *Penelitian kualitatif dilakukan pada September 2018-Februari 2019 di dua kabupaten/kota di Jawa Tengah, yaitu kota yang sudah mencapai UHC dan kabupaten yang belum mencapai UHC. Informan*

penelitian pada dua kabupaten/kota terdiri dari unsur pimpinan organisasi perangkat daerah serta masyarakat. Peneliti melakukan analisis model salin terjalin pada transkrip wawancara.

Hasil: *Pada kabupaten yang sudah mencapai UHC, sosialisasi dilakukan secara langsung maupun tidak langsung melalui perangkat pemerintah kabupaten, kader kemasyarakatan, serta kader BPJS. Pemerintah kabupaten memberikan dukungan berupa dikeluarkannya surat edaran. Sosialisasi kabupaten tersebut efektif meningkatkan peserta JKN. Sementara itu, pada kabupaten yang belum mencapai UHC, terdapat perbedaan data antara pemerintah dan masyarakat. Berdasarkan hasil wawancara, pemerintah telah melaksanakan sosialisasi yang efektif. Namun, masyarakat merasa informasi yang diberikan belum efektif dan hanya sebatas ajakan untuk menjadi anggota JKN. Belum ada informasi mendetail mengenai JKN.*

Kesimpulan: *Sosialisasi kebijakan JKN yang efektif diperlukan untuk meningkatkan pemahaman dan kesadaran warga masyarakat dalam upaya meraih UHC.*

INTRODUCTION

The concept of Sustainable Development Goals (SDGs) was design to substitute for the Millennium Development Goals (MDGs) with the aim of stopping poverty, protecting the earth, and guaranteeing prosperity for all.[1-3] One of the SDGs targets in the health sector is achieving Universal Health Coverage (UHC), which means that all individuals and communities receive proper health services without experiencing financial difficulties.[2,4]

Achieving the UHC requires a gradual and systematic policy approach.[5] Indonesia applies a national social security policy through the *Sistem Jaminan Sosial Nasional* (SJSN) in order to achieve the global goals of UHC.[6] The real step taken by the government to follow up the SJSN is launching the Jaminan Kesehatan Nasional (JKN) in early 2014.[7] The JKN program is a social security program that guarantees the costs of health care and fulfillment of basic health needs organized by Badan Penyelenggara Jaminan Sosial (BPJS).[6]

The participants of the JKN program in 2018 was 201.660.548 people (77%) and not all regions had achieved UHC.[8] Only 3 provinces in Indonesia have reached UHC in early 2018, they were Aceh, DKI Jakarta and Gorontalo.[9] One of the reasons is the uneven distribution of information regarding JKN policy.[10] The transmission of information related to the JKN program through proper and accurate socialization is needed so that the JKN program can be understood by people throughout Indonesia. Not only related to administrative procedures, but also how the general public can understand the substance of the JKN program. An accurate socialization can increase public understanding and awareness to use JKN properly and correctly.[10,11] Therefore, this research was design to describe the importance of JKN policy socialization in two districts or cities in Central Java Province in achieving UHC.

METHODS

The researcher asked for approval from the informant before conducting in-depth interviews, including asking permission to record the interview process both video recordings and sound recordings. The informant's identity was kept confidential. This study received ethical permission from the Ethics Committee, Dr. Moewardi Surakarta Hospital (88/I/HREC/2019).

The study was conducted in September 2018-February 2019. Researchers conducted research in two districts/ cities with different JKN participant achievements in Central Java province which is districts/ cities that had reached UHC and districts/ cities that had not yet reached UHC. The researcher kept the names of each regency/ city for research ethics reason. Writing literature sources and research citations involving the names of the two districts/ cities using certain codes, districts/ cities that have achieved UHC are written with code A, while districts/ cities that have not yet reached UHC are written in code B.

Cities that have reached UHC are cities with a population of 563.814 people spread across 5 sub-districts with the widest topography was lowlands.[12] The city has reached UHC in July 2018. The number of JKN participants is 547.726 (95.54%).[13] Districts that have not yet

reached the UHC were districts which has the widest topography consist of hills with 25 sub-districts.[14] In Agustus 2018, the achievement of JKN participants in this district reached 56.19% with the total population 1.08.420 people.[15]

Research Design

This research was a qualitative study with a case study method.[16] The sampling technique used by the researcher was a purposive sampling technique.

The informants who were selected were the informants who were considered the most understand about JKN policies in the district/city.[17] Research informants were the leader elements of several regional apparatus organizations/ *Organisasi Perangkat Daerah* (OPD) in these districts/ cities (Table 1). The researcher also conducted interviews with the community in the two districts/ cities. In cities that have reached UHC, ten people interviewed consisted of eight people who were already members of JKN and two people who were not yet members of JKN. Whereas in districts that have not reached UHC, 17 people interviewed consisted of nine people who were already members of JKN and eight people who were not yet members of JKN (Table 1). Communities are randomly selected.

Table 1. Research Informants

Informants of the two district
Leader of regional department
Leader of Social Department
Leader of Department of Population and Civil Registration
Leader of Health Department
Leader of BPJS
Community that had become JKN member and that not had become yet JKN member

Data Collection Technique

The researcher used in-depth interviews technique and document analysis in collecting research data. In-depth interviews were conducted at all research informants. Interviews with the leader of regional apparatus organizations were conducted in each office with a duration of 30 minutes-1.5 hours. Interview questions consist of an open question. The question can be developed according to the answers given by the research informants.

Information that was extracted from the leader of regional apparatus organizations consisted of : (1) stages of socialization that had been conducted during the implementation of the JKN policy from 2014 to 2018, (2) the supporting and inhibiting factors in the socialization process, (3) strategies to increase socialization, (4) actors and the role of each actor in the socialization process. the Interviews with the community were carried out when the community used the services in Puskesmas. The community was chosen randomly. Interviews were conducted 15-30 minutes using a mixed languages (Indonesian and Javanese language). Topic of the interview with the community consisted of: (1) the importance of using health insurance, (2) knowledge of JKN, (3) reasons for not and already being a member of JKN, (4) knowledge of health services by the JKN program.

Document analysis was conducted to support the findings of the data in the in-depth interview process. Some documents analyzed are Regional regulations, Regent/Mayor Regulation, Regent/ Mayor Instructions, Mayor/regent's circular letter, Regional Strategic Planning, Regional Medium-Term Development Plan, district profile, health district profile, Regional expenditure budget plan, and activity reports related to JKN socialization in the two districts/cities.

Data Analysis

The data analysis technique used in the study was an interactive analysis model,consists

of three components: data collection, data presentation and conclusion.[18] The examples of coding processes in this study can be see in Table 2. The researcher compared the results from the two districts to make conclusions about the importance of socialization in achieving UHC.

Trustworthiness

The validity test of the data used was triangulation, member checking and peer de briefing. Member checking was conducted starting from data collection (in-depth interviews) and also after nterviews (using checking transcripts of interviews). Data triangulation is done by document analysis. Peer de briefing process were conducted by all researcher to discuss the coding process of the data obtained.

Tabel 2. The example of coding process

Meaning Unit	Code	Subcode
The initial step of the BPJS itself was to introduce this JKN Program to the relevant stakeholders, so that together they could socialize the JKN Program to the entire community.	The initial stage of socialization is with relevant stakeholders	Stages of socialization
The district government is responsible for the socialization of the policy aspects, you know, and technically is done by the BPJS	Socialization is the responsibility of the government and BPJS	Actors of socialization
For the strategy, the strategy is to increase the capacity of cadres and institutions. Health cadres from 54 villages are around 600 health cadres. Then the institution in this case we can use the available resources, in this case it is the driving force of the PKK, the driving force of the PKK is really solid, their organizations to the *dasawisma* then can be through religious leaders, community leaders in this case RT, RW, LPMK. That is, they can become agents of change, agents of reformation as well as informing new policies of the government	Capacity building for cadres and institutions	Socialization strategy

RESULTS

A. Cities that have reached UHC

Socialization of the JKN Program in cities that have reached UHC

The socialization program related to JKN and UHC in this district was carried out directly or indirectly. Directly were done by giving face to face socialization to the community and indirectly by issuing government circulars letter, through print and also electronic media. Direct socialization was conducted systematically by involving district apparatus organizations, cadres,institutions and puskesmas (through home visits and JKN cadres).

Direct socialization to the community

Direct socialization to the community is carried out by inviting village officials. The village administrator then responsible for providing knowledge about JKN to the community. Socialization was also conducted through cadres and institutions, such as, dasawisma, development of family welfare, community leaders and village community empowerment institute. The city government invites these cadres and institutions to be given socialization about JKN and then each cadres and institution will return to the community.

"For the strategy, the strategy is to increase the capacity of cadres and institutions. Health cadres from 54 villages are around 600 health cadres. Then the institution in this case we can use the available resources, in this case it is the driving force of the PKK, the driving force of the PKK is really solid, their organizations to the dasawisma then can be through religious

leaders, community leaders in this case rukun tetangga (RT), rukun warga (RW), LPMK. That is, they can become agents of change, agents of reformation as well as informing new policies from the government." (Leader of regional department)

Direct socialization to the community has a good result in increasing community knowledge about JKN. This was evidenced by the people of Kota A who knew and understood the importance of JKN after getting direct counseling from several parties.

"[I know JKN] there is counseling from RT,RW when there are some community questions. There is also an update from the puskesmas, but if it is announced from the RT RW." (Community that had become JKN member)

Direct socialization was also held by the puskesmas through a family visit program. Where one of the indicators asked in the program is about health insurance. Health insurance indicators are listed in sixteen attempts to reach *pola hidup bersih sehat* (PHBS) households listed in the *Profil Kesehatan Kota*.[19] The 15th indicator become a participant in health care insurance.

"Then family visits, there are each health center that has a village development area. For example, the Gajahan, eeh Puskesmas Sangkrah, puskesmas in the area of Kedung Lumbu, Sangkrah Kampung Baru, if they have the obligation to visit home or family visit one of the indicators asked is health insurance." (Leaders of regional department)

Indirect socialization to the community

The JKN socialization program was also conducted through electronic media through broadcasts on local TV. Information regarding JKN was also conveyed in a broadcast on RRI by the government. Socialization was also delivered through billboards, running text, posters, leaflets and banners.

"In City A [cities that have reached UHC] that information regarding the JKN KIS program is very open and has been carried out in various media such as print, electronic and online media to advertise socialization materials. In addition, there are also media such as banners, leaflets, guidebooks and some of them. " (BPJS)

The city government was issuing a circular letter 440/571 on UHC to increase the socialization, which include the instructions from the Government to the leaders of companies (*Badan Usaha Milik Negara*/BUMN *Badan Usaha Milik Daerah*/BUMD) and also private companies), Camat, Lurah and also the entire community to become JKN participants.[20] That circular letter contain command to become JKN member for everyone. The poor people could apply to the Kelurahan to become JKN member. People who are able to pay, they must immediately register as JKN participants with independent fees. People who work in BUMN/ BUMD and medium or small businesses, must coordinate with their leaders to register as JKN participants and for the employers, they must immediately register their employees.

"The strategy is with regulations, the circular number 440/571 with socialization." (Health Departement)

The effectiveness of socialization is also determined by the level of understanding and awareness of the community. The level of public understanding of the importance of health insurance will increase public awareness to become JKN members, so that the level of public understanding and awareness will be directly comparable with the achievement of JKN membership. The level of understanding was determined by the level of education of the community. The level of education is related to the level of understanding of the population in absorbing information. Table 3 shows that the highest percentage of the education level of the population is high school 32.59%, this was directly comparable with the increase of JKN participants. In addition, there are people who have an awareness that being a member of JKN means participating in lightening the difficulties of others. The JKN insurance is mutually benefit, healthy people can cover the medical expenses for people who are sick.

"Yes, I want it to come for social too, not just staying at home, so it's not like that." *(Community that had become JKN member)*

Table 3. Population according to Education level

No	Education Level	Distric that had reach UHC		Distric that had not reach UHC	
		Total population	Precentage (%)	Total population	Precentage (%)
1	No/not yet in school	36.737	7.26	191.153	17.60
2	Not yet finished elementary school/ equivalent	61.603	12.17	139.959	12.89
3	Elementary school/equivalent	82.016	16.21	370.679	34.13
4	Junior high school/equivalent	83.230	16.45	194.850	17.94
5	High school/equivalent	164.927	32.59	154.950	14.27
6	Diploma I/II	3.389	0.67	4.753	0.44
7	Academy/Diploma III	22.392	4.42	8.210	0.76
8	Diploma IV/strata I	47.049	9.31	20.476	1.89
9	Strata II	4.476	0.88	1.130	0.10
10	Strata III	212	0.04	37	0
	Total	506.076	100	1.086.197	100

B. Distric that had not reach UHC
Socialization of the JKN Program in district that had not reached UHC

Based on the data obtained, there was an information gap between several informants. There were informants who stated that socialization had been done to the community. Socialization has been done to all participating segments in the district (penerima bantuan iuran/PBI and non-PBI participant), directly and indirectly. Directly, it was done by socializing the JKN program in front of the public, while indirectly, through media that helped to distribute JKN program information such as banners, leaflets, advertisements on TV, newspapers, radio and online such as website, facebook, instagram, youtube, kompasiana, twitter, etc.

"BPJS Kesehatan socialized to all regencies/ cities in the region ... if asked how wide, we (BPJS) could say it's very far away. Of all the membership segments in District B [districts that have not yet reached UHC] we have socialized ..... The socialization of BPJS Health itself is done directly and indirectly. Directly, we directly socialize before the public, while indirectly, we go through media that help to distribute JKN Program information. " (BPJS)

Based on data from in-depth interviews with the community, socialization about JKN have not been distributed well. There were people who had seen information about JKN from television, but the community claimed that they could not capture information from television to the fullest. Based on information from people who have received information about JKN from BPJS, the information provided is related to payment of contributions and payment limits. Indirect socialization was done through print media such as BPJS guidebooks, as reading material for community. That reading material was not effective to distribute information about JKN because there were only a few people want to read. Lack of information and the ineffectiveness of the socialization methods had become barrier in increasing JKN participants in this district. Even though there were socialization, if the

purpose could not be delivered properly, it still could not contribute to the increase of JKN participants.

"Sorry, I really don't know, but as far as I know, I haven't. Am I not listening, but like it is not there. So far, I don't know yet" (Community, man, Non PBI member)

"The contents [socialization] are just that if you join the BPJS you can be helped, if you want to register, come to the bpjs office that is "mijen", Yes, it's only explained the payment limit, when is it late, given the small books, I want to read it, the assignment is not long, bro. If the class 1 is priced this way, class 2 is like this, That's it, it's not long" (Community, woman, non PBI member)

The low level of understanding of the population also affects socialization in districts that have not yet reached UHC. The population level to understand the information provided about JKN was also a barrier in the achievement of JKN participants. Table 3 shows that the highest proportion of the population's education level in this district is elementary school (34.13%). This low education is directly comparable with the low achievement of JKN participants. The effectiveness of socialization, the government regulations and the education level of community in the two districts can be see in Table 4.

Table 4. The difference of socialization in that two district

No	Difference	District that had achieved UHC	District that had not achieved UHC
1.	Socialization directly to the community	Carry out clearly and involve various sectors	Has been done, but content of socialization has not been clear for community
2.	Socialization through mass media	Has been done	Not effective yet
3.	Government circular regarding socialization	Has been done	Not available
4.	Education level of the population	The highest average is high school/ equivalent	The highest average elementary school

DISCUSSION

This study was design to describe socialization in cities that have reached UHC and district that have not reached UHC. Socialization is one part of the policy implementation process. There were three important things in the socialization process : transmission, clarity, and consistency.[21] The description of socialization in this study was the transmission process which includes the methods of socialization, the contents of the socialization, the role of the government in the socialization process and the factor affecting the effectiveness of socialization in increasing JKN participants to reach UHC. Transmission in JKN policy is the process of providing information to all parties involved (actors), both as actors (implementors) and targets of this policy related to the substance and content of policies so that they can be understood and implemented what is the agenda of JKN policy.[22] The researchers did not compare the socialization of the two regions because there were some fundamental differences such as the geographical and demographic conditions of the two regions that could not be intervened.

In the process of data triangulation, researchers used document analysis to improve data validity. The researcher conducted an interview with the community as an effort to match the truth of the information provided by the government about JKN socialization. Interviews with the community are more directed for obtaining data on the contents of JKN socialization that reaches the community. The researcher did not use focus group discussion on the community because the researcher had

difficulty in homogenizing the character of the community who was the respondent of the study, while one of the characteristics of the FGD according to Mishra (2016) was the homogeneity of participants and participants paying attention to the research topic.[23] The researcher could not get the details of the community data and their JKN membership status, because there was no such data from the health department or BPJS. Therefore, researchers cannot homogenize research respondents and interviews with the community randomly. So that the respondent characteristics of the study were heterogeneous, both age, gender, education level, income level, and level of knowledge about JKN. So, researchers did not use the focus group discussion method in this study.

In regions that have reached UHC, socialization is carried out directly and indirectly. Direct socialization is conducted by actively going into the community by all relevant parties, from the OPD, Puskesmas, PKK, health cadres and from BPJS Kesehatan. Indirect socialization is carried out through various print media and electronic media. This is in accordance with Hajrah (2019) research that said the socialization of the program JKN that already performing well could take good effect to implementation of JKN program.[24] In city that have reached UHC, socialization has been done with a clear concept, as evidenced by the circular letter from the government and the involvement of all government sectors in the socialization process. Circular for socialization is a form of government commitment in optimizing the JKN program. According to Minh et al (2014) and Iyer et al (2018) one of the factors driving the achievement of UHC is a strong political and policy commitment.[25,26] Political commitment is needed to maintain the health budget and increase health coverage to provide health services properly.[26] That circular letter appropriate with presidential instruction No. 8 of 2017 concerning the optimization of the JKN program, which instructs the Regents and Mayors to ensure that all residents are enrolled in the JKN program to increase the coverage of JKN participation.

Lack of socialization is a significant inhibit the development of a policy. In areas that have not yet reached UHC, data differences were found during the data collection process, especially about socialization. Based on the results of in-depth interviews with the community, many people have not received socialization. According to Agustina (2018), for institution with limited personnel like BPJS, the concept of good socialization is needed so that information can be delivered to the community and participants.[27] That result is consistent with Yellaiah (2012) research which states that insurance providers must make clear policies regarding benefits and risks received by participants.[28] Effective education and communication can improve understanding of health insurance for the community.[28] Some people claimed to get information about JKN BPJS through television media, but they were unable to get the overall information from the television. Based on Khoiri's research (2015), it is necessary to adjust the socialization media to the program objectives, besides the effectiveness of information transmission in a community group is not only determined by the sophistication of the media and methods, but more on the habits or traditions of the community and their belief in the information sources considered trustworthy.[29]

Other barriers to socialization in this area are related to demographic factors, namely the level of education, level of understanding and level of awareness of the population. Based on research by Darker et al. (2018), demographic factors influence the achievement of UHC.[30] This area has residents with the highest level of education graduating from elementary school (*sekolah dasar*/ SD). The level of education had an effect on the understanding and awareness of the community, so that JKN socialization had a big problem, which eventually led to the low coverage of JKN participants in the regions. So, the understanding and awareness of the importance of health insurance needs to be improved, one of which is through socialization. The research conducted by Setswe (2015) suggested that there needs to be a comprehensive community

socialization to resolve the inadequate understanding and awareness of the importance of health insurance.[31]

JKN's participation rate in achieving UHC is influenced by many factors including political aspects (local government commitment, application of regulations, budget, health resource conditions), economic factors (community economic growth, unemployment), environmental factors (environmental changes, dual disease burden), social factors (demographic factors, degree of public health, level of public knowledge, poverty), technological factors (information disclosure).[26,32-34] In this study the researcher did not discuss other factors that influenced the level of JKN participants. Therefore, more comprehensive research is needed on matters affecting the level of JKN participants and how these factors influence the process of achieving UHC.

In this study, researchers conducted an analysis of the coverage of JKN participation mainly in the contribution assistance recipients/ *Penerima Bantuan Iuran* (PBI) sector. Researchers have not explored deeply the scope of JKN participation in the non PBI sector, namely the wage recipient workers/ *Pekerja Penerima Upah* (PPU), non-wage recipient workers/ *Pekerja Bukan Penerima Upah* (PBPU), and non-workers /*Bukan pekerja* (BP). Primary data in the study used in-depth interviews, so there is a possibility of recall bias, which has been minimized by researchers with validation with document analysis and media review.

The findings of this study indicate that socialization is important in achieving UHC. The results of this study can be an additional input for districts that have the same characteristics in achieving UHC. Some socialization innovations can be adopted to distribute information about the national health insurance program to the public. And some barrier in districts that have not yet reached UHC in this article, can be a lesson for other districts in order to formulate policy formulations that are in line with existing problems.

CONCLUSION

The study concludes that in these two regions, socialization was carried out directly through face to face and indirectly through print and electronic media. In regions that have reached UHC, the government has a big role in the socialization process by issuing a circular letter. The level of public education supports a high level of understanding and awareness of the importance of health insurance. These things support the area in achieving UHC. Meanwhile, in regions that have not yet reached UHC, the content of socialization is not well understood by the community. Good coordination between the regional government and BPJS is needed in the JKN socialization process in regions with high variation of geographical and demographic conditions.

CONFLICT OF INTEREST

No conflict of interest.

Acknowledgement

I would like to thank the Master of Family Medicine Study Program, Sebelas Maret University, for the support during the research.

REFERENCES

1. World Health Organization. United nations conference on sustainable development. 2012;(January):1–5.
2. World Health Organisation. From MDGs to SDGs: General Introduction. Health in 2015: from MDGs to SDGs. 2015;1(1):1–13.
3. Takian A, Akbari-Sari A. Sustainable health development becoming agenda for public health academia. Iran journal public health. 2016;45(11):1502–6.
4. World Health Organization. Universal health covurnalerage (UHC). 2017. p. 1. Available from: http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
5. Reich MR, Harris J, Ikegami N, Maeda A, Cashin C, Araujo EC, et al. Moving towards universal health coverage: Lessons from 11 country studies. Lancet.2016; 387(10020):811–6.

6. Aulia P. Polemik kebijakan integrasi jaminan kesehatan daerah ke sistim jaminan kesehatan nasional. Jurnal kesehatan masyarakat andalas. 2017;8(2):93.
7. Tim Nasional Percepatan Penanggulangan Kemiskinan. Perjalanan menuju jaminan kesehatan nasional. 2015. Available from: http://www.tnp2k.go.id/images/uploads/downloads/Final_JKN_Perjalanan Menuju Jaminan Kesehatan Nasional
8. Badan Penyelenggara Jaminan Sosial. Jumlah peserta program jkn. 2018. p. 1. Available from: https://bpjs-kesehatan.go.id/bpjs/index.php/jumlahPeserta
9. Humas BPJS Kesehatan. Jaminan Kesehatan Sudah Di Depan Mata. Januari. 2018; Available from: https://bpjs-kesehatan.go.id/bpjs/index.php/post/read/2018/639/Jaminan-Kesehatan-Semesta-sudah-di-Depan-Mata
10. Pusat Informasi Pelayanan Publik Lembaga Administrasi Negara. Sosialisasi program jaminan kesehatan nasional (JKN) : Permasalahan dan rekomendasi. 2014;(3):1–4.
11. KemenKes. Buku pegangan sosialisasi jaminan kesehatan nasional (jkn) dalam sistem jaminan sosial nasional. Buku Pegangan Sos Jaminan Kesehat Nas dalam Sist Jaminan Sos Nas. 2013;9–19.
12. Dinas Kependudukan dan Catatan Sipil Kota A. Profil Perkembangan Kependudukan Kota A Tahun 2017. 2018;lV–1.
13. Dinas Kesehatan Kota A. Laporan peserta BPJS Kesehatan bulan Desember 2018. Surakarta; 2018.
14. Pemerintah Kabupaten B. Rencana pembangunan jangka menengah daerah Kabupaten B Tahun 2016-2021. 2016.
15. Dinas Kesehatan Kabupaten B. Data capaian peserta jaminan kesehatan nasional (JKN) kabupaten B tahun 2016-2018. 2018. 1 p.
16. Sumantri A. Metodologi penelitian kesehatan. Jakarta: Adhitya Andrebina Agung; 2011.
17. Palinkas, Horwitz, Green, Wisdom, Duan H. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Administration and Policy in Mental Health and Mental Health. 2015;42(5):533–44.
18. Matthew B. Milles, A. Michael Huberman J saldana. Qualitative Data Analysis-A Methodes Sourcebook [Internet]. SAGE Publication; 2014. Available from: https://books.google.co.id/books?id=3CNrUbTu6CsC&printsec=frontcover&hl=id&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.
19. Dinas Kesehatan Kota A. Profil Kesehatan Tahun 2017. 2018;
20. Walikota A. Surat Edaran Nomor 440/571 tentang Universal health Coverage Kota A. 2018.
21. Winarno. Kebijakan Publik : Teori dan Proses. Yogyakarta: Media Pressiondo; 2002.
22. Notoatmodjo S. Promosi Kesehatan dan Perilaku. Jakarta: Rineka Cipta; 2007.
23. Mishra L. Focus Group Discussion in Qualitative Research. TechnoLearn: An International Journal of Educational Technology. 2016;6(1):1.
24. Hajrah U, Imran Ahmad LA, Sakka A. The national health insurance implementation: socialization and the readiness of health facility in south konawe regency 2014. KnE Life Sci. 2019;4(10):223.
25. Minh H Van, Lucero-Prisno III DE, Ng N, Phaholyothin N, Phonvisay A, Soe KM, et al. Progress toward universal health coverage in ASEAN. Global health action. 2015;8:1–12.
26. Iyer HS, Chukwuma A, Mugunga JC, Manzi A, Ndayizigiye M, Anand S. A comparison of health achievements in Rwanda and Burundi. Health human rights. 2018;20(1):199–211.
27. Agustina R, Dartanto T, Sitompul R, Susiloretni KA, Suparmi, Achadi EL, et al. Universal health coverage in Indonesia: concept, progress, and challenges. Lancet. 2019;393(10166):75–102.
28. Yellaiah J. Awareness of health insurance in Andhra Pradesh. International Journal of Scientific and Research Publications]. 2012;2(6):1–6.

29. Khoiri A. Efektivitas sosialisasi program jaminan kesehatan terhadap pengetahuan dan sikap rumah tangga usaha pertanian non PBI di kabupaten Jember tahun 2015. Jurnal Ilmu Kesehatan Masyarakat. 2015; 11(2):104-113.
30. Darker CD, Donnelly-Swift E, Whiston L. Demographic factors and attitudes that influence the support of the general public for the introduction of universal healthcare in Ireland: A national survey. Health Policy (New York). 2018;122(2):147–56.
31. Setswe G, Muyanga S, Witthuhn J, Nyasulu P. Public awareness and knowledge of the national health insurance in South Africa. Pan African Medical Journal. 2015;22:1–10.
32. Litawati H. Strategi perencanaan jaminan kesehatan semesta kabupaten Banyuwangi. Jurnal Ilmiah Administrasi Publik . 2019;2(1):46–56.
33. Abiiro GA, Mbera GB, De Allegri M. Gaps in universal health coverage in Malawi: A qualitative study in rural communities. BMC health services research. 2014;14(1):1–10.
34. Amu H, Dickson KS, Kumi-Kyereme A, Maafo Darteh EK. Understanding variations in health insurance coverage in Ghana, Kenya, Nigeria and Tanzania: Evidence from demographic and health surveys. PLoS One. 2018;13(8):1–14.