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COUNSELING ASSISTANCE FOR THE BPJS KESEHATAN PROGRAM IN THE BOGOR CITY FOR MSME ACTORS

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Abstract

The implementation of the BPJS Kesehatan program for MSME seller is a hope to provide adequate and sustainable protection. But on the other hand it has quite real challenges. The related challenges are, the inherent nature of participation and makes BPJS a requirement for the issuance of business licenses for the readiness (willingness and ability) of MSME seller who have economic capacity to participate in the program, considering that program contributions will be borne by Wage Givers and Workers. Consumer perceptions do not only depend on stimuli in physical form, but also depend on the stimuli that are around them and the conditions that exist in a person and perceptions are more important than reality in marketing, because perceptions can influence consumers' behavior, besides that people can have different perceptions over the same object. This research is about the perception of MSME actors on the implementation of the BPJS Health program, especially in Bogor City. The purpose of this study was to determine the implementation of the BPJS Health program and to determine the perceptions of MSME sellers on the implementation of the BPJS Health program in Bogor City. The research method used is descriptive research based on respondents' responses with the case study method in which direct field surveys, observations, interviews were carried out to 100 respondents in 6 districts in Bogor City. The sampling method used was purposive sampling technique and data analysis method used descriptive analysis, validity test and reliability test. The data was tested using SPSS version 23. The results showed 1) The results of descriptive analysis on the perception variable of MSME sellers with the lowest value were found in the statement of the high level of ability to pay BPJS health contributions with a percentage of 57%, while the highest value was in the statement of MSME sellers has received clear socialization of the BPJS Kesehatan program with a percentage value of 99% with very good interpretation. 2) The results of descriptive analysis on the BPJS Kesehatan implementation variable with the lowest value are in the statement that BPJS Kesehatan provides professional services to BPJS Kesehatan participants with a percentage of 66.25%, while the highest value is in the statement of the level of health insurance benefits provided by BPJS Kesehatan with a percentage value of 79.75% with good interpretation.

Keywords: Perception, MSME sellers, BPJS Kesehatan.

I. INTRODUCTION

Health is a primary human need to carry out its functions and roles so that they are able to obtain welfare, and become a right for every citizen. Based on the Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System, it is explained that everyone has the right to social security to be able to meet the basic needs of a decent life and increase his dignity towards the realization of a prosperous, just and prosperous Indonesian society.

The National Social Security System (SJSN) is a procedure for administering social security programs by several social security administering bodies. Health insurance is held with the aim of ensuring that the community gets the benefits of health care and protection in meeting basic health needs. This Social Security program started from Jamkesmas, Jamkesda, ASKES and a new government program emerged called the Social Security Administering Body (BPJS) (Putri, 2017).

Law Number 24 of 2011 concerning BPJS established two Social Security administering bodies, namely BPJS Kesehatan and BPJS Employment, BPJS Kesehatan is the organizer of social security programs in the health sector which is one of five programs in the National Social Security System (SJSN), namely Health Insurance, Work Accident Insurance, Old Age Security, Pension Security, and Death Security as stated in Law Number 40 of 2004 concerning the National Social Security System. BPJS Kesehatan has a vision to run quality health insurance without discrimination. This

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vision is supported by 3 main missions, one of which is to expand participation in the health insurance program to cover the entire population of Indonesia.

JKN membership managed by BPJS Kesehatan consists of 2 types of participation as stated in Presidential Regulation Number 12 of 2013 namely:

1. Contribution Assistance Recipients (PBI) consisting of the poor and the poor.
2. Not PBI or independent participants consisting of:

a. Wage workers who are commonly referred to as formal workers are those who have fixed wages, for example Civil Servants, Indonesian Armed Forces, Police and Employees.
b. Non-wage workers, commonly referred to as informal workers, are those who do not have a fixed wage or their wages fluctuate, for example self-employed/owning their own business.
c. Non-employed: Not having a job and from a socio-economic class who can afford it.

Based on data from BPJS Kesehatan, there are 224.1 million participants in the JKN program. This amount is equivalent to 83% of the total population of Indonesia, which is estimated to reach 269 million people in 2019. The largest number of BPJS participants are Health Insurance Contribution Assistance Recipients (PBI) financed by the APBN budget, which reached 96.5 million people. Then, 38.8 million people participated in the PBI APBD. Then there are 53.76 million Wage Recipient Workers (PPU) and 30.2 million self-employed Non-Wage Recipients (PBPU), 5.01 million non-workers (katadata.com).

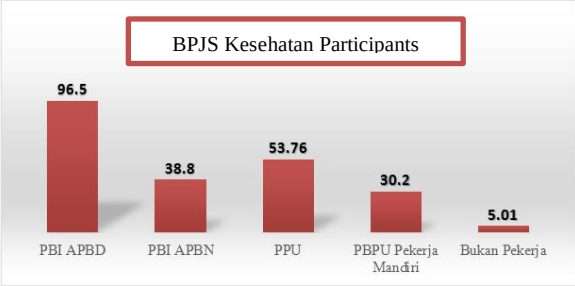

Fig. 1 BPJS Kesehatan Participants (2019)
Source: Secondary data Katadata, 2020

To achieve the 100% target in 2019, the only participants that can be increased are wage earners and independent participants. The participation of these two groups continues to increase, including in the city of Bogor. It can be seen from the DKB Disdukcapil data of the City of Bogor in the second semester of 2018, the residents of Bogor City were recorded at 1,010,566 people, of this number 79.1% or 799,600 people had been covered or participated in JKN, and 20.9% or 210,966 people had not covered by JKN. Most MSME workers have not participated in the National Health Insurance program.

The current challenge for JKN is that participation is still low, especially for non-wage or independent community groups. Informal workers who have become independent JKN participants reached 30%. In fact, the potential in this sector is very large because almost 70% of the population of Bogor City is engaged in the informal sector and is believed to have a major contribution to maintaining the financial stability of JKN (Andria et al, 2017).

Health Insurance for the informal sector community in Cambodia was reviewed through the use of an unstructured question policy document, involving government, non-government and relevant officials. Data analysis uses organizational assessment factors to build a framework for improving and strengthening health financing. The research results show that appropriate institutional and organizational arrangements can provide effective health protection for the informal sector in developing countries (Andria et al, 2019).

Informal sector residents who work in small companies, are self-employed in the informal economy sector and who are unemployed or elderly, will depend on personal insurance or assistance from close or distant family and local communities, resulting in very limited sustainability of this health insurance. In order for membership to increase and health insurance coverage to be expanded, groups of informal sector workers in the Bogor area must be identified and their characteristics can be distinguished at the same time.

For employment, the working force is described according to main occupations with the criteria for Bogor City residents aged 15 years who work in informal activities, namely agriculture, forestry, hunting and fishing groups, management industry groups, wholesale trade groups, retail, restaurants and hotels, community service groups, and other groups (mining and quarrying, electricity, gas and water, buildings, transportation, warehousing and communications, finance, insurance, building rental businesses, land and company services). The following is explained in Table 1. :

TABLE I
The Work Force Working In Informal Activities in Bogor City in 2019

No.	Group	Total
1	Agriculture, forestry, hunting and fishing	4.981
2	Processing Industry	54.416
3	Wholesale, retail, restaurant and hotel	120.802
4	Community service	119.126
5	Other sectors (mining and quarrying, electricity, gas and water, building, transportation, warehousing and communication, finance, insurance, building rental business, land and company service)	97.658
	Total	400.983

Source: Bogor City BPS secondary data, 2019

The number of MSME in Bogor City in 2019 was 29,406. The most MSME are in West Bogor District with a total of 9,819 MSME, and South Bogor District with the second highest number of MSME in Bogor City with a total of 5,611. The following table shows the number of MSME in Bogor City:

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TABLE II
Data on the Number of MSME in Bogor City 2019

Districts	Total
West Bogor	9.819
South Bogor	5.611
Middle Bogor	4.550
East Bogor	2.680
North Bogor	3.557
Tanah Sareal	3.189
Total	29.406

Source: Secondary data from the Bogor City Cooperatives and SMEs Office, 2019

The JKN BPJS information campaign effort is massive, but the MSME group has little understanding of the program and how to register. They always consider the high premiums and the hassle of registering as reasons for not registering. Other studies reveal that people do not understand the term health insurance, its advantages, how to use it, compare it with other insurances. The current trend of individuals to ignore available information and claim to be not interested in the many options offered by health insurance (Firman et al, 2017).

The implementation of the implementation of the national social security system program for the MSME sector, on the one hand, is a hope to provide proper and sustainable protection. But on the other hand, it has quite a real challenge. The related challenges are the mandatory nature of participation and making BPJS membership a condition for the issuance of business permits for SMEs, readiness (willingness and ability) of the MSME sector which has economic capacity to participate in the program, considering that program contributions will be the burden of the Wage Providers and Workers. As well as the mechanism for collecting data and collecting contributions from the informal sector which is still inadequate.

Based on research conducted by Andria et al (2018), informal workers in Bogor have a significant ability to independently finance health insurance through the BPJS program with an average financing equivalent to the class III category. This can be used as a reference for membership expansion efforts, but it requires an intensive socialization process. One of the intensive socialization strategies is through a social approach to the community of informal workers.

To get an overview of the challenges of implementing a health insurance program within the framework of the National Health Insurance System for the MSME business sector, a field study is needed to measure the Perceptions of MSME Perceptions of the Implementation of the Health BJPS Program in the City of Bogor. The MSME sector was chosen as the study target not only for the reasons described above, but also because the definition of MSME is more defined and operational for the preparation of the BPJS program.

Consumer Behavior and Consumer Perception

Sunarto (2018) describes consumer behavior as the actions of individuals who are directly involved in obtaining and using economic goods and services, including decision-making activities. Sujani (2017) defines consumer behavior as the study of how individuals place goods, services, ideas or experiences to satisfy their wants and needs. Sopiah and Sangadji (2014) explain consumer behavior as actions that are directly involved in obtaining, consuming, and disposing of products or services, including the processes that precede and follow these actions.

According to Gunawan (2017), consumer behavior is a study of how individuals, groups, and organizations or institutions choose, buy, use, and dispose of goods, services, ideas, or experiences to satisfy consumer needs and desires. According to Fitriana (2015) consumer behavior is defined as the study of buying units and the exchange process that involves the acquisition, consumption and disposal of goods, services, experiences and ideas.

According to Kotler and Keller (2015), perception does not only depend on stimuli in physical form, but also depends on the surrounding stimuli and the conditions that exist in a person and perception is more important than reality in marketing, because perceptions can influence consumers to behave, In addition, people can have different perceptions of the same object. According to Permatasari (2014), perception is defined as the process by which individuals select, organize, and interpret stimuli into meaningful and reasonable images of the world. According to Purnama (2016), perception is the process of how the stimuli are selected, organized and interpreted.Usaha Mikro Kecil dan Menengah (MSME)

The definition of MSME in Indonesia is regulated in the Law of the Republic of Indonesia No. 20 of 2008 concerning MSME. Article 1 of the law states that micro-enterprises are productive businesses owned by individuals and/or individual business entities that have the criteria for micro-enterprises as stipulated in the law. Small business is a productive economic business that stands alone, which is carried out by individuals or business entities that are not subsidiaries or branches that are owned, controlled or become a part, either directly or indirectly, of a medium or large business that meets the criteria. Small business as referred to in the Act. Medium-sized businesses are productive economic businesses that stand alone, which are carried out by individuals or business entities that are not subsidiaries or branches of companies that are owned, controlled, or become a part either directly or indirectly with small businesses or large businesses with total net assets or annual sales proceeds as regulated in the law.

MSME are economic activities that have a community base with limited capital. However, MSME have been recognized as being one of the backbones of labor providers, as well as being a dynamist and

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stabilizer of the country's economy. MSME also support large businesses, such as providing raw materials, spare parts, and other supporting services. MSME are also agile so that they are generally able to survive in unfavorable economic conditions (Soemohadiwidjojo, 2018).

According to the Central Statistics Agency (BPS) the definition of MSME is based on the quantity of labor. Micro-enterprises are business units with a workforce of 4 people, small businesses are businesses that have a workforce of 5 to 19 people. Meanwhile, medium-sized businesses are businesses that have a workforce of 20 to 99 people. Companies with more than 99 employees are included in the big business category. According to the Ministry of Finance, based on the Decree of the Minister of Finance No. 316/KMK 016/1994 dated 27 June 1994 that Small Businesses as individuals/business entities that have carried out activities/businesses that have sales/turnover per year are as high as Rp. 600,000,000 (excluding occupied land and buildings). For example Firms, CVs, PTs, and cooperatives, namely in the form of business entities. While the examples in the form of individuals include home industry craftsmen, livestock, fishermen, traders of goods and services and others.

Marketing Management and Service Marketing

According to Suparyanto & Rosad (2015), marketing management is the process of analyzing, planning, organizing, and managing programs that include conceptualizing, pricing, promoting and distributing products, services and ideas designed to create and maintain profitable exchanges with the market goals to achieve company goals. According to Sunyoto (2015), marketing management is a business function that identifies consumer needs and wants that must be satisfied by other human activities that produce tools to satisfy needs in the form of goods and services.

According to Setyaningrum, marketing management is the analysis, planning, implementation, and control of decisions about marketing in the areas of product offering, distribution, promotion, and pricing. Based on the understanding of the experts it can be concluded, marketing management is an effort to plan, implement (which consists of organizing, directing, cordinating) and supervising or controlling marketing activities within an organization in order to achieve organizational goals efficiently and effectively. The marketing management function has analytical activities, namely the analysis carried out to find out the market and its marketing environment, so that it can be obtained how big the opportunity to seize the market and how big the threat that must be faced.

Definition of Service Marketing

According to Setyaningrum, Udaya and Effendi (2015), service is a form of product consisting of various activities, benefits or satisfactions offered for sale and are basically intangible and do not result in ownership of anything, such as banking activities, services. Hotels, air travel, retail companies, repair shops, and beauty salons. Meanwhile, according to Kotler and Keller (2016) services or services are all actions or performances that one party can offer to another that are essentially intangible and do not result in any ownership. The product may or may not be associated with a physical product.

According to Kotler, Keller and Armstrong, (2015) defines service as follows: A service is any action or performance offered by one party to another that is positively intangible and does not cause a transfer of ownership. The production of services may or may not be tied to a physical product.

National Social Security Program

The National Social Security System (SJSN) is a state program that aims to provide protection and social welfare for all Indonesian people. Through this program, every resident is expected to be able to meet the basic needs of a decent life if things happen that can result in loss or reduced income, due to illness, accident, loss of job, entering old age, or retirement (Putri, 2014).

JKN (National Health Insurance)

The National Health Insurance (JKN) is part of the National Social Security System (SJSN) which is implemented using a mandatory social health insurance mechanism based on Law Number 40 of 2004 concerning SJSN with the aim of meeting the basic needs of decent public health given to everyone who has paid dues or whose contributions are paid by the government (kemkes.go.id).

Social Security Administering Body (BPJS)

The Social Security Administering Body (BPJS) is a legal entity established by law to administer social security programs (Law No. 40 of 2004 Article 1 point 6). BPJS according to the SJSN Law is a transformation of the current social security administering body and it is possible to form a new organizing body in accordance with the dynamics of social security development. BPJS Kesehatan and BPJS Employment are public legal entities according to the BPJS Law (UU No.40 of 2004 Elucidation paragraph 11).

Framework

The National Health Insurance Program (JKN) is part of the National Social Security System (SJSN) which is organized using a social health insurance mechanism that is mandatory for all Indonesians, as well as for foreign nationals who work for a minimum of 6 months in Indonesia, the regulation of which is based on the Law. -Law No.40 of 2004 concerning the National

Social Security System with the aim of meeting the basic needs of proper public health which is given to everyone who has paid dues or whose contributions have been paid by the government (Kemenkes RI, 2014).

The JKN program is organized by BPJS Kesehatan, both PBI participants whose contributions are from the government and non-PBI or commonly referred to as independent participants, one of which is MSME whose contributions are borne by participants independently. The government is responsible for implementing public health insurance through SJSN for individual health efforts based on Law no. 36 of 2009 concerning Health. Based on the Presidential Regulation of the Republic of Indonesia No. 12 of 2013, the government is also responsible for implementing the Public Health Insurance through BPJS Kesehatan, which is a public legal entity formed to administer the JKN (National Health Insurance) program for all people.

Even though BPJS Kesehatan insurance is mandatory, public participation in participating is still very low. Especially in the MSME community, not everyone can have the decision to join the insurance program even though the MSME community knows that life is full of uncertainties that will cause risks and losses. Currently, there are still many people in Bogor who have not registered themselves as participants in the JKN program even though the nature of their participation is mandatory**.**

One of the consumer behavior is the act or deed to be directly involved in perceiving goods or services that are influenced by individual differences. This is no exception in the participation of the national health insurance program, one of which is consumer perception. Researchers see that respondents' perceptions of JKN are in the form of membership benefits and health services obtained. One of the factors that influence perception is motivation. Someone's motivation to do something will arise because of the need felt by that person. Someone who has high motivation and a good perception of the JKN program will have an impact on that participation (Lestari, 2016).

Previous research by Fajar Hasri Ramadhana and Hidayat Amir in the 2012 PPRF-BKF-Ministry of Finance Team activity report stated that community participation is also influenced by knowledge and understanding of health insurance. Measurement of the level of insurance awareness, ability to pay, willingness to become a participant in health insurance, carried out by looking at gender, age, education and income and expenses can be used to obtain the results of the Perception Value of MSME Actors on the Implementation of the BPJS Kesehatan Program in Bogor City. An explanation of this research can be seen briefly in the framework of thought listed in Figure 2:

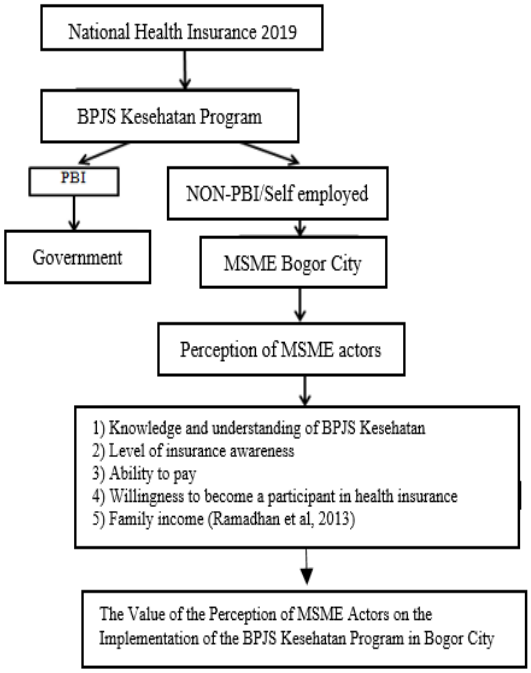

Fig. 2 Framework of Thought

II. METHODOLOGY

Types of research

The type of research used is a descriptive type of research based on respondents' responses with a case study research method where a direct survey is carried out in the field.

Types and Sources of Research Data

1. Type of Research Data
   The type of data studied is qualitative data.
2. Research Data Sources

a. Primary data is data obtained or collected by researchers directly from the data source. To obtain primary data in this research, in-depth interviews, questionnaires and direct observation will be conducted.

b. Secondary data is data obtained or collected by researchers from various existing sources. Secondary data can be obtained through various sources such as print/electronic mass media, the Central Bureau of Statistics (BPS), books, reports, journals, legislation, and others.

Sampling Method

The sample of this research is MSME business actors in Bogor City with a minimum age of 18 years as the working productive age according to Law no. 13 of 2003. Sampling technique is the process of how to select a sufficient number of elements from a population that

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allows the generalization process of research results. The condition in which the population size of this study is not known makes it difficult to determine the appropriate number of samples, therefore sampling is carried out by multi-stage sampling. In the initial stage, the sample was taken using the cluster sampling method (regional sample) with a view to determining the areas that were the object of research.

One of the methods used to determine the number of samples is to use the Slovin formula as follows:

$$N = \frac{N}{1+N(e)^2}$$

Information:
n : Number of Samples
N : Total Population
e2 : Error / critical value / desired accuracy limit, or % error rate / error that can still be tolerated (=1%, 5%, 10%)

$$n = \frac{\text{Jumlah UMKM}}{1+\text{Jumlah UMKM}(e)^2}$$

$$n = \frac{29.406}{1+29.406(10\%)^2}$$

n = 99 dibulatkan 100 Responden

Method of collecting data

According to Sugiyono (2015) data collection techniques can be done by interview (interview), questionnaire (questionnaire), observation (observation), and a combination of the three.

Data Quality Test

Validity test

1. The main things in the validity test are:
2. 1. This validity test is actually to see the feasibility of the questions in the questionnaire to define a variable.
3. 2. List of questions in general to support a certain group of variables.
4. 3. Validity test is carried out for each item, the results are compared with r-table df = n-k with an error of 5%.

$$r_{xy} = \frac{n\Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{\left(N\Sigma x^2 - \left(N\Sigma y^2 - (\Sigma y)^2\right)\right.}}$$

Information:
r_{xy} = Correlation coefficient between x and y
$\sum xy$ = The sum of the multiplications between x and y
$\sum_x 2$ = The sum of the squares of the X values
$\sum_y 2$ = Sum of squares of Y values
N = Number of respondentsn

Reliability Test

If the measuring instrument is declared valid, then the reliability of the measuring instrument is tested. Reliability is a value that shows the consistency of a measuring instrument in measuring where the reliability of the instrument with certain techniques. The formula is as follows:

$$r_n = \frac{k}{k-1} + \left(1 - \frac{\Sigma ab^2}{a_1^2}\right)$$

Information:
r_n = Instrument reliability
k = The number of questions or questions
ab^2 = Number of item variances
a_1^2 = Total variance

Reliability tests were carried out for all question items using the Cronbach Alpha formula with the help of SPSS 23. Question items were declared reliable if *Cronbach Alpha* > r_{tabel}.

TABLE IV
Reliability Instrument

The Value of r	Interpretation
0,80-100	High
0,60-0,80	Enough
0,40-0,60	A bit low
0,20-0,40	Low
0,00-0,20	Very low

Source: Sugiyono, 2014

Data Processing/Analysis Method

Descriptive analysis

In this study using descriptive statistics, namely to describe or describe in depth through tables, graphs, diagrams, and pictures of the resulting data.

RESEARCH RESULT

Data analysis

Profile Responden by Gender

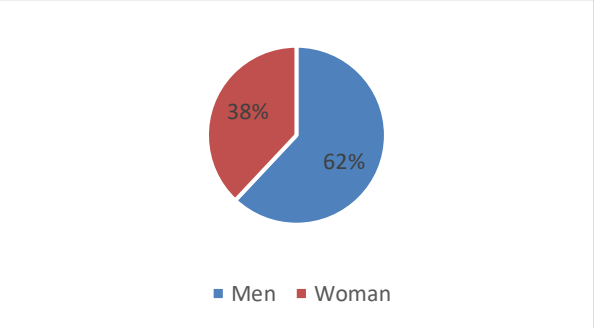

Fig. 3 Gender of Respondents

Profile Responden by Gender

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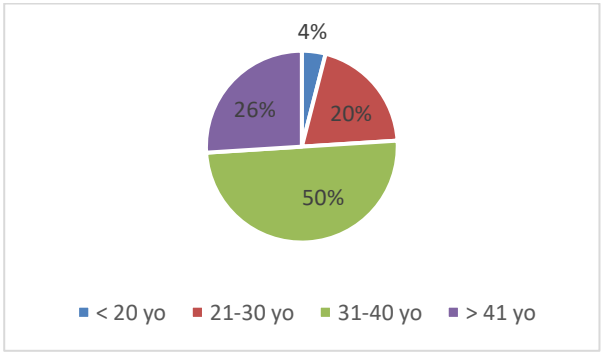

Fig. 4 Age of Respondents

Respondent Profile Based on Last Education

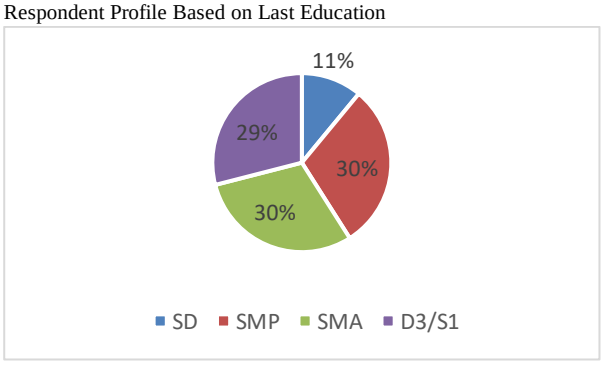

Fig. 5 Respondent's Last Education

Respondent Profile Based on Status

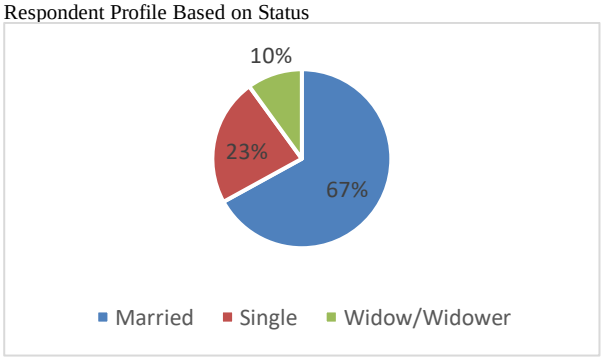

Fig. 6 Respondent Status

Respondent Profile Based on Income

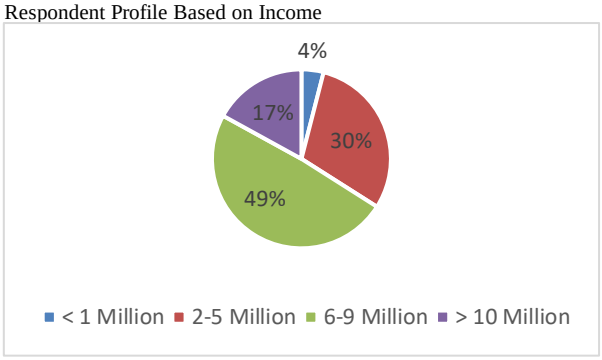

Fig. 7 Respondents' Income

Respondent Profile Based on Ability to Pay

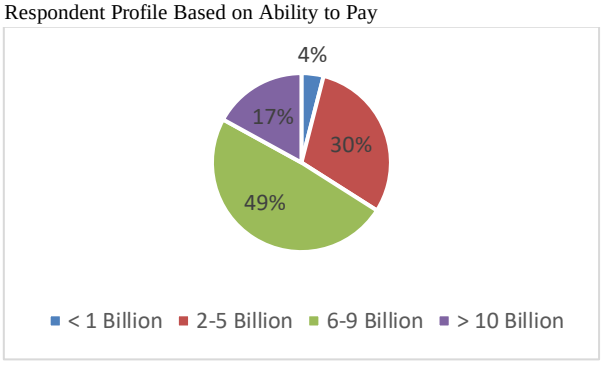

Fig. 8 Respondents Paying Ability

Respondent Profile Based on Enrollment Period

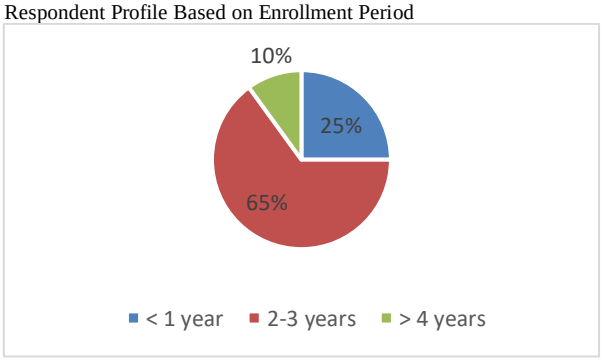

Fig. 9 Respondents Registration Period

Conditions of Perception of MSME Actors BPJS Kesehatan Bogor City

TABLE V
Results of the Recapitulation of Respondents' Responses to the Variable Perception of MSME Actors on the Implementation of the BPJS Kesehatan Program in the City of Bogor

Variable	Size	Respondents Response (%)	Average (%)
Perceptions of SMEs	Socialization of the BPJS Kesehatan Program to MSME actors carried out	72,25	

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	by the BPJS Kesehatan		
	MSME actors have received clear socialization of the BPJS Kesehatan program	99	81,33
	MSME actors understand the BPJS Kesehatan program	72,75	
	Awareness of MSME actors in insurance	73,5	74,66
	MSME actors have a need for insurance	74,25	
	MSME actors consider it important to participate in the BPJS Kesehatan program	76,25	
	MSME actors have the ability to pay BPJS Kesehatan contributions	74	66,91
	PMSME actors have awareness in paying BPJS Kesehatan contributions	69,75	
	High level of ability to pay BPJS Kesehatan contributions	57	
	Average	**74,30**	
BPJS implementation	MSME actors have knowledge about the health insurance they receive	76,75	75,91
	MSME actors understand the health insurance program they receive	72,75	
	MSME actors understand the need to participate in the BPJS Kesehatan program	78,25	
	BPJS Kesehatan services for MSME actors	71,75	72,58
	The level of health insurance benefits provided by BPJS Kesehatan	79,75	
	BPJS Kesehatan provides professional services to BPJS Kesehatan participants	66,25	
	BPJS Kesehatan facilities are very complete	75,75	75,08
	BPJS Kesehatan facilities guaranteed by the government	76	
	Ease of accessing and getting facilities provided by BPJS Kesehatan	73,5	
	Average	**74,52**	

Source: Primary Data Processed, 2020

Analysis of MSME Perceptions on the Implementation of the BPJS Kesehatan Program in Bogor City

TABLE VI
Rating Scale

No.	Scale (%)	Interpretation
1	0-39	Very bad
2	40-59	Bad
3	60-79	Good
4	80-100	Excellent

Source: Sugiyono 2015

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1. Perception of the view or understanding of MSME actors towards the BPJS Kesehatan program

Table VII
Perception of the view or understanding of MSME actors towards the BPJS Kesehatan program

No.	Size	Respondents Response (%)	Interpretation
1	Socialization of the BPJS Health Program to MSME actors carried out by the BPJS Health	72,25	Good
2	MSME actors have received clear socialization of the BPJS Health program	99	Excellent
3	MSME actors understand the BPJS Health program	72,75	Good
	Average	81,33	Excellent

Source: Secondary data processed, 2020

Based on table 7 shows that the perception of the views or understanding of MSME business actors towards the BPJS Kesehatan program is very good with the average value of respondents' responses being 81.33%.

2. Perception of Awareness of MSME actors in insurance

TABLE VIII
Perceptions of Awareness of MSME actors in insurance

No.	Size	Respondents Response (%)	Interpretation
1	Awareness of MSME actors in insurance	73,5	Good
2	MSME actors have a need for insurance	74,25	Good
3	MSME actors consider it important to participate in the BPJS Health program	76,25	Good
	Average	74,66	Good

Source: Pimary data processed, 2020

Based on table 8 the perception of the awareness of MSME actors in insurance with an average respondent's response of 74.66% with the results of the interpretation being good.

3. Perceptions of the ability and willingness of MSME actors to pay BPJS Kesehatan contributions

TABLE IX
Perceptions of the ability and willingness of MSME actors to pay BPJS Kesehatan contributions

No.	Size	Respondents Response (%)	Interpretation
1	MSME actors have the ability to pay BPJS Health contributions	74	Good
2	PMSME actors have awareness in paying BPJS Health contributions	69,75	Good
3	High level of ability to pay BPJS Health contributions	57	Bad
	Average	66,91	Good

Source: Pimary data processed, 2020

Based on table 9, the perception of the ability and willingness of MSME actors to pay BPJS Kesehatan contributions is good with a percentage value of 66.91% and one statement has a bad interpretation with a percentage of 57%.

4. Perception of participant participation in the BPJS Kesehatan program

TABLE XI
Perceptions of participant participation in the BPJS Kesehatan program

No.	Size	Respondents Response (%)	Interpretation
1	MSME actors have knowledge about the health insurance they receive	76,75	Good
2	MSME actors understand the health insurance program they receive	72,75	Good
3	MSME actors understand the need to participate in the BPJS Health program	78,25	Good
	Average	75,91	Good

Source: Pimary data processed, 2020

Based on table 10 regarding the perception of the participation of participants in the BPJS Kesehatan program is good with a percentage of 75.91%.

5. Perceptions of Utilization of BPJS Kesehatan services

TABLE XII
Perceptions of Utilization of BPJS Kesehatan services

No.	Size	Respondents Response (%)	Interpretation
1	BPJS Health services for MSME actors	71,75	Good
2	The level of health insurance benefits provided by BPJS Kesehatan	79,75	Good
3	BPJS Health provides professional services to BPJS Health participants	66,25	Good
	Average	72,58	Good

Source: Pimary data processed, 2020

Based on table 11 regarding perceptions of the utilization of BPJS Kesehatan services, it shows a good interpretation with a percentage value of 72.58%.

6. Perception of health facilities

TABLE XIII
Perceptions of Health Facilities

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No.	Size	Respondents Response (%)	Interpretation
1	BPJS Health facilities are very complete	75,75	Good
2	BPJS Health facilities guaranteed by the government	76	Good
3	Ease of accessing and getting facilities provided by BPJS Health	73,5	Good
	Average	75,08	Good

Source: Pimary data processed, 2020

Based on table 12, the perception of health facilities is described in 3 statements and the average respondent's response shows that the interpretation is good with a percentage of 75.08%.

III. RESULTS AND DISCUSSION

Based on the analysis of the research conducted previously, a discussion of the research regarding the perception of MSME actors on the implementation of the BPJS Kesehatan program in Bogor City will be carried out, involving 100 respondents spread over six sub-districts in Bogor City including East Bogor, West Bogor, South Bogor, Central Bogor, Tanah Sarael and North Bogor. This study uses a descriptive analysis that will explain and draw conclusions about the condition of the perception of MSME actors on the implementation of the BPJS Kesehatan program.

Characteristics of respondents are mostly in the age range of 31-40 years as many as 50 respondents (50%), age is a factor that influences a person in making decisions. Respondent's education is junior high and high school graduates/equivalent. According to Sumarwan (2016) a person's level of education will affect the values adopted, ways of thinking, and ways of looking at things. As many as 49% of respondents have income between Rp. 6,000,000-Rp. 9,000,000, income will determine one's purchasing power.

Based on descriptive analysis on the BPJS Kesehatan implementation variable which is described in 9 statements and obtained an average respondent response of 74.52%, while the highest average value is in the 6th statement item with the statement "The level of health insurance protection provided BPJS Kesehatan" with a percentage of 66.25%. This means that BPJS Kesehatan has provided professional services to most participants, while the highest value is in the 5th statement item with the statement "The level of health insurance benefits provided by BPJS Kesehatan" with a percentage value of 79.75%. This means that most participants agree that they have benefited from the health insurance program provided by BPJS Kesehatan.

Based on descriptive analysis on the perception variable of MSME actors which is described in 9 statements, the average value of respondents' responses is 74.30%. The lowest value is found in the statement item "High level of ability to pay BPJS Kesehatan contributions" with a percentage value of 57%. This means that not all MSME actors have a high ability to pay program contributions that have been determined by BPJS Kesehatan, and for the highest value of respondents' responses to the perception variable of MSME actors, it is in the 2nd statement item with the statement "MSME actors have received socialization of the BPJS Kesehatan program" with a percentage value of 99%. This means that almost all respondents have received socialization about the BPJS Kesehatan program.

Based on descriptive analysis on the perception variable of MSME actors towards the implementation of the BPJS Kesehatan program, the highest score was obtained on the perception indicator of MSME actors, namely the Perception of MSME actors' views or understanding of the BPJS Kesehatan program with a percentage value of 81.33% with a very good interpretation, meaning that MSME actors have a good perception of the view or understanding of the BPJS Kesehatan program. Meanwhile, in the BPJS Kesehatan implementation variable, the highest value is in the perception of participant participation in the BPJS Kesehatan program with a percentage value of 75.91% with a good interpretation. This means that most MSME actors agree to participate in the BPJS Kesehatan program.

In this study, it was found that MSME actors had received clear socialization of the BPJS Kesehatan program but MSME actors did not yet have the ability to pay BPJS Kesehatan contributions, due to factors that influenced the formation of this awareness, one of which was uncertain income, education level. , knowledge about the benefits that will be obtained, it is of course an important factor in the awareness of MSME actors in paying BPJS Kesehatan contributions.

The same thing was stated by previous research conducted by Ramadhana and Amir (2013), with the title of Perception of MSME Employers and Workers of the National Social Security Program, from the results of this study it was found that the self-employed group had a lower ability to pay contributions than other groups. . In addition, the ability and willingness to become a BPJS participant is significantly influenced by the level of income, education level, and level of knowledge of the BPJS program.

IV. CONCLUSION AND SUGGESTION

Conclusion

1. The results of the descriptive analysis on the BPJS Kesehatan implementation variable with the lowest value are found in the statement that BPJS Kesehatan provides professional services to BPJS Kesehatan participants with a percentage of 66.25%, meaning that BPJS Kesehatan has provided

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professional services to most participants. Meanwhile, the highest value is found in the statement of the level of health insurance benefits provided by BPJS Kesehatan with a percentage value of 79.75% with a good interpretation. This means that most participants agree that they have benefited from the health insurance program provided by BPJS Kesehatan.

2. The results of descriptive analysis on the perception variable of MSME actors with the lowest value are found in the statement of a high level of ability to pay BPJS Kesehatan contributions with a percentage of 57%. . Meanwhile, the highest score is found in the statement that MSME actors have received clear socialization of the BPJS Kesehatan program with a percentage value of 99% with a very good interpretation. This means that almost all respondents have received socialization about the BPJS Kesehatan program.

Sugestion

1. Based on the results of research on the variables of the implementation of the BPJS Kesehatan program, it was found that the BPJS Kesehatan had not provided professional services to BPJS Kesehatan participants, the BPJS Kesehatan had to be more aggressive in providing an understanding of the importance of BPJS Kesehatan for the community, especially for MSME actors and providing services that best so that there is no social jealousy between participants.

2. Based on the results of research on the perception variable of MSME actors, it was found that MSME actors did not yet have the ability to pay BPJS Kesehatan contributions. What can be given to MSME actors is to take part in a health program to have a long-term health investment.

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