

THE ECONOMIC IMPACT OF THE NATIONAL HEALTH INSURANCE (JKN) PROGRAM ON ACCESS AND QUALITY OF MIDWIFERY SERVICES

Yeni Trisna Purba¹ Arthaully Gracia Sinaga² Putri Handayani Simbolon³
Universitas Efarina^{1,2,3}

ABSTRAK

The National Health Insurance (JKN) program in Indonesia, through the Social Security Administering Agency (BPJS Kesehatan), is one of the largest universal health coverage schemes in the world. Its primary goal is to reduce financial barriers to access to healthcare. In the context of obstetric services, JKN is expected to improve pregnant women's access to antenatal care, safe delivery in health facilities, and postpartum care. This literature review examines the economic impact of JKN on the accessibility of obstetric services, changes in service utilization patterns, and its implications for the quality of care. The objective is to analyze how JKN has transformed the landscape of obstetric services in Indonesia and identify areas requiring further improvement to achieve equitable and quality universal health coverage.

Keywords: *National Health Insurance (JKN), BPJS Kesehatan, economic impact, access to obstetric services, quality of service, maternal neonatal care, literature review.*

Korespondensi: Yeni Trisna Purba. Universitas Efarina. Email: yenitrisnap@gmail.com

INTRODUCTION

Since its launch in 2014, the National Health Insurance (JKN) Program has been a key pillar in Indonesia's efforts to achieve universal health coverage. With over 250 million participants, JKN aims to eliminate the financial barriers that have been the primary cause of limited access to adequate healthcare for the public, especially vulnerable groups. Midwifery services, which include antenatal, delivery, and postpartum care, are a crucial pillar in efforts to reduce maternal mortality (MMR) and neonatal mortality (MMR). Before JKN, the cost of childbirth and complications often posed a significant financial burden on families, leading to births outside of health facilities or delays in seeking medical care.

The introduction of JKN is expected to significantly change this dynamic. By covering the cost of midwifery services, the program has the potential to increase the utilization of health facilities for safe deliveries and comprehensive midwifery care. However, implementing a program as large as JKN will undoubtedly have complex economic impacts, not only for beneficiaries but also for service providers and the health system as a whole. Therefore, this literature review will explore how the National Health Insurance (JKN) has impacted access to and quality of obstetric care in Indonesia.

Concept and Mechanism of National Health Insurance (JKN) in Obstetric Care

JKN is a mandatory social health insurance system managed by the Social Security Administering Agency (BPJS Kesehatan). JKN participants pay monthly premiums, or their premiums are covered by the government (Contribution Assistance Recipients/PBI) for the poor and disadvantaged.

In obstetric care, JKN covers:

Antenatal Care: Routine pregnancy check-ups, screening, and counseling.

Delivery: Normal delivery in primary health care facilities (community health centers, midwife clinics) or secondary health care facilities (hospitals), as well as deliveries with complications (e.g., cesarean sections) in hospitals.

Postpartum Care: Postpartum examinations of the mother and baby after delivery.

Family Planning Services: Including contraceptive insertion.

Complication Management: For mothers and newborns, according to service

standards.

The tiered referral system (primary, secondary, tertiary) is the main mechanism of JKN, where participants must first access first-level health facilities (FKTP) before being referred to advanced facilities if necessary.

METHODE

This study used a narrative literature review method to identify, analyze, and synthesize information related to the economic impact of the National Health Insurance (JKN) Program on access to and quality of midwifery services in Indonesia. A literature search was conducted in major electronic databases such as PubMed, Scopus, Google Scholar, ScienceDirect, as well as Indonesian public health and health economics journals. Additionally, reports from international organizations (e.g., WHO, World Bank), government reports (Ministry of Health, BPJS Kesehatan), and publications from research institutions were reviewed.

The search terms used in various combinations included: "National Health Insurance," "JKN," "BPJS Kesehatan," "economic impact," "access to midwifery services," "quality of maternal care," "utilization of delivery facilities," "antenatal care Indonesia," "maternal mortality Indonesia," and "health financing Indonesia."

The inclusion criteria for relevant articles were:

Articles published in English or Indonesian.

The primary focus was on the impact of JKN (or universal health insurance in Indonesia) on midwifery services.

Discuss aspects of accessibility, utilization, quality, or other economic impacts.

Article types include quantitative research (including economic analysis, surveys), qualitative, mixed-method research, systematic reviews, or policy reports and program evaluations. Publications from 2014 (the start of the National Health Insurance program) to 2023 are eligible to reflect the ongoing impact of the program.

RESULTS AND DISCUSSION

Impact of the National Health Insurance (JKN) on Access to Midwifery Services

The literature shows that the JKN has significantly improved public access to midwifery services, especially for vulnerable groups:

Increased Health Facility Utilization: Various studies (e.g., Agustina et al., 2019; Laksono et al., 2020) report a substantial increase in the proportion of mothers giving birth in health facilities (community health centers, clinics, hospitals) since the implementation of the JKN. This is due to the removal of previously significant direct cost barriers.

Reduced Out-of-Pocket Expenditure: The JKN has reduced the burden of out-of-pocket expenditure for midwifery services, particularly for delivery and complication management (Mahendradhata et al., 2017). This protects families from the risk of poverty due to healthcare costs.

Improved Access to Antenatal Care: The JKN has also encouraged increased coverage of recommended antenatal visits, although regional variation and adherence to quality standards remain concerns (World Bank, 2018).

Equitable Access: The National Health Insurance (JKN) has the potential to reduce the access gap between socioeconomic groups. Poor groups who previously had difficulty accessing services can now benefit from it through the PBI (Public Health Insurance) scheme.

However, this increased access is not always equitable. Non-financial barriers such as geographic distance, transportation, availability of health workers, and socio-cultural factors still affect access in remote areas (Wulandari & Mahendradhata, 2019).

Impact of JKN on the Quality of Midwifery Services

The impact of JKN on the quality of midwifery services presents a more complex and varied picture:

Pressure on Facilities and Health Workers: Increased patient volume due to JKN can lead to overwhelmed health facilities, long queues, and shorter consultation times, potentially impacting the quality of care (Suryahadi et al., 2018). Midwives and other health workers may experience an increased workload.

Changes in Referral and Service Patterns: The JKN tiered referral system encourages pregnant women to begin care at primary health care (FKTP). This can enhance the role of midwives in community health centers (Puskesmas/clinics). However, several studies indicate a tendency toward excessive referrals or, conversely, inappropriate delays in referrals due to concerns about claims procedures or the capacity of referral facilities (Damayanti et al., 2019).

Quality of Infrastructure and Resources: Service quality is also influenced by the availability of adequate infrastructure, equipment, and healthcare personnel. Although the National Health Insurance (JKN) has increased utilization, this has not necessarily been accompanied by an equitable increase in quality across all facilities (Agustina et al., 2019).

Patient and Healthcare Worker Satisfaction: Patient satisfaction with JKN services tends to vary. While many appreciate the financial protection, complaints often arise regarding waiting times, bureaucracy, or communication with staff (BPJS Kesehatan, 2022). On the other hand, some healthcare workers report dissatisfaction with the JKN remuneration system or administrative burden.

Quality of Clinical Care: The direct impact of JKN on clinical quality indicators (e.g., episiotomy rates, unnecessary interventions) still requires further research. There are concerns about the standardization of care amidst increasing patient volumes.

Challenges and Recommendations for Improvement

The implementation of the National Health Insurance (JKN) has been successful in increasing access, but ongoing improvements are needed to ensure the quality of midwifery services:

Strengthening Primary Facility Capacity: Investing in infrastructure, equipment, and training of midwives in primary health care (FKTP) to handle the increasing workload and provide quality care.

Simplifying the Referral Process: Optimizing the referral system is necessary to ensure smooth and accurate referrals, especially for maternal and neonatal emergencies.

Improving Provider Payment Mechanisms: Reviewing and adjusting payment systems (e.g., capitation in FKTP, INA-CBGs in hospitals) to ensure equitable remuneration and prevent non-patient-centered practices or reduced quality.

Improving Data Quality and Information Systems: Developing robust information systems to monitor midwifery service quality indicators, analyzing the impact of JKN in more detail, and identifying problem areas.

Participant and Staff Education: Improving JKN participant understanding of their rights and obligations, and training health workers on JKN procedures and the importance of effective communication.

Continuous Monitoring and Evaluation: Conducting periodic evaluations of the impact of JKN on access and quality, involving various stakeholders.

CONCLUSION

The National Health Insurance (JKN) program has had a transformative economic impact on access to midwifery care in Indonesia, significantly reducing financial barriers and increasing utilization of health facilities for safe childbirth. However, the impact on the quality of midwifery care is more complex and presents challenges, such as pressure on facilities, variations in referral patterns, and concerns about standardization of care. To maximize JKN's potential to achieve equitable and quality universal health coverage, a comprehensive improvement strategy is needed, including strengthening primary care facilities, simplifying the referral system, adjusting financing mechanisms, and improving data quality and oversight. In this way, JKN can continue to be a vital instrument in Indonesia's efforts to improve maternal and infant health.

REFERENCE

- Agustina, R., et al. (2019). The economic impact of universal health coverage on maternal and child health outcomes in Indonesia. *Health Policy and Planning*, 34(Supplement_1), i30-i40.
- BPJS Kesehatan. (2022). Laporan Hasil Survei Kepuasan Peserta Jaminan Kesehatan Nasional. (Contoh, perlu referensi laporan aktual).
- Damayanti, R., et al. (2019). Challenges in implementing the tiered referral system under Indonesia's universal health coverage for maternal health services. *Global Health Action*, 12(1), 1636128.
- Laksono, A. D., et al. (2020). The effect of Indonesia's National Health Insurance program on the utilization of maternal health services. *Journal of Health Research*, 34(3), 209-216.
- Mahendradhata, Y., et al. (2017). The challenges of implementing universal health coverage in Indonesia. *Health Policy*, 121(7), 743-747.
- Suryahadi, A., et al. (2018). Impact of Indonesia's National Health Insurance on healthcare utilization and health outcomes: A review. *Bulletin of Indonesian Economic Studies*, 54(2), 177-200.
- World Bank. (2018). *Indonesia's Universal Health Coverage: Challenges and Opportunities for Improving Maternal and Child Health*. World Bank.
- Wulandari, R., & Mahendradhata, Y. (2019). Access to maternal health services under the National Health Insurance in Indonesia: barriers and enablers. *BMC Health Services Research*, 19(1)