

The Relationship Between Perceived Health Needs and Perceived Benefits of Participating in the JKN Program in Kedungwuni District in 2026

Salsabilla Dwi Ramadhani¹, Yuniarti², Teguh Irawan³

Universitas Pekalongan

Corresponding Author: salsabilladrsalsa@gmail.com

ABSTRACT

The National Health Insurance (JKN) program aims to improve access to healthcare services and provide financial protection for the Indonesian population. Despite the increasing coverage of JKN enrollment, public perceptions of its benefits remain varied. This study aimed to analyze the relationship between perceived health needs and the perceived benefits of participating in the JKN program among residents of Kedungwuni District, Pekalongan Regency, in 2026. A quantitative study with a cross-sectional design was conducted involving 100 respondents selected through purposive sampling. Perceived health needs, operationalized through perceived susceptibility and perceived severity based on the Health Belief Model, served as the independent variable, while perceived benefits of JKN participation were the dependent variable. Data were collected using a Likert-scale questionnaire and analyzed through univariate analysis and the Chi-Square test. The results showed that 51.0% of respondents had high perceived health needs, while 55.0% had positive perceptions of JKN benefits. A significant relationship was found between perceived health needs and perceived benefits of participating in the JKN program ($p=0.000$), with a Contingency Coefficient of 0.339 indicating a moderate association. Higher perceived health needs were associated with more positive perceptions of JKN benefits.

Keywords: Perceived health needs, perceived benefits, JKN, Health Belief Model, Andersen Behavioral Model.

INTRODUCTION

The National Health Insurance (JKN) program organized by BPJS Kesehatan is an effort by the Indonesian government to realize the right to health and achieve Universal Health Coverage (UHC). This program is implemented based on Law Number 40 of 2004 concerning the National Social Security System (SJSN) with the principle of social insurance and mutual cooperation so that people can get access to health services without experiencing heavy financial burdens. In the perspective of the Andersen Behavioral Model, the use of health services is influenced by predisposing factors, enabling factors, and need factors, where need factors are the main determinants in a person's decision to use health services (Ministry of

Health of the Republic of Indonesia, 2014).

JKN membership consists of two categories, namely Contribution Assistance Recipients (PBI) whose contributions are paid by the government and Non-PBI participants who pay contributions independently. Although the number of JKN participants continues to increase every year, the increase in participation has not been fully followed by the optimal use of health services. This condition shows that the high coverage of participation does not necessarily reflect the high use of health services by JKN participants, because the utilization of services is still influenced by various factors, such as individual characteristics, administrative barriers, and the availability of health facilities (Cheng et al., 2025; Sujarwoto et al., 2026).

Nationally, until December 2025, the coverage of JKN membership has reached 98.62% of the Indonesian population. In Central Java Province, membership also reached 98.68% or around 37.7 million people. However, there are still inactive participants and people who have not been registered, including around 504 thousand people who have not been protected by JKN. This condition shows that the high coverage of participation has not fully described the effectiveness of implementation and the positive perception of the public on the benefits of the JKN program (National Social Security Council, 2025).

This problem is also seen in Kedungwuni District, Pekalongan Regency. Of the 101,737 JKN participants, only 74,827 people (73.55%) are active, while 26,910 people (26.45%) are inactive, accompanied by residents who have not yet become participants. The situation is even more complex after the policy of updating the PBI APBD data in early 2026 which deactivated around 151,000 participants. The impact is in the form of increasing public concerns, barriers to access to services, and long queues at health facilities due to the constraints of the tiered referral system, which ultimately reduces public satisfaction and trust in the JKN program (Pekalongan Regency Health Office, 2024).

A number of previous studies have shown that the need factor is an important determinant in the utilization of health services. In addition, participants' perceptions of JKN, JKN membership, and individual characteristics such as age, education, and employment are also related to the use of health services and the reduction of unmet need. These findings reinforce the importance of the aspects of needs and perceptions in determining the use of health services by JKN participants (Cheng et al. 2025).

However, studies that specifically examine the relationship between the perception of perceived need and the perception of benefits of participating in the JKN Program are still limited. Therefore, this study uses the Andersen Behavioral Model as a conceptual framework, by operationalizing perceived need through the dimensions of perceived susceptibility and

perceived severity in the Health Belief Model, and using perceived benefit to measure public perception of the benefits of JKN. This study aims to analyze the empirical relationship between the perception of health needs and the perception of the benefits of participating in the JKN Program in the people of Kedungwuni District (Andersen, 1995).

METHODS

This study uses an analytical quantitative design with *a cross-sectional approach* to analyze the relationship between the perception of health needs and the perception of benefits of participating in the JKN Program. The research was conducted in Kedungwuni District, Pekalongan Regency, with a population of 101,737 JKN participants. A sample of 100 respondents was determined using the Slovin formula and selected using *a simple random sampling technique*. The respondents are JKN participants aged ≥ 18 years who live in Kedungwuni District and are willing to participate in the research.

Data was collected through questionnaires that were distributed directly to respondents, and supported by secondary data from the Pekalongan Regency Health Office regarding JKN membership and regional characteristics. The independent variable is the perception of health needs as measured through the dimensions *of perceived susceptibility* and *perceived severity*, while the dependent variable is the perception of the benefits of participating in the JKN Program which includes financial protection, access to services, and service quality and effectiveness.

All items were measured using a 4-point Likert scale. The instrument met the validity tests (r count > 0.361) and reliability with Cronbach's alpha value of 0.857 for the perception of health needs and 0.954 for the perception of benefits. Data analysis was carried out univariately using frequency distribution and bivariate using the Chi-square test with a significance level of $p < 0.05$.

RESULTS

Univariate Analysis

The frequency distribution table of the 100 Respondents.

Table 1 Frequency Distribution of Respondent Characteristics

Characteristics	Dominant Categories	n (%)
Age	26-35 years old	31 (31,0%)
Gender	Women	74 (74,0%)
Final Education	College	36 (36,0%)
Jobs	Housewives (IRT)	35 (35,0%)
Types of Membership	PBI Non-PBI	Balanced
Membership Status	Active	86 (86,0%)

Based on the characteristics of the respondents, the most age group was 26–35 years old with 31 respondents (31.0%). The majority of respondents were female as many as 74 respondents (74.0%). The last most dominant level of education was university as many as 36 respondents (36.0%), while based on employment, most of the respondents were housewives (IRT) as many as 35 respondents (35.0%). The composition of JKN membership types between PBI and Non-PBI is relatively balanced, while based on membership status, most of the respondents are active participants, namely 86 respondents (86.0%).

Table 2 Frequency Distribution of Health Needs and JKN Benefits Categories

Perception of Needs (X)	Frequency (f)	Percentage (%)
Height	51	51,0 %
Low	49	49,0%
Total	100	100,0%

Based on table 2, it shows that the community group that has a Perception of High Health Needs amounted to 51 respondents (51.0%) and Low Needs 49 respondents (49.0%).

Table 3 Frequency Distribution of Benefit Perception Categories

Perceived Benefits (Y)	Frequency (f)	Percentage (%)
Positive	55	55,0%
Negatives	45	45,0%
Total	100	100,0%

Based on table 3, it is shown that the group of people who have a positive perception of benefits participating in the JKN program amounted to 55 respondents (55.0%), 45 respondents (45.0%) had a negative perception of benefits following the JKN program.

Bivariate Analysis

Table 4 Relationship between Perception of Needs and Perception of JKN

Benefits

Perception of Needs	Perception of Benefits				Total		P Value	CC
	Positive		Negatives					
	N	%	N	%	N	%	0,000	0,339
Height	37	72,5%	14	27,5%	51	100%		
Low	18	36,7%	31	63,7%	49	100%		
Total	55	55,0%	45	45,0%	100	100%		

The results of the bivariate statistical test using the Chi-Square test in Table 4 showed a p-value of 0.000 ($p < 0.05$), so it can be concluded that there is a significant relationship between the perception of health needs and the perception of benefits of participating in the JKN Program in Kedungwuni District. Based on a Coefficient Contingency (CC) value of 0.339, the strength of the relationship between the two variables is in the sedan category.

The results of the cross-tabulation analysis showed that of the 51 respondents who had a perception of high health needs, as many as 37 respondents (72.5%) had a positive perception of the benefits of the JKN Program, while 14 respondents (27.5%) had a negative perception

of the benefits. Meanwhile, of the 49 respondents who had a perception of low health needs, as many as 31 respondents (63.3%) had a negative perception of the benefits of the JKN Program and 18 respondents (36.7%) had a positive perception of the benefits.

DISCUSSION

Perception of Health Needs

A total of 51 respondents (51.0%) had a perception of health needs in the high category, while 49 respondents (49.0%) were in the low category. These findings show that most people have a perception of high health needs. In this study, the perception of health needs represents perceived *needs* in the Andersen Behavioral Model which is operationalized through the dimensions of *perceived susceptibility* and *perceived severity*. These results are in line with research by Kurniawati et al. (2023) which shows that the perception of vulnerability and the perception of severity are related to increasing public awareness of the need for health protection.

Perceptions of the Benefits of Participating in the JKN Program

A total of 55 respondents (55.0%) had a positive perception of the benefits of the JKN Program, while 45 respondents (45.0%) had a negative perception. This shows that most people consider the JKN Program to provide benefits as health protection and financial protection when they need health services. However, there are still respondents who have a perception of the benefits of the negative category, which shows that the public's assessment of the benefits of the JKN Program is not completely the same. These results are in line with research by Firori and Wisana (2023) which shows that JKN Program participation contributes to reducing *the need for* health services in both PBI and non-PBI participants.

Bivariate Analysis Results

The results of the Chi-Square test showed a value of $p = 0.000$ ($p < 0.05$), so there was a significant relationship between the perception of health needs and the perception of benefits of participating in the JKN Program. The value of the Contingency Coefficient (CC) = 0.339 indicates that the strength of the relationship is in the medium category. Respondents with a perception of high health needs tend to have a more positive perception of the benefits of the JKN Program than respondents with a perception of low health needs. These findings support

the Andersen Behavioral Model which explains that the need factor is an important determinant in health service utilization behavior (Andersen, 1995). Individuals with higher health needs tend to give a more positive assessment of the health protection benefits available. The results of this study are supported by research by Firori and Wisana (2023) which shows that JKN membership contributes to reducing the unmet need for health services. These findings indicate that people who have needs for health services will feel more benefits from the existence of the JKN Program. These findings are also supported by the research of Alkhawaldeh et al. (2023) and also show that the need factor is one of the main components of the Andersen Behavioral Model which is consistently related to the use of health services.

CONCLUSION

This study shows that most people in Kedungwuni District have a perception of health needs in the high category (51.0%) and a perception of the benefits of the JKN Program in the positive category (55.0%). The results of bivariate analysis showed a significant relationship between the perception of health needs and the perception of benefits following the JKN Program ($p = 0.000$; $p < 0.05$), with a Contingency Coefficient value of 0.339 which shows the strength of the medium category relationship. These findings show that the higher the perception of health needs that the community has, the more positive their perception of the benefits of the JKN Program will be.

Although several studies have examined the determinants of health service utilization and perception of the JKN Program, studies that specifically analyze the relationship between the perception of health needs operated through perceived susceptibility and perceived severity and the perception of the benefits of the JKN Program in the people of Kedungwuni District are still very limited.

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