Analysis of Factors Relating to The Utilization of BPJS Health Services among BPJS Participants at Serang City Puskesmas In 2023

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Abstract
The Social Security Organizer Agency (BPJS) Health is a social security organiser to provide health insurance to the public. Puskesmas in the BPJS system play an important role in the health of BPJS participants. The use of health services is very important for everyone to maintain, improve, prevent and cure diseases as well as to restore health of individuals or families in the Pushesmas. If the promotion service is given well, then many BPJS participants will benefit from health care, but otherwise it can happen if the service is not good then it is considered inadequate. The purpose of this research is to find out what factors are related to the use of BPJS Health services in BPJS participants in Puskesmas City Attack Year 2023. The research design used is a type of analytical research with a cross sectional approach. The population in the study was 9,375 people and the sample used 99 respondents with sampling techniques in this study using accidental samplings. The results of the study show that there are still patients participating in BPJS who do not use the services of BPJS Health as many as 28 people (28.3%). Factors related to the use of BPJS Health services are knowledge, availability of health services, access to health care services, official services and the most dominant factor contributing to the utilization of the BPJS health services is official services. The results of this research is expected to be the research material for Puskesmas to provide socialization and make the flow of health care to all health care officers and support officers.

Keywords: Patient Satisfaction, Hospital Service Quality, BPJS, Process of City Attack

Introduction
Health is a basic need that is needed by every human being. With lifestyle patterns and styles influenced by advances in time and technology, there are more and more types of diseases suffered by humans, this also results in an increase in human needs for health services. The existence of health insurance from various programs such as social insurance, health insurance for the poor and other government programs as well as health insurance provided by the private sector is a manifestation that the government's attention to the health
sector is increasingly having an impact and people are becoming more aware of health, this can have an impact on health service utilization.

Health services themselves are a community need and are also sometimes used as a measure of the success of development. Realizing this, health services form a desire for every citizen, with this the government can at any time try from year to year to produce the results of a plan that will be able to overall improve health services.

One of the programs implemented by the Indonesian government is the implementation of the National Health Insurance Program which is implemented by the Social Security Administering Agency (BPJS). From time to time, JKN starting January 1, 2014 that all registered health insurance plans have been implemented by the government in the form of Askes for PNS, JPK Jamsostek, TNI, POLRI and Jamkesmas which are satisfied to be combined into one institution, namely the Ministry of Health and Social Security Administration (BPJS).

The Social Security Administering Body (BPJS) for Health is a social security administering body to provide health insurance for the community. The social security system is a state program aimed at providing guaranteed social protection and welfare for all people [1].

Utilization of health services is very important for everyone to maintain, improve, prevent and cure disease and restore individual or family health at the Community Health Center, including medical services and public health services such as: Health Promotion, Environmental Health, Maternal and Child Health/KB, Efforts to Improve Nutrition, Eradication of Infectious Diseases and Treatment [2].

The aim of health services is to achieve a level of public health that satisfies the expectations and level of community needs (Consumer satisfaction) through effective services by service providers which will also provide satisfaction in the expectations and needs of service providers (Provider satisfaction) in service institutions that are carried out efficiently (Institutional satisfaction).

Factors that influence health services to be better include: (1) registering himself and his family members to become BPJS Health participants, (2) paying health fees, (3) filling in his and his family members' data completely and correctly, notify the relevant parties if there are changes in his or her family members' data, (4) maintain the BPJS Health participant card so that it is not damaged, lost and used by unauthorized people, and (5) comply with all applicable health service provisions and work procedures as appropriate [3].

To realize the global commitment of each country to implement Universal Health Coverage (UHC) for the entire population, the government is responsible for implementing the National Health Insurance program. For two years, not all Indonesian people have been protected by JKN.

According to BPJS Health data at the end of November 2019, the number of registered participants was around 222,815.75 people, where this number only reached 84% of the population in 2019 [4].

Based on the March 2021 Susenas, the majority of the population accesses modern health facilities as a solution to overcome the health problems they experience. Ownership of social security for Banten residents in 2021 is 66.36%.
Meanwhile in Serang City, 62.04% of the population has health insurance and only 43.76% use health services with Health Insurance [5]. According to Minister of Health Regulation Number 75 of 2014, a Community Health Center or commonly called a Puskesmas is a first-level health service facility that carries out public health efforts and individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its working area. [6].

Several things that cause the community to still underutilize community health center services at this time are because the image of the community health center is still not good, of course related to quality, the physical appearance of the community health center which is not clean and comfortable, discipline, professionalism and friendliness of staff in health services which are still weak, time the work of community health center employees is ineffective, the activities carried out by the community health center are less oriented towards the health problems and needs of the local community, as well as the limited availability of medicines and inadequate health equipment, thus greatly affecting the number of visits (Alamsyah, 2011 in Madunde, Pelealu, Kawatu, 2013).

Serang City Health Center is one of 16 health centers in Serang City, where Serang City Health Center also implements programs to achieve health development goals including mandatory health efforts and developmental health efforts that are tailored to the problems, needs and capabilities of the health center.

Realizing the importance of Puskesmas in BPJS health services as an important basis for JKN services to improve the level of public health, various problems or gaps in the implementation of BPJS health services at the Puskesmas level need to be studied.

Based on the background above, the author is interested in conducting research with the title "Factors related to the utilization of BPJS Health services among BPJS participants at the Serang City Health Center in 2023".

**Method**

The research method used in this research is quantitative, analytical in nature with a cross sectional design. The population in this study used a subject population, namely all BPJS participating patients who received health services at the Serang City Health Center for the period October to December 2022, namely 9,375 people. The sample for this research was 99 people. The sampling technique in this research used an accidental sampling technique, namely by taking respondents who were met during the research as research samples.

**Results**

Based on the results of research conducted by researchers on 99 respondents from patients who were BPJS participants who received health services at the Serang City Community Health Center by filling in the questionnaire that was distributed as follows:

1. **Univariate Analysis**

**Utilization of BPJS Health Services**
Based on Table 1, it can be seen that there are still 28 BPJS participating patients who do not utilize BPJS Health services (28.3%) at the Serang City Community Health Center.

### Factors Associated with Utilization of BPJS Health Services

#### Table 1 Frequency Distribution of Utilization of BPJS Health Services among BPJS Participants at Serang City Health Center in 2023

<table>
<thead>
<tr>
<th>Utilization of BPJS Health Services</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Utilizing</td>
<td>28</td>
<td>28.3</td>
</tr>
<tr>
<td>Utilise</td>
<td>71</td>
<td>71.7</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on Table 1, it can be seen that there are still 28 BPJS participating patients who do not utilize BPJS Health services (28.3%) at the Serang City Community Health Center.

#### Table 2 Frequency Distribution of Factors Associated with Utilization of BPJS Health Services among BPJS Participants at Serang City Health Center in 2023

<table>
<thead>
<tr>
<th>Related Factors</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough</td>
<td>14</td>
<td>14.1</td>
</tr>
<tr>
<td>Good</td>
<td>85</td>
<td>85.9</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Availability of Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td>21</td>
<td>21.2</td>
</tr>
<tr>
<td>Good</td>
<td>78</td>
<td>78.8</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult</td>
<td>21</td>
<td>21.2</td>
</tr>
<tr>
<td>Easy</td>
<td>78</td>
<td>78.8</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Officer Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td>26</td>
<td>26.3</td>
</tr>
<tr>
<td>Good</td>
<td>73</td>
<td>73.7</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>BPJS Officer Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td>28</td>
<td>28.3</td>
</tr>
<tr>
<td>Good</td>
<td>71</td>
<td>71.7</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on Table 2 above, it can be seen that there are still BPJS participants who lack knowledge (14.1%), poor availability of health services (21.2%), difficult access to health services (21.2%), inadequate service from staff, poor (26.3%) and poor support from BPJS officers (28.3%).

#### Table 3 Factors Associated with Utilization of BPJS Health Services among BPJS Participants at Serang City Health Center in 2023

<table>
<thead>
<tr>
<th>Related Factors</th>
<th>Utilization of BPJS Services</th>
<th>Total</th>
<th>%</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Utilizing</td>
<td>Utilizing</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough</td>
<td>8</td>
<td>16</td>
<td>14</td>
<td>100</td>
<td>4.333</td>
</tr>
<tr>
<td>Good</td>
<td>20</td>
<td>65</td>
<td>85</td>
<td>100</td>
<td>(1.343-13,978)</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>71</td>
<td>99</td>
<td>100</td>
<td>3,947</td>
</tr>
<tr>
<td>Availability of Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td>11</td>
<td>10</td>
<td>21</td>
<td>100</td>
<td>3,947</td>
</tr>
</tbody>
</table>

2. Bivariate Analysis

Analysis of Factors Relating to The Implementation of BPJS Health Services to BPJS Participants 85
Based on table 3, it was found that there were more BPJS participants who had less knowledge than participants who did not utilize BPJS Health services (57.1%) compared to participants who had good knowledge (23.5%). BPJS participants with poor availability of health services. there were more participants who did not utilize BPJS Health services (52.4%) compared to participants with good health service availability (21.8%), BPJS participants who had

Difficult access to health services is more common in participants who do not utilize BPJS Health services (66.7%) compared to participants who have easy access to health services (17.9%), BPJS participants who receive poor service from officers are more common in participants who did not utilize BPJS Health services (61.5%).

Meanwhile, factors related to the utilization of BPJS Health services are statistically significant (p-value < 0.05), namely the variables of knowledge, availability of health services, access to health services and staff services.

Statistically, knowledge has a p-value of 0.021, which means that knowledge has a relationship with the utilization of BPJS Health services and BPJS participants with poor knowledge have a 4.333 times chance of not utilizing BPJS health services compared to BPJS participants who have good knowledge (OR= 4.333; 95% CI: 1.343-13.978).

Statistically, the availability of health services has a p-value of 0.013, which means that the availability of health services has a relationship with the utilization of BPJS Health services and BPJS participants with poor health service availability have a 3.947 times chance of not utilizing BPJS health services compared to BPJS participants who have good knowledge (OR= 3.947; 95% CI: 1.436-10.849).

Statistically, access to health services has a p-value of 0.000, which means that access to health services has a relationship with the utilization of BPJS Health services and BPJS participants with difficult access to health services have a 9.143 times chance of not utilizing BPJS health services compared to BPJS participants with easy access to services. easy health (OR= 9.143; 95% CI: 3.118-
Statistically, officer services have a p-value of 0.000, which means that officer services have a relationship with the utilization of BPJS Health services and BPJS participants who receive poor duty services have an 8.133 times chance of not utilizing BPJS health services compared to BPJS participants who receive poor duty services. good (OR=8.133; 95% CI: 2.981-22.190).

Statistically, the support of BPJS officers has a p-value of 0.482, which means that the support of BPJS officers has no relationship with the utilization of BPJS Health services.

3. Multivariate Analysis

Variables that are candidates for the multivariate model are independent variables with a p-value <0.25 in bivariate analysis. The variables included in the multivariate model are knowledge (p-value=0.021<0.25), availability of health services (p-value=0.013<0.25), access to health services (p-value=0.000<0.25) and officer service (p-value=0.000<0.25).

Table 4 Final Model Results of Multiple Logistic Regression Analysis of Factors Associated with Utilization of BPJS Health Services among BPJS Participants at Serang City Health Center in 2023

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model I</th>
<th>Model II</th>
<th>Model III</th>
<th>Model IV</th>
<th>Model V</th>
<th>Model VI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>Knowledge</td>
<td>5,520* (1,221-24,944)</td>
<td>-</td>
<td>5,768* (1,402-23,726)</td>
<td>8,109* (2,086-31,526)</td>
<td>3,477* (0,844-14,320)</td>
<td>5,520* (1,221-24,944)</td>
</tr>
<tr>
<td>Availability of Health Services</td>
<td>7,329* (1,820-29,509)</td>
<td>7,486* (1,955-28,659)</td>
<td>-</td>
<td>3,919* (1,182-12,996)</td>
<td>8,705* (2,406-31,492)</td>
<td>7,329* (1,820-29,509)</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>7,949* (2,107-29,990)</td>
<td>5,885* (1,674-20,691)</td>
<td>9,644* (2,786-33,379)</td>
<td>12,142* (3,632-40,590)</td>
<td>-</td>
<td>7,949* (2,107-29,990)</td>
</tr>
<tr>
<td>N</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>R²</td>
<td>0.507</td>
<td>0.459</td>
<td>0.424</td>
<td>0.400</td>
<td>0.409</td>
<td>0.507</td>
</tr>
</tbody>
</table>

Based on the results of the analysis in table 4. above, it shows that in Model I there are four variables that have a p-value <0.05, namely knowledge (p-value 0.026), availability of health services (p-value 0.005), access to health services (p-value 0.002) and officer service (p-value 0.002). The variable that has the largest p-value, namely knowledge (p-value 0.026) is removed from the model, so that the knowledge variable is the first variable removed in Model I. Each variable in Model I can be used to predict the utilization of BPJS Health services by 50.7 % (R2 0.507) and the rest can be predicted by other variables.

In Model II, the results of the multivariate analysis show that after the knowledge variable was removed, an OR change of >10% was obtained, namely access to health services (26%) and staff services (28%), so that the knowledge variable was reintroduced into the modeling and the variable availability of health services (p-value 0.005) was excluded because it has the second
largest $p$-value after knowledge ($p$-value 0.026). Each variable in Model II can be used to predict the utilization of BPJS Health services by 45.9% ($R^2$ 0.459) and the rest can be predicted by other variables.

In Model III, the results of the multivariate analysis show that after the knowledge variable was re-entered and the health service availability variable was removed, an OR change of >10% was obtained, namely access to health services (64%) and staff services (55%), so the health service availability variable was re-entered. In modeling, the officer service variable ($p$-value 0.002) was excluded because it has the third largest $p$-value after the availability of health services ($p$-value 0.005). Each variable in Model III can be used to predict the utilization of BPJS Health services by 42.4% ($R^2$ 0.424) and the rest can be predicted by other variables.

In Model IV, the results of the multivariate analysis show that after the health service availability variable was re-entered and the officer's service was removed, an OR change of >10% was obtained, namely knowledge (40%) and health service access (26%), so the officer's service variable was reintroduced into the modeling. The variable access to health services ($p$-value 0.002) was excluded because it had the fourth largest $p$-value after officer services ($p$-value 0.002). Each variable in Model IV can be used to predict the utilization of BPJS Health services by 40% ($R^2$ 0.400) and the rest can be predicted by other variables.

In Model V, the results of the multivariate analysis show that after the officer service variable was re-entered and access to health services was removed, the variable that had a $p$-value > 0.05 was obtained, namely knowledge ($p$-value 0.084) and the variable that experienced a change in OR > 10%, namely availability health services (122%), so the variable access to health services was reintroduced into modeling. Each variable in Model V can be used to predict the utilization of BPJS Health services by 40.9% ($R^2$ 0.409) and the rest can be predicted by other variables.

The final model produced in Model VI is that it can be concluded that of all the independent variables that are thought to influence the utilization of BPJS Health services are knowledge, availability of health services, access to health services and staff services. The dominant variable influencing is the variable that has the largest OR, namely officer service with an OR value of 8.439, which means that BPJS participants who receive poor officer service have an 8.439 times chance of not utilizing BPJS Health services compared to BPJS participants who receive good officer service. Each variable in Model VI can be used to predict the utilization of BPJS Health services by 50.7% ($R^2$ 0.507) and the rest can be predicted by other variables.

**Discussion**

1. **Utilization of BPJS Health Services**

There are still 28 BPJS participating patients who do not utilize BPJS Health services (28.3%) at the Serang City Health Center.

The Social Security Administering Body (BPJS) for Health is a social security administrator responsible for providing health insurance to the community. The social security system itself is a state program which aims to guarantee social
Utilization of health services is the result of a process of providing health services by individuals and groups. Individual health and socioeconomic status are major determinants of health service utilization. A person with poor health status will increase their use of health services. Knowing the factors that influence the factors that influence utilization (Rini, 2015).

2. Knowledge of the Utilization of BPJS Health Services

The research results show that there are still BPJS participants who lack knowledge (14.1%). Based on the results of the bivariate analysis, it shows that there are more BPJS participants who have less knowledge than participants who do not utilize BPJS Health services (57.1%) compared to participants who have good knowledge (23.5%), the p-value is 0.021, which means Knowledge has a relationship with the utilization of BPJS Health services.

Meanwhile, the results of the multivariate test show that the p-value is 0.026 (p-value <0.005), which means that knowledge is a factor that influences the utilization of BPJS Health services and BPJS participants who are less knowledgeable have a 5.520 times chance of not utilizing BPJS Health services compared to BPJS participants who are less knowledgeable. good knowledge (OR= 5.520; 95% CI: 1.221-24.944).

The results of this research are in accordance with the results of research conducted by Nara (2014), where knowledge is related to the use of health services at the Kawang Community Health Center, East Sumba Regency.

Knowledge is the result of human perception or the result of someone knowing about objects through their five senses (eyes, nose, ears, mouth, etc.). Sensation produces knowledge which is strongly influenced by the intensity of attention and perception of the object. Most of a person's knowledge is obtained through the sense of hearing and sight.

Individuals tend to use health services differently, depending on differences in characteristics, such as demographics (age, gender and marital status), social structure (education, occupation, race, interests and religion) and health care beliefs.

3. Availability of Health Services on Utilization of BPJS Health Services

The research results show that there are still BPJS participants with poor health service availability (21.2%). Based on the results of bivariate analysis, it shows that BPJS participants with poor health service availability are more likely to be participants who do not utilize BPJS Health services (52.4%) compared to participants with good health service availability (21.8%), p-value of 0.013, which means that the availability of health services has a relationship with the utilization of BPJS Health services.

Meanwhile, the results of the multivariate test show that the p-value is 0.005 (p-value <0.005), which means that the availability of health services is a factor that influences the utilization of BPJS Health services and BPJS participants with poor health service availability have a 7.329 times chance of not utilizing BPJS Health services compared with BPJS participants with
good health service availability (OR = 7.329; 95% CI: 1.820-29.509).

The results of this research are in line with Dewi & Nurjanah (2020), who state that there is a relationship between the availability of health services and the utilization of health services with a p value = 0.001. This is because the more complete the facilities provided to the community, the more people will be interested in using these health services. By providing complete facilities, it will make it easier for the community to obtain the necessities they desire.

Availability of health services, where services must be available in the community and sustainable, means that it is not difficult to find all types of health services that the community needs and their existence in the community at all times. Public health services include hospitals, community health centers, puslu, polyclinics, posyandu, politics, private activities of doctors or midwives, etc. To behave healthily, people need supporting facilities and infrastructure (Notoadmojo, 2014).

4. Access to Health Services for Utilization of BPJS Health Services

The research results show that there are still BPJS participants who have difficult access to health services (21.2%). Based on the results of bivariate analysis, it shows that BPJS participants who have difficult access to health services are more likely to be participants who do not utilize BPJS Health services (66.7%) compared to participants who have easy access to health services (17.9%), p value = 0.000, which means that access to health services is related to the use of BPJS Health services.

Meanwhile, the results of the multivariate test show that the p-value is 0.002 (p-value <0.005), which means that access to health services is a factor that influences the utilization of BPJS Health services and BPJS participants who have difficult access to health services have a 7.949 times chance of not utilizing BPJS services. Health was compared with BPJS participants who had easy access to health services (OR= 7.949; 95% CI: 2.107-29.990).

The results of this research are in line with the research results of Widiani, Junaid & Lisnawaty (2015), which stated that there is a relationship between access to health services and utilization of health services with a p value = 0.003. This is because there are people who have below average jobs who seek treatment at the Community Health Center compared to people who have good jobs and are busy at work who do not feel they have time to seek treatment at the nearest Community Health Center.

Access to health services including distance, time and ease of travel is influenced by the roads and means of transportation used. The distance from the health service location to home influences the behavior of using and utilizing health services. Based on research conducted by Amir (2013), it shows that there is a relationship between accessibility to services, including distance and ease of transportation, and service use. Medical personnel services are one of the public services that are well received by the community.

5. Officer Services for Utilization of BPJS Health Services

The research results show that there are
still BPJS participants who receive poor service from officers (26.3%). Based on the results of bivariate analysis, it shows that BPJS participants who received poor officer service were more likely to be participants who did not utilize BPJS Health services (61.5%) compared to participants who received good officer service (16.4%), p-value of 0.000, which means that officer services have a relationship with the utilization of BPJS Health services.

Meanwhile, the results of the multivariate test show that the p-value is 0.002 (p-value <0.005), which means that officer service is a factor that influences the utilization of BPJS Health services and BPJS participants who receive poor officer service have an 8.439 times chance of not utilizing BPJS Health services compared to with BPJS participants who received good officer service (OR = 8.439; 95% CI: 2.242-31.771).

The research results show that there are still BPJS participants who receive poor support from BPJS officers (28.3%). Based on the results of bivariate analysis, it shows that BPJS participants who received good support from BPJS officers were more likely to be participants who did not utilize BPJS Health services (31%) compared to participants who received poor support from BPJS officers (21.4%), p-value amounting to 0.482, which means that support from BPJS officers has no relationship to the utilization of BPJS Health services.

The results of this study are not in line with research conducted by Yunizar, et al (2019). In this study, it was found that there was a relationship between support from BPJS Health agents and the use of medical services with a p-value = 0.001. The work of medical personnel in providing services greatly influences patient recovery. The existence of good treatment and care is the main attraction in providing services to patients, providing information about the BPJS program and ways to prevent and control disease. This also provides psychological strength to patients and increases patient motivation in using medical services to make medical services at the Community Health Center better and better.

Support or things that health workers can do for patients are, providing information about BPJS to patients, building good communication between health workers and patients, providing fast responsive service, and providing service with a friendly and sincere attitude. This will certainly provide a positive perception from patients thereby providing success in health services.

6. Support from BPJS Health Officers for Utilization of BPJS Health Services

The results of this research are also in line with research conducted by Sandora, Entianopa, & Listiawaty (2021), in this research it was found that there was a relationship between officer services and health service utilization with a p value = 0.000. The better the health workers are in providing services to patients, the more patients will utilize the Puskesmas services, and vice versa, if the staff are not good at providing services, the patients will not utilize the services at the Puskesmas. There are officers who are not good at providing services, but people still use them because they have no other choice to choose other health services.
Conclusion

1. There are still 28 BPJS participating patients who do not utilize BPJS Health services (28.3%) at the Serang City Health Center.
2. From the results of the univariate analysis, it can be seen that there are still BPJS participants who lack knowledge (14.1%), poor availability of health services (21.2%), difficult access to health services (21.2%), and staff services. poor (26.3%) and poor support from BPJS officers (28.3%).
3. Factors related to the utilization of BPJS Health services are:
   a. Poor knowledge has a 5.520 times chance of not utilizing BPJS Health services compared to BPJS participants who have good knowledge (OR= 5.520; 95% CI: 1.221-24.944)
   b. Poor availability of health services has a 7.329 times chance of not utilizing BPJS Health services compared to BPJS participants with good availability of health services (OR= 7.329; 95% CI: 1.820-29.509)
   c. Having difficult access to health services has a 7.949 times chance of not utilizing BPJS Health services compared to BPJS participants who have easy access to health services (OR= 7.949; 95% CI: 2.107-29.990)
   d. Poor officer service has an 8.439 times chance of not utilizing BPJS Health services compared to BPJS participants who receive good officer service (OR= 8.439; 95% CI: 2.242-31.771)
   e. The officer service factor is the most dominant factor contributing to the utilization of BPJS Health services with a p-value of 0.000 (OR= 8.439; 95% CI: 2.242-31.771).

Suggestion

1. Share Services

It is hoped that this will become study material for the Community Health Center to provide socialization and create a flow of health services to all health service workers and support staff, so that it can increase the utilization of health services at the Serang City Community Health Center, especially for BPJS participants.

2. For Science

Due to the limitations of the researcher, the researcher hopes that in the future this research can become a reference for future researchers in different locations and can develop this research by exploring other factors related to the utilization of BPJS Health services.

References

Analysis of Factors Relating to The Implementation of BPJS Health Services to BPJS Participants


