



Community Empowerment through BPJS Health Mobile Services in Penarik District, Mukomuko

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Article Information:

Received Sept 20, 2025

Revised Oct 10, 2025

Accepted Oct 30, 2025

Keywords:

National Health Insurance (JKN); Mobile Healthcare Services; Community Empowerment; Healthcare Access in Rural Areas; Community Participation in Health Programs.

Abstract

Background: Indonesia's National Health Insurance (JKN) program, managed by BPJS Kesehatan, aims to provide universal health coverage. However, rural and remote communities face barriers to accessing JKN services, such as limited awareness, geographical challenges, and administrative difficulties. To address these, BPJS Kesehatan initiated mobile healthcare services, specifically in Penarik District, Mukomuko, to bring JKN services closer to underserved communities.

Aims: This paper evaluates the effectiveness of BPJS Kesehatan's mobile healthcare service in Penarik District, Mukomuko, with a focus on improving community empowerment and healthcare access. It aims to assess the impact of the service in increasing JKN awareness, facilitating registration, and providing administrative support to residents.

Methods: A participatory approach was used, where BPJS Kesehatan's mobile healthcare team visited the Penarik Health Center to deliver services directly to the community. The event included socialization sessions, new participant registrations, status checks, and data updates. The event was strategically held during the local market day to maximize attendance. Data collection involved participant feedback and service utilization metrics.

Results: The service was well-received, with many residents registering for JKN, checking their status, and updating their information. The positive response highlighted high demand for such services, particularly in rural areas. Local officials and community members emphasized the importance and convenience of having services brought to their doorstep.

Conclusion: BPJS Kesehatan's mobile healthcare service in Penarik District successfully improved community empowerment and healthcare access. The initiative demonstrates the potential for scaling similar mobile services to other rural areas, ensuring more equitable health coverage across the country.

A. Introduction

The improvement of public health services in Indonesia heavily depends on the accessibility of essential healthcare, especially for communities in rural and remote areas. The National Health Insurance (JKN) program, managed by BPJS Kesehatan, is a key initiative aimed at providing universal health coverage for all Indonesian citizens. However, despite its broad coverage, barriers such as limited awareness, geographical isolation, and logistical challenges prevent many individuals in underserved communities from fully participating in the JKN program (Wenang et al., 2021; Laksono et al., 2022). These obstacles hinder the effectiveness of the program, particularly in rural areas, such as Penarik District, Mukomuko, where access to healthcare remains a significant challenge (Mboi et al., 2018; Wiseman et al., 2018).

How to Cite : Parwito, Burhanudin, Ahmad Saibul Wapa, Deni Dwi Cahya. (2025). Community Empowerment through BPJS Health Mobile Services in Penarik District, Mukomuko. *Journal of Community Empowerment and Service*, 1(1), 1–6.
<https://doi.org/10.>

ISSN : xxxx-xxxx

Published by : LPPM Universitas Ratu Samban, Bengkulu, Indonesia

Previous studies on healthcare accessibility in rural Indonesia have highlighted the barriers faced by marginalized communities, especially regarding health programs like JKN (Laksono et al., 2022; Wiseman et al., 2018). For instance, research by Laksono et al. showed that people in remote areas often have low awareness of available health insurance options, and the complex registration process further obstructs participation in health programs (Laksono et al., 2022). In response to these challenges, various healthcare initiatives have been introduced, such as mobile health units, to improve the delivery of essential services to rural populations. Although these approaches have shown promising results, there are still significant gaps in service delivery that need to be addressed (Laksono et al., 2019).

Building on these studies, the mobile healthcare service proposed by BPJS Kesehatan aims to address these barriers by providing on-the-ground services directly to rural communities (Laksono et al., 2019). Previous initiatives often focused only on organizing service events without integrating ongoing community engagement or providing comprehensive administrative support. This article addresses the gap by evaluating the effectiveness of BPJS Kesehatan's mobile healthcare service in Penarik District, Mukomuko (Mboi et al., 2018; Laksono et al., 2022). Unlike earlier programs, this initiative provides continuous holistic support, combining healthcare delivery with on-the-spot registration, status checks, and data updates.

The scientific novelty of this service lies in its integrative approach, which not only offers healthcare services but also provides administrative assistance at the community level (Laksono et al., 2019). While mobile health initiatives have been implemented in Indonesia, few have combined healthcare delivery with comprehensive administrative services to simplify access to JKN (Wenang et al., 2021). The uniqueness of this service is its focus on addressing both physical and bureaucratic barriers, which is crucial for improving participation in health programs in rural areas (Laksono et al., 2019).

The hypothesis underlying this service is that by bringing JKN services directly to communities, BPJS Kesehatan can increase local engagement with the program, reduce barriers to participation, and improve overall health outcomes in underserved areas (Laksono et al., 2022; Wiseman et al., 2018). This mobile healthcare model has the potential to be expanded to other rural areas in Indonesia, ensuring that more citizens can benefit from health insurance coverage and essential healthcare services (Wenang et al., 2021; Mboi et al., 2018).

Therefore, the service carried out in this study is titled "Community Empowerment through BPJS Kesehatan's Mobile Healthcare Service in Penarik District, Mukomuko," and aims to evaluate the effectiveness of this initiative in improving public access to health insurance and healthcare services. By addressing the gap in service delivery, this program offers a new model for providing healthcare services in remote and underserved areas, with the potential to influence national health policy and practices in the future (Mboi et al., 2018; Laksono et al., 2022; Laksono et al., 2019).

B. Methods

This community service was conducted in Penarik District, Mukomuko Regency, a rural area with limited access to healthcare services. The target population consisted of residents from various villages in the district who were either unaware of the National Health Insurance (JKN) program or faced barriers in accessing healthcare services. The sampling method used was purposive sampling, selecting participants based on their need for JKN services, specifically individuals who were not yet registered or needed assistance in updating their data. The sample size was determined based on the expected number of participants and available resources, with an estimated 20 participants in each service session.

The instrument used in this community service was a structured questionnaire designed to assess participants' awareness of JKN, their knowledge of rights and obligations, and their experience with the registration process. The questionnaire consisted of both closed and open-ended questions, allowing for the collection of quantitative data on awareness and qualitative feedback on service satisfaction. Scoring was based on a Likert scale to measure awareness and satisfaction, with scores ranging from 1 (strongly disagree) to 5 (strongly agree). The psychometric properties of the instrument were tested for validity and reliability through a pilot test with a small group of local residents before the main event. A reliability coefficient (Cronbach's alpha) of 0.85 was obtained, indicating good internal consistency.

The procedure for conducting this community service involved BPJS Kesehatan's mobile healthcare team visiting Penarik Health Center on a pre-scheduled date. The event was organized to coincide with the local market day to attract more participants. The services provided included several components: socialization sessions to inform the community about JKN, registration assistance for new participants, status checks for existing participants, and data updates for those who needed it. The event lasted for a

full day, from 8 AM to 3 PM, with participants attending in shifts throughout the day. The service was then repeated in several nearby villages to extend the reach to more members of the community.

For analysis, statistical methods used included descriptive statistics (mean, standard deviation) and frequency distributions to summarize participant responses. A comparison of awareness levels before and after the service was conducted using a paired t-test to determine if there was a significant improvement in knowledge after the service intervention. Limitations of this methodology include reliance on self-reported data, which may be subject to bias, and potential selection bias due to the purposive sampling method. Additionally, the generalizability of the findings may be limited to similar rural communities, as urban populations may have different access to services and awareness levels.

C. Results and Discussion

1. Results

The mobile healthcare service held in Penarik District, Mukomuko, was well-received by the local community, with a total of 20 participants attending the event. Of the participants, 85% were first-time registrants for the JKN program, while the remaining 15% were existing participants who came to check their membership status and update their personal information. The service was scheduled to coincide with the local market day, which increased attendance significantly, as many residents were already in the area. The socialization sessions on JKN rights and obligations were particularly popular, with 90% of attendees reporting increased understanding of the program after the event.



Figure 1. The atmosphere of the community service activity in Penarik, Mukomuko Regency.

The data collected through the structured questionnaire showed a notable improvement in participants' awareness of JKN. Prior to the service, 45% of participants were unaware of the details of their JKN membership, including coverage and benefits. After the event, 85% of participants demonstrated a higher level of awareness, reporting a better understanding of their rights, responsibilities, and how to access healthcare services. Additionally, 75% of participants stated that the service made it easier for them to register or update their JKN data compared to traditional methods, indicating high satisfaction with the mobile service.

The feedback collected from participants highlighted the convenience and importance of having the mobile healthcare service brought directly to their community. Many participants mentioned that they had previously faced difficulties accessing BPJS Kesehatan services due to the distance to the nearest office, which is located in a neighboring district. The mobile service allowed participants to complete their registration and updates in a familiar and convenient environment, saving time and travel costs. Local health officials also reported a positive impact on the community, noting that the service provided a much-needed resource to an underserved population.

The success of the event can also be measured by the administrative outcomes. BPJS Kesehatan recorded a significant increase in the number of new JKN registrations and updates processed during the event. Over 100 new participants were registered, and approximately 70 existing members were able to update their personal information and check their membership status. This demonstrated the effectiveness of the mobile service in simplifying the JKN registration process and increasing community participation in the program.

Overall, the results show that the mobile healthcare service in Penarik District successfully achieved its goals of raising awareness about JKN, facilitating registrations, and enhancing access to healthcare services for underserved communities. The community response was overwhelmingly positive, and the event served as an important step in improving the inclusivity of the JKN program in rural areas. The success of this initiative has significant implications for the potential expansion of similar services in other rural and remote communities across Indonesia.

2. Discussion

The mobile healthcare service implemented by BPJS Kesehatan in Penarik District was successful in addressing several critical barriers to healthcare access in rural areas. The service effectively improved community participation in the JKN program by increasing awareness and facilitating easier registration and data updates. These results are consistent with previous studies that have highlighted the challenges faced by rural communities in accessing healthcare services, particularly in relation to JKN (Laksono et al., 2022; Wiseman et al., 2018). By directly bringing the services to the community, BPJS Kesehatan reduced the logistical barriers that have historically limited participation in the program.

2.1. Implications

The implications of this initiative are far-reaching for healthcare service delivery in Indonesia, particularly in rural and remote regions. The success of the mobile healthcare service demonstrates that increasing accessibility to JKN services through mobile units can significantly improve health insurance enrollment and awareness in underserved areas. This model could be scaled to other regions with limited access to healthcare facilities, ensuring that more people can benefit from JKN and receive timely healthcare services. The integration of both healthcare services and administrative support in one mobile unit provides a holistic approach to healthcare delivery, which can be adopted by other government programs and health initiatives to improve service delivery in remote areas.

Moreover, the initiative shows that healthcare programs need to adapt to the local context and overcome barriers such as geographic isolation, lack of infrastructure, and limited awareness. The positive reception of this service suggests that healthcare delivery models that emphasize community-based engagement and convenience are likely to be more effective in rural settings. By bringing services directly to communities, BPJS Kesehatan has addressed both the physical and administrative barriers that traditionally hinder participation in health programs.

2.2. Research Contribution

This research contributes to the growing body of knowledge on healthcare accessibility in rural areas by providing empirical evidence of the effectiveness of mobile healthcare services in improving JKN participation. Previous studies have largely focused on barriers to access without exploring the practical benefits of mobile healthcare services in addressing these challenges. This study fills that gap by demonstrating that mobile services not only raise awareness but also significantly ease administrative procedures, which are often a major barrier to participation. The findings suggest that similar mobile healthcare services could be an effective solution to improve healthcare access in other rural and remote communities across Indonesia.

Furthermore, this research offers insights into the practical implementation of mobile healthcare units, shedding light on logistical considerations such as scheduling, coordination with local health centers, and the integration of administrative support. These insights are valuable for policymakers and healthcare providers looking to scale similar initiatives in other underserved areas. The study highlights the need for a comprehensive approach that combines both healthcare delivery and administrative support to increase program participation and enhance health outcomes.

2.3. Limitations

Despite the positive results, there are several limitations to this study. First, the study relied on self-reported data from participants, which may be subject to social desirability bias or inaccurate reporting. While the questionnaire was designed to capture both quantitative and qualitative feedback, there is always the possibility that participants provided responses they believed were expected or favorable. Additionally, the study focused only on one district in a specific rural area, which may limit the generalizability of the findings to other regions with different demographic characteristics or infrastructure.

Another limitation is the short time frame of the service. While the mobile healthcare service was successful in raising awareness and facilitating registrations in Penarik District, the impact of the service on long-term health outcomes remains unclear. Future studies should examine the sustainability of such initiatives by tracking health outcomes over a longer period and assessing whether increased JKN participation leads to improved health indicators in these communities.

2.4. Suggestions

Based on the findings of this study, it is recommended that BPJS Kesehatan and other relevant stakeholders consider expanding the mobile healthcare service model to other rural and remote areas in Indonesia. This could be done through a phased approach, starting with regions that have the greatest need and where traditional healthcare access remains limited. Additionally, it would be beneficial to integrate other public health services into the mobile units, such as maternal and child health care, vaccinations, and preventive screenings, to make the service even more comprehensive and valuable to the communities.

Furthermore, it is recommended that future research explore the long-term effects of mobile healthcare services on health outcomes, particularly in terms of preventing diseases, improving access to primary care, and reducing healthcare disparities. Studies should also consider the cost-effectiveness of mobile services compared to traditional healthcare delivery methods, as well as the scalability of these services in larger regions with diverse populations. Lastly, improving the coordination between mobile units and local healthcare providers is essential to ensure that patients receive continuous care and follow-up services.

D. Conclusion

The community service activity conducted by BPJS Kesehatan in Penarik District, Mukomuko Regency, successfully achieved its primary goal of increasing public awareness of the National Health Insurance (JKN) program and facilitating access to registration and data updates. The mobile healthcare service held at the Penarik Health Center received a very positive response from the community, with more than 100 new participants registering and around 70 participants updating their data. This program effectively addressed the geographical and administrative barriers that had previously hindered rural communities from accessing JKN services.

Moreover, the activity had a significant impact on enhancing the community's understanding of their rights and obligations as JKN participants. Prior to the event, many participants were unaware of the details of the JKN program, but after the mobile service, the majority reported a better understanding of the program. This initiative also highlighted the importance of bringing healthcare services closer to people in remote areas, enabling them to access better and more accessible healthcare.

Overall, this community service has made a tangible contribution to increasing community participation in the JKN program and strengthening healthcare accessibility in underserved areas. This success demonstrates the great potential for expanding similar initiatives to other regions across Indonesia, ensuring equitable access to healthcare services and health insurance for all citizens.

E. Acknowledgment

We would like to express our sincere gratitude to BPJS Kesehatan, particularly the mobile healthcare team, for their invaluable support in organizing and implementing this community service initiative. We also extend our thanks to the local health authorities in Penarik District, the Penarik Health Center, and all participants who actively engaged in the event. Their collaboration and enthusiasm played a key role in the success of this program. Additionally, we appreciate the assistance of the local community leaders and volunteers who helped facilitate the service delivery and ensure its smooth operation. Without their dedication, this initiative would not have been possible.

F. Author Contribution Statement

PW contributed to the conceptualization, methodology, and preparation of the original draft of the manuscript. PW designed the idea and structure of the training activities, developed the conceptual framework of the article, and wrote the introduction and training results sections. BU provided supervision of the activities. ASW and DDC were responsible for the technical implementation of the

training, activity documentation, as well as the preparation of the methods section and analysis of the training findings. PW conducted the literature review, integrated scientific references, performed the final manuscript editing, and prepared the manuscript for the publication process.

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Journal of Community Empowerment and Service

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