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QUALITY OF HEALTH INSURANCE SERVICES FOR THE POOR (JKMM): A CASE STUDY OF THE PORONG DISTRICT PUBLIC HEALTH CENTER, SIDOARJO REGENCY

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ABSTRACT
Population growth and increasing demand for health services have prompted Sidoarjo Regency to strengthen its local health system, particularly for the poor who are most in need of access to care. Although the National Health Insurance (JKN) scheme and Premium Assistance Recipient (PBI) program have expanded coverage, many poor residents remain uncovered or experience significant barriers in accessing quality health services at primary care facilities. In response, the Sidoarjo Regency Government introduced the Poor *Community Health Insurance Program (JKMM)* as a complementary local program; however, empirical studies on the actual quality of JKMM services at the primary care level, especially at community health centers, are still limited. This study fills that gap by analyzing the quality of JKMM services at the Porong Community Health Center in Sidoarjo Regency using the service quality framework of Zeithaml et al. (tangibles, reliability, responsiveness, assurance, and empathy). Employing a descriptive qualitative approach with interviews, observation, and documentation, the study examines how JKMM users perceive service performance relative to program objectives. The findings show that reliability, responsiveness, assurance, and empathy dimensions are generally perceived as good, while tangible aspects such as waiting room capacity and physical facilities remain suboptimal and constrain user experience. The study contributes empirically by providing context-specific evidence on local health insurance service quality for the poor and offers practical recommendations for local governments and primary health facilities to improve JKMM service delivery in achieving more equitable universal health coverage.

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INTRODUCTION

Universal Health Coverage, commonly abbreviated as UHC, is a system that encompasses the health of all individuals. Health is a right that everyone must have, and the government is responsible for ensuring that this right is fulfilled. According to the World Health Organization (WHO), UHC is a system that ensures everyone can receive necessary health services without experiencing significant financial hardship. In other words, UHC serves as a benchmark for assessing the extent to which a country's health system covers all levels of society fairly and equitably (Hamidah et al., 2024). Indonesia advances UHC through JKN managed by BPJS Kesehatan (90% coverage by 2024), complemented by PBI for the poor. Coverage gaps persist, particularly in local contexts.

This is particularly true in Sidoarjo Regency, with a population of 2,033,764 and an area of approximately 719.34 km2. The Sidoarjo Regency government has implemented strategies to reduce poverty. By the end of 2024, the population of Sidoarjo Regency reached approximately 2,3 million, according to data from the Directorate General of Civil Registration and Civil Registration (Dukcapil) published in December 2024. During the same period, the East Java Statistics Agency (BPS) recorded the poverty rate in Sidoarjo at 4.53% (data as of November 30, 2024). Approximately 37 million people in East Java are active BPJS Kesehatan participants, and more than 2.1 million live in Sidoarjo Regency, but they have not yet fully benefited from the benefits of the PBI program. One factor contributing to the low public acceptance of the PBI program is a lack of public awareness.

Tabel 1. Population & Poverty Profile in Sidoarjo Regency (2024)

Population Category	Number (People)	% of Total
Total Population	2.033.764	100%
Poor Population	92.128	4,53%
Non-Poor Population	1.941.636	95,47%

Source: Central Statistics Agency Sidoarjo (2024), Bappenas (2024)

The program, called JKMM (Health Insurance for the Poor), was designed by the Sidoarjo City government and applies only to Sidoarjo residents. This is because each region has its own approach to providing healthcare. The goal of the JKMM program is to assist underprivileged residents, especially when they are sick or require medical treatment, whether inpatient or outpatient. This program also applies to those not yet registered with the independent BPJS Kesehatan (Social Security Agency for Health).

One of the strategic plans of the Sidoarjo Regency government is the Health Insurance for the Poor (JKMM) program, which ensures that the poor and underprivileged can access healthcare services. The goal of JKMM is to provide full subsidies to the poor so they can access healthcare services without having to pay. This is crucial considering that many poor families have been hindered from accessing medical services due to financial constraints, preventing them from receiving adequate care, even in critical conditions. To meet this growing need, collaboration between the local government and various healthcare facilities is crucial to ensure the JKMM program is implemented efficiently and optimally.

Tabel 2. Data on Sidoarjo residents who received KIS

Program	Coverage (People)	% of Poor Population Covered
KIS PBI APBN	~1.700.000	~70% of National Poor
KIS PBI APBD	155.843	Covers some local poor

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JKMM (Study Focus)	13.674	~12.5% of Sidoarjo poor
Uncovered Population	~47.000	~43% of Sidoarjo poor
Total Population	2.033.764	-

Source: Sidoarjo Radar News (2024), BPS (2024)

Service quality in public health programs is theoretically framed by Zeithaml et al.'s SERVQUAL model (1988), which measures gaps between expected and perceived services across five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Hardiansyah, 2018). This framework is apt for local insurance schemes like JKMM, where poor users often face disparities in perceived quality despite policy intent such as inadequate facilities or administrative delays leading to underutilization (Mursyidah & Nurfajriyah, 2017).

Despite relatively low poverty rates in Sidoarjo Regency (4.53% or 92,128 people), Table 2 reveals a critical coverage gap: 43% of poor residents (47,000 people) remain uncovered by national JKN/PBI or local JKMM programs. While JKMM serves 13,674 beneficiaries (12.5% of poor population), this leaves substantial unmet needs among the most vulnerable groups who depend on primary healthcare facilities like Porong Community Health Center. Existing coverage focused studies overlook whether subsidized local programs like JKMM deliver perceived quality that matches policy expectations. Without empirical assessment using SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, empathy), JKMM risks underutilization due to facility limitations (narrow waiting rooms), procedural inconsistencies, or poor responsiveness common barriers for poor users at primary care settings.

This research fills the gap by analyzing JKMM service quality from beneficiaries' perspectives at Porong Community Health Center using SERVQUAL framework, providing: (1)context-specific empirical evidence on local health insurance performance, and (2) actionable recommendations for optimizing service delivery to achieve equitable Universal Health Coverage (UHC) at the local level. Although Porong Community Health Center achieved the highest Public Service Index (IPP) among Sidoarjo puskesmas, this study examines whether IPP excellence translates to JKMM-specific service quality experienced by poor users (Agustina et al., 2019; Pratiwi, 2024),.

Many poor communities are unaware of their right to free healthcare services through this program, which in turn reduces their potential benefits. Furthermore, administrative barriers are a significant obstacle to implementing the JKMM program. Complicated administrative procedures and the extensive documentation required often make it difficult for beneficiaries to maximize their benefits. Based on this explanation, healthcare services for JKMM recipients, particularly in Sidoarjo Regency, still face several challenges. In particular, hospitals face challenges such as a shortage of medical personnel, high workloads, and long patient queues. Consequently, the quality of care received by JKMM participants is suboptimal, leading to a perception that the services provided are unsatisfactory. This situation has led to health policy policies that encourage JKMM participants to utilize services more frequently at primary health care facilities, such as community health centers (Puskesmas), as their primary source of primary health care.

In practice, several community health centers in Sidoarjo Regency have demonstrated satisfactory service levels. One of these is the Porong Community Health Center, which received an award for public service. This community health center recorded the highest Public Service Index (IPP) among other community health centers, indicating that its service management is considered effective and responsive by the local government. However, the IPP achievement requires a more in-depth review to reflect the quality of health services experienced by the community as JKMM recipients.

METHOD

This study employed a descriptive qualitative approach to analyze the quality of health services in the implementation of the Health Insurance for the Poor (JKMM) program at the Porong Community Health Center, Sidoarjo Regency. The research was conducted from Oktober 2025. Data were collected through in-depth interviews, observation, and documentation to obtain comprehensive information regarding service processes, facilities, and user

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experiences. Informants were selected using purposive sampling based on their relevance to the study, consisting of: (1) the Head of the Porong Community Health Center as the policy holder and program supervisor, (2) JKMM service officers directly involved in service delivery, and (3) community members who are JKMM beneficiaries and have directly experienced the services. Data analysis used the interactive model of Miles and Huberman, which includes data reduction, data display, and conclusion drawing. The data from interviews, observations, and documentation were reduced, categorized, and presented based on the SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, and empathy) before being interpreted to draw conclusions. To ensure data validity, this study applied source triangulation and technique triangulation by comparing information from different informants and data collection methods, as well as member checking to confirm the accuracy and credibility of the findings.

RESULT AND DISCUSSION

According to Zeithaml et al. (in Hardiyansyah, 2018), at least two aspects describe service quality: expected service and perceived service, which are determined through the dimensions of service quality. The dimensions of service quality are described using a method called SERVQUAL, which measures service quality across various attributes within the dimensions. This will help identify gaps in service delivery. All indicators within the dimensions serve as benchmarks for the services required by service providers.

The government strives to create good public services by implementing appropriate policies. Therefore, implementers need to have knowledge and experience and find effective ways to ensure services are easily accepted by the public. Therefore, concrete government action is essential. Based on the results of the research conducted by the researcher, both through observation and interviews with several parties involved in the implementation of the JKMM (Health Insurance for the Poor) service at the Porong Community Health Center in Sidoarjo Regency, the results indicate that the JKMM service, specifically in Sidoarjo Regency, is running smoothly, but not optimally. Where, researchers analyzed the quality of public services related to the JKMM program in the Sidoarjo Regency area by using the service quality dimension theory from Zeithaml.et.al (in Hardiyansyah, 2018).

Tangible

Physical evidence in theory relates to direct and tangible (physical) aspects of services received by the community. Based on the research results through observation and interviews, the tangible dimension of JKMM services at the Porong Community Health Center shows that the appearance of officers is good and facilities are generally available and meet service standards. The location of health facilities is also considered accessible for the community. However, the waiting room is not very spacious, especially when the number of patients increases, causing discomfort while waiting for services. When compared with the SERVQUAL theory by Zeithaml et al., tangibles include physical facilities, infrastructure, and service equipment that influence public perceptions of service quality. The limited waiting room capacity indicates that the physical aspect of services has not fully met user expectations, even though other facilities are adequate. This finding is in line with Mursyidah & Nurfajriyah (2017), which states that limitations in health service infrastructure, such as waiting rooms and facility capacity, can affect patient comfort and perceived service quality in public health services.

Tabel 3. Identification of Physical Facilities Supporting JKMM Services at the porong Community Health Center

No	Regulation	Explanation
1	Location	Suitable, located in a strategic area
2	Building	Decent but limited space
3	Infrastructure	The waiting room is not very spacious
4	Laboratory	Available
5	Health supplies	Available and functionally used
6	Human Resources	Doctors and health workers is sufficient

Source: Minister of Health Regulation, 2019

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Based on Table 3, the physical facilities at the Porong Community Health Center are generally adequate and meet the basic standards for primary healthcare services, including laboratory availability, health supplies, and sufficient human resources. However, the limitation of the waiting room space indicates that the tangible aspect has not been fully optimal in supporting patient comfort, especially during high patient visits. When viewed from the SERVQUAL perspective, tangibles refer to physical facilities and infrastructure that directly influence service perceptions. The limited waiting room capacity shows a gap between expected service and perceived service among JKMM beneficiaries. This finding is also consistent with previous research by Mursyidah & Nurfajriyah (2017), which states that infrastructure constraints in public health facilities can reduce perceived service quality and patient satisfaction

Reability

The Reliability refers to the ability of service providers to deliver services accurately and consistently according to established procedures. Based on field findings, JKMM services at the Porong Community Health Center have been implemented in accordance with Standard Operating Procedures (SOP), and the service flow information is clearly displayed in the registration area, making it easier for patients to understand the service process. This shows that the service system is structured and runs consistently.In the perspective of SERVQUAL, reliability is the ability to provide promised services dependably and accurately. The existence of clear procedures and consistent service implementation indicates that the reliability dimension has been fulfilled properly. This result supports the research of Agustina et al. (2019), which explains that consistency of procedures and accuracy of service delivery in primary healthcare facilities are important factors in supporting the effectiveness of health insurance programs and increasing public trust in health services

Responsiveness

Responsiveness refers to the ability and willingness of officers to provide prompt and appropriate services to service users. The results of the study indicate that JKMM officers at the Porong Community Health Center are responsive in assisting patients, handling complaints, and providing information related to services. The availability of suggestion boxes and complaint information centers also shows the effort of officers to respond to community needs quickly. According to SERVQUAL theory, responsiveness reflects the readiness of service providers to help customers and provide fast services. The responsive attitude of officers in serving JKMM patients indicates that the service providers have shown a good level of concern for patient needs. This finding is consistent with Hardiansyah (2018), which states that responsiveness is a key indicator in determining the quality of public services, especially in health services that require quick and precise handling.

Assurance

Assurance in public service refers to the ability of officers to provide a sense of security, certainty, and trust to service users. Based on the research results, JKMM officers provide clear information regarding service costs and service time, where all JKMM services are guaranteed and financed by the Regional Budget in accordance with Regent Regulation No. 87 of 2022. This creates a sense of confidence among JKMM beneficiaries in accessing health services without financial burden. From the SERVQUAL perspective, assurance includes competence, credibility, and certainty provided by service providers to service recipients. The clarity of cost guarantees and adherence to service standards at the Porong Community Health Center indicate that the assurance dimension has been implemented well. This is in line with Hamidah et al. (2024), which emphasizes that cost certainty and service guarantees are important elements in achieving equitable access to health services for poor communities.

Empaty

Empathy is defined as the sincere attention and care given by service providers to service users. Based on interviews and observations, officers at the Porong Community Health Center serve patients in a friendly, polite, and non-discriminatory manner. Officers also assist elderly patients and patients with disabilities during the service process, indicating a high level of concern toward patient needs.In SERVQUAL theory, empathy refers to individualized attention and a caring attitude shown by service providers. The absence of discriminatory treatment between JKMM patients and general patients shows that equitable service principles have been applied. These findings

Sosioedukasi
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are supported by Pratiwi (2024), which states that empathetic and non-discriminatory services significantly influence the success of the JKMM program implementation and improve satisfaction among poor communities

CONCLUSION

Based on the results of this study, it can be concluded that the quality of JKMM services at the Porong Community Health Center in Sidoarjo Regency, when analyzed using the SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, and empathy), generally shows good performance. (Hardiansyah, 2018), Four dimensions reliability, responsiveness, assurance, and empathyhave been implemented effectively and in accordance with service standards. However, the tangible dimension, particularly related to waiting room capacity and physical space limitations, has not been fully optimal and affects patient comfort during peak service hours.

Theoretically, this study reinforces the relevance of the SERVQUAL framework in analyzing public health insurance services at the primary healthcare level, particularly for local health insurance programs targeting poor communities. The findings indicate that while procedural and interpersonal aspects of service quality may function well, physical infrastructure remains a critical determinant in shaping perceived service quality. Thus, this research contributes to the development of service quality studies in the context of local government health insurance schemes and equitable Universal Health Coverage (UHC) implementation.In terms of policy implications, local governments need to prioritize improvements in physical infrastructure at primary healthcare facilities, especially those serving a high number of JKMM beneficiaries. Enhancing waiting room capacity, optimizing service flow management, and integrating digital or online registration systems may help reduce overcrowding and improve patient comfort. Strengthening coordination between the local government and healthcare facilities is also necessary to ensure that service standards are consistently implemented and aligned with the objectives of the JKMM program.

For future research, it is recommended to expand the scope of study to multiple community health centers or conduct comparative studies between regions to obtain broader insights into the quality of local health insurance services. Further research may also incorporate quantitative approaches or mixed methods to measure the level of service satisfaction statistically and examine the relationship between service quality dimensions and patient satisfaction among JKMM beneficiaries

REFERENCES

Agustina, R., Dartanto, T., Sitompul, R., Susiloretni, K. A., Achadi, E. L., Taher, A., Wirawan, F., Sungkar, S., Sudarmono, P., & Shankar, A. H. (2019). Universal health coverage in Indonesia: Concept, progress, and challenges. *The Lancet, 393*(10166), 75–102. https://doi.org/10.1016/S0140-6736(18)31647-7

Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Social Science & Medicine, 52*(9), 1359–1370. https://doi.org/10.1016/S0277-9536(00)00235-5

Badan Pusat Statistik. (2022). *Persentase Penduduk Miskin September 2021 turun menjadi 9,71 persen*. Badan Pusat Statistik. https://www.bps.go.id/id/pressrelease/2022/01/17/1929/persentase-penduduk-miskin-september-2021-turun-menjadi-9-71-persen.html

BPJS Kesehatan. (2022). *Laporan tahunan BPJS Kesehatan 2022*. https://bpjs-kesehatan.go.id

Cronin, J. J., & Taylor, S. A. (1992). Measuring service quality: A reexamination and extension. *Journal of Marketing, 56*(3), 55–68. https://doi.org/10.1177/002224299205600304

Dagger, T. S., Sweeney, J. C., & Johnson, L. W. (2007). A hierarchical model of health service quality. *Journal of Service Research, 10*(2), 123–142. https://doi.org/10.1177/1094670507309594

Denhardt, J. V., & Denhardt, R. B. (2015). *The new public service: Serving, not steering*. Routledge.

Donabedian, A. (1988). The quality of care: How can it be assessed? *JAMA, 260*(12), 1743–1748. https://doi.org/10.1001/jama.260.12.1743

Grönroos, C. (1984). A service quality model and its marketing implications. *European Journal of Marketing, 18*(4), 36–44. https://doi.org/10.1108/EUM0000000004784

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Hamidah, T., Putera, A. P., & Pramono, B. (2024). Government authority and responsibility in the universal health coverage program from the aspect of participation and financing. *Rechtidee, 19*(2), 285–303.

Hardiansyah. (2018). *Kualitas pelayanan publik: Konsep, dimensi, indikator, dan implementasinya*. Gava Media.

Kementerian Kesehatan Republik Indonesia. (2022). *Profil kesehatan Indonesia 2022*. Kemenkes RI.

Kotler, P., & Keller, K. L. (2016). *Marketing management* (15th ed.). Pearson Education.

Moleong, L. J. (2018). *Metodologi penelitian kualitatif*. PT Remaja Rosdakarya.

Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management, 3*(2), 77–89. https://doi.org/10.15171/ijhpm.2014.65

Mursyidah, L., & Nurfajriyah, I. (2017). Kualitas pelayanan kesehatan di RSUD Kabupaten Sidoarjo. *Jurnal Kebijakan dan Manajemen Publik, 5*(1), 109–124.

Osborne, S. P. (2010). *The new public governance? Emerging perspectives on the theory and practice of public governance*. Routledge.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing, 64*(1), 12–40.

Pratiwi, F. D. (2024). Implementasi program jaminan kesehatan masyarakat miskin (JKMM) di Dinas Sosial Kabupaten Sidoarjo.

Septiana, W., Azizah, S. N., & Wasir, R. (2024). Tantangan dan peluang mewujudkan akses universal ke layanan kesehatan berkualitas di Indonesia: Literatur review. *Antigen: Jurnal Kesehatan Masyarakat dan Ilmu Gizi, 2*(3), 115–128.

Sugiyono. (2019). *Metode penelitian kualitatif, kuantitatif, dan R&D*. Alfabeta.

Waruwu, M. (2023). Motivasi belajar dan prestasi belajar pada mata pelajaran PPKN di Indonesia: Kajian analisis meta. *Jurnal Pendidikan Tambusai, 7*(1), 2896–2910.

World Health Organization. (2010). *Health systems financing: The path to universal coverage*. WHO Press.

Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2018). *Services marketing: Integrating customer focus across the firm*. McGraw-Hill Education.