

# Reviewing The Non-Inclusion of Persons with Mental and Intellectual Disabilities in Health Insurance from Badan Penyelenggara Jaminan Sosial (BPJS)

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**Abstract.** Health is an important factor to support a prosperous human life. There are various health insurance companies or social security, offered by the private sector or the state that can be chosen by the community. This certainty is stated in the Declaration of Human Rights article 25 that everyone has the right to a decent standard of living for the health, well-being of themselves and their families. Nationally, Indonesia has provided Badan Penyelenggara Jaminan Sosial (BPJS) insurance to access health service insurance. However, people with mental disabilities cannot be fully accommodated in BPJS. They are excluded from their rights to access health services. This study took a case study in Banguntapan Sub-district, Bantul, Yogyakarta. Based on data from the Badan Pusat Statistik (BPS) in 2020, Bantul is home to the highest number of children with disabilities in Yogyakarta and Banguntapan Sub-district is the second highest in terms of the number of people with disabilities in Bantul. They complained that they could not register for BPJS insurance because of their limitations. In fact, not all families who have family members with disabilities have sufficient financial conditions to seek treatment when they are sick. This phenomenon is the focus of this paper to review why people with mental and intellectual disabilities in Banguntapan find it difficult to become BPJS insurance recipients. Data collection was carried out through semi-structured interviews using the snowball sampling technique. Interview questions contained indicators related to the type of disability suffered by one of the family members, monthly income, experience of seeking treatment at health services, insurance used and obstacles in accessing. Data on people with mental and intellectual disabilities in Banguntapan were obtained from the latest records of the Banguntapan District government in 2023. The data was mapped into groups of financially capable and incapable families. The informants were selected after being given recommendations by the Banguntapan District government which would later become a reference for researchers to find the next informants. Secondary data came from books, journals, government institution reports, and verified journalistic media. The results of the study showed that Kapanewon Banguntapan had not fully accommodated people with mental and intellectual disabilities in BPJS insurance.

**Keywords:** BPJS Insurance; inclusion; people with mental and intellectual disabilities

## 1 Introduction

The international world recognized the position, rights and justice for people with disabilities through the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, and 185 countries have ratified the Convention as of May 2022.<sup>[1]</sup> Through the CRPD, both domestically and transnationally must can educate, monitor and advocate for the rights of people with disabilities. As one of the countries that participated in ratifying the CPRD, Indonesia is trying

to realize the principles presented. Optimism emerged after the promulgation of Law Number 8 of 2016 concerning Persons with Disabilities, where the use of the word 'disabled' began to be abolished and the word 'disability' began to be used.<sup>[2]</sup>

This article mainly refers to Law Number 8 of 2016 when persons with disabilities are addressed to anyone who experiences physical, intellectual, mental, and/or sensory limitations for an extended period thus in interacting with the environment, they experience obstacles and difficulties in participating fully and effectively with other citizens based on equal rights. This regulation is also the primary basis for the state to ensure that their rights are fulfilled and that they are considered like other citizens regarding access to public services. The rights of persons with disabilities include the right to life, free from stigma; privacy; justice and legal protection; education; employment, entrepreneurship, and cooperatives; health; political; religion; sports; culture and tourism; social welfare; accessibility; public service; protection from disasters; habilitation and rehabilitation; concession; data collection; live independently and be involved in society; express, communicate, and obtain information; changing location and citizenship; and free from acts of discrimination, neglect, abuse and exploitation.<sup>[3]</sup> This means that the state is responsible for fulfilling and facilitating if people with disabilities do not receive proper rights. To understand people with disabilities, society's perspective on them is divided into moral, compassionate, health, social, and human rights perspectives. More specifically, the health perspective refers to the assumption that "abnormal" individuals must be corrected to adapt to their surrounding environment.<sup>[4]</sup> Being healthy and free from all forms of disease is the right of every citizen. Thus, both 'normal' people and those with 'disabilities' have the right to access adequate health care. However, the fulfilment of the right to access health for people with disabilities in Indonesia has not been guaranteed because regulations have not been strengthened.

The 2020 SMERU Research Institute report shows that seven substances of derivative legislation from Law Number 8 of 2016 must be completed. However, the government still needs to finish discussing the health of the seven substances. The results of monitoring from 2015-2019 only succeeded in ratifying two derivative regulations, Government Regulation Number 52 of 2019 concerning the Implementation of Social Welfare for Persons with Disabilities and Government Regulation Number 70 of 2019 concerning Planning, Implementation, and Evaluation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities.<sup>[5]</sup> On the contrary, none of the Presidential Regulations have been ratified at all. However, this article does not look at the problem in terms of unfinished regulations, but looks at the actors and agencies involved in resolving the problem from the central level to the most minor government units – the Rukun Tetangga (RT) and the Rukun Warga (RW).

Otherwise, several ministries/institutions are known to have inclusive programs for people with disabilities. The Ministry of Education makes schools inclusive and friendly to children with disabilities; The Ministry of Public Works and Public Housing (PUPR) provides special regulations regarding accessibility criteria in the provision of public facilities and infrastructure; then the Ministry of Social Affairs with the most work programs to realize empowerment, independence and participation of people with disabilities.<sup>[5]</sup> The Ministry of Health and related health institutions have not mentioned much about health services for people with disabilities in their work programs.

Monitoring carried out by the Badan Riset Inovasi Nasional (BRIN) in collaboration with the Indonesian MOST-UNESCO National Committee in 2022 shows unsatisfactory results regarding the development of access to health services in Indonesia which is not yet inclusive.

<sup>[6]</sup> These problems include (1) unequal understanding and attitudes among the community, (2) limited knowledge and skills of health workers in providing services according to age and type of disability, (3) not yet fully accessible facilities and infrastructure available for people with disabilities, (4) data management of persons with disabilities which focuses only on data on those who need Social Welfare Services (PKS) even though persons with disabilities outside the PKS program can become 'poor' because they require quite a lot of money for care, (5) vital work programs which have not been fully managed well related to health insurance coverage for people with disabilities, (6) adaptive aids for people with disabilities which are still challenging to reach, and (7) limited human resources who understand services for people with disabilities. <sup>[6]</sup> Of the various issues, the problems experienced by people with mental and intellectual disabilities that are highlighted in this article relate to the role of the state in guaranteeing health insurance for them.

Insurance is an agreement between two parties between the insurance company and the policyholder, which is the basis for receiving premiums by the insurance company in return for providing compensation to the insured or policyholder due to loss, damage, costs incurred, lost profits, or legal responsibility to the party third, which may be suffered by the insured or policyholder due to the occurrence of an uncertain event. <sup>[7]</sup> Health insurance aims to provide against health costs which are increasingly increasing and expensive every day and if at any time the insured party experiences health problems that require more expenses. <sup>[9]</sup> Insurance providers can be provided by the government or private parties.

Health insurance that is directly held by Badan Usaha Milik Negara (BUMN) is the Badan Penyelenggara Jaminan Sosial (BPJS) insurance which now has the status of a Public Legal Entity is implemented on the basis of public interest, legal certainty, equality of rights, balance of rights and obligations, and others. <sup>[10]</sup> BPJS program participants are divided into five types, there are (1) Wage Recipient Workers (PPU) consisting of Civil Servants (PNS), Indonesian National Army (TNI), Indonesian Republic Police (Polri) and state officials; (2) Non-Regional Government Wage Recipient Workers (PBPU Pemda) who are registered by the provincial regional government or district/city regional government based on a Cooperation Agreement (PKS); (3) Non-Wage Earning Workers (PBPU) who register for independent membership along with one family member at their own risk; (4) Recipients of Contribution Assistance (PBI) are the poor and underprivileged; and finally (5) Non-Workers (BP) consisting of investors, employers, pension recipients, veterans, independence pioneers and other non-workers who meet the criteria for non-wage recipients. <sup>[11]</sup>

It turns out that the provision of BPJS health insurance services to every citizen in Indonesia is still group and class-biased toward people with disabilities. The terms of participation in BPJS services do not specifically regulate guarantees for people with disabilities. Whereas, disabilities has been stated that accessing adequate health is their right in Law No. 8 of 2016. <sup>[12]</sup> Many of them have difficulty accessing BPJS health insurance services because, based on Government Regulation Number 101 of 2012 concerning Recipients of Health Insurance Contribution Assistance, people with disabilities are not yet included in the PBI BPJS category. <sup>[11]</sup> Not to mention the administrative requirements that must be met, and it is proven that ownership of population administration letters is still low for people with disabilities. For example, in a survey in West Lombok Regency of 120 respondents with disabilities, only 53% had a Resident Identity Card (KTP), 36% had just a Family Card (KK), and the remaining 5.6% were turned off who had registered as BPJS participants. <sup>[11]</sup>

Suppose look at Minister of Health Regulation Number 6 of 2018 article 24, the BPJS assistance tariff for medical devices for citizens with disabilities only accommodates medical devices such as glasses, hearing aids, mobility device prostheses, dental prostheses, spinal corsets, collar necks, and crutches. These tools are specifically for sensory and physical disabilities. Meanwhile, the needs for mental and intellectual disabilities have not been accommodated by adaptive aids. If people with mental and intellectual disabilities receive BPJS insurance assistance, even at the registration stage, they already have difficulty preparing their administrative documents because still the beginning public services are not yet inclusive, which has an impact on the need to fulfil health access. The rights of access to BPJS insurance are not fully guaranteed for these two types of disabilities, both regulatory and empirical. The regulatory certainty that covers their rights must be not strong enough to carry out technical matters in the field.

It was good news at the end of 2022 that the Minister of Social Affairs, Tri Rismaharini, proposed that mental disabilities be included in the PBI BPJS recipients because the National Medium Term Development Plan (RPJMN) quota had not fulfill and had been approved by the Minister of Finance, Sri Mulyani when they met to discuss.<sup>[12]</sup> However, as of this writing, there has been no change, definite notification or exceptional follow-up from the Ministry of Health, BPJS, Ministry of Social Affairs, or Ministry of Finance to accommodate them with health insurance. Meanwhile, we know that physically disabled people are more susceptible to comorbidities and not all families have enough funds for expensive treatment.<sup>[13]</sup> Families who have family members with mental and intellectual disabilities who are poor being a marginalized group.

The BPJS health insurance policy for people with mental and intellectual disabilities is still group and class biased. This incident was found explicitly in Kapanewon Banguntapan, Bantul, Yogyakarta. Kapanewon is term for "subdistrict" in the Yogyakarta Special Region Province as an administrative regional unit consisting of several villages. Kapanewon Banguntapan is known as one of the places where many people with disabilities live in Bantul Regency. The latest data from Satu Data Bantul - a statistical information service owned by Bantul Regency - shows that Kapanewon Banguntapan is the second highest with the highest number of people with disabilities with, 330 people in 2020.<sup>[14]</sup> This number includes physical, mental, sensory and intellectual disabilities. Complaints about health insurance for people with disabilities who were having difficulty accessing the government's Social Security Administering Body (BPJS) health insurance were first discovered by the author from one of the families who had a family member with an autism disability when they visited Banguntapan in April 2023.

According to the World Health Organization (WHO), there are four barriers for people with disabilities to access health services, there are "attitudinal barriers, physical barriers, communication barriers and financial barriers".<sup>[15]</sup> The resource persons who are the subjects of this research are included in the category of people with disabilities who have economic obstacles and they become a doubly vulnerable group because they have a disability and financial barriers. Thus, this article is here to review in more detail the conditions they have faced so far, complete with the hopes they can ensure the health of their family members who have mental and intellectual disabilities amidst economic limitations. Apart from that, this article can be a means of advocacy and evaluation for the government to seriously pay attention to the fate of people with disabilities in Indonesia.

## 2 Research Method

The type of research used is descriptive qualitative in the form of a case study based on a methodology that examines and investigates human problems and social phenomena.<sup>[16]</sup> The data collected to support this research is in the form of primary data and secondary data. The primary data used comes from the results of interviews with informants with mental and intellectual disabilities in Banguntapan District. Information on informants was first obtained from the Banguntapan District government office which then became a reference for finding the next informant, so that the method of determining informants is included in the snowball sampling category. In collecting primary data, this study used a semi-structured interview technique, namely a list of questions that had been prepared by the researcher, but it did not rule out the possibility of new questions emerging when interacting with the informant. Follow-up questions that emerged must still be in accordance with the topic to be achieved. Interviews focused on parents or guardians of people with mental and intellectual disabilities. The snowball sampling technique is used for community-oriented data on subjective samples/respondents. Snowball sampling can be said to be used for samples that are very rarely found and are community-based, so that recommendations from respondents were previously needed to find out who was included in the respondents.<sup>[17]</sup> Informants were obtained based on recommendations from previous informants until the information obtained from the informants was deemed sufficient to be used as primary data.<sup>[18]</sup> The informants interviewed numbered five people and they had agreed to publish the results of the interviews that had been conducted. Based on considerations of the security and privacy of the informants, the names of the informants will be disguised. Meanwhile, secondary data came from literature studies in the form of literature reference studies to support arguments and strengthen information on the social phenomena being studied.<sup>[19]</sup>

## 3 Field Research Findings

### 3.1 Profile of People with Mental and Intellectual Disabilities in Banguntapan District

Banguntapan is a sub-district located northeast of Bantul Regency, Yogyakarta with an area of 28.48 km<sup>2</sup>. The total population of Banguntapan District is 135,888 people with a male population of 68,068 people and a female population of 67,820 people.<sup>[20]</sup> Banguntapan District is also an area that has a fairly high population of people with mental disabilities with a total of 316 residents.

**Table 1.** Number of People with Mental and Intellectual Disabilities in Banguntapan District 2023

<b>Sub-District</b>	<b>Total Population</b>
Banguntapan	17
Baturetno	53
Singosaren	11
Jagalan	24
Tamanan	61
Wirokerten	56
Potorono	31
Jambidan	63
<b>Total</b>	<b>316</b>

*Source: Kapanewon Banguntapan primary data processed by researchers*

In the findings of data taken from Kapanewonan Banguntapan, people with mental and intellectual disabilities occur in residents aged around 3 years to 82 years. The author took five respondents based on recommendations from Kapanewon Banguntapan office employees and produced data, which can be seen in Table 2. The information from these informants has been adjusted to the characteristics that the author wants, namely (1) people with mental/intellectual disabilities and (2) having economic limitations.

**Table 2.** Job Profile of Parents/Guardians of Resource Persons with Mental and Intellectual Disabilities Kapanewon Banguntapan 2023

Name/Ages	Type of Disabilities	Sub-District	Occupation of Parent/Guardians	Average Income of Parents/Guardians	Access Health Services
HM (17)	Autism	Jagalan	Private Employees	3.000.000/month	Independent
EF (42)	Mental and Sensory	Baturetno	Self-employed	2.500.000/month	Independent
SMY (25)	Mental Neurotic, Somatoform, Stress and reactions to severe stress and adjustment disorders	Baturetno	Freelance	Inconsistent	Kartu Indonesia Sehat (KIS)
AEP (8)	Physical, Mental and Sensory	Wirokerten	Freelance	Inconsistent	BPJS
FZ (24)	Physical and Mental	Singosaren	Freelance	Inconsistent	BPJS

\*\*\* Independent refers to the condition of a family that does not register for any insurance. If they need health services, they pay at a "normal" cost or in the legal-formal category in Indonesia refers to an "independent" cost.

*Source: primary interview data processed by researchers*

The author interviewed parents/guardians of people with mental and intellectual disabilities. This data includes sources from four sub-districts according to suggestions from Kapanewon Banguntapan office employees. Apart from that, in terms of age, the sources that the researchers managed to interview also came from various ages. Starting from children, and adults, to the elderly. However, economically, their families are both listed as underprivileged in government data. Resource persons have different access to health, some have accessed BPJS and KIS (health access by BPJS but no payment because it is for lower middle-class people).<sup>[21]</sup> Even though they have accessed health services, it turns out that the problems faced by people with disabilities do not stop there. From the narrative they expressed, there were at least three main problems they faced (1) information, (2) unsatisfactory service at health facilities, and (3) registration was difficult and rejected.

### 3.2 Health Access Information

The resource person who acts as a guardian for people with disabilities admitted that they had never received any information from the Rukun Tetangga (RT) or the sub-district regarding

BPJS insurance registration. So when you are sick you use your own money, of course the price of health care is different compared to using health insurance.

*“I have always used my own costs for treatment. I used to use a KIS, but it's been a long time, and I can't use it anymore until now. The RT or sub-district officials were never told that there was BPJS” (EF's Guardian, Yogyakarta)*

After the researchers visited and explained how the current development of health insurance provided by the government was, the resource persons explained the obstacles they experienced as to why they did not understand BPJS insurance.

*“Understandably, Sis, my family is not very clever when it comes to cellphones, I want to look for help on the internet, if not young people don't understand” (EF Guardian, Yogyakarta).*

Considering that Eko Feriyanto will be 42 years old in 2023, Eko's parents/guardians will be around 60-70 years old, so it makes sense that they don't really understand the registration information or BPJS mechanisms that can be accessed online digital in the current era. This phenomenon is our critical note that the state, in this case at the smallest level (RT) or village government, should be able to provide information or help them access proper health care.

### **3.3 Unsatisfactory Services in Health Facilities**

Class bias is felt and experienced by people with disabilities when they need medical treatment in health services. Based on the results of interviews, the author discovered the fact that there are still several hospitals in Yogyakarta that provide unsatisfactory services for people with mental and intellectual disabilities. In short, they face discrimination even though they have a BPJS card.

*“AEP often has convulsions and fever. Back and forth to hospital control until now. I'm worried that the medicine will run out. The problem is using BPJS, I've been told to register repeatedly and there's no solution. Even though AEP's condition is urgent” (AEP's Grandmother, Yogyakarta).*

It did not stop there; AEP's grandmother shared a bitter experience regarding hospital services that were often diverted or uncertain about the services they needed.

*“At that time, AEP needed surgery immediately, during the first operation. We went to Sardjito Hospital on Monday, first we had an appointment with the doctor on Sunday, and finally we went home again. Come back, we've prepared everything you need while you're there. When we arrived at the place, they said there were no rooms yet, we were still waiting at that time, but in the end, we still had to wait again. AEP was also given medication for outpatient treatment while waiting for surgery. Just imagine how much petrol and so on, it takes an hour to get there, two hours to go there, two hours with a sick child and the condition is like this, right? I'm tired. So what? Even though I was using BPJS class I” (AEP's Grandma, Yogyakarta).*

Next condition, AEP's family also received unpleasant remarks from one of the hospital employees.

*“During the second operation, the conditions were the same as the first operation. Just when we complained, the nurse answered, 'Whether we want to*

*have surgery or not, the child will still be the same', that was in front of our extended family. If you want to argue, it's true, Ma'am, but yes, it's a child, parents will still try" (AEP's Grandma, Yogyakarta).*

These remarks indicate a lack of sympathy and empathy from health workers. Those words shouldn't have been said. People from various classes and any disability have the right to receive equal and equal services.

AEP's family expressed confusion again during the second operation, where AEP had to have tubes inserted into his body. AEP needed this tool, but in the middle of the process there were problems during the operation to install the tool.

*"AEP needs a tube, previously the hospital said it would provide it, we just had to wait for the surgery schedule. Then the claim was different again, he said because we used BPJS, after that we were told to buy it ourselves, the specifications were that that's all, that's all, we'll just follow their directions, that's fine, it's okay, we'll just buy it ourselves because it's not covered by BPJS. Approaching the operation time, the doctor was half-surprised, 'Why did you buy this yourself? What if there is a risk that the hose will not meet the standards? The hospital cannot be responsible' of course we were also confused, we just explained that at that time we were told by the hospital staff who served us before the operation. It's just strange, we seem to be victims of miscommunication from the hospital, even though accommodation to buy and travel is not cheap, Sis, our family is going all out. AEP was in the hospital for up to a month because he was waiting, he felt so sorry for his son. Therefore, what is the difference if I pay BPJS class 1, if the service is like this" (AEP's grandmother, Yogyakarta).*

Regarding the equipment needed, the phenomenon experienced by AEP is proof that medical equipment to support people with mental disabilities cannot be met or assisted by the government in their needs. Following Minister of Health regulations, disability aids are only provided for physical and sensory disabilities. In fact, it is not only these two types of disabilities that need assistance/subsidies. Especially if the condition of families with mental and intellectual disabilities, like Alvin's family, is economically limited, but they must buy for their children's survival.

The parents made the subsequent complaint of FZ. Their family already has a KIS to access health services for free because they receive full government assistance. However, considering that sister FZ's types of disabilities are quite diverse - but still included in the category of mental and intellectual disabilities, the health service needs required are also more significant but cannot be met.

*"Thank God, the service is good, every time we go for treatment we never pay. But yes, people who can't afford it, using KIS do not have complete facilities. At that time, FZ needed to do a laboratory test, there were several things that had to be tested. But because I used KIS, in the end the test wasn't complete, I couldn't do it. Meanwhile, the cost of one test is also quite expensive, Sis. Therefore, whatever it is, we can't pay. Maybe God knows we are lower class people, fortunately our family members have never been seriously ill. The most painful thing is usually during the transition period, if we get quite serious, we are not sure that the government will cover all the facilities that we have to get" (FZ's Parent, Yogyakarta).*



We must accept the fact that some health services for people with mental and intellectual disabilities are not fully accessible to BPJS users. Poor people who do not have enough funds are forced to let their family members receive minimal services. Of course, this phenomenon needs to be a concern for health service providers and the government, when poor people and people with disabilities don't have money and are sick, they can't do anything other than accept their fate.

### **3.4 Access to Health Services Denied**

We discovered another surprising fact when we interviewed brother HM's guardian and sister SMY's parents. Firstly, Hamudi's guardian said that they had tried to register their child with BPJS to get health insurance services but were rejected on the grounds that children with autism-type disabilities could injure themselves. Therefore, it is indicated that the illness suffered is the result of the child's condition which deliberately created that condition.

*“HM has already registered for BPJS, sis, so he registered himself directly at the hospital, not via the RT or sub-district. But it was rejected because autistic children could hurt themselves. Even though illness is not just about the effects of the disability, right sis, who knows if my child will have a fever or God forbid fall from a motorbike or other illness that has nothing to do with the disability he is suffering from, he will still need hospital help and I think there should be no problem. I registered at BPJS, but it turned out to be rejected” (HM's guardian, Yogyakarta).*

This disappointment was expressed, and HM's guardian should feel disappointed, why can't his child access BPJS? Are only 'normal' people entitled to access BPJS? This incident certainly caught the writer's attention, it could be that not only HM experienced it, but it could be that many people with mental and intellectual disabilities experienced it.

Apart from HM, SMY's parents were rejected and had difficulty registering with BPJS but had trouble because it was made difficult by village officials. After observing the conditions in the field, it turns out that SMY is the first of three siblings, with the same type of disability.

*“I registered my three children, both of whom are disabled but it was made difficult by the sub-district. Then, when my child was seriously ill, he had to be referred to Rajawali Citra Hospital. I was brave enough to call the village head, 'sir, how is my child? I've been taking care of it for a long time, but it's taking a long time and it's getting complicated, my child needs immediate treatment.' Suddenly the village head came straight to my house, and immediately helped with all the registration administration until my child was also taken by the village head to the hospital. Within a few hours, I was able to use BPJS even though I had previously registered, but it would not have been accepted quickly” (SMY's parent, Yogyakarta)*

*“Alhamdulillah, I didn't pay, but the administration process took a long time. I ordered a queue number from far away, but when I got there, I was still asked to register again. Hopefully, the service can improve, we small people plus children with disabilities like this feel left out” (SMY's Father, Yogyakarta).*

The information of the informant's family it should be used as material for correction that there are administrative problems whose bureaucracy often makes things difficult or even not in favor of those with mental and intellectual disabilities. Conditions in other areas may differ, but there

should be same rules, visions, and missions from BPJS or related parties in providing services to them.

#### **4 Discussions**

The root of the problem families with disabled family members cannot access health services due to their poor condition. Three of the five informants work odd jobs with different jobs every day and with uncertain salaries. The other two sources have a total fixed income but all of them have salaries  $\leq$  Rp. 3,000,000, - per month. These costs are still used for the needs of other family members. Thus, health service assistance is very necessary for them to ease the financial burden. Moreover, children with disabilities require more needs than 'normal' people in general. The condition of the informant's family can be considered as a condition that experiences a financial barrier which means that access to public services - in this case, the health sector - cannot be accessed equally due to financial barriers. A big value that is often put forward internationally and nationally is equitable health services, namely providing different services based on gender, ethnicity, geographic location, and socio-economic status.<sup>[26]</sup> If their economic status does not change, the economic gap between the poor and rich will widen. The economic conditions are not very good, combined with the high cost of health services for people with mental and intellectual disabilities, they are doubly marginalized.

The next issue that is criticized is the condition of families of people with disabilities who do not have access to information about BPJS at all. The complaints felt by the informants were their limited access to the internet and all forms of advances in communication technology. However, what is unfortunate is that there is no socialization notification or advocacy carried out by the smallest government units such as RT, RW, and village government. Even though they are the representatives of the state (central government) who are closest to the people in everyday life and the people who live there know each other.<sup>[22]</sup> The vacant role of government employees needs to be addressed. Governments in smaller units must be more progressive and proactive in providing services to people with disabilities in their regions. Therefore, it is not only BPJS and the Ministry of Health that need to act, but support from local level policy makers in Kapanewon Banguntapan needs to be more proactively involved.

When the resource person wanted to register his child who had mental and intellectual disabilities, but it was made difficult to the point of being rejected by BPJS, this was a clear example of them not getting their rights accordingly. In fact, in Law Number 8 of 2016 in Article 2 the principles of empowering them without discrimination (letter c), equality (letter g), and accessibility (letter h) are guaranteed in Article 5 letter (g) which guarantees their right to health. The incident experienced by HM causes us to re-question the position of people with mental and intellectual disabilities in the eyes of BPJS, and why they cannot access health insurance. BPJS and related stakeholders should start to form new rules regarding their position if they want to register as BPJS members to get clear service certainty. Do not let it be accepted in one area but rejected in another area.

The case in Kapanewon Banguntapan shows the different final conditions between HM and SMY, both have had similar difficulties, but HM has not been able to access BPJS until now. Meanwhile, SMY family had to press the village government several times to help them manage BPJS, only then were they helped because they admitted that there were elite in the village who could help manage BPJS more quickly than going to the BPJS office themselves. There is a bureaucratic pathology where officials carry out dysfunctional positions which are manifested as 'insiders' to speed up administrative matters because of close acquaintances as friends or

relatives of people who work in the bureaucracy.<sup>[23]</sup> Administrative needs are again hampered but become a bureaucratic pathology because the village government helps with 'insiders'.

For people with disabilities who already have a BPJS card for treatment, it is good news for the author. However, it turns out that problems arise when using BPJS for treatment at hospitals or Community Health Centers (Puskesmas). Starting with queuing procedures and uncertain handling procedures, speech discrimination by health workers, to adaptive aids which are not included in BPJS compliance. Even though many studies have revealed this discriminatory phenomenon, the incident at Kapanewon Banguntapan is proof that discriminatory treatment still frequently occurs today.<sup>[24]</sup> The Ministry of Health can begin to consider subsidizing adaptive aids for people with mental and intellectual disabilities to be legalized in statutory regulations. Regarding Service Operational Standards (SOP) in health institutions, they should also emphasize sanctions and regulations for excellent service for people with disabilities.

Researchers have tried to obtain information regarding official regulations from the government to provide special facilities for people with mental and intellectual disabilities. However, the existing regulations only refer to Law Number 8 of 2016. This law only mentions types of people with mental and intellectual disabilities. Then the care needs in the health sector are not specifically explained, in fact the care needs for people with intellectual disabilities are not mentioned at all. It doesn't matter if the use of BPJS is problematic for both in providing access because theory and practice do not mutually support existing conditions.

Indonesia, which is aggressively developing a country based on sustainable development goals, should pay more attention to people with disabilities who are part of development from the local to the national level. They experience many obstacles in accessing health insurance services. Inclusive development in the economic and health sectors is needed so that families who are poor and have mental and intellectual disabilities are not excluded from development and services. This awareness is important because the existing reality shows that the development that has been implemented is not always enjoyed by poor and marginalized groups such as people with disabilities.<sup>[25]</sup> Learning from the phenomenon that occurred in Kapanewon Banguntapan, inclusive health development for people with mental and intellectual disabilities has not been fully realized and is a current reality that has not become a serious concern for the parties responsible.

## **5 Conclusion**

People with mental and intellectual disabilities in Kapanewon Banguntapan have different conditions for accessing BPJS health insurance. Some have accessed it, and some have not accessed it. For people who have not accessed it due to limited information and refusal from BPJS, it is considered self-injury for people who have mental and intellectual disabilities. The second obstacle is that hospital services for people with mental and intellectual disabilities are complicated and uncertain even though they have used BPJS insurance. They have even experienced discriminatory actions such as degrading patients. This social phenomenon is a form of exclusion for people with mental and intellectual disabilities in accessing health services. Strengthening regulations, bureaucracy, and public services requires re-evaluation to guarantee the rights of people with mental and intellectual disabilities by the guarantees contained in the applicable laws and regulations. This strengthening is also to support the realization of inclusive and sustainable development without excluding certain community groups.

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