



The Impact of Universal Health Care Coverage on Maternal Health in Indonesia

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Introduction

Nearly all (99%) maternal mortality in 2015 occurred in developing countries, including Indonesia. In 2014, the Indonesian Government introduced a Universal Health Insurance scheme Jaminan Kesehatan Nasional (*JKN*) to reduce inequity in health care access and utilisation including access to maternity services. This scheme replace the previous scheme Jaminan Persalinan (Delivery Insurance) which was introduced in 2011.

This study object to investigate the impact of this scheme on maternal health care utilisation and outcomes before and after the introduction of JKN.

Methods

Design

A retrospective analysis of existing datasets from five Districts within the Special Region of Yogyakarta was conducted.

Data Sources

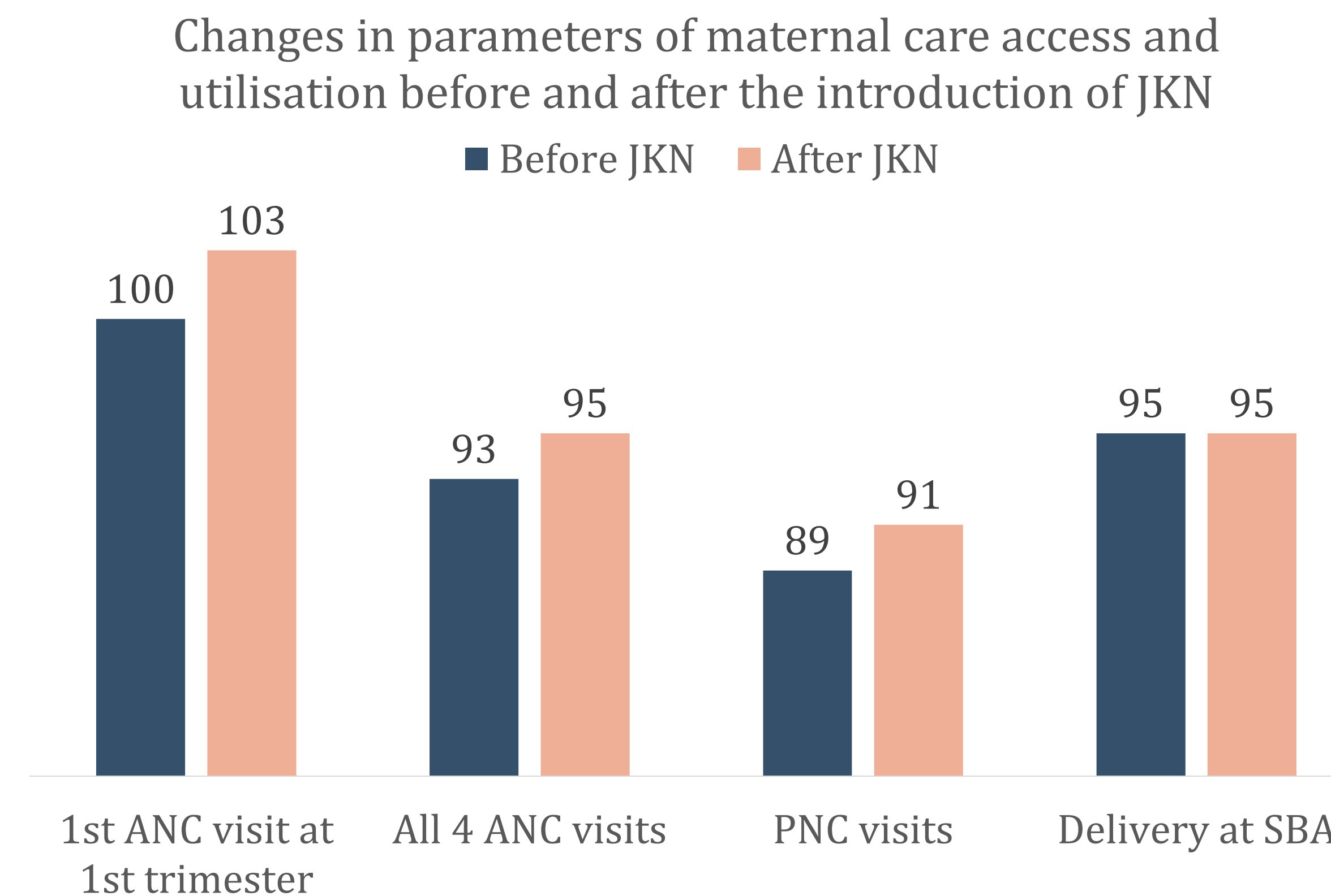
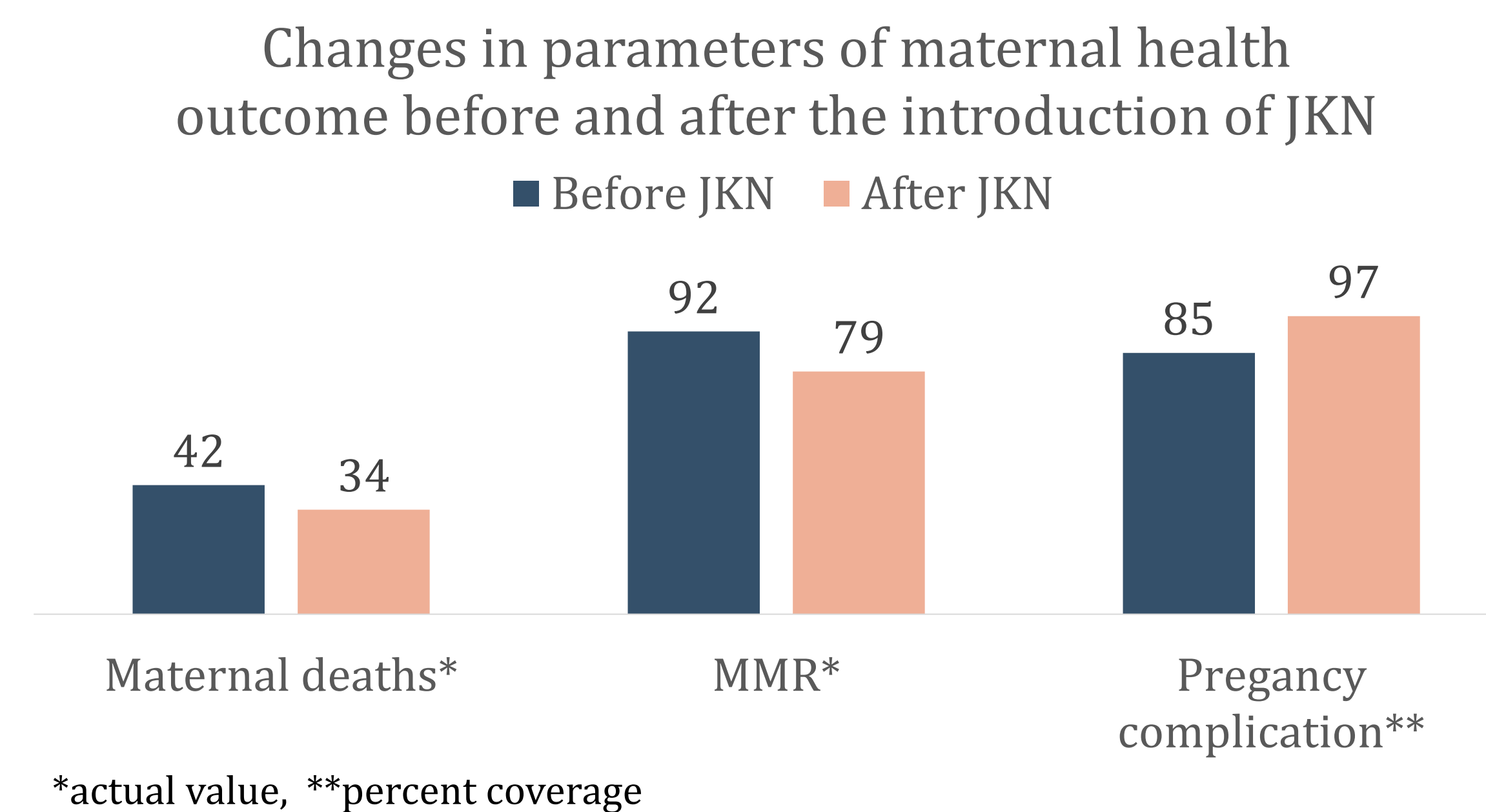
Data on number of antenatal care (ANC) and post-natal care (PNC) visits, number of deliveries with a skilled birth attendant (SBA), number of pregnancy with complication and number of maternal deaths during three years prior (2012-2014) and after (2015-2017) the introduction of JKN were obtained from the Provincial Health Office.

Statistical Analysis

Independent t-test was used to compare all variables prior and after the introduction of JKN and a negative binomial regression was performed to determine the impact of JKN on maternal care utilisation and outcomes at province level and adjusting for districts and year.

Results and Discussion

The data does show a positive trend since the introduction of JKN.



This study find improvement in maternal health outcome parameters, i.e. increased pregnancy complication detection and coverage by 7% and 12%, and reduced maternal death and MMR by 19% and 14% correspondingly.

We did not see in the post JKN results a significant jump in the utilisation rates of maternal care services. The likely reason is that the JKN built on an existing universal health coverage scheme in Indonesia and so the JKN has resulted in smaller improvements over the previous scheme. Therefore, the changes are not as significant as those who introduce a universal insurance scheme for the first time.

Conclusion

JKN resulted in modest improvement of maternal outcomes by increasing early detection of pregnancy complication in the Special Region of Yogyakarta.

Further evaluation on the impact of JKN should also be continued, particularly in the more rural area, because these area often performed poorly on all maternal health parameters prior to JKN introduction

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