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Problems of Infertility Patients Not Benefited by Insurance (BPJS)

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A B S T R A C T

The Health Social Security Administering Body or BPJS Health is a State-Owned Enterprise (BUMN) that provides health and social security for all Indonesian people. This legal entity started operating in 2014 where its function and authority are to provide social security in the form of health insurance for the general public and workers to improve their welfare. The research method used is a literature study research system where research is carried out by searching, reading, recording, and analyzing findings in the field related to written sources such as books, journals, archives, articles, or magazines that correlate with the problems being studied. So that it can be evidence to strengthen the argumentation statement presented. Infertility is a global issue that is currently being discussed, it is because this type of health problem is experienced by 22.3% of people in the world. Based on the urgency, several countries have started to provide insurance for their citizens related to health problems. Currently, only 16 states have infertility coverage for private insurance companies. This is because the very high cost makes not many insurance companies dare to guarantee this infertility health problem.

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INTRODUCTION

The Health Social Security Administering Body or BPJS Health is a State-Owned Enterprise (BUMN) that provides health and social security for all Indonesian people. This legal entity started operating in 2014 where its function and authority are to provide social security in the form of health insurance for the general public and workers to improve their welfare. Previously, BPJS Health was called Askes (Health Insurance). By registering for BPJS Health, participants will get various benefits from health facilities according to their level. Where the target is the general public, civil servants, and private employees. This program was started based on the legal basis of Law Number 24 of 2011. In this case, everyone is required to participate in this program to launch a health equity program.

However, not all diseases and health services are covered by BPJS Kesehatan. Some certain diseases and services are not covered by BPJS Kesehatan. Another requirement is that the user pays a small fee for treatment costs when sick in the future. Limitations regarding health services and diseases that are not covered by BPJS Health are contained in Presidential Regulation (Perpres) Number 82 of 2018 concerning Health Insurance. Some of them are health problems due to dependence on drugs and alcohol, health problems due to self-harm, contraceptives, health services due to injury, complementary medicine, dental alignment services, health services carried out abroad, services with aesthetic purposes, and related to infertility problems.

THEORETICAL REVIEW

Infertility has been explicitly defined as a disease by WHO and is ranked fifth in the list of the International Statistical Classification of Diseases and Related Health Problems, especially in women (WHO, 2020). The causes are many things such as: In women, tubal abnormalities, ovulatory dysfunction, and uterine factors such as fibroids. In men, it can be due to morphology, decreased sperm count, and the impact of treatment. Reproductive autonomy is being threatened because of the extra-large costs associated with infertility treatment. Supported by services for infertility not guaranteed by BPJS Indonesia (Perpres 12 of 2013, BPJS Health Regulation No. 1 of 2014). This certainly makes it difficult for patients who experience infertility but are hindered by the cost of treating it. Therefore, the author wants to examine more deeply with the title "Problematics of Infertility Patients Not Covered by Insurance (BPJS)". The objectives to be achieved in this research are as follows. (1) Explain the lack of insurance coverage for infertility to health care gaps.

METHODOLOGY

The research method used is a literature study research system where research is carried out by searching, reading, recording and analyzing findings in the field related to written sources such as books, journals, archives, articles, or magazines that correlate with the problem being studied. So that it can be evidence to strengthen the argumentation statement presented. The research was conducted in May which was carried out by finding the source first. The collected sources consist of primary sources consisting of books, scientific

articles, and journals. While secondary sources are obtained through other sources such as news, online newspapers, or internet pages.

The data collection technique in this study was by tracing the sources of writings that had been made previously. The search was carried out on various written sources, either in the form of books, archives, magazines, articles, and journals, or documents and internet sites correlated with the problems studied. There are several steps in the preparation of a written work which can be described in detail as follows. At the preparatory stage, the researcher made a framework of thinking that aims to make it easier for the author to find information related to the related variables. Editing is reviewing and re-examining the data that has been obtained and then prepared for further processing. In this study, the researcher did the editing in terms of matching various relevant sources obtained through the literature study so that the data obtained could be confirmed as valid.

RESULTS AND DISCUSSIONS

Health Insurance Coverage

Infertility is a global issue that is currently being discussed, it is because this type of health problem is experienced by 22.3% of people in the world. Based on the urgency, several countries have started to provide insurance for their citizens related to health problems. Currently, only 16 states have infertility coverage for private insurance companies. This is because the very high cost makes not many insurance companies dare to guarantee this infertility health problem. Even then, only 6 states are considered to have comprehensive coverage covering all or most of the costs associated with IVF. IVF or In Vitro Fertilization is starting to grow rapidly in the world. ART mother. However, not all countries choose to undertake a comprehensive IVF program. Indonesia itself has established Assisted Reproduction (TRB).

Private insurance companies in Indonesia, such as Prudential, AXA Mandiri, and Manulife, cover the issue of the birth of mother and child. Not for infertility. Likewise, private insurance does not cover the IVF program. One of the goals of insurance is to cover unexpected risks. The decision to run the IVF program is a voluntary action from the policyholder, so in this case, it is not covered by insurance. This falls in the same case as plastic and aesthetic surgery which is not a pure risk. If private insurance can complement a maternity program, it is maternity or birth insurance. This product covers the concerns of mothers and pregnant women from pregnancy to delivery with insurance. Those wishing to have an IVF program should choose an obstetrician in this area.

Until now, there is no government insurance coverage either in Indonesia (BPJS) or abroad. This is because based on data analysis it was found that the overall use of infertility services has almost tripled in states where there is an insurance mandate (Sunderam, 2015). The cost of medically assisted reproductive procedures is not cheap ranging from tens of millions. For example, IVF reached 31 million. The cost of the IVF program at this service provider's hospital has a variety of price ranges. The costs you have to bear

depending on the facilities, the treatment that has been taken, and the cost of treatment which depends on the health of the patient.

Generally, the cost of the IVF program includes registration for the IVF program. Sperm analysis to determine sperm preparation or health. IVF action. Drug use. Laboratory examination. The probe is like an ultrasonic wave. Consultation with obstetrician/gynecologist. IVF procedure support services that may also be available at the hospital such as Spermadepot (Sperm / Embryo Depot), Sperm/embryo freezing (sperm/embryo freezing), FET (frozen embryo transfer) IMSI processing, PGS (pre-implantation gene screening), Hatching Additional, Oocyte recovery (egg collection) Sperm preparation, Egg Fertilization and culture (ICSI) and Embryo transfer

Payment systems for IVF programs may vary from hospital to hospital. Some use a prepaid system to package the IVF program, while others use an action-based payment system. Usually will be informed in advance about the estimated and detailed costs incurred during IVF. program. For the package system, the hospital will explain what actions are included in the IVF program package, and other actions that must be paid for with additional costs. The amount of cost from one patient to another will be different because it depends on the patient's health condition. Details of the costs that must be incurred based on the actions taken such as Doctor's consultation: IDR 300,000, USG: IDR 150,000, up to IDR 250,000, IVF/ICSI IVF Package: IDR 31,500,000. These costs include:

This fee does not include initial screening before the IVF program is carried out, hospital administration for each consultation, medication, follicular development monitoring (USG and hormonal examination), embryo and sperm freezing, embryo storage and frozen sperm, MESA/TESE surgery (if needed), as well as treatment or other medical procedures, for example, due to complications, miscarriage, or pregnancy outside the womb. While the cost of other actions that may be required for the IVF program, namely Assisted hatching: Rp. 2.200.000, Embryo/sperm freezing: Rp. 1.850.000, (3 months free), Frozen embryo/sperm storage: Rp. 1.650.000, (per 6 months), Frozen embryo transfer: Rp. 3.250.000, Thawing embryo: Rp. 1.500.000, Sperm analysis: Rp. 325.000, Intrauterine insemination: Rp. 2,400,000, The drugs are given to patients depending on the patient's health condition so that the costs incurred for drugs will differ from one patient to another. However, the IVF program costs are estimated to be at least Rp. 15,000,000 per cycle. Financial limitations themselves should not be a parameter to determine which citizens are entitled to become parents. For most people, paying for reproductive procedures is impossible and this leaves many without a financially viable way to manage their disease and achieve their reproductive goals.

Disparities in Access to Care

Based on research conducted by Raharja, 2017 it was found that the Batak ethnicity is the ethnicity with the highest fertility while women who have been pregnant in the Madurese have a low fertility rate. Population fertility is determined by several factors, including family habits (eg number of children

desired), intermediate variables (eg length of the marriage, use of contraceptives), and non-demographic variables (eg social and economic status). This intermediate variable has a personal impact on fertility, but the effect will vary due to ethnic disparities, based on the categorization of the same ethnic group, for example, by the Ananta et al. (2014), Then a cross-tabulation was compiled which revealed the relationship between women who had been married for 15-49 years using a homogeneous number of biologically born children owned. Figure two shows the homogeneity of the number of biologically born children based on ever-married women from ethnic groups.

Women of Batak ethnicity have the highest number of biologically born children (2561) compared to other ethnic groups. This means that women who have been married to the Batak ethnicity generically have 2 to 3 biologically born children during their reproductive period. The next large ethnic group that has a high homogeneity of biologically born children are the Acehnese (2420) and the Banten (2415). Ethnic Chinese and Madurese are 2 large ethnic groups in Indonesia that have homogeneous numbers of children with low biological birth as many as 1,883 and 1,862, respectively. These results strengthen the output of studies that have been carried out on fertility in the Batak ethnicity. One of them is the output of research conducted by Pangaribuan (1991) regarding fertility and family planning practices in the Batak tribe.

It was explained that the patrilineal system was still very powerful in its influence on fertility. In addition, age at first marriage is the most significant factor influencing the number of biologically born children. The number of children still living also has a significant effect on the number of children desired. The results of the analysis show that ethnic Chinese are one of the ethnic groups using a low average number of biologically born children (1,883). This also strengthens the initial estimate of the output of the ethnodemographic study conducted by Ananta et al. (2014). In addition, another estimate put forward is the number of ethnic Chinese who migrated out of Indonesia in the period 2000-2010, and there may be a trend that some ethnic Chinese in Indonesia feel comfortable identifying themselves as an exclusive local ethnicity in Indonesia. The Madurese are also a large ethnic group using low fertility.

The results of the calculation show that homogeneously the number of biologically born children of ever-married women in the Madurese ethnicity is 1,862. This is also reinforced by data on the population growth rate in ethnic Madurese from the output of SP 2000 as much as 0.65 percent. Social status, economy, religion, and so on. Low levels of education and area of residence in rural areas also contribute to high fertility. The existence of traditional birth attendants by certain ethnic groups in East Java is used as an alternative to infertility treatment (Setyo, 2012). Various barriers to access to infertility treatment from ethnicity, knowledge, distance, and expectations when cost barriers are reduced and access is equalized, as shown in an American study, there was a 4-fold increase in the utilization of reproductive services (Feinberg, 2017).

Infertility caused by the tube usually causes 25 – 35% of patients with IVF (In-vitro fertilization) and is an example of how insurance determines infertility treatment. Dilation or damage to the tube can occur due to various pregnancy disorders such as ectopic pregnancy or gonorrhea or chlamydial infection. Patients with this problem will have a successful pregnancy rate if a laparoscopic salpingectomy (removal of the affected tube) is performed before starting IVF. In a survey of 400 infertility specialists, doctors practicing in countries not covered by insurance were more likely to not perform a salpingectomy before undergoing assisted reproductive technology (ART) due to lack of insurance coverage. These findings suggest that uninsured patients with tubal factors, infertility secondary to hydrosalpinx,

Disparity in Treatment

Oncofertility is a term that is often heard as fertility preservation. It is common in patients with a new diagnosis of malignancy. This provides another example where socioeconomic barriers prevent proper care. Women who lose their fertility secondary to surgery, chemotherapy, or radiation may be highly motivated to pursue oocyte or embryo cryopreservation. However, the costs involved are also high with the costs of ovarian stimulation, oocyte retrieval, and cryopreservation ranging from $10,000 to $13,000, and the costs of ovarian stimulation, oocyte retrieval, egg fertilization, and embryo cryopreservation ranging from $13,000 to $16,000. However, most countries do not mandate coverage. insurance for the preservation of fertility, and only 4 states mandate coverage for iatrogenic infertility associated with treatment for malignancy. Although patients with breast cancer generally report significant concerns about fertility, it has been shown that wealthier patients are more likely to pursue fertility preservation. The financial burden associated with cryopreservation of oocytes or embryos is prohibitive for many patients and thus poses a direct threat to their reproductive autonomy.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. Infertility is a disease with a substantial psychosocial burden, and the lack of affordable treatment options may have a significant detrimental effect on the quality of life of millions of people in Indonesia due to the current lack of mandated universal insurance coverage for assisted reproductive technology (ART).
2. Infertility is implicitly defined as a disease that does not deserve financial support, leaving many patients unable to fulfill their reproductive goals.
3. Increasing access to care through wider insurance coverage and coverage plans may help to correct this disparity.
4. The fundamental right to reproduce is currently under threat and this disparity will only increase if financial barriers to infertility treatment are not addressed directly and promptly.

Recommendations

Referring to the findings in this study, several suggestions can be made despite the shortcomings of this paper as follows:

1. Hopefully, this paper can be a reference for the government in making policies related to public health insurance.
2. Hopefully, the younger generation will be able to learn and take lessons from real character education and have the awareness to build their character

FURTHER STUDY

On this occasion, the author would like to thank you very much as a mentor lecturer who has provided support and supervision to the author so that this paper can be completed properly even though it has gone through various previous obstacles. Accompanying and fostering in terms of writing this paper from the beginning of writing to completion, all those who have been involved have provided support and suggestions as to additional insight for the author, as well as all those who have supported this activity, the writer would like to say.

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