



BPJS Kesehatan Deactivation Policies: An Online Media Content Analysis in Indonesia

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Abstrak

Isu penonaktifan keanggotaan semakin memanas pada awal tahun 2026 ketika pemerintah Indonesia mengumumkan penonaktifan jaminan kesehatan bagi sekitar 11 juta penerima iuran bersubsidi pemerintah (PBI BPJS) terhitung mulai 1 Februari 2026. Oleh karena itu, memahami bagaimana kebijakan penonaktifan BPJS Kesehatan dipaparkan di berbagai platform media daring terkemuka merupakan hal yang penting baik dari segi akademis maupun kebijakan. Penelitian ini merupakan studi kualitatif terhadap konten portal berita daring yang bertujuan untuk mengevaluasi wacana seputar kebijakan penonaktifan BPJS Kesehatan di Indonesia. Sampel penelitian terdiri dari berita media daring nasional mengenai kebijakan penonaktifan BPJS Kesehatan yang diterbitkan antara 1 Januari hingga 30 April 2026. Peneliti menggunakan kata kunci “BPJS non aktif” dan melakukan pencarian di lima portal berita daring. Perangkat lunak MAXQDA juga digunakan sebagai alat analisis data dalam penelitian ini. Fitur yang digunakan meliputi Word Cloud dan frekuensi kata untuk memahami konsep-konsep utama. Hasil menunjukkan bahwa terdapat enam topik dominan dalam liputan media daring terkemuka di Indonesia terkait kebijakan penonaktifan BPJS Kesehatan. Topik “solusi sementara” merupakan topik yang paling dominan dengan 26 kutipan.

Abstract

The issue of membership deactivation intensified markedly in early 2026 when the Indonesian government announced the deactivation of health insurance coverage for approximately 11 million recipients of government-subsidized contributions (PBI BPJS) as of February 1, 2026. Understanding how the BPJS Kesehatan deactivation policy is framed across prominent online media platforms is therefore a matter of both academic and policy significance. This study was a qualitative study of online news portal content that aims to evaluate the discourse surrounding the deactivation policy of BPJS Kesehatan in Indonesia. The research sample consists of national online media news about BPJS Kesehatan deactivation policy published January 1, 2026 until April 30, 2026. The researcher used the keyword “BPJS non aktif” and searched five online news portals. MAXQDA software was also used as a data analysis tool in this study. Features used included Word Cloud and word frequency to understand the main concepts. The results showed that there were six dominant topics in the coverage of well-known online media in Indonesia related to BPJS Kesehatan deactivation policy. The topic of partial solution was the most dominant topic with 26 quotes.

INTRODUCTION

Access to healthcare is a fundamental human right enshrined in international covenants and national constitutions across the globe. In developing countries, achieving universal health coverage (UHC) remains one of the most ambitious yet challenging policy objectives. UHC is broadly defined as ensuring that all people have access to needed health services including prevention, promotion, treatment, rehabilitation, and palliation without the risk of financial hardship (Evans & Etienne, 2010). Indonesia, as the world's fourth most populous nation with over 280 million people, has made unprecedented strides in this direction through its national health insurance program, known as *Jaminan Kesehatan Nasional* (JKN), administered by BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial kesehatan) since its official launch in January 2014 (Agustina et al., 2019). The national health insurance (*Jaminan Kesehatan Nasional* or JKN) provides near-universal healthcare access across Indonesia, covering roughly 98% of the population. Managed by BPJS Kesehatan, the system guarantees financial protection by covering primary, secondary, and tertiary medical (Badan Kebijakan Pembangunan Kesehatan, 2026).

Despite these achievements, the JKN program has faced persistent and multifaceted challenges that continue to impede the full realization of universal coverage. Financing deficits, inequitable geographic distribution of healthcare infrastructure, administrative burdens on healthcare providers, and variable local government capacity represent some of the structural constraints undermining program sustainability (Susilo et al., 2025). A particularly contentious dimension of

program management pertains to the deactivation known in Indonesian as "non-aktif" of membership status for participants who fail to maintain timely contribution payments. Membership deactivation results in the immediate suspension of health service access, placing vulnerable populations in precarious situations precisely when healthcare needs may be most pressing (Jamal et al., 2022).

The issue of membership deactivation intensified markedly in early 2026 when the Indonesian government announced the deactivation of health insurance coverage for approximately 11 million recipients of government-subsidized contributions (PBI BPJS) as of February 1, 2026, triggering widespread public concern, political debate, and extensive media coverage (Nugroho, 2026). This policy action, precipitated by a government review of beneficiary data intended to eliminate ineligible recipients and improve targeting efficiency, disproportionately affected the poorest and most vulnerable segments of the population. The episode brought the broader structural tensions within the JKN system into sharp relief, highlighting the need for deeper scholarly analysis of how such policies are framed, debated, and contested within the public sphere.

The role of media in shaping public discourse around health policy is well established in the scholarly literature. Media outlets do not merely report events, but they actively construct narratives, frame issues, assign responsibility, and legitimize or challenge policy decisions (Nguyen, 2025). In the Indonesian context, the proliferation of online news platforms has democratized access to health information while simultaneously creating complex information ecosystems in which competing narratives coexist, sometimes

generating confusion or misinformation among the public (Yuniawan et al., 2023). Research on health policy framing in Indonesian media demonstrates that dominant frames often reflect the interests of political elites, with marginalized voices receiving limited representation (Ridlo, 2024). Understanding how the BPJS Kesehatan deactivation policy is framed across prominent online media platforms is therefore a matter of both academic and policy significance.

The barriers to health insurance membership maintenance and consequently to uninterrupted coverage are well documented in the global literature on community-based and national health insurance schemes. Household income, educational attainment, understanding of insurance mechanisms, quality of services received, and trust in institutional governance have consistently emerged as determinants of enrollment, renewal, and dropout decisions (Geta et al., 2024). In lower- and middle-income countries, the integration of informal sector workers into mandatory insurance schemes poses particular challenges, as contribution affordability and income irregularity create structural conditions that render membership lapse an ongoing risk (Jamal et al., 2022). Indonesia's large informal economy—estimated to account for more than 50% (Agustina et al., 2019).

Research into the financial sustainability of BPJS Kesehatan has revealed a cyclical pattern of surplus and deficit that is intimately linked to membership activity rates. During the COVID-19 pandemic, reduced healthcare utilization temporarily generated a Social Security Fund (DJS) surplus, masking underlying structural vulnerabilities. As the country transitioned to an endemic

management phase in 2022, service utilization rebounded sharply, contributing to renewed fiscal pressure. The large stock of non-active non-wage earner (PBPU) members with accumulated arrears represents a persistent threat to program liquidity, underscoring the urgency of policies that balance enforcement of contribution obligations with social protection imperatives (Putra et al., 2024). These fiscal dynamics necessarily shape both the design of deactivation policies and the public discourse surrounding their implementation.

Qualitative content analysis of media texts has emerged as a productive methodological approach for examining how health policies are constructed and communicated in digital public spheres. Employing computer-assisted qualitative data analysis software (CAQDAS), researchers can systematically identify conceptual themes, trace discursive patterns, and uncover ideological framings embedded in large corpora of news articles (Krippendorff, 2019). The application of tools such as word clouds and frequency distributions enables researchers to move from surface-level textual patterns to deeper conceptual and thematic insights, particularly when triangulated with theoretical frameworks derived from contemporary health policy and communication literature. Studies utilizing similar methodologies in the Indonesian context have demonstrated the utility of this approach for mapping policy discourse across diverse media platforms (Ahsan et al., 2023).

Against this backdrop, the present study undertakes a systematic qualitative content analysis of five major Indonesian online news portals such as BBC Indonesia, Detiknews, MetroTVnews, Tempo.com,

and TribunNews.com to evaluate the discourse surrounding the BPJS Kesehatan deactivation policy as covered between January until April 2026. Using the search query "BPJS non aktif" as the primary data collection instrument, this research employs MAXQDA software to analyze word frequencies and thematic distributions across the collected news corpus. The findings are subsequently interpreted and triangulated with contemporary literature on health insurance membership management in developing countries. By bridging media studies, health communication, and public health policy, this research contributes to a growing body of interdisciplinary scholarship on the social and political dimensions of universal health coverage in Indonesia.

The significance of this study lies not only in its timeliness capturing media discourse at a pivotal moment in the evolution of Indonesia's national health insurance system but also in its methodological contribution to the application of MAXQDA based content analysis in the study of health policy communication in emerging economies. The findings are expected to offer actionable insights for policymakers, health communicators, and civil society organizations seeking to improve the transparency, equity, and public legitimacy of BPJS Kesehatan membership management practices.

METHOD

To evaluate the discourse surrounding the deactivation policy of BPJS Kesehatan in Indonesia, this study employed a qualitative content analysis of prominent national online news platforms. The research sample comprised digital

media coverage published between January 1, 2026 until April 30, 2026. Data collection was conducted using the targeted search query "BPJS non aktif" across five credible and highly active news portals: BBC Indonesia, Detiknews, MetroTVnews, Tempo.com, and TribunNews.com. The gathered news articles served as the primary analytical units to address the core research objectives. Computer-Assisted Qualitative Data Analysis Software (CAQDAS), specifically MAXQDA, was utilized to process the text. Analytical features such as Word Clouds and word frequency distributions were deployed to identify and extract central conceptual themes. The empirical findings were subsequently interpreted and triangulated with contemporary literature regarding the deactivation of health insurance memberships to synthesize the final conceptual conclusions.

RESULT AND DISCUSSION

The characteristics of online news portal can be seen at the table 1 below.

Table 1. Characteristics of Online News Portal

Category	N	Percentage (%)
News Platform		
BBC Indonesia	1	7.7
DetikNews	5	38.4
MetroTVnews	1	7.7
Tempo.com	1	7.7
TribunNews	5	38.4
Title Length		
< 10 words	2	15.4
>10 words	11	84.6
Page Count		
1 page	7	53.8
2 pages	4	30.8
3 pages	2	15.4

Based on table 1 shows that the most news platform was both DetikNews and TribunNews with 5 articles (38.4%) and the least news platform were BBC

Word	Word Length	Frequency	Percentage
Peserta	7	152	2.48
PBI	3	122	1.99
Kesehatan	9	107	1.75
BPJS	4	103	1.68
Pemerintah	10	39	0.64
Kepesertaan	11	37	0.60
Masyarakat	10	36	0.59
Dinonaktifkan	13	34	0.56
Bantuan	7	33	0.54
Aktif	5	32	0.52



Figure 1. Keyword Cloud on National Online Media

Indonesia, DetikNews and Tempo.com. The title length >10 words were 11 articles (84.6%) and < 10 words were only 2 articles (15.4%). The most page count was 1 page with 7 articles (53.8%) and the least page count were 3 pages with 2 articles (15.4%).

The results of the study show that there are 10 important keywords related to "BPJS Kesehatan Deactivation in Indonesia" found on national online media portals in Indonesia. The description of these keywords is illustrated in Figure 1.

The distribution of the top 10 keywords related to "BPJS Kesehatan Deactivation in Indonesia" on national online media portals is presented in Table 2 below.

Table 2. Top Keyword Percentage On National Online Media

Based on figure 1 and table 2, it is known that the word "Peserta" is the most frequent word, with a count of 152 repetitions (2.48%) and the least word is "aktif" with 32 repetitions (0.52%).

Based on the results on 5 (five) national online news portals, namely BBC Indonesia, DetikNews, MetroTVNews, Tempo.com and TribunNews, the dominant topics or concept relevant to the "BPJS Kesehatan Deactivation In Indonesia" are presenting in the following image.

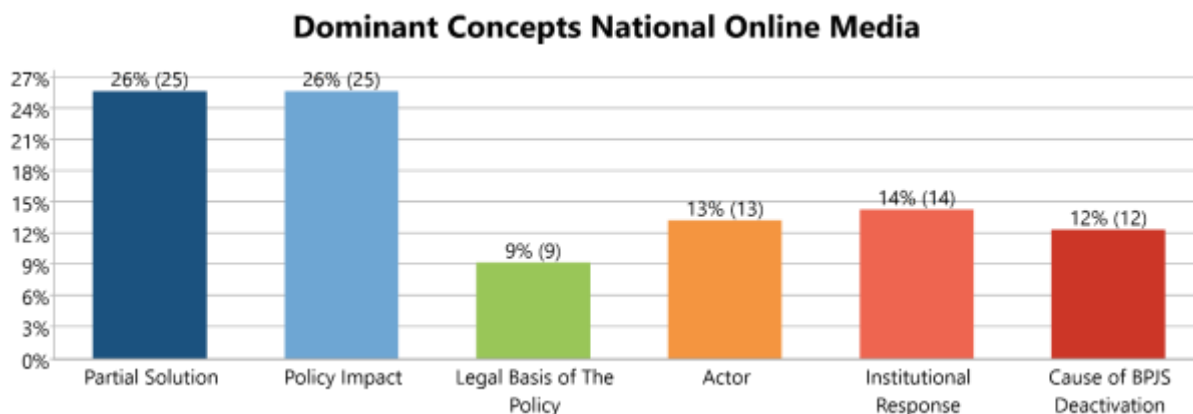


Figure 2. Dominant Concepts in National Online Media

Based on figure 2, it shows that dominant concepts in national online media were both partial solution and policy impact with 25 quotes (26%) and the least dominant concepts in national online media was legal basis of the policy with 9 quotes (9%).

The policy deactivating more than 11 million National Health Insurance (JKN) Contribution Assistance Recipients (PBI) has sparked widespread public concern. Critics fear it severely threatens healthcare access for the most vulnerable populations, specifically putting the safety and well-being of pregnant women and the impoverished at risk. Effective since February 1, 2026, under the Minister of Social Affairs' Decree Number 3 of 2026, the government maintains that this measure was necessary to update beneficiary data and improve program targeting.

Text analysis with word cloud technique. Word clouds are formed based on the frequency of occurrence of words in the data, the more frequency of occurrence of a word, the larger the size of the letter of the word in the word cloud. Word cloud visualization results on figure 1 showed that the word "peserta" is the most frequently mentioned word, with a count of 152 repetitions and the least mentioned word, with a count of 32 repetitions was "aktif". This visualization of word cloud provides information regarding opinions, perceptions, and key issues of concern to the public about BPJS deactivation policy in Indonesia. The main word like "peserta" have been associated with "BPJS" as the initiator of this policy.

Based on national online news portals, we categorized the dominant topics or concepts relevant to the "KRIS Policy in Indonesia" are listed below:

1. Partial Solution

This research shows that dominant concepts in national online media was partial solution with 25 quotes (26%)

“Peserta jaminan kesehatan nasional (JKN) yang dinonaktifkan tersebut bisa mengaktifkan kembali status kepesertaan JKN-nya jika yang bersangkutan memenuhi beberapa kriteria,...” (DetikNews, 2026)

“ada tiga alternatif bagi warga yang terdampak penonaktifan kartu BPJS Kesehatan...” (Tempo.com, 2026)
“mengubah kepesertaan PBI-JK ke mandiri agar bisa kembali berobat.” (TribunNews, 2026)

This theme captures media narratives that acknowledged the existence of formal pathways for reactivation of deactivated BPJS Kesehatan membership, while simultaneously indicating that such mechanisms were conditional, complex, and not universally accessible. Coverage across platforms foregrounded the procedural requirements imposed on affected participants, framing the available remedies as incomplete responses to a systemic disruption. Collectively, these narratives suggest that while official resolution mechanisms were present, media discourse framed them as procedurally burdensome and contingent particularly for socioeconomically vulnerable populations who may lack the administrative literacy, documents, or resources to fulfill the required steps. The recurrent emphasis on eligibility criteria and alternative transitions positions these solutions as partial rather than comprehensive, implying that a significant proportion of deactivated members may remain without effective access to healthcare services

The dominance of the partial solution frame (26%) in media coverage aligns with a broader literature on the structural limitations

of reactive remediation mechanisms in social health insurance systems. When policy disruptions displace enrolled members, the availability of formal reactivation pathways does not automatically translate into equitable access restoration, particularly among the most vulnerable populations.

(Wachinger et al., 2025) highlight that the expansion of online media spaces has fundamentally reshaped how health communication frames policy outcomes, noting that media coverage of health policies tends to emphasize accessibility gaps and procedural barriers as key societal concerns. This observation resonates with how national Indonesian platforms framed the reactivation process: not as a comprehensive fix, but as a conditional, multi-step process dependent on individual capacity to navigate bureaucratic requirements. This is consistent with findings from (George et al., 2018), who identified financial, structural, and cognitive barriers as interrelated obstacles to healthcare access among vulnerable populations. The cognitive dimension encompassing health literacy, knowledge of entitlements, and administrative capability is particularly salient in the Indonesian context, where deactivated PBI-JK members are predominantly from lower-income, lower-literacy backgrounds. The requirement to fulfill multiple eligibility criteria and to self-initiate contact with social service offices represents a significant barrier for those least equipped to do so. Furthermore, (Levesque et al., 2013) stated that patient-centered access to healthcare framework, as

applied by researchers examining access barriers in low- and middle-income settings, conceptualizes access as a dynamic continuum involving not only the physical availability of services but also the individual's ability to engage with the health system. The conditional reactivation procedures observed in this study represent a form of approachability and acceptability barriers, imposing procedural gatekeeping on populations whose primary vulnerability is already defined by socioeconomic disadvantage.

2. Policy Impact

This research shows that dominant concepts in national online media was policy impact with 25 quotes (26%)

"puluhan pasien kehilangan akses pengobatan mendadak .." (DetikNews, 2026)

"saat hendak melakukan kontrol lagi di rumah sakit, kartu BPJS Kesehatan miliknya mendadak tidak aktif " (Tempo.com, 2026)

"penonaktifan itu memicu antrean panjang dan kebingungan di fasilitas kesehatan..." (TribunNews, 2026)

This category encapsulates news narratives that explicitly documented the human and operational consequences of the BPJS Kesehatan deactivation policy on individuals, healthcare facilities, and the broader health system. Coverage across multiple platforms emphasized the sudden and disruptive nature of the policy, frequently centering the experiences of affected patients. The prominence of this theme in media coverage reflects a human-interest framing strategy widely observed in health policy journalism, wherein abstract policy decisions are

translated into tangible stories of individual harm and institutional disorder. The parity of this theme with the partial solution category both at 26% signals a dual discursive tension: while media acknowledged the availability of remedial processes, it simultaneously documented the real-world costs incurred by affected populations before or in the absence of such remediation.

The equal prominence of policy impact narratives (26%) underscores a well-documented concern in health systems research: that sudden disruptions to insurance coverage produce immediate, measurable harms to vulnerable populations. The media's emphasis on lost access to routine treatment, diagnostic services, and specialist care mirrors findings in the academic literature on health insurance lapses.

The systemic dimension of the impact evidenced by reports of long queues and confusion at health facilities also speaks to describes as the secondary consequences of poorly managed administrative transitions in public governance: a loss of institutional trust and a disruption to established care pathways that extends beyond individual patients to affect entire healthcare delivery systems. This "ripple effect" of sudden policy implementation is consistent with crisis governance literature emphasizing that public administrations must balance efficiency with accountability to preserve legitimacy in the eyes of citizens (Lenz, 2024).

The deactivation of participants in the Premium Assistance Scheme

(PBI) not only has administrative consequences but also has a substantive impact on the public's access to healthcare services. This policy has the potential to limit individuals' ability to access healthcare services for which the state is responsible (Purwanto et al., 2026). The findings further align with recent research stated the challenges in JKN implementation, which highlights persistent disparities in healthcare access as a structural feature of Indonesia's health system, particularly for rural and poor communities. The deactivation policy exacerbated pre-existing vulnerabilities, underscoring the compounding risk for populations already navigating access barriers (Lubis et al., 2023).

3. Institutional response

This research shows that the concepts in institutional response were 14 quotes (14%).

"Kemensos tetap membuka ruang untuk para penerima yang terdampak melakukan reaktivasi.." (BBC Indonesia, 2026)

"Dinas Kesehatan (Dinkes) akan mengusulkan peserta tersebut ke Kementerian Sosial (Kemensos)" (DetikNews, 2026)

"Komisi D mendorong agar anggaran aktivasi BPJS PBI Pemkot tetap dapat dipenuhi..." (TribunNews, 2026)

The third-most prevalent theme, comprising 14 quotes (14%), focused on the institutional response to the deactivation policy. Media narratives in this category documented the reactive measures undertaken by government bodies at national, provincial, and municipal levels in addressing the fallout from the policy. Coverage reflected the involvement of multiple institutional actors,

including the Ministry of Social Affairs (Kemensos), regional health offices (Dinkes), and local legislative bodies. This theme reveals that institutional responses were predominantly reactive rather than preventive triggered by public complaints and media pressure rather than proactive policy safeguards. The multi-tiered nature of the responses (national ministry, regional health offices, legislative bodies) indicates both the breadth of the policy's impact and the fragmented nature of governance coordination in managing its consequences.

(Lenz, 2024) argues that flexible, rapid institutional responses to crises can enhance public trust, but only when such responses are perceived as competent and proportionate. In the Indonesian case, media coverage portrayed institutional actors including the Ministry of Social Affairs, regional Dinas Kesehatan offices, and local legislative commissions as responding to an emergency of their own making, which may undermine rather than reinforce perceptions of administrative competence

The multi-actor nature of the institutional response, spanning national ministries, regional health offices, and local governments, also reflects recent study that describe as the governance dilemmas inherent in multi-level public service systems: while distributed accountability structures can theoretically improve responsiveness, they simultaneously create coordination gaps and diffuse responsibility in ways that complicate

timely, coherent policy action (Barbera et al., 2025).

A study conducted by (Fiordelli et al., 2023) on institutional crisis communication in public health organizations found that institutional responses are most effective when they are accompanied by transparent, proactive communication to affected populations. The media narratives in this study suggest that communication from Indonesian authorities about the deactivation was largely retrospective announced to affected members after deactivation had already taken effect a gap that is likely to amplify rather than mitigate public harm.

4. Actor

This research shows that the concepts in actor were 13 quotes (12%)

"(Menko PM) A Muhaimin Iskandar atau yang akrab disapa Cak Imin menegaskan penguatan kepesertaan aktif menjadi agenda mendesak BPJS Kesehatan.." (DetikNews, 2026)

"Menteri Sosial (Mensos) Saifullah Yusuf atau yang akrab disapa Gus Ipul) mengatakan, peserta sudah dapat melakukan reaktivasi untuk bisa kembali menjadi peserta PBI 2026" (MetroTVNews, 2026)

The actor theme, accounting for 13 quotes (12%), encompasses media narratives that specifically identified and quoted key political or governmental figures in relation to the deactivation policy. This category reflects the personalization of policy discourse in online media, wherein named officials served as primary voices of authority or accountability. The prevalence of high-level political actors in media coverage underscores the political salience of the deactivation policy. Named

ministerial figures were consistently deployed in narratives as anchors of official communication, which may contribute to framing the issue within the realm of political agenda rather than technical administration. The relatively smaller proportion of this theme (12%) compared to impact-related themes suggests that media prioritized grounding the policy in human consequences over elite political framing.

The actor theme (12%) reflects the media's tendency to anchor complex policy events to named political figures, a pattern well-documented in the media framing literature. (Reiterhaas et al., 2024) note that in mainstream media health narratives, framing is often organized around authoritative sources government officials, institutional spokespersons, and policy actors whose statements serve to legitimate, explain, or defend policy positions. In this study, the appearance of senior ministers such as the Coordinating Minister for Human Development and the Minister of Social Affairs in media coverage functions primarily to assert the state's awareness of and engagement with the problem, rather than to critically examine structural policy failures.

This form of elite-actor framing, while politically conventional, risks displacing citizen-centered critique. (Kim & Cappella, 2019) observe that media messages anchored to authoritative institutional actors tend to generate compliance rather than critical engagement among audiences, which has implications for public deliberation about the health

policy itself and for citizen pressure on government to enact structural rather than merely procedural remedies.

5. Cause of BPJS Deactivation

This research shows that the concepts in cause of BPJS deactivation were 12 quotes (12%)

“Transisi basis data dari Data Terpadu Kesejahteraan Sosial (DTKS) ke Data Tunggal Sosial Ekonomi Nasional (DTSEN) dilakukan tanpa ada pengecekan lapangan yang memadai” (BBC Indonesia, 2026)

“Kebijakan tersebut merupakan keputusan secara nasional yang mengacu pada pemutakhiran Data Terpadu Kesejahteraan Sosial (DTKS) Kementerian Sosial” (Tempo.com, 2026)

“Pembaruan data PBI dilakukan secara berkala oleh Kementerian Sosial supaya data peserta PBI tepat sasaran” (DetikNews, 2026)

Twelve quotes (12%) were coded under the theme of cause of BPJS deactivation. This category reflects media attempts to explain the technical and administrative origins of the policy, particularly the transition from the Integrated Social Welfare Data (DTKS) to the National Socio-Economic Single Data (DTSEN) as the basis for determining PBI membership eligibility. Narratives within this theme reveal a tension between the government's stated aim of data accuracy and the operational consequences of an inadequately verified transition. The data migration from DTKS to DTSEN, while positioned as a modernization effort, appears to have lacked the fieldwork validation necessary to prevent erroneous deactivations particularly of individuals who remained economically vulnerable but were excluded from the new database.

Research about BPJS Kesehatan's information systems similarly identified the accuracy of subsidized member tracking as a persistent operational weakness, noting that weak data integration between central and local registries creates systemic vulnerability to mis-targeting. The DTSEN transition, while conceptually aimed at improving targeting precision, appears to have temporarily magnified rather than reduced this vulnerability by introducing a new, incompletely validated data regime without transition safeguards (Mufidah et al., 2025). Critically, (Smythe & Blumenstock, 2022) demonstrate that AI-based and machine learning-supported poverty mapping can reduce exclusion and inclusion errors in social protection targeting relative to conventional survey based approaches. This suggests that Indonesia's data modernization ambition is technically sound, but the sequencing and safeguarding of the DTKS-to-DTSEN migration fell short of best practice in protecting current enrollees during the transition period.

6. Legal basis of the Policy

This research shows that least concepts in national online media was legal basis of the policy with 9 quotes (9%)

“Penonaktifan tersebut dilandasi oleh Surat Keputusan Menteri Sosial Nomor 3/HUK/2026 yang berlaku per 1 Februari 2026 ” (BBC Indonesia, 2026)

“SK tersebut memberlakukan penyesuaian sejumlah peserta PBI-JK dinonaktifkan dan digantikan dengan peserta yang baru” (TribunNews, 2026)

The least prominent theme in media coverage was the legal basis of

the policy, with 9 quotes constituting 9% of the total coded material. This category includes narratives that referenced the specific legal instrument underpinning the deactivation: the Ministerial Decree of the Minister of Social Affairs Number 3/HUK/2026, which came into effect on February 1, 2026. The comparatively low frequency of legal framing in media narratives suggests that online news platforms directed their editorial focus toward human-centered accounts impacts on individuals and institutional responses rather than foregrounding the formal regulatory dimension of the policy. Nevertheless, the presence of this theme is notable as it establishes the legal authority behind the mass deactivation and contextualizes the institutional responses described in other categories.

Based on legal analysis, a recent study showed that if deactivation is carried out without transparent procedures and without a clear appeals mechanism, this has the potential to result in a violation of the right to healthcare as guaranteed under the national social security system (Alhumaira & Samrenaldy, 2026). Moreover, findings from (Lisa et al., 2026) suggest that mass suspension policies could be regarded as regressive measures if they are not accompanied by transitional safeguards and effective recovery mechanisms.

This pattern is consistent with a study conducted (Semetko & Valkenburg, 2006), whose taxonomy of media frames identifies attribution

of responsibility as a recurring but variable frame in policy news. In the Indonesian case, the legal basis narratives function as an attribution-of-authority frame, establishing that the deactivation was formally sanctioned rather than administratively arbitrary. However, the low frequency of legal framing relative to impact and solution narratives suggests that media editors judged the human interest and conflict dimensions of the story as more compelling to audiences.

The minimal coverage of the decree's specific provisions also raises questions about media capacity for regulatory literacy the ability to translate complex policy instruments into accessible public discourse. This is particularly important in the Indonesian context where, as noted by (Lubis et al., 2023), low digital and policy literacy among JKN participants already constitutes a barrier to informed engagement with the health insurance system

CONCLUSION

This research has found the dominant topics in BPJS Kesehatan Deactivation policy in Indonesia. The online media include BBC Indonesia, DetikNews, MetroTVNews, Tempo.com and TribunNews. The dominant topics that emerged include partial solution, policy impact, institutional response, actor of policy, cause of BPJS Kesehatan deactivation and legal basis of policy.

To prevent sudden gaps in coverage, BPJS Kesehatan should implement a tiered notification system that begins with an

automated SMS or WhatsApp message sent to a participant's registered mobile number at least 30 days prior to any scheduled deactivation, clearly detailing the reason, effective date, and steps for appeal or reactivation. For individuals without a registered mobile number, a secondary protocol must mandate physical notifications distributed through their nearest primary health facility (FKTP), where briefed staff can inform them during their next visit. Crucially, this system must include an emergency override provision ensuring that any participant actively undergoing treatment for a chronic or life-threatening condition retains emergency coverage for a minimum of 30 days post-deactivation while their eligibility status undergoes formal verification..

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