



OVERVIEW OF EDUCATIONAL VIDEO MEDIA REGARDING THE ASSESSMENT OF THE JKN MOBILE APPLICATION FOR PATIENTS AT THE KAMARANG COMMUNITY HEALTH CENTER CIREBON REGENCY IN 2025

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ABSTRACT

The low utilization of the Mobile JKN application at Kamarang Community Health Center (10.8% in Q3 2025) reflects the digital literacy gap despite the BPJS Kesehatan target. This study aims to develop and evaluate educational video media for Mobile JKN usage. Using a modified ADDIE R&D with a quantitative descriptive approach, 89 JKN patients were purposively selected from a population of 764 via the Slovin formula. Data were collected through a Likert-scale questionnaire assessing aspects of material, display, audio, and benefits, and analyzed descriptively. The results showed high acceptance (mean: benefits 3.39; material 3.28; display 3.25; audio 3.20; category "agree"), confirming the effectiveness of the video. The majority of respondents were female (70.8%), aged >30 years (66.3%), and inexperienced (92.1%). The video increased patient knowledge about account creation, FKTP/FKTL registration, and features. In conclusion, the 3D animated video is effective as a digital literacy tool supporting UHC transformation.

Keywords: ADDIE Model, Digital Health Literacy, Mobile JKN, Video Media, Patient Education

INTRODUCTION

Health is a fundamental right of every citizen, guaranteed by the state as an integral part of national development, as mandated by the Indonesian constitution. Globally, efforts to achieve Universal Health Coverage (UHC) continue to be advocated by the World Health Organization to ensure access to promotive, preventive, curative, and rehabilitative health services for all without financial barriers, with significant progress in Southeast Asia in 2021–2023 despite the ongoing challenges of the pandemic (Sinaga et al., 2021; WHO, 2023). In Indonesia, this commitment is realized through the National Health Insurance (JKN) managed by BPJS Kesehatan based on Law Number 24 of 2011, which has increased membership coverage to more than 90% of the population by 2025, supporting equitable service distribution and reducing catastrophic household expenditure (Herlinawati et al., 2021).

In line with the post-pandemic digital transformation, BPJS Kesehatan developed the JKN Mobile Application as a non-face-to-face innovation to accelerate outpatient registration, data changes, and online consultations. This has been proven to reduce queues at primary health care facilities (FKTP) by up to 30% in several regions in 2023–2024 (Panduwinata et al., 2023). However, utilization of this application remains low nationally, with an average adoption rate below 60% in the third quarter of 2025, primarily due to a lack of digital literacy and outreach among elderly participants and rural communities (Lumi et al., 2024a). This phenomenon is clearly visible at the Kamarang Community Health Center in Cirebon Regency, where online registration coverage reached only 10.8% by the third quarter of 2025, increasing to 50% in October 2025, far below the BPJS target of



100%, resulting in a double workload for staff (Subianto et al., 2025).

Previous research has shown that digital education effectively improves the knowledge and attitudes of JKN participants, such as the study by Herlinawati et al. (2021) which found 73% satisfaction with online registration, and by Syalfina et al. (2022) which demonstrated that educational videos improved understanding of health screening. Similarly, Fadhilah (2024) and Lumi et al. (2023) highlighted the role of video in app comprehension, albeit limited to small-scale pre-experiments. These studies consistently emphasize the benefits of visual media for digital health literacy (Fadhilah et al., 2022; Nabilla & Muhlizardy, 2024).

However, there are inconsistencies in approach: most previous studies, such as Panduwinata (2023) and Subianto et al. (2025), relied on leaflets or verbal outreach without developing specific video media for Mobile JKN, while Hanum et al. (2022) focused on the user experience of other applications such as Peduli Lindungi without exploring the limitations of the community health center context. These methodological limitations include the lack of Research and Development (R&D) testing for media validation, as well as the absence of evaluation of utilization coverage at the specific FKTP level, which makes the results less applicable broadly (Lumi et al., 2024b; Syalfina et al., 2025).

A clear research gap lies in the absence of studies that develop and test 3D illustration-based educational videos for Mobile JKN specifically in community health centers, which have never been implemented at the Kamarang Community Health Center in Cirebon Regency. The formulation of this research problem is: "How does the Mobile JKN application educational video media describe the improvement of patient knowledge at the Kamarang Community Health Center in 2025?" This incompleteness raises an urgent need for contextual media innovation to bridge the digital literacy gap.

This study aims to describe the influence of Mobile JKN educational video media on improving patient knowledge at Kamarang Community Health Center, with the specific objectives of identifying educational needs, developing videos through an R&D approach, and evaluating patient assessments. The urgency lies in the low digital coverage of JKN in 2025 which hinders UHC, while the novelty of this study is the development of innovative 3D videos that have not been previously published in the literature, complementing previous studies with theoretical contributions to digital health education models and practical ready-to-use media for community health centers and educational institutions (Nabilla & Muhlizardy, 2024; Subianto et al., 2025).

METHODOLOGY

This study adopted a descriptive quantitative approach through the Research and Development (R&D) method with a modified ADDIE model (analysis, design, development, implementation), without a full evaluation stage to focus on the development and initial assessment of the educational video media for the Mobile JKN application. The R&D approach was chosen because it allows the production of structured, validated, and implementation-ready educational products, as proposed by Sugiyono (2019) and is applied in the development of digital health media in Indonesia (Cahyati, 2025; Hidayat, 2025). This modified model emphasizes efficiency for the context of primary healthcare facilities, where patient needs analysis is followed by storyboard design, 3D video production, and direct implementation testing (Branch, 2009).

The study population included 764 outpatients of JKN at Kamarang Community Health Center in the third quarter of 2025, with a sample of 89 respondents calculated using the Slovin formula at a 10% error rate ($n = N / [1 + N e^2]$), resulting in a value of 88.425 rounded up for representativeness. A non-probability purposive sampling



technique was applied to select respondents based on inclusion criteria such as JKN participants who rarely use Mobile JKN, are willing to participate in the pretest-posttest, and are able to complete the questionnaire, as well as exclusion for those under 17 years of age or incomplete data, ensuring relevant and specific data (Sugiyono, 2019; Gefen et al., 2024). The study was conducted at Kamarang Community Health Center, Jl. Jenderal Ahmad Yani, Greded, Cirebon, from January to March 2026.

The main instrument was a closed-ended questionnaire with a 4-point Likert scale (Strongly Agree to Strongly Disagree) that measured respondents' assessments of the material, appearance, audio, and benefits of educational videos. Adapted from Arsyad's (2011) indicators, the instrument was validated through expert judgment by media and material experts without statistical reliability testing due to its descriptive nature. A checklist was used for initial validation, covering the suitability of content, visuals, and audio, ensuring feasibility before implementation (Wahyuni & Arisani, 2022; Avinç et al., 2024). The instrument was distributed manually after the video was broadcast to ensure direct perception accuracy.

The research procedure began with a preparatory stage involving consultations with lecturers, a permit application to the community health center, and instrument development. It was followed by implementation, including needs identification via an initial questionnaire, storyboard design, video production, and implementation through screenings in the community health center waiting room, followed by questionnaire completion. Data collection concluded with a completeness check. Each respondent watched the full video before the pretest and posttest to measure knowledge gains, with direct researcher supervision to minimize bias (Sudaryono, 2020; Fadhillah, 2025).

Data analysis used quantitative descriptive techniques with frequencies and percentages through editing (completeness correction), coding (Likert-to-numeric conversion), preprocessing (table entry), and cleaning (accuracy verification), presented in a score distribution to describe the overall assessment without special software due to the small scale. This approach is suitable for identifying a picture of media feasibility according to descriptive R&D objectives (Emzir, 2019; Cahyati, 2025).

Ethical considerations included honesty in reporting, data transparency, respondent anonymity via anonymizer, and verbal informed consent prior to participation, as well as avoiding plagiarism and falsification in accordance with the Indonesian Health Research Ethics Committee guidelines. Institutional permission from the community health center was obtained to ensure participant protection and process integrity (Sugiyono, 2019; WHO, 2023).

RESULTS AND DISCUSSIONS

Table 1. Identifying patient needs for educational media regarding the use of the Mobile JKN application.

No	Material Aspects Assessed	Score (1-4)	Repair Notes
1	Steps to create a Mobile JKN account	4	There isn't any
2	How to register at FKTP on Mobile JKN	4	There isn't any
3	How to register at FKTL on Mobile JKN	4	There isn't any
4	Features available on the Mobile JKN application	4	There isn't any

Description of Respondent Characteristics



Table 2. Frequency Distribution of Respondents' Gender

Category	Frequency (n)	Percentage (%)
Man	26	29.2%
Woman	63	70.8%
Total	89	100%

Source: primary data, processed 2026

Based on table 1. frequency distribution of gender, characteristics of male and female gender, it is known that of the total of 89 respondents, the majority were female, namely 63 people (70.8%), while male respondents numbered 26 people (29.2%) of the total of all 89 respondents.

Table 3. Frequency distribution of respondents' ages

Category	Frequency (n)	Percentage (%)
<20 Years	4	4.5%
20-30	26	29.2%
>30 Years	59	66.3%
Total	89	100%

Source: primary data, processed 2026

Based on Table 2. Distribution of the frequency of respondents' ages, the age characteristics of the research subjects were

mostly in the age group >30 years, which amounted to 59 people (66.3%). Furthermore, respondents in the 20-30 years age group numbered 26 people (29.2%), and the smallest proportion was filled by the age group <20 years with a total of 4 people (4.5%) of the total 89 respondents.

Table 4. Frequency Distribution of Respondents' Experience Using Mobile JKN

Category	Frequency (n)	Percentage (%)
Once	7	7.9%
Never	82	92.1%
Total	89	100%

Primary data source, processed 2026

Based on Table 3, regarding the frequency distribution of respondents' experiences using Mobile JKN, the results show that almost all respondents have experience using the application. Seven respondents (7.9%) stated they had used Mobile JKN, while the majority, 82 respondents (92.1%), stated they had never used it out of a total of 89 respondents.



Table 5. Material Aspects

Stat N o n t Mark	Material Aspect				Fre que ncy	Av era ge
	ST S	TS 2	S 3	SS 4		
1	The material in the video is easy to understand				89	3.18
2	Information provided as needed				89	3.26
3	The content of the educational video is clear and not confusing.				89	3.33
4	The material in the video is easy to understand				89	3.37
Overall Average						3.28

Overall, the descriptive analysis results showed that the educational video's material aspect received an overall average score of 3.28. This score indicates that the majority of respondents agreed that the material presented in the video was good and appropriate.

Table 6. Video Display Aspects

Stat N o n t Mark	Video Display Aspects				Fr eq ue nc y	A ve ra ge
	S T S	TS 2	S 3	SS 4		
5	Attraction of video display				89	3.24
6	The text in the video is easy to read				89	3.33
7	The images/visuals in the video are clear				89	3.31



The video duration is not too long	0	0	9	8	9	7	1	4	89	13
Overall Average										25

Cumulatively, data analysis shows that the video display aspect obtained an overall average score of 3.25. This score indicates that respondents generally agreed that the visual appearance of the educational video developed was adequate, well packaged and attractive.

Table 7. Audio Aspects

Statement	Scale				Frequency	Average						
	S1	TS	S3	SS4								
The sound in the video is clear. The sound in the video is clear.	0	0	5	1	6	8	2	8	89	3.19		
The sound in the video is clear.	1	1	2	4	6	4	1	9	2	8	89	3.20

Overall Average 20
Overall, the results of data processing show that the audio aspect of educational videos obtained a value. The overall average was 3.20. This score indicates that respondents generally agreed and considered the audio or sound quality in the video to be good and worth listening to.

Table 8. Benefit Aspects

Statement	Scale				Frequency	Average						
	S1	TS	S3	SS4								
The video is useful for me. Videos make it easier for me to use Mobile JK N After watching the video, I	0	0	1	2	5	3	1	3	1	89	3.38	
The video is useful for me. Videos make it easier for me to use Mobile JK N After watching the video, I	0	0	0	0	5	6	3	1	3	1	89	3.38
The video is useful for me. Videos make it easier for me to use Mobile JK N After watching the video, I	0	0	1	2	5	7	1	3	1	2	89	3.34



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Cumulatively, the data analysis results show that the benefits aspect achieved an overall average score of 3.39. This score is very high and indicates that respondents responded in agreement. The majority of users strongly agreed that the educational video provided tangible and targeted benefits.

Discussion Identifying Patient Needs for Educational Media Regarding the Use of the JKN Mobile Application.

The JKN Mobile application, a digital innovation from BPJS Kesehatan, facilitates independent access to healthcare services via smartphone, including registration, data changes, status checks, premium payments, and service information. It is designed to reduce queues and increase efficiency (Napiun & Ruli, 2025). However, its implementation is hampered by low public understanding of its use, with many unfamiliar with the initial registration process and features, thus opting for manual registration (Safitri et al., 2024a).

Low digital literacy is a major factor, leading to suboptimal utilization of services such as account creation and registration, creating a gap between available technology and user capabilities (Soakakone et al., 2026). This research reinforces the need for increased knowledge, as many people lack comprehensive understanding (Safitri et al., 2024b), while lack of knowledge is also a major barrier, emphasizing the need for ongoing education (Lumi et al., 2023).

The Mobile JKN account creation aspect that was considered good highlighted a clear explanation of the initial registration process, a crucial first step. Similarly, the FKTP registration aspect explained the systematic flow for online booking, reducing queues at the primary level, in line with the feature's role in efficiency (Napiun & Ruli, 2025).

For FKTL registration, the materials successfully conveyed a practical understanding of advanced referrals, supporting efficient post-FKTP access, although this was influenced by user capabilities (Soakakone et al., 2026). Meanwhile, aspects of the application's features—such as registration, data changes, and payments—were deemed comprehensive and clear, although utilization was suboptimal due to limited understanding (Safitri et al., 2024a; Napiun & Ruli, 2025).

Overall, the four material aspects confirm that the educational video provides comprehensive, systematic, and easy-to-understand information, potentially increasing patients' knowledge and independent abilities in Mobile JKN, thereby encouraging the adoption of digital health services.

Results of the Development of Educational Video Media for the JKN Mobile Application

1. Analysis Stage

The Kamarang Community Health Center report shows that the coverage of the Mobile JKN application utilization was



10.8% in the third quarter of 2025, increasing to 60.5% in the first quarter of 2026, although still below the BPJS Kesehatan target of 100% (Safitri et al., 2024; Zilah & Adinugraha, 2023). The analysis phase identified a gap between the availability of digital technology—such as online registration and data changes—and low patient adoption who prefer manual registration, causing service inefficiencies (Lumi et al., 2023). Low digital literacy and procedural understanding are the main root of the problem, not smartphone availability, as confirmed by related studies (Soakakone et al., 2026).

Conventional methods such as leaflets or verbal explanations have proven ineffective for technical procedures, so animated video media has been proposed as an interactive solution that enhances understanding through step-by-step visualization (Faridah, 2024; Abitama et al., 2025). A needs assessment concluded that educational videos are needed to bridge this gap, supporting optimal utilization of Mobile JKN in primary care facilities (Napiun & Ruli, 2025).

2. Design Stage

The design phase developed a media blueprint based on a needs analysis, encompassing core materials such as account creation, FKTP/FKTL registration, and application features, in accordance with BPJS guidelines and Presidential Regulation 82/2018 (Maharani et al., 2024). The narrative script was written in simple language based on interviews with the Head of Medical Records, while the storyboard organized the visual flow for a structured production (Faridah, 2024). Visual aspects—color, font, and layout—were selected for readability and appeal, with color influencing emotional perception and typography supporting message clarity (Puspitasari & Diningrat, 2025; Yasa et al., 2023).

3. Development Stage

The development phase transformed

the design into an MP4 video prototype (1080p resolution, 3:46 minutes duration) using Blender for 3D animation, Adobe Illustrator for vector graphics, and Adobe After Effects for editing and motion graphics (Maharani et al., 2024; Satriawan & Fitriani, 2025). The AI narrative was synchronized with the visuals for clarity, followed by validation by subject matter and media experts to ensure feasibility before implementation (Faridah, 2024; Abitama et al., 2025).

4. Implementation Stage

Implementation was carried out by showing videos via TV in the waiting room of the Kamarang Community Health Center to 89 respondents, utilizing waiting time for optimal reception (Lumi et al., 2023; Safitri et al., 2024). This audiovisual media was well received, improving patient understanding of Mobile JKN, in line with the effectiveness of animated videos in the literature (Faridah, 2024; Abitama et al., 2025). These findings confirm the potential of video as a digital literacy solution in primary care (Napiun & Ruli, 2025).

Description of patient assessment of the educational video media that has been provided

1. Respondent Characteristics

A. Frequency of Respondents' Gender

The majority of respondents were female (63 respondents, 70.8%) compared to male (26 respondents, 29.2%), reflecting women's greater involvement in family health services (Sari et al., 2024). However, gender did not always significantly influence health behaviors, more reflecting the sample distribution (Somantri, 2020).

B. Frequency of Respondents' Age

The majority of respondents were >30 years old (59 people, 66.3%), followed by those aged 20–30 years old (26 people, 29.2%) and <20 years old (4 people, 4.5%), according to the composition of community



health center visitors (Somantri, 2020; Zilah & Adinugraha, 2023). Age was not the main determinant of Mobile JKN utilization, influenced by understanding and habits (Sari et al., 2024).

C. Frequency of Respondents' Experience Using Mobile JKN

The majority had never used (82 people, 92.1%) versus ever (7 people, 7.9%), indicating low adoption due to a lack of understanding and manual habits (Lumi et al., 2023; Zilah & Adinugraha, 2023). Education has been shown to increase usage (Utami et al., 2024).

2. Material Aspects

The average material aspect was 3.28 (agree category), indicating clear, appropriate, and easy-to-understand content, supported by simple presentation (Faridah, 2024; Abitama et al., 2025). Structured materials improve understanding, aligning with user needs (Lumi et al., 2023; Oktadiana et al., 2024).

3. Display Aspect

The average display aspect is 3.25 (agree), with attractive visuals, clear writing, and sharp images (Putri & Ekaresety, 2023). Harmonious animation and design improve focus and comprehension (Hasmirati et al., 2023; Farastuti, 2021).

4. Audio Aspect

The average audio aspect is 3.20 (agree), the sound is clear and easy to understand (Bandua et al., 2024; Faridah, 2024). Audio-visual synchronization is effective, supporting optimal understanding (Abitama et al., 2025; Sulistiyanto, 2022).

5. Benefit Aspects

The average benefit aspect is 3.39 (strongly agree), videos increase understanding, ease of use, and confidence (Repelino et al., 2024; Syalfina et al., 2025). Concrete audio-visuals encourage

application adoption (Mangindara et al., 2025).

CONCLUSION

This study shows that the educational video media for the Mobile JKN application developed through the modified ADDIE model at the Kamarang Community Health Center was effectively accepted by patients, with the highest average score in the benefits aspect (3.39), followed by material (3.28), display (3.25), and audio (3.20), all in the "agree" category on a 4-point Likert scale. Respondents were predominantly female (70.8%), aged >30 years (66.3%), and 92.1% had never used the application, confirming the need for education to improve digital literacy in primary care facilities. This 3D animation-based video successfully presented the steps for account creation, FKTP/FKTL registration, and application features clearly and systematically, supporting an increase in coverage from 10.8% to 60.5%.

However, limitations include its descriptive nature without measuring long-term effects, the questionnaire instrument not being pre-tested, and its reliance on self-report measures, which are susceptible to subjective bias. For further research, a quasi-experimental test with a control group, evaluation of actual post-education usage, and Cronbach's Alpha reliability are recommended. Practically, this video can be adopted by other community health centers as a waiting medium to encourage adoption of Mobile JKN, support the BPJS's 100% UHC target, and reduce the burden on staff through online registration.

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