



Public Reactions to Indonesia's KRIS Policy: A Textual Network Analysis of Digital Legitimacy

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ABSTRACT

Introduction: Through the Presidential Regulation No. 59 of 2024 issued on May 8, 2024, the Government of Indonesia announced the elimination of the three-class inpatient service (Class 1, Class 2, and Class 3) in Indonesia. The regulation introduces a single standard inpatient service class (KRIS), effective July 1, 2025. This study analyzes the KRIS nursing policy by exploring comments on YouTube news reports during two distinct periods: before and after the policy announcement. It also evaluates the impact of public communication efforts by relevant institutions on public support for the policy. Methodologically, this study introduces a novel approach by integrating Textual Network Analysis (TNA) with digital legitimacy theory, offering a fresh lens to examine the construction of policy legitimacy in digital environments (YouTube).

Methods: To address the first research question, TNA was conducted on comments on YouTube, capturing and analyzing public responses to KRIS policy-related news during both pre- and post-policy announcement periods. Data were collected using Communalityc and APIFY and analyzed using Gephi to visualize and generate word networks. To address the second research question, the authors quantified KRIS policy socialization videos and compared them with COVID-19 vaccination campaign videos, followed by a qualitative analysis.

Results: The authors discover that public discourse and sentiment remained consistently negative both pre- and post-announcement. However, the focus of the discussion shifted from complaints about service quality and contribution burdens to more direct concerns over increased contributions and reduced benefits. Regarding the second research question, the authors conclude that compared to the COVID-19 vaccination campaign, efforts to promote the benefits of the KRIS policy have been relatively limited, with minimal engagement from the four government institutions involved.

Conclusion: This study provides valuable insights into public discourse and sentiment regarding the Standard Inpatient Class (KRIS) policy, which is scheduled to take effect on July 1, 2025. The findings suggest that the government should strengthen its public engagement by adopting a more intensive, structured, and coordinated communication strategy—similar to that employed during the COVID-19 vaccination campaign—to boost public acceptance and enhance policy legitimacy.

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INTRODUCTION

Universal coverage and high utilization rates have increased national health insurance claims, threatening financial sustainability. The National Social Security Council (DJSN) reports that the BPJS claim ratio has exceeded 100% over the past two years (1). The financial surplus from the COVID-19 pandemic has declined annually, with a projected deficit by mid-2025 without cost control measures (2). One of the measures is the KRIS policy, which is expected to mitigate the financial burden of BPJS for Health (3) while narrowing disparities in healthcare services (1).

Public health in Indonesia is expected to undergo a significant transformation in inpatient service models with the introduction of the new Standard Inpatient Class (KRIS) policy, which will be enacted nationwide on July 1, 2025. The KRIS policy is mandated by Law No. 40 of 2004, Article 19, Paragraph 1, which states that "Health insurance is administered nationally based on the principles of social insurance and equity."

The KRIS policy, legally supported by the Presidential Regulation (Perpres) No. 59 of 2024, will standardize the current three-class inpatient service (Class 1, Class 2, and Class 3) into a single standard inpatient class with a maximum of four beds per room. This change will reshape the landscape of National Health Insurance (JKN) services since the establishment of the Social Security Administration Agency (BPJS) in 2014. This study introduces a novel methodological approach that combines TNA with digital legitimacy theory, presenting a fresh perspective for investigating how policy legitimacy is constructed in digital environments (YouTube).

In public policy implementation, there are typically parties that benefit and those who are disadvantaged. The KRIS policy is perceived to potentially reduce the quality of patient experience. Patients previously classified under Class 1, who had access to better facilities such as more comfortable two-bed rooms, will now experience more crowded conditions with four beds per room. In addition, access to specialist doctors is expected to decline (4, 5).

Previous studies have examined hospital readiness to implement the KRIS policy. However, research on public perception of its impact remains limited. This study addresses this gap and complements prior research by eliciting and mapping public opinion on the KRIS policy. This study aims to capture and analyze public commentary on news related to the KRIS policy during two periods—before and after the enactment of Perpres No. 59/2024 on May 8, 2024. Furthermore, it explores the efforts of relevant institutions in disseminating the policy to build public support within the framework of the digital legitimacy theory proposed by Wiesner and Harfst. JKN Indonesia achieved Universal Health Coverage (UHC) with a coverage rate of 98.67% (277 million people) by 2024 (6, 7). This expansion resulted from several key strategies, primarily social marketing aimed at raising public awareness of the importance of health insurance (8). Over the past decade (2014–2024), JKN has become integral to the lives of the people of Indonesia (5). Its success offers a model for developing countries facing demographic, geographic, political, economic, and social challenges (3).

This study examines public sentiment toward the newly introduced KRIS policy. A literature search using Publish or Perish on Google Scholar with the keyword Standard Inpatient Class (KRIS) identified 100 papers published between the socialization of KRIS in 2022 and 2024. Visualization using VOS Viewer (Appendix 1) illustrates the network of published literature, revealing four clusters from the 100 identified papers. The first cluster consists of seven items: BPJS, standard inpatient, Indonesia, National Health Insurance Journal, inpatient class policy, public perspective, and standard. The second cluster includes five items: inpatient care, standard inpatient care, outpatient care, and regional public hospital (RSUD). The third cluster comprises four items: BPJS for Health, JKN, standard inpatient class, and KRIS. The final cluster contains two items: hospital and standard inpatient class.

Each identified cluster represents a distinct focus area. The first cluster discusses the released policy and its correlation with the public perspective in Indonesia. The second cluster observes the types of services the public will receive, such as outpatient and inpatient care. The third cluster addresses the guarantees offered under the KRIS policy. The fourth cluster explores the correlation between hospitals and the standards established for KRIS.

Table 1. Vos Viewer Clustering

<i>Cluster</i>	<i>Items</i>
<i>Cluster 1</i>	BPJS
	Standard inpatient
	Indonesia
	National Health Insurance Journal
	Inpatient class policy
	Public perspective
	Standard
<i>Cluster 2</i>	Inpatient
	Standard inpatient
	Outpatient
	RSUD
	Year
<i>Cluster 3</i>	BPJS for Health
	JKN
	Standard inpatient class
	KRIS
<i>Cluster 4</i>	Hospital
	Standard inpatient class

Based on clustering and item-based analysis, no keywords are directly related to government efforts in disseminating information about KRIS. Although three papers addressing KRIS socialization are identified, they focus on the implementation of socialization activities conducted either by university students to the public or by hospitals to patients. These papers are: “Socialization of Standard Inpatient Class (KRIS) to Employees of Abdoel Wahab Sjahranie Hospital” (9), “Socialization of National Health Insurance Standard Inpatient Class at Kartini Regional Hospital, Karanganyar” (10), and “Socialization of Standard Class Policy of BPJS for Health for the Community in RW 29, Mojosongo Village, Jebres, Surakarta” (11). Therefore, research on the effectiveness of KRIS policy socialization from a public policy perspective remains unexplored.

Several recent studies have evaluated community outreach and public perception regarding the KRIS program. However, these studies remain limited to narrow community segments and have yet to incorporate analyses based on widely used social media platforms (11, 12). Understanding public needs requires a more complex approach capable of capturing actual community needs, communication patterns, and relationships between entities. Therefore, the authors applied a sentiment analysis of KRIS using the TNA method and Netlytic and Gephi digital analysis, while also evaluating the effectiveness of government efforts in disseminating the KRIS policy in the digital sphere. The study was conducted within the framework of digital legitimacy theory.

This study aims to address two research questions. The first research question is: “How were public discourse and sentiment during the two periods—before and after the enactment of the KRIS policy (May 8, 2024)—on the YouTube platform?”. The second research question is: “How have government efforts to digitally disseminate information about the KRIS policy on the YouTube platform been conducted?” Collectively, these two questions facilitate an examination of both public responses to government policy and the strategy taken by the government to shape those responses digitally. The theory of digital legitimacy serves as a useful lens to analyze not only the outcomes (public sentiment) but also the inputs (government communication strategies), revealing how legitimacy is negotiated in digital environments such as YouTube.

METHOD

In the digital era, the legitimacy of a policy, particularly healthcare policies, is significantly influenced by the ability of the government to convey information transparently and engage with the public through online platforms. An important aspect of this process is the use of social media for policy socialization. Social media enables the government to communicate directly with the public, explain policies, and respond to emerging concerns (13).

As of early 2024, Indonesia had 185.3 million internet users, with an internet penetration rate of 66.5% and 139 million social media users, representing 49.9% of the total population. Given this potential, the government and

health authorities of Indonesia have taken steps, and should continue, to communicate the benefits of the standard inpatient class policy to affected stakeholders, including hospitals as implementers and the public as beneficiaries, through social media platforms such as Instagram, Twitter, and YouTube. The policy has also been featured multiple times on several high-subscriber YouTube channels to enhance public acceptance.

In Indonesia, YouTube holds the second-largest social media market share after Facebook (14). Unlike Facebook, studies suggest that YouTube is often perceived as a reliable social media platform for accessing information and learning resources (15). YouTube also demonstrates high user engagement, securing the second position in terms of average monthly screen time at 31 hours and 28 minutes (16).

This study adopted methods employed by previous research (17, 18), specifically the TNA method. Unlike the latter study, which analyzed YouTube videos, the present research focused on comments from uploaded videos as the primary data source. The use of diverse digital data sources is increasingly common in social research, as demonstrated by research employing online work applications (19), dispersed online narratives (201), and e-commerce data (21).

Data Collection

To address RQ1, data were collected from three news channels: CNN, KOMPAS, and METRO. According to a report by Tempo dated July 30, 2024, on the Ten Most-Subscribed YouTube Channels in Indonesia, these channels rank among the top five mainstream media channels, with a focus on reporting public issues.

This study employed two time frames: June 1, 2022 to July 31, 2023 to capture the socialization period of KRIS policy and May 12, 2024 to May 15, 2024 to capture post-enactment sentiments following the issuance of Perpres No. 59/2024 on May 8, 2024. This approach aimed to assess whether the public perception of KRIS changed following government socialization efforts. Public perception was evaluated through viewer comments on YouTube news broadcasts about KRIS uploaded by CNN, KOMPAS, and METRO.

Two web scraping tools, Communalit and APIFY, were used to collect data. Prolonged maintenance issues with Communalit prompted the use of APIFY under its trial feature for subsequent data collection. Despite utilizing two different tools, the collected data were consistent, comprising YouTube comment text, comment upload date, and usernames of commenters.

The decision to combine Communalit and APIFY was driven primarily by technical considerations, specifically the limited access to Communalit during the second phase of data retrieval. APIFY was therefore employed as a complementary tool to ensure data continuity. This combination not only resolved technical constraints but also strengthened the analytical rigor of the study by enabling depth (comment-level discourse analysis), breadth (coverage of metadata and content patterns), reliability (cross-verification of datasets), and validity (accurate reflection of both public sentiment and government communication). The dual-tool approach aligns with the methodological needs of a digitally focused policy communication study and adds credibility to the findings.

To address RQ2, data were collected from the official YouTube accounts of three Indonesian government institutions: the Ministry of Health (Kemkes), DJSN, and BPJS. The number of videos uploaded in 2024 with the title or theme "Kelas Rawat Inap Standar" (Standard Inpatient Class) or "KRIS" was recorded and compared with the total number of videos uploaded that year. In addition, the number of videos titled or themed "Vaccine" or "Covid-19 Vaccine" over the past four years was recorded for comparison.

Data Analysis

Textual Network Analysis (TNA) combines content analysis with word network analysis (22). This study analyzes word networks in each visualization and interprets them based on the specific periods under study.

The collected data were manually cleaned using Excel. First, irrelevant information, such as upload dates, usernames, comment locations, and other unnecessary details, was removed, retaining only the comment text. Second, the comment text was standardized to align with the Indonesian Dictionary (KBBI). Finally, stop words were removed using the Wordij application.

The cleaned data were processed using Gephi to visualize and identify word networks within the comments. This study generated six data visualizations, as detailed in Table 2.

Unlike traditional sentiment analysis, which primarily focuses on the polarity (positive, negative, or neutral) of individual textual units, such approaches often overlook the relational and structural dimensions of discourse. In

this study, TNA was employed to construct a network of word associations across the corpus, thus identifying central concepts, thematic clusters, and discursive flows. To enhance interpretability and analytical clarity, Gephi was utilized as a visualization and exploration tool. The integration of TNA and Gephi facilitated a richer, networked understanding of discourse, supported by visual mapping and network metrics such as centrality and modularity. This approach adds significant value by revealing the underlying architecture of meaning and influence in textual data, framing discourse as an interconnected system rather than a collection of isolated sentiments.

Examining the visualizations by period provides insights into public perception during both the socialization and post-implementation phases. Categorizing the visualizations into these two phases offers a clearer picture of the effectiveness of government socialization efforts regarding KRIS. Although each period includes three types of visualizations, conclusions can be drawn from the word networks formed across these visualizations. The following framework illustrates how the study addresses the two research questions.

Table 2. Data Source and Period for Visualization

Number	Source	Period
Visualization 1	CNN	Socialization Period
Visualization 2	CNN	Post-Implementation Period
Visualization 3	KOMPAS	Socialization Period
Visualization 4	KOMPAS	Post-Implementation Period
Visualization 5	METRO	Socialization Period
Visualization 6	METRO	Post-Implementation Period

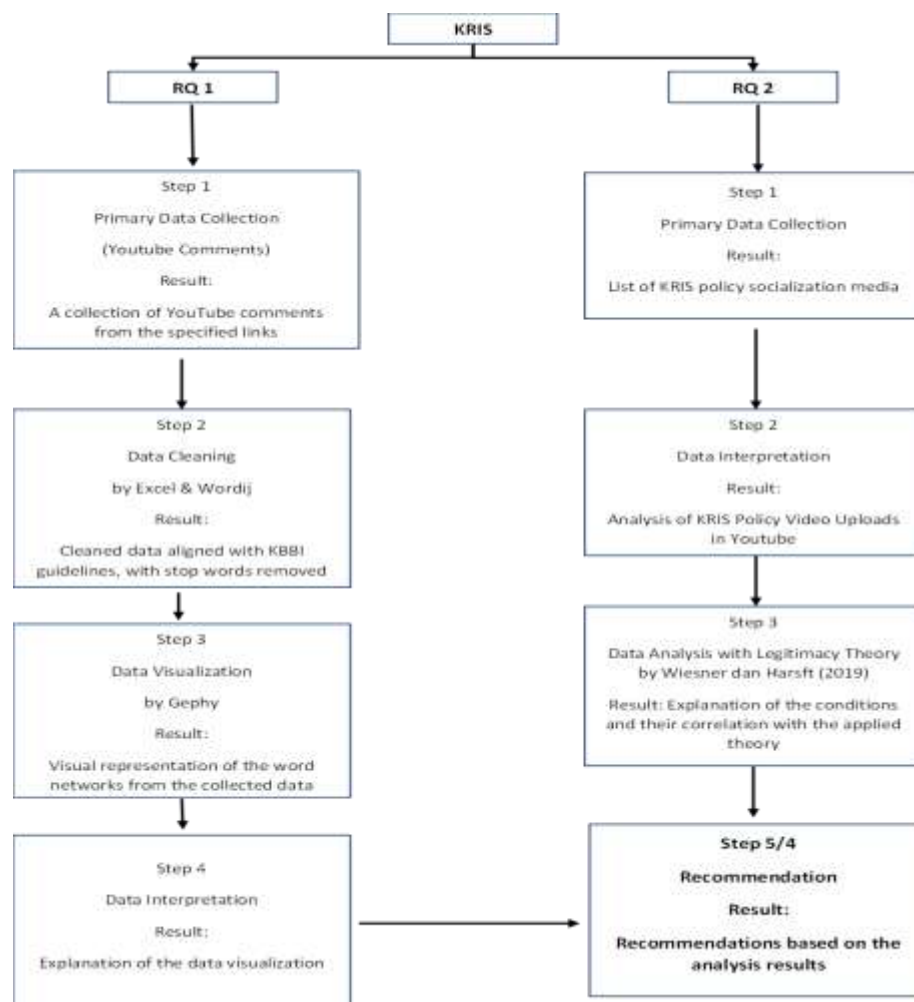


Figure 1. Research Framework

RESULTS

The TNA of news related to the KRIS policy indicates distinct patterns in public opinion distribution across various online media platforms. The data were mapped through TNA 1 and TNA 2, focusing on three primary sources: CNN Indonesia, Metro TV, and Kompas. TNA 1 represents data visualization before the issuance of Perpres No. 59/2024 while TNA 2 is after its enactment on May 8, 2024.

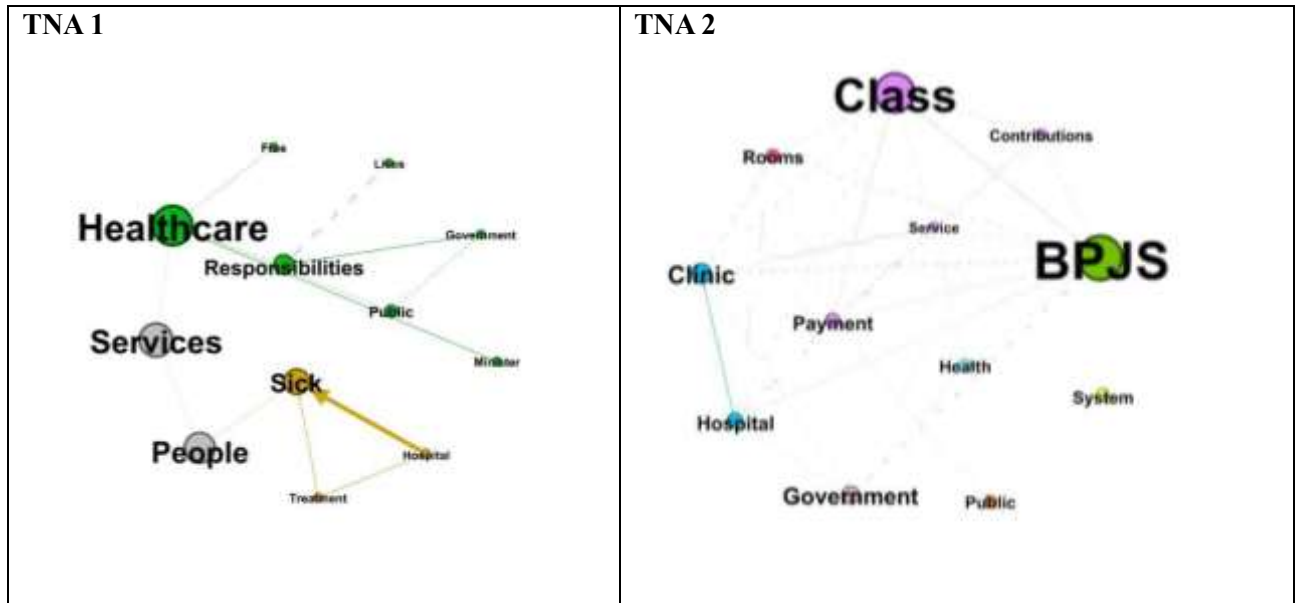


Figure 2. TNA 1 and TNA 2 of CNN News

The results of TNA 1 of CNN Indonesia news (Figure 2) indicate that discussions on KRIS tend to center around the aspect of the “government” policy, with an emphasis on unfulfilled “responsibilities” and their impact on the “public”. For example, one comment states, “It is better to just dissolve BPJS. Waiting for medication takes up to 3 hours, whereas private services provide immediate care without any wait.”

Comments are largely dominated by complaints and experiences from BPJS participants regarding difficulties in accessing “healthcare” and receiving adequate “services” when “ill”. These issues have raised questions about the responsibility of the government to ensure access to and the quality of BPJS services. A representative comment states, “I’ve been paying for over a dozen years without ever using it, but when I finally need it, it is made difficult, rejected by the hospital until the patient passes away. What a blatant robbery.”

Comments in TNA 2 of CNN Indonesia news highlight how the new “class” policy under “BPJS” affects access to and the quality of “hospital” “rooms”. Concerns raised in TNA 1 in the context of “contribution” “payments” for Class 1 coverage also dominate TNA 2. It is expressed in a comment stating, “The issue lies in the discrepancy between the expected and actual quality of service. As a Class 1 participant, I am entitled to a private room with an en-suite toilet, a TV, air conditioning, and a refrigerator. However, hospitals often claim that Class 1 rooms are fully occupied. A noticeable disparity in treatment between BPJS and general patients persists as well. General patients are often prioritized over BPJS patients, even though BPJS is not free, particularly Class 1 which requires higher contributions. If the transition to KRIS entails additional costs for better facilities, it raises concerns for those who have already been paying for full services. While I fully support improvements, it is necessary to implement consistent inspections across all hospitals to ensure compliance with established regulations.”

Overall, CNN news reflects a noticeable shift in the focus of comments from TNA 1 to TNA 2, highlighting a more specific concern over the impact of the new KRIS policy. TNA 1 centers on negative experiences with BPJS services, prompting the public to question the urgency of implementing KRIS. In contrast, TNA 2 observes the implications of contribution adjustments on service quality and the financial burden on the public.

An analysis of shifting discourse patterns in this forum reveals a transformation from initially robust digital legitimacy—characterized by widespread support and acceptance—toward a more precarious and contested state.

This shift is evidenced by an increased frequency of criticism, skeptical narratives, and oppositional rhetoric, indicating an erosion of digital legitimacy. These findings suggest that digital legitimacy is not static and is vulnerable to contestation through discourse circulating in digital spaces.

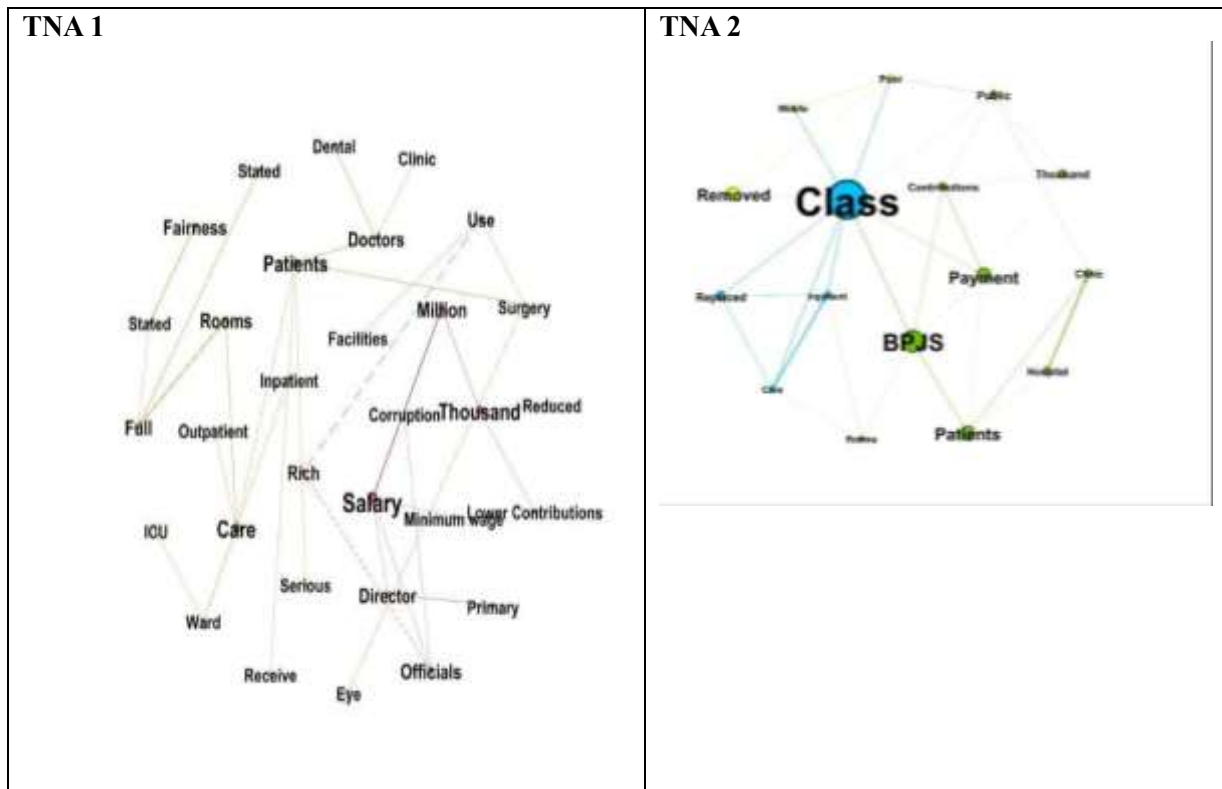


Figure 3. TNA 1 and TNA 2 of Metro TV News

Comments in TNA 1 of Metro TV news (Figure 3) underscore the concerns of participants about the new “class” in BPJS, particularly regarding the “contributions” that must be “paid”. Most concerns arise from the reluctance of Class 1 participants to receive the same level of service as Class 3. This sentiment is illustrated by the following comment: “This policy appears unfair as Class 1 inpatient contributions are now equivalent to Class 3 contributions. It raises questions about the value of BPJS participation. Even under the current system, Class 1 rooms are often unavailable, forcing patients to upgrade to a higher-class room at their own expense.”

The comments also highlight the experience of “ill” “patients” seeking treatment at “hospitals” and the broader challenges faced by the “people” of Indonesia in accessing “government”-provided “healthcare” “services”. These issues are reflected in a comment stating, “Policies should not introduce additional complexity or inconsistency. They should not add to the burden on the public and hospitals. Instead, their priority should be on improving service delivery and ensuring the comfort of all parties involved.”

TNA 2 of Metro TV news reveals strong opposition to “replacing” the “Inpatient” “Class” system. Comments from representatives of the “middle” and “lower” classes express a desire not to “eliminate” the existing policy. This sentiment is emphasized in the following comment: “I disagree with the elimination of classes 1, 2, and 3, as the contributions paid differ. It would be fair for the facilities provided to reflect these differences.”

Conversely, there are also positive comments using similar wording, such as: “The class structure will be removed, but BPJS itself will retain its name. The current classification of poor (Class 3), middle (Class 2), and rich (Class 1) will be replaced with a standard inpatient class (KRIS). It represents a step toward equality.” However, the identical posting of this comment at regular intervals on different videos raises questions about its authenticity. The presence of potentially automated positive comments poses a serious challenge to the authenticity of digital discourse. Consequently, it is essential for researchers and policymakers to critically assess the validity and authenticity of public

opinion data derived from digital platforms, including identifying automated comments that may distort genuine perceptions.

Comments continue to express concerns over the “payment” of the new “BPJS” “contributions” rates, particularly from Class 1 participants. One such comment questions: “If Class 1 requires the highest payment, why should it be equalized with lower-paying participants and receive the same facilities? Where is the fairness in the KRIS proposal?”

Overall, TNA 1 and TNA 2 of Metro TV news reveal significant concerns over the changes in KRIS contribution rates, voiced by both upper-middle and lower-middle classes. While several positive feedback appears in TNA 2, the majority of the public remains opposed to the KRIS policy.

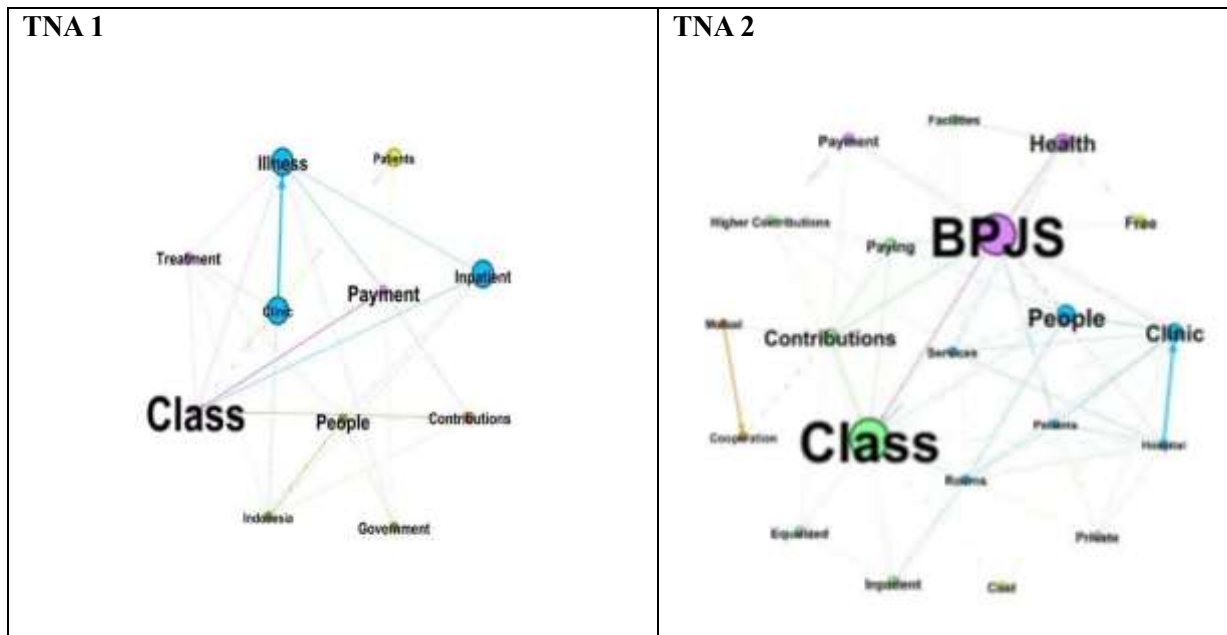


Figure 4. TNA 1 of Kompas News

The results of TNA 1 of Kompas news (Figure 4) align with those from TNA 1 of Metro TV news, highlighting the impact of the Standard Inpatient "Class" on contribution “payments” and “healthcare” “services” for the “people” of “Indonesia” at “hospitals”. Most comments come from Class 1 participants, such as: “The BPJS health policy with a single standard class is unfair to higher-paying participants unless the contributions are standardized for all.”

This channel also features numerous objections from the lower-middle class regarding BPJS contributions. One comment reflects this sentiment: “If disadvantaged people struggle to afford food, how can they pay BPJS contributions? ... There is nothing free for the poor in Indonesia... Why should they suffer when they need hospital treatment but lack BPJS coverage? If they cannot afford general treatment... they will have no choice but to stay at home until they die... BPJS IS SUFFOCATING THE POOR.”

Meanwhile, in TNA 2 of Kompas news, criticism from “Class” 1 participants regarding the “payment” of “high” “BPJS” “contributions” while receiving the “same” treatment as Class 3 participants remains a dominant topic. However, a new concern has emerged with the keywords “mutual” and “cooperation”, which are foundational to BPJS as a social insurance scheme. It is highlighted in comments such as: “Mutual cooperation should be voluntary—you can choose to participate or not. That means there should be no coercion, including contributions. For example, when building a mosque through mutual cooperation, people may voluntarily contribute food, coffee, cement, sand, stones, labor, or designs. This is mutual cooperation without coercion. In contrast, BPJS sets fixed costs for Class 1, Class 2, and Class 3 coverage. Since when was mutual cooperation assigned a price?” as well as “It no longer aligns with the original principle of mutual cooperation.”

A new topic emerging in TNA 2 is the potential shift toward “private” insurance and its impact on the sustainability of BPJS for Health. This concern is reflected in the comment: “If classes 1 and 2 switch to private insurance, can the state still support class 3? The people of Indonesia are becoming more informed. With increased public access to information, even a 20% shift from classes 1 and 2 to private insurance could lead to significant state losses. This issue demands careful consideration.”

TNA 1 and TNA 2 of Kompas News both criticize the perceived unfairness of the KRIS policy towards Class 1 participants and the financial burden on Class 3 participants. TNA 2 introduces new criticisms, questioning the principle of mutual cooperation underlying BPJS and the potential shift of participants to private insurance.

Negative comments dominate TNA 1 across all news channels. As TNA 1 represents the initial exposure of the public to the new policy, the discussion remains general in nature. It primarily highlights negative experiences with BPJS healthcare services and criticism of the new contributions from both lower and upper classes.

Subsequent to the second round of exposure, TNA 2 across all news channels reveals positive comments but remains dominated by negative reactions rejecting the new policy. With deeper exposure from TNA 1, comments in TNA 2 are more assertive and specific. Both TNA 1 and TNA 2 highlight criticism from different classes regarding the new contribution rates. Class 1 participants protest the equalized services with Class 3 despite higher contributions, while Class 3 participants object to increased payments. In addition, new concerns have emerged, including the definition of mutual cooperation principle underlying BPJS and the potential strengthening of private insurance in Indonesia.

The emergence of themes of mutual cooperation and private insurance in the discourse on universal health policy reflects key dynamics that shape public trust and policy legitimacy. Mutual cooperation, through community-based insurance schemes, fosters a sense of ownership and participation in health care financing, thereby enhancing legitimacy and social support for the policy (23). In contrast, the involvement of private insurance offers alternative financing options that can expand access. However, without strict regulation, it may exacerbate inequalities and erode public trust (24).

Overall, the YouTube channels of CNN, Metro, and Kompas are all characterized by predominantly negative comments, both in TNA 1 and TNA 2. Comments on CNN tend to be superficial, focusing on potential service quality and contributions related to KRIS. Comments on Metro engage more deeply with concerns regarding the economic class within BPJS. Meanwhile, Kompas features the most critical arguments regarding equity, evidenced by the emergence of new keywords compared to the other channels. All three channels express concern about the potential for KRIS to increase contributions and decrease service quality. However, TNA 2 reveals several positive comments, though the negative comments are more assertive and specific compared to those in TNA 1. As TNAs “before” and “after” phases indicate a shift toward more specific and assertive negative comments, addressing the second research question requires objective data on government efforts to socialize this policy and improve public acceptance. Relevant agencies include DJSN, Kemkes, BPJS and Kemenko PPK. Data collected in February 2025 provide the following insights:

Table 3. Visualization of Digital Socialization on KRIS Institutional YouTube Accounts and Video Content Analysis

No	Government Institution	# Followers	# Videos up to Dec 2024	# KRIS	# Views	# Vids in 2024
1	DJSN (@djsnri)	577	43	11	1.8 K	0
2	Kemkes @KementerianKesehatanRI	416 k	34 k	3	6.1 K	3
3	BPJS @BPJSKesehatan_RI	77.3 k	1.3 k	1	64 K	1
4	KemenkoPMK @kemenkopmk	6.3 k	757	0	0	0
Total:				15	72 K	4

Source: Internal Analysis on YouTube Platform on Feb, 2025

Definition:

Foll: Total followers of the account # Video: Total videos uploaded on the account

Video: Total videos uploaded discussing KRIS # Videos in 2024 (Jan – Dec) discussing KRIS

Observed from Table 3, objective data indicate that in 2024, the four government institutions produced only 15 YouTube videos for digital socialization, primarily from DJSN (11 videos), Kemkes (three videos) and BPJS (one video). Over the entire period, only 15 KRIS-related videos were uploaded, most active was the @djsn account, which unfortunately has the lowest follower count. This likely contributes to persistent public misconceptions, as evidenced by comments on KRIS-related videos. Many mistakenly perceive that the KRIS policy is initiated and managed by BPJS, despite it being established by DJSN.

The limited number of KRIS-related video uploads contrasts sharply with the extensive #AyoVaksin campaign during the COVID-19 pandemic, where Kemkes produced 206 videos on the YouTube platform throughout the pandemic.

The #AyoVaksin campaign could serve as a template for KRIS policy digital engagement, with its extensive multi-institution involvement amplifying messages and potentially reducing public resistance caused by digital underexposure. The paucity of KRIS digital campaign (videos) may partially explain the prevalence of public negative sentiments, likely attributable to digital underexposure.

The campaign initiated by the government exemplifies how social media can reinforce the legitimacy of health policies by directly engaging the public (25). Notably, Indonesia received recognition from the United Nations (PBB) at the Global Platform for Disaster Risk Reduction in 2022 (26) for the extensive campaign, which contributed to the successful implementation of the COVID-19 vaccination program.

It is noted that the efforts of the government in conducting digital socialization to strengthen digital legitimacy and public participation during the #AyoVaksin campaign were highly extensive and systematic, contributing to the achievement of the community immunity target. However, similar efforts are not observed to secure the success of the KRIS policy program. These findings reveal limitations in the use of digital media as a tool for legitimacy-building. The limited volume of video content may reflect a lack of effective digital strategies to enhance digital presence and image, potentially undermining digital legitimacy on the platform.

Table 5. Visualization of Digital Socialization on COVID-19 Vaccination #Ayovaksin Campaign

No	Government Institution	# Foll	# Video	# Vids in 2021	# Vids in 2022	# Vids in 2023
1	Kemkes @KementerianKesehatanRI	416 k	34 k	59	108	39
Total Socialization Videos:				206 Videos		

Source: Internal Analysis on YouTube Platform on Feb, 2025

Important Milestone: (1) First Case reported: March 1, 2020, (2) First Covid-19 Vaccination: January 13, 2021 (3) Pandemic status lifted in Indonesia: June 21, 2023.

The theory of digital legitimacy in public health policy emphasizes how a policy is accepted by the public through the use of digital technology. The most recent example in Indonesia is the mandatory COVID-19 vaccination policy introduced by the government in 2021. Socialization through social media platforms such as Twitter, Instagram, and WhatsApp significantly increased public understanding and compliance regarding the benefits, safety, and effectiveness of the vaccine.

The main challenge in building digital legitimacy is addressing misinformation and hoaxes, which can spread rapidly on social media. Therefore, it is crucial for the government to ensure that socialization efforts are accurate and reliable to prevent public doubt or rejection of public policies (27). In the context of health policies, effective use of social media can strengthen digital legitimacy and support more successful policy implementation (28).

Furthermore, the theory of digital legitimacy provides a framework for understanding how a policy can gain public acceptance through digital media. Digital legitimacy refers to the process by which a policy or institution gains public support and trust through transparency, open interaction, and clear and responsive communication on digital platforms (28). In the context of the KRIS policy, the government needs to effectively communicate the policy narrative, respond to public questions or criticisms, clarify misconceptions, and ensure that the information provided is accurate and easily understandable (29).

One of the key aspects of building digital legitimacy is the interaction between the government and the public on platforms such as YouTube. Responding to comments, clarifying misunderstandings, and engaging in public

discussions can help enhance the image of the government and strengthen the policy message (30). Fostering constructive two-way communication helps build greater trust in the policy (31).

In general, the findings indicate that the emerging themes revolve around perceived unfairness in contribution payments, concerns over declining service quality, and suspicions of potential "manipulation" in the implementation of this policy on July 1, 2025. Therefore, policymakers and policy authorities should prioritize structured, transparent, and extensive socialization through both online and offline media to enhance public acceptance and prevent unrest or resistance when the policy takes effect (32, 33).

Limitations and Recommendations for Future Research

This study has several limitations. First, it sampled data only from YouTube, excluding other digital platforms such as Twitter, TikTok, Instagram, and Facebook. Therefore, the conclusions drawn are limited to digital legitimacy on YouTube. Observations and analysis results may differ across other social media platforms.

CONCLUSION

Public discourse on the nursing public policy regarding the implementation of the KRIS policy on YouTube, analyzed using a qualitative method—specifically TNA—reveals a dominant negative perception primarily centered on perceived unfairness in contribution payments (specifically among Class 1 participants), assumptions of declining service quality, and increased financial burdens for both Class 1 and Class 3 participants. Contribution payments and service quality have emerged as the dominant themes in public discourse.

The digital socialization conducted by the government through the four main institutions involved in the KRIS policy has been limited. With the policy set to take effect on July 1, 2025, the absence of improvements in public communication strategies, particularly in digital communication, may lead to public rejection or demand for the government to postpone the implementation.

Future studies should explore other social media platforms, such as Twitter and Instagram, to gain more comprehensive insights. Further research is also needed to assess the negative impacts of this policy on affected populations, particularly BPJS patients in Class 1, who are expected to experience the most significant effects.

This study offers several novel contributions in both methodology and topic. The application of digital sociology analysis based on the conceptual framework of digital legitimacy, combined with big data processing tools such as Communalitc, APIFY, and Gephi, enables a deeper understanding of the KRIS nursing policy in hospitals. In addition, this study addresses a research gap in KRIS policy, particularly regarding public discourse and sentiment, ahead of its implementation on July 1, 2025.

AUTHOR'S CONTRIBUTION STATEMENT

All authors contributed significantly to the development of this study. PH conceived the research idea, designed the study framework, and led the manuscript drafting process. SH and LFH qualified the research idea, the study framework, and the drafted article. LL was responsible for data collection, digital discourse analysis, initial coding of public reactions, and finding visualization. HML conducted the legitimacy framework interpretation and contributed to the critical review of health policy narratives. RA helps with legal administration and perspective. All authors discussed the results, contributed to the final manuscript, and approved the version for submission.

CONFLICTS OF INTEREST

No conflict of interest. All authors have no financial or personal relationships with entities that might unduly affect the objectivity of this research.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

No kind of Artificial Intelligence has been used.

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