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# Viral marketing content for Universal Health Coverage campaign in Indonesia

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## Abstract

**Purpose** – Today, viral marketing is popular as a highly effective marketing strategy with a low cost for mass targeting. This is suitable for the Universal Health Coverage campaign which seeks to attract the whole nation's population to voluntarily register with social health insurance. It uses the target market itself as a weapon and the marketing content as a bullet. This study aims to determine the exact viral marketing content for the Universal Health Coverage campaign in Indonesia.

**Design/methodology/approach** – Viral marketing content is formulated based on the feelings of the target market toward social health insurance. Qualitative content analysis was conducted to identify the media framing and the audience's response. Two of the biggest online news websites were analysed to determine the media framing. The audience's response was identified through a Facebook group discussion.

**Findings** – This study shows that negative media framing makes people question the benefit of participating in social health insurance. Considering the local wisdom of Indonesia, helping poor people through social health insurance would be the best viral marketing content.

**Research limitations/implications** – Because of the limited number of sources focused on the audience's responses that have been analysed, the variations in the audience response could not be captured completely. Researchers should also analyse other audience channels (social media and messenger application) besides Facebook.

**Practical implications** – The paper includes implications for the future marketing agenda of insurance providers in relation to engaging the community.

**Originality/value** – This study operationally introduced how to use the media channel selected and audience framing in designing an effective viral marketing content in health-care marketing.

**Keywords** Viral marketing, media framing, Content marketing, Universal health Coverage, Social health insurance, Audience content

**Paper type** Research paper

## 1. Introduction

Indonesia is a developing country inhabited by more than 250 million people. The number of Internet users in Indonesia is increasing year by year. In mid-2016, it was estimated that more than 104 million people were connected via the Internet in Indonesia. People in Indonesia spent approximately 5.1 h a day accessing the Internet, mostly for mobile messaging and social media. These numbers make Indonesia one of the biggest active online markets worldwide.

The rapid development of Internet utilisation means that people tend to rely on conducting their daily business through the Internet (Durmaz and Efendioglu, 2016). People use the Internet in the whole process of consumption and marketing through to the transaction is mostly done via the Internet. By adapting to this situation, companies should shift their conventional marketing media to online marketing media (Castronovo and Huang, 2012). Only companies who can adapt to this change can easily communicate their



value to their customers and create customer loyalty. Moreover, [Gruner et al. \(2010\)](#) explained that utilising online marketing channels will improve the retention of customers to their products. A loyal customer will invite other potential customers through word of mouth.

One of the phenomena in marketing breakthroughs is viral marketing. In viral marketing, figures, videos or other advertising media are designed to be more attractive for people to share widely. It improves the brand awareness of the market through the voluntary action of the marketing recipients spreading the marketing message. Recipients pass the marketing message just as if they are spreading the influenza virus to their friends, family and colleagues. Even though it depends only on the recipients sharing, the viral marketing content can create a great buzz for the product or brand promotion ([Dobele et al., 2007](#)).

## 2. Background

Universal Health Coverage (UHC) is one of United Nation's Sustainable Development Goals. It states that the member states should achieve UHC no later than 2030. The states that agree to achieve UHC should cover every individual in their population with a financial risk, providing them with protection when it comes to accessing health care. It should ensure that every person in the nation can access quality essential health-care services and that they have access to safe, effective, quality and affordable essential medicines and vaccines. As a member of the United Nations, Indonesia targeted achieving UHC by 2019, 11 years earlier than the United Nations target. Firstly, implemented in 2014, the Indonesian Government launched a programme called National Health Insurance for this purpose. When it has successfully achieved UHC in 2019, it will be one of the biggest Social Health Insurance programmes in the world, considering the huge population of Indonesia. The National Health Insurance applies the concept of Social Health Insurance, a contributions scheme, which ensures that the rich contribute more than the poor and that the sick do not pay more than the healthy ([Doetinchem and Carrin, 2010](#)).

According to the mandate of the National Social Security act number 40, 2004, the Government of Indonesia must pay the contribution of the poor and near poor in the National Health Insurance programme using a tax-financing scheme. At the end of 2017, this population dominated, making up 49.1 per cent of National Health Insurance participants ([BPJS Kesehatan, 2017](#)). Working people, both employed and self-employed, must pay contributions monthly. The Government of Indonesia must also pay subsidies to the health-care provider to ensure the financial sustainability of the provider contributing to the National Health Insurance programme.

There are substantial challenges involved in the implementation of a health insurance scheme in any given nation. Many studies have showed the general problems that always occur in each nation regardless of what kind of scheme they chose. India, which chose to apply a regionally-based social health insurance, found that people's knowledge about the importance of health insurance was the biggest obstacle to the programme's success ([Jain et al., 2013](#)). Insurance consumers in the USA decided to participate in a health insurance programme that was simply introduced by an agent because it was easier for them to understand ([Loewenstein et al., 2013](#)). The limited knowledge about the importance of health insurance is not the only obstacle. [Sha and Hassali \(2008\)](#) found that people's willingness to pay the insurance premium will be different according to their ethnicity, educational level, household monthly income, the presence of chronic disease and the presence of private insurance coverage.

The National Health Insurance programme is managed by a state-owned company as the health insurance provider, known as BPJS Kesehatan. This health insurance provider is responsible for registering every person in Indonesia in order for them to participate in the programme.

Until early 2017, no more than 70 per cent of the Indonesian population had already participated in the National Health Insurance programme (Sari, 2017). Two-thirds of this number were poor citizens whose premium is paid by the Government (BPJS Kesehatan, 2017). There are no more than 20 per cent of Indonesian citizens who should pay the premium by themselves and who are already voluntary registered (BPJS Kesehatan, 2017). Even though it is a mandatory programme for every Indonesian citizen, people's willingness to register for National Health Insurance is still low. Another problem with the premium payment regularity is that most people only pay the premium when they get sick and they never repay it after they are cured.

BPJS Kesehatan, which has taken on the responsibility for accelerating the achievement of UHC, should be pushing its marketing efforts. It is recorded that the traditional promotional channels still dominate the marketing efforts. The main marketing activities are carried out by direct meetings in various forums, through socialisation and through health fairs.

BPJS Kesehatan conducts Internet-based marketing through its official website, Facebook page, Twitter and YouTube channel. Unfortunately, these four Internet-based media channels do not have any specific marketing content that is able to attract people's attention. The media only shows general news about what is currently being done by BPJS Kesehatan and all positive news regarding the company is presented without any specific content being appointed as a part of the marketing agenda. It is totally overwhelmed by the massive amount of reporting through both online and offline media about the National Health Insurance programme by the masses. The media framing needs to be analysed to determine the impact of the news on the audience's response (Entman, 2007; Genç and Kasnakoglu, 2015; Gupta *et al.*, 2011; Pollock and Rindova, 2003).

### 3. Why viral marketing?

The concept of Internet viral marketing has a promising potential for use in health education. In the study conducted by Ip *et al.* (2014) viral marketing used in a free tobacco campaign targeting young smokers was effective at changing their attitude towards smoking behaviour. In addition, viral marketing was proven to be more effective than the traditional marketing efforts that are commonly used (Dobele *et al.*, 2005). Viral marketing is also proven to be more cost-effective (Trusov *et al.*, 2009; Woerdl *et al.*, 2008) and able to reach more people (Kamal *et al.*, 2014). The principle of word-of-mouth marketing, which is also used by viral marketing, is trusted to transmit the marketing content faster than other marketing methods (Ferguson, 2008). According to Trusov *et al.* (2009), by using viral marketing, the contents of the marketing campaign will be more memorable and easier to be accepted by the marketing target. This study will assign a code to any marketing content that has the potential to be viral to attract people to becoming voluntarily registered on the National Health Insurance programme. This viral content could be adapted by BPJS Kesehatan for their marketing strategy to accelerate the progression towards UHC.

Social media platforms have become an essential network connecting people as part of a global village. As the emerging marketing model (Salehi *et al.*, 2012), Internet marketing needs the ability to go viral by having the unique and powerful content within the message (Dăniasă and Vasile, 2010). Designing the exact content will be meaningful when it comes to engaging the customer with the image of the brand. Social media content marketing, therefore, occupies

an important role in conveying an effective message to the consumers. Unfortunately, the studies on the utilisation of digital marketing in health care are still limited. Only a few indicators, such as the number of page views, repeat visitors, social likes, subscriptions and bounce rates, are used to measure the brand's health (Syakirah *et al.*, 2016).

Mass marketing is dying and being replaced by more personal communication between buyers and sellers in this digital era. The Internet allows customers and sellers to communicate directly without the assistance of traditional media outlets. Therefore, marketers must offer relevant content that helps provide solutions to some of the toughest problems faced by prospective customers so as to be able to engage them (Lieb *et al.*, 2012). There is a need for marketers to define the common ground of understanding between sellers and customers on the product to achieve successful communication. Content marketing is the art of understanding what customers need to know and sending it to them in a relevant and exciting way (Pullizi and Barret, 2009). Content marketing helps the marketer to send useful knowledge to prospective customers and to minimize sending unwanted advertising messages (Altimeter, 2015).

Hence, there is a need to identify the framing of social health insurance to define the exact content in its marketing effort. The framing theory explains that media tend to emphasise specific events and present them within a field of meaning to the audience (Goffman, 1986). The public, as the audience, and the media build an interactive model of construction of reality, which describes the media effects in marketing social health insurance. This interactive model then defines the existence of two dimensions in the framing, i.e. the media framing and the audience framing (Scheufele, 1999). This media framing influences the audience choice in processing the information.

On the other hand, some studies have revealed that there is specific value of marketing content with a high viral viability. Approaching a marketing target with a content frame that contains scientific evidence cannot solely decrease the negative attitude towards the products (Genç and Kasnaoğlu, 2015). Marketing content that successfully touches the emotions and that accommodates the traditional values of the population will be powerful when it comes to engaging with the consumers (Nichter *et al.*, 2009). Another study investigated the utilisation of an online game-based viral marketing programme in promoting a smoke-free lifestyle among adolescents. Online marketing is effective at promoting a healthy lifestyle, and it is also cost-effective at engaging a young population (Ip *et al.*, 2014). Another study investigating the virality of video advertising on YouTube also suggested that marketers should focus on engaging and surprising the viewer (Yentl *et al.*, 2016). More than just being interesting, the message must also involve the imagination (Dobele *et al.*, 2007) and touch the emotions of the recipient (Camarero and San José, 2011; Dobele *et al.*, 2007; Guadagno *et al.*, 2013; Nelson-Field *et al.*, 2013; Nichter *et al.*, 2009; Pescher *et al.*, 2014; Chimenti *et al.*, 2016). Viral advertising engages people using two independent but interrelated processes, i.e. advertisement sharing and embedded brand information processing (Huang *et al.*, 2013). People's attitude towards the viral advertisement will affect the people's willingness to share the advertisement as long as their attitude towards the brand is positive.

#### 4. Method

Framing theory explains the way that the media reports the news and how it influences the audience in terms of them responding to and processing the information (Scheufele, 1999). This study used qualitative content analysis to analyse how the news media framed the issue of social health insurance in Indonesia. Content analysis was needed to identify what people already felt about National Health Insurance. By finding out people's emotions, an



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exact message could be designed not only to attract the recipient, but also to improve the virality of the campaign.

Both the media content and audience content were identified through deductive content analysis. It was analysed based on the three main parties of managed care, i.e. BPJS Kesehatan the health insurance provider, the patient and the health facility. The media content was identified by analysing the news related to National Health Insurance on the two biggest online websites in Indonesia. The audience content was further analysed through the deductive content analysis of the Facebook group discussions.

To determine the reliability of the coding, a second random coder encoded 10 per cent of the samples and an inter-coder agreement was calculated using Holsti's method. The percentage agreement obtained was 0.76, which means that it is reliable.

#### *4.1 Media content analysis*

This study collected news about the National Health Insurance programme using two national news websites that are widely accessed by Indonesians. Most of the news that was shared by the Facebook members on the official Facebook page of BPJS Kesehatan belonged to one of the websites. The data sets were achieved through two steps:

- (1) The news related to National Health Insurance was identified through the use of a search tool provided by each news website by submitting "JaminanKesehatanNasional" and "BPJS Kesehatan" as the keywords.
- (2) The data set was then sorted by considering only the news articles that reported on the National Health Insurance.

The data was collected from 1 October, 2015 until 31 October, 2016. There were 248 news articles that popped up by submitting the keywords, but only the 161 articles that contained news about National Health Insurance were finally analysed.

#### *4.2 Audience content analysis*

The audience media content analysis determined how the framing influences the audience's response to the news. The discussion of the Facebook accounts in the official Facebook group of BPJS Kesehatan was chosen because of the fact that the majority of Indonesians are active Facebook users. The data were collected by recording all of the Facebook users' posts on the wall of BPJS Kesehatan's Facebook page in the same period as the news article time frame. Rather than only focusing on analysing the main theme of each post, we also analysed whether the Facebook posts were questioning, complimentary or critical.

### **5. Understanding the online media content**

During October 2015 to 2016, two years after the National Health Insurance programme launched in Indonesia, there were 161 articles about National Health Insurance published on the two most popular news websites in Indonesia. BPJS Kesehatan, as the body organising the National Health Insurance programme, was the primary news focus in the majority of the news articles (54.7 per cent of all articles; refer to [Table AI](#)). The news articles reported on various issues regarding the implementation of the National Health Insurance programme. There were at least 265 issues identified among the 161 news articles, and the top nine issues regarding the managed care implementation are reported in [Table AII](#).

Issues about BPJS Kesehatan dominated in almost all of the reported articles (47.9 per cent of the whole issues). The way that BPJS Kesehatan manages its organisation and finances the National Health Insurance programme was the most covered issue. The

negative issue regarding the bankruptcy of BPJS Kesehatan was also reported massively throughout the year. Both websites frequently reported about BPJS Kesehatan's financial report, where it stated that it tended to be unable to pay the health-care providers because of an imbalanced composition between sick insurance participants and healthy participants. Another financial issue was related to the premium rate that should be paid by the participants. The premium rate was reported by the media as being too expensive for the Indonesian people. Even though BPJS Kesehatan is at the centre of the news on both websites, only a few news articles stated BPJS Kesehatan as being the informant. There were only 57 articles (35.4 per cent) that provided an explanation directly from BPJS Kesehatan. Most of the reported news in most articles was captured through the patients' perspective. Most of the news articles used the patients as a news source instead of approaching BPJS Kesehatan about the issue. An improper source of information will mislead people when it comes to them reacting to the National Health Insurance programme.

Health-care providers became the second leading news focus frequently reported (24.2 per cent) on both websites. Referrals from health-care providers were reported on more frequently rather than the referrals from the primary health-care providers. Government-owned hospitals are the referral health-care providers most often reported by both websites (15.5 per cent of all articles). Primary health-care providers, including Public Health Centres, clinics and General Practitioners, only appeared in 14 articles in that period (8.7 per cent of all articles). Both referral and primary health-care providers were most frequently written about regarding the issues focused on the quality of the care received by the National Health Insurance patients. The quality of the health-care service that is covered by this national programme is often reported to be poor. The stigma that occurs among patients showed that there is a difference between the health-care quality received by National Health Insurance patients and that received by the out-of-pocket patients. This issue is exacerbated by the second most reported issue that was argued about, namely, the limited services package covered by the National Health Insurance programme. The comprehensiveness of the health-care services provided by the health facilities was criticised because of its unavailability in terms of fulfilling the needs of the National Health Insurance participants. Both issues are packaged by the websites through the perspective of the patients. The issue of the cooperation between health-care providers and BPJS Kesehatan is the only issue that was not wrapped up in the patient's perspective. This could be understood because of fact that the cooperation between health-care providers and BPJS Kesehatan does not affect the patients directly. It is more implied that the managements of the two big organisations are embroiled in the National Health Insurance programme, BPJS Kesehatan, and their own health-care organisation.

The negative content widely appeared in articles preaching about the health facilities (45.9 per cent) and patients (42.9 per cent). Both aspects reported, in the majority, from the patient's perspective. The issue around BPJS Kesehatan was reported neutrally (51.2 per cent) without presenting any value that would motivate or demotivate the community from participating in the National Health Insurance programme. The neutral value of the articles could be because the majority reported from the perspective of BPJS Kesehatan. The attachment of images in articles that could be used to help provide a clearer description about the news object was not provided in every article; 18.6 per cent articles that did not attach an image. Moreover, there were more images with a negative value than a positive one. Most of the images showed the patient's condition, some showed a long patient queue in the hospital aisle or even the sad face of a poor patient. This indicates that the patient perspective when reporting on the National Health Insurance programme is still the chosen approach. Surprisingly, even though most of the issues were captured through the patients'

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perspective, only a limited number of articles reported on the experience of patients using the National Health Insurance programme. News about how beneficial it was for patients was never reported in the year that this study focused on.

Not all news articles contained only one issue. In some articles, there were more than one issue being addressed simultaneously in the same article. Issues about the management of BPJS Kesehatan were generally attributed to the poor management of the membership, whereas, in other news, issues about the poor quality of health-care service were generally attributed to the health-care service received by the poor segments of the population. Issues related to the patients mostly reported about the participation of the poor population (19.3 per cent). These issues were often linked to the quality of the services received by the poor. Other issues about the patients which were often reported on include the public's willingness to register as participants of National Health Insurance (6.2 per cent). The low willingness of the public to voluntarily participate in National Health Insurance is linked to the lack of public knowledge about the National Health Insurance programme itself. This is often a barrier to initiating the public to register on the programme (Dartanto *et al.*, 2016; Rolindrawan, 2015).

Various issues regarding aspects of managed care in the National Health Insurance programme are affecting how the population describes its implementation. The media content of the National Health Insurance programme will influence the motivation of the population to register for National Health Insurance. The media content analysis shows that the news about the three aspects of managed care will generally demotivate the population from participating in National Health Insurance. Even though the media does not report that National Health Insurance is unfavourable for the population, there are more articles reported on the negative condition of its implementation. Moreover, the content of the news articles do not explain well what the advantages are of participating in the programme.

## 6. The discussion on Facebook

The utilisation of social media reached an 87.1 per cent utilisation rate out of the total Internet users in Indonesia (APJII, 2017). Indonesia is in 4th rank out of the list of countries with the most number of Facebook accounts in the world (Hootsuite, 2017b). As of January 2017, there were at least 106 million Internet users in Indonesia actively using Facebook (Hootsuite, 2017a). This number is almost equal to the total number of Internet users in Indonesia. This makes Facebook potentially the best media platform with a wide reach to use to share information, including viral messages.

Facebook users in Indonesia as of January 2017 were predominantly between 18 and 24 years old (38 per cent) (Hootsuite, 2017a). There were more Facebook profiles with the user declared as being male (58 per cent) (Hootsuite, 2017a). So far as accessibility goes, 87 per cent of Facebook users in Indonesia access via mobile whereas 41 per cent use Facebook everyday (APJII, 2017). Using these demographic facts, we can suggest that the campaign should consider speaking in the language of young people when delivering the marketing message.

There are many messages that have become viral because of Facebook sharing. Two examples are as follows. In the period of the Jakarta election campaign, religious issues became the hottest issue in Indonesia. A girl from a rural area of Indonesia wrote a Facebook post about religious harmony that then went widely viral. Another example was a viral photo that showed a boy wearing a scout's uniform falling asleep while he peddled snack. The photo caption explained the financial difficulties of the boy's family. This viral photo caused many people to sympathise, who then gave him a scholarship through donations.

New wave technology enables the connectivity and interactivity of individuals and groups expressing themselves and collaborating with others (Šmihula and Von, 2010).

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Wang *et al.* (2012) found that social media, including Facebook, brings in opportunities for the community to become independent marketers by sharing their previous purchasing experience. Therefore, what people think and feel about a product could be understood by analysing what people discuss on social media. Discussions on Facebook are important to consider when designing a viral message in Indonesia. By analysing what people discussed on Facebook, we can understand the responses of the majority of the population to the National Health Insurance programme. During the year of this study, there were at least 158 Facebook posts on the official Facebook Group of BPJS Kesehatan. The majority of posts contained questions about BPJS Kesehatan (87.3 per cent). The audience content identified in the Facebook discussion is reported in [Table AIII](#) whereas the issues are presented in [Table AIV](#).

A frequently asked question was about the registration procedures (34.8 per cent). This showed that many people still do not know how they can register as National Health Insurance participants. When accessing the official website, Internet users will be welcomed by a specific pop-up online registration link. Unfortunately, the official website only explains about the administration requirements and penalties in the programme registration. This could be unfavourable for the readers.

Also, there is also no explanation given about the benefits package of each premium rate on the home page. Website visitors need to make an effort to find the special button that will allow them to read about the benefits package. This could raise a dilemma for potential participants when it comes to registering on the National Health Insurance programme. In insurance marketing, the target market should not be exposed early to any strict regulations. Insurance marketers should attract the potential market with things that will make them think about the participation benefits (Kunreuther and Pauly, 2005). Because of the unclear information, it is no wonder that many people are still questioning the registration procedures via the Facebook group. The issues focused on were the unclear procedures and the rate of the premium, which were mostly discussed in the Facebook group and were also the most reported on the news website. The procedures and premium rate brought in by BPJS Kesehatan were the most reported issue among the news articles on both websites. This is in line with the issue of poor knowledge in the population which was reported in articles in the same period. This poor level of knowledge encourages people to ask various questions about National Health Insurance via Facebook as it is the most accessible information channel.

People also tend to use Facebook posts as an outlet to express both gratitude and harsh criticism towards BPJS Kesehatan. This often appears in serial posts by different Facebook accounts. Some Facebook accounts share their gratitude for the existence of BPJS Kesehatan when they need financial assistance while sick; the rest of them blame the poor performance of BPJS Kesehatan when provided with different health-care services. This study found that people tend to always blame BPJS Kesehatan for the poor quality of the health facility. In fact, the quality is actually the responsibility of the health-care provider. In the managed care concept, BPJS Kesehatan, as the health insurance organiser, is responsible for managing the business according to the insurance and not according to the quality of the health-care services. Moreover, the Facebook posts that discussed the health facilities also raised issues similar to those reported through the online media. The health-care provider is not only blamed for its poor quality service (50 per cent) and the issue of the availability of services (36.4 per cent) but it is also widely questioned by those with Facebook accounts. Both the media and audience content analysis show a similarity regarding the issues involved. The issues addressed in the Facebook discussions are generally the same as the issues that are often raised in most news articles on online news websites. Only the issue of

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referral procedures was mostly discussed through Facebook as they were reported in only a few news articles.

### 7. Blending the marketing content with local wisdom

The rate of the insurance premium is not the primary impediment for people to voluntarily register for Social Health Insurance (Dartanto *et al.*, 2016). One factor that hinders people from voluntarily registering is the solidarity within society (Carrin and James, 2005). A community with a higher level of solidarity is considered to be a community that will easily support Social Health Insurance. The cross-subsidisation concept in Social Health Insurance that is applied inside the National Health Insurance programme in Indonesia will be meaningful only with the existence of solidarity within its community.

The people of Indonesia have already had a solidarity value, which is called *gotong royong*, for a long time. It is widely known as the local wisdom of Indonesians. Through this local wisdom, Indonesians hold the value of cooperation within and between their social networks in high regard. This value was successfully implemented by the people of Indonesia who survived the recent earthquake (Andreastuti *et al.*, 2017; Kusumasari and Alam, 2012). The value of *gotong royong* was also adopted in the School Operational Assistance Fund in Indonesia (Rahayu *et al.*, 2015) which was raised by the community to help poor students get qualified through their education. Since the programme launched in 2005, it has successfully helped a thousand schools across Indonesia to improve their education quality. This proves the power of the *gotong royong* value in Indonesia. It then establishes a high optimism in the Indonesian Government about the successfulness of National Health Insurance. Unfortunately, until its third year of implementation, the progress of the UHC road map through this mechanism tended to run slowly. The current participants are still dominated by the population segment in which the premium is paid by the Government. The informal workers who should pay the premium voluntarily are the smallest group to have joined the National Health Insurance programme.

Kotler *et al.* (2010) explained that targeting the minds of consumers is no longer enough. Marketers should also target the hearts of consumers to win over their purchasing decisions. The marketing message of BPJS Kesehatan is already to try to win the consumer's hearts by using the local wisdom value. Unfortunately, this value in the National Health Insurance programme seems to not be described in detail. BPJS Kesehatan has failed to arrange its marketing tactic to spread the spirit of *gotong royong* as a part of the National Health Insurance programme across the country.

In fact, although BPJS Kesehatan already uses *gotong royong* as its main marketing message, it has failed to provide people with a factual concise example of the marketing message and its application in reality. As we know that Indonesia has the biggest Muslim population in the world, issues related to religion were highlighted in the early years of the National Health Insurance programme's implementation (Alhafiz, 2015). There are opinions arguing that the basic principles of paying contributions in National Health Insurance are against Islam *Shari'ah* (Usman and Kara, 2016). Even though the clarification of this issue was already addressed by BPJS Kesehatan's plan in launching its *Shari'ah* product (BPJS Kesehatan, 2015), there have been no studies analysing the effect of the religious issue in terms of preventing the willingness to register by Muslims. The value of *gotong royong* should be able to tackle these issues, but, unfortunately, this marketing message remains only as an advertising slogan.

To attract people to register with the National Health Insurance, operational marketing content is needed to describe the clear evidence of its benefits in Indonesia. The results of the media content analysis showed that the media still does not reinforce people when it

comes to them supporting National Health Insurance. Moreover, the patient's perspective in most of the media brings a sense of negative reinforcement to the people registering on the National Health Insurance programme. The clear factual examples of the local wisdom value should be explained through viral marketing content. There should be marketing content that is contagious for the population which will allow them to memorise the value of *gotong royong*. This should be able to hold back the negative responses of people regarding the media framing.

The majority of the news around National Health Insurance shows the media's tendency to report on the participation of the poor in the context of social health insurance. The media frames this news through a negative viewpoint by proclaiming the complicated procedures of the poor in accessing the health service by using the insurance. This is then compounded by the negative issue focused on the quality of the service that is given by the health facilities. There are fewer articles blown up in favour of the National Health Insurance programme for the poor. It is as if the media is driving its audience to believe that participating in National Health Insurance will only give little leverage to the poor.

What BPJS Kesehatan was proclaiming in its campaigns was not supported by what the news had been reported to its audience. BPJS Kesehatan's campaign stated that, by participating in National Health Insurance, the Indonesian people would literally help others to get qualified health care. On the other hand, most of the news on the website reported poor quality health-care services being available for the poor. This is not synchronised with the campaign's message. Instead of only exposing the campaign message, the target audience should be exposed to experiences that will easily touch on their emotions. The outcome of the earthquake rehabilitation and the School Operational Assistance Fund can be seen physically. People can see clearly the homes that have been rebuilt together by the community. People can also see the school that was built and managed by the School Operational Assistance Fund. However, people will still encounter difficulties when it comes to observing the outcome of the National Health Insurance. People pay the insurance premium to protect themselves, but, when they are not sick, there is still a premium each month. There is no explanation for the utilisation of money that they have already spent on the premium.

Viral marketing content should be designed to address people by showing that participating in National Health Insurance is the real manifestation of *gotong royong* values. This content should clearly describe to the audience what the use of the premium that they have already paid is. The positive experience of the poor who have already been helped by National Health Insurance should be widely spread to the audience. The buzzword also needs to counter people's assumption about complicated procedures as a part of using the health service. Because the effective buzzword should not be contrary to the real condition, it must accommodate the previous media framing about the complicated procedures. Viral marketing content could point out that complicated procedures are meaningless when compared with their chance to access health services. The success story of the poor using social health insurance to access the needed health services is the best content that can be virally spread.

The coverage of the object in viral marketing should also remain. Most of the viral messages in Indonesia that have already been disseminated only contain a simple story about someone's life. By using just a simple message, people will easily understand the message. Because of this characteristic, the viral messages designed for National Health Insurance should show how it will work for each person. They should not be acquisitive by positioning that solidarity with the National Health Insurance programme will help many lives. The solidarity value that exists in *gotong royong* should be introduced as an effective

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way to save at least one life. The testimony from former patients that already use National Health Insurance will be the best way to increase its dramatic usefulness for the poor. Published timing for some of the contents should also not be a one shot. People need enough time to analyse and penetrate their thinking as a part of the basis of decision-making.

Moreover, the likelihood of people voluntarily registering with National Health Insurance is also correlated with insurance literacy, the experience of being an inpatient or an outpatient and access to the Internet (Dartanto *et al.*, 2016). This is suitable given the condition in Indonesia which was captured by the Facebook analysis. Most of the Facebook posts question the procedures and benefits of participating in the National Health Insurance programme. People with low health insurance literacy tend to deny participating in social health insurance because they do not know what the direct and indirect benefits are. The experiential marketing strategy explains that people with experience will easily convince other people through word of mouth. Replacing traditional word of mouth marketing, viral marketing is the best choice in reaching the mass audience.

A message can only be viral when it is shared by audience and the audience's willingness to share the message only happens when the message contains emotions corresponding with the emotions of the audience. Nelson-Field *et al.* (2013) found that an audience's emotional reaction to content affects their propensity to share the material, but only when the emotion is highly arousing. The existence of a destructor, such as the opposite content in the media, will ruin the emotion. The Facebook analysis showed that there were no clear emotions shown by the audience. The majority of the audience still question the benefits of social health insurance. This issue could be beneficial for marketers by allowing them to easily build the preferred affective emotions in the marketing content. However, it is also challenging because of the non-existence of emotion that can trigger people to share the content. Affective emotions in Indonesia are the emotions that can be seen in the majority of viral messages. The affective response to the content is the only reason for people to spread a message (Guadagno *et al.*, 2013). The affection effect should be raised in the proposed viral marketing content. This emotion is suitable with the credo of National Health Insurance, as it uses cross-subsidisation to help the poor. Barriers that hinder people when it comes to voluntary registering for National Health Insurance could be erased by raising their affective emotions towards the poor. Pescher *et al.* (2014) found that a high audience understanding of the purposive value and entertainment value of a message is the most important determinant in the referral stages. Insurance education should be encouraged to improve the audiences' understanding.

## 8. Conclusion

This study shows that media framing is correlated with the audience's responses. How the media provides information affects the audiences' way of thinking. News website could provide real-time information according to the dynamic discussions on social media. Vice versa, what people are mostly concerned with will determine what kinds of issues are addressed on the news website. Unfortunately, the media content analysis in this study shows that more negative news about National Health Insurance exists in Indonesia. With the same issues that were dominantly discussed, the Facebook group discussion revealed that more people are still questioning the procedures involved in participating in National Health Insurance. The UHC campaign should accommodate this gap. Internet viral marketing is promising to fill the gap. Considering the local wisdom of Indonesia, National Health Insurance should be branded as a programme that will help the poor.

Because the content of marketing is essential to engage the prospective participants of National Health Insurance, BPJS Kesehatan should ensure that the media frequently reports

the value of *gotong royong* in National Health Insurance. Positive media framing on this value will be beneficial to build mutual public understanding of why they should participate in National Health Insurance. Whether BPJS Kesehatan uses the local wisdom as their main marketing message, they should connect emotionally with the target market. Affective emotion should be created to make people share the content in a viral manner. Whereas the population demographic is essential in build the audience framing of marketing content, future research should address whether there is an effect of the religious issue in terms of preventing the willingness to register in social health insurance. Indonesia is the largest Muslim country in the world, and we could not neglect the possibility of religious influence in framing the value of social health insurance.

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**Appendix**

Universal  
Health  
Coverage  
campaign

News attributes	<i>n</i>	(%)
<i>Main theme</i>		
BPJS Kesehatan	88	54.7
Health care provider	39	24.2
Insurance participant	34	21.1
<i>Source of information</i>		
Ministry of Health	20	12.4
Local Government	8	5.0
Parliament	10	6.2
BPJS Kesehatan	57	35.4
Patient	39	24.2
<i>Image attached in article</i>		
BPJS Kesehatan	68	42.2
Health care provider	36	22.4
Patient	27	16.8
No image attached	30	18.6

**35**

**Table AI.**  
National health  
insurance reporting  
in online news

Issues	<i>n</i>	(%)
<i>BPJS Kesehatan (n = 127)</i>		
Management issue	32	19.9
Premium rate	17	10.6
Registration procedure	13	8.1
<i>Health care facility (n = 61)</i>		
Service quality	25	41.0
Service availability	18	29.4
Cooperation with BPJS Kesehatan	4	2.5
<i>Patient (n = 77)</i>		
Participation of poor	31	19.3
Willingness to register	10	6.2
Community knowledge	9	5.6

**Table AII.**  
Top nine issues  
about managed care  
identified in news  
articles

News attributes	<i>n</i>	(%)
<i>Content</i>		
Questioning	138	87.3
Compliment	5	3.2
Constructive critique	6	3.8
Complaint	9	5.7
<i>Focus</i>		
BPJS Kesehatan	149	94.3
Health-care provider	8	5.1
Patient	1	0.6

**Table AIII.**  
Facebook postings  
content

**Table AIV.**  
Top nine issues  
about managed care  
identified in  
Facebook post

Issues	<i>n</i>	(%)
<i>BPJS Kesehatan (n = 149)</i>		
Registration procedures	55	34.8
Premium payment procedures	21	13.3
Referral procedures	9	5.7
<i>Health-care provider (n = 22)</i>		
Service quality	11	50
Service availability	8	36.4
Referral procedures	1	4.6
<i>Patients (n = 4)</i>		
Participation of poor	2	50
Benefit package	2	50

### About the authors

Nuzulul Kusuma Putri is an Assistant Professor in the Department of Health Policy and Administration at the Faculty of Public Health, Universitas Airlangga in Indonesia. She received a BPH in 2010 and an MPH in 2012. Since 2013, she has been the Editor-in-Chief of Indonesian Journal of Health Administration. Having read various researches on Indonesia National Health Insurance provides her with board and up-to-date understanding of the National Health Insurance progress in Indonesia. It links directly to her research interest in the areas of health system and healthcare leadership. Nuzulul Kusuma Putri is the corresponding author and can be contacted at: [nuzululkusuma@fkm.unair.ac.id](mailto:nuzululkusuma@fkm.unair.ac.id)

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Telah melaksanakan penelitian dengan judul sebagai berikut :

No.	Judul Karya Ilmiah	Tahun Pelaksanaan	Alasan Tidak Tersedia <i>Etical Clearence</i>
1	<b>Viral Marketing Content for Universal Health Coverage Campaign in Indonesia</b> ( <a href="https://www.emerald.com/insight/content/doi/10.1108/IJPHM-07-2017-0041/full/html">https://www.emerald.com/insight/content/doi/10.1108/IJPHM-07-2017-0041/full/html</a> )	2015-2016	Data sekunder/ Facebook Group Discussion
2	Analisis Kelengkapan Penulisan Soap, Kie, dan Icd X pada Rekam Medis di Poli Umum dan Kia-Kb Puskesmas X Surabaya ( <a href="https://e-journal.unair.ac.id/JAKI/article/view/4845">https://e-journal.unair.ac.id/JAKI/article/view/4845</a> )	2017	Data sekunder/ data rekam medis pasien
3	Komparasi Elastisitas Pembiayaan Penanggulangan Penyakit Menular Diregional Jawa Bali dan Papua ( <a href="http://ejournal2.litbang.kemkes.go.id/index.php/hsr/article/view/287">http://ejournal2.litbang.kemkes.go.id/index.php/hsr/article/view/287</a> )	2017	Data sekunder/ data Riset Pembiayaan Kesehatan 2015
4	Distribution Analysis Of Doctors In Indonesia ( <a href="https://e-journal.unair.ac.id/JAKI/article/view/14351/9982">https://e-journal.unair.ac.id/JAKI/article/view/14351/9982</a> )	2019	Data sekunder dari “Data dan Informasi: Profil Kesehatan Indonesia tahun 2017” .

Adapun penelitian tersebut layak dilakukan dan menghasilkan output yang sangat baik, Penelitian ini tidak dilakukan *Uji Etical Clearence* oleh karena menggunakan data sekunder.



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI

UNIVERSITAS AIRLANGGA

FAKULTAS KESEHATAN MASYARAKAT

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Khusus untuk penelitian pada No 2, data sekunder yang digunakan adalah data rekam medis pasien. Untuk itu peneliti telah mengurus Surat Ijin Penelitian sebelum pelaksanaan penelitian, namun demikian saat ini peneliti tidak menyimpan surat ijin tersebut.

Demikian surat keterangan ini kami buat untuk dapat dipergunakan sebagai persyaratan pengusulan Jabatan Fungsional Lektor Kepala.

Surabaya, 11 April 2023

Dekan



Dr. Santi Martini, dr., M.Kes

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