



THE RELATED FACTORS TO NATIONAL HEALTH INSURANCE PARTICIPATION IN THE CATEGORY OF NON-WAGE WORKERS

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ABSTRACT

Background: In Indonesia, data shows that in 2019 BPJS Kesehatan participants were 221,580,743 out of 267.6 million people in Indonesia.

Objective: This research was conducted to determine the factors related to the level of JKN participation in the PBP category in Paselloreng Village.

Method: This research is a quantitative study with an observational analytic approach with a cross sectional study design and a sample size of 204 respondents who were taken by means of Accidental Sampling

Result: The results of the study using the chi square test showed that the factors associated with the JKN participation in the category of Non-Wage Workers were Knowledge (p -value = 0,000), income (p -value = 0.001), Number of Family Members (p -value = 0.024), Perception (p -value = 0,000) and motivation (p -value = 0,000), while the variable not related to JKN participation in the category of Non-Wage Workers in Paselloreng Village is Last Education (p -value = 0.187), Occupation (p -value = 0.760), and distance of access to BPJS Health services (p -value = 0.097).

Conclusion: Suggestions from this study are expected for the government and society to pay more attention to the things that cause the lack of public participation in JKN such as difficult access to services, equal distribution of contribution assistance. inaccurate, inadequate information, and encouragement for the public to participate in JKN.

INTRODUCTION

In 2004, the National Law No. 40 concerning the National Social Security System (SJSN) was issued. Law 40/2004 mandates that social security is mandatory for all residents, including the National Health Insurance (JKN) through a Social Security Administration Agency (BPJS). Law No. 24 of 2011 also stipulates that the National Social Security will be administered by BPJS, consisting of BPJS Health and BPJS Employment. Specifically for JKN, it is organized by BPJS Health, whose implementation began on January 1, 2014. Operationally, the implementation of JKN is set out in Government Regulations and Presidential Regulations, including: Government Regulation No. 101 of 2012 concerning Contribution Assistance Recipients and Presidential Regulation No. 12 of 2013 concerning Health Insurance and JKN roadmap (Guidebook for Socialization of National Health Insurance, undated: 9-10).

According to the Indonesian Health Profile (2014: 115), to realize the global commitment as mandated by the 58th World Health Assembly (WHA) resolution in 2005 in Geneva which wants every country to develop Universal Health Coverage (UHC) for the entire population, the government is responsible for implementation of public health insurance through JKN. JKN is organized to provide health protection in the form of health care benefits in order to meet the basic health needs of everyone. According

to Regulation of the Minister of Health (PMK) No. 28 concerning Guidelines for the Implementation of the JKN Program, participants in the JKN program include everyone, including foreigners who have worked for at least six months in Indonesia, who have paid contributions or whose contributions are paid by the government.

Based on BPJS Health data, the number of National Health Insurance (JKN) memberships in Indonesia has increased every year, namely, in 2014 it reached 128,915,085 people. In 2015 it reached 156,790,287 people (BPJS Kesehatan, 2015). In 2016 it reached 171,939,254 people (BPJS Kesehatan, 2016). In 2017 it reached 183,579,086 people. Until 2019, there was an increase so that BPJS Health participants became 221,580,743. This increase occurred considering the Presidential Decree no. 82 of 2018 concerning Health Insurance which requires all Indonesian people to participate as BPJS Health Participants (BPJS Kesehatan, 2020).

The Population of South Sulawesi Province according to Central Statistics Agency data is 8,928,004 people and who have become JKN participants, namely, in 2015 the coverage of National Health Insurance (JKN) participation reached 78.23% (District/City Health Office, 2015). In 2016 it reached 80.53% (BPJS Kesehatan, 2016). In 2017 it reached 82.51% (BPJS, 2017). In 2018 BPJS Health participants reached 89.23%. The latest data regarding the number of BPJS membership in South Sulawesi is 8,071,716

people or 90.41% of the 8,928,004 residents of South Sulawesi (BPJS Kesehatan, 2020). The district with the lowest percentage of BPJS participants in South Sulawesi Province is Wajo Regency. In 2018 the number of Non-BPJS participants in Wajo Regency was only 43% or 170,945 people from 397,547 people in Wajo Regency (BPS, 2018).

Meanwhile, the number of BPJS participants in one of the Puskesmas working areas in Wajo Regency, namely the Gilireng Health Center in 2019 reached 3,628 people out of a total population of 7,819 registered in the work area. This means that there are still 4,191 residents who have not been registered as BPJS participants. The Gilireng Health Center area covers the village area in Gilireng District. The village with the lowest number of BPJS Health Participants in the Gilireng Health Center is Paselloreng Village. Paselloreng Village has a population that is not registered as BPJS Health participants as many as 1175 people out of 1770 residents. This means that only 33.62% of the population registered as BPJS participants in Paselloreng Village (Gilireng Health Center, 2020).

Of this number, of course, it cannot be said to have succeeded in achieving Universal Health Coverage (UHC) which requires all Indonesians to be able to easily access health services according to Presidential Instruction No. 8 of 2017 concerning Optimizing the Implementation of National Health Insurance

and Presidential Decree No. 82 of 2018 concerning Health Insurance.

METHODS

The type of research used in this research is quantitative analytical observational research with a cross sectional study approach where this approach is an approach that measures and observes at the same time. This research was conducted in August 2020 in the Gilireng Health Center Area, Paselloreng Village, Wajo Regency. The population in this study were all Non-Wage Recipient Working Families, both participants of the National Health Insurance (JKN) and non-participants in the Gilireng Health Center, Paselloreng Village, Wajo Regency as many as 413 families in Paselloreng Village, Kec. Gilireng, Kab. Wajo (BPJS Wajo, 2018).

Sampling in this study used the accidental sampling technique, that is, each member or unit of the population has the same opportunity to be selected as a sample. By going directly to the field looking for samples that match the respondent's criteria and conducting interviews. Samples were taken from 204 JKN participants in the PBPU category and Non BPJS participants and all samples did not refuse to fill out the Informed Consent and all addresses were found.

RESULTS

Univariate Analysis

The results of the univariate analysis of 10 variables in this study, among others, Age, Participation Status, Last Education,

Occupation, Number of Family Members, Access to Services, Income, Knowledge, Perception, and Motivation are as follows:

Age

Based on Respondents Age shows that the age range that became the most respondents was at the age of 41-50 years, namely 58 respondents (28.43%) and the age range with the fewest respondents was aged 81-84 years, namely 1 respondent (0.49%) out of 204 respondents.

Participation Status

Based on the participation status of the respondents, only 38 respondents (18.63%), who did not participate in BPJS Kesehatan participated in BPJS Health, 166 respondents (81.37%) out of 204 respondents.

Recent Education

Based on the last education of the respondents, it shows that the last education level of the respondents is the highest, namely Elementary School (SD), which is 74 (36.28%) of the 204 respondents. Meanwhile, the lowest frequency of respondents' last education level was at the Diploma/Bachelor level, which was 8 respondents (3.92%) out of 204 respondents. While the last education category of the highest respondent is the Low Education category, which is 143 (70.09%). While those who fall into the category of higher education are 61 respondents (29.91%) from 204 respondents.

Occupation

Based on the respondent's occupation, it shows that the occupation that has the

highest number is Farmer, which is as many as 143 respondents (70.1%) from 204 respondents. Meanwhile, the job with the least number is honorary teacher, which is 1 respondent (0.49%) from 204 respondents. Meanwhile, based on the working status of the respondents, it shows that the number of respondents who have a job is 185 respondents (90.69%) from 204 respondents. While those who do not have a job are 19 respondents (9.31%).

Number of Family Members

Based on the category of the number of families, it shows that the number of members in the respondent's family in the Small category or amounting to 5 people is 147 respondents (72.06%) while the number of members in the respondent's family in the Large category or amounting to >5 people is 57 respondents (27.94%) of 204 respondents.

Access to Services

Based on service access, it shows that respondents who find it difficult to access BPJS Health services due to distance and inadequate facilities are 187 respondents (91.67%) while respondents who find it easy to access BPJS Health services due to distance and adequate facilities are as many as 17 respondents (8.33%) of 204 respondents.

Income

Based on Respondents' income shows that respondents who have income that is less than from the UMK (<Rp 2,860,382, -) that applies in the research location are as many as 111 respondents (54.41%) while respondents

who have sufficient income can be seen from the applicable UMK at the research location (\geq Rp2.860.382,-) were 93 respondents (45.59%) from 204 respondents.

Knowledge

Based on the knowledge of respondents, it shows that respondents who have poor (low) knowledge about BPJS Health are 109 respondents (53.43%) while respondents who have good knowledge (high) about BPJS Health are 95 respondents (46.57%) of 204 respondents.

Perception

Based on the perception level of respondents, it shows that respondents who have a bad (negative) perception of BPJS Health are as many as 82 respondents (40.2%) while respondents who have a good (positive) perception of BPJS Health are 122 respondents (59, 8%) of 204 respondents.

Motivation

Based on Respondents' motivation shows that respondents who have less motivation to participate as BPJS Health participants are 154 respondents (75.49%) while respondents who have high motivation to participate in BPJS Health are 50 respondents (24, 51%) of 204 respondents.

Bivariate analysis

Bivariate analysis used in this study is an analysis using Chi Square test. The researcher decided to use the Chi Square test because the data in this study had met the requirements to carry out the Chi Square test.

The Chi Square test is used to determine the effect of the independent variable on the dependent variable by comparing the P Value with an alpha value of 0.05. If the P Value is greater than the Alpha value, then H_0 is accepted. On the other hand, if the P Value is less than the alpha value, then H_0 is rejected.

The following is a bivariate analysis in this study:

Relationship between Recent Education and JKN Participation.

Based on the results of the study, it was shown that of the 61 respondents who had a low level of education, 53 respondents (86.89%) did not participate as JKN participants. Meanwhile, of the 143 respondents who had a high level of education, most or as many as 113 (79.02%) also did not participate as JKN participants. The results of statistical tests on variables these indicate that there is no relationship between recent education and JKN participation with a p value of 0.187.

Relationship between Respondents' Employment and JKN Participation

Based on the results of the study, it was shown that of the 185 respondents with employment status, most or as many as 151 respondents (81.62%) were not registered as JKN participants. Meanwhile, of the 19 respondents who did not have a job, most of them did not participate as JKN participants, namely 15 respondents (78.95%). The results of statistical tests on these variables indicate

that there is no Employment Relationship to JKN Participation with a p value of 0.760.

The Relationship between the Number of Family Members and JKN Participation

Based on the results of the study, it was shown that of the 147 respondents classified as having a small family size, most or as many as 114 respondents (77.55%) were not registered as JKN participants. Meanwhile, of the 57 respondents classified as having a large number of family members, most of them also did not participate as JKN participants, namely 52 respondents (91.23%).

The results of statistical tests on these variables indicate that there is a relationship between the number of family members and JKN participation with a p value of 0.024.

Relationship between Knowledge and JKN Participation

Based on the results of the study, it was shown that out of 109 respondents who had low knowledge of JKN, most of them did not participate as JKN participants, as many as 99 respondents (90.83%). Whereas. Meanwhile, of the 95 respondents who had high knowledge of JKN, 28 respondents (29.47%) participated as JKN participants. The results of statistical tests on these variables indicate that there is a relationship between Knowledge and JKN Participation with a p value of 0.000.

The Relationship between Income and JKN Participation

Based on the results of the study, it shows that of the 111 respondents who have income less than or below the minimum wage

(<Rp 2,860,382) most or as many as 100 (90.09%) respondents do not participate as JKN participants, while out of 93 respondents who have sufficient income or above the UMK (\geq Rp2,860,382), as many as 27 respondents (29.03%) participated as JKN participants. The results of statistical tests on these variables indicate that there is a relationship between income and JKN participation with a p value of 0.000.

Relationship between Service Access and JKN Participation

Based on the results of the study, it was shown that of the 187 respondents who found it difficult to access JKN services, most or as many as 155 respondents (82.89%) did not participate as BPJS Health participants, while out of 17 respondents who found it easy accessing JKN services, as many as 11 respondents also did not participate as BPJS Health participants. The results of statistical tests on these variables indicate that there is no relationship between service access and JKN participation with a p value of 0.097.

Relationship between Perception and JKN Participation

Based on the results of the study, it showed that of the 82 respondents who had a negative perception of JKN, most or as many as 81 (98.78%) respondents had a positive perception or view of JKN, while of 122 respondents who had a positive perception of JKN. positive for JKN, 37 (30.33%) respondents participated as JKN participants. The results of statistical tests on these variables

showed that there was a significant relationship between perceptions of JKN participation with $p = 0.000$.

The Relationship between Motivation and JKN Participation

Based on the results of the study, it showed that of 154 respondents who had low motivation, it turned out that all respondents did not participate as JKN participants. Meanwhile, from 50 respondents who have high motivation, as many as 38 respondents (76%) participate as BPJS Health participants. The results of statistical tests on these variables indicate that there is a significant relationship between motivation and JKN participation with a p value of 0.000.

DISCUSSION

The Relationship of Education to JKN Participation

According to Notoatmodjo in (Anggraeni, 2016), health education is the application or application of education in the health sector. Operationally health education are all activities to provide or improve the knowledge, attitudes, and practices of individuals, groups or communities in maintaining and improving the health of their own

Based on the results of the study conducted shows that there is no relationship between Education last of respondents to the Participation Participation JKN Category Non-Wage Recipient Workers in Paselloreng Village (p -value: 0.187). This is closely related

to the condition of respondents who prefer not to continue their education to a further level and prefer to earn a living for their families by working. This could be due to the location and geographical condition of the area which is far from the center of the sub-district government.

. The educational facilities in Paselloreng Village only have an Elementary School (SD) and a Junior High School (SMP), so to continue their education they must travel a distance of >15 km to the nearest high school from the area. These results are in line with the results obtained by Yusri Abadi (2019) which shows that there is no influence or relationship between the level of National Health Insurance Participation in the Independent category and the Last Education respondent's (p -value = 0.350). The results of the research show that the number of respondents who have a high education, as many as 76.7%, but choose not to participate as BPJS Health participants.

Employment Relationship to JKN Participation

Work is a daily activity carried out to earn daily/weekly/monthly income which is used to meet routine needs and expenses. Jobs that are included in the category of Non-Wage Recipients according to Presidential Regulation 82 of 2018 concerning Health Insurance are jobs that provide income but do not receive benefits and guarantees or work that is private in nature, such as self-employed, farmers, laborers, and jobs that are not tied

down. government agencies (PP RI No. 82, 2018).

Based on the results of the research conducted, it shows that there is no relationship between work and JKN participation in the category of non-wage workers in Paselloreng Village (p-value: 0.760). This is because most of the residents of Paselloreng Village, both participants and non-participants, have jobs. Most of the work done by residents in Paselloreng Village is farmers. Only a small proportion do not have a job, mostly women who are widowed and elderly.

These results are in line with research conducted by Rahmiyati (2018) which says that there is no effect of employment status on the membership level of BPJS Kesehatan Mandiri at the Cipageran Health Center in 2018 with a value of $p = 1,000$. Another study with similar results was also provided by Irawan (2018) which showed that there was no influence and relationship between work status and participation in the National Health Insurance membership category with a p value of 0.848. Meanwhile, a different result was put forward by Puspitasari (2017) that there is an influence between work and JKN membership status in Kasiyan Village 2017 with $p = 0.000$.

The relationship between the number of family members and JKN participation

Explained by the number of family members or the number of dependents in the family. 82 of 2018 that the Head of the Family is obliged to pay the premium of his family members who are still registered on the Family

Card. The Independent category may choose to include or exclude family members. However, for Wage Recipient Workers, especially for the State Civil Apparatus, all members of their families must be included. If the dependents have more than 5 people, then the family member is included in the Independent category.

The results found from this study stated that there was a relationship between the number of family members and JKN participation in the PBPU category in Paselloreng Village (p-value = 0.024). This is because the number of family members affects the family expenses that must be spent to meet their daily needs. So, the more the number of families and the number of dependents in the family, the more costs must be incurred to pay monthly premiums to BPJS Health. This is also the respondent's reason for not participating in JKN because of the large premium that must be paid if he enrolls his family in the National Health Insurance system.

The results of this study are in line with research conducted by Maya Andita Aryandi (2013) which states that the number of family dependents affects the level of desire to participate in BPJS Health participants and the level of willingness to pay with a value of $p = 0.041$. This study shows that income is the main reason for participants to participate, because they consider their income to be sufficient to meet their needs, including the need to participate in receiving JKN services.

Relationship of Knowledge to Participation JKN Participation

Knowledge is the result of knowing and this occurs after people have sensed certain objects. Knowledge is a guide in shaping one's actions. Based on research, it is found that behavior based on knowledge is more lasting than behavior that is not based on knowledge (Maulana, 2009: 194).

The results of this study indicate that there is a significant relationship between the level of knowledge and the level of JKN participation in the PBPU category in Paselloreng Village (p -value = 0.0002). The lack of information facilities about BPJS Health in the area makes only a few people aware of the benefits and functions of the JKN so that many who do not participate in the JKN system have less knowledge of JKN.

This is in line with research conducted by Fathia Nauri Lestari (2015) which states that there is an influence of clarity of information and knowledge on the level of participation with a value of $p = 0.04$. Likewise with the results of research provided by Nurul Hikmah (2019) which states that there is a significant influence between knowledge on the level of participation in JKN in Kedung Badak Village in 2019 (p -value = 0.000). From these results, it can be concluded that the higher the knowledge about JKN, the higher the respondent's interest in participating as BPJS Kesehatan participants.

Relationship of Income to JKN Participation

The income or income earned by respondents in this study was also measured because it was considered to have a relationship with social conditions at the research location, including the level of JKN participation in Paselloreng Village. Income is considered sufficient if it is equal to or more than the UMK standard set in the research location area and considered low if it is below the standard UMK based on the Decree of the Governor of South Sulawesi Number 2877/X/2019 as of November 1, 2019.

The results obtained from this study state that there are The relationship between respondents' income and the level of JKN participation in the PBPU category in Paselloreng Village (p -value = 0.0004). Most of the respondents chose farmers as their main occupation, so that many respondents admitted that their daily and monthly income was less than the minimum wage in the area. It was noted that 100 respondents (90.09%) out of 111 respondents who had less income (<Rp 2.860.382) did not participate as BPJS Kesehatan participants. Meanwhile, of the 93 respondents who had sufficient income and above the regional minimum wage (Rp2,860,382), 27 respondents (29.03%) participated as BPJS Kesehatan participants on the grounds that other family members helped to earn income for their families and other reasons. Thus, it can be concluded that families

with incomes above the UMK in Wajo Regency choose to participate as BPJS Health participants while those with incomes below the UMK choose not to participate as BPJS Health participants.

These results are in line with research conducted by Yusri Abadi (2019) in Makassar City which states that there is a significant influence between income and BPJS Health membership in Makassar City. The results show that there is a tendency for respondents who have income above the UMK to participate as BPJS Health participants because they think they are able to pay their monthly premiums. In another study conducted by Dhillia Maesa (2016) also stated that there was a relationship between income and ability to pay on the level of participation in the city of Padang in 2016. The study stated that the ability to pay was influenced by the main income for respondents, so they would participate if they considered his income is sufficient to meet his needs, including the need to get BPJS Health services.

The Relationship between Service Access Distance and JKN Participation

According to Wahyuni (2012) in (Irawan, 2018: 194-195) In accordance with the health service utility theory which explains that a person's desire to use health services is also determined by supporting factors, one of which is distance or accessibility. health services.

The results of this study indicate that there is no relationship between the

Accessibility of BPJS Health Services and the level of JKN Participation in the PBP category in Paselloreng Village (p-value = 0.097). This is due to the long distance to the sub-district government center and the BPJS Health office, as well as inadequate facilities and infrastructure so that only a few respondents claimed and considered it easy to access the BPJS Health Service Office.

This is in line with research conducted by Puspitasari (2017) which states that there is no influence between Service Access Affordability and JKN Participation Level in Kasiyan Village, Jember. His research stated that the distance and affordability of access to services did not affect the level of participation in the area because the research location was quite far from the registration and BPJS Health services so that both participants and non-participants had similarly difficult distance and affordability standards with p-value = 0.390.

Relations Perception of Participation Participation JKN

According to Davidoff (2006) in Mutmainnah (2018) mendefinisikan perception as a way of working or a complicated process and active, because it depends on the sensory system and the brain. The conditions of a person's daily life greatly affect the perception of every social event, where in every social activity it always involves the relationship between subjects and the formation of meaning. This meaning will determine a person's ability to be involved and

participate in certain activities in his community (Mutmainnah, 2018: 3-4)

The results of this study indicate a significant relationship between perceptions of JKN participation in the PBPU category in Paselloreng Village (p -value = 0.000). This study shows that 37 respondents who participated as BPJS participants (97.37%) had a good and positive view of the JKN system itself, while 81 respondents who did not participate as JKN participants (48.80%) had negative perceptions. on the performance of BPJS Health. The majority of these negative perceptions point towards the health services they receive when they become BPJS Health participants, which tend to be slower than when they are non-participants or in the general category.

The same result is given by Puspitasari (2017) which explains that Perception is the variable that has the strongest influence on the Participation Rate of JKN in Kasiyan Village, Jember with p -value = 0.042. A good perception is shown by most BPJS Health participants, while non-participants of BPJS Health are more likely to have a negative perception of the JKN system. The same result is explained in the research conducted by Ida Ayu Putri (2015) which explains that the perceived benefit variable is independently associated with JKN participation independently and has a 4.53 times greater chance than other variables to become JKN participants.

The Relationship of Motivation to JKN Participation

The requirement mainfor the community to participate is motivation. Without community motivation it is difficult to participate in all programs. The emergence of motivation must come from the community itself and external parties only stimulate it (Notoatmodjo, 2007:127).

The results of this study indicate that the respondent's motivation is closely related to their participation as BPJS Health participants (p -value = 0.000). This study shows that all BPJS Health participants have good motivation to pay and participate in becoming BPJS Health participants. Meanwhile, 154 non-participants of BPJS Health (92.77%) had low motivation to participate, especially the motivation to pay.

This is in line with research conducted by Nurul Hikmah (2018) and Wahyu Dewi Hapsari (2019) which explains that there is a strong motivation for BPJS Health participants while those who are not participants have the motivation to pay and participate, with a p value = 0.000.

CONCLUSION

Based on the results of research on factors related to the level of JKN participation in the PBPU category in Paselloreng Village, Kec. Gilireng, Kab. Wajo in 2020, it can be concluded that the variables that are not related to JKN Participation in the PBPU category are Recent Education ($p=0.187$), Employment

Status ($p=0.760$), and Service Access ($p=0.097$). Meanwhile, the variables related to JKN participation in the PBPU category were the number of family members ($p=0.024$), knowledge (0.0002), income (0.0004), perception (0.000), and motivation (0.000).

RECOMMENDATIONS

Income factors, number of family members, Perception, Knowledge, and Motivation are strong factors in determining the attitude of the residents of Paselloreng Village to participate in the JKN System. From this study, it can be concluded that there are several problems that are present in the community, such as the lack of health insurance services, both registration and payment of BPJS Health that are easily accessible by the public, information and education that only some people can experience so that there are still many people who do not understand JKN, equity financial assistance to cover JKN premiums that are not in line with the target, and the government's encouragement and motivation for the people to participate is still lacking.

Therefore, from this research, it is hoped that the local government and BPJS Health will improve the information and education system regarding the utilization of the National Health Insurance which has a major impact on the health of the local community, facilitate access to services, more targeting contribution assistance to people who really need it, as well as active invitations and

encouragement to increase public interest in participating in the JKN service system.

REFERENCES

- Abadi, M. Y. (2019). Analisis Kepesertaan Mandiri BPJS Kesehatan Di Sektor Informal (Studi Di Kota Makassar. Makassar: Jurnal Manajemen Kesehatan RS Dr. Soetomo.
- Abdulkarim, A. Tanpa tahun. Pendidikan Kewarganegaraan (Membangun Warga Negara yang Demokratis). Jakarta: Media Pratama.
- Achmadi, U. F. (2013). Kesehatan Masyarakat Teori Dan Aplikasi. Jakarta: Rajawali Pers.
- Amggraeni & Erina Setya. (2016). Perbedaan Pendidikan Kesehatan. Fakultas Ilmu Kesehatan UMP. Purwokerto
- Al-Qur'an, Surah Al-Ma'idah / 5. Ayat : 2
- Arikunto, S. (2006). Prosedur Penelitian Suatu Pendekatan Praktek. Jakarta: Rineka Cipta
- Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. (2020). Kepesertaan BPJS Kesehatan. Jakarta
- Badan Pusat Statistik, 2018.
- Deputi Wilayah IV BPJS Kesehatan. (2020). Data sekunder kepesertaan BPJS Kesehatan Sulawesi Selatan. Makassar.
- Estuti, H. D. (2014). Partisipasi Masyarakat Dalam Layanan Posyandu Berbasis Masyarakat Terhadap Pertumbuhan Balita (Didesa Mergowati Kecamatan Kedu Kabupaten Temanggung). Jurusan Ilmu Pendidikan Universitas Negeri Semarang. Fakultas Pendidikan Guru Pendidikan Anak Usia Dini.
- Hapsari. W.D., Natassia. K., Riniasih. W. (2019). Analisis Faktor yang Mempengaruhi Minat Masyarakat dalam Kepesertaan JKN-KIS Mandiri Di Desa Pandanharum Kabupaten Robogan. Semarang : STIKES Karya Husada.

- Hendrayanto & Masruhi Kamidin. (2018). Penguatan Kompetensi, Lingkungan Kerja Dan Pendidikan Dalam Meningkatkan Kinerja Karyawan Bpjs Ketenagakerjaan Cabang Gorontalo. Universitas Muslim Indonesia, Makassar: Jurnal Manajemen Bisnis.
- Hikmah. N. Z., Hidana. R., Chotimah. I. (2018). Faktor Pengetahuan, Dukungan Sosial Dan Niat Yang Berhubungan Dengan Kepesertaan BPJS Kesehatan Mandiri Kepala Keluarga Di Kelurahan Kedung Badak Kecamatan Tanah Sereal Kota Bogor.
- HR. Bukhari no. 6412
- Ilyas, Y. (2003). Mengenal Asuransi- Review Utilisasi, Manajemen Klaim dan Fraud, Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- Irawan. B., & Ain. A. (2018). Analisis Faktor-Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta Jaminan Kesehatan Nasional Di Wilayah Kerja Puskesmas Payakabung, Kabupaten Ogan Ilir. Jakarta : Jurnal Ilmu Kesehatan Masyarakat.
- Instruksi Presiden No. 8 Tahun 2017 tentang Optimalisasi Pelaksanaan Jaminan Kesehatan Nasional. Jakarta.
- Kementerian Sekretariat Negara RI. (2015). Perjalanan Menuju Jaminan Kesehatan Nasional (JKN). Jakarta Pusat: Sekretariat Wakil Presiden Republik Indonesia.
- Keputusan Gubernur Nomor 2877/X/2019 per 1 November 2019 tentang Upah Minimum Karyawan dan Upah Minimum Provinsi..Makassar.
- Mardikanto, T. & Soebianto, P. (2013). Pemberdayaan Masyarakat Dalam Perspektif Kebijakan Publik. Bandung: Alfabeta.
- Maulana, H.D.J. (2009). Promosi Kesehatan. Jakarta: Buku Kedokteran EGC.
- Melinda. (2016). Faktor-Faktor yang Berhubungan dengan Minat Masyarakat dalam Keikutsertaan BPJS Mandiri di Kecamatan Bener Kabupaten Purworejo. Semarang: UNDIP e-Jurnal