



FACTORS RELATED TO BPJS KESEHATAN PARTICIPATION IN TRADERS AMONG TRADERS

Zaky Muzhaffar¹, Suci Rahmadani², Darmawansyah³

^{1,2,3}Health Administration and Policy Department, Public Health Faculty, Hasanuddin University

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CORRESPONDENCE

Phone : -

Email : zakyim1414@gmail.com

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ABSTRACT

Background: BPJS Kesehatan plans for Universal Health Coverage in Indonesia to reach 98% in accordance with the National Medium-Term Development Plan (RPJMN).

Objective: This study aims to determine the factors associated with BPJS Health membership among traders in Pa'baeng-baeng Marketplace, Makassar City in 2023.

Method: This research is a quantitative study using a cross-sectional study design. The population in this study were 370 traders with a sample size of 160 traders. The sampling technique used was accidental sampling conducted at Pa'baeng-baeng Marketplace, Makassar City. Statistical tests using the chi-square test.

Result: The results showed that the factors that influence the participation of traders in BPJS Kesehatan are income ($p=0.043$), ability to buy ($p=0.013$), perception ($p=0.000$), and family support ($p=0.000$). Variables that are not associated with the participation of traders in BPJS Kesehatan are education variables ($p=0.676$) and the number of family members ($p=0.563$).

Conclusion: The conclusion of this study is that there is an influence between income, ability to buy, perceptions, and family support with BPJS Health participation among traders in Pa'baeng-baeng Marketplace, Makassar City in 2023.

INTRODUCTION

Universal Health Coverage (UHC) is a program launched by WHO which aims to make all levels of society able and able to use health services for their respective individuals with good quality and at minimal cost. In Indonesia, UHC is realized through the

National Health Insurance (JKN) organized by BPJS Kesehatan (Carolina et al., 2018).

It has been emphasized that the right to health is a fundamental right that should be owned by each character, in which anybody is entitled to suitable health services and the government is absolutely chargeable for the provision of health care facilities to be able to

be supplied to each person (Salim, 2020). without the fulfillment of the right to health, the welfare state or a concept that realizes human beings in a country can stay prosperously will no longer be found out (Handoyo & Fakhriza, 2018). To realize a welfare state may be performed by way of meeting the Universal Health Coverage (UHC) goal.

Indonesia has targeted that there will be an increase in the number of people participating in the National Social Security System (SJSN) Program until it can achieve Universal Health Coverage (UHC) in 2024. The target of Universal Health coverage (UHC) in 2024 is that the entire population of Indonesia has been registered and become members of the health BPJS. The achievement of the UHC target through the BPJS program is expected to improve the degree of public health. This is in accordance with what has been explained in Presidential Regulation No. 64 of 2020 which discusses health insurance, which emphasizes that every Indonesian citizen must participate in registering themselves in realizing Universal Health Coverage (UHC) which has a target of 98% by 2024 (Presiden, 2020)

According to information from the valuable statistics organization in 2022, the range of informal quarter people in Indonesia become 80,24 million (BPS, 2022). based totally on records from BPJS health, it is discovered that most Indonesians work within the informal sector in which the process does

not have a fixed income and most have now not registered themselves or their families as BPJS health contributors, one of that is running as a trader. The effects of preliminary observations made with the aid of researchers obtained from the manager of Pa'baeng-baeng marketplace, Makassar metropolis, determined that the range of investors formally registered with the marketplaceplace changed into 273 investors together with buyers of fruits, vegetables, meat, fish, hen, and eggs, and there were several investors selling family furniture placed inside the vicinity round Pa'baeng-baeng marketplace, Makassar city. further, it become found that there are nevertheless many traders who have no longer registered as BPJS health individuals, and there are also those who've formerly registered as independent JKN members however have no longer or have not paid their monthly contributions.

Previous research conducted by Muh Yusri Abadi in 2019 on BPJS Health membership in the informal sector (self-employed) in Makassar City, stated that there is a very strong relation from family support to one's participation in JKN which can provide moral and material support (Abadi et al., 2019). another study concluded that there's a realtion among the extent of schooling, perception, income, and own family aid which could impact someone toward their participation in JKN (Kusumaningrum & Azinar, 2018).

Based on the results of these observations, researchers are interested in

researching Factors Associated with BPJS Health Participation among Traders in Pa'baeng-baeng Marketplace, Makassar City in 2023.

METHODS

The type of research used in this study is quantitative studies. This research was carried out with an analytical survey method using a Cross Sectional Study research design, namely an method by collecting facts or records from respondents to determine the relation among independent variables along with education, number of family members, income, perceptions, buying capacity, and family support with the dependent variable, particulaly BPJS Health participation in

traders at Pa'baeng-baeng Marketplace, Makassar City

RESULTS

The research at Pa'baeng-baeng Marketplace in Makassar City was conducted from 12 June 2023 to 10 July 2023. Data collection was carried out through direct interviews with respondents using a questionnaire. The sample size was 160 respondents, namely people who are registered as traders in Pa'baeng-baeng Marketplace, Makassar City, which includes education, number of family members, income, purchasing power, perceptions, and family support

Characteristics of Respondents

Table 1. Characteristic Of Respondent in Pa'baeng-Baeng Marketplace Makassar City, 2023

Characteristic of Responden	Frecuency (n)	Frecuency (%)
Age (year)		
17 – 25	3	1,9
26- 35	35	21,9
36 – 45	58	36,3
46 - 55	47	29,4
56 - 65	17	10,6
Gender		
Male	79	49,4
Female	81	50,6
Latest Education		
No School	14	8,8
Graduated from elementary school	47	29,4
Graduated from middle school	62	38,8
Graduated from high school	27	16,9
College	10	6,3
Total	160	100

Source: Primary Data 2023

Based on the outcomer of the study in table 1, the respondents on this observe were usually within the age group 36-46 years,

namely 58 respondents (36.3%) and the least in the age group 17-25 years, namely 3 respondents (1.9%). Based totally on gender,

the most respondents were female, namely 79 respondents (49.4%) and the most respondents were female, namely 81 respondents (50.6%). The education of respondents in this study was

mostly at the last high school level of education, namely 62 respondents (38.8%) and the least was at the last college level of education, namely 10 respondents (6.3%).

Table 2. Distribution of Respondents Related to Variables

Characteristic of Responden	Frecuency (n)	Frecuency (n)
Educational Level		
High	37	23,1
Low	123	76,9
Number of Family		
Small	14	8,8
Middle	135	84,4
High	11	6,9
Income		
Enough	71	48,1
Not Enough	83	59,1
Buying Ability		
Capable	84	52,5
Uncapable	76	47,5
Perception		
Positive	117	73,1
Negative	43	26,9
Family Support		
Supported	133	83,1
No support	27	16,9
Total	160	100

Source: Primary Data 2023

Based on Table 2, 37 (23.1%) respondents had a excessive degree of education and 123 (76.9%) respondents had a low stage of education. Based on family size, 14 respondents had small families, 135 respondents had medium families, and 11 respondents had large families. From the respondents' income, 71 (48.1%) respondents had sufficient income and 83 (59.1%) respondents had insufficient income.

Based on the purchasing ability of the respondents, 84 respondents (52.5%) were

able to pay the monthly fee of BPJS Kesehatan and 76 respondents (47.5%) were not able to pay the monthly fee. Based on perception, 117 respondents (73.1%) had a positive perception of BPJS Kesehatan and 43 respondents (26.9%) had a negative perception of BPJS Kesehatan. From the family support variable, 133 respondents (83.1%) received support from their family and 27 respondents (16.9%) did not receive support.

Table 3 Distributin of Independent Tables with The Participation BPJS Health Traders At Pa’baeng-Baeng Marketplace Makassar City, 2023

Variable	BPJS Health Participation				Total		p-value
	Yes		No		n	%	
	n	%	n	%			
Education Level	16	43,2	21	56,8	37	100	0,676
	58	47,2	65	52,8	123	100	
Number of Family	8	57,1	6	42,9	14	100	0,563
	60	44,4	75	55,6	135	100	
	6	54,5	5	45,5	11	100	
Income	42	54,5	35	45,5	77	100	0,043
	32	38,6	51	61,4	83	100	
Buying Ability	43	56,6	33	43,4	76	100	0,013
	31	36,9	53	63,1	84	100	
Perception	70	59,8	47	40,2	117	100	0,000
	4	9,3	39	90,7	43	100	
Family Support	73	54,9	60	45,1	133	100	0,000
	1	3,7	26	96,3	27	100	

Source: Primary Data 2023

The results of bivariate analysis in table 3 display that there are 37 respondents with high level of education, 16 respondents (43.2%) are BPJS Health participants and 21 respondents (56.8%) are not BPJS Health participants. Respondents with a low level of education were 123 respondents, 58 respondents (47.2%) who had been registered as BPJS Health participants and 65 respondents (52.8%) who were not registered as BPJS Health participants. The results of statistical tests using the chi-square test, obtained a p-value = 0.676 so that there is no relation between the education variable and BPJS Health participation in traders at Pa'baeng-baeng Marketplace, Makassar City.

Based on the variable number of families, it shows that respondents with a

small number of family members were 14 respondents, 8 respondents (57.1%) were BPJS Health participants and 6 respondents who were not BPJS Health participants (42.9%). Respondents with a medium number of family members were 135 respondents, 60 respondents (44.4%) were registered as BPJS Health participants and 75 respondents were not registered (55.6%). The number of large family members was 11 respondents, 6 respondents (54.5%) were registered as BPJS Health participants and 5 respondents (45.4%) were not registered. The results of statistical tests using the chi-square test, obtained a p-value = 0.563 so that there is no relation between the variable number of family members with BPJS Health participation in

traders at Pa'baeng-baeng Marketplace, Makassar City.

Based on income variables, it shows that of the 83 respondents who were in the sufficient income category, 42 respondents (54.5%) were registered as BPJS Health participants and as many as 35 respondents (45.5%) were not registered as BPJS Health participants. Respondents who were in the category of less income were 77 respondents, there were 32 respondents (38.6%) who were registered as BPJS Health participants and as many as 51 respondents (61.4%) who were not registered as BPJS Health participants. The results of statistical tests using the chi-square test, obtained a p-value = 0.043 so that there is a relation between income variables and BPJS Health participation in traders at Pa'baeng-baeng Marketplace, Makassar City.

Based on the buying ability variable, it shows that of the 76 respondents who were in the category of being able to buy or pay BPJS Health contributions, 43 respondents (56.6%) were registered as BPJS Health participants and there were 33 respondents (43.4%) who were not registered as BPJS Health participants. Respondents in the category of not being able to buy or pay BPJS Health contributions, there were 31 respondents (36.9%) who were registered as BPJS Health participants and there were 53 respondents (63.1%) who were not registered as BPJS Health participants. The results of statistical tests using the chi-square test, obtained a p-value = 0.013 so that there is a relation

between the ability to buy variables with BPJS Health participation in traders at Pa'baeng-baeng Marketplace, Makassar City.

Based on the perception variable, it shows that of the 117 respondents who were in the positive perception category, 70 respondents (59.8%) were registered as BPJS Health participants and 47 respondents (40.2%) were not registered as BPJS Health participants. Respondents with a negative perception category were 43 respondents, 4 respondents (9.3%) were registered as BPJS Health participants and 39 respondents (90.7%) were not registered as BPJS Health participants. The results of statistical tests using the chi-square test, obtained a p-value = 0.000 so that there is a relation between the perception variable and BPJS Health participation in traders at Pa'baeng-baeng Marketplace, Makassar City.

Based on the family support variable, it shows that of the 133 respondents who were in the category of getting support from the family, there were 73 respondents (54.9%) who were registered as BPJS Health participants and 60 respondents (45.1%) who were not registered as BPJS Health participants. Respondents who were in the category of not getting support from the family were 27 respondents, there were 1 respondent (3.7%) who were registered as BPJS Health participants and 26 respondents (96.3%) who were not registered as BPJS Health participants. The results of statistical tests using the chi-square test, obtained a p-value =

0.000 so that there is a relation between the family support variable and BPJS Health participation in traders at Pa'baeng-baeng Marketplace, Makassar City.

DISCUSSION

Education can influence behavior and motivate a person to become a member of BPJS Kesehatan. People with a high level of education will have a higher level of awareness to register with BPJS Kesehatan compared to people who have a low level of education because people with higher levels of education are more receptive to information about BPJS Kesehatan (Meita et al., 2020). The results of the analysis using the chi-square test obtained a $p\text{-value} = 0.676$ or $p\text{-value} > 0.05$. Thus, H_0 is accepted and H_a is rejected, which means that there is no relation between education variables and BPJS Health membership among traders at Pa'baeng-baeng Marketplace, Makassar City. These results are in line with research conducted by (Syahdati et al., 2022), which states that there is no significant relation between a person's level of education both high and low education towards community participation in utilizing JKN with a $p\text{-value} = 0.34$. However, the results of this study are not in line with research conducted by (Ramayanti & Koesyanto, 2021) which states that a person's level of education will greatly affect the utilization of JKN with a $p\text{-value} = 0.004$.

Of the 37 respondents, 16 were from the higher education category and registered as BPJS Kesehatan participants. This may be because the respondents were aware of

registering with BPJS Kesehatan. Meanwhile, 21 people surveyed in the higher education category were not registered as BPJS Kesehatan participants. This may be because respondents felt that they did not need to join BPJS Kesehatan to get adequate health services. In addition, 58 out of 123 respondents fell into the low education category, but were registered as BPJS Kesehatan participants because the respondents realized that health is very important for themselves and their families, and they need health insurance to be safe. Although there were 65 respondents who fell into the low education category and were not registered as BPJS Kesehatan participants, this was due to the low awareness of the community to register as BPJS Kesehatan participants and the choice of using traditional health services compared to medical treatment by health workers. .

The size of the number of members in a family is a mandatory responsibility that must be fulfilled by each head of the family to cover BPJS Health contributions for family members. The more the number of family members owned, the more costs must be incurred to pay routine contributions every month (Istamayu et al., 2022). The results of the analysis using the chi-square test obtained a $p\text{-value} = 0.563$ or $p\text{-value} > 0.05$. Thus, H_0 is accepted and H_a is rejected, which means that there is no relation between the variable number of family members and BPJS Health membership among traders in Pa'baeng-baeng Marketplace, Makassar City. The results of

this study are in line with those conducted by (Nadhiroh & Indrawati, 2021) that there is no relation between the number of members a person has with his participation in JKN with a p -value = 0.423. Meanwhile, this is not in line with research conducted by (Purnomo et al., 2022), that there is a significant relation between the number of family members and JKN utilization with a p -value = 0.000.

Of the 14 respondents, 8 respondents were in the category of small family members and registered as BPJS Kesehatan participants. Meanwhile, as many as 6 respondents were in the category of small family members and were not registered as BPJS Kesehatan participants, this was because respondents did not realize that registering family members with BPJS Kesehatan would be more secure when their family members fell ill and needed health services. Furthermore, out of 135 respondents, 60 respondents fell into the category of moderate number of family members and were registered as BPJS Kesehatan participants. This is because with a large number of family members, registering with BPJS Kesehatan is an effective step if something unwanted happens. Meanwhile, 75 respondents were in the category of moderate number of family members and were not registered as BPJS Kesehatan participants, this was because the respondents felt that there were too many costs that had to be incurred every month to pay BPJS Health contributions.

Of the 11 respondents, 6 respondents fell into the category of large family members and

were registered as BPJS Kesehatan participants. This is because respondents realize that registering for BPJS Kesehatan is a long-term investment for their family members in the future. Meanwhile, 5 respondents fell into the category of large family members and were not registered as BPJS Kesehatan participants, this was because the respondents found it very difficult to pay monthly contributions and preferred traditional medicine at a much more affordable price.

The amount of income owned through a person may be a motivation to register for BPJS Health membership. The better extent of earnings owned, the greater charges a person has to shop for items or offerings due to the fact people with massive earning tend to apply goods or services consistent with their respective needs (Zasmasya & Gunarto, 2023). Based on the consequences of the analysis using the chi-square test, the p -value = 0.043 or p -value < 0.05 was obtained. Therefore, H_0 is rejected and H_a is accepted, this means that there is a relation among income variables and BPJS Health membership among traders in Pa'baeng-baeng Marketplace, Makassar City. The consequences of this study are in line with those conducted by (Simbereja & Dewiyani, 2020) which states that the amount of a person's income will greatly affect paying BPJS Health contributions every month with a p -value = 0.000. This is also in step with research carried out by (Kur'alni, 2020) that a person's income level substantially affects the use of JKN by the community with a p -value =

0.016. The results of this study are also in line with those proposed by Andersen (1974), which states that earnings is a supporting things that can be a component that influences someone in utilizing health services. However, this is not in line with research conducted by (Riyanti et al., 2019), which states that there is no significant relation between the amount of a person's income and community participation in JKN with a p-value = 0.000.

Of the 77 respondents, 42 respondents were in the sufficient income category and registered with BPJS Kesehatan, this was because respondents realized that registering with BPJS Kesehatan was something important and had to be maintained. Meanwhile, 35 respondents were in the sufficient income category but did not register with BPJS Kesehatan, this was because respondents felt that to get quality and guaranteed health services, they should pay independently, not through the BPJS Kesehatan intermediary. Furthermore, out of 83 respondents, 32 respondents were in the low-income category but registered with BPJS Kesehatan, this was because respondents realized that health was important and felt burdened enough to pay routine contributions every month so they chose to register with BPJS Kesehatan. Meanwhile, 51 respondents were in the low income category and were not registered as BPJS Health participants, this was because the respondents felt that their income was insufficient, so the respondents did not need to register with the BPJS Health

so they did not need to pay routine contributions every month.

Purchasing power is an important aspect that influences a person to utilize health services. The ability to buy can be measured by summing up income, monthly household expenses, and so on. The ability to purchase health insurance contributions can be influenced by the amount of expenditure of each family member and also the family's lifestyle which can have an impact on the inability of a family to pay routine contributions every month (Asy'ari et al., 2022). Based on the effects of the analysis using the chi-square test, the p-value = 0.013 or p-value <0.05 was obtained. Thus, H₀ is rejected and H_a is accepted, because of this, there's a relation between the buying capability variable and BPJS Health participation among traders at Pa'baeng-baeng Marketplace, Makassar City. The results of this study are in line with research by (Agustina et al., 2021) that a person's purchasing power will affect public participation in registering JKN with a p-value = 0.041. This is also in line with research conducted by (Apriani et al., 2021) that a person's buying capability will have an affect on payment of routine JKN contributions every month with a p-value = 0.033. The results of this study are also in line with the theory put forward by Andersen (1974) which states that a person has different buying abilities which will affect the utilization of health services. However, this study is not in line with that

conducted by (Darmawati & Prakoso, 2022) that there is no relation between people's purchasing ability and payment of BPJS Health contributions with a p -value = 0.522.

Of the 76 respondents, 43 respondents were in the category of being able to buy or pay and registered as BPJS Kesehatan participants, this is because respondents felt that registering as BPJS Kesehatan participants was important and were able to pay monthly contributions regularly. Meanwhile, there are 33 respondents who are in the category of being able to buy or pay but not registered as BPJS Kesehatan participants, this is because even though they are classified as being able to pay monthly contributions, respondents feel that they do not have to register with BPJS Kesehatan to get health services. Furthermore, 31 respondents were in the category of not being able to buy or pay and were registered as BPJS Kesehatan participants, this was because respondents felt the need to get health services but could not afford to pay contributions every month, so they chose to take care of the administration in order to get financial assistance from the government. Meanwhile, 53 respondents fell into the category of not being able to buy or pay and were not registered as BPJS Kesehatan participants, this was because respondents objected to paying routine contributions every month and did not take care of the administration to get financial assistance from the government.

Public perception of health has a major impact on BPJS Health enrollment. People are

extra willing to enroll if they are glad with the services offered. Positive and negative beliefs about health insurance result in low community participation in enrolling as BPJS Kesehatan participants. Based on chi-square analysis, the p -value = 0.000 or p -value $<$; 0.05. Therefore, H_0 is rejected and H_a is accepted, which indicates that there is a relation between the perception variable and BPJS Health membership among traders in Pa'baeng-baeng marketplace, Makassar city. The results of this study are in line with research by (Asrinawaty & Mahmudah, 2021) which shows that public perceptions of JKN alone will affect public participation in the use of JKN with a p -value of 0.000. The results of this study are also in accordance with Lawrence Green's (1980) theory that family support is one of the factors in the use of health services by individuals. However, this contradicts studies (Asy'ari et al., 2022) which found that community perceptions, both positive and negative, were not related with community engagement in JKN.

Of the 117 respondents, there were 70 respondents who had a positive perception and registered with BPJS Kesehatan, this is because with a positive perception of BPJS Kesehatan, it will further increase community participation to register with BPJS Kesehatan. While there were 47 respondents with positive perceptions but did not register with BPJS Kesehatan, this was because respondents felt unable to pay their monthly routine contributions even though they believed that

BPJS Kesehatan had a positive impact on them. Furthermore, there are 4 respondents with negative perceptions who are registered as BPJS Kesehatan participants, this is because even though respondents do not believe in BPJS Kesehatan, they still feel the need to register as BPJS Kesehatan participants. Meanwhile, there were 39 respondents with negative perceptions and did not register as BPJS Health participants, this was because respondents felt that registering as BPJS Health participants would be more burdensome if they wanted to get health services and respondents felt that they did not get many benefits as BPJS Health participants.

Family support can motivate someone to register as a member of BPJS Kesehatan. The existence of family support will increase social trust and increase people's interest in becoming a member of BPJS Health. Individuals who do not receive family support generally do not register as BPJS Health participants (Apriliani & Raharjo, 2021). Based on chi-square analysis results $p\text{-value} = 0.000$ or $p\text{-value} < 0.05$. Therefore, H_0 is rejected and H_a accepted, implying that there is a connection between the purchasing power variable and BPJS kesehatan membership for traders in the Pa'baeng-baeng marketplace in the city of Makassar. The results of this study are consistent with research by (Irvan et al., 2021) who found that family support is significantly associated with community involvement in BPJS health, with a $p\text{-value}$ of 0.039. These results are also consistent with research by

(Verayanti Manalu, 2020) that found those who are supported by families have a higher potential to enroll in BPJS Health, with a $p\text{-value}$ of 0.000. Meanwhile, the results of this study conflict with research by (Rahman et al., 2020) which concludes that at $p=0.181$ there is no association between family support and BPJS Health compliance.

Of the 133 respondents, 73 respondents received support from their families and were registered as BPJS Kesehatan participants. This is because respondents get a good understanding of BPJS Kesehatan from their families. Meanwhile, 60 respondents who received support did not register as BPJS Kesehatan participants, this was because the respondents felt that strong enough support from the family had not motivated them to become BPJS Kesehatan participants. Furthermore, out of 27 respondents, 1 respondent did not get support from the family but registered as a BPJS Health participant. Meanwhile, 26 respondents did not get support from their families and were not registered as BPJS Kesehatan participants.

CONCLUSION

Becoming a BPJS Health participant is a mandatory thing to do at this time, because this has been emphasized in a presidential regulation that requires all people to register themselves as active BPJS Health participants. The participation of the government in encouraging people to become BPJS Kesehatan participants needs to be increased

so that people are more active in registering themselves independently.

SUGGESTION

Suggestions Merchants who have not registered with BPJS Kesehatan or do not pay routine monthly contributions to immediately register themselves as active BPJS Health

participants and continue to provide the best service to the community and help the community to get access to adequate health services and further increase efforts to recruit all unregistered merchants to become BPJS Health participants in order to achieve the UHC target of 98% in 2024.

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