

Relationship Between Age, Education, And Income With Contribution Compliance Of The National Health Insurance Program (JKN) In Bekasi Regency

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ARTICLE INFO

Keywords:
National Health Insurance,
Independent Participants,
Contribution Compliance,
BPJS

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ABSTRACT

The National Health Insurance (JKN) is a government program that aims to ensure that all people can be healthy, productive, and prosperous. Compliance with paying contributions on time every month is the obligation of every JKN participant. The more participants who are in arrears of contributions can result in a large burden of health costs borne by BPJS for operations and the return of benefits to beneficiary participants. This can result in a deficit in the BPJS budget and the cross-subsidy scheme or the cooperation principle of the JKN program not working. The purpose of this study was to analyze the relationship between age, education and income with adherence to paying JKN contributions for independent participants in Bekasi Regency. This type of quantitative research uses an analytic observational design with a cross-sectional approach. The variables in the study include the independent variables (age, education, income) and the dependent variable (compliance with paying JKN contributions). The population includes all people who live in Bekasi Regency. The total sample studied was 210 subjects. Determination of the sample using the rule of thumb method with purposive sampling technique. The results of data analysis using the Spearman rank test showed that compliance with paying JKN contributions had a significant relationship with age ($r=0.212$; $p=0.002$), education ($r=0.214$; $p=0.003$), and income ($r=0.156$; $p=0.023$). Age, education, and income have been shown to have a statistically significant positive correlation with compliance with paying JKN contributions for independent participants in Bekasi Regency. The population includes all people who live in Bekasi Regency.

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1. INTRODUCTION

Health is one of the primary human needs, without health human life becomes meaningless because it is socially and economically unproductive. Health is a basic right for all citizens in Indonesia which is guaranteed by the State and has been mandated in the 1945 Constitution article 28 H paragraph 1. Every citizen in Indonesia has the same right to gain access to resources in the health sector and services. Safe, quality, and affordable healthcare. However, this requires consequences for every citizen to be obliged to participate and participate in the implementation of the social security program[1].

As a follow-up to this, the National Social Security System (SJSN) was formed in order to guarantee the fulfillment of the basic needs of a decent life for all people in Indonesia. In line with the third pillar of the Healthy Indonesia Program, namely Health Insurance which is mandatory and covers all Indonesian residents, a legal entity was formed named the Social Security Administering Body (BPJS) in 2013. BPJS is a follow-up form of the SJSN which functions to administer the insurance program health. Health insurance uses the principle of social insurance, namely compulsory membership. The premium amount is based on a percentage of income and all members get the same health services[2].

High health costs make it increasingly difficult for people to access medical services. One way to reduce the burden of medical expenses is to use insurance. The government in this case has tried to provide health insurance to the community through the National Health Insurance (JKN) program. The JKN scheme is managed by PT Askes. BPJS Health is non-profit, cooperative, portable, and has good governance by requiring all people in Indonesia to actively participate as participants by paying premiums/ fees[3].

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The JKN contribution is an amount of money paid regularly by participants, employers and/or the government to BPJS Health for the management of the health insurance program. According to the rules of the BPJS program, participants are required to pay JKN premiums/contributions no later than the 10th (tenth) of each month. If the participant is in arrears, a fine will be imposed if the participant receives treatment at the hospital within 45 (forty-five) days after the reactivation of his membership status of 2.5%. Arrears in JKN participant contributions can have an impact on the large burden of health costs borne by BPJS so that it will result in a budget deficit and the cross-subsidy scheme or the cooperation principle of JKN will not work[4].

The Covid-19 pandemic which was set to start in early 2020 until now has had a negative impact on many sectors such as health, the economy, tourism and others. The pandemic caused an economic and health crisis, resulting in a dramatic increase in the unemployment rate due to the mass layoffs experienced by formal workers. Likewise, informal sector workers have experienced a significant decrease in income and even lost income due to various government policies such as limiting social activities and operating hours of Micro, Small and Medium Enterprises (MSMEs). This has implications for the large number of participants from the Paid Workers (PPU) and Non-Paid Workers (PBPU) groups who become inactive because they are unable to pay JKN contributions regularly and on time.[5].

Based on national JKN membership data released by the National Social Security Council (DJSN) until May 2022 it shows that there are 16,389,308 (53.0%) independent participants in arrears of contributions (inactive membership status). Meanwhile, independent participants who comply with paying contributions (active membership status) totaled 14,548,001 (47.0%)[6]. According to data from the National Social Security Council, as of May 2022 independent BPJS participants (PBPU) who were in arrears of contributions (inactive participants) reached 3,820,469 (58.2%) of a total of 6,568.66 participants. Based on these data, the number of independent BPJS participants (PBPU) who are in arrears (inactive participants) is still high, reaching >50% compared to the number of active BPJS independent participants (PBPU) totaling <50%[6].

The purpose of this study was to analyze factors related to compliance with JKN contributions for independent participants in Bekasi Regency.

2. METHODS

This research is a type of quantitative research using a cross-sectional approach and an observational analytic design. The data collection method used was an interview with a questionnaire.

The research locations were in 3 sub-districts in Bekasi Regency including Sukatani District, South Cikarang District, and South Tambun District. The determination of the research location was carried out randomly. All Districts are given the same opportunity to be selected as research locations in data collection. This research was conducted in August-September 2022. The sampling method used in this study is *Purposive Sampling*. The sample used in this study amounted to 210 research subjects. The dependent variable in this study is compliance with paying JKN contributions. While the independent variables in this study are age, education, and income. Data were analyzed by univariate and bivariate. Univariate analysis shows the distribution in n and %. The bivariate analysis uses the Spearman rank correlation test which aims to determine the relationship between the independent variables and the dependent variable because the data distribution is not normal. Spearman's rank correlation analysis shows the calculation of the coefficient correlation (r) and $\alpha = 5\%$ using Stata 13.

3. RESULTS AND DISCUSSION

Bekasi Regency is the largest industrial area in Southeast Asia which attracts many migrants to work, both working in the formal and informal sectors. Not a few workers have finally decided to settle down and live in Bekasi Regency[7]. As an industrial center, the population of Bekasi Regency in 2021 will reach 3,157,962 people with a working age population of 2,965,716 people. Of the population of working age in 2021, 1,953,408 people are included in the labor force, consisting of 1,756,261 people working and 197,147 people openly unemployed. The Covid-19 pandemic has affected many layoffs, resulting in much new unemployment. This results in low purchasing power of the people, including the purchasing power of the JKN contribution each month[8].

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The research subjects are independent participants who are workers in the informal sector. Data collection was carried out by interviewing directly using a questionnaire on informal sector workers who met predetermined inclusion and exclusion criteria. After data collection is completed, the data is then cleaned and analyzed.

Based on data analysis of the relationship between age, access to health facilities and ease of payment with the compliance of independent participants in paying National Health Insurance premiums in Bekasi Regency with 210 research subjects, the results can be presented as follows:

Univariate analysis

Description of the research variables univariately the distribution of research subjects based on the characteristics of the research subjects and the observed research variables. Characteristics are inherent characteristics of each research subject. Research variables are everything (characteristics, quantities, or quantities that can be measured or counted) determined by researchers to be studied, information is obtained, then conclusions are drawn.

Table 1. Characteristics of Research Subjects

Variable	Frequency (n)	Percentage (%)
Gender		
Woman	108	51.43
Man	102	48.57
Age		
18-25 Years	61	29.05
26-35 Years	46	21.90
36-45 Years	47	22.38
46-55 Years	45	21.43
56-65 Years	9	4.29
66-75 Years	2	0.95
Education		
No school	3	1.43
Elementary School	15	7.14
Junior High School	26	12.38
Senior High School	123	58.57
D3/ S1/ etc	43	20.47
Marital status		
Not married yet	76	36.19
Already/ Ever Married	134	63.81
Number of Family Members		
<4 people	62	29.52
≥4 people	148	70.48
Income		
<IDR 3,000,000	98	46.47
IDR 3,100,000 – 6,000,000	74	35.24
IDR 6,100,000 – 9,000,000	17	8.10
IDR 9,100,000 – 12,000,000	14	6.67
>IDR 12,000,000	7	3.33

Based on Table 1, it shows that the characteristics of the research subjects in this study were independent participants who were female, 108 (47.0%), while those who were male were 106 (53.0%). The majority of independent participants were divided into the 18-55 year age group of 199 people (94.76%), while in the 56-75 year age group, there were only 11 people (5.23%). More than half of the independent participants with high school education were 123 people (58.57%), while the participants who did not attend school were the least number, namely 3 people (1.43%). Independent participants who were not married were 76 people (36.19%), while those who were/had been married were 134

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people (63.81%). Independent participants who had family members <4 were 62 people (29.52%), while those who had family members ≥ 4 numbered 148 people (70.48%). Determination of the category of characteristics of the number of family members based on the mean (average) answers of research subjects, namely 4 people. Almost half of the total independent participants with an average income of <Rp. 3,000,000 were 98 people (46.47%), while those with an income >Rp 12,000,000 were only 7 people (3.33%).

Table 2. Univariate Analysis of Research Variables (Categories)

Variable	Frequency (n)	Percentage (%)
Age		
<36 Years	108	51.43
≥ 36 Years	102	48.57
Education		
<High school	44	20.95
\geq High School	166	79.0
Income		
<IDR 4,791,843	130	61.90
\geq Rp 4,791,843	80	38.10
JKN Contribution Payment		
Compliance	97	46.19
Less Compliant obey	113	53.81

Based on Table 2 shows that independent participant Which aged <36 years were 108 (47.0%), while those who were male were 106 (53.0%). Category determination age based on average value (mean). Independent participants with education <SMA were 44 people (20.95%), while independent participants with education \geq SMA were 78 people (39.0%). Determination of the category of educational characteristics based on government programs, namely 12-year compulsory education. Independent participants with income <Rp 4,791,843 were 130 people (61.90%), while independent participants with income \geq Rp 4,791,843 were 80 people (38.10%). Determination of the category of income characteristics based on the UMK (Minimum Wage) of Bekasi Regency, namely IDR 4,791,843. Independent participants who are classified as non-compliant with paying JKN contributions are 90 people (42.86%), while those who are classified as obedient are 120 people (57.14%). The determination of the JKN premium payment compliance category is based on the median value, this is because the data distribution is not normal.

Bivariate analysis

The bivariate analysis explains the relationship of each independent variable to the dependent variable (JKN contribution payment compliance), and the analysis used is the Spearman rank test.

Table 2. Bivariate Analysis between Age, Education, Income and Compliance of Independent Participants in Paying JKN Contributions

Variable	p-values	correlation coefficient (r)	Conclusion
Age \rightarrow Obedience	0.002	0.212	There is a relationship
Education \rightarrow Obedience	0.003	0.214	There is a relationship
Income \rightarrow Obedience	0.023	0.156	There is a relationship

Table 2 shows that there is a relationship between the variables of age, education, income, and compliance with paying JKN contributions for independent participants. In the output, the age variable shows a significant value or p-value of 0.003, because the p-value is $0.003 < 0.05$, meaning that there is a significant relationship between age and compliance with paying JKN contributions for independent participants. It is known that the value of the correlation coefficient (r) = 0.212, which means that the level of strength of the relationship between age and compliance with paying JKN contributions is low. The correlation coefficient number is positive, namely 0.212, meaning that the relationship between the two variables is unidirectional.

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The output of the education variable shows that the significance value or p-value is 0.002, because the p-value is $0.003 < 0.05$, meaning that there is a significant relationship between education and compliance with paying JKN contributions for independent participants. It is known that the value of the correlation coefficient ($r = 0.214$), which means that the level of strength of the relationship between age and compliance with paying JKN contributions is low. The correlation coefficient number is positive, namely 0.212, meaning that the relationship between the two variables is unidirectional.

The results show that the significance value or p-value is 0.023, because the p-value is $0.023 < 0.05$, meaning that there is a significant relationship between income and compliance with paying JKN contributions for independent participants. It is known that the value of the correlation coefficient ($r = 0.214$), which means that the level of strength of the relationship between income and compliance with paying JKN contributions is very low. The correlation coefficient number is positive, namely 0.156, meaning that the relationship between the two variables is unidirectional.

Discussion

Paying JKN contributions in promptly no later than the 10th of each month is the obligation of all JKN participants who are beneficiaries. Compliance in paying JKN contributions is one of the important factors for the success of the social security system. Contribution compliance will determine the collectability of contributions, which until early 2023 has not been optimal, especially for independent participants. The low collectability rate can result in a large financial risk for health insurance providers, namely BPJS, which is prone to experiencing a budget deficit for operations and returning benefits to participants because the principle of cross-subsidies does not work smoothly[9].

Relationship between Age and Compliance with Independent Participants in Paying JKN Contributions

The results of this study indicate that there is a relationship between age and compliance with independent participants naturally paying JKN contributions and is statistically significant (p-value=0.002; $r=0.212$). The relationship between the two is a positive correlation, which means that the relationship between age and compliance with paying JKN contributions is unidirectional. The more independent participants get older, the more their compliance with JKN contributions will increase.

In line with the research of JM Kirigiaet al (2005) stated that age is one of the demographic factors that determine the ownership of health insurance for women in South Africa. (OR=16.53; P-value = 0.0024). As individuals age, the allocated health investment increases due to manifestations of the biological aging process. They tend to increase investment in health (including health insurance) to reduce risks arising from declining health such as large expenditures or even falling into poverty due to illness.[10].

This is in line with the research by AD Prakoso and FH Sudasman (2020) which states that older informal workers (≥ 43 years) are proven to have a higher chance of being willing to pay BPJS Health contributions 24.57 times compared to young people (< 43 years). The relationship between the two variables was statistically significant (OR=24.57; $p < 0.001$).[11].

Age is one of the characteristics that is a motivating factor for a person to take action or change health behavior. Increasing one's age naturally results in physical and health decline[12]. Physical and health decline as a consequence of increasing one's age tends to increase awareness about health protection. Someone who is classified as old tends to be more aware and willing to invest time, energy and funds in their health, including health insurance[10] [11]. The conclusion is that the older a person is, the more independent participants will be able to pay JKN contributions.

Relationship between Education and Compliance of Independent Participants in Paying JKN Contributions

The results of this study indicate that there is a relationship between education and compliance of independent participants in paying JKN contributions and is statistically significant (p-value=0.003; $r=0.214$). The relationship between the two is a positive correlation, which means that the relationship between education and compliance with paying JKN contributions is unidirectional. The higher the education of independent participants, the greater their compliance with paying JKN contributions.

In line with the research of C. Mokolombon et al Manado City stated that there was a relationship between education and compliance with paying JKN Mandiri contributions in the Working Area of the Ranotana Weru Health Center (p -value = 0.011). Respondents who comply with paying JKN contributions consider that health is important to them. Even though their education is low, the JKN program is felt to have great benefits for their health fulfillment. Meanwhile, respondents who are highly educated but do not comply with paying contributions think that the health services received through the JKN program scheme do not satisfy them[13].

Supporting this research Pootieno et al (2019) stated that respondents with higher education showed a four-fold increased likelihood of having health insurance compared to those without education. The two variables showed a statistically significant relationship (aOR 3.8; 95% CI 1.34 to 10.72).

However, this research is not in line with N. Hasan and AS Batara (2020) stating that education level has no relationship with compliance with paying BPJS Mandiri contributions. It is known that out of 85 respondents who have higher education and are obedient in paying BPJS Mandiri contributions regularly, there are 14 people (35.0%) with a value of $\rho = 0.579$ ($p >$ from a value of $\alpha = 0.05$).[4]

Education is one of the predisposing factors (predisposing factor) a person in accessing health services to the Lawrence Green theory. A person's predisposing factor is a factor that forms the basis that drives a person's motivation or intention to do something such as compliance to pay health insurance contributions. Factors that encourage someone to act include the characteristics, knowledge, attitudes, values and other elements contained in each individual. Education is one of the characteristics contained in each individual. Someone with a high level of education tends to have good knowledge and awareness about their health. A good understanding and awareness of health can encourage participation and compliance in paying health insurance contributions.[14] [15]. The conclusion is that higher a person's education level can increase the compliance of independent participants to pay JKN contributions.

Relationship between Income and Mandiri Participant Compliance in Paying JKN Contributions

The results of this study indicate that there is a relationship between income with the compliance of independent participants in paying JKN contributions and is statistically significant (p -value=0.003; $r=0.214$). The relationship between the two is a positive correlation, which means that the relationship between education and compliance with paying JKN contributions is unidirectional. The higher the education of independent participants will increase their compliance to pay JKN contributions.

In line with research by I. Simbreja and A. Dewiyani in the Pacitan Village in 2022, it is stated that a person's income level has a relationship with the level of compliance of JKN participants in paying JKN contributions. Someone who has a high level of income has high expectations for quality health services so they tend to be willing and willing to allocate funds regularly every month for insurance for their health.[16]

Supporting this research, A. Wulandari et al (2020) stated that there was a significant relationship between income levels and compliance with JKN program contribution payments ($p = 0.038$). The percentage of JKN participants who have high incomes shows higher compliance with paying JKN contributions (39.6%). Meanwhile, the percentage of JKN participant groups with low income shows lower compliance with paying JKN contributions (19.2%). A person's income has a crucial role in a person's awareness to pay JKN contributions. Families with low incomes tend to be disobedient in paying JKN contributions because there are still many essential needs that must be met so there is no allocation to pay JKN contributions or they are diverted to other, more urgent needs.[17].

Independent participants are a group of participants that includes workers in the informal sector who earn erratic income each month. The allocation of funds for the necessities of life will be determined by the size of the income[13] [18]. Informal sector workers certainly prioritize their income for basic needs that must be met every day and are urgent in nature, such as the cost of food, clothing, house rent/installments, electricity, water and other costs. If the worker feels healthy and has no particular illness complaints, then the allocation of funds for health insurance is not prioritized. In contrast to informal sector workers who have high incomes, besides being able to meet their daily basic

needs, they are also able to allocate funds for health insurance and other guarantees in the form of education insurance for children, old age insurance, insurance for businesses owned and others.[2][19]. The conclusion is that higher a person's income can increase the compliance of independent participants to pay JKN contributions.

4. CONCLUSION

This research study shows that age, education, and income have a statistically significant positive relationship (at the 95% confidence level) with adherence to paying JKN contributions among independent participants in Bekasi Regency.

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