

The Correlation of Intention, Social Support, Information Accessibility, and Personal Autonomy on Indonesian Health Insurance (JKN) Membership

(Analytical Observational Study at Guntung Payung Community Health Center, Banjarbaru City)

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ABSTRACT

The Indonesian National Social Security Council (DJSN) reported that Banjarbaru City is in the top 4 regencies which JKN membership rate is below 90%. The results of data analysis also represent that non-Contribution Support Recipients (PBI) members with low membership levels are non-wage earners (PBP). Guntung Manggis Health Center working area contributes to the low membership rate. This study aims to analyze the determinant factors related to independent JKN membership in related to intention, social support, accessibility of information, and personal autonomy. The population in this study are people who have lived in the Guntung Payung Community Health Center working area for at least the last 6 months, with the number of samples is 96 respondents. The findings of logistic regression in this analysis indicate that there is an influence between intention ($p = 0.05$; $EXP(B) = 3.770$), social support ($p = 0.001$; $EXP(B) = 8.816$), and information accessibility ($p = 0.0001$; $EXP(B) = 12.554$) with JKN Mandiri membership. This research suggests that National Health Service (BPJS) be able to maximize promotion programs, disseminate information to the community, and be able to collaborate with other sectors to increase community membership rate in the JKN Mandiri program.

Keywords: Intention, social support, accessibility of information, personal autonomy, JKN

INTRODUCTION

Jaminan Kesehatan Nasional (JKN) is Indonesia's universal health insurance program, aiming to provide affordable and comprehensive health care to all citizens. Managed and implemented by the government's Social Security Agency for Health, BPJS Kesehatan (BPJS Health), JKN offers coverage for a wide range of health services, including preventive, curative, and rehabilitative care.¹

The vision of the 2012-2019 JKN Roadmap is to expand the membership of all Indonesian people in JKN, mainly BPJS Health no later than January 1, 2019. Still, unfortunately, this target remains unachievable given the slow year-on-year growth of JKN members.² Although BPJS Health is compulsory, the membership rate is quite low. Currently, the government has set a new target for JKN membership in the 2019-2024 National Medium-Term Development Plan (RPJMN), which stands at 98% of the total population.³

The National Social Security Council (DJSN) revealed that the coverage of JKN membership nationally is far from reaching the 98% target, the latest in February 2024 the membership rate stood at 95.41% of the 268 million population. With the same data, South Kalimantan is one of 38 provinces that are still below the target and is the only province in Kalimantan Island that is behind the goal, with a membership rate of 91.93%. The growth rate in South Kalimantan Province also experienced a fairly rapid decline, recorded in December 2023 to a membership growth of 4.7%, declining in February 2024 to 0.15%.⁴

Furthermore, according to DJSN data, in February 2024, Banjarbaru City, the capital of South Kalimantan Province, was among the top 4 districts with a membership rate below 90%, at only 88.04%. This figure is lower than in 2023 with a membership rate of 89.58%, decreasing by 1.5% in 2024, with the growth rate continuing to fall from December 2023 (0.26%), January 2024 (0.22%), and February

2024 (0.02%). The results of the data analysis also reflect that the non-PBI (Contribution Assistance Recipient) members with the lowest increase in membership are members in the Non-Wage Recipient Worker (PBPU)/self-employed segment, whose trend from 2020 - 2022 continued to experience a decline, where in 2020 it was 25.6%, dropped to 24.8% in 2021 and dropped back to 23.1% in 2022.⁴ This indicates the need for further follow-up to discover the factors that affect people's membership in becoming independent JKN members so that the causes of the downward trend in independent JKN membership each year can also be detected.

Guntung Payung Health Center is one of 10 Puskesmas in Banjarbaru City. The obtained data in 2022 showed that the coverage of JKN membership amounted to 39.5% or 9,185 people out of a total of 23,219 people, so there are still 60.5% or 14,034 people who are not enrolled as JKN members. This indicates that JKN membership in the Guntung Payung Health Center working area is extremely low, with less than 50% of the population and still far from the national target.⁵

Economically well-off people must register for JKN independently as the program is compulsory, yet many people are still unaware and only register after they are hospitalized. The presence of the JKN Program as a social health insurance can provide a positive impact, which increases the number of people who can access health services, and thus is expected to improve the health status of the community.⁶ The negative impact of not participating in JKN is that the family's health is uninsured, which means that once they experience illness, they will incur high costs. Even for people who cannot afford health services, the lack of health insurance becomes a poverty trap and even fatal.⁷

As stated by Snehandu B. Karr's, some of the determinants of health behavior are behavioral intention or intention, social support, accessibility of information, personal autonomy, and action situation. The previous studies stated that these variables are related to JKN membership, where people who are members of BPJS participate due to having high intentions.⁸ Likewise, social support is an essential factor in influencing people to enroll in JKN.⁹ JKN information can be accessed through dissemination or media with interesting and engaging effects, and this also has the potential to influence a person's interest in signing up for JKN.¹⁰ Regarding personal autonomy, related research shows that people with decision rights and control over decisions and who can autonomously allocate salary to

pay contributions are more likely to apply for JKN, hence people who have good control and autonomy tend to be interested in applying for JKN.¹¹

However, our evidence is insufficient to determine whether or not these variables are associated with National Health Insurance (JKN) membership in the Guntung Payung Health Center working area. Therefore, this study aims to explore further data and analyze the determinant factors associated with the membership of the National Health Insurance (JKN). The focus of this study is to analyze the variables of intention, social support, information accessibility, and personal autonomy. This research is expected to contribute to providing additional information as a basis for planning, implementation, monitoring, and evaluation to increase the number of JKN members in the community in South Kalimantan Province, Banjarbaru City, and specifically in the working area of Guntung Payung Health Center, especially in the PBPU (independent) member segment.

METHOD

Quantitative research was conducted in June 2024 using an analytical observational approach with a cross-sectional design in the community in the Guntung Payung Health Center work area. The samples were drawn with the following criteria: (1) JKN PBPU or non-JKN members, (2) Residing in the working area of Guntung Payung Health Center for at least the last 6 months, and (3) Individuals >18 years old. The sample was calculated using the Lemeshow formula and collected by applying the accidental sampling technique, resulting in a total of 96 persons.

The dependent variable in this study was National Health Insurance (JKN) membership, it is defined as the action of respondents who decided to register or not register themselves as JKN members as seen from having a JKN card or not.

The independent variables were intention, social support, information accessibility, and personal autonomy. Intent was defined as the respondent's desire or motivation to become a JKN member and actions to achieve this intention, categorized as "Yes" if there was an intention or "No" if there was no intention.

Social support was defined as information and advice from the surrounding community, such as family, spouse, friends, and neighbors to make changes to register as JKN members. Social support was categorized as "Positive" if the respondent received positive social support in their membership as JKN

members, and "Negative" if the respondent received less support in their membership as JKN members.

Information accessibility refers to the accessibility and completeness of information about JKN obtained by respondents, either from newspapers, television, social media, or other media. Accessibility of information was categorized as "Well accessible" if respondents obtained sufficient information from any source, and "Less accessible" if respondents did not acquire sufficient information about JKN and its membership.

Personal autonomy was defined as the respondent's freedom to take actions and decisions in determining whether or not to enroll in the National Health Insurance (JKN) membership. This variable was categorized into 2, including "High" if the respondent had the freedom to take action and decisions, and "Low" if the respondent lacked the freedom to take decisions or actions.

All the data were collected utilizing a questionnaire that had already been validated and reliability tested on 30 respondents at Landasan Ulin Timur Health Center with the result of r count greater than r table with $\alpha=5\%$ that is 0.349 and Cronbach's alpha coefficient > 0.8 . The collected data were further analyzed using statistical applications (SPSS) univariately to identify the frequency distribution of each variable, bivariate using the chi square test ($\alpha=5\%$) to determine the relationship between each independent variable and the dependent variable and multivariate analysis. The probability value (sig.) <0.05 , therefore it is considered that there is a partially significant effect of the independent variable on the dependent variable. The probability value (sig.) >0.05 , means that there is no partially significant effect of the independent variable on the dependent variable. The logistic regression test was then followed to examine the most dominant variable correlated with membership in the National Health Insurance (JKN) independently on variables that had a p value <0.25 .

RESULT AND DISCUSSION

Respondent characteristics

The criteria for this research respondents were selected to capture diverse perspectives on healthcare access and JKN Mobile App usage. Age groupings (<35 and ≥ 35) were included to explore generational differences in healthcare access, while near-equal gender representation (49% men, 51% women) ensured insights from both perspectives. Income groupings (IDR 1M – 2M, 3M – 4.9M,

and $\geq 5M$) enabled analysis of financial influences on healthcare and app use while varying education levels (from no schooling to university education) assessed the role of education in health literacy and app navigation. At last, respondents were categorized based on access to the JKN Mobile App (39.6% yes, 60.4% no) to evaluate both barriers and benefits of digital health tools.

Table 1. Distribution Frequency of Respondent Characteristics

Characteristics	Frequency	Percentage
Age		
<35	41	42.7
≥ 35	55	57.3
Gender		
Men	47	49
Women	49	51
Income (IDR)		
1M – 2M	41	42.7
3M – 4,9M	49	51
$\geq 5M$	6	6.3
Education		
Out of school	2	2.1
Elementary school	5	5.2
Junior high school	3	3.1
Senior high school	27	28.1
Higher education	59	61.5
Accessibility of JKN Mobile Apps		
Yes	38	39.6
No	58	60.4
Total	96	100 %

Table 1 depicts that most respondents were over 35 years old (57.3%), had an almost equal proportion of males (49%) and females (51%), with the highest income level in the range of IDR 3.000.000 – IDR 4.999.000 (51%) and were mostly tertiary graduates (61.5%). The table also shows that most respondents did not have the Mobile JKN application (60.4%), which is a digital-based non-face-to-face service channel to facilitate members in obtaining information and member administrative services related to the National Health Insurance program.

Univariate analysis

The univariate analysis presented in Table 2, shows key variables, including JKN membership status, intention, social support, information accessibility, and personal autonomy, along with their respective frequencies and percentages among the respondents in the community at Guntung Payung Health Center working area.

Table 2. Univariate Analysis

Variable	Frequency	Percentage
Indonesian Health Insurance (JKN) Membership (PBPU)		
Yes	51	53.1
No	45	46.9
Intention		
Yes	62	64.6
No	34	35.4
Social Support		
Positive	57	59.4
Negative	39	40.6
Accessibility of Information		
Well accessible	48	50
Less accessible	48	50
Personal Autonomy		
High	36	37.5
Low	60	62.5
Total	96	100%

As revealed in Table 2, most of the respondents in this analysis were National Health Insurance (JKN) members (53.1%), had the intention to participate in JKN (64.6%), received positive social support for their membership in JKN (59.4%), and most of the respondents had low personal autonomy in terms of their membership in JKN (62.5%).

Moreover, respondents in this research were evenly split between those in the good accessibility category and those in the poor accessibility category in terms of accessibility of information that supports their membership in JKN (50%).

Bivariate analysis

Table 3. Bivariate Analysis

Variable	Indonesian Health Insurance (JKN) Membership		Total	OR	P-Value
	Yes	No			
Intention					
Yes	42 (67.7%)	20 (32.3%)	62 (100%)	5.833	0.0001
No	9 (26.5%)	25 (73.5%)	34 (100%)		
Social Support					
Positive	45 (78.9%)	12 (21.1%)	57 (100%)	20.625	0.0001
Negative	6 (15.4%)	33 (84.6%)	39 (100%)		
Accessibility of Information					
Well accessible	42 (87.5%)	6 (12.5%)	48 (100%)	30.333	0.0001
Less accessible	9 (18.8%)	39 (81.3%)	48 (100%)		
Personal Autonomy					
High	21 (58.3%)	15 (41.7%)	36 (100%)	-	0.428
Low	30 (50%)	30 (50%)	60 (100%)		

The bivariate analysis in Table 3 examines the association between National Health Insurance (JKN) membership and various factors, including intention, social support, information accessibility, and personal autonomy, as measured by odds ratios (ORs) and p values. Respondents with positive intentions toward JKN membership were significantly more highly motivated to enroll in JKN than those without such intentions (OR = 5.833, p = 0.0001). This suggests that those who intended to enroll in health insurance were more than five times as likely to become JKN members, indicating a strong association

between intention and actual membership.

Respondents with positive social support were more likely to be JKN members (OR = 20.625, p = 0.0001) compared to those with negative social support. This high odds ratio implies that social encouragement or approval can be a substantial motivator for JKN enrollment, as respondents with supportive social networks were more than 20 times more likely to join JKN compared to those without such support.

The accessibility of well-provided information also shows a substantial influence on JKN memberships (OR = 30.333, p =

0.0001). This OR value suggests that respondents with good access to information about JKN were 30 times more likely to become members than those with limited information access, highlighting the importance of information dissemination to increase JKN membership.

Personal autonomy did not show a significant association with JKN membership, as indicated by the non-significant p-value (0.428). This result implies that personal

autonomy, or the degree of independence in decision-making, may not be a determining factor in respondents' likelihood of joining JKN.

Considering the overall, high odds ratios for intention, social support, and information accessibility suggest these factors play crucial roles in influencing JKN membership, with personal autonomy having less impact.

Multivariate analysis

Table 4. Multivariate Analysis

Model	Variable	B	P-Value	EXP (B)
Model 1	Intention (X1)	1.327	0.05	3.770
	Social Support (X2)	2.177	0.001	8.816
	Accessibility of Information (X3)	2.530	0.0001	12.554
	Constant	-8.801	0.0001	0.0001

Multivariate analysis was used to determine the effect of several independent variables on one dependent variable, that is, membership in the National Health Insurance (JKN). The multivariate analysis utilized was logistic regression. The variables included in the logistic regression analysis were variables that in the bivariate analysis had a p-value <0.25. Thus, the variables included in the multivariate analysis were the intention, social support, and accessibility of information, all of which had a p-value of 0.0001.

The logistic regression analysis applied in this study used the enter method, where the determination of the variables that are discarded are independent variables that at each stage of the analysis have a p-value > 0.05 until a model was obtained with the remaining independent variables having a p-value <0.05. The results obtained are displayed in Table 4.

Table 4 illustrates that in Model 1 of this study, all independent variables had a p-value <0.05, hence, they were considered as the final results of the logistic regression analysis. The variables that influence JKN membership are intention (p-value = 0.05), social support (p-value = 0.001), and information accessibility (p-value = 0.0001) which means that intention, social support, and information accessibility are determinant variables that influence JKN membership among respondents at Guntung Payung Health Center. The regression equation formed is as follows.

$$Y = -8.801 + 1.327 X1 + 2.177 X2 + 2.530 X3$$

From the equation above, it is found that the constant value is -8.801 (negative), which implies that if an individual has no intention, negative social support, and lacks information

accessibility, then the individual will not register as a member in the National Health Insurance (JKN). Also, the regression coefficient of each variable is positive (intention variable of 1.327, social support variable of 2.177, and information accessibility variable of 2.530), which determines that every individual who has intention, positive social support, and high information accessibility, then there is a possibility that they will eventually apply for the National Health Insurance (JKN).

The findings of this paper mentioned that there are 3 variables associated with membership in the National Health Insurance (JKN). Intention is one of the factors within a person that influences behavior, to do or not to do something.¹² Intention can at the same time be interpreted as an individual's will, desire, or interest in something they intend to do.⁸ In this study, intention is seen from respondents' interest in the National Health Insurance (JKN). As previously noted, individuals who had intentions also had a strong desire to register for JKN. This was supported by the EXP (B) intention variable, where the higher the intention, the more likely the individual was to become a JKN member. This result was also aligned with the theory of Snehandu B. Karr', where intention was the main factor in changing one's behavior in action.¹³ The intention is the fundamental thing that will be the goal of participating in the JKN program.¹⁴

Based on the results of the bivariate analysis, the decision to enroll in the JKN program often considered aspects such as their understanding of the importance of health insurance, their belief in the need for health protection, and their views on the quality and accessibility of services provided by JKN. A positive intention to participate in the JKN

program is closely related to a person's decision to enroll and maintain their membership. The findings in this research presented that respondents realized that their or their family's membership in JKN can lead to advantages and benefits, primarily related to the burden of health costs in case of a situation that requires medical treatment. Respondents believed that being enrolled in JKN would greatly ease their burden when a high-cost situation occurs during illness, or help alleviate medical costs and anticipate future emergencies.

Social support is a driving factor in a person's behavior. Social support generally consists of verbal or non-verbal information or advice, tangible assistance, or actions that are obtained because of the presence of others and have emotional benefits or behavioral effects for the receiver.⁸ Related to this study, social support refers to information and advice from the surrounding environment, such as family, coworkers, and friends. Social support plays an important role in encouraging a person's membership as an Independent JKN member. Respondents who received social support, especially from family and coworkers, would have a higher chance of becoming independent JKN members compared to those who received less support.

Again, this was by the theory of Snehandu B. Karr's, which stated that in social life, a human's behavior tends to require support from the people around them. This support can affect a person's decision in terms of health protection.¹⁴ Support and roles from others can be derived from family, friends, and neighbors who can provide confidence in decision-making to become an independent JKN member.¹⁵ The existence of social support can lead an individual to take action, including enrolling in or participating in the JKN program.¹⁶ Similarly, previous research reported that those with social support are more likely to participate in the JKN program and those without social support are less likely to participate in the JKN program.¹⁷ We found that social support from colleagues arose from the fact that some workplaces encouraged their employees to enroll in JKN, as well as the suggestion or encouragement that arose from colleagues who had joined and received benefits as JKN members. Support from "nuclear family" in this case refers to respondents who are married and have children, thus forming a family unit consisting of parents and children. This structure fosters a greater sense of responsibility among respondents to secure protection and health insurance, such as JKN, to ensure the welfare

and security of their spouses and children. This condition encourages the desire to become JKN members and the willingness to allocate a portion of their income to pay monthly contributions.

Accessibility of information is considered a factor that can affect the difficulty or ease of obtaining information or services.¹⁸ Relating to this research, the accessibility of information in question is the accessibility and completeness of information about JKN, either through the dissemination of information from BPJS, or even via other media (including press, internet, social media, and mass media), and has experienced ease in terms of access and completeness of information.

The result of multivariate analysis discovered that information accessibility in this study had the highest EXP (B), thus, it was considered a determinant factor in independent JKN membership among respondents at Guntung Payung Health Center. Information accessibility was the most crucial variable in this study since it had a direct impact on an individual's level of membership and decision-making. Respondents who sought and obtained complete information, either from social media or searching through the internet, were more likely to register as JKN members. In contrast, respondents who were uninformed or passive in seeking information were less likely to enroll in JKN. The process of self-searching for information about JKN will lead to better knowledge of the program's benefits and enrollment process.

Our finding is also by the theory of Snehandu B. Karr, in which comprehensive information will facilitate a person in making decisions. The theory highlights the determinant of one's action to utilize health services is influenced by the presence or lack of information about health or health facilities (accessibility of information).¹⁴ People will tend to take action if given a complete explanation of the actions they will take, especially in terms of JKN membership. Information is supported by the adequacy of the media used and is updated regularly. The better and easier to understand the information obtained, the higher the awareness to register for JKN membership independently. The continuous accessibility of complete information about JKN will attract people to make decisions related to membership in JKN.⁹ This study found that respondents stated that good information accessibility also indicated that information about the JKN program was easy to obtain and detailed information. The information obtained by respondents was most commonly the result of internet browsing and social media searches

about JKN. Our results confirmed the literature in which information obtained about JKN was gained through independent searches on the internet, and the majority of those who independently looked for information were more likely to enroll in JKN.¹⁹ On the other hand, respondents who were not registered with JKN stated that information about JKN was incomplete and inaccessible. This can be due to respondents lacking the desire to enroll and not facing a sense of urgency or need to become JKN members, so they avoid proactively seeking out information and passively waiting for information about JKN to reach them on its own.

Personal autonomy is an individual's freedom to take action or decisions. Personal autonomy is also linked to behavioral control, where the extent to which an individual can gain freedom, independence, and discretion to act. In this paper, personal autonomy or behavioral control relates to an individual's freedom to take actions and decisions in choosing whether or not to register for National Health Insurance (JKN) membership.

Results showed that the personal autonomy variable was not associated with membership in the National Health Insurance (JKN). This could be assumed because respondents cannot immediately decide to participate or not participate based on their desires, but also consider other factors, such as family and ability to pay contributions, considering that JKN membership registration also requires all family members to be registered so that the costs incurred are higher.

Other research stating that financial conditions and enrollment in the National Health Insurance (JKN) must include family members support the results mentioned above.⁷ The same research conducted by Laila also stated that a person who decides to become a JKN member assumes that they must have a sufficient and stable income considering the monthly premium paid.²⁰ This condition caused respondents who had low and uncertain incomes to be less interested in becoming a member of the National Health Insurance (JKN).

Besides, this study also highlighted the opportunities for community health centers in terms of providing information about JKN. Currently, BPJS only collaborates with community health centers in the areas of health services, but not in regards to collaborating in disseminating information such as providing brochures, pamphlets, or health promotions about JKN. BPJS may also enhance marketing strategies for informal sector workers and those who are not yet registered as JKN members.²¹

Community health centers and other health facilities can also contribute to achieving a better quality of health services for JKN members to minimize disparities with general patients. In this regard, research conducted by Asmoro et al.²¹ Anisah et al.²², Wijaya²³ and Pratiwi²⁴ declared that good service quality will lead to patient satisfaction and loyalty, which is expected to reflect and increase public interest in becoming independent JKN members.

CONCLUSION

The study concluded that statistically intention, social support, and information accessibility are jointly determinant variables that have influences on the membership of the National Health Insurance (JKN) among respondents at Guntung Payung Health Center. The variable that has the most statistical effect on the membership of the National Health Insurance (JKN) in this research is the accessibility of information. People tend to take action if they have detailed information about the action they are going to undertake, especially in terms of JKN membership. Information is supported by the completeness of the media used and updated regularly. The more reliable and understandable the information obtained, the higher the willingness to enroll as a member of the National Health Insurance (JKN).

ACKNOWLEDGMENTS

We would like to thank all the parties at the Master of Management Postgraduate Program of Adhirajasa Reswara Sanjaya University. We also acknowledge the head of Guntung Payung Health Center and all colleagues, as well as all those who have contributed to the conduct of this research.

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