



DETERMINANTS OF THE UTILIZATION OF THE MEDAN BERKAH HEALTH INSURANCE PROGRAM (JKMB)

Nyak Firzah*, Fitriani Pramita Gurning, Susilawati

Public Health Study Program, Faculty of Public Health, Universitas Islam Negeri Sumatera Utara, Jl. William Iskandar Ps. V, Medan Estate, Percut Sei Tuan, Deli Serdang, North Sumatera 20371, Indonesia

*nyakfirzah2@gmail.com

ABSTRACT

Universal Health Care (UHC) means that everyone has access to high-quality healthcare at the time and location they need without financial hardship. UHC is achieved with the JKN program which in Medan City applies the free Medan Berkah Health Insurance (JKMB) program for Medan residents with Medan KTP/KK. The achievement of health insurance participation in the Pasar Merah Medan Puskesmas working area until February 2024 is still 71% of the total population of the Puskesmas working area. The study aims to analyze the determinants of the utilization of Medan Berkah Health Insurance (JKMB) in the Working Area of the Pasar Merah Medan Health Center. The study used quantitative with a cross-sectional design. The population was 27,378 people and a sample of 100 respondents used lameshow. The sampling technique uses simple random sampling. Data is collected using questionnaire. Analyze data using univariate and bivariate test using SPSS Statistics. The results showed that there was a correlation between complaints of illness (p-value 0.001), education (p-value 0.002), knowledge (p-value 0.048) with the utility of JKMB, and there was no correlation between employment (p-value 0.685), dan mileage (p-value 0.637) with the utility of JKMB.

Keywords: health insurance; health service utilization; universal health coverage

First Received 8 May 2024	Revised 13 May 2024	Accepted 18 May 2024
Final Proof Received 19 May 2024		Published 01 June 2024
How to cite (in APA style) Firzah, N., Gurning, F. P., & Susilawati, S. (2024). Determinants of the Utilization of the Medan Berkah Health Insurance Program (JKMB). <i>Indonesian Journal of Global Health Research</i> , 6(3), 1687-1698. https://doi.org/10.37287/ijghr.v6i3.3380 .		

INTRODUCTION

Universal Health Care (UHC) according to World Health Organization (WHO) means that everyone has access to the full range of high-quality healthcare they need, at the time and location they need, and without facing financial hardship. UHC covers all aspects of essential healthcare services ranging from promotive, preventive, curative, rehabilitative, and palliative care (WHO, 2024). UHC services can prevent people from having to use their life savings, sell assets, or take out loans to cover the cost of necessary health services, which can lead to poverty, destroy their future, and often the future of their children (WHO, 2024). Achieving UHC is one of the targets that countries in the world set when they adopted the Sustainable Development Goals (SDGs) 2030 by 2015. At a meeting hosted by the United Nations (UN) in 2019 on UHC, countries reaffirmed that health is a prerequisite, outcome, and indicator of the social, economic, and environmental dimensions of the SDGs (WHO, 2024).

All WHO member states, including Indonesia, decided by 2025 to achieve the 13th WHO General Program of Work. This was decided during the WHO session Executive Board 144th in 2019 144th. Among these goals is that one billion people will benefit from universal health coverage (UHC), be better protected from medical emergencies, and live better, healthier lives (Kemenkes RI, 2021). The Government of Indonesia continues to strive to achieve universal

health coverage (UHC) to ensure that all Indonesians have access to quality and effective promotive, preventive, curative, and rehabilitative health services. The UHC target in Indonesia set in the National Medium-Term Development Framework (RPJMN) 2020-2024 is 98% of the entire Indonesian population.

The National Health Insurance Program (JKN) was established by the Indonesian government on January 1, 2014, to achieve the UHC condition. By Law Number 40 of 2004 which regulates the National Social Security System (SJSN), the Social Security Organizing Agency (BPJS) Health is in charge of organizing this program (Kemenkes RI, 2021). The main goal to be achieved from the National Health Insurance (JKN) is to achieve Universal Health Coverage/ UHC to ensure the provision of universal health services for all Indonesian people. The President Director of BPJS Kesehatan explained that the coverage of JKN participation on September 1, 2023, reached 262,865,343 participants or 94.60% of the total population of Indonesia. A total of 27 provinces have achieved UHC coverage more than and equal to 95% of the population, and 11 provinces are still below 95% of the population (DPD RI, 2024).

The coverage of membership in the National Health Insurance (JKN) of North Sumatra Province until April 30, 2023, reaches 13,185,470 people from a population of around 15 million people, which means it still reaches 86% according to the records of the Medan branch of BPJS Health. This achievement is still quite far from the national UHC target of 98% of the entire population of North Sumatra Province. Meanwhile, the achievement of National Health Insurance (JKN) participation in Medan City on July 1, 2023, reached 97.30%, which means that it does not cover the entire population of Medan City according to the definition of the World Health Organization (WHO). The achievement of the UHC program in Medan City is accompanied by the implementation of the Medan Berkah Health Insurance (JKMB) program. The JKMB program is organized by the Medan City Government to realize Universal Health Coverage in Medan City with free service fees with Identity Cards (KTP) so that it can be easily affordable by all levels of society in Medan City (Medan Communication and Information Service, 2024).

The JKMB program applies membership in the National Health Insurance (JKN) through the National Identity Card (KTP) NIK domiciled in Medan and at least 3 months as a resident of Medan City since the family card (KK) was issued. So that Medan City residents can take advantage of free health services if they already have an active BPJS either independent, workers, or free from the government, and those who do not have an active BPJS, will be immediately served and registered as BPJS participants who are immediately active 3x24 hours working days with NIK KTP (Medan Communication and Information Service, 2024). The scope of participation that does not cover the entire population affects the use of JKN and JKMB services. The Healthcare Utilization theory from Andersen (1975) describes the health system model in the form of a health belief model that the use of health services is influenced by several factors, namely predisposing factors including education, knowledge, work, and mileage, then supporting factors including household expenses, and needs factors.

This is in line with the statement Head of Health Services that Medan City residents who have not participated in JKMB participation are assumed due to the lack of public knowledge about the JKMB program. The person in charge of Medan Berkah Health Insurance of the Medan City Health Office also admitted that there are still very many Medan City residents who do not understand the process of utilizing the JKMB program so there is often miscommunication in the field (Metro People's Editor, 2023). This is supported by previous research by (Zulfa, 2022) which states that there is a knowledge correlation with the use of

BPJS services at Pratama Bagus Samudra Clinic with a p-value of 0.002 (< 0.05). Then supported by research (Jafar, 2021) which states that there is a correlation between knowledge and the use of health services in BPJS patients at the Bantimurung Health Center, Maros Regency with a p-value of 0.037 (< 0.05).

Discussing the achievement of health insurance participation in Medan City, the achievement of health insurance participation in the working area of one of the health facilities in Medan City, namely the working area of the Pasar Merah Medan Health Center until February 2024 is still 71% with 19,421 participants out of a total population of 27,378 people. So it has not reached the 2020-2024 RPJMN target of 98% and has not reached UHC according to the WHO definition which covers the entire population. According to data from the Pasar Merah Medan Health Center until February 2023, the number of outpatients using health insurance is 1330 patients. So departing from the background of problems related to the achievement of UHC in Medan City, especially in the working area of the Pasar Merah Medan Health Center, a study was conducted to analyze the determinants or factors related to the use of Medan Berkah Health Insurance (JKMB) in the working area of the Pasar Merah Medan Health Center

METHOD

This type of research is an analytical survey research method with a quantitative approach with a Cross-Sectional research design. The study population includes residents in the working area of the Pasar Merah Medan Health Center amounting to 27,378 people. Based on data obtained from the Medan Red Market Community Health Center in 2022, the population in the Medan Red Market Health Center Working Area can be described as follows: Teladan Timur Subdistrict has a population of 13,029 people, followed by West Pasar Merah Subdistrict with a population of 3,312 people, and Matsum III City Village with a population of 6,332 people. Apart from that, Sei Rengas I Village also contributes a population of 4,705 people. Thus, overall, the Medan Red Market Health Center Work Area has a total population of 27,378 people.

The sample is determined using the lameshow formula with a result of 96 which is then rounded to 100 respondents because the larger the respondents, the chance of generalization error decreases. The sampling technique uses simple random sampling. This research instrument uses questionnaires of dependent variables (age, education, employment; knowledge, mileage, and needs), independent variables, namely the use of health insurance, and supporting variables, namely income. This study used univariate analysis that displays a table of frequency and percentage distribution of each study variable, and bivariate analysis using chi-square statistical tests.

RESULTS

Based on the frequency distribution that presents the age characteristics of respondents, it shows that out of 100 respondents, the age distribution over 40 years is more than that of respondents under 40 years old. At the level of education of respondents, it shows that out of 100 respondents, the distribution of secondary education levels is Senior High School (SMA), Vocational High School (SMK), and the same level is the most respondents. The respondents with the smallest percentage are those who take only up to basic education, which includes no school, elementary school (SD), junior high school (SMP), and the same level. On respondents' jobs, it showed that out of 100 respondents, more were already employed than unemployed. Respondents who did not work were students, housewives, and some who had retired from their jobs. Then the distribution of respondents' income frequency, shows that out

of 100 respondents, the majority have income below the UMR which in this category includes those who do not work because their income is only Rp0.00. In the category of the distance of respondents' residences to the nearest health service, it shows that out of 100 respondents, the most respondents' residences have a short distance (< 1km) with health services, and the least are those who have a long distance (> 2km) with health services.

Table 1.
Characteristics of Respondents

Category	Amount	
	f	%
Age (Years)		
< 40 tahun	46	46,0
> 40 tahun	54	54,0
Education		
Low	65	65,0
High	35	35,0
Employment		
Doesn't have employment	46	46,0
Have employment	54	54,0
Income		
< UMR	81	81,0
= UMR	14	14,0
> UMR	5	5,0
Mileage		
Near	84	84,0
Far	16	16,0

Table 2.
Medan Berkah Health Insurance (JKMB) Membership

Participant	Amount	
	f	%
Not a participant	29	29,0
Participant	71	71,0

Table 2 which presents the coverage of JKMB membership, it shows that out of 100 respondents, this study is dominated by respondents who have become health insurance participants 71% of respondents and the rest are not health insurance participants.

Table 3.
Utilization of JKMB Program Services

Utilization	Amount	
	f	%
Didn't utilize	62	62,0
Utilize	38	38,0

Based on the frequency distribution in Table 3 which presents the categories of JKMB program service utilization, it shows that out of 100 respondents, the majority did not utilize health services using health insurance, especially within 3 months counting down starting from March 2024.

Based on the frequency distribution in Table 4 which presents the categories of respondents' needs assessed from existing sick complaints, it shows that out of 100 respondents, the

majority have no disease complaints, especially within 3 months counting down starting from March 2024.

Table 4.
Need Factors based on Respondents' Pain Complaints

Pain Complaints	Amount	
	f	%
There isn't any	66	66,0
There is	34	34,0

Table 5.
Respondents' Knowledge

Knowledge	Amount	
	f	%
Not really good	61	61,0
Good	39	39,0

Table 5 which presents the categories of knowledge of respondents, out of 100 respondents, those who have less knowledge show a percentage more by 61% compared to respondents who have good knowledge.

Determinants of Medan Berkah Health Insurance (JKMB) Utilization

Table 6.
Correlation between Education and JKMB Utilization

Education	Utilization of JKMB		Total	P-value	OR
	Not taking advantage.	Taking advantage			
Low	48 (78,8%)	17 (26,2%)	46 (100%)	0,002	4,2
High	14 (40,0%)	21 (60,0%)	54 (100%)		
Total	62 (62%)	38 (38%)	100 (100%)		

Based on the results of the analysis of the correlation between education and the use of JKMB using *the chi-square* test, a p-value of 0.002 (< 0.05) was found, which means that there is a significant correlation between educational factors and the use of JKMB. Based on the OR value found, it was concluded that respondents who took up to higher education (high school and college) were 4.2 times more likely to use JKMB than respondents who only took elementary education (Not school, elementary, junior high).

Table 7.
Correlation between employment and JKMB membership

Employment	Utilization of JKMB		Total	P-value	OR
	Not taking advantage.	Taking advantage			
Doesn.t have employment	30 (62,2%)	16 (34,8%)	46 (46%)	0,685	1,3
Have employment	32 (59,3%)	22 (40,7%)	54 (54%)		
Total	62 (62%)	38 (38%)	100 (100%)		

Based on the results of the analysis of the correlation between work and JKMB utilization using *chi-square statistical tests*, a p-value of 0.685 (> 0.05) was found, which means that there is no significant correlation between employmental factors and JKMB utilization with an OR value of 1.3 so that respondents who work tend to use JKMB only 1.3 times greater than those who do not work.

Table 8.
Correlation between mileage and JKMB utilization

Mileage	Utilization of JKMB		Total	P-value	OR
	Not taking advantage.	Taking advantage			
Near	54 (64,3%)	30 (35,7%)	46 (46%)	0,637	1,8
Far	8 (9,9%)	8 (6,1%)	54 (54%)		
Total	62 (62%)	38 (38%)	100 (100%)		

Based on the results of the analysis of the correlation between mileage and the use of JKMB using the *chi-square statistical test*, it was found that the p-value was 0.637 (> 0.05), which means that there is no significant correlation between the distance factor of the respondent's residence to health services and the use of JKMB. Based on the OR value found, it was concluded that respondents whose short distance was only 1.8 times greater had a tendency to use JKMB than respondents whose distance was far away.

Table 9.
Correlation between Knowledge and Utilization of JKMB

Knowledge	Utilization of JKMB		Total	P-value	OR
	Not taking advantage.	Taking advantage			
Not really good	43 (70,5%)	18 (29,5%)	66 (66%)	0,048	2,5
Good	19 (24,2%)	20 (14,8%)	34 (34%)		
Total	62 (62%)	38 (38%)	100 (100%)		

Based on the results of the analysis of the correlation between knowledge and the use of JKMB using the *chi-square statistical test*, it was found that the p-value was 0.048 (< 0.05), which means that there is a significant correlation between knowledge factors and the use of JKMB. Based on the OR value found, it can be concluded that respondents with higher education are only 2.5 times more likely to use JKMB than respondents who have sufficient knowledge.

Table 10.
Correlation between complaints of illness and use of JKMB

Pain Complaints	Utilization of JKMB		Total	P-value	OR
	Not taking advantage.	Taking advantage			
There isn't any	49 (74,2%)	17 (25,8%)	66 (66%)	0,001	4,6
There is	13 (38,2%)	21 (61,8%)	34 (34%)		
Total	62 (29%)	38 (71%)	100 (100%)		

Based on the results of the analysis of the correlation between need factors based on sick complaints with the use of JKMB using the *chi-square statistical test*, it was found that the p-value was 0.001 (< 0.05), which means that there is a significant correlation between the need factor and the use of JKMB in this study with an OR of 4.6, meaning that respondents who have 4.6 more complaints of illness tend to use JKMB than those who do not complaints of pain.

DISCUSSION

The Correlation between Education and the Utilization of Medan Berkah Health Insurance (JKMB)

Judging from the results of the study, it was found that there was a significant correlation between educational factors and the use of Medan Berkah Health Insurance (JKMB) with a p-value of 0.002 (< 0.05). This can be because respondents with higher education who take advantage of health insurance have a greater percentage as much as 60% than those who do

not use it. Meanwhile, in primary and secondary education that utilizes, it does not touch 60% compared to those who do not use, so of the three levels of education, more percentage take higher education. Based on the OR value found, it was concluded that respondents who took up to higher education (high school and college) were 4.2 times more likely to use JKMB than respondents who only took elementary education (Not school, elementary, junior high). So that more highly educated people take advantage of national health insurance including Medan Berkah Health Insurance. Education affects a person's rational and irrational mindset compared to someone with higher education (Oktarianita et al., 2021).

The results of this study are in line with previous research conducted by (Salsabila & Setianingsih, 2023) that there is a correlation between the level of education and the use of health services for National Health Insurance participants at the Cikarang Health Center with a *p-value* of 0.000 (< 0.05). In line with previous research conducted by (Rahmayanti & Ningsih, 2021) that there is a correlation between education and the use of BPJS Kesehatan in the working area of the Banda Baru Health Center, South Tangerang, *p-value* 0.182 (< 0.05). The level of education affects an individual's awareness of planning and controlling actions to understand the risks to his or her health. The higher the level of education, the more knowledge and the more the need for health services (Fadila & Dewiyani, 2022). So that it is well informed and this will increase the desire to become a participant in health insurance, especially information about Medan Berkah Health Insurance (JKMB) which offers free health service guarantees for all residents of Medan City if they want to get class III services.

Anderson's theory states that the level of education is one of the predisposing factors that facilitate a person's behavior. People with a higher level of education have an objective view related to the need to have health insurance to deal with unexpected health problems so the level of awareness is higher to get health insurance. Meanwhile, people who have low education are not aware of the level of threat that will be posed related to unexpected health problems (Fadila & Dewiyani, 2022). Education also influences pragmatic and rational thinking patterns towards customs. With higher education, a person can more easily accept new ideas that are beneficial to his health (Brahmana, 2018) and in motivating to be ready to participate in health development (Meita et al., 2020), such as getting health insurance even though you don't have sick complaints so that if something unexpected happens at any time, it will be easily served and the data is easy to use. *follow up*.

However, for those who are highly educated but do not take advantage of national health insurance, this tends to be because the mindset of the upper secondary education community has led to everything commercial, including hospital services. So every word "social" such as "social insurance" and "social function of hospitals" is almost always understood as a service or program for the poor (Thabrany, H, 2011). This refers to Russel's (1996) theory, status sosial ekonomi, dalam hal ini pendidikan berhubungan dengan pemilihan sistem jaminan. The higher the education, the greater the opportunity to choose more health insurance, because someone with a higher education 4.0 tends to have a higher demand for health status and quality of health services yang lebih baik. This is in accordance with the nature of voluntary insurance that fulfil the demand of spesific society especially those who wants to get a privileged (Noerjioedianto & Subandi, 2022). Research of (Hemrit & Benlagha, 2020) assess that individuals with higher education levels are more aware of the risks. So it requires voluntary health insurance that does not experience a long enough health service flow process because of waiting queues or because of the referral system on national health insurance (Gumeller, 2018).

Employment Correlation with Medan Berkah Health Insurance (JKMB) Utilization

Based on the results of the study, it was found that there was no significant correlation between employment factors and the use of Medan Berkah Health Insurance (JKMB) with a *p-value* of 0.685 (> 0.05). The results of this study are in line with previous research conducted by (Arini, 2022) that there is no correlation between employment and the utilization of National Health Insurance (JKN) in Medan Baru District with a *p-value* of 0.062 (> 0.05). Work is an activity carried out to meet personal and family needs. The factor of employment is part of a person's socio-economic status. Diverse types of work influence the frequency and spread of disease because part of a worker's life is spent in workplaces that have varying environmental conditions (Sianturi et al., 2024). While the decline in the health status of workers will affect the decrease in attendance at work due to health problems they experience, this is supported by scientific evidence that shows that health problems experienced by workers can reduce the quantity and quality of workers in several other forms, such as unemployment status, worker income levels, and the amount of production (Bella et al., 2022).

Any type of work has a risk of the emergence of negative impacts due to work such as diseases and accidents that occur as a result of work so that the impact will arise in a long period after work, this is often not realized by workers related to the risks arising from work (Darmayani et al., 2023). So workers need to get health insurance. However, in this study, the results showed that among respondents who did not work and those who worked, only a difference of 2 respondents did not use JKMB. Respondents who are not working are known to be students, housewives, and those who have retired from their jobs. Non-working respondents who are students fall into the higher education category. So this can be the cause of no correlation between work and the use of JKMB in this study because the education factor that has been previously stated has a correlation with the use of Medan Berkah Health Insurance (JKMB). After all, highly educated respondents have a large percentage in utilizing health insurance.

Mileage Correlation with JKMB Utilization

Based on the results of the study, it was found that there was no significant correlation between the mileage factor and the utilization of Medan Berkah Health Insurance (JKMB) with a *p-value* of 0.637 (> 0.05). The results of the study are in line with the findings made by (Logen et al., 2015) which states that the distance variable with the health service utilization variable does not have a significant correlation with *p-value* = 0.804. Research conducted by (Panggantih et al., 2019) also get the result of a *p-value* value of 0.606 which states that distance has no significant correlation with health service utilization. On research (Panggantih et al., 2019), it is assumed that residents who are close or far away from health care facilities do not affect the use of health services because when they are suitable with these health care facilities, they will continue to go to the health care facilities they choose even though the health service place is far enough. Then one of the factors that make residents not go to health care facilities even though they are close to the disease suffered can still be treated by themselves or mild illness. This assumption is in line with the Donabedian theory (1973) in Dever (1984) which states that distance can not be related to the use of health services due to other factors, namely complaints or pain felt by the community.

Knowledge Correlation with JKMB Utilization

Based on the results of the study, it was found that there was a significant correlation between the knowledge factor and the use of Medan Berkah Health Insurance (JKMB) with a *p-value* of 0.048 (< 0.05). The results of this study are in line with previous research conducted by

(Ovany et al., 2020) which states that there is a correlation between knowledge and motivation to use the National Health Insurance (JKN) at the Panarung Health Center with a *p-value* of 0.002 (< 0.05). Then the results of the research by (Zulfa, 2022) states that there is a knowledge correlation with the use of BPJS services at Pratama Bagus Samudra Clinic with a *p-value* of 0.002 (< 0.05). The results of the study are also in line with the research (Jafar, 2021) which states that there is a correlation between knowledge and the use of health services in BPJS patients at the Bantimurung Health Center, Maros Regency with a *p-value* of 0.037 (< 0.05).

This result can be caused by respondents who have less knowledge who do not utilize services by 70.5% and who utilize only 29.5%. This result is also in line with the statement of the Head of Health Services that Medan residents who have not participated in the use of health insurance are assumed due to the lack of public knowledge about the JKMB program. The person in charge of Medan Berkah Health Insurance of the Medan City Health Office also admitted that there are still many Medan City residents who do not understand the process of using the JKMB program so there is often miscommunication in the field (Editors of Metro Rakyat, 2023). Respondents who are well informed that they can access free services and the right registration mechanism by bringing their original KTP/KK to health services will have greater potential to take advantage of the health insurance program. Similarly, what is well-informed about the solution to health insurance arrears is that Medan residents can still take advantage of free health services even though they have arrears if they are willing to switch to class III with KTP/KK to be registered with JKMB without paying arrears and without being subject to a 5% service fine. But those who have never heard or who have heard but are not well informed about the registration and payment mechanism, do not understand exactly its use. Knowledge is something that influences a person's behavior. Most human knowledge is acquired through the eyes and ears. Without knowledge, a person has no basis for making decisions and determining actions on the problem at hand. Knowledge of the cognitive realm is a very important domain in shaping one's actions (Pakpahan et al., 2021).

The Correlation between Sick Complaint Factors and the Utilization of Medan Berkah Health Insurance (JKMB)

Based on the results of the study, it was found that there was a significant correlation between the factors of illness complaints and the use of Medan Berkah Health Insurance (JKMB) with a *p-value* of 0.001 (< 0.05). Needs factors include complaints of illness, especially those suffered in the last 3 months so this can be a factor in the need to access health services. These results can be caused by the results that show respondents who have no complaints of illness by 74.2% do not use JKMB, especially in the last 3 months than those who use, but respondents who have complaints of illness have a greater number who use JKMB by 61.8% than those who do not use. This is in line with research conducted by (Stiyawan & Ainy, 2023) that there is a correlation between the history of illness and the use of services of national health insurance participants in Jejawi District with a *p-value* of 0.000 (< 0.05).

This is in line with Andersen's (1975) theory of health service utilization that needs factors influence health service utilization behavior. Because predisposing and supporting factors can be realized when perceived as a need. Necessity is the basis and direct stimulus for using health services This refers to the level of pain that is considered a direct cause of health care utilization (Kristina, 2017). The presence of complaints of pain and long endure of pain felt by individuals will cause attention to these symptoms and then encourage individuals to seek help (Widiyastuty et al., 2023). The right healthy-sick concept will make individuals

immediately take advantage of health services and not wait for the pain to become severe (Fauziyah & Dewi, 2017). Health insurance owned by the community will be able to provide convenience in getting health services because the costs incurred are not expensive and even free for those who take advantage of Medan Berkah Health Insurance (JKMB) for residents of Medan City.

CONCLUSION

Based on the results of research using the chi-square test regarding determinants or factors related to the use of Medan Berkah Health Insurance (JKMB) in the working area of the Pasar Merah Medan Health Center, it can be concluded that there is a correlation between complaints of illness with a p-value 0.001 (<0.05), education factors with a p-value of 0.002 (<0.05), and knowledge with a p-value of 0.048 (<0.05) with the utilization of Medan Berkah Health Insurance (JKMB) and there is no correlation between employment factors with a p-value of 0.685 (>0.05) and mileage with a p-value of 0.637 (>0.05) with the utilization of Medan Berkah Health Insurance (JKMB).

REFERENCES

- Arini, F. D. (2022). Faktor-Faktor yang Mempengaruhi Pemanfaatan Jaminan Kesehatan Nasional (JKN) dalam Mewujudkan Universal Health Coverage (UHC) di Kecamatan Medan Baru. Universitas Islam Negeri Sumatera Utara.
- Bella, A., Kusuma, D., Thabrany, H., Ariany, R., Fattah, R. A., Relaksana, R., & Nugrahani, Y. (2022). Seri Ekonomi Kesehatan I: Pengantar Ekonomi Kesehatan (I). PPIK Kementerian Kesehatan Republik Indonesia.
- Brahmana, N. E. B. (2018). Keikutsertaan Pasangan Usia Subur (PUS) menjadi Akseptor KB Desa Ujung Payung Kecamatan Payung Kabupaten Karo. *Jurnal Ilmiah Kesehatan*, 17(1), 13–20.
- Darmayani, S., Sa'diyah, A., Supiati, Muttaqin, M., Rachmawati, F., Widia, C., Pattiapon, M. L., Rahayu, E. P., Indiyati, D., Sunarsieh, Bachtiar, E., Rahayu, E. P., & Meditama, R. F. (2023). Kesehatan Keselamatan Kerja (K3) (N. Rismawati (ed.); I). Widina Bhakti Persada.
- Dinas Kominfo Medan. (2024). Cukup Pakai KTP bisa Berobat Gratis di Rumah Sakit/Puskesmas se-Kota Medan yang Bekerjasama dengan BPJS Kesehatan.
- Dinillah, N., Yudia, R. C. P., & Fitriany, E. (2022). Hubungan antara Persepsi Masyarakat dengan Pemanfaatan Pelayanan Kesehatan Peserta Jaminan Kesehatan Nasional Puskesmas Sempaja. *Jurnal Verdure*, 4(1), 129–137.
- DPD RI. (2024). Komite III DPD RI Dorong UHC Mencapai 98% di Tahun 2024.
- Fadila, R., & Dewiyani, A. A. I. C. (2022). Faktor yang Berhubungan dengan Rendahnya Kepesertaan Program JKN di Kota Malang. *Jurnal Informasi Kesehatan Indonesia*, 8(2), 179–188.
- Fauziyah, S. T. H., & Dewi, S. R. (2017). Faktor yang Berpengaruh terhadap Health Seeking Behavior Keluarga di Desa Tutul Kecamatan Balung Kabupaten Jember. Universitas Muhammadiyah Jember.

- Gumelar, G. (2018, September). EDUKASI KEUANGAN: Mengukur Pentingnya Asuransi Komersial di Era BPJS Kesehatan. CNN Indonesia.
- Hemrit, W., & Benlagha, N. (2020). Asymmetric Impacts of Insurance Premiums on the Non-Oil GDP: Some New Empirical Evidence. *Applied Economics*, 52(12), 1363–1376. <https://doi.org/https://doi.org/10.1080/00036846.2019.1673300>
- Jafar, M. L. (2021). Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan pada Pasien BPJS di Puskesmas Bantimurung Kabupaten Maros. Universitas Hasanuddin.
- Kemendes RI. (2021). Pemerintah upayakan Universal Health Coverage bagi Masyarakat Indonesia.
- Kristina, Y. (2017). Faktor-faktor yang Mempengaruhi Pemanfaatan Pelayanan Kesehatan Reproduksi Remaja di Kota Jayapura. 63–73 (2018). *Jurnal Biologi Papua*, 9(2), 63–73.
- Logen, Yustina, Balqis, & Darmawansyah. (2015). Faktor yang Berpengaruh dengan Pemanfaatan Pelayanan Kesehatan oleh Pemulung di TPA Tamangapa. Universitas Hasanuddin.
- Meita, P. R. R., Zufendri, & Khadijah, S. (2020). Faktor-Faktor yang Memengaruhi Pemanfaatan Puskesmas oleh Peserta Penerima Bantuan Iuran Jaminan Kesehatan Nasional (JKN) Kabupaten Deli Serdang tahun 2020. *TROPHICO: Tropical Public Health Journal Faculty of Public Health, USU*, 60–70.
- Noerjioedianto, D., & Subandi, A. (2022). Kajian Status Sosial Ekonomi Keluarga dalam Pemilihan Asuransi Kesehatan. *Journal of Education Humaniora and Social Sciences (JEHSS)*, 5(1), 732–739.
- Oktarianita, Sartika, A., Wati, N., & Ferasinta. (2021). Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Pada Masa Pandemi Covid-19 Di Puskesmas Lingkar Barat. *Prosiding Seminar Nasional UNIMUS*, 4, 1369–1377.
- Ovany, R., Hermanto, H., & Suprianto, T. (2020). Hubungan Pengetahuan dengan Motivasi Menggunakan Jaminan Kesehatan Nasional (JKN) Di Puskesmas Panarung. *Jurnal Surya Medika*, 6(1), 138–142. <https://doi.org/10.33084/jsm.v6i1.1628>
- Pakpahan, M., Siregar, D., Susilawaty, A., Tasnim, Ramdani, M. R., Manurung, E. I., Sianturi, E., Tompunu, M. R. G., Sitanggang, Ferawati, Y., & M, M. (2021). Promosi Kesehatan dan Perilaku Kesehatan. Yayasan Kita Menulis. <http://lib.stikes-mw.id/wp-content/uploads/2021/03/FullBook-Promosi-Kesehatan-dan-Perilaku-Kesehatan.pdf>
- Panggantih, A., Pulungan, R. M., Iswanto, A. H., & Yuliana, T. (2019). Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan oleh Peserta Jaminan Kesehatan Nasional (JKN) di Puskesmas Mekarsari tahun 2019. *Media Kesehatan Masyarakat Indonesia*, 8(4).
- Puskesmas Pasar Merah Medan. (2022). Profil Puskesmas Pasar Merah Medan.
- Rahmayanti, N., & Ningsih, R. A. (2021). Faktor-faktor yang Berhubungan dengan Pemanfaatan BPJS Kesehatan di Wilayah Kerja Puskesmas Benda Baru Tangerang

- Selatan. *Jurnal Semesta Sehat (J-MESTAHAT) IAKMI Tangerang Selatan*, 1(1), 1–9.
- Redaksi Metro Rakyat. (2023). Dinas Kesehatan Medan Perjelas Kembali tentang JKMB/JKN dan Pelajar yang Belum Memiliki KTP.
- Salsabila, A. Z., & Setianingsih, L. E. (2023). *Pemanfaatan Pelayanan Kesehatan Peserta Jaminan Kesehatan Nasional di Puskesmas Cikarang*. Universitas Medika Suherman.
- Sianturi, E., K. H., Hasnidar, Argaheni, N. B., B, D. J., Rasmaniar, Pasaribu, R. D., Zuraidah, Y., & Banudi, L. (2024). *Sosiologi Kesehatan* (R. Watrianthos (ed.)). Penerbit Kita Menulis.
<https://books.google.co.id/books?hl=en&lr=&id=uZTLEAAAQBAJ&oi=fnd&pg=PA1&dq=Sosiologi+Kesehatan&ots=oLzbv60lh2&sig=>
- Stiyawan, Y., & Ainy, A. (2023). *Pemanfaatan Pelayanan Kesehatan Peserta Jaminan Kesehatan Nasional di Kecamatan Jejawi*. *Jurnal Manajemen Kesehatan Yayasan RS. Dr. Soetomo*, 9(1).
- Umboh, A. G., Kolibu, F. K., & Carolina, G. E. K. (2023). *Pekerjaan, Pendapatan, Pemanfaatan Pelayanan Kesehatan Peserta Jaminan Kesehatan Nasional (Non-PBI) di Kecamatan Sario*. *JURNAL KEBIJAKAN KESEHATAN INDONESIA : JKKI*, 12(3), 160–167.
- WHO. (2024). *Universal Health Coverage (UHC)*. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(UHC\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(UHC))
- Widiyastuty, F., Suryawati, C., & Arso, S. P. (2023). *Pemanfaatan Pelayanan Puskesmas oleh Masyarakat di Daerah Perbatasan Kecamatan Entikong*. *Jurnal Manajemen Kesehatan Indonesia*, 11(1), 64–78.
- Zulfa, I. (2022). *Hubungan Pengetahuan dan Persepsi Pasien dengan Pemanfaatan Layanan BPJS di Klinik Pratama Bagus Samudra*. Universitas Islam Negeri Sumatera Utara.