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**The Effect of Healthcare BPJS Program Effectiveness and  
Status of Employment Relationship on Morbidity Level  
and Welfare User of Health Care BPJS in the Public  
Health Center of Denpasar City**

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**Abstract**

A person can be said to be in a prosperous condition when basic needs such as health have been met and protected from all risks. BPJS Health makes it easy for people to get access to health services. Low access to health services increases the risk of failing to meet health needs and results in a decrease in health conditions with increasing frequency of experiencing pain, loss of income due to high medical costs and lower welfare. In addition, working environment conditions also have an impact on health. Workers in the informal sector have a work environment that is low in health compared to the formal sector and also impacts on their well-being. Denpasar City has the highest HDI compared to other regencies or cities, but life expectancy is lower than Badung Regency. By using the Healthcare BPJS, it expected that life expectancy is higher because they are able to access health services more easily. The study aims to analyze the effect of the effectiveness of the Healthcare BPJS program and employment relationship status on the level of morbidity and well-being of Healthcare BPJS users. This research was conducted at the Denpasar City Health Center. The sample method used was purposive sampling and sampling quota.

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Data collection methods used were observation, structured interviews and in-depth interviews. Data analysis techniques used are descriptive analysis techniques and Structural Equation Modeling with PLS. The results of this study indicate that the Healthcare BPJS program has been classified as effective, the effectiveness of the Healthcare BPJS program and the status of employment relations have a negative and significant effect on the level of morbidity, the effectiveness of the Healthcare BPJS program has no effect on welfare, the status of employment relations has a positive and significant effect on welfare, the level of morbidity has a negative effect and significant on welfare, and the level of morbidity mediates the effect of Healthcare BPJS program effectiveness and employment relationship status on welfare.

**Keywords:** Healthcare BPJS Program Effectiveness; Status of Employment Relationship; Morbidity Level; Welfare.

## **1. Introduction**

The main objective of economic development is to create prosperity for the community [51]. Prosperous conditions can occur when people feel safe and happy because the basic needs for nutrition, health, education, shelter, and income can be met, and humans get protection from the main risks that threaten their lives [34]. When basic human needs are met it will improve the quality of human capital as input from development activities. Quality human resources will be able to contribute optimally in creating development and economic growth so that it demands the community to have good health conditions. Health has a dual role as an input and output of economic development. This causes health development to be an inseparable part of national development and must be realized as an effort to improve the quality of human resources.

Health development aims to increase awareness, willingness and ability to live healthy for everyone in order to realize an optimal degree of public health [5]. The achievement of health development is marked by the creation of a community that proactively behaves in a healthy manner and in a healthy environment, having the ability to reach quality health services fairly and equally. Good health status is needed by humans to sustain all activities of their life. Good health status is marked by the low intensity of the community experiencing pain [44].

Low morbidity that indicates the degree of good health is also influenced by the work environment and the quality of work occupied. A comfortable and safe work environment can reduce morbidity and improve health. Conversely, when the environment is not safe and comfortable there will be many risks at work. Usually, poor working conditions are found in the informal sector which uses physical labor compared to intellectual abilities. The low awareness of using occupational health and safety protection in the informal sector is one of the causes of increased morbidity and lower health status.

Certain jobs will increase a person's exposure to health hazards, for example resulting in injury or illness due to poor working conditions [30]. Someone who works in the informal sector tends to lack information about occupational health, although currently the contribution of the informal sector is getting bigger to create jobs and provide opportunities to increase one's income [25].

The regional government has tried various ways to improve the health status of the community and the welfare

of the community, including running a health insurance program that was launched by the central government through the Social Security Organizing Agency (BPJS). The existence of health insurance will facilitate the public access to health services, especially for the poor. Low access to health services increases the risk of failing to meet health needs and leads to greater illness or injury later in life. The disease then has the potential to cause further deterioration in health and loss of income due to the high medical costs [37].

Reference [50] states that to achieve the ultimate goal in 2030, namely ensuring a healthy life, alleviating poverty and encouraging welfare for all people at all ages, one of which can be achieved by achieving universal health coverage, including financial risk protection, access to basic health services that quality and access to safe, effective and quality medicines [7]. Universal health coverage ensures that everyone has access to promotive, preventive and rehabilitative health services and is not limited to users who experience financial difficulties [29].

Bali Province is one of the provinces in Indonesia that organizes the Healthcare BPJS program by integrating the Jamkesmas and Jamkesda programs. The most Healthcare BPJS Users in Bali are Denpasar City with 534,029 people out of 660,475 residents in Denpasar [7]. It does not necessarily make Denpasar's life expectancy become the highest if it compared to other Regencies / Cities, although the HDI of Denpasar City is the highest compared to other regencies / cities. The life expectancy of Denpasar City is still lower compared to Badung Regency which has a lower HDI compared to Denpasar City. Healthcare BPJS users are more than others, at least it should be able to make Denpasar City have a higher life expectancy as a reflection of good health conditions.

**Table 1:** Number of Population and Healthcare BPJS Participants by Regency / City in Bali Province in 2018

| Regency/City | Total population | BPJS Users | Percentage |
|--------------|------------------|------------|------------|
| Tabanan      | 462.339          | 247.377    | 53,50      |
| Badung       | 492.171          | 464.662    | 94,41      |
| Denpasar     | 660.475          | 534.029    | 80,85      |
| Gianyar      | 527.003          | 290.588    | 55,13      |
| Klungkung    | 231.463          | 102.595    | 44,32      |
| Bangli       | 262.838          | 122.481    | 46,59      |
| Karangasem   | 570.206          | 253.517    | 44,46      |
| Jembrana     | 447.049          | 118.359    | 26,47      |
| Buleleng     | 792.809          | 467.283    | 58,94      |
| Bali         | 4.418.844        | 2.628.400  | 59,48      |

The Healthcare BPJS collaborates with various health facilities to support the sustainability of the program. One of them is the public health center as a health service unit managed by the government. Public health center also provide comprehensive health services namely promotive, preventive and curative. As one part of the public service, the implementation of the Healthcare BPJS in the Public health center becomes very important and must be considered by the government because it meets the needs of many people and is one component in the effort

to create people's welfare through the health sector. Increased public awareness of health, will lead to higher demands for the government to improve health services. One effort to anticipate this situation is to maintain the quality of service, so it is necessary to make a continuous effort to find out the weaknesses and shortcomings of health services.

The aims of this study are: 1) analyzing the effectiveness of the Healthcare BPJS Program for BPJS Health users in the Denpasar City Health Center; 2) analyze the effect of the effectiveness of the Healthcare BPJS program and employment relationship status on the morbidity of BPJS Health users in the Denpasar City Health Center; 3) analyze the effect of the effectiveness of the Healthcare BPJS program, employment relationship status and the level of morbidity on the welfare of Healthcare BPJS users in the Denpasar City Health Center, 4) analyze the role of the morbidity level in mediating the effect of the effectiveness of the Healthcare BPJS program and the status of employment relationships on the welfare of the Healthcare BPJS user at the City Health Center Denpasar.

## **2. Literature Review**

The theory of human capital assumes that humans are a form of capital or capital goods. There are six components of human capital, such as intellectual capital; emotional capital; social capital; capital fortitude; moral capital and health capital [19]. Health capital is seen from the health of the body or body and human mental health to support all the capital mentioned above. An unhealthy body and mental state will make other capital not appear and run optimally.

Community welfare is a condition that shows the state of community life. It can be seen from the standard of living of the community [39]. Welfare can also be interpreted as a condition of meeting the material, spiritual, and social needs of citizens in order to live properly and be able to develop themselves, so they can carry out their social functions [6]. According to [13], well-being is a prosperous condition both physically, mentally and socially. Welfare can be measured from several aspects of life such as 1) looking at quality of life in material terms, such as the quality of the house, food, and clothes; 2) see the quality of life in physical terms, such as physical health, and the natural environment; 3) see the quality of life in terms of mental, such as educational facilities, and cultural environment; 4) see the quality of life in spiritual terms, such as morals, ethics, and harmony.

Effectiveness shows the relationship between the outputs of a central responsibility with the goals to be achieved. The program can be said to be effective if the contribution of output produced on the value of achieving the goals become greater [26]. The measure of the level of effectiveness is the achievement, where the achievement is the overall effort to achieve goals that must be seen as a process. Assessing the effectiveness of the program is to find out how the impact of the program being carried out and whether the goals and objectives of the program have been fulfilled. So that it can be known the obstacles of program implementation and known ways to anticipate these problems.

Work can be defined as an economic activity by someone with the intention of obtaining or helping to obtain

income or profit, at least 1 hour (uninterrupted) in the past week. These activities include patterns of unpaid worker activities that assist in a business / economic activity. Informal workers refer to people who work without employment relations, which means there are no agreements governing the elements of work, wages and power.

Health is a human right and is also an investment so that health development needs to be held that aims to build and increase awareness, willingness and ability to live a healthy life in order to realize the highest degree of public health and the community is able to live productively [28]. Health conditions cannot be released with morbidity or morbidity. The level of morbidity shows the level of pain due to disruption of the structure and function of a person's body which is the degree of illness, injury or disturbance in the population which is a deviation from the public health status (BPS Bali Province, 2018). A low level of morbidity indicates that a person's level of health is high because with low morbidity the physical and mental condition is also of good value [5].

Health insurance is one component of national insurance in the form of health protection so that participants get the benefits of health care and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government [34]. The presence of a health insurance system is directly able to provide quality health services so that people can access more easily and can enjoy proper health services [23,35]. Health insurance is a health financing system that is run based on the concept of risk [10]. The mandate for providing health insurance is to cover all Indonesians and provide comprehensive health services. Someone's expectation to be healthy influences the use of health insurance which is one of the efficient ways to get comprehensive health care [2].

The public health center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in the working area. The health development that was held in the Community Health Center aims to realize a healthy behavior society. Healthy behavior is community behavior that includes awareness, willingness and ability to live healthy and the community is able to reach quality health services, live in a healthy environment, and have optimal health degrees, both individuals, families, groups, and society [1].

### **3. Conceptual Framework**

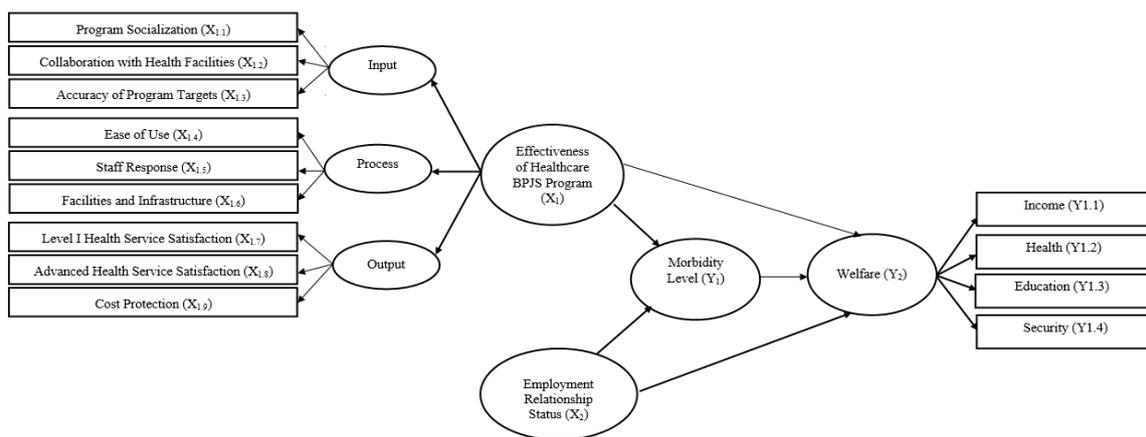
Law Number 11 Year 2009 concerning Social Welfare states that Social Welfare is a condition of fulfilling the material, spiritual and social needs of citizens to be able to live properly and be able to develop themselves so that they can carry out their social functions. A person's material needs are met through work and getting a job. Every citizen has the right to have a decent job to meet their needs. Working to provide mental health includes self-esteem, social connections, social status and productive activities that improve mental health (Goodman, 2015). A person who works can increase his access to health services and improve his health status and then have an impact on improving his welfare.

There are times when work has a negative impact on one's health. Inadequate working conditions with low work

safety will result in a low health status of a person [11]. High risk of work and conditions that are not conducive to work will often result in someone experiencing illness and resulting in low health conditions. Low health conditions will also have an impact on their well-being. Physical aspects of working conditions and workplaces, psychological aspects of work and employment relationships have an impact on a person's physical and mental health conditions [15].

Law Number 36 of 2009 concerning Health states that health is a human right and one of the elements of well-being that must be realized in accordance with the ideals of the Indonesian people. Human health provides energy and a positive appearance for human life. These characteristics not only have a positive impact on social infrastructure but will also have an impact on economic development [16]. Every activity in an effort to maintain and improve the level of public health is carried out based on the principle of non-discrimination, participatory and sustainable in the context of the formation of human resources for national development [5]. The participatory principle means that all people are actively involved in the effort to organize and improve their health status. Participatory efforts have also been made since the implementation of the National Health Insurance (JKN) by the Health BPJS.

The BPJS Health Program helps people to more easily access health services and health facilities in an effort to improve their health status. National health insurance is the implementation of health insurance implemented by the state, which is one way for people in various regions to finance their health needs [4,22]. The easier access of the community to health services, the higher the degree of public health. The degree of public health can be projected from the level of morbidity which shows the number of morbidity due to structural and bodily functions [14]. The higher morbidity rate means that the health level of the population is getting worse. The more people who experience health complaints, the lower the health status of the community concerned [18]. The higher the degree of health, the welfare of the community will increase, especially the subjective well-being.



**Figure 1:** Conceptual Framework

Based on the description that has been stated above, the research hypotheses are as follows: 1) the effectiveness of the Healthcare BPJS Program and the status of employment relationships negatively affect the level of

morbidity of Healthcare BPJS users in the Denpasar City Health Center; 2) the effectiveness of the Healthcare BPJS Program and the status of the employment relationship have a positive effect on the welfare of Healthcare BPJS users in the Denpasar City Health Center; 3) the level of morbidity has a negative effect on the welfare of Healthcare BPJS users in the Denpasar City Health Center; 4) the level of morbidity mediates the effect of Healthcare BPJS Program Effectiveness and employment relationship status on the welfare of Healthcare BPJS users in Denpasar City.

#### **4. Research Method**

This research is a quantitative study that tests hypotheses using descriptive-associative explanation methods. This study uses descriptive explanation to explain the effectiveness of the Healthcare BPJS program. This study uses associative explanation because it examines the effect of the effectiveness of the Healthcare BPJS and Employment program on the health status and welfare of Healthcare BPJS users in the Denpasar City Health Center. The variables used in this study consisted of the variables effectiveness of the Healthcare BPJS program, the status of employment relations, the level of morbidity and welfare. Data analysis techniques using PLS. The effectiveness of the Healthcare BPJS program consists of 3 dimensions, namely program inputs consisting of indicators of socialization, collaboration with health facilities, accuracy of program targets; the program process consisting of ease of use, response speed of staff, facilities and infrastructure; and program output consisting of first-level health facility service satisfaction, advanced health service satisfaction and cost protection. The employment relationship status variable is measured by a nominal scale of 1 for the formal sector and 0 for the informal sector. Variable levels of morbidity were measured using the intensity of experiencing pain in the last 3 months. The welfare variable is measured by indicators of income, health, education and safety. The type of data used is quantitative data, which are human development index data, Healthcare BPJS user data in Bali, population data that uses Healthcare BPJS when medical treatment. The qualitative data used is the perception of users of Healthcare BPJS on health services using Healthcare BPJS in the Denpasar City public health center. Primary data sources are respondents' answers from the results of structured and in-depth interviews. Secondary data sources are data obtained from the Central Statistics Agency and Healthcare BPJS. The population in this study were residents of Denpasar City who used the Healthcare BPJS. The sample in this study were residents of Denpasar City who utilized the Healthcare BPJS program and were registered at the Denpasar City Health Center. The sampling technique used is quota, which determines the sample of a certain population to the desired amount. The quota was set as many as 40 respondents in each public health center selected in Denpasar City. The public health center which was the location of the study was selected purposively, such as deliberately choosing a public health center with the criteria being an inpatient public health center with complete health care. Descriptive analysis in this study is an analysis of the effectiveness of the Health BPJS program with the following formula:

$$Effectiveness = \frac{Average\ of\ each\ indicators}{Maximum\ scale} \times 100\% \quad (1)$$

Then the total effectiveness is obtained by the formula:

$$\text{Effectiveness of Healthcare BPJS} = \frac{\text{Total percentage of effectiveness of all constructs}}{\text{Number of construct variable}} \times 100\% \quad (2)$$

The grouping of ratings of respondents' answers based on the average Likert scale is as follows: 1) 1.00 - 1.49 is very ineffective; 2) 1,50 - 2,49 are ineffective; 3) 2,50 - 3,49 is quite effective; 4) 3,50 - 4,49 is effective; and 5)  $\geq 4,50$  is very effective (Lestari, 2017). The effectiveness ratio is assessed using the Research and Development standards of the Ministry of Home Affairs of the Republic of Indonesia (1991), while the effectiveness ratio is as follows: 1) the effectiveness ratio below 40 percent is very ineffective; 2) Effectiveness ratio between 40-59.99 percent is ineffective; 3) the effectiveness ratio between 60-79.99 percent is quite effective; 4) an effectiveness ratio above 80 percent is very effective.

The structural equation in this study is as follows:

$$Y_1 = a_1 + \beta_1 X_1 + \beta_2 X_2 + \epsilon_i \quad (3)$$

$$Y_2 = a_2 + \beta_3 X_1 + \beta_4 X_2 + \beta_5 Y_1 + \epsilon_i \quad (4)$$

Which  $X_1$  is the effectiveness of the Healthcare BPJS Program;  $X_2$  is the Status of Employment Relations;  $Y_1$  is the Morbidity Level;  $Y_2$  is Prosperity;  $\beta 1,2,3,4,5$  is loading factor and  $\epsilon_i$  is noise or measurement error.

## 5. Result and Discussion

The effectiveness of the BPJS Health program is measured through 3 dimensions, namely input, process and output. Program input related to socialization has an average value of 3.80 from the highest value of 5, the effectiveness of the BPJS Health program socialization is 76 percent which means effective. Program input related to health facility cooperation has an average value of 3.95 percent from the highest value of 5, then the effectiveness of cooperation with health facilities is 79 percent which means effective. Program input related to the accuracy of program targets has an average value of 3.98 percent from the highest value of 5, then the effectiveness of the accuracy of the program targets is 76.60 percent which means effective.

**Table 2:** Effectiveness of the Healthcare BPJS Program at the Denpasar City Health Center

| Dimension   | Avg. | Effectiveness Percentage | Avg.  | Program Effectiveness |  |
|---|------|--------------------------|-------|-----------------------|--|
| <b>Input</b>  |      |                          |       |                       |  |
| Program Socialization ( $X_{1,1}$ )                   | 3.80 | 76,00                    | 77,20 | 77,57 %               |  |
| Health facilities collaboration ( $X_{1,2}$ )         | 3.95 | 79,00                    |       |                       |  |
| Accuracy of Program Targets ( $X_{1,3}$ )             | 3.98 | 76,60                    |       |                       |  |
| <b>Process</b>  |      |                          |       |                       |  |
| Ease of Use ( $X_{1,4}$ )                             | 3.91 | 78,20                    | 76,87 |                       |  |
| Staff Response ( $X_{1,5}$ )                          | 3,63 | 72,60                    |       |                       |  |
| Facilities and infrastructure ( $X_{1,6}$ )           | 3.99 | 79,80                    |       |                       |  |
| <b>Output</b>   |      |                          |       |                       |  |
| Level I Health Satisfaction ( $X_{1,7}$ )             | 3.98 | 79,60                    | 78,60 |                       |  |
| Advanced health facilities satisfaction ( $X_{1,8}$ ) | 3.87 | 77,40                    |       |                       |  |
| Cost protection ( $X_{1,9}$ )                         | 3.94 | 78,80                    |       |                       |  |

The program process related to ease of use has an average value of 3.91 from the highest value of 5, then the effectiveness of the ease of use of the Healthcare BPJS is 78.20 percent which means effective. The process of the program related to the response of officers has an average value of 3.63 percent of the highest value of 5, then the effectiveness of the officer response is 72.60 percent which means effective. The program process related to health facilities and infrastructure such as medicines has an average value of 3.99 percent from the highest value of 5, then the effectiveness of health facilities and infrastructure is 79.80 percent which means effective.

Program output related to level 1 health facility service satisfaction has an average value of 3.98 from the highest value of 5, then the effectiveness of level I health facility service satisfaction is 79.60 percent, which means effective. Program output related to the satisfaction of advanced health facility services has an average value of 3.87 percent from the highest value of 5, the effectiveness of the satisfaction of advanced health facility services is 77.40 percent which means effective. Program output related to cost protection has an average value of 3.94 percent from the highest value of 5, then the effectiveness of cost protection is 78.80 percent, which means effective.

Program input has an average effectiveness percentage of 77.20 percent which is classified as effective. The program process has an average effectiveness percentage of 76.87 percent which is classified as effective and the program output has an effectiveness percentage of 78.60 percent which is classified as effective. Among these three dimensions, program output has the highest percentage compared to the others, while program input has the lowest percentage compared to the others. The total effectiveness of the Healthcare BPJS program is 77.57 percent which means that the BPJS Health program at the Denpasar City Health Center is classified as effective.

The Healthcare BPJS program effectiveness (X1) has a negative and significant effect on the level of morbidity (Y1) of -0.144 with p value = 0.020 and t-statistic of 2.333 (t-statistic > 1.685), then the hypothesis is accepted. Based on these results it can be stated that the more effective the Healthcare BPJS program, the level of morbidity will decrease and the degree of health increase. The results of this study are supported by research conducted by [9] which states that health insurance organized by Healthcare BPJS plays a role in improving public health status, especially for users because Healthcare BPJS aims to improve health quality services and can be reached by all groups, especially the middle to lower classes. The quality of good and affordable health services will increase access to health and reduce morbidity that has an impact on increasing degree of public health.

The Healthcare BPJS program effectiveness (X1) has a positive and not significant effect on the welfare of Healthcare BPJS users (Y2) of 0.013 with p value = 0.891 and t-statistics of 0.137 (t-statistics < 1.685), the hypothesis is rejected, which means the effectiveness of the BPJS Program Health (X1) does not affect the welfare of users of Health BPJS (Y2). The results of this study are also supported by research conducted by [41] which states that the health financing program has a direct impact on improving public health so that to achieve good health, a significant budget for health financing is needed because health costs are quite high while health must still be a priority because it is an investment to improve health, then only create prosperity through

increased productivity. This states that Healthcare BPJS does not directly affect welfare, but is an indirect relationship mediated by health.

Employment relationship status variable (X2) has a negative and significant effect on morbidity (Y1) of -0,740 with p value = 0,000 and t-statistic of 22,893 (t-statistic > 1,685), so the hypothesis is accepted which means that workers in the formal sector have a level lower morbidity or higher health status compared to workers in the informal sector. The results of this study are supported by research conducted by [27] which states that informal sector workers have certain characteristics that are, on average, small-scale family businesses, small capital with modest means, and lack of access to health services. Work patterns and working conditions in the informal sector are also irregular, thereby increasing the risk of contracting the disease. In contrast to the formal sector with better working conditions, stable and supported by the ability to access health services both personally and obtained from the workplace.

Employment relationship status variable (X2) has a positive and significant effect on the welfare of users of Health BPJS (Y2) of 0.297 with p value = 0.002 and t-statistic of 3.171 (t-statistic > 1.685), so the hypothesis is accepted which means that workers in the formal sector has a better welfare of 0.297 compared to workers in the informal sector. This result is supported by research conducted by Sari (2016) which states that the quality of work of workers automatically affects the quality of life of their workers. Formal sector workers have a higher quality both in terms of resources and income earned, higher productivity, and higher wages compared to the informal sector. High quality work will lead to a better quality of life which is reflected in better welfare.

The morbidity level variable (Y1) has a negative and significant effect on the welfare of BPJS Health users (Y2) of -0.426 with p value = 0.000 and t-statistic of 4.009 (t-statistic > 1.685), the hypothesis is accepted which means that the lower the morbidity is the higher the degree of health so that welfare will increase. The results of this study are also supported by research conducted by [36] which states that efforts to improve health are inseparable from the improvement of a better life. One of the improvement in health is seen from the number of pain. The more healthy a person is, the more prosperous his life will be. Research conducted by [14] states that public health is determined by development in the health sector which measures more using negative measures such as mortality or morbidity. High morbidity indicates low health and low welfare.

The indirect effect of the variable effectiveness of the Health BPJS Program (X1) on the welfare of users of the Health BPJS (Y2) through the level of morbidity (Y1) obtained t-statistics 2.079 < t table (1.685) or p value of 0.038 so the morbidity hypothesis (Y1) mediates the effect of the effectiveness of the Healthcare BPJS Program (X1) on the welfare of users of the Healthcare BPJS (Y2) accepted. The results of this study are also supported by research conducted by [34] which states that health insurance as a component of national insurance provides health care benefits and protection in meeting basic health needs. Individual health is one of the factors supporting productivity. Good health has an effect on individual performance which encourages a person's productivity at work. Increased productivity of a person spurs a good economy and will automatically be able to meet the needs and the creation of a welfare of life.

The indirect effect of employment relationship status variable (X1) on the welfare of BPJS Health users (Y2)

through the morbidity level (Y1) obtained t-statistic 4.041 < t table (1.685) or p value of 0.000 so that the morbidity level hypothesis (Y1) mediates the effect of status employment relationship (X2) to the welfare of Healthcare BPJS users (Y2) is accepted. The results of this study are also supported by research conducted by [12] which states that employment and working conditions have a strong impact on health and health equality. Good health is a physically healthy condition and does not feel complaints that hinder work activities. When good health conditions, it can provide security, freedom of activity, increased productivity, able to develop themselves, as well as provide protection and physical and psychological balance.

## **6. Conclusion and Recommendation**

The conclusion in this study is the total effectiveness of the Healthcare BPJS program at 77.57 percent, which means that the BPJS Health program at the Denpasar City Health Center is classified as effective. The effectiveness of the Healthcare BPJS Program has a negative and significant effect on morbidity. Employment relationship status has a negative and significant effect on the level of morbidity. The effectiveness of the BPJS Health program does not affect the welfare of Healthcare BPJS users. Employment relationship status has a positive and significant impact on the welfare of Healthcare BPJS users, which means that formal sector workers have better welfare compared to informal sector workers. The level of morbidity has a negative and significant effect on welfare.

The indirect effect of the effectiveness of the Healthcare BPJS program on the well-being of Healthcare BPJS users through the level of morbidity is significant. This means that the level of morbidity mediates the effect of the effectiveness of the Healthcare BPJS program on the welfare of Healthcare BPJS users. The indirect effect of work on the welfare of Healthcare BPJS users through morbidity is significant. This means that the level of morbidity mediates the effect of work on the welfare of Healthcare BPJS users.

## **References**

- [1] Abidin. 2016. Pengaruh Kualitas Pelayanan BPJS Kesehatan Terhadap Kepuasan Pasien Di Puskesmas Cempae Kota Parepare. *Jurnal MKMI*, Vol. 2(2), pp: 70-75.
- [2] Acharya, Arnab, Sukumar Vellakkal, Fiona Taylor, Edoardo Masset, Ambika Satija, Margaret Burke dan Shah Ebrahim. 2013. *The Impact of Health Insurance Schemes for the Informal Sector in Low-And Middle Income Countries : A Systematic Review*. Oxford University Press, 28(2).
- [3] Anderson, Michael, et al. 2012. *The Effect of Health Insurance Coverage On The Use Of Medical Services*. *American Economic Journal : Economic Policy* 2012, Vol. 4(1), pp:1-27.
- [4] Anita Ho. 2015. *Health Insurance*. *Encyclopedia of Global Bioethics*, pp: 1-9
- [5] Ardhiyanti, Ni Luh Putu Dewi. 2015. *Peningkatan Angka Morbiditas Di Provinsi Bali*. *Jurnal Ekonomi Kuantitatif Terapan*, 9(2), pp:108-125.
- [6] Ariestha Sari, Devani. 2016. *Analisis Faktor-faktor Yang Mempengaruhi Kesejahteraan Masyarakat di Kota Bandar Lampung*. Lampung : Universitas Lampung.
- [7] Badan Penyelenggaraan Jaminan Sosial (BPJS) Kesehatan. 2018. *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional dalam Sistem Jaminan Sosial Nasional*. Jakarta.

- [8] Barber, Sarah and Land Yao. 2010. Health Insurance Systems In China : A Briefing Note. World Health Report Background Paper, Vol. 37. World Health Organization.
- [9] Basuki, Eko Wahyu, Sulistyowati, Nunik Retno dan Herawati. Implementasi Kebijakan Jaminan Kesehatan Nasional oleh BPJS Kesehatan di Kota Semarang. Diponegoro Journal Of Social And Political of Science, pp: 1-11.
- [10] Bhestari, Intan Yuli. 2016. Analisis Pengaruh Faktor Sosial Demografi Terhadap Intensitas Penggunaan Jaminan Kesehatan Bali Mandara Di Kabupaen Buleleng. Jurnal PIRAMIDA, 12(1), pp:29-37.
- [11] Blattman, Christopher and Stefan Dercon. 2018. The Impacts Of Industrial And Entrepreneurial Work On Income And Health: Experimental Evidence From Ethiopia. American Economic Journal Applied Economics, 10(3), pp:1-38.
- [12] Block, Sheila. 2010. Work And Health Exploring The Impact Of Employment On Health Disparities. Journal of The Wellesley Institute.
- [13] Chalid, Nursiah dan Yusbar Yusuf. 2014. Pengaruh Tingkat Kemiskinan, Tingkat Pengangguran, Upah Minimum Kabupaten/Kota, dan Laju Pertumbuhan Ekonomi terhadap Indeks Pembangunan Manusia di Provinsi Riau. Jurnal Ekonomi, 22 (2).
- [14] Deffinika, Ifan. 2012. Tingkat Morbiditas Pekerja Anak Jalanan Di Perbatasan Kota Bekasi dan Kota Jakarta Timur. Jurnal Bumi Indonesia, 1(3).
- [15] Egerter, Susan, Mercedes Dekker, Jane An, Rebecca Grossman-Kahn, and Paula Braveman. 2008. Work Matters for Health. Issues Brief 4 : Work And Health. Robert Wood Johnson Foundation Commision to Build a Healthier America.
- [16] Finlay, Jocelyn. 2007. The Role of Health in Economic Development. Working Paper Series. Program On The Global Demography of Aging.
- [17] Goodman, Nanette. 2015. The Impact of Employment On The Health Status and Health Care Cost of Working-age People With Disabilities. Lead Center Policy Brief.
- [18] Hanum, Dinarta, Purhadi. 2013. Faktor-faktor yang Mempengaruhi Morbiditas Penduduk Jawa Timur dengan Multivariate Geographically Weighted Regression (MGWR). Jurnal Sains dan Seni POMITS, 2(2).
- [19] Harliawan, Hendri. 2017. Pengaruh Kompensasi, Pendidikan dan Program Kesejahteraan Terhadap Produktivitas Kerja Wartawan Di Provinsi Bali. Tesis. Denpasar : Universitas Udayana.
- [20] Haryanto, Aris Tri. 2012. Pelayanan Kesehatan (Studi Rawat Inap di Puskesmas Kecamatan Baturetno Kabupaten Wonogiri). Jurnal Transformasi, 14(22).
- [21] Hazfiarini, Alya dan Ernawaty. 2016. Indeks Kepuasan Pasien BPJS Terhadap Pelayanan Rumah Sakit Mata Masyarakat Jawa Timur. Jurnal Administrasi Kesehatan Indonesia, Vol. 4(2), pp:77-85.
- [22] Huraerah, Abu. 2015. Perlindungan Sosial Bidang Kesehatan Bagi Masyarakat Miskin. Jurnal Ilmu Kesejahteraan Sosial, 14(2), pp: 70-78.
- [23] Kesmawan, Andri Putra dan Dyah Mutiarin. 2014. Implementasi Kebijakan Badan Penyelenggaraan Jaminan Sosial (BPJS) Kesehatan di Kabupaten Bantul Daerah Istimewa Yogyakarta. Jurnal Ilmu Pemerintahan dan Kebijakan Publik, 1(3), pp: 506-547.
- [24] Li, Minghua dan Reagan Baughman. 2011. Coverage, Utilization, and Health Outcomes of The States

- Children's Health Insurance Program. *Inquiry Journal*, 47(4).
- [25] Loewenson, Rene. 1998. Health Impact of Occupational Risks In The Informal Sector in Zimbabwe. *International Journal of Occupational And Environmental Health*, Vol 4.
- [26] Mahmudi, 2005. *Manajemen Kinerja Sektor Publik*. Yogyakarta : UPP AMP YKPN.
- [27] Medyati, Ridwan, Russeng dan Stang. 2018. Karakteristik dan Prevalensi Risiko Penyakit Kardiovaskular Pada Tukang Masak Warung Makan Di Wilayah Kerja Puskesmas Tamalanrea. *Jurnal Kesehatan* , 11(1), pp : 30-38.
- [28] Ningrum, Ayu Septia. 2015. Respon Kepuasan Pasien Pengguna BPJS Kesehatan Terhadap Pelayanan Kesehatan Di Puskesmas Pekanbaru.
- [29] Nyandekwe, Medard, et al. 2014. Universal Health Coverage In Rwanda: Dream Or Reality. *Pan African Medical Journal*.
- [30] O'Donnell E. Van Doorslaer F.C. Rosati. 2002. Child labour and health: evidence and research issues. *Understanding Children's Work. Project Working Paper Series. Faculty of Economics University of Rome*.
- [31] Lestari, Santhi Pita Nyoman. 2017. Efektivitas Program Pengembangan Usaha Agribisnis Perdesaan (PUAP) Pada Peternakan Babi Di Desa Macang Kabupaten Karangasem. *E-Jurnal Ekonomi Pembangunan Universitas Udayana*, 6(6).
- [32] Peraturan Menteri Kesehatan Nomor 75 Tahun 2014 tentang Pusat Kesehatan Masyarakat (Puskesmas).
- [33] Pertiwi, Monica. 2017. Efektivitas Program BPJS Kesehatan Di Kota Semarang (Studi Kasus Pada Pasien Pengguna Jasa BPJS Kesehatan Di Puskesmas Srandol).
- [34] Prakoso, Sigit Budhi. 2015. Efektivitas Pelayanan Kesehatan BPJS Di Puskesmas Kecamatan Batang. *Economics Development Analysis Journal*, 4(1), p:73-81.
- [35] Putri, Nora Eka. 2014. Efektivitas Penerapan Jaminan Kesehatan Nasional Melalui BPJS Dalam Pelayanan Kesehatan Masyarakat Miskin di Kota Padang, *E-Jurnal UNP*, Vol. 10(2), pp : 175-189.
- [36] Rahayu, Theresia Puji. 2016. Determinan Kebahagiaan Di Indonesia. *Jurnal Ekonomi dan Bisnis* 19(1).
- [37] Ruger, J.P. 2006. *The Moral Foundations Of Health Insurance*. Oxford University Press On Behalf of The Association Physicians. pp: 1-5.
- [38] Sabrina, Izky Ova Ayu. 2018. Efektivitas Pelayanan Kesehatan Badan Penyelenggara Jaminan Kesehatan (BPJS) Kesehatan Di Kota Denpasar. *Online Jurnal System Universitas Udayana*.
- [39] Saptanto, Subhevhanis, Tikyrino Kurniawan, Hertria Maharani Putri dan Tajerin. 2017. Analisis Penentuan Indikator Kunci Dalam Penghitungan Indeks Kesejahteraan Masyarakat Kelautan dan Perikanan. *Jurnal Kebijakan Sosek KP*, 7(1) pp: 51-62.
- [40] Sari, Nindy Purnama. 2016. Transformasi Pekerja Informal Ke Arah Formal : Analisis Deskriptif dan Regresi Logistik. *JEKT* 9 (1), pp: 28-36.
- [41] Sitorus, Estherlina dan Atik Nurwahyuni. 2017. Analisis Pembiayaan Kesehatan Bersumber Pemerintah Kota Serang Tahun 2014-2016. *Jurnal Kebijakan Kesehatan Indonesia* 6(3), pp: 138-148.
- [42] Sulistiarini dan Rahmat Hargono. 2018. Hubungan Perilaku Hidup Sehat Dengan Status Kesehatan Masyarakat Kelurahan Ujung. *Jurnal Promkes* 6(1), pp:12-22.
- [43] Standar Litbang Departemen Dalam Negeri Republik Indonesia. 1991. Jakarta

- [44] Todaro and Smith. 2011, *Pembangunan Ekonomi Edisi 11*. Jakarta: Erlangga
- [45] Undang-undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional (SJSN).
- [46] Undang-undang Nomor 11 Tahun 2009 tentang Kesejahteraan Sosial
- [47] Undang-undang Nomor 36 Tahun 2009 tentang Kesehatan.
- [48] Undang-undang Nomor 24 Tahun 2011 tentang Badan Penyelenggaraan Jaminan Kesehatan (BPJS).
- [49] Vellakkal, Sukumar dan Shah Ebrahim. 2013. Publicly-Financed Health Insurance Schemes : Concern About Impact Assessment. *Economic and Political Weekly*, 48(1), pp: 24-27.
- [50] World Bank Group. 2015. Reducing Poverty. [Online] Available from : <https://siteresources.worldbank.org/> (Accessed : 19 November 2018)
- [51] Wijayanti, Diana. 2005. Analisis Konsentrasi Kemiskinan Di Indonesia Periode Tahun 1999-2003. *Jurnal Ekonomi Pembangunan Kajian Ekonomi Negara Berkembang*, 10(3), pp:215-225.