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## **Community's Perception in Payment of Premium National Health Insurance (nhi) in Muna Region, Indonesia**

Muhamad Sahiddin<sup>a\*</sup>, Sukri Palutturi<sup>b</sup>, Hasanuddin Ishak<sup>c</sup>

*<sup>a</sup>Public Health of Graduate School, Department of Health Policy and Administration, Faculty of Public Health, Hasanuddin University, Indonesia*

*<sup>b</sup>Department of Health Policy and Administration, Faculty of Public Health, Hasanuddin University, Indonesia*

*<sup>c</sup>Department of Environmental Health, Faculty of Public Health, Hasanuddin University, Indonesia*

### **Abstract**

One of the problems that occurred during the implementation of National Health Insurance (NHI) in Indonesia was the mismatch between the total revenue contributions with the total cost of benefits that must be spent to finance the health services of the participants. The rate of contribution collectability in the independent participant segment is the lowest compared to the collectability of contributions in other segments of participation. This study aims to examine community perceptions in constructing community behavior in the payment of contributions of independent health insurance or BPJS Mandiri in Muna District. This research uses qualitative research design with the case study approach. The data was collected by in-depth interviews with 7 key informants and 43 regular informants, 3 groups of Focus Group Discussion (FGD). Determination of research informant with the purposive procedure, consisting of BPJS Mandiri participant, Head of sub district, Head of sub-division of NHI in Muna District Health Office and head of Social Protection and Social Security Department of Muna Regency. The results showed that the perception of the risk of illness and the high cost of health encourage people to register to become independent BPJS participants. Some people have a perception of financial loss when making a contribution payment if not used (not sick) so that they do not pay dues. While some others, perceive the dues payment as a kind of mutual assistance for the sick participants. The experience when getting health care insurance make them thinking about paying or not paying as their contributions, which is made up of a sense of satisfaction or dissatisfaction with the service that they received.

**Keywords:** Perception; payment; health insurance; Muna.

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\* Corresponding author.

## **1. Introduction**

On May 25, 2005, the World Health Organization (WHO) held a meeting with the agenda "Sustainable Health Financing, Universal Coverage and Social Health Insurance" which resulted in the agreement and introduced the achievement agenda of Universal Health Coverage (UHC). UHC aims to provide health insurance coverage and health service feasibility to the entire world population in order to achieve health for all [1]. UHC's achievement for all countries is an indicator of the 3rd goal of Sustainable Development Goals (SDGs) started in 2016 that replaces the 2014 MDGs, namely, Ensure Healthy lives and promote well-being for all at all ages [2].

Efforts to achieve UHC in Indonesia are implemented through the National Health Insurance (NHI) program organized by the Social Security Administering Body of Health (BPJS Kesehatan). The NHI program in Indonesia begins since January 1, 2014, with the target of reaching UHC in 2019, where every citizen must be a participant of BPJS Kesehatan [3, 4]. The participation of BPJS Kesehatan includes the participants of the Contribution Beneficiaries (PBI) and the families whose contributions are borne by the state and local government, civil servants, and the police and family, wage workers and families paid by employers and themselves and not-independent participants and families [3]. Independent Participant is any person who works or seeks or own risks [3]. The above definition indicates that every option made by the participants relates to membership and payment of NHI contributions based on their own considerations including registration into participants and payment of contributions [5].

The implementation of NHI in Indonesia is still very new and vulnerable to various problems, such as membership issues, collectability of contributions, integration of regional health insurance to NHI, and problems on health services [5]. It is also common in developing countries that are started to conduct National Health Insurance [6, 7]. Some of the problems that often arise in the implementation of national health insurance in developing countries are the low sense of solidarity, the healthy society considers the dues too expensive, and the readiness of health facilities and the commitment of local governments [8]. Doetinchem, Schramm [9] also identified the problems that often arise in the implementation of NHI in developing countries are the number of poor people, the low ability to pay contributions, and the high number of non-formal sector workers.

One of the problems with the current NHI implementation in Indonesia is the mismatch between the total receipts with the total cost of benefits that must be spent to finance the health services of the participants [10]. The rate of contribution collectability in the independent participant segment is the lowest compared to the collectability of contributions in other segments of participation. Nationally, the contribution of independent participants segment in 2015 only reached 50.29% of the total participants (13,741,394 participants).

The issue of the collectability of participant independent contribution is also a major problem in the implementation of NHI in Muna Regency. Within the period of 2015-2016, the collections of contributions of independent participant segments at the Muna District Local Offices (KLOK) are very low at only 44% or lower than the national average (50.29% in 2015). That is, more than half of BPJS Mandiri participants in Muna do not pay their monthly dues. Data by Branch Office of BPJS of Baubau shows most of the dues arrears BPJS in Muna District did not pay dues for 1 month even 7 months (72.77% / 1953 participants) of total delinquent in

2016 (2,684 participants).

Compliance of Mandiri participant fee payment has been studied by several researchers in Indonesia. Pujiyanti [11] conducted research in 10 provinces in Indonesia. The results of this study indicated that the health or illness of the participants when the participants register BPJS Kesehatan, the class of care taken, the age group, the level of education that is rescued, the residence area (rural/urban) participant, access to the payment channel and the income of the respondent has a relationship Significant with the compliance of participant fee payment.

The review of health insurance fee payments is also common in some countries with focus on willingness to pay, including in the United States [12, 13], Ghana [14, 15] and Cambodia [16]. In the study, contributions to insurance participants were influenced by income [17, 18], number of family members [19], need [20], availability of facilities [18], social class [18] and the amount of contributions [17, 21].

There is a question that researcher need to think deeply regarding the behavior of the community in the payment of independent BPJS dues in Indonesia, especially in Muna District. For example, how are perceptions of risks faced by society and perceptions of NHI could affect people's pay behavior? What is the public perception of the dues to be paid and the financial loss and benefits of paying contributions? Thus, the purpose of this study is to examine public perceptions in constructing community behavior in the payment of contributions BPJS Mandiri in Muna District.

## **2. Materials and Methods**

### **Research sites**

The study was conducted in Muna District, Southeast Sulawesi Indonesia in 4 Sub-districts and 3 Health Centers, as well as Health Office and Muna District Social Service. The study was conducted from February to May 2017. Selection of sub-districts was based on consideration of the characteristics of the region, including the livelihoods of the people, towns, villages, and access toward health insurance. Besides, visiting home informant based on data by Name and Address participant BPJS Mandiri which given by Branch Office BPJS Kesehatan Baubau.

### **Design**

This research uses qualitative design with the case study approach. The selection of this design with the consideration that the qualitative design is very appropriate to assess the public perception in constructing the behavior of the community to contribute toward independent BPJS with researcher as the main instrument.

### **Data collection and analysis**

Data collection was conducted with in-depth interview with 7 key informants and 43 regular informants. Purposive sampling was used in term of choosing Informants which consist of the head of social protection and social security of Muna District Social Service, Section which supervises NHI Health Service of Muna Regency, Head of Village, Neighbourhood leader, and Participants of BPJS Mandiri. Data collection was also conducted

with 3 Focus Group Discussions (FGD), each groups consist of 10 people to dig more about the information subjectively. Before doing interview, the researcher conducted voice recording by first request approval from the informant.

This research uses qualitative data analysis. The result of interview based on recording is processed by transcribing manually and typed into Microsoft Word program. Then coding it to create categories and themes based on the facts which presented by the research informants. Interpretation of the meaning of the theme of community perception is narrative and supplemented with quotations from interviews. The process to ensure the validity of the findings of this study was conducted with interview persistence, reference adequacy, and triangulation of interview results with FGD of Focuss Group Discussion.

### **3. Results**

The results show that there are 4 major themes of Muna district community perception related to the payment of independent BPJS contribution, such as public perception about national health insurance, public perception about illness risk, the perception of independent BPJS contribution, and perception of loss and benefit of payment of independent BPJS contribution.

#### **a. Perceptions of the National Health Insurance (NHI)**

The results of the study found that community informants perceive NHI as a good program and very important for families in relieving medical expenses when getting ill in health facilities (AMT, WMN, LUD, SMK, SRB, WSD, ABH, FCH, LBD, MJT, MHT, VNK, JKS). The cost of treatment at the health facility by using BPJS health is lighter than the treatment as a general patient.

*"..aaa yes getting ill is very expensive and sometimes come in a sudden time. I am really feel this problem that I have a wife for giving birth, I have a child in the hospital. Then I use the card insurance. If not use the card, of course it will be expensive .. "(Informant LAM).*

The community considers that under the current high cost of health care, health insurance must exist and be owned by the family (LAM, HRD).

Both the participants who are in arrears and who regularly pay the dues, based on what they know that NHI is a model of mutual assistance, where healthy people help financing the sick (ABK, KHP, SRB, ABH, FCH, JLB, VNK). It is interesting that the perception that NHI is actually delivered by many participants who are in arrears in the payment of contributions.

This is also explained by one of the sub-district heads, that in fact some people have just found that NHI principle is social share and cover each other between healthy people and sick people (LAH). The payment contribution is used by other participants who are sick and in due time it will happen to them as well.

As far as the Focus Group Discussion is concerned, participants stated that the existence of BPJS Health makes

the family feel like having a family doctor who any time can be visited when they need treatment (MLF, ERS). Furthermore, They can easily go to doctors at night and they can get the treatment easily because they just show their BPJS Health cards, they are then served with their health insurance.

#### **b. Perceptions about the risk of illness**

All informants have the perception that everyone will get sick and the disease can come at any time, either on the informants of participants who are in arrears (LUD, WMN, AMT, HSN, SMT, HAT, MLN, ABK, WFN, KHP, JLB, SRB, ABH, FCH, LBD, MJT, VNK), as well as on participants who regularly make payment of contributions (SFR, MLF, ERS, LAM, HRD).

*"... we do not know if tomorrow we will get ill with many kinds of diseases and suddenly suffering from these disease, at least we already have guarantee of our health. That's it ... "(SBH informant).*

However, these perceptions do not necessarily encourage delinquent participants to make their contributions. Some informants feel that someday they will get ill, however, they also think that if now they are in good condition or healthy, the contribution payment can be postponed first and will be paid then when he/she or their family member needs treatment at health facility (CDA, MLN, LDF, SMT, LUD, WFN, LDI, SMW, JKS). Similarly, when informants feel sick, they simply buy medicine at the pharmacy which is the price is still affordable when paid it directly (ABH), furthermore, payment of contributions is not needed.

However, there is different perceptions of participants who regularly make payment of contributions. Perceptions about pain risks encourage participants to pay NHI dues on a regular basis (LAM, HRD, ERS, MLF). When doing interview to the informant, they are in good condition or healthy. However, the informants felt that by making regular payment of dues, health insurance would always be active, and when they get sick, they might get health facility without thinking about the payment of contributions anymore (LAM, HRD, ERS).

#### **c. Perceptions about Payment of NHI Contributions**

The contribution payment of independent BPJS according to some communities is an obligation that must be fulfilled (AMT, MLN, ABK, KHP, SRB, ABH, FCH, LBD, MJT, VNK, JLB). Because based on informants, when registering BPJS independently, it has been informed that there are dues to be paid every single month for BPJS Insurance that is always active.

*"... because according to the terms earlier already said it should be paid ..." (MLN Informant)*

*"... We already knew before that there will be payment. We also families are already thinking about it when we were doing registration for being the member of independent health insurance.. "(Informant LPT).*

The LPT informant conveyed that basically when they will sign up to be a participant of BPJS, the family has considered monthly fee payment.

However, even if the informant perceives the payment of dues as a liability, it does not necessarily make the participants make regular payment of dues. It is interesting for researchers that based on their characteristics, most of the participants are Chinese traders (FCH, LBD, MJT, VNK, JLB) who trade in shopping areas in Raha City. Others are community leaders (priests) and private employees.

The perception that payment of dues is an obligation not all owned by participants of independent BPJS who are delinquent who became informants in this study. Some informants assume that payment of contributions only if they will perform the treatment at health facilities (using BPJS card) (SMT, SRD, WFN, WSD, ABH, LDF, SMW, SYR).

In contrast to informants who routinely make contributions, they assume that they regularly pay it monthly as a form of installment for health insurance received at the hospital (ERS, LPT).

*".. so we repaid again (which has been assisted guarantee) of this. Although it is finished, we do not know there will be sudden pain. So, we still have this card. ," (ERS informant).*

Public perceptions about a number of contributions are interesting. The reason, the initial assumption that one of the causes of the community to make delinquent payment of contributions due to number of contributions to be paid per month by participants.

Empirically, based on informant interview result, the amount of fee to be paid per month is economically affordable and not burdensome when compared with the benefit of guarantee received by the participant when they get health service in health facility (AMT, WMN, LUD, SMT, HSN, HAT, WFN, KHP, SRB, ABH, FCH, JLB, LBD, MJT, VNK, WWT, JKS).

*"... I think the fee is actually inexpensive or not expensive, 15 million are asked for operating costs from the hospital. And we just paying 2 million and an half was so really help me. Because we are assisted by 100 thousand and I am so thankful especially with this best service insurance .... "(Informant AMT)*

Some interesting statements submitted by informants in the FGD, that the actual daily snacks of children more than the monthly fee (HSN, WFN). While other informants stated that the monthly payment is basically more than half the monthly fee (KHP, VNK). In detail, they added that if it calculated per month, the rate of class III fee (Rp 25,500, - for every person per month) if distributed on a daily basis is only Rp 850, - a day every person. This is also explained by the head of the social protection and the head of sub-district that in terms of a number of contributions, especially the contribution of BPJS class III is still quite affordable when compared with the cost of other purposes (HFD, LAH).

Tuition payments will also be felt more lightly if the monthly fee payment is done regularly. The public feels the weight to pay contributions if there have been delinquent payments of contributions for several months (LUD, WAG, SMT, HSN, SRD, MLN, WFN, KHP, SRB, FCH, VNK, WWT, JKS). Based on data of delinquent contributions in Muna District, 72.77% of delinquent has been delinquent for 7 months. This is one of the causes of high contributions in the Muna District.

*"... now I do not pay. I used to be routine but because I have been lazy, So the bigger arrears I think would be paid ... "(Informers MLN).*

The perception that cheaper monthly payments are also perceived by participant informants who regularly pay dues (ERS, LAM, LPT, SFR).

*"... So I was paying on a monthly basis. Particularly, not to be heavy. So I am saving to pay it (dues BPJS) ... "(ERS Informant).*

Perceptions and perceived relief make informants routinely make payments per month. Every month is spent the time to go to the dues payment.

#### **d. Perception of Losses and Benefits of Contribution Payments**

The community perceives the disadvantages and benefits of payment of contributions based on what is known about BPJS Health insurance and experience when receiving health services at health facilities.

Based on the results of the interviews, the informants who are in arrears have a financial loss if they continue to make payment without using card insurance (not pain) (RLD, HAT, MLN, WFN, WSD, ANR, LDF, LDI, LBD, MHT, WWT). The informant considers that the money is "dead money" because after making the payment, nothing is obtained by the participants. In fact, there was an informant who asked to the researcher, "where is the money that we paid for will be running?"

*"... eeh we feel hard to do payment regularly if we do not use it. where is the money that we paid for will be running in a year?"... "(Informant LDF).*

The perception of financial loss in payment of contributions by delinquent participants is also shaped by experience when receiving health services at health facilities. Some informants felt that the health services received were not qualified so they felt that it was useless to pay their contributions if the quality of health services received was not good (SBH, ABK, CDA, MLN, WWT, ABK, JKS). Another thing that happened was that the purchase of medicine outside because of the unavailability of medicine in the hospital. As a result, the community feels that they pay "double", that is mean they pay BPJS and have to pay the medicine at the outside pharmacy (SMT, HSN, SBH, MLN, ABK, CDA, LDF).

*"... actually it is not difficult for paying the health insurance, but if we already pay 2 times, it makes us lazy to pay it again. If it is Supposed only 1 time to pay it, maybe we can continue. But in reality, we have to paid double .."(SMT Informant).*

In addition, there are informants even if they are in arrears but basically, if payment is made and they do not use BPJS card (not sick), the informant does not feel get financial loss (AMT, WMN, KHP, SRB, ABH, FCH, JLB, LBD, MJT, VNK). They perceive that even paid contributions are not used, it is a kind of saving that someday can be used when they need health care.

While the participants who regularly pay dues also do not feel get the financial loss to pay regularly per month even though at the same time they do not use health card BPJS (SFR, ERS, LPT, HRD). The paid contribution is considered as saving account if you are sick and want to get health care at a health facility.

#### **4. Discussion**

Individuals make decisions and take action based on what they perceive as reality [22]. Muna Regency people perceive NHI as a good and important program for families as an effort to alleviate the cost of health services in health facilities. The existence of families who suffer from illness or will perform health care such as tumor surgery or cesarean delivery operation, encourage people to register BPJS independently.

Participants of BPJS who register due to illness, have a strong tendency to delinquent payment of contributions. After being healthy and feeling unable to make a visit to a health facility, health BPJS participants are reluctant to make a contribution payment. The public has a perception that the financial loss and free pay dues if the BPJS card Health is not used (not sick). When not sick, participants did not use BPJS Health. The money paid is considered to be "dead money" and cannot be withdrawn, while the family feels the money can still be used for other purposes. The community will make payments if it is felt will perform the treatment at health facilities and require a very large cost. The public will make payments for something they instantly feel.

As consumers, the public has a perception of the loss of what is paid if it does not get its benefits [23]. Although the public has been guaranteed when ill, and the amount of collateral received is greater than the paid contribution, the participant will feel a loss if the payment is made in good health. Schiffman and Kanuk [22] argue that individuals tend to pay attention to the things they need or want, the stronger the individual needs towards something, the individual will ignore the other's needs. Participants who have daily / weekly earnings tend to increasingly not allocate special to NHI because sanctions do not pay indirect contributions perceived. Unlike sanctions in arrears, if it is delayed for 3 months, PLN can directly cut off electricity, and customers direct get the impact. This is difficult to do with health services because health care is a people's right and concerns the safety aspect of a person.

Actually, the contribution of BPJS Kesehatan per month is felt very affordable by the participants when compared with the health insurance was accepted. The fee paid when registering is cheaper than paying a fee as a general patient. But this fee is very heavy when the arrears of dues is great. Most participants have delinquent exceeds family income in a month. After being discharged from the hospital, some participants continue to pay their contributions for several months, but for some reason such as laziness or lack of income in a particular month, the participants do not pay. The next month also goes like that so the arrears will get bigger. Some informants even have arrears that exceed family income per month. Thus, when participants suffer from illness at that time the participants choose to become a public patient when seeking treatment at a health facility.

A study by Obse, Hailemariam [24] found that insurers only understand insurance as a payment mechanism in the absence of risk sharing among participants. Participants do not understand that the contribution payment is a form of mutual assistance that can be given to other participants who are sick. Some of the participants of



independent BPJS who do duty payments in the District perceive payments BPJS health is done at the time of illness only. Packages of benefits (health insurance) that have been received when hospitalized, not a consideration to continue making payments.

Participants of BPJS mandiri who do not have problems in terms of family income such as shop owners in the city of Raha, arrears dues caused by busy activities at home so forget to make payments. Participants do not feel the financial loss to make the payment even if not sick because they feel the dues that have been paid as a form of mutual assistance that can be used by other participants who are sick. They know to have arrears of BPJS contributions, but delayed payments because they do not currently require health insurance from BPJS (no sick family members). Long payment queues up at payments such as Banks, also make them lazy to make payments.

Stimuli that build individual perceptions of things can be formed from previous consumer experiences, formed after comparing expectations and reality [22]. The experience of BPJS participants is self-reliant when getting health services in health facilities into learning that shapes the perception of the community so as to encourage people to pay or not to pay dues. Participants of the independent BPJS in Muna District have mixed experiences during treatment at the health facilities of family doctors, community health centers, Muna District General Hospital and hospitals outside Baubau, Kendari, Makassar, and Java. At First Level Health Facilities (Centre of health care and Family Doctors) some participants were satisfied with the services they received, while others highlighted the absence of a doctor and the medication was given had no effect on the illness. Due to the lack of effectiveness of the drugs given, there are participants who switch to medical practitioners who do not cooperate with BPJS Kesehatan as a general patient and stop payment of contributions. In principle, patients will seek the best treatment for their health.

In the process of payment of a good or service, one does not stop at the process of using a product but proceeds to the evaluation process of what is felt [22, 25]. Evaluation results will result in a feeling of satisfaction or dissatisfaction with the service received. The results of this study indicate the participant's dissatisfaction with the health service they received at the Muna district general hospital. The main factor of dissatisfaction of participants occurred because of the purchase of medicine in pharmacies outside the hospital, especially on participants who underwent inpatient care. Patients are directed to purchase medicine on the grounds that the drug is not available in the hospital or not covered by BPJS. A number of medicine costs paid to reach hundreds of thousands of rupiah that exceeds the amount of BPJS Kesehatan they have paid. On this basis, the patient feels paying double and it is useless to have a BPJS Kesehatan card but cannot cover the cost of medicine.

Satisfaction with the service will encourage consumers or insurance participants to continue paying for the services. Conversely, dissatisfaction will cause consumers to disappoint and stop repayment of the product [26]. Research conducted by Boateng and Awunyor-Vitor [14] conducted in Ghana found that people who do not renew health insurance that has passed the period due to the low quality of health services, do not have enough money to pay contributions and have on-site treatment experience Others better.

The study in Addis Ababa concluded that the quality of health care is the most important factor to note, there must be a match between a number of contributions paid with the promised benefits package, the improvement

in the availability and quality of service should take precedence over the introduction of insurance schemes [24]. Similarly, the results of research in Denpasar City found that dissatisfaction with the quality of health services received by using BPJS Kesehatan is the cause of participants not obedient to make payment of contributions [27]. Although the participants' disappointment has been caused by health services at health facilities, especially in hospitals, and not on the BPJS Kesehatan Office, the participants considered this to be unhealthy from BPJS Kesehatan. This is because participants feel that they are making contributions to BPJS Kesehatan, and BPJS Kesehatan is responsible for the provision of quality health services.

## **5. Conclusion**

Empirically, the perception of the risk of illness and the high cost of health encourage people to register to become BPJS participants. Some people have a perception of financial loss when making a contribution payment if not used (not sick) so that they do not pay dues. While some others, perceive the dues paid as a kind of mutual assistance for the sick participants. The experience when getting health care insurance created public perception of paying for or not paying for contributions, which is made up of a sense of satisfaction or dissatisfaction with the service they receive.

## **Conflict of interest**

Author Declared there is no conflict interest

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