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Lampiran 1 Informed Consent

INFORMED CONSENT
(PERNYATAAN PERSETUJUAN IKUT PENELITIAN)

Yang bertanda tangan dibawah ini :

Nama :

Umur :Tahun

Jenis Kelamin : Laki-Laki/Perempuan

Pekerjaan :

Alamat :

.....

Telah mendapat keterangan secara terinci dan jelas mengenai :

1. Penelitian yang berjudul **“Determinan Kemampuan Dan Kemauan Membayar Iuran Jaminan Kesehatan Nasional Pada Pedagang Kaki Lima Di Pantai Losari Selama Masa Pandemi Covid-19”**
2. Manfaat ikut sebagai subyek penelitian
3. Bahaya yang akan timbul
4. Prosedur Penelitian
5. Persetujuan perizinan tempat penelitian
6. Hak keamanan dan privasi

dan dalam prosedur penelitian, responden mendapat kesempatan mengajukan pertanyaan mengenai segala sesuatu yang berhubungan dengan penelitian tersebut. Oleh karena itu saya **bersedia/tidak bersedia***) secara sukarela untuk menjadi subyek penelitian dengan penuh kesadaran serta tanpa keterpaksaan.

Demikian pernyataan ini saya buat dengan sebenarnya tanpa tekanan dari pihak manapun.

TandaTangan Partisipan		Tanggal	
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Saya telah menjelaskan penelitian kepada partisipan yang bertandatangan diatas, dan saya yakin bahwa partisipan tersebut paham tentang tujuan, proses, dan efek yang mungkin terjadi jika dia ikut terlibat dalam penelitian ini.

Peneliti

Arip Hidayat

E. Kuisioner Penelitian

1. Ability to Pay/Kemampuan membayar iuran

- a. Total pengeluaran untuk Pangan (kebutuhan sehari-hari contoh beras, lauk-pauk, sayur, buah-buahan, bumbu, dll) keluarga per bulan

[...] < 500.000 [...] 1.000.000 - <1.500.000

[...] 500.000 - <1.000.000 [...] \geq 1.500.000

- b. Total pengeluaran untuk Non – pangan (pendidikan, pakaian, bahan bakar, air, listrik, kesehatan, dll) keluarga per bulan

[...] < 500.000 [...] 1.000.000 - <1.500.000

[...] 500.000 - <1.000.000 [...] \geq 1.500.000

2. Willingnes to Pay/Kemauan membayar iuran

No	Willingnes to Pay	Ya	Tidak
1.	Apakah anda bersedia membayar iuran Jaminan Kesehatan tepat waktu sesuai besaran yang ditentukan oleh pemerintah?		
2.	Apakah selama ini anda membayarkan iuran jaminan kesehatan tepat waktu setiap bulannya, yaitu paling lambat tanaggal 10 setiap bulannya?		
3.	Jika saat ini anda telah menunggak pembayaran iuran, apakah anda bersedia melunasi tunggakan iuran anda?		

3. Riwayat Penyakit

No	Riwayat Penyakit	Ya	Tidak
1.	Apakah anda memiliki riwayat penyakit katastropik seperti diabetes mellitus, hipertensi, gagal ginjal, tumor/kanker, penyakit jantung, dan penyakit infeksi ?		
2.	Apakah dalam keluarga anda memiliki riwayat penyakit katastropik seperti diabetes mellitus, hipertensi, gagal ginjal, tumor/kanker, penyakit jantung, dan		

	penyakit infeksi ?		
3.	Apakah anda atau keluarga anda pernah dinyatakan terkonfirmasi positif Covid-19 oleh dokter?		

4. Kepuasan Terhadap Pelayanan Kesehatan

No	Pernyataan	Baik	Cukup	Kurang
	Dimensi Berwujud			
1.	Ruang tunggu pendaftaran dan kasir bersih dan nyaman			
2.	Ruang pemeriksaan dalam keadaan bersih dan nyaman			
3.	WC tersedia cukup, bersih dan tidak membayar			
4.	Alat dan kelengkapan periksan tersedia			
5.	Ruang administrasi, poli, dan pemeriksaan penunjang dekat			
	Dimensi Keandalan			
6.	Petugas administrasi sigap mnenangani masalah yang anda hadapi			
7.	Perawat sigap menangani masalah yang anda hadapi			
8.	Dokter sigap menangani masalah yang anda hadapi			
9.	Prosedur penerimaan pasien cepat			
10.	Antrian pemeriksaan tidak dalam waktu lama			
	Dimensi Ketanggapan			
11.	Petugas administrasi memberikan penjelasan prosedur pelayanan			
12.	Perawat memberikan penjelasan prosedur pelayanan			
13.	Perawat menjelaskan setiap tindakan yang akan dilakukan			

14.	Dokter memberikan penjelasan prosedur pelayanan			
15.	Dokter menjelaskan kondisi pasien saat perawatan dan pengobatan yang dijalankan			
	Dimensi Perhatian			
16.	Petugas administrasi, Perawat dan dokter bersikap ramah dan sopan			
17.	Petugas medis memperhatikan keluhan pasien			
18.	Petugas medis menjawab pertanyaan pasien dengan ramah			
19.	Petugas administrasi dan keuangan menjawab pertanyaan pasien dengan ramah			
	Dimensi Meyakinkan			
20.	Pemeriksaan oleh petugas kesehatan (dokter, perawat) dilakukan dengan teliti			
21.	Saya rasa pengetahuan petugas medis (dokter, perawat) menjalankan tugasnya dengan baik			
22.	Saya rasa pengetahuan petugas medis (dokter dan perawat) mengenai kondisi saya sangat baik			
23.	Saya rasa petugas medis (dokter, perawat) trampil dalam memberikan pengobatan			

*Lampiran 3 Susunan Tim Peneliti***SUSUNAN TIM PENELITIAN**

No	Nama Peneliti	Status	Keterangan
1.	Arip Hidayat	Peneliti Pertama	Mahasiswa
2.	Prof. Dr. Amran Razak, SE. M.Sc	Pembimbing I	Dosen
3.	Dr. Balqis, SKM, M.Kes. M.Sc.PH	Pembimbing II	Dosen

*Lampiran 4 Daftar Riwayat Hidup***DAFTAR RIWAYAT HIDUP****A. Data Pribadi**

Nama	:	Arip Hidayat
NIM	:	K012202071
Tempat, Tanggal Lahir	:	Waworoda Jaya, 28 April 1995
Jenis Kelamin	:	Laki – Laki
Agama	:	Islam
Alamat	:	Ds. Waworoda Jaya, Kec. Tongauna Utara, Kab. Konawe. Sulaawesi Tenggara
Kontak Person	:	No. Telp : 0852-4439-5051 Email : ariphidayat.ns@gmail.com

B. Riwayat Pendidikan

No	Strata	Institusi	Tempat	Tahun
1.	Profesi Ners	Universitas Jendral Achmad Yani	Yogyakarta	2018
2.	S1	STIKES Jendral Achmad Yani	Yogyakarta	2017
3.	SMA/MA	MaS Baitul Arqom	Kolaka	2013
4.	SMP/MTS	MTsS Baitul Arqom	Kolaka	2010
5.	SD	SDN 1 Waworoda Jaya	Konawe	2007

C. Riwayat Pelatihan

No	Jenis Pelatihan	Tahun
1.	Pelatihan Kesehatan dan Keselamatan Kerja Rumah Sakit	2021
2.	Pelatihan Sistem Manajemen K3 Rumah Sakit (SMK3RS)	2021
3.	Pelatihan Basic Cardiac and Life Support	2018
4.	Pelatihan Hiperkes dan Keselamatan Kerja Bagi Paramedis	2018
5.	Pelatihan Primary Health Care (PHC)	2018
6.	Pelatihan Interpretasi EKG dasar	2018
7.	Pelatihan Perawatan Luka Modern	2016

D. Riwayat Pekerjaan

No	Tempat Kerja	Tahun
1.	Staf Pencegahan dan Pengendalian Infeksi RS Unhas	2022
2.	SMK Kesehatan Binatama Yogyakarta	2020
3.	Griya Pusat Perawatan Luka Yogyakarta	2019
4.	Jogja Nursing center	2019

E. Karya Tulis Ilmiah

No	Karya Tulis	Tahun
1.	Buku Kebijakan Kesehatan dan Peran Keperawatan di Masa Pandemi Covid-19	2022
2.	Buku Katakan Tidak Pada Ulkus Diabetikum (ISBN:978 623 6171 22 6)	2020
3.	Buku Perawatan Luka Ulkus Diabetikum (ISBN: 978 623 6791 14 1)	2020
4.	Jurnal Pengaruh Stigmatisasi Sosial terhadap Koping Stres Perawat Dalam Penangan Covid-19	2021
5.	Jurnal Analisis Pengaruh Faktor Demografi Terhadap Lama Karantina Pada Perawat Terpapar Covid-19 di Jawa Tengah	2021
6.	Jurnal Implementasi Perawatan Luka dengan Metode Modern Dressing terhadap Kualitas Hidup Pasien Ulkus Diabetikum	2018

Lampiran 5 *Time Schedule Penyusunan Tesis*

TIME SCHEDULE PENYUSUNAN TESIS
DETERMINAN KEMAMPUAN DAN KEMAUAN MEMBAYAR IURAN JAMINAN KESEHATAN NASIONAL PADA
PEDAGANG KAKI LIMA DI PANTAI LOSARI

Waktu Kegiatan	Okto 2021				Nov 2021				Des 2021				Jan 2022				Feb 2022				Mar 2022				Apr 2022				Mei 2022			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Penyusunan proposal Tesis	■	■	■	■	■	■	■	■	■	■	■	■																				
Seminar Proposal												■																				
Revisi Proposal													■	■																		
Pelaksanaan Penelitian													■	■	■	■	■	■														
Analisis Hasil dan Penyusunan																	■	■	■	■	■	■										
Ujian Hasil																					■	■	■	■								
Revisi dan publikasi																									■	■	■	■	■	■		
Ujian tututp																													■	■	■	

Lampiran 6 Validitas dan Reliabilitas

1. Abiliti to Pay

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	0.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.835	.855	2

Inter-Item Correlation Matrix

	VAR00001	VAR00002
VAR00001	1.000	.747
VAR00002	.747	1.000

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
VAR00001	2.57	.323	.747	.558	
VAR00002	2.33	.575	.747	.558	

Correlations

		VAR00001	VAR00002	Total
VAR00001	Pearson Correlation	1	.747**	.953**
	Sig. (2-tailed)		.000	.000
	N	30	30	30

VAR00002	Pearson Correlation	.747**	1	.914**
	Sig. (2-tailed)	.000		.000
	N	30	30	30
Total	Pearson Correlation	.953**	.914**	1
	Sig. (2-tailed)	.000	.000	
	N	30	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

2. Willingness to Pay

Correlations

		VAR00001	VAR00002	VAR00003	Total
VAR00001	Pearson Correlation	1	.356	.630**	.794**
	Sig. (2-tailed)		.053	.000	.000
	N	30	30	30	30
VAR00002	Pearson Correlation	.356	1	.802**	.821**
	Sig. (2-tailed)	.053		.000	.000
	N	30	30	30	30
VAR00003	Pearson Correlation	.630**	.802**	1	.947**
	Sig. (2-tailed)	.000	.000		.000
	N	30	30	30	30
Total	Pearson Correlation	.794**	.821**	.947**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	30	30	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Warnings

The determinant of the covariance matrix is zero or approximately zero. Statistics based on its inverse matrix cannot be computed and they are displayed as system missing values.

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	0.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.847	.913	4

Inter-Item Correlation Matrix

	VAR00001	VAR00002	VAR00003	Total
VAR00001	1.000	.356	.630	.794
VAR00002	.356	1.000	.802	.821
VAR00003	.630	.802	1.000	.947
Total	.794	.821	.947	1.000

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
VAR00001	5.43	1.564	.696		.824
VAR00002	5.47	1.637	.751		.828
VAR00003	5.43	1.426	.918		.759
Total	3.27	.547	1.000		.813

3. Variabel Penelitian

Correlations

		VAR00001	VAR00002	VAR00003	Total
VAR00001	Pearson Correlation	1	-.085	.106	.548**
	Sig. (2-tailed)		.656	.578	.002
	N	30	30	30	30
VAR00002	Pearson Correlation	-.085	1	.238	.626**
	Sig. (2-tailed)	.656		.206	.000
	N	30	30	30	30
VAR00003	Pearson Correlation	.106	.238	1	.701**
	Sig. (2-tailed)	.578	.206		.000
	N	30	30	30	30
Total	Pearson Correlation	.548**	.626**	.701**	1
	Sig. (2-tailed)	.002	.000	.000	
	N	30	30	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Inter-Item Correlation Matrix

	VAR00001	VAR00002	VAR00003	VAR00004	VAR00005	Total
VAR00001	1.000	.581	.084	.298	.236	.749

VAR00002	.581	1.000	.148	.030	.268	.652
VAR00003	.084	.148	1.000	-.028	.264	.462
VAR00004	.298	.030	-.028	1.000	.026	.501
VAR00005	.236	.268	.264	.026	1.000	.597
Total	.749	.652	.462	.501	.597	1.000

Inter-Item Correlation Matrix

	VAR00001	VAR00002	VAR00003	VAR00004	VAR00005	Total
VAR00001	1.000	.608	.012	.372	.259	.771
VAR00002	.608	1.000	.148	.084	.268	.671
VAR00003	.012	.148	1.000	-.089	.264	.396
VAR00004	.372	.084	-.089	1.000	.059	.544
VAR00005	.259	.268	.264	.059	1.000	.601
Total	.771	.671	.396	.544	.601	1.000

Inter-Item Correlation Matrix

	VAR00001	VAR00002	VAR00003	VAR00004	VAR00005	VAR00006
VAR00001	1.000	.157	.058	.314	.627	.659
VAR00002	.157	1.000	.278	.361	.261	.627
VAR00003	.058	.278	1.000	.243	.121	.507
VAR00004	.314	.361	.243	1.000	.338	.722
VAR00005	.627	.261	.121	.338	1.000	.725
VAR00006	.659	.627	.507	.722	.725	1.000

Inter-Item Correlation Matrix

	VAR0000 1	VAR0000 2	VAR0000 3	VAR0000 4	VAR0000 5	VAR0000 6	Total
VAR0000 1	1.000	.321	-.091	-.183	.145	-.134	.358
VAR0000 2	.321	1.000	.027	.427	.509	.200	.775
VAR0000 3	-.091	.027	1.000	.368	-.180	.170	.349
VAR0000 4	-.183	.427	.368	1.000	.199	.341	.643
VAR0000 5	.145	.509	-.180	.199	1.000	.465	.638
VAR0000 6	-.134	.200	.170	.341	.465	1.000	.571
Total	.358	.775	.349	.643	.638	.571	1.000

Inter-Item Correlation Matrix

	VAR00001	VAR00002	VAR00003	VAR00004	VAR00005	Total
VAR00001	1.000	.506	.054	.041	.062	.568
VAR00002	.506	1.000	.245	.070	.447	.863
VAR00003	.054	.245	1.000	-.145	.106	.439
VAR00004	.041	.070	-.145	1.000	.138	.316
VAR00005	.062	.447	.106	.138	1.000	.629
Total	.568	.863	.439	.316	.629	1.000

Lampiran 7 Data Hasil Penelitian

No	Pendapatan	Pangan	Non Pangan	Pend-Pangan	5%	Kode	Jumlah Anggota Keluarga	Kemampuan keluarga Membayar	Usia	Jenis kelamin	Pendidikan
1	3,500,000	1,000,000	1,500,000	2,500,000	125,000	1	3	41,666.67	35	Laki-laki	SMP
2	3,200,000	1,500,000	1,500,000	1,700,000	85,000	2	5	17,000.00	39	Perempuan	SMA
3	2,000,000	1,000,000	1,000,000	1,000,000	50,000	1	4	12,500.00	29	Perempuan	SMA
4	3,500,000	500,000	1,000,000	3,000,000	150,000	2	4	37,500.00	30	Laki-laki	SMP
5	2,000,000	1,500,000	1,000,000	500,000	25,000	1	5	5,000.00	31	Laki-laki	SD
6	2,000,000	1,000,000	1,000,000	1,000,000	50,000	2	3	16,666.67	33	Perempuan	SD
7	3,500,000	1,000,000	1,000,000	2,500,000	125,000	1	2	62,500.00	42	Perempuan	SMA
8	2,000,000	1,500,000	1,000,000	500,000	25,000	2	5	5,000.00	40	Laki-laki	SMP
9	2,000,000	1,000,000	1,000,000	1,000,000	50,000	2	4	12,500.00	42	Laki-laki	SMA
10	2,000,000	1,500,000	1,000,000	500,000	25,000	1	5	5,000.00	26	Laki-laki	PT
11	2,000,000	1,500,000	1,000,000	500,000	25,000	1	5	5,000.00	29	Laki-laki	PT
12	3,500,000	1,000,000	1,000,000	2,500,000	125,000	1	4	31,250.00	29	Laki-laki	SMA

13	2,000,000	1,500,000	1,000,000	500,000	25,000	1	5	5,000.00
14	2,000,000	1,500,000	1,000,000	500,000	25,000	2	4	6,250.00
15	3,500,000	2,000,000	1,000,000	1,500,000	75,000	1	5	15,000.00
16	2,000,000	1,000,000	1,000,000	1,000,000	50,000	1	5	10,000.00
17	3,500,000	1,500,000	1,000,000	2,000,000	100,000	1	4	25,000.00
18	3,500,000	1,500,000	1,500,000	2,000,000	100,000	1	4	25,000.00
19	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	2	4	6,250.00
20	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	3	33,333.33
21	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	3	8,333.33
22	3,500,000	1,500,000	>1.500.000	2,000,000	100,000	2	5	20,000.00
23	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	1	5	15,000.00
24	2,000,000	2,000,000	500.000 - <1.000.000	-	-	2	5	-
25	2,000,000	1,000,000	500.000 - <1.000.000	1,000,000	50,000	1	5	10,000.00
26	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00
27	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	5	5,000.00

30	Perempuan	SMP
31	Perempuan	PT
37	Perempuan	SMA
39	Perempuan	SMA
39	Perempuan	SMA
38	Perempuan	PT
42	Laki-laki	SMA
44	Perempuan	SMA
46	Perempuan	SMP
45	Laki-laki	PT
42	Perempuan	SMA
29	Perempuan	SMA
30	Laki-laki	SMA
31	Perempuan	SMA
33	Laki-laki	SMA

28	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	5	5,000.00
29	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	4	18,750.00
30	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	5	-
31	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	5	5,000.00
32	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	5	15,000.00
33	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	2	5	5,000.00
34	2,000,000	1,000,000	500.000 - <1.000.000	1,000,000	50,000	2	4	12,500.00
35	2,000,000	2,000,000	500.000 - <1.000.000	-	-	2	4	-
36	2,000,000	1,000,000	1.000.000 - <1.500.000	1,000,000	50,000	1	3	16,666.67
37	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	3	8,333.33
38	1,500,000	1,500,000	500.000 - <1.000.000	-	-	2	4	-
39	2,000,000	500,000	500.000 - <1.000.000	1,500,000	75,000	1	5	15,000.00
40	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00
41	2,000,000	1,500,000	<500.000	500,000	25,000	1	4	6,250.00
42			<500.000		-	2	3	

36	Perempuan	SMP
38	Perempuan	SMA
39	Perempuan	SMP
33	Perempuan	SMP
35	Perempuan	SMA
33	Laki-laki	SMA
28	Perempuan	SMA
29	Perempuan	SMA
29	Laki-laki	SMA
29	Laki-laki	SMA
36	Laki-laki	SMA
41	Laki-laki	SD
43	Laki-laki	SMA
44	Perempuan	SMP
32	Perempuan	SMA

	1,500,000	1,500,000		-				-
43	1,500,000	1,500,000	500.000 - <1.000.000	-	-	2	4	-
44	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	2	37,500.00
45	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00
46	3,500,000	2,000,000	1,500,000	1,500,000	75,000	1	5	15,000.00
47	3,500,000	2,000,000	>1.500.000	1,500,000	75,000	2	5	15,000.00
48	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	5	15,000.00
49	1,500,000	1,500,000	500.000 - <1.000.000	-	-	2	4	-
50	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	4	-
51	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	4	18,750.00
52	2,000,000	500,000	<500.000	1,500,000	75,000	1	3	25,000.00
53	2,000,000	2,000,000	500.000 - <1.000.000	-	-	1	4	-
54	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	3	25,000.00
55	2,000,000	2,000,000	500.000 - <1.000.000	-	-	2	2	-
56	3,500,000	1,000,000	<500.000	2,500,000	125,000	2	5	25,000.00
57			500.000 -		-	2	6	

42	Perempuan	SMA
42	Laki-laki	SMA
38	Perempuan	SMA
33	Perempuan	SMA
35	Perempuan	SMA
39	Perempuan	SMA
37	Perempuan	SMA
43	Laki-laki	SMA
49	Laki-laki	SMP
52	Laki-laki	SMA
44	Laki-laki	SMA
27	Perempuan	PT
29	Perempuan	PT
30	Perempuan	SMA
30	Perempuan	PT

	2,000,000	2,000,000	<1.000.000	-				-
58	3,500,000	1,000,000	500.000 - <1.000.000	2,500,000	125,000	1	3	41,666.67
59	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	5	20,000.00
60	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	2	5	5,000.00
61	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	1	5	20,000.00
62	3,500,000	1,000,000	<500.000	2,500,000	125,000	2	5	25,000.00
63	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00
64	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	6	4,166.67
65	3,500,000	1,000,000	<500.000	2,500,000	125,000	2	5	25,000.00
66	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	5	20,000.00
67	3,500,000	1,500,000	<500.000	2,000,000	100,000	1	5	20,000.00
68	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	1	5	5,000.00
69	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	1	5	15,000.00
70	3,500,000	1,500,000	1.000.000 -	2,000,000	100,000	2	5	20,000.00
71	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	1	5	15,000.00

30	Perempuan	SMA
31	Perempuan	SMA
41	Perempuan	SMA
42	Perempuan	SMA
42	Perempuan	SMP
42	Perempuan	SMP
44	Perempuan	SMA
34	Perempuan	SMA
39	Laki-laki	SMA
30	Perempuan	SMA
36	Perempuan	SMA
32	Laki-laki	SMA
39	Perempuan	SMA
29	Perempuan	PT

72	2,000,000	1,500,000	500.000 - <1.000.000	500,000	25,000	2	3	8,333.33	27	Perempuan	SMA
73	2,000,000	2,000,000	500.000 - <1.000.000	-	-	1	6	-	39	Perempuan	SMA
74	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	6	16,666.67	40	Perempuan	SMP
75	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	6	-	41	Perempuan	SD
76	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	6	-	38	Perempuan	SMA
77	1,500,000	1,500,000	<500.000	-	-	1	6	-	39	Perempuan	SMA
78	1,500,000	2,000,000	500.000 - <1.000.000	(500,000)	(25,000)	1	6	(4,166.67)	33	Perempuan	SMA
79	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	1	6	12,500.00	38	Perempuan	SMA
80	3,500,000	2,000,000	<500.000	1,500,000	75,000	2	6	12,500.00	29	Laki-laki	PT
81	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	1	6	12,500.00	40	Laki-laki	PT
82	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	6	16,666.67	47	Perempuan	SMA
83	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	6	12,500.00	39	Perempuan	SMA
84	1,500,000	1,000,000	<500.000	500,000	25,000	1	4	6,250.00	33	Perempuan	SMA
85	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00	39	Perempuan	SMA
86	3,500,000	1,500,000	1.000.000 -	2,000,000	100,000	2	4	25,000.00	37	Perempuan	SMA

			<1.500.000					
87	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	1	4	6,250.00
88	3,500,000	1,500,000	1.000.000 -	2,000,000	100,000	2	2	50,000.00
89	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	2	5	20,000.00
90	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	5	-
91	3,500,000	1,500,000	500.000 - <1.000.000	2,000,000	100,000	1	6	16,666.67
92	3,500,000	2,000,000	500.000 - <1.000.000	1,500,000	75,000	2	4	18,750.00
93	1,500,000	1,000,000	<500.000	500,000	25,000	1	4	6,250.00
94	3,500,000	1,000,000	<500.000	2,500,000	125,000	1	4	31,250.00
95	1,500,000	1,000,000	500.000 - <1.000.000	500,000	25,000	2	4	6,250.00
96	1,500,000	1,500,000	500.000 - <1.000.000	-	-	1	5	-

36	Perempuan	SMA
30	Perempuan	SMA
42	Perempuan	SMP
44	Laki-laki	SMA
39	Perempuan	SMA
38	Perempuan	SMA
33	Perempuan	SMA
42	Perempuan	SD
41	Perempuan	SMA
40	Laki-laki	SMP

Lampiran 8 Olahdata SPSS

Univariate

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 - 29 Tahun	14	14.6	14.6	14.6
	30 - 39 tahun	51	53.1	53.1	67.7
	>40 Tahun	31	32.3	32.3	100.0
	Total	96	100.0	100.0	

Jenis_Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-Laki	29	30.2	30.2	30.2
	Perempuan	67	69.8	69.8	100.0
	Total	96	100.0	100.0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	5	5.2	5.2	5.2
	SMP	15	15.6	15.6	20.8
	SMA	65	67.7	67.7	88.5
	Perguruan Tinggi	11	11.5	11.5	100.0
	Total	96	100.0	100.0	

Jumlah Anggota Keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<4	57	59.4	59.4	59.4
	>4	39	40.6	40.6	100.0
	Total	96	100.0	100.0	

Pendapatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rendah (<3.160.000	56	58.3	58.3	58.3
	Tinggi (>3.160.000	40	41.7	41.7	100.0
	Total	96	100.0	100.0	

Riwayat_Penyakit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Memiliki Riwayat Penyakit	64	66.7	66.7	66.7
	Tidak Memiliki Riwayat penyakit	32	33.3	33.3	100.0
	Total	96	100.0	100.0	

Kepuasan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Puas	54	56.3	56.3	56.3
	Tidak Puas	42	43.8	43.8	100.0
	Total	96	100.0	100.0	

WTP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bersedia	58	60.4	60.4	60.4
	Tidak bersedia	38	39.6	39.6	100.0
	Total	96	100.0	100.0	

ATP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mampu	53	55.2	55.2	55.2

Tidak mampu	43	44.8	44.8	100.0
Total	96	100.0	100.0	

Pengeluaran_Makanan

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid < Rp. 500.000	18	18.8	18.8	18.8
Rp. 500.000 - 1.000.000	62	64.6	64.6	83.3
Rp. 1.000.000 - 1.500.000	10	10.4	10.4	93.8
> Rp. 1.500.000	6	6.3	6.3	100.0
Total	96	100.0	100.0	

Pengeluaran_non_Makanan

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid < Rp. 500.000	12	12.5	12.5	12.5
Rp. 500.000 - 1.000.000	75	78.1	78.1	90.6
Rp. 1.000.000 - 1.500.000	6	6.3	6.3	96.9
> Rp. 1.500.000	3	3.1	3.1	100.0
Total	96	100.0	100.0	

Bivariate ATP

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Riwayat_Penyakit * ATP	96	100.0%	0	0.0%	96	100.0%

Kepuasan * ATP	96	100.0%	0	0.0%	96	100.0%
Jumlah Anggota Keluarga * ATP	96	100.0%	0	0.0%	96	100.0%
Pendapatan * ATP	96	100.0%	0	0.0%	96	100.0%

Riwayat_Penyakit * ATP

Crosstab

Count

		ATP		Total
		Mampu	Tidak mampu	
Riwayat_Penyakit	Memiliki Riwayat Penyakit	38	26	64
	Tidak Memiliki Riwayat penyakit	15	17	32
Total		53	43	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.348 ^a	1	.246		
Continuity Correction ^b	.890	1	.346		
Likelihood Ratio	1.345	1	.246		
Fisher's Exact Test				.281	.173
Linear-by-Linear Association	1.334	1	.248		
N of Valid Cases	96				

- a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.33.
 b. Computed only for a 2x2 table

Kepuasan * ATP

Crosstab

Count

		ATP		Total
		Mampu	Tidak mampu	
Kepuasan	Puas	44	10	54
	Tidak Puas	9	33	42
Total		53	43	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	34.454 ^a	1	.000		
Continuity Correction ^b	32.068	1	.000		
Likelihood Ratio	36.646	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	34.095	1	.000		
N of Valid Cases	96				

- a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.81.
 b. Computed only for a 2x2 table

Jumlah Anggota Keluarga * ATP

Crosstab

Count

		ATP		Total
		Mampu	Tidak mampu	
Jumlah Anggota Keluarga	<4	35	22	57
	>4	18	21	39
Total		53	43	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.178 ^a	1	.140		
Continuity Correction ^b	1.605	1	.205		
Likelihood Ratio	2.179	1	.140		
Fisher's Exact Test				.151	.103
Linear-by-Linear Association	2.155	1	.142		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.47.

b. Computed only for a 2x2 table

Pendapatan * ATP**Crosstab**

Count

		ATP		Total
		Mampu	Tidak mampu	
Pendapatan	Rendah (<3.160.000)	23	33	56

	Tinggi (>3.160.000)	30	10	40
Total		53	43	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	10.862 ^a	1	.001		
Continuity Correction ^b	9.533	1	.002		
Likelihood Ratio	11.217	1	.001		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	10.749	1	.001		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.92.

b. Computed only for a 2x2 table

Bivariate WTP

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Riwayat_Penyakit * WTP	96	100.0%	0	0.0%	96	100.0%
Kepuasan * WTP	96	100.0%	0	0.0%	96	100.0%
Jumlah Anggota Keluarga * WTP	96	100.0%	0	0.0%	96	100.0%

Pendapatan * WTP	96	100.0%	0	0.0%	96	100.0%
---------------------	----	--------	---	------	----	--------

Riwayat_Penyakit * WTP

Crosstab

Count

		WTP		Total
		Bersedia	Tidak bersedia	
Riwayat_Penyakit	Memiliki Riwayat Penyakit	49	15	64
	Tidak Memiliki Riwayat penyakit	9	23	32
Total		58	38	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	20.929 ^a	1	.000		
Continuity Correction ^b	18.953	1	.000		
Likelihood Ratio	21.165	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	20.711	1	.000		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.67.

b. Computed only for a 2x2 table

Kepuasan * WTP

Crosstab

Count

		WTP		Total
		Bersedia	Tidak bersedia	
Kepuasan	Puas	48	6	54
	Tidak Puas	10	32	42
Total		58	38	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	41.840 ^a	1	.000		
Continuity Correction ^b	39.163	1	.000		
Likelihood Ratio	45.108	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	41.404	1	.000		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.63.

b. Computed only for a 2x2 table

Jumlah Anggota Keluarga * WTP

Crosstab

Count

	WTP	Total

		Bersedia	Tidak bersedia	
Jumlah Anggota Keluarga	<4	46	11	57
	>4	12	27	39
Total		58	38	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	24.142 ^a	1	.000		
Continuity Correction ^b	22.099	1	.000		
Likelihood Ratio	24.823	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	23.890	1	.000		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.44.

b. Computed only for a 2x2 table

Pendapatan * WTP

Crosstab

Count

		WTP		Total
		Bersedia	Tidak bersedia	
Pendapatan	Rendah (<3.160.000	20	36	56
	Tinggi (>3.160.000	38	2	40
Total		58	38	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	34.293 ^a	1	.000		
Continuity Correction ^b	31.859	1	.000		
Likelihood Ratio	40.009	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	33.936	1	.000		
N of Valid Cases	96				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.83.

b. Computed only for a 2x2 table

Multivariate

Block 0: Beginning BlockClassification Table^{a,b}

Observed		Predicted		
		WTP		Percentage Correct
		Bersedia	Tidak bersedia	
Step 0	Bersedia	58	0	100.0
	Tidak bersedia	38	0	0.0
Overall Percentage				60.4

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-.423	.209	4.105	1	.043	.655

Variables not in the Equation

		Score	df	Sig.	
Step 0	Variables	Jumlah_Anggot_Keluarga	24.142	1	.000
		Pendapatan	34.293	1	.000
		Riwayat_Penyakit	20.929	1	.000
		Kepuasan	41.840	1	.000

Overall Statistics	63.083	4	.000
--------------------	--------	---	------

Block 1: Method = Enter

Omnibus Tests of Model Coefficients

	Chi-square	df	Sig.
Step 1	85.646	4	.000
Block	85.646	4	.000
Model	85.646	4	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	43.241 ^a	.590	.799

a. Estimation terminated at iteration number 7 because parameter estimates changed by less than .001.

Classification Table^a

		Predicted		
		WTP		Percentage Correct
Observed		Bersedia	Tidak bersedia	
Step 1	WTP Bersedia	54	4	93.1
	WTP Tidak bersedia	4	34	89.5

Overall Percentage			91.7
--------------------	--	--	------

a. The cut value is .500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a Jumlah_Anggot_Keluarga	2.926	.999	8.573	1	.003	18.660	2.631	132.319
Pendapatan	-3.277	1.024	10.243	1	.001	.038	.005	.281
Riwayat_Penyakit	2.085	.992	4.419	1	.036	8.044	1.151	56.199
Kepuasan	3.410	.958	12.677	1	.000	30.253	4.631	197.651
Constant	-8.115	2.908	7.785	1	.005	.000		

a. Variable(s) entered on step 1: Jumlah_Anggot_Keluarga, Pendapatan, Riwayat_Penyakit, Kepuasan.

Block 0: Beginning Block

Classification Table^{a,b}

Observed	Predicted			
	ATP		Percentage Correct	
	Mampu	Tidak mampu		
Step 0 ATP Mampu	53	0	100.0	
Tidak mampu	43	0	0.0	
Overall Percentage			55.2	

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 0 Constant	-.209	.205	1.038	1	.308	.811

Variables not in the Equation

	Score	df	Sig.
Step 0 Variables Pendapatan	10.862	1	.001
Kepuasan	34.454	1	.000
Overall Statistics	35.016	2	.000

Block 1: Method = Enter

Omnibus Tests of Model Coefficients

	Chi-square	df	Sig.
Step 1 Step	37.507	2	.000
Block	37.507	2	.000
Model	37.507	2	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square

1	94.534 ^a	.323	.433
---	---------------------	------	------

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table^a

Observed			Predicted		
			ATP		Percentage Correct
			Mampu	Tidak mampu	
Step 1	ATP	Mampu	44	9	83.0
		Tidak mampu	10	33	76.7
Overall Percentage					80.2

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
Step 1 ^a	Pendapatan	-.527	.562	.878	1	.349	.590	.196	1.778
	Kepuasan	2.578	.548	22.175	1	.000	13.176	4.505	38.535
	Constant	-3.232	1.315	6.043	1	.014	.039		

a. Variable(s) entered on step 1: Pendapatan, Kepuasan.

Lampiran 9 Surat Izin Pengambilan Data Awal



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN

FAKULTAS KESEHATAN MASYARAKAT

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658

E-mail : fkunhas@gmail.com, website : <https://fkunhas.ac.id/>

No : 10183/UN4.14/PT.01.04/2021

15 November 2021

Lamp : -

Hal : **Pengambilan Data Awal**

Yth.

Kepala Dinas Perdagangan dan Pasar Kota Makassar

Di -

Tempat

Dengan hormat, kami sampaikan bahwa mahasiswa Program Pascasarjana Fakultas Kesehatan Masyarakat Universitas Hasanuddin yang tersebut di bawah ini :

Nama : **Arip Hidayat**
Nomor Pokok : **K012202071**
Program Studi : Kesehatan Masyarakat

Bermaksud melakukan pengambilan data mengenai Data sebaran PKL di kota Makassar.

data tersebut akan digunakan untuk penyusunan proposal tesis dengan judul "Pengaruh kebijakan pembatasan sosial terhadap kemampuan dan kemauan membayar iuran BPJS pada pedagang kaki lima (PKL) di kota Makassar".

Sehubungan dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi izin kepada yang bersangkutan.

Atas perkenan dan kerjasamanya disampaikan terima kasih.

/Dekan

Dr. Aminuddin Syam, SKM.,M.Kes.,M.Med.Ed
NIP. 19670617 199903 1 001

Tembusan :

1. Para Wakil Dekan FKM Unhas
2. Arsip





KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658
E-mail : fkunhas@gmail.com, website : <https://fkunhas.ac.id/>

No : 10184/UN4.14/PT.01.04/2021 15 November 2021
Lamp : -
Hal : **Pengambilan Data Awal**

Yth.
Kepala Dinas Perindustrian Koperasi dan UMKM Kota Makassar
Di -
Tempat

Dengan hormat, kami sampaikan bahwa mahasiswa Program Pascasarjana Fakultas Kesehatan Masyarakat Universitas Hasanuddin yang tersebut di bawah ini :

Nama : **Arip Hidayat**
Nomor Pokok : **K012202071**
Program Studi : Kesehatan Masyarakat

Bermaksud melakukan pengambilan data mengenai Data sebaran PKL di kota Makassar.

data tersebut akan digunakan untuk penyusunan proposal tesis dengan judul "Pengaruh kebijakan pembatasan sosial terhadap kemampuan dan kemauan membayar iuran BPJS pada pedagang kaki lima (PKL) di kota Makassar".

Sehubungan dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi izin kepada yang bersangkutan.

Atas perkenan dan kerjasamanya disampaikan terima kasih.

/Dekan

Dr. Aminuddin Syam, SKM.,M.Kes.,M.Med.Ed
NIP. 19670617 199903 1 001

Tembusan :

1. Para Wakil Dekan FKM Unhas
2. Arsip





KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN

FAKULTAS KESEHATAN MASYARAKAT

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658

E-mail : fkunhas@gmail.com, website : <https://fkunhas.ac.id/>

No : 2588/UN4.14/PT.01.04/2022

14 Maret 2022

Lamp : Proposal

Hal : **Permohonan Izin Penelitian**

Yth.

**Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu
Cq. Bidang Penyelenggaraan Pelayanan Perizinan
Provinsi Sulawesi Selatan**

Di -

Tempat

Dengan hormat, kami sampaikan bahwa mahasiswa Program Pascasarjana Fakultas Kesehatan Masyarakat Universitas Hasanuddin yang tersebut di bawah ini :

Nama : **Arip Hidayat**
Nomor Pokok : **K012202071**
Program Studi : Ilmu Kesehatan Masyarakat

Bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis dengan judul "**Determinan Kemampuan dan Kemauan Membayar Iuran Jaminan Kesehatan Nasional Pada Pedagang Kaki Lima di Pantai Losari Selama Masa Pandemi COVID-19**".

Pembimbing : 1. Prof. Dr. Amran Razak, SE.,M.Sc (Ketua)
2. Dr. Balqis, SKM, M.Kes, M.Sc.PH (Anggota)

Waktu Penelitian : Maret – Mei 2022

Sehubungan dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi izin kepada yang bersangkutan.

Atas perkenan dan kerjasamanya disampaikan terima kasih.

Dekan

Dr. Aminuddin Syam, SKM.,M.Kes.,M.Med.Ed
NIP. 19670617 199903 1 001

Tembusan :

1. Para Wakil Dekan FKM Unhas
2. Peringgal





PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
BIDANG PENYELENGGARAAN PELAYANAN PERIZINAN

Nomor : 28798/S.01/PTSP/2022
 Lampiran :
 Perihal : **Izin Penelitian**

KepadaYth.
 Walikota Makassar

di-
Tempat

Berdasarkan surat Dekan Fak. Kesehatan Masyarakat UNHAS Makassar Nomor : 2588/UN4.14/PT.01.04/2022 tanggal 14 Maret 2022 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a : **ARIP HIDAYAT**
 Nomor Pokok : K012202071
 Program Studi : Ilmu Kesehatan Masyarakat
 Pekerjaan/Lembaga : Mahasiswa(S2)
 Alamat : Jl. P. Kemerdekaan Km. 10, Makassar

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka penyusunan Tesis, dengan judul :

**" DETERMINAN KEMAMPUAN DAN KEMAUAN MEMBAYAR IURAN JAMINAN KESEHATAN NASIONAL
 PADA PEDAGANG KAKI LIMA DI PANTAI LOSARI SELAMA MASA PANDEMI COVID-19 "**

Yang akan dilaksanakan dari : Tgl. **28 Maret s/d 31 Mei 2022**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Dokumen ini ditandatangani secara elektronik dan Surat ini dapat dibuktikan keasliannya dengan menggunakan **barcode**.

Demikian surat izin penelitian ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
 Pada tanggal : 28 Maret 2022

A.n. GUBERNUR SULAWESI SELATAN
Pt. KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU
SATU PINTU PROVINSI SULAWESI SELATAN
 Selaku Administrator Pelayanan Perizinan Terpadu

Dra. Hj. SUKARNIATY KONDOLELE, M.M.

Pangkat : Pembina Utama Madya
 Nip : 19650606 199003 2 011

Tembusan Yth
 1. Dekan Fak. Kesehatan Masyarakat UNHAS Makassar di Makassar;
 2. *Pertinggal.*

SIMAP PTSP 28-03-2022



Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936
 Website : <http://simap.sulselprov.go.id> Email : ptsp@sulselprov.go.id
 Makassar 90231





**PEMERINTAH KOTA MAKASSAR
BADAN KESATUAN BANGSA DAN POLITIK**

Jalan Ahmad Yani No 2 Makassar 90111
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Email : Kesbang@makassar.go.id Home page : <http://www.makassar.go.id>

Makassar, 29 Maret 2022

K e p a d a
Yth. KEPALA DINAS PERDAGANGAN
KOTA MAKASSAR

Di -
MAKASSAR

SURAT IZIN PENELITIAN
Nomor : 070/562 -IV/BKBP/III/2022

- Dasar : 1. Undang-Undang Nomor 11 Tahun 2019 tentang Sistem Nasional Ilmu Pengetahuan dan Teknologi.
2. Peraturan Menteri Dalam Negeri Nomor 17 Tahun 2016 tentang Pedoman Penelitian dan Pengembangan di Kementerian Dalam Negeri dan Pemerintahan Daerah.
3. Peraturan Daerah Kota Makassar Nomor 8 Tahun 2016 tentang Pembentukan dan Susunan Perangkat Daerah Kota Makassar (Lembaran Daerah Kota Makassar Tahun 2016 Nomor 8).
- Memperhatikan : Surat Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu Provinsi Sulawesi Selatan nomor **28798/S.01/PTSP/2022** Tanggal 28 Maret 2022 perihal Izin Penelitian.

Setelah membaca maksud dan tujuan penelitian yang tercantum dalam proposal penelitian, maka pada prinsipnya Kami menyetujui dan memberikan Izin Penelitian kepada :

Nama : **ARIP HIDAYAT**
NIM / Jurusan : K012202071 / Ilmu Kesehatan Masyarakat
Pekerjaan : Mahasiswa (S2) UNHAS
Tanggal pelaksanaan: **29 Maret s/d 31 Mei 2022**
Jenis Penelitian : Tesis
Alamat : Jl. P. Kemerdekaan Km. 10, Makassar
Judul : **“DETERMINAN KEMAMPUAN DAN KEMAUAN MEMBAYAR IURAN JAMINAN KESEHATAN NASIONAL PADA PEDAGANG KAKI LIMA DI PANTAI LOSARI SELAMA MASA PANDEMI COVID-19”**

Demikian Surat Izin Penelitian ini diberikan agar digunakan sebagaimana mestinya dan selanjutnya yang bersangkutan melaporkan hasilnya kepada Walikota melalui Kepala Badan Kesatuan Bangsa dan Politik Kota Makassar Melalui *Email* Bidanghublabakesbangpolmks@gmail.com.

a.n. WALIKOTA MAKASSAR
KEPALA BADAN KESBANGPOL.
u.b.
SEKERTARIS,

DR. HARI, S.I.P., S.H., M.H., M.Si
Pangkat : Pembina Tingkat I/IV.b
NIP : 19730607 199311 1 001

Tembusan :

1. Walikota Makassar di Makassar (*sebagai laporan*);
2. Kepala Badan Kesatuan Bangsa dan Politik Prov. Sul – Sel. di Makassar;
3. Kepala Badan Kesatuan Bangsa dan Politik Kota Makassar (*sebagai laporan*);
4. Kepala Unit Pelaksana Teknis P2T Badan Koordinasi Penanaman Modal Daerah Prov. Sul Sel di Makassar;

Lampiran 10 Jurnal Publikasi



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
UNIT PUBLIKASI

Jalan Perintis Kemerdekaan KM. 10 Makassar 90245, email : unitpublikasi29@gmail.com

SURAT KETERANGAN JURNAL

Yang bertanda tangan di bawah ini :

Nama : Prof. Anwar, SKM., M.SC., Ph.D
NIP : 19740816 199903 1 002
Jabatan : Pengelola Unit Publikasi

Menerangkan bahwa mahasiswa yang tersebut dibawah ini :

Nama : Arip Hidayat
NIM : K012202071
Co-Author : Prof. Dr. Amran Razak, SE., M.Sc.
Program Studi : S2 Ilmu Kesehatan Masyarakat
Judul Tesis : Determinan Kemampuan dan Kemauan Membayar Iuran Jaminan Kesehatan Nasional Pada Pedagang Kaki Lima di Pantai Losari

Menerbitkan artikel ilmiah dengan rincian sebagai berikut :

Judul artikel : Determinants Of Ability and Willingness to Pay National Health Insurance Contributions to Traders at Losari Beach
Nama Jurnal : Journal of Positive School Psychology
Indeks : Scopus International
 Sinta 2 Prosiding Scopus
Status : Accepted Published
Volume : Vol.6, No.5, 2961-2970

Makassar, 16 Juni 2022

Mengetahui :

An. Dekan

Wakil Dekan Bid. Akademik, Riset dan Inovasi



Ansariadi, SKM., M.Sc.PH, Ph.D
NIP. 19720109 199703 1 004

Ketua Unit Publikasi



Prof. Anwar, SKM., M.SC., Ph.D

Determinants Of Ability And Willingness To Pay National Health Insurance Contributions To Traders At Losari Beach

Arip Hidayat¹, Amran Razak², Balqis², Sukri², Apik Indarty Moedjiono³, Anwar⁴

¹Master Program in Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia.
ariphidayat.ns@gmail.com

²Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia.

³Department of Biostatistics, Faculty of Public Health, Hasanuddin University, Indonesia.

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Abstract

Ability to pay and willingness to pay the contributions are factors that play an important role in the health financing system. The purpose of this study was to determine the determinants of ability to pay and willingness to pay health insurance contributions to street vendors at Losari Beach. This research is a quantitative research with a cross sectional approach. The total sample is 96 people with purposive sampling technique, while data analysis uses chi square and multiple logistic regression test. This research was conducted at Losari Beach, Makassar City. The results showed that there was a relationship between family income ($p = 0.000$), number of family members ($p = 0.000$), disease history ($p = 0.000$), and satisfaction with health services ($p = 0.000$) on willingness to pay health insurance contributions. And there is also a relationship between family income ($p = 0.001$) and satisfaction with health services on the ability to pay health insurance contributions. The results of the multivariate test showed that satisfaction with health services was the most influential factor on the ability to pay contributions = 3,410 (95% CI 4,631 - 197,651) and willingness to pay contributions = 2,598 (95% CI 4,505 - 38,535). It is hoped that the research results can be used as a reference for determining the amount of health insurance contributions by considering factors that affect the willingness and ability to pay national health insurance contributions in the community.

Keywords: Street Vendors, Ability to Pay Dues, Willingness to Pay Dues.

Introduction

The COVID-19 pandemic has had an impact on all countries experiencing it, including Indonesia. The impact of the COVID-19 pandemic is not only on the health sector, but also on the social, economic and other sectors. The social restriction policies implemented have caused a decline in economic growth in areas experiencing the COVID-19 pandemic [1]. Traders are the group directly affected by the economy during the COVID-19 pandemic. The implementation of social restriction policies affects the income status of traders [2]. Especially for Street Vendors (PKL) who have to

close their places of business due to a lack of visitors due to more people staying at home and closing their selling places [3]. Based on the results of research conducted by [4], during the COVID-19 pandemic, traders experienced a 50% decrease in income due to the reduced number of visitors to shop, especially when there were social restrictions, and finally traders had to reduce the supply of goods to be sold.

In 2004 the government issued Law No. 40 concerning the National Social Security System (SJSN) as one of the government's efforts to ensure equitable access to health services. The government requires all Indonesian people to

participate in health insurance so that all people can be protected and receive health services in a just manner. Where the participants of this national health insurance will be divided into two groups, namely; Contribution Assistance Recipients (PBI) and Non-PBI Participants who will pay dues in accordance with applicable regulations.

The ability to pay dues (Ability to Pay) and willingness to pay dues (Willingness to Pay) are factors that play an important role in the health financing system (Sahriana, 2019). Ability to Pay (ATP) and Willingness to Pay (WTP) also play an important role in medical services, especially for the establishment of equitable distribution of services. Paying dues is something that must be done by independent participants in health insurance, in accordance with the amount of contributions that have been determined by the government. This funding system is carried out to ensure fair and equitable health services to the community according to their needs, and to pay for health services according to their abilities [5]. Community participation in paying health insurance contributions is highly dependent on ATP and WTP. Community participation in the JKN program can be seen from their ability and willingness to pay contributions [6].

The large number of BPJS participants who have arrears can also be seen from their ability and willingness to pay contributions. The number of BPJS Health (Social Health Insurance Administration Body) participants in Makassar city in 2020 in the Contribution Assistance Recipient (PBI) participant segment is 1,701,643 million people and the Non PBI segment is 1,214,235 million people, while in the PBPU and

BP sectors there are 540,046 people [7]. Where the recorded number of BPJS Health participants who have BPJS arrears, especially in Makassar City as of December 2018 as many as 143,794 residents, and the arrears increased in 2020 to 192,444 residents. The highest arrears are in class III, which is 114,213 people, then class I is 41,326 people, and class II is 36,905 people [7].

Based on the description above, the researchers are interested in examining "the determinants of ability to pay or willingness to pay or willingness to pay national health insurance premiums on street vendors at Losari beach" This study aims to determine the factors that influence the ability to pay and willingness to pay pay national health insurance contributions to street vendors on Losari Beach.

Methods

This research is a quantitative research with a cross sectional approach. The population in this study were all street vendors in the Losari beach area whose address was Maloku, Ujung Pandang, Makassar, South Sulawesi Province. The research was conducted in January – March 2022. The number of samples in this study were 96 respondents. The sampling technique used purposive sampling with the criteria of being registered as an independent participant of the national health insurance, married, and willing to participate in this study

Results and Discussion

Univariate Analysis

Table 1. Distribution of Characteristics of Street Vendor Respondents at Losari Beach in 2022

Characteristics of Respondents	Sum (n)	Percentage (%)
Age		
20 – 29 Years Old	14	14.6
30 – 39 Years Old	51	53.1
>40 years	31	32.3
Gender		
Man	29	30.2
Woman	67	69.8
Education		
SD	5	5.2
JUNIOR	15	15.6
SMA	65	67.7
College	11	11.5
Number of Family Members		
Small (≤ 4 People)	57	59.4
Big (> 4 People)	39	40.6
History of Disease		

Exist	64	66,7
None	32	33,3
Satisfaction with Health Services		
Satisfied	54	56.3
Not Satisfied	42	43.7

Source: Primary data, 2022.

Table 4 describes the characteristics of the respondents in this study, where most of them are aged 30-39 years, namely 53.1%. The distribution of the majority of respondents are female, namely 69%, and most have high school education, namely 67.7%. The distribution of respondents based on the largest number of family members is

small with 4 members, namely 59.4%, where most of the respondents have a history of illness, namely 66.7%. Meanwhile, based on the level of satisfaction with health services, most of the respondents said they were satisfied, namely 56.3%.

Table 2. Distribution of Characteristics of Opinion and Expenditure of Street Vendors at Losari Beach in 2022

Characteristics of Respondents	Sum (n)	Percentage (%)
Income		
Low (< Rp. 3.160.000)	56	58.3
High (\geq Rp. 3.160.000)	40	41.7
Food Expenditure		
< 500,000	18	18.8
500,000 - <1,000,000	62	64.6
1,000,000 - <1,500,000	10	10.4
\geq 1,500,000	6	6.3
Non Food Expenditures		
< 500,000	12	12.5
500,000 - <1,000,000	75	78.1
1,000,000 - <1,500,000	6	6.3
\geq 1,500,000	3	3.1

Source: Primary data, 2022.

Based on thickness 5, it is known that most respondents have a low income (< Rp. 3,160,000) which is 58.3%. distribution of expenditure on

food and non-food the most of 500,000 - <1,000,000 which is 64.4% and 78.1%.

Table 3. Distribution of Characteristics of ATP and WTP Street Vendors at Losari Beach in 2022

Characteristics of Respondents	Sum (n)	Percentage (%)
WTP		
Want	58	60,4
No BMau	38	39,6
ATP		
Can	53	55,2
Incapacitated	43	44,8

Source: Primary data, 2022.

Based on table 6, most of the respondents are willing to pay the national health insurance contributions, namely 60.4%, and most of the respondents are classified as being able to pay the health insurance contributions, namely 55.2%.

Bivariate Analysis

Table 4. Analisis Bivariate Determinants of Will power bayar dues national health insurance in 2022

Variable	Willingnes To Pay				Total		P –Value
	Want		Not want		n	%	
	n	%	n	%			
Family income							
Low	20	35,7	36	64,3	56	100	0,000
Tall	38	95,0	2	5,0	40	100	
Number of Family Members							
Small	46	80,7	11	19,3	57	100	0,000
Big	12	30,8	27	69,2	39	100	
History of the disease							
Exist	49	76,6	15	23,4	64	100	0,000
None	9	28,1	23	71,9	32	100	
Satisfaction with Health Services							
Satisfied	48	88,9	6	11,1	54	100	0,000
Not Satisfied	10	23,8	32	76,2	42	100	

Source: Primary Data, 2022.

Based on table 7 above, it is known that family income, number of family members, disease history, and satisfaction with health services have a relationship with willingness to

pay health insurance contributions with a p value of <0.005.

Table 5. Analysis Bivariate Determinants of Ability to Mem b ayar Dues National Health Insurance in 2022

Variable	Ability to Pay				Total		P –Value
	Can		Not		n	%	
	n	%	n	%			
Family income							
Low	23	41,1	33	58,9	56	100	0,001
Tall	30	75,0	10	25,0	40	100	
Number of Family Members							
Small	35	61,4	22	38,6	57	100	0,140
Big	18	46,2	21	53,8	39	100	
History of the disease							
Exist	38	59,4	26	40,6	64	100	0,246
None	15	46,9	17	53,1	32	100	
Satisfaction with Health Services							
Satisfied	44	81,5	10	18,5	54	100	0,001
Not Satisfied	9	21,4	33	78,6	42	100	

Source: Primary Data, 2022.

Based on table 8 above, it is known that the statistical test results of family income are $p = 0.001$, the number of family members is $p = 0.140$, disease history is $p = 0.246$, and satisfaction with health services is $p = 0.001$. So it can be concluded that family income and satisfaction with health services have an influence on the ability to pay

contributions, while the number of family members and a history of illness have no effect on the ability to pay contributions to the national health insurance.

Multivariate Analysis

Table 6. Multivariate Analsition Determinants of Willpower To Pay Dues National Health Insurance in 2022

Research Variables	B	Wald	Sig	CI 95%
Family Income	-3.277	10.243	0,001	0,005-281
Number of Family Members	2.926	8.573	0,003	2.631-132.319
History of Disease	2.085	4.419	0,036	1.151-56.199
Satisfaction with Health Services	3.410	12.677	0,000	4.631-197.651

Source: Primary Data, 2022.

Based on table 10, satisfaction with health services is the most influential variable on willingness to pay national health insurance contributions with a

dominant value of = 3,410 (95% CI 4,631-197,651).

Table 7. Analysis Multivariate Determinant of the ability to distribute national health insurance contributions in 2022

Research Variables	B	Wald	Sig	CI 95%
Family Income	-0,552	0,917	0,338	0,186-1,782
Number of Family Members	-0,114	0,042	0,838	0,300-2,653
Satisfaction with Health Services	2,598	21,739	0,000	4,508-40,041

Source: Primary Data, 2022.

Based on table 12 above, it is known that satisfaction with health services is the most influential variable on the ability to pay national health insurance contributions with a dominant value of = 2,578 (95% CI 4.508-40.041).

Discussion

Willingness To Pay National Health Insurance Contributions

The results of statistical tests on the family income variable are $p = 0.000$. So it can be concluded that there is a relationship between family income and the willingness to pay national health insurance contributions to street vendors. This study is in line with research conducted by [8] on independent participants of national health insurance in the Selayar Islands, where there is a significant relationship between family income and willingness to pay health insurance contributions with a value of $p = 0.000$. The high income in one family will increase the allocation of health costs prepared by the family, so that person will be willing to pay health insurance contributions.

Statistical test results also obtained a value of $p = 0.000$ ($p < 0.005$) on the number of family members. So it can be concluded that there is a relationship between the number of family members and the willingness to pay national health insurance contributions to street vendors at Losari Beach. the relationship between the number of family members and the willingness to pay BPJS contributions in the sauna village, west kendari sub-district in 2020 with a value of χ^2 count = 44,148 > χ^2 table = 3,841. The more the number of family members, the greater the need that must be spent to meet health. Especially now that health insurance membership is required for all family members registered in one family card, so the costs incurred will increase.

The results showed that there was a relationship between history of illness and willingness to pay national health insurance contributions to street vendors at Losari beach $p = 0.000$, this result is in line with research conducted by [8] on independent participants of national health insurance, where a history of catastrophic disease or disease others, whether suffered by themselves or by family members will affect a person's attitude to incur health costs such as costs for health insurance. someone will tend to register and pay health insurance contributions to reduce the costs incurred during treatment, especially for diseases that require long-term treatment such as diabetes mellitus, hypertension, stroke, and others.

The results of this study found that there was a relationship between satisfaction with health services and willingness to pay national health insurance contributions $p = 0.000$. This is in line with research conducted by [9] on independent participants of health insurance in the non-wage sector, where a person's perception of health services will affect his willingness to pay health insurance contributions. It is in this perception that a person will determine his choice of messages to be accepted or rejected, so that it can influence someone in making decisions. Satisfaction with health services is a factor that can affect a person's perception.

Ability to pay national health insurance contributions

The results of statistical tests using the chi square test showed $p = 0.001$ so it can be concluded that there is a relationship between family income and the ability to pay health insurance contributions to street vendors. According to Murti in [6] an increase in income can increase a person's ability to pay dues, with this ability a person can face the risk of costs that must be incurred for the treatment of his illness. The amount of health costs in the family will generally increase along with family income. People who have high incomes tend to use

health services more often and more extensively. The results of this study are in line with research conducted by [8], where the statistical test results obtained $p = 0.000$, that is, there is a relationship between monthly income status on willingness and ability to pay health insurance contributions.

The results of the study on the number of family members obtained a p value = 0.140 or there was no relationship between the number of family members and the ability to pay national health insurance contributions to street vendors. The number of souls in the family is all family members consisting of the head of the family, wife, and or children, as well as other people who participate in the family, whether living with or not living together. The more the number of family members, the greater the risk of illness, and the costs that the family has to pay for health services [9]. Although in this study there was no significant relationship between the number of family members on the ability to pay health insurance contributions, this could be due to the fact that most of the respondents had a history of illness (66.7%) so they felt the need to participate in using health insurance in the hope of reducing the cost of their treatment. and most of them are willing to pay dues at the amount determined by the government.

However, the results of the study are not in line with the research conducted by [9] on non-PBI (non-PBI) non-wage recipients in the West Kendari city, which stated that there was a relationship between the number of family members and the ability to pay BPJS contributions in the sauna sub-district, sub-district. west drive. The number of family members affects the perception of the head of the family towards risk and the perception of the magnitude of the loss. The more the number of family members, the greater the risk of illness, and the greater the financial loss that will be experienced. The more the number of family members, the more needs to meet their health and automatically the more funds allocated from family income per month that must be provided. However, [9] also stated that the family's view of the importance of health insurance will make the family set aside their opinion for health costs, especially if the family already has a history of illness that will require repeated and long-term treatment.

The results of statistical tests on the history of the disease obtained p value = 0.246 ($p > 0.05$). So it can be concluded that there is also no significant relationship between the number of family members on the ability to pay national health insurance contributions at Losari Beach. This is in

line with previous results where a history of illness can increase participants' willingness to participate in the National Health Insurance even though the majority of respondents in this study have a low family income (<Rp 3,160,000), because they feel it is important and can reduce costs during treatment, especially if a history of illness experienced requires regular treatment or treatment in the long term such as hypertension, diabetes mellitus, and so on.

The results of this study are also not in line with research conducted by [8] there is a relationship between a history of catastrophic disease and the ability to pay BPJS contributions in the Sanua village, Kendari Barat sub-district in 2020 at a 95% confidence level ($\alpha = 0.05$). From this research, it is known that on average the people who are independent participants of BPJS Health have catastrophic diseases such as stroke, hypertension and diabetes mellitus which are suffered by themselves or suffered by their family members.

However, on satisfaction with health services, the results of this study indicate that there is a relationship between satisfaction with health services and the ability to pay national health insurance contributions. These results are in line with research conducted by [10] on independent participants of national health insurance, there is a significant relationship between perceptions of the quality of health services on the ability to pay contributions for independent BPJS health participants in Takabonerate District. Customer satisfaction is formed from customer ratings after receiving health services. This experience will be used by customers to make decisions in the future, it is hoped that if customers are satisfied with health services for people who use health insurance, it will affect their ability to pay health insurance contributions, especially if customers feel that this health insurance is very useful and reduces the cost of treatment during this.

Factors That Most Affect the Willingness to Pay Contributions and Ability to Pay Contributions (Ability to Pay) Contributions National Health Insurance

Willingnes to pay national health insurance contributions

To determine the final model in the multiple logistic regression test, it is necessary to identify covariates by making logistic regression analysis of each covariate on the dependent variable. If the result of the bivariate test using the enter method has a p value of <0.25 , then the variable can be entered into the multivariate model. The results of

the study using multiple logistic regression tests on willingness to pay contributions affect the willingness to pay national health insurance contributions at street vendors at Losari beach $p = 0.000$, where satisfaction with health services is the most influential factor on willingness to pay contributions. Health insurance with a value of $=3.410$ is the most dominant away from the value of 0. Meanwhile, the number of family members has an influence on the willingness to pay national health insurance contributions to street vendors on Losari Beach with a value of $=2.926$. The disease history variable is known to have an influence on the willingness to pay national health insurance contributions to street vendors at Losari Beach with a value of $= 2.085$, and family income has an influence on the willingness to pay national health insurance contributions to street vendors on Losari Beach with a value of $= -3.277$.

Paying health insurance contributions requires community participation because it depends on Willingness to Pay (WTP). Willingness to Pay or willingness to pay in question is the money a customer is willing to pay in order to get an object or service. The level of large or small PAPs in paying contributions is certainly influenced by certain factors such as satisfaction with health services, family income, disease history and number of family members.

Satisfaction with health services provided by First Level Health Facilities (FKTP) and Advanced Health Facilities (FKTL) can affect the desire of independent participants to always be active in paying contributions. BPJS Mandiri participants are motivated to register for BPJS because usually there is information from colleagues, family, that BPJS is an obligation of citizens, with BPJS there is no need to make payments at the time of treatment, there are many benefits that can be received and others. BPJS participants also think that the contributions offered by BPJS are affordable [6].

Customer satisfaction is formed from the customer's assessment of quality, performance of results (clinical outcomes), and consideration of costs incurred with the benefits obtained from the services received by taking into account the tangible dimensions, reliability, responsiveness, attention, and convincing. So that when the health service exceeds the expectations of customers, it is expected that it will increase someone's willingness to pay [11].

This sector is a sector with low participation and even these workers do not regularly pay health

insurance contributions, for various reasons including the number of family members [12]. The number of family members is one of the factors that can affect a person's willingness to pay health insurance contributions. According to him, more and more dependents in one family will also increase the amount of expenditure in one month so that families are reluctant to spend costs that are considered not yet needed [12].

In addition to the above factors, a history of illness either suffered alone or suffered by a family can affect a person's willingness to pay health insurance contributions. The results of this study found that a history of disease had $= 2,085$, so it can be concluded also that the history of the disease has a positive influence on a person's willingness to pay health insurance contributions at the amount determined by the government. A person who has a history of disease tends to register himself in health insurance and is willing to pay health insurance contributions in order to reduce his expenses during treatment, especially in patients with a history of catastrophic diseases such as hypertension, diabetes mellitus, stroke, and others [8]. Basically, the community understands the importance of health insurance for medical purposes and getting better health services in the future.

The current easing of social restrictions also has an impact on the income of street vendors. The increasing number of visitors around Losari Beach and the resumption of trading around Losari Beach have made street vendors admit that their income has increased compared to the previous months. Although in the informal sector, especially street vendors, they tend to have irregular incomes in one month, where the average daily income is obtained with different amounts so it is very difficult to accumulate their total income and expenses for health costs.

The results of this study showed that most of the street vendors on Losari beach had low incomes, as many as 56 respondents (58.3%). This factor is also known to have a significant relationship with p value $= 0.000$ and has $= -3.277$ times more related to a person's willingness to pay national health insurance contributions. Due to the negative value of , this income has a negative influence on the willingness to pay national health insurance contributions to street vendors, where the lower the income, the more will it affect the willingness of the street vendors.

Income is one of the factors that can affect the ability and willingness to pay national health

insurance contributions [5]. When there is excess income, the priority is often to meet daily needs compared to paying for health insurance because it is considered not necessary to use it. However, when their income decreases, they often feel they can no longer afford to pay for health services, and choose to reduce their expenses on things that are not considered necessary.

Willingness to pay national health insurance contributions

Ability to pay (ATP) is the ability of the community to pay BPJS Health contributions to replace the service costs they receive [6]. The amount of national health insurance contributions is based on government regulation number 64 of 2020 which is the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance. For class III services, the fee is set at Rp. 42,000 (forty two thousand rupiah) per person per month, where in this class the government will subsidize Rp. 7,000 (seven thousand rupiah) so that people only need to pay a fee of Rp. 35,000 (thirty five thousand rupiah). Class II services, the fee is Rp. 100,000 (one hundred thousand rupiah) per person per month. And the government class I services set a fee of Rp. 150,000 (one hundred and fifty thousand rupiah) per person per month.

The calculation of the determination of ATP itself according to Gafni (1991) in [6], is calculated from the total amount of income minus the total amount of expenditure divided by the number of dependents measured in rupiah then grouped into groups that are able to pay and groups that cannot afford to pay. Meanwhile, [13] the level of ability to pay contributions to health services can be done using the 5% method of total family expenditure which can be done in two ways, namely by non-essential expenditure plus actual health expenditure and disposable income (DI) multiplied by 5% where DI is the total family income minus food expenditure for the family.

In this study, ATP measurement uses the Disposable Income (DI) formula, which measures the ability of street vendors by calculating 5% of the total family income in one month minus food expenses. The results of these calculations are then categorized as capable and unable. Able category if the allocation of family health costs is greater than Rp. 35,000 and cannot afford the allocation of family health costs of less than Rp. 35,000. Where Rp. 35,000 is the amount of fees that must be paid for independent class III participants of the national health insurance.

The results of the study using multiple logistic regression tests on the ability to pay national health insurance contributions, it was found that satisfaction with health services had = 2,598 or had a positive influence on the ability to pay national health insurance contributions to street vendors at Losari Beach. Meanwhile, family income has a negative effect of = -0.552 on the ability to pay national health insurance contributions to street vendors at Losari Beach, so the lower income will further affect the ability to pay contributions to street vendors. The number of family members has a value of = -0.114, so the number of family members also has a negative influence on the ability to pay contributions, where the fewer number of family members will increasingly affect the ability of street vendors to pay contributions for national health insurance.

Individuals in paying premiums/contributions for health services are largely determined by the individual's interest in the services themselves. So it is hoped that the better health services that the community gets will increase a person's willingness and ability to pay health insurance contributions. Although according to paratiwi (2016), currently there are still many complaints about the services provided by BPJS Health which are considered not optimal, such as the long claim process, slow service, and few illnesses.

So that the more satisfied a person is in getting health services, the more he will increase his willingness to spend the required amount of contributions in one month. Especially when people think they get a lot of benefits from health insurance, as well as awareness of the importance of health in the future [14].

In addition to satisfaction with health services, a person's ability (ATP) in relation to paying health insurance premiums certainly cannot be separated from how much income he gets every day. In accordance with the opinion of [15], says that a person's ability to pay for the services he receives is based on income that is considered ideal. So the greater the income earned, the greater the ability to pay for a health service program.

In this study, it was found that there was no significant relationship between the number of family members and a history of illness on the ability to pay health insurance contributions. Where the majority of respondents are known to have a history of catastrophic disease so that they have provided health costs even with less income, as well as public awareness of the importance of health insurance in the future are the contributing factors. public awareness of the importance of

health insurance has increased, thus making people willing to register themselves as participants in health insurance and prepare their health funds in the future [14].

Having health insurance nowadays is considered to be a profitable thing. Especially now that health costs are increasingly expensive and the risk of disease is increasing. In this case BPJS Kesehatan is very helpful in terms of costs if someone is sick. The advantages of JKN/social health insurance are that the increase in health costs can be reduced, the cost and quality of health services can be controlled, participation is mandatory for the entire population, payments are prospective, there is certainty of financing for sustainable health services, benefits of comprehensive health services (promotive, preventive, curative and rehabilitative), then the benefits obtained by individuals are of two types, namely medical benefits in the form of health services and non-medical benefits including accommodation and ambulances [14].

Conclusion

The results of the analysis using chi square showed that there was a relationship between family income ($p = 0.000$), number of family members ($p = 0.000$), disease history ($p = 0.000$), and satisfaction with health services ($p = 0.000$) on willingness to pay health insurance contributions. nationally on street vendors on Losari beach. The results of the study also found that there was a relationship between family income ($p = 0.001$) and satisfaction with health services ($p = 0.001$) on the ability to pay national health insurance contributions, but the number of family members ($p = 0.140$) and disease history ($p = 0.246$) does not have an effect on the ability to pay national health insurance contributions to street vendors on Losari beach. The results of the multivariate test using multiple logistic regression showed that satisfaction with health services was the most influential factor on the ability to pay contributions = 3,410 (95% CI 4,631 - 197,651) and willingness to pay contributions = 2,598 (95% CI 4,505 - 38,535).

Research Limitation

The limitation of this study is that this research does not categorize the ability to pay health insurance contributions into ATP 1 and ATP 2 where in this sector the amount of income does not stay in one month and from that income traders also need to spend business capital.

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