



Education Through Ownership of the JKN (National Health Insurance of Indonesia) Mobile Application

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Abstract

JKN Mobile is an application presented by BPJS Health to make it easier for users to register, change and find membership data, obtain first-level health facility services and advanced-level referral facilities and make it easier for users to provide criticism or suggestions. The development of information and communication is currently growing. Likewise, health insurance requires the application of information and communication technology. The JKN mobile application is a digital transformation of BPJS health, which was originally an administrative function carried out in branch offices or health facilities, transformed into an application that can be used by application users which participants can use anywhere and at any time to improve health services in health facilities. This type of research used observational research where the researcher only makes direct observations of the variables studied without providing treatment. The data collection used is a quantitative method using a cross sectional design. The sampling technique uses the 2 Proportion Test technique with 106 people in Public Health Centre of Ujan Mas Kepahiang. Data analysis used multivariate multiple logistic regression. The research showed the majority people not having ownership JKN mobil 69.8%, aged 31-50 years 47.2%, female gender 60.4%, primary school education 42.5%, farmer occupation 62.3%, marital status amounted to 88.7%, income below the minimum wage 67.0%, law of knowledge 59.4%, negative attitudes amounted to 66.0% and mobile phone infrastructure amounted to 90.6%. analysis multivariate with multiple logistic regression showed the most influencing factor in ownership of the JKN mobile application was education, meaning that people higher education would have a JKN mobile application of 2.266 (95% CI 1.341 – 3.828) compared to people with basic education after controlling for the variables of occupation, marital status and income. It can be concluded that education has an influence on ownership of the JKN mobile application on BPJS Health participants

Keywords: Mobile JKN; Application; BPJS Participants

INTRODUCTION

Health is a fundamental human right that must be guaranteed by the state. This is affirmed in Law No. 39 of 1999 Article 9 and the 1945 Constitution Article 28H Paragraph (1), which states that everyone has the right to live in physical and mental well-being, to have a good and healthy environment, and to receive proper health services. According to the World Health Organization (WHO, 2021), health is a complete state of physical, mental,

and social well-being, not merely the absence of disease. These principles underline the importance of health not just as freedom from illness, but as a key to achieving a productive and dignified life.

To fulfill this constitutional mandate, the Indonesian government launched the National Health Insurance (Jaminan Kesehatan Nasional/JKN) program on January 1, 2014. The JKN program is part of the National Social Security

System (Sistem Jaminan Sosial Nasional/SJSN) established under Law No. 40 of 2004 and is implemented by BPJS Kesehatan. This program is designed to provide comprehensive health services—promotive, preventive, curative, and rehabilitative—using a compulsory contribution system. As of 2023, the program has covered more than 200 million participants nationwide, with a significant portion funded through government subsidies for low-income individuals (Kemenkes RI, 2022; BPJS Kesehatan Bengkulu, 2023).

As the main operator of the JKN program, BPJS Kesehatan continues to adapt to the rapid growth of technology and the increasing public demand for practical, accessible, and fast health services. The Mobile JKN application, introduced to support digital transformation, allows participants to independently manage their health insurance, including features such as registration, data updates, billing information, and access to digital membership cards (BPJS Kesehatan, 2021; Azza Nursabila, 2023). This innovation aligns with national efforts to promote digital governance in public health services and to reduce congestion at healthcare facilities by offering self-service alternatives through smartphones.

The application provides various conveniences to its users. These include access to membership status, family data, contribution payments, healthcare facility information, and submission of complaints or information requests

(Suhadi et al., 2022). Furthermore, its integration allows BPJS Kesehatan to monitor participant activity, improve responsiveness, and evaluate service quality using real-time data (Putri et al., 2024). The effectiveness of Mobile JKN is particularly important in supporting service access for communities in remote or underserved areas.

However, in practice, many JKN participants still do not utilize the Mobile JKN application optimally, particularly in rural areas. Based on field observations in the work area of UPT Puskesmas Rawat Inap Ujan Mas, many participants are unaware of the application's existence or are unsure how to use it. Several factors may contribute to this condition, including limited digital literacy, lack of outreach and education, access to internet infrastructure, and even a perceived complexity of using the application. These barriers pose a challenge to the success of digital transformation efforts in health insurance.

Considering these issues, this study aims to analyze the factors associated with ownership and use of the JKN Mobile Application among BPJS Health participants in the UPT Ujan Mas Inpatient Health Center area. By identifying these factors, this research is expected to offer input for improving public engagement and ensuring that technological innovations truly enhance access to health services.

METHOD

This study uses a quantitative research method with a cross-sectional design. Quantitative research is an approach that emphasizes objectivity in measuring variables and testing hypotheses through numerical data. According to Setiawan (2020), quantitative methods are research procedures that involve systematic and structured

data collection and analysis processes in order to obtain answers to research problems. This approach allows researchers to test the relationship between variables using statistical methods.

The cross-sectional design is commonly used to analyze the correlation between independent and dependent variables at a single point in time. As

stated by Hidayat and Sari (2021), the cross-sectional method is suitable for identifying patterns or associations in a population based on data collected simultaneously. This study applies the cross-sectional method to examine the factors that influence the ownership of the Mobile JKN application.

The data used in this study is primary data, obtained directly from respondents through a structured questionnaire. Respondents in this study consisted of individuals who visited the UPT Puskesmas Rawat Inap Ujan Mas, totaling 106 participants. The population in this study includes BPJS Health participants, and the sample was selected using a probability sampling technique.

Quantitative research generally emphasizes breadth over depth, making it suitable for analyzing

large populations with a limited number of variables. This study aims to identify whether variables such as age, education level, gender, occupation, marital status, income, knowledge, attitude, and infrastructure are associated with the ownership of the Mobile JKN application among BPJS Health participants.

The data analysis used in this study consisted of three stages: univariate analysis to describe the distribution of each variable; bivariate analysis to determine the relationship between two variables using chi-square tests; and multivariate analysis using multiple logistic regression, which enables the researcher to control for confounding variables and assess the combined effect of several predictors on Mobile JKN application ownership (Putri et al., 2023).

RESULT AND DISCUSSION

Table 1. Frequency Distribution of Responden Based on Age (n = 106)

Variable	Frequency	Percentage
Owncship JKN Mobile		
Not Having	74	69,8
Having	32	30,2
Age		
17-30	30	28,3
31-50	50	47,2
51-70	26	24,5
	106	100%
Gender		
Male	64	60,4
Female	42	39,6
	106	100%
Education		
Elementary School	45	42,5
Junior High School	19	17,9
Senior High School	31	29,2
Higher Education	11	10,4
	106	100%
Occupation		

Not Employed	15	14,2
Farmer	66	62,3
Private	14	13,2
Self-Employed	7	6,6
Civil Servant	4	3,8
	106	100%
Marital Status		
Unmarried	9	8,5
Married	94	88,7
Widow/Widower	3	2,8
	106	100%
Income		
No income	15	14,2
Below Minimum Wage	71	67,0
Above Minimum Wage	20	18,9
	106	100%
Knowledge		
Less	63	59,4
Good	43	40,6
	106	100%
Attitude		
Less	70	66,0
Good	36	34,0
	106	100%
Facilities and Frastructure		
Not having	10	9,4
Handphone	96	90,6
	106	100%

Table 2. Bivariate Analysis of Chi-Square Test Between Variables and Ownership of the JKN Mobile Application

Var	Ownership of the JKN Mobile Application				Total		P Value
	No Having		Having				
	N	%	N	%	N	%	
Age							
17-30	22	73,3	8	26,7	30	100	0,020
31-50	29	58,0	21	42,0	50	100	
51-70	23	88,5	3	11,5	26	100	
Gender							
Female	46	71,9	18	28,1	64	100	0,568
Male	28	66,7	14	33,3	42	100	

Education							
Elementary School	41	91,1	4	8,9	45	100	0,000
Junior High School	13	68,4	6	31,6	19	100	
Senior High School	15	48,4	16	51,6	31	100	
Higher Education	5	45,5	6	54,5	11	100	
Occupation							
Not Employed	11	73,3	4	26,7	15	100	0,004
Farmer	53	80,3	13	19,7	66	100	
Private	5	35,7	9	64,3	14	100	
Self-Employed	4	57,1	3	42,9	7	100	
Civil Servant	1	25	3	75	4	100	
Marital Status							
Unmarried	5	55,6	4	44,4	9	100	0,338
Married	66	70,2	28	29,8	94	100	
Widow/Widower	3	100	0	0	3	100	
Income							
No Income	11	73,3	4	26,7	15	100	0,001
Below Minimum Wage	56	78,9	15	21,1	71	100	
Above Minimum Wage	7	35,0	13	65,0	20	100	
Knowledge							
Less	63	100	0	0	63	100	0,000
Good	11	25,6	32	74,4	43	100	
Attitude							
Negative	70	100	0	0	70	100	0,000
Positive	4	11,1	32	88,9	36	100	
Facilities and Frastructure							
No Having	10	100	0	0	10	100	0,029
Headphone	64	66,7	32	33,3	96	100	

Table 3. Multivariate Analysis of Multiple Logistic Regression Test (n=106)

Initial multivariate analysis model				Final multivariate analysis model		
Variable	P Value	OR	95%CI	P Value	OR	95%CI
Education	0,005	2,161	1,256-3,719	0,002	2,266	1,341-3,828
Occupation	0,863	1,062	0,538-2,095	0,942	1,025	0,524-2,007
Marital Status	0,508	0,625	0,155-2,514	-	-	-
Income	0,537	1,545	0,388-6,158	0,510	1,590	0,400-6,318

The results of multivariate analysis showed that the most influencing factor in ownership of the JKN mobile application was education, meaning that people higher education would have a JKN mobile application of

2.266 (95% CI 1.341 – 3.828) compared to people with basic education after controlling for the variables of occupation, marital status and income

Characteristics of Respondents Based on Age

The most frequent age group in this study was 31–50 years, comprising 47.2% of respondents. Age plays a significant role in healthcare service utilization, particularly because individuals in this age range are often the primary breadwinners in their families. Illness at this stage of life can have economic consequences, prompting more attention to health issues. In contrast, younger individuals tend to underestimate health risks and delay seeking treatment unless symptoms become severe. Although JKN participants in the subsidized category (PBI) are entitled to free healthcare services, utilization remains low due to limited awareness or misperceptions about health needs. According to Puspitasari et al. (2022), middle-aged and older adults are more likely to access healthcare facilities regularly due to their vulnerability to chronic illnesses. Similarly, research by Rahayu & Suryani (2023) found that age significantly influences patterns of healthcare-seeking behavior, with older adults more likely to engage in preventive care compared to younger adults.

Characteristics of Respondents Based on Gender

The most common gender in this study was male, with 64 individuals (60.4%). This is likely because men are often regarded as the heads of families and primary income earners, which increases their health risk due to work-related stress and physical demands. Gender differences also influence the utilization of healthcare services. According to Sari & Kurniawati (2021), men tend to delay seeking treatment compared to women due to perceptions of strength and reluctance to show vulnerability. Meanwhile, research by Prasetyo et al. (2023) found that although women use healthcare services more frequently for preventive care, men are more likely to seek care when illness becomes severe. Therefore, gender remains a key determinant in the pattern of healthcare service usage.

Characteristics of Respondents Based on Education

The highest level of education among respondents was elementary school, with 45 people (42.5%). Education significantly influences a person's ability to understand health-related information and make informed decisions regarding health service utilization. Generally, the higher the level of education, the easier it is for someone to process health messages and apply them in daily life. However, in this study, most respondents had only completed elementary education. This aligns with the findings of Suryani et al. (2021), which stated that individuals with lower education levels tend to have limited access to information and lower health literacy. Furthermore, research by Putri & Hidayat (2023) supports that low education levels are associated with less frequent use of digital health tools such as the Mobile JKN application.

Characteristics of Respondents Based on Occupation

The highest characteristic of respondents based on occupation was farming, with 66 people (62.3%). Employment is closely related to one's ability to access health services because income from work helps fulfill individual and family health needs. According to Astuti et al. (2021), someone who has a steady job tends to have better access and awareness regarding the use of health facilities and programs such as BPJS Kesehatan. The results of this study show that most of the BPJS Health participants at UPT Puskesmas Rawat Inap Ujan Mas work as farmers, a group that often relies on government support for affordable healthcare. This is also supported by research from Hidayati & Fauzi (2022) which states that people in the agricultural sector generally have irregular incomes, making the presence of the JKN program highly beneficial in ensuring their healthcare access.

Characteristics of Respondents Based on Marital Status

The highest characteristic of respondents based on marital status is married, with 94 people (88.7%). Based on the data found in the field, the most common marital status is married, which is around 88.7%. Most of the married population participates in the National Health Insurance (JKN) program because they believe that with more responsibilities, one of which is economic needs, it is necessary (Wahyuni et al, 2022).

Characteristics of Respondents Based on Income

The characteristics of respondents with the highest income are below the minimum wage, amounting to 71 people (67.0%). Income status is one of the predisposition factors that can influence a person's behavior in healthcare services. The higher a person's income, the greater the community's awareness of participating in the JKN program. However, in low-income communities, they will prioritize fulfilling their material needs before their health needs. This is because they find it burdensome to pay the monthly contributions, and in addition, they do not receive assistance from the government because they do not belong to the PBI (Penerima Bantuan Iuran) group (Wahyuni et al, 2022).

Characteristics of Respondents Based on Knowledge

The highest characteristic of respondents based on knowledge is low knowledge, with 63 people (59.4%). Knowledge is one of the predisposing factors that can influence individual behavior toward utilizing health services such as the JKN program. According to Ramadhani et al. (2021), low knowledge about the function and benefits of the JKN program is one of the main reasons people do not optimally utilize it. Furthermore, educational background plays an important role, where individuals with higher education levels tend to have better health literacy, which affects their decision-making regarding family health planning

(Putri & Santoso, 2023). Therefore, limited knowledge may hinder someone from actively participating in national health programs even when the access is available.

Characteristics of Respondents Based on Attitude

The highest characteristic of respondents based on attitude is a negative attitude, which amounts to 70 people (66.0%). Attitude is a mental and neural state of readiness regulated through experience that provides a dynamic or directed relationship to an individual's response to all objects and situations related to it. The formation of attitudes is the result of an individual's interaction with their environment. Attitudes arise from personal experiences, the transfer of painful experiences, and social relationships. Social relationships are the most important sources of attitude formation, namely parents, peers, and social media. An individual's attitude towards using health services depends on the knowledge they possess; respondents who have a poor attitude towards utilizing Puskesmas services do so because their knowledge is still lacking, leading to uncertainty and lack of interest in using health services at Puskesmas. Respondents who have previously utilized health services at the Puskesmas can evaluate the services they have received, and they have the decision to choose whether to continue using or not using the services (Harahap et al., 2024).

Characteristics of Respondents Based on Facilities and Infrastructure

The characteristic of respondents based on infrastructure that is the highest is owning a cellphone. Namely 96 people (90.6%). Facilities and infrastructure etymologically have differences, but both are very closely related as supporting tools for the success of a process being carried out. Thus, a process or activity that is to be carried out will not be able to achieve the expected results according to the plan if the facilities and infrastructure are not available. However, means can refer to anything used as a tool to achieve meaning

and goals, for example: educational means are defined as tools to achieve educational goals, such as books, bags, pens, computers, and so on. Meanwhile, infrastructure refers to everything that serves as the main support for the implementation of a process. For example, educational infrastructure means indirect tools to achieve educational goals, such as location, school buildings, sports fields, canteens, and so on (Kalisegoro, 2023).

Bivariate Analysis of Age with Ownership of the JKN Mobile Application

Based on the results of the Chi-Square test, a p-value of 0.020 ($p < 0.05$) was obtained, indicating a significant relationship between age and ownership of the JKN Mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas in 2024. This finding is supported by Putri et al. (2023), who found that age has a significant and positive relationship with the ownership of health insurance in households in West Sumatra, where older individuals are more likely to secure health coverage to anticipate future health risks. Similarly, a study by Pramudito et al. (2020) also demonstrated a statistically significant correlation between age and health service utilization, with elderly individuals tending to invest more in health protection due to their declining physical condition and increasing vulnerability. As people grow older, the awareness of potential health costs rises, making them more inclined to adopt health programs such as JKN.

Bivariate Analysis of Gender with Ownership of the JKN Mobile Application

Based on the Chi-Square test, a p-value of 0.568 ($p > 0.05$) was obtained, indicating that there is no significant relationship between gender and the ownership of the JKN Mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This finding aligns with a study by Maulidya et al. (2021), which reported that gender does not significantly influence the utilization of health services,

as both men and women have equal access and rights to obtain health information and services. In general, although men are often considered the primary decision-makers in households, current public health access systems do not discriminate based on gender.

Bivariate Analysis of Education and Ownership of the JKN Mobile Application

The Chi-Square test results show a p-value of 0.000 ($p < 0.05$), which means there is a significant relationship between education level and ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This aligns with research by Septiani et al. (2020), which found that individuals with higher education levels are more likely to understand and utilize digital health services, including applications like JKN Mobile. A higher education level supports better access to health information and strengthens decision-making in using health insurance services effectively.

Bivariate Analysis of Occupation with Ownership of the JKN Mobile Application

The data test using Chi-Square shows a result of 0.004 ($p < 0.05$), which indicates that there is an influence between occupation and the ownership of the JKN mobile application in the working area of the UPT Puskesmas Rawat Inap Ujan Mas. The results of this study are in line with the research conducted by (Putriyani et al., 2023), which states that there is a relationship between occupation and the implementation of the JKN mobile application. A person's job can influence the utilization of the JKN Mobile application. Working is an effort to earn income so that one can meet needs and improve well-being. A good level of welfare can increase a person's access to utilizing the JKN Mobile application to facilitate obtaining health services. The results of this study are also in line with the research conducted by (Ilham & Hayati, 2021), which states that there is a relationship between occupation and the utilization of JKN. Work is

a factor of social structure that can motivate someone to take action for their health. People who work tend to have higher expectations compared to those who do not work regarding healthcare services.

Bivariate Analysis of Marital Status with Ownership of the JKN Mobile Application

The data test using Chi-Square shows a result of 0.338 ($p > 0.05$), so it can be concluded that there is no influence between marital status and the ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This study is in line with the research conducted by (Nurhasanah, 2021) which stated that the statistical test results on the marital status variable obtained a p value of 0.221. The test results indicate that there is no relationship between marital status and JKN ownership. The relationship between marital status and health status, where marriage allows individuals to have additional income that can be used to cover health expenses, including health insurance. In addition, marriage can also reduce stress because there is love and sharing with a partner, and being married can make partners more attentive to each other's health conditions, thereby reducing the tendency for bad lifestyle habits.

Bivariate Analysis of Income with Ownership of the JKN Mobile Application

It is known that the data test using Chi-Square shows a result of 0.001 ($p < 0.05$), so it can be concluded that there is an influence between income and the ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. The results of this study are in line with the research conducted by (Yusuf et al., 2020), which states that there is a relationship between income levels and the utilization of health services. It is concluded that if the income level is high, they can seek recovery by visiting any health service according to their trust and experience, but this is not the case if their income level is low.

Bivariate Analysis of Knowledge with Ownership of the JKN Mobile Application

It is known that the data test using Chi-Square shows a result of 0.000 ($p < 0.05$), so it can be concluded that there is an influence between knowledge and the ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This study is in line with the research conducted by (Dzakirah et al., 2024) titled factors related to the utilization of mobile JKN in the outpatient department at Yapika General Hospital, Gowa Regency. Based on the results of the Chi Square analysis test with a P -Value of $0.004 < 0.005$, it indicates that the research findings show a relationship between knowledge and the utilization of Mobile JKN among outpatient BPJS participants at Yapika General Hospital, Gowa Regency, in 2024. Previous research titled "The Relationship Between Knowledge Level and the Use of the Mobile JKN Application in Slorok Village, Kromengan District, Malang Regency" mentioned observational results indicating a relationship between knowledge level and the use of the Mobile JKN application, with a Chi-Square test result of $p = 0.000 < 0.05$. The community with less knowledge does not use the Mobile JKN, whereas the community with good knowledge uses the Mobile JKN application. (Aghatsa et al, 2023).

Bivariate Analysis of Attitude with Ownership of the JKN Mobile Application

It is known that the Chi-Square test shows a p -value of 0.000 ($p < 0.05$), indicating a significant relationship between attitudes and ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This finding is in line with research conducted by Lestari et al. (2022), which found that individuals with a positive attitude towards health technology were significantly more likely to utilize mobile-based health services. Their study revealed that 68.3% of respondents with positive

attitudes reported using the Mobile JKN application, compared to only 31.7% among those with negative attitudes. The results further emphasize that a favorable attitude plays an important role in influencing behavior, especially in adopting innovations in digital health such as the JKN Mobile application.

Bivariate Analysis of Infrastructure with Ownership of the JKN Mobile Application

The data test using Chi-Square shows a result of 0.029 ($p < 0.05$), so it can be concluded that there is an influence between infrastructure and the ownership of the JKN mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. This is in line with the research conducted by Indah et al. (2021), which found that adequate health infrastructure such as internet availability, device ownership, and digital literacy support significantly influenced the use of mobile health insurance applications in community health centers. Respondents who reported having access to smartphones and stable internet connections were more likely to utilize the JKN Mobile application. Supporting this, research by Anggraini et al. (2021) also indicated that the adequacy of health service facilities was significantly associated with the use of health applications and insurance services, where better infrastructure increased service uptake and digital health engagement. This highlights the crucial role of accessible, quality infrastructure in encouraging the public to adopt digital-based health innovations such as the JKN Mobile application.

Bivariate Analysis of Infrastructure with Ownership of the JKN Mobile Application

It is known that the data test uses multiple logistic regression. The analysis results show that the variable most dominantly influencing the ownership of the JKN mobile application is education. The education variable has the highest OR value of 2.266 (95% CI: 1.341–3.828), indicating a higher likelihood of owning or using the JKN mobile application compared to the

employment variable (OR = 1.025; 95% CI: 0.524–2.007) and income variable (OR = 1.590; 95% CI: 0.400–6.318). In the UPT Work Area of Inpatient Services at Ujan Mas Health Center, individuals with higher education levels are 2.266 times more likely to use the JKN mobile application after controlling for employment and income. This result aligns with the study by Putriani et al. (2023), which found a significant relationship between education and satisfaction with the JKN Mobile application. Educated individuals tend to be more satisfied due to their better understanding of the application's features and usefulness. Similarly, Safitri et al. (2024) reported that respondents with secondary education levels had higher knowledge and better usage of the JKN Mobile application in Malang City. This is supported by research from Lestari et al. (2020), which showed that education significantly affects knowledge and health behavior, especially in the context of digital health applications. Individuals with higher education levels are more likely to seek, process, and apply health-related information effectively, contributing to greater adoption of mobile health services like the JKN app.

Multivariate Analysis of Multiple Logistic Regression Test

Table 3 presents the results of multivariate analysis using multiple logistic regression tests on the variables of education, occupation, marital status, and income in relation to the ownership of the Mobile JKN application among 106 respondents. In the initial model, the education variable showed a significant relationship ($p = 0.005$) with an odds ratio (OR) of 2.161 (95% CI: 1.256–3.719), meaning that respondents with higher education had a 2.2 times greater likelihood of having the Mobile JKN application compared to respondents with lower education. Meanwhile, the variables of occupation ($p = 0.863$), marital status ($p = 0.508$), and income ($p = 0.537$) do not show a

significant relationship with the ownership of the application.

In the final model, after simplification by removing insignificant variables, education remains the only factor that significantly influences the ownership of the Mobile JKN application. The obtained p-value is 0.002 with an OR of 2.266 (95% CI: 1.341–3.828), reinforcing the findings in the initial model. As for the variables of occupation, marital status, and income, they were removed from the model because they did not meet the criteria for statistical significance ($p > 0.05$). These results indicate that education is a dominant factor influencing the adoption of the Mobile JKN application. The higher the level of education a person has, the greater the likelihood they will access and utilize digital health services, compared to individuals with lower education levels who may face barriers in using technology.

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CONCLUSION

The conclusion of the research titled "Factors Influencing the Use of the National Health Insurance Mobile Application in the Work Area of UPT Puskesmas Rawat Inap Ujan Mas" is as follows.

1. There is no influence between age, gender, occupation, marital status, income, knowledge, attitude, and facilities with the use of the national health insurance mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas. There is an influence between education and the use of the national health insurance mobile application in the working area of UPT Puskesmas Rawat Inap Ujan Mas.
2. There is an influence between education and the use of the national health insurance mobile application in the working area of the UPT Puskesmas Rawat Inap Ujan Mas.

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