

**Push and Pull Factors Influencing the Decision to
Obtain Private Health Insurance : A study on Java
Island**

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ABSTRACT

This research investigates the push and pull factors influencing the decision to obtain private health insurance in Indonesia with a specific focus on families residing on Java Island. Utilizing a quantitative research design, data were collected from a representative sample of families and analyzed using SPSS to identify significant factors affecting their insurance decisions.

The study identifies several key push factors that influence people to obtain private health insurance, including the service quality of insurance agents, perceived product benefits offered by private insurers, and dissatisfaction of National Health Insurance. Families express concerns about the adequacy and reliability of public healthcare services, prompting them to seek alternative insurance options that better meet their needs and expectations.

Conversely, the analysis reveals important pull factors that attract families to private health insurance, such as risk perception, which influences their awareness of health risks and potential financial consequences of unexpected medical events. Additionally, confidence in the insurance company and preferences regarding insurance premiums play crucial roles in their decision-making process. The findings underscore the complex interplay between these push and pull factors, suggesting that addressing public dissatisfaction while promoting the benefits of private insurance can enhance coverage among Indonesian families.

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PREFACE

This report has been prepared over the course of more than eight months. The researcher was inspired to choose this topic because the researcher previously worked as an insurance agent. The major problem the researcher encountered was the challenge of offering private health insurance to family, friends, and others. Unfortunately, nearly 90% of the feedback was negative, largely due to issues with insurance agents themselves or a lack of trust in insurance companies. The researcher believes this is an issue that people in Indonesia should be more concerned about today. Many close friends of the researcher still view insurance as a burden or a negative thing. However, some of their families have suffered greatly from critical illnesses without private health insurance. The researcher views critical illness as a serious problem that can lead to financial ruin. The researcher hope that more people will become aware of the importance of healthcare and emergency funds in case unexpected events occur in their lives.

Observing the slow growth of private health insurance in Indonesia, the researcher was inspired to delve deeper into this topic. After months of dedicated research and reviewing countless journal articles, this project was chosen as their graduation thesis. The researcher would first like to express heartfelt gratitude to God, finding strength in the words of *Isaiah 41:13*, “*For I hold you by your right hand—I, the Lord your God. And I say to you, ‘Don’t be afraid. I am here to help you.’*” This verse was a constant reminder of God’s unwavering presence, both in times of joy and in moments of struggle.

Additionally, the researcher extends profound thanks to their Indonesian friends at Wenzao University for their steadfast support throughout this journey. Each of you has made an impact in ways words cannot fully describe. Special gratitude goes to Jonathan, who has been a true support system, the researcher's source of strength during challenging moments. Lifting me up when challenges felt overwhelming, reminding me of my own strength, and cheering me on through every milestone, I am endlessly grateful for your patience, kindness, and the unwavering love you've shown. Fourth, the researcher would like to extend heartfelt thanks to advisor, Professor Ren-Her Hsieh, for his invaluable guidance, unwavering support, and patience throughout this journey. His insightful suggestions and encouragement have been instrumental in helping shape this project, and his dedication has inspired the researcher to strive for excellence. Fifth, sincere thanks are owed to the participants who shared their insights, enabling the researcher to complete this project. Without their contributions, this research would not have been possible. Last but not least, I would like to thank myself for the dedication and effort put into this thesis. This journey has been both challenging and rewarding, and appreciate my commitment to completing it. Thank you, each and every one of you, for helping make this vision a reality.

INTRODUCTION

Background

Indonesia's vast population, it has more than 280 million across 34 provinces, reflects its status as a developing nation. In the middle of this ongoing development, the country's financial services sector, notably private health insurance, has witnessed substantial growth. Health insurance plays an important role providing essential protection against future health-related expenses. Therefore, health insurance is important and necessity, But many people in Indonesia not yet aware of the importance of using health insurance.¹ To gain more market, many insurance companies are trying to develop and refined their product. Unfortunately the status of health insurance purchase in Indonesia the progress is slow.² There are many factors insurance purchase in Indonesia consider slow. In terms of customer trust, income, living area, public perception and others. Firstly, customer trust is one of the reason that influence people to purchase insurance.³ Secondly, the decision to get health insurance and the desire for medical care are both significantly influenced by one's income.⁴ Third, mostly people live in rural area tend to not use insurance, because they do not know enough knowledge about insurance and lack of

¹ Anwar Busyra et al., "Impact of ability and willingness to pay for health insurance in Indonesia," *Bali Medical Journal* 12, no. 2 (2023).

² Rayenda Khresna Brahmana, Ritzky Karina MR Brahmana, and Gesti Memarista, "Planned behaviour in purchasing health Insurance," *The South East Asian Journal of Management (SEAM)* 12, no. 1 (2018).

³ Adinoto Nursiana, Fongnawati Budhijono, and Muhammad Fuad, "Critical factors affecting customers' purchase intention of insurance policies in Indonesia," *The Journal of Asian Finance, Economics and Business* 8, no. 2 (2021).

⁴ Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

accessibility.⁵ This research aims to determine the push and pull factors of people who have and do not have private health insurance towards their perspective to private health insurance. Push and pull variables that drive people's decisions to obtain private health insurance can help people make more educated which can increase people's wisdom in choosing health insurance. And to know in a depth the real reason health insurance is Indonesia develop very slowly. In summary, This research provides people's perspective about private health insurance and find the solution about health insurance can develop in Indonesia.

⁵ Arief Rosyid Hasan, Adang Bachtiar, and Cicilya Candi, "The potential of private health insurance ownership based on the 2018-2020 National Socioeconomic Survey Data," *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)* 17, no. 4 (2022).

Motivation

Health Insurance plays an important role in the Indonesian economy. According to financial services authority roadmap, Life insurance in Indonesia increase 3%. With a position of 585 trillion rupiahs.⁶ However, despite this growth, Indonesia's insurance density and penetration remain among one of the lowest in the ASEAN region. At the same time insurance purchase is continues to grow.⁷ When people purchase insurance people two views from internal and external things. Internal factors, including trust in insurance companies, perceived health risks, financial stability, and personal preferences, play significant roles in influencing individuals' decisions regarding health insurance coverage. Because buying insurance people depends whether the worth of the purchased item matches the cost or the customer's agreed-upon sacrifice.⁸ When people purchase insurance they have to know from internal and external things. A common misconception is that any claim can be filed when insurance is used. The payment of claims in health insurance actually depends on three variables. Specifically, some diseases are excluded, there is typically a waiting time of more than 90 days, and disorders that existed prior to the acquisition of insurance.⁹ There are a lot of disappointing things with

⁶ Otoritas Jasa Keuangan, *Roadmap Perasuransian Indonesia 2023-2027* (2023), <https://ojk.go.id/id/regulasi/otoritas-jasa-keuangan/rancangan-regulasi/Documents/Draft%20Roadmap%20Pengembangan%20Perasuransian%20Indonesia.pdf>.

⁷ Otoritas Jasa Keuangan, "Prospek Insurtech di Indonesia ", no. Status Asuransi di Indonesia (2 Maret 2023).

⁸ Nursiana, Budhijono, and Fuad, "Critical factors affecting customers' purchase intention of insurance policies in Indonesia."

⁹ PT Prudential Life Assurance, "Inilah 3 Salah Paham tentang Asuransi dan Kiat dalam Memilih Asuransi "

<https://www.prudential.co.id/id/pulse/article/inilah-3-salah-paham-tentang-asuransi-dan-kiat-dalam-memilih-asuransi/>, *Prudential Indonesia* 21 December 2021.

private health insurance: perceived deficiencies in terms of accessibility and quality. By increasing public awareness and understanding of both internal and external factors influencing the decision to obtain private health insurance, this study aims to contribute to a more informed and empowered populace.

Ultimately, the motivation behind this research is to foster a better understanding of the importance of private health insurance and its role in ensuring comprehensive healthcare coverage for Indonesian citizens.

Research Purpose

The purpose of this research is to investigate the push and pull factors influencing the decision to obtain private health insurance. The goal of this study is to look into the push and pull variables that affect people's choices to get private health insurance. Through an analysis of the push and pull factors that influence insurance decisions, this study seeks to offer a thorough grasp of the intricate dynamics influencing insurance adoption in developing healthcare systems.

This study aims to identify the primary motivators that lead people to select private health insurance through empirical analysis. These factors may include push factors about service quality of insurance agents and experience with insurance claim, feel a sense of dissatisfaction with the health of government services, and insurance product benefits. Furthermore, the purpose is to identify the pull factors—such as income and willingness to purchase insurance, confidence levels to private health insurance, and perceived risk perceptions that influence people to purchase insurance.

Most of people understand and perceive private health insurance differently, despite the efforts of insurance firms to promote and continuously improve their products. *Liputan 6* reported that just 21.94 million people in Indonesia, or 8% of the total population, carry life insurance as a kind of protection.¹⁰ The goal of this study is to investigate in-depth the internal and external elements that influence Indonesians' knowledge of private health insurance, particularly as it relates to families, and the potential positive or negative experiences that each person may have with insurance. Knowing that

¹⁰ Septian Deny, "Ternyata, Cuma 8% Penduduk Indonesia yang Dilindungi Asuransi Jiwa ", *Liputan 6* 18 June 2023.

their ultimate choice will be whether or not to keep utilizing private health insurance

Research Questions

1. What are the primary push factors influencing individuals' decisions to obtain health insurance in Indonesia?
2. What are the primary pull factors influencing individuals' decisions to obtain health insurance in Indonesia?

Contribution

Purchase private health insurance in Indonesia involves many factors and aspects. Both internal and external considerations are taken into consideration when examining the choice to get private health insurance in Indonesia. Compared to other ASEAN nations, Indonesia has the lowest rate of private insurance usage.¹¹ Many people still have the belief that having insurance is not necessary. Even yet, bankruptcy may result from exposure to a life-threatening danger, such as a costly critical disease. Most people base their insurance decision on a number of factors. Perhaps, from insurance agents, insurance companies, Income, psychological things, public perspective and others.¹² The factors that influence the uptake of private health insurance among various segments of the Indonesian population. My own involvement in this study has been crucial in expanding our knowledge of the push and pull variables affecting Indonesians' decisions to purchase private health insurance. The researcher hopes to raise awareness of the value of private health insurance by disseminating researcher thoughts to a larger audience and encouraging more people to obtain private health insurance. In addition to consumers, many insurance agents and companies are becoming more innovative and making their products more accessible in an effort to pique interest and raise public awareness of the value of having protection in this life.

¹¹ Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

¹² Nursiana, Budhijono, and Fuad, "Critical factors affecting customers' purchase intention of insurance policies in Indonesia."

Limits

Private health insurance is one of the issues in Indonesia nowadays. Exploring internal and external influencing people to purchase private health insurance in Indonesia to understand which factors affect people to purchase insurance. The researcher chose to focus on Java Island, Indonesia, primarily due to the limitations in the number of responses collected. Given the vast geographical and cultural diversity across Indonesia, it was important to narrow the scope to a specific region where a more concentrated and manageable sample could be gathered. Because private health insurance in Indonesia is one of the lowest in Southeast Asia country.¹³ The limit in this research may not be equal. Because the area in Java island still mostly consists of urban and rural areas. The time limit focus on the time 2020-2024. When the time is at the time of transition from the Covid 19.¹⁴ Where many people consciously usually buy insurance as protection if affected by Covid 19. Narrow down the research to particular demographic group, such as people below 25 years old or senior above 55 years old. This research may have different perspective about health insurance from young and old people. And People's answers may change over time and with good and bad experiences with insurance. The population under research consists of individuals with and without private health insurance. These restrictions will aid in limiting the study's breadth and offer more precise

¹³ Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

¹⁴ Muhammad Idris, "Mulai 1 Juni, Ini Skenario Tahapan New Normal untuk Pemulihan Ekonomi," <https://money.kompas.com/read/2020/05/26/073708726/mulai-1-juni-ini-skenario-tahapan-new-normal-untuk-pemulihan-ekonomi?page=all>, Kompas.com, 26 May 2020.

insights into the push and pull variables impacting people's choices to purchase private health insurance.

Delimits

Delimitations consider in writing research about push and pull factors influencing people to obtain private health insurance. There must be delimitations that make this research more narrow. These are the delimitation in this research. Firstly, demographic area which talking about people below 25 years old. Secondly, The research will focus more specifically in Java island including Banten, East Java, West java, Central Java, DKI Jakarta, and DI Yogyakarta. Third, the research will focus on people with lower-middle class and middle to upper-class incomes to investigate how their unique financial circumstances affect their desires and capacity to get private health insurance. Where we can observe that Jakarta, the nation's capital, has the highest minimum pay at Rp 5,067,381.¹⁵ Individuals with an income of less than 5 million rupiahs are eligible to participate in this research. Fourth, this research is aimed at people who have health insurance or life insurance from private companies and at people who do not use insurance at all or people who used insurance in the past but no longer use it. These are the delimitations in this research. Through delimitations the study can provide valuable insights into the factors influencing consumer choice of private health insurance from demographics area, geographical area, minimum income, and people with insurance from private company and people without insurance.

¹⁵ Muhammad Idris, "Rincian UMR Jakarta 2024 dan Seluruh Jabodetabek Terbaru," <https://money.kompas.com/read/2024/01/10/085304026/rincian-umr-jakarta-2024-dan-seluruh-jabodetabek-terbaru>, *Kompas.com*, 10 January 2024.

LITERATURE REVIEW

Private Health Insurance in Indonesia

The insurance industry is developing nowadays. It has experienced a 12% increase in asset growth over the last 5 years.¹⁶ Additionally, the insurance industry supports protection for individuals and business entities. Moreover, the insurance sector offers risk protection for people. Insurance businesses make a variety of investments, including shares, government securities, corporate debt securities, and deposits, as a means of raising capital. On December 31, 2022 (unaudited data), there were 136 companies with business permits in Indonesia, comprising 52 life insurance companies, 72 general insurance companies, 7 reinsurance companies, and 5 social and mandatory insurance companies.¹⁷ Therefore, the insurance industry, along with the OJK (Financial Services Authority), continues to develop.

Private health insurance has become increasingly in today's world. This study focuses on the significance of health insurance, which plays a role in safeguarding individuals against medical expenses during times of illness. Private health insurance typically includes coverage for costs of doctor visits, treatments and hospital stays based on the selected plan. While some plans provide comprehensive coverage, others come with limitations. The insurance premium is a monthly responsibility for policyholders to fulfill. The price of insurance premiums varies depending on several factors, including age and the benefits offered, and the health condition of potential customers.¹⁸ Generally,

¹⁶ Keuangan, *Roadmap Perasuransian Indonesia 2023-2027*.

¹⁷ Keuangan, *Roadmap Perasuransian Indonesia 2023-2027*.

¹⁸ Adinda Rizki, "Pengertian Premi Asuransi: Tujuan, Fungsi, Jenis-jenis, dan Cara Menghitungnya ", *Gramedia* 2021.

younger age and healthier individuals tend to pay lower premiums, while the extent of coverage and individual health risks influence premium pricing.

Insurance Claim, when a customer falls ill and incurs hospital expenses, they can initiate an insurance claim.¹⁹ The claims process also involves several important steps, such as obtaining a valid doctor's diagnosis and adhering to a waiting period, usually exceeding 90 days, to ensure that the illness qualifies for coverage under the insurance plan. Clients can submit insurance claims if they become unwell and need to pay for medical treatment. After that, the insurance company will resolve the dispute in accordance with the provisions specified in the Insurance policy. An insurance policy serves as a formal agreement between the insurer and the buyer.²⁰ Within the policy, provisions are outlined, including the premium amount, coverage details, types of risks covered, duration of coverage, and other pertinent information. Essentially, the insurance policy summarize the mutual understanding between the insurance provider and the policyholder.

¹⁹ AAJI Asosiasi Asuransi Jiwa Indonesia, "Apa yang dimaksud dengan klaim dan apa saja tujuan dari klaim?," (12 December 2021).

²⁰ AXA Mandiri, "Sudahkah Anda Memahami Polis Asuransi? Ini Dia Fungsi & cara Mempelajarinya dengan Mudah," no. insurance policy (25 April 2023).

Internal Factors for Insurance Purchase

Pull factors or internal factors play a significant role when people purchase private insurance. Internal factors refer to personal preferences that influence individuals in the decision-making process. These internal factors encompass various aspects, such as confidence in the company, trust in insurance agents, and affordability.²¹ Internal factors could influence personal preferences in the decision-making process. By identifying internal factors, people will know more about making effective choices and mitigating risks more accurately.²² Therefore, internal factors drive many aspects that help people become wiser. These are internal factors regarding the decision to obtain private health insurance in Indonesia.

1. Confidence in the insurance company.

Confidence in the insurance company is one internal consideration in the decision-making process. People tend to purchase insurance when they are familiar with the company.²³ It reflects their opinions about the company's profile. When individuals have faith in the insurance firm, it influences their desire to do business with them.²⁴ People consider factors related to the company's track record, a lot of customer reviews and their financial record. Trust with the company is very important because if the company's values

²¹ Sartika Putri Agustin, Sajun Tunom, and Erlina Puspitaloka Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic," *International Journal of Science, Technology & Management* 4, no. 4 (2023).

²² Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

²³ Nursiana, Budhijono, and Fuad, "Critical factors affecting customers' purchase intention of insurance policies in Indonesia."

²⁴ Steven Darwin, "Analisis pengaruh kualitas layanan terhadap loyalitas pelanggan dengan kepuasan dan kepercayaan pelanggan sebagai variabel intervening pada asuransi jiwa Manulife Indonesia-Surabaya," *Jurnal Strategi Pemasaran* 2, no. 1 (2014).

match their own perception will increase their decision to purchase health insurance.²⁵

2. Risk perception.

Risk perception is known as subjective among individuals, based on their personal experiences, beliefs, and attitudes.²⁶ The use of health insurance for protect people from risk life. If people suffer from critical illnesses and require a significant amount of money for medical expenses, insurance can help cover these bills, so individuals do not have to use their own money (Out-Of-Pocket)²⁷. When people have enough knowledge or literacy about life risk, people tend to aware about having health insurance.²⁸ Understanding people's attitudes regarding risk perception is about shaping their insurance choices, influencing everything from coverage preferences to premium decisions.

3. Insurance premium preferences.

One internal issue to be examined is the amount of the insurance premium. People's intentions to buy are directly impacted by insurance premiums because they are contingent upon their financial status and spending limits.²⁹ At the time of purchasing health insurance. Because purchasing insurance necessitates having the money to pay for it as well—some types of insurance need payments every month or annually—personal finances are also crucial. The higher a

²⁵ Agustin, Tunom, and Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic."

²⁶ Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

²⁷ Agustin, Tunom, and Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic."

²⁸ Brahmana, Brahmana, and Memarista, "Planned behaviour in purchasing health Insurance."

²⁹ Busyra et al., "Impact of ability and willingness to pay for health insurance in Indonesia."

person's income level the greater their desires for them to pay insurance.³⁰ But in Indonesia still a developing nation. There are still very few people purchasing insurance.³¹ Many illiterate people are unwilling to pay for insurance because they are unsure if they will ever need it or not. However, insurance serves as protection against potential future events. Insurance premiums are a significant factor in people's decisions to obtain private health insurance. They could also assess whether the advantages of the insurance product outweigh the premium costs, such as the extent of coverage.

External Factor for Insurance Purchase

Push factors also play an important role for people when choosing health insurance. With many considerations, individuals typically look at both external and internal factors. External factors are usually observed from outside influences that ultimately pique people's interest in acquiring something. For example, external factors in private health insurance include satisfaction with service, the benefits offered by insurance companies, and dissatisfaction with national health insurance. These explanations delve into why the three factors mentioned above can influence people to purchase private health insurance.

1. Service satisfaction.

Service provides by the company or the insurance agent will influence people to purchase insurance. Service quality involves evaluation towards

³⁰ Agustin, Tunom, and Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic."

³¹ Busyra et al., "Impact of ability and willingness to pay for health insurance in Indonesia."

actual performed service.³² Service quality include tangibility, responsiveness and empathy. Tangible when the insurance industry are willing to create comfort atmosphere, excellent service to the customer.³³ Usually, when people want to use their insurance claim, they call the insurance agent to arrange it. This is the moment when the quality of insurance services is proven. Responsiveness is defined as the willingness of insurance industry staff to provide services on time. When customers need help regarding claims or have questions, insurance agents are willing to answer and assist the customer. Customer expect the insurance claim process are fast and easy.³⁴ Empathy is a ability to understand about people's feeling especially when people get ill and need immediate help. Those who have great empathy will try their best when their customers need an insurance claim. Besides their job as a insurance agent, they also have an important role to show their empathy to their customer. This will catch people's attention and make good reputation.

2. Insurance product benefits.

People tend to purchase insurance if people feel necessary and need.³⁵ The insurance benefits offered by insurance companies nowadays can increase people's intention to purchase health insurance. Nowadays, a lot of insurance products are being developed. For example, one of the prominent insurance companies in Indonesia offers a new product named SmartMedicare. This

³² Enkhjargal Chimedtseren and Meysam Safari, "Service quality factors affecting purchase intention of life insurance products," *Journal of Insurance and Financial Management* 1, no. 1 (2016).

³³ Chimedtseren and Safari, "Service quality factors affecting purchase intention of life insurance products."

³⁴ Agustin, Tunom, and Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic."

³⁵ Agustin, Tunom, and Mahadewi, "Factors Analysis Influencing on Demand for Private Health Insurance in Indonesia After Pandemic."

product includes medical benefits abroad, cashless claim payments, transfer of health benefit limits between family members, and pregnancy benefits, all of which can be obtained at affordable premium.³⁶ There are also two types of health insurance called Traditional and Unit Link.³⁷ Traditional insurance is a pure insurance product, it only offers the benefits insurance coverage without investment element in it.³⁸ Whereas Unit Link insurance was established in 2013.³⁹ The definition of Unit Link is a type of insurance that combines two financial products: insurance and investment products.⁴⁰ Usually, from the premium, the funds will be divided into two groups: some for protection purposes and the other part deposited by the insurance company to the investment manager to be managed as an investment, usually in mutual funds. Besides that, the benefits they offer to customers depend on the customer's needs. According to the policy book, insurance companies share benefits, terms, and conditions. Many products developed nowadays, such as providing reimbursement for transportation costs to the hospital, doctor's fees, medicine costs, and other benefits, are subject to the limits in the policy book.⁴¹ In addition, there is protection for critical illness conditions where the insurance

³⁶ Noverius Laoli, "AXA Insurance Luncurkan Produk Terbaru Smartmedicare," (17th December, 2023).

³⁷ BCA Bank Central Asia, "Asuransi Traditional dan Asuransi Unit Link, Apa sih Bedanya? ," no. the differences between Traditional and Unit Link (June 22nd 2022).

³⁸ OCBC, "Apa itu Asuransi Traditional? Ini dia Jenis dan Keuntungannya ", no. Traditional insurance product (April 5th 2023).

³⁹ CNBC Indonesia Mfakhriansyah, "Sejak Diperkenalkan, Asuransi Unit Link Sudah Bikin Dosa " (February 6th 2023).

⁴⁰ Asia, "Asuransi Traditional dan Asuransi Unit Link, Apa sih Bedanya? ."

⁴¹ PT AXA Mandiri, "6 Manfaat Memiliki Asuransi Kesehatan Agar Keluarga Sehat dan Bahagia," (March 30th 2022).

company will provide the Sum Assured.⁴² If the insured is diagnosed with a critical illness. Illnesses classified as critical illnesses also depend on the rules in the policy book. Therefore, there are many insurance companies are trying to develop their products to increase people's interest in purchasing private health insurance.

3. Dissatisfaction with National Health Insurance.

Indonesia provides national health insurance named "National Health Insurance" called JKN. JKN (National Health Insurance) was established on January 1st 2014.⁴³ The main goal of JKN help the Indonesian people in medical matters, by paying fees consisting of 3 classes, class 1 for IDR 150,000, class 2 for IDR 100,000, and class 3 for IDR 42,000.⁴⁴ This is the amount that must be paid every month. By having a JKN card, if people get sick, they can claim it at certain hospitals appointed by the government.⁴⁵ Usually the first referral is from the clinic, after that they will be referred to a government hospital.⁴⁶ Ambulance services and medicines are also included in this government program. The disadvantage of this program is that when people get sick, people have to go to a level 1 health facility or what could be called a clinic or health center. After that, if the disease cannot be treated, people will get a level 2 health facility, namely a government hospital. People cannot

⁴² Allianz Indonesia, "Mengenal Beberapa Manfaat Asuransi Terkait Kesehatan," (June 4th 2018).

⁴³ Novia Yuliannisa Nuurjannah, "Implementasi Kebijakan Jaminan Kesehatan Nasional Di Rumah Sakit Umum Daerah Kota Bandung," *Jurnal Ilmiah Administrasi Pemerintahan Daerah* 13, no. 2 (2021).

⁴⁴ CNBC Indonesia Arrijal Rachman, "Ini Daftar Iuran BPJS Kesehatan Berlaku Rabu 15 Mei 2024," (15th May 2024).

⁴⁵ Kholida Qothrunnada, "Daftar Layanan yang Dapat Diklaim BPJS Kesehatan, Lengkap!," (March 9th 2022).

⁴⁶ Qothrunnada, "Daftar Layanan yang Dapat Diklaim BPJS Kesehatan, Lengkap!."

choose the hospital. In this program, government hospitals consist of hospitals A, B and C. If an illness cannot be covered by hospitals B and C then they will be referred to hospital A.⁴⁷ Patients are often faced with a long queues because of limited hospitals and quotas. Research at a hospital in Bandung, West Java said there are a lot of hospitals inadequate to accommodate patients and lack of care from implementing staff and courtesy towards patients.⁴⁸ Limited access to drugs: Research in Kediri City highlighted limited access to drugs. The JKN program needs to improve their facilities regarding drug availability.⁴⁹ Sometimes the required drugs are not available at clinics working with JKN. Therefore, people still need to buy the drugs with their own money, as they are not covered by the JKN program.

Long queues are also one of the disadvantages of the JKN program⁵⁰. For example, Sarimi 70 years old, is a user of the JKN program who arrived at RSUD (Regional Public Hospital) Tarakan at five o'clock. Registration only opened at seven o'clock, and the officers arrived at eight o'clock, but she had to wait until eleven o'clock because the doctor arrived at around ten.⁵¹ She hopes the JKN program can improve their services to make JKN better. Therefore, people have more money prefer use private health insurance. Inadequate government programs make people less satisfied and prefer private health insurance for treatment.

⁴⁷ Allianz Indonesia, "Haruskah Punya Asuransi Kesehatan selain BPJS?," (September 5th 2019).

⁴⁸ Nuurjannah, "Implementasi Kebijakan Jaminan Kesehatan Nasional Di Rumah Sakit Umum Daerah Kota Bandung."

⁴⁹ Mahardika Mahardika, "The Implementation of National Health Insurance (JKN) in Kediri City," *Jurnal Ilmiah Administrasi Publik* 2, no. 4 (2016).

⁵⁰ Mahardika, "The Implementation of National Health Insurance (JKN) in Kediri City."

⁵¹ Fransiskus Wisnu Wardhana Dany, "Persoalan Klasik JKN: Antre lama hingga Keterbatasan Obat " *Kompas.com* November 4th 2019.

Disadvantages exist regarding doctors and hospitals. Every medical profession has a moral reference called The Indonesian Medical Ethics Code (KODEKI) to guide doctors in behaving according to the rules. Sometimes, doctors need to violate these rules for the good of the patient. The issue revolves around ethical dilemmas. The story involves a doctor prescribing medicine for a patient. Unfortunately, due to limitations, the doctor prescribed medicine that is not included in the national formulary. The doctor did this because it was needed for the patient's recovery.⁵²

⁵² Sigid Kirana Lintang Bhima et al., "The ethical dilemma of medical specialists in the era of national health insurance in Semarang," *Bali Medical Journal* 12, no. 2 (2023).

Summary

Both external and internal factors can influence individuals to purchase private health insurance. Internal factors encompass confidence in the insurance company, risk perception, and preferences for insurance premiums. Confidence in the insurance company is crucial; customers are more likely to purchase insurance when the company has a good reputation, is capable of fulfilling claims, and is trusted. Risk perception impacts the decision-making process; individuals who are aware of life risks tend to opt for private health insurance. Additionally, preferences regarding insurance premiums are significant, as customers are inclined to buy insurance when they deem it necessary. These factors collectively shape the internal motivations related to purchasing private health insurance in Indonesia.

External factors influence decision-making when individuals purchase health insurance. These factors include service satisfaction, product benefits, and dissatisfaction with government insurance. Service satisfaction is a key determinant because positive experiences encourage people to opt for private health insurance. Insurance product benefits also play an important role in attracting customers and can prompt them to feel the need for private health insurance. Moreover, dissatisfaction with government insurance programs drives individuals to seek private insurance options that are more trusted and effective. Many patients feel dissatisfied. For example, the services provided by hospitals can sometimes result in patients having to wait in long queues. Additionally, the services provided by hospitals are still inadequate, and doctors in hospitals can sometimes violate rules themselves. This problem is a serious issue that the government should address by strengthening the law.

These factors drive people to tend to choose private health insurance.

Besides being more effective, dissatisfaction with the National Health Insurance is a significant issue. These factors can increase the demand for private health insurance in Indonesia. Therefore, many insurance companies are trying to develop their products and raise awareness among people day by day.

Methodology

Research Process and Design

The researcher in this study begins by becoming motivated to pursue the objectives or purpose of the investigation. The researcher starts by reading the literature review from earlier studies on Google Scholar and various websites. Once all the literature has been reviewed, the researcher establishes the research method and design. Data collection was conducted using a questionnaire based on the literature review. After designing the questionnaire, data collection will commence at the end of June and continue until early September.

In this research, the study population comprises people in Indonesia with and without private health insurance who are living on Java Island. Java Island consists of six areas: Banten, Central Java, East Java, West Java, DKI Jakarta, and DI Yogyakarta. Among six areas on Java island, there are differences between these regions.

First, Banten known for its blend of traditional and modern culture, it has both rural and urban areas with distinct characteristics. Banten's capital, Serang, along with cities like Tangerang and Cilegon, has seen rapid urbanization and industrial growth. The province is a hub for manufacturing, trade, and tourism due to its proximity to Jakarta and strategic coastal locations. In rural Banten, agriculture, fishing, and crafts remain vital, and many communities maintain traditional customs, especially among the Baduy people, an indigenous group known for their unique way of life, avoiding modern technology and maintaining strict cultural practices. The contrast between Banten's urbanized areas and its rural heritage makes it a region of rich diversity and cultural significance. The minimum wage 2024 in Banten is Rp. 2.727.812.

Second, West java West Java is a vibrant province in Indonesia known for its economic dynamism and cultural richness. Positioned near the capital, Jakarta, West Java has become an economic powerhouse, benefiting from manufacturing, services, tourism, and agriculture. The cities of Bandung, Bogor, and Depok are industrial and commercial centers, drawing people from across the country for work and education. Bandung, the capital of West Java, is a hub for creativity, fashion, and technology. Rural regions in West Java often practice terraced farming, especially in mountainous areas like the Bandung Highlands, which not only supports agricultural productivity but also enhances the natural beauty of the area. Rural areas often face challenges, including limited access to healthcare, education, and infrastructure compared to urban centers like Bandung. Nonetheless, the people in these communities are resourceful and rely on close-knit social networks. The minimum wage on West java is Rp.2.057.495.

Central Java features a blend of urban and rural areas, each with distinct characteristics and challenges. Urban centers like Semarang, the provincial capital, and Solo (Surakarta) are bustling cities known for their trade, industry, and cultural heritage. These cities boast modern amenities, vibrant markets, and a rich history reflected in their architecture and festivals. In contrast, rural areas in Central Java are predominantly agricultural, with vast rice fields, sugarcane plantations, and traditional farming practices. Villages maintain strong community ties and cultural traditions, but they often face challenges such as limited access to healthcare, education, and infrastructure. Rural areas also grapple with issues like poverty, underemployment, and the impact of climate change on agriculture. The minimum wage in Central java is Rp. 2.036.947.

As the largest city in Southeast Asia, Jakarta serves as the political, cultural, and economic heart of the country. The city is home to a diverse population, drawn from various regions of Indonesia, resulting in a rich of cultures, languages, and traditions. Jakarta's urban landscape is marked by towering skyscrapers, modern shopping malls, and a complex infrastructure network. However, the city also faces significant challenges, including traffic congestion, inadequate public transportation, and air pollution. Despite these issues, Jakarta is a vibrant hub for business and commerce, attracting both domestic and international investments. The city is home to numerous multinational corporations, startups, and local businesses, fostering innovation and entrepreneurship. DKI Jakarta The minimum wage in DKI Jakarta is Rp.5.067.381.

East Java plays a crucial role in the national economy and features a mix of urban and rural areas, each with distinct characteristics. The capital city, Surabaya, is the largest city in East Java and serves as an important commercial and trade center. Surabaya boasts a vibrant economy, driven by sectors such as trade, manufacturing, and services. The city's modern infrastructure, including shopping malls, educational institutions, and transportation networks, supports its status as an urban hub. In contrast, rural areas in East Java are characterized by agriculture and natural beauty. The province is known for its fertile land, producing significant crops such as rice, tobacco, and sugarcane. Traditional farming practices continue to thrive, and many rural communities rely on agriculture as their primary source of livelihood. Despite its strengths, East Java faces challenges such as poverty in rural areas, access to education and

healthcare, and environmental issues stemming from industrialization and urbanization. The minimum wage in East Java is Rp. 2.165.245.

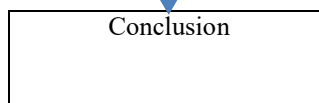
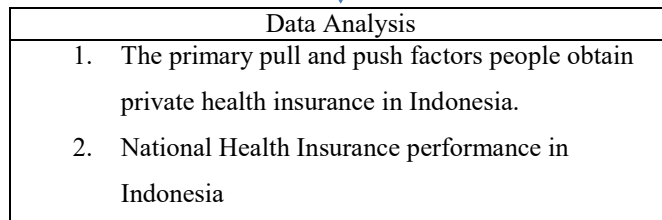
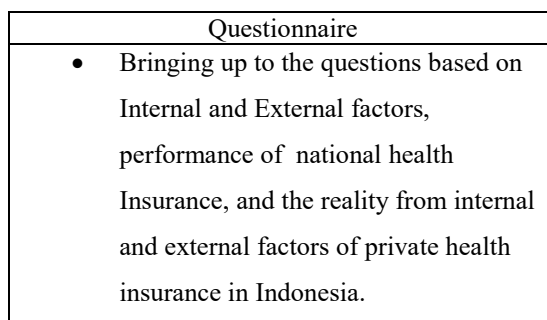
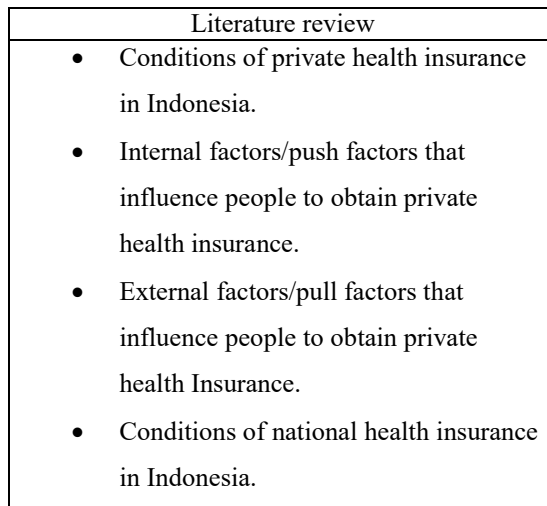
DI Yogyakarta is a province in Indonesia known for its rich cultural heritage, historical significance, and academic prominence. It is often regarded as the cultural heart of Java, blending traditional customs with modern influences. The capital city, Yogyakarta, serves as a center for education, tourism, and culture. The city's urban landscape features a mix of traditional Javanese architecture and contemporary developments. Surrounding the urban core are rural areas characterized by rice fields, traditional villages, and agricultural practices. Agriculture remains a vital part of the economy, with local farmers growing rice, fruits, and vegetables. The rural communities often maintain strong cultural traditions, with local festivals and ceremonies celebrating their heritage. Despite its cultural richness and economic potential, DI Yogyakarta faces challenges such as urbanization, environmental sustainability, and the need for improved infrastructure. The government is actively working on development plans to balance growth while preserving the cultural and natural environment. The minimum wage in DI Yogyakarta is Rp. 2.125.897.

By gathering data on Java Island, the researcher gains an in-depth understanding of the decision to obtain private health insurance in different areas, including both rural and urban areas. The researcher used a quantitative method to answer the research questions and used Google Forms to collect responses. After collecting 377 responses, the researcher transferred the data to Excel and removed any invalid entries. Then, the data was moved to SPSS, where descriptive analysis and ANOVA were used to analyze the data.

Figure 1. Map of Java Island.



Figure 2. The process of Research.



Data Collection

The quantitative study took three months to collect the data. The researcher used Google Forms as a research tool. The researcher utilized Instagram, WhatsApp, Line, and various other social media platforms to distribute the questionnaire. The researcher used Google Forms to collect information and tested it by sending it to friends and family to check whether the questionnaire was correct or incorrect. After sending the questionnaire, the researcher received feedback and revised it. This process was repeated three times until the questionnaire was ready to be distributed for responses. After a few months, the researcher collected 377 responses. After analyzing the responses, the researcher reduced the total to 302 valid questionnaire responses.

The researcher shared the questionnaire in many communities on social media to gain more respondents. As a result, the researcher was able to achieve the respondent who have private health insurance, those without private health insurance, and the people who obtain and do not obtain National Health Insurance in Indonesia.

In this research, the study population comprises people lives in Java Island, Indonesia with and without private health insurance. The individuals who could fill out the questionnaire were from the young generation under 25 years old and the older generation (ages 55 and above) living in Java island, Indonesia. The researcher chose to use Google Forms as my data collection tool because it allows people to easily fill out the form without needing an account. After collecting all the data, the researcher used SPSS to analyze it

DATA ANALYSIS

There are three sections in this chapter. To understand the results of the questionnaire, the researcher divides it into three parts. The first section uses personal information to gain insight into the respondents' background. In the second part, the researcher used factor analysis to categorize the push factors (service quality, insurance product benefits, and dissatisfaction with National Health Insurance) into three factors. ANOVA (one-way) is then used to analyze the relationship between age, residential area, and income levels in decision-making when purchasing insurance. The third part employs factor analysis to analyze the pull factors, categorizing them into three factors, and uses ANOVA (one-way) to examine the relationship between age, residential area, and income levels in relation to pull factors (confidence in private health insurance, risk perception, and insurance premium preferences).

Demographic Information

The age distribution of families surveyed about the factors influencing their decision to obtain private health insurance in Indonesia shows that most respondents are middle-aged. The largest group, 39.1%, is between 36-45 years old, followed by 34.4% who are aged 26-35. In comparison, only 6.6% of respondents are younger than 25, and 6% are older than 55. Additionally, 13.9% are between the ages of 46-55. This data shows that private health insurance is most commonly pursued by people aged 26-45 is the highest. The lowest age group in this research is respondents above 55 years old.

Table 1. Age Range

Age range	Frequency	Percent
Under 25 years old	20	6.6%
26-35 years old	104	34.4%
36-45 years old	118	39.1%
46-55 years old	42	13.9%
Above 55 years old	18	6%
Total	302	100%

The gender distribution of respondents in the survey shows a slightly higher percentage of male participants. Of the 302 respondents, 54% are male (163 individuals), while 45.7% are female (138 individuals). The gender distribution in this research shows that males has a higher percentage than female.

Table 2. Gender

Gender	Frequency	Percent
Valid Male	163	54%
Female	138	45.7%
Total	302	100%

The educational background of respondents in the survey on push and pull factors influencing families in Java island indicates a diverse range of educational attainment. None of the respondents have no formal education or only an elementary school education. A small portion, 7.3%, completed junior high school. The largest group of respondents, 40.1%, finished senior high school, followed by 30.1% who hold a graduate degree. Lastly, the lowest responses shows 22.5% of respondents have completed undergraduate studies. The total in responses is 302 responses.

Table 3. Education level

Education level	Frequency	Percentage
No formal education	0	0%
Elementary school	0	0%
Junior high school	22	7.3%
Senior high school	121	40.1%
Undergraduate	68	22.5%
Graduate	91	30.1%
Total	302	100%

The occupational background of respondents in the survey the largest group, representing 21.9%, consists of entrepreneurs, followed closely by employees, who make up 21.5% of the sample. Business owners account for 16.2%, while 12.6% of respondents identify as professionals. Freelancers make up 11.3% of the participants, and 9.3% are self-employed. Government employees represent 5.6%, while retirees form the smallest group at 1.7%. This data reflects a diverse range of occupations, with a slight majority involved in entrepreneurial or employee roles.

Table 4. Occupation

Occupation	Frequency	Percent
Self employed	28	9.3%
Employee	65	21.5%
Buisness	49	16.2%
Freelancer	34	11.3%
Entrepreneur	66	21.9%
Professional	38	12.6%
Government employee	17	5.6%
Retired	5	1.7%
Total	302	100%

The geographical distribution of respondents in the survey shows that the majority come from DKI Jakarta, with 48.3% of the participants. DI Yogyakarta follows, accounting for 15.2%, while East Java contributes 11.3% of the respondents. West Java and Central Java make up 9.3% and 8.6%, respectively. Lastly, Banten has the smallest representation with 7.3%. This

data highlights that nearly half of the respondents are based in Jakarta, which particularly from the capital city.

Table 5. Residence area

Residence area	Frequency	Percentage
Banten	22	7.3%
West Java	28	9.3%
Central Java	26	8.6%
East Java	34	11.3%
DKI Jakarta	146	48.3%
DI Yogyakarta	46	15.2%
Total	302	100%

The income distribution of respondents in the survey reveals that the largest group, 44.4%, earns between Rp. 3,000,000 and Rp. 6,000,000 per month. The next largest group, 23.8%, falls within the Rp. 7,000,000 to Rp. 13,000,000 range. Those earning between Rp. 14,000,000 and Rp. 26,000,000 make up 18.2%, while 13.2% of respondents have an income between Rp. 27,000,000 and Rp. 40,000,000. Only 0.3% earn above Rp. 41,000,000.

Table 6. Average Income Every Month

Income	Frequency	Percentage
Rp. 3.000.000-Rp.6.000.000	134	44.4%
Rp.7.000.000-Rp.13.000.000	72	23.8%
Rp.14.000.000-Rp.26.000.000	55	18.2%
Rp.27.000.000-Rp.40.000.000	40	13.2%
Above Rp.41.000.000	1	0.3%
Total	302	100%

Reliability Analysis

According to table 7, the Cronbach's alpha showed that the number of Cronbach's alpha was 0.972 which is above 0.7. This research has already reached the standard.

Table 7. Realibility Test

Cronbach's alpha	Cronbach's alpha value based on standardized items	N of items
.972	.972	6

The Result of Push Factor that Influence People to Obtain Private Health Insurance in Indonesia

Factor analysis

The first factor related to private health insurance service quality included two questions with factor loadings greater than 0.4. Both questions had positive factor loadings: SQ1, which asked, “How important do you think it is for insurance agents to care about their customers?” with a factor loading of .811, and SQ2, which asked, “How important do you think it is for insurance agents to have a quick response to their clients?” with a factor loading of .806. The context of these questions suggests that respondents place a high value on the role of insurance agents in providing quality service. This inference is supported by the strong positive factor loadings, indicating that respondents believe caring for customers and responding quickly are crucial aspects of effective insurance service.

The second factor related to insurance product benefits included two questions with factor loadings greater than 0.4. Both questions showed positive factor loadings: PB2, which asked, “How important do you think it is for insurance companies to offer access to essential medical services, including doctor visits, hospitalization, prescription medications, and preventive care?” with a factor loading of .829, and PB1, which asked, “How important do you think it is to read the entire health insurance policy regarding the advantages and disadvantages of your insurance?” with a factor loading of .791. The context of these questions suggests that respondents view access to essential medical services as a crucial benefit provided by insurance companies.

The strong positive factor loadings indicate that understanding the importance of reading the health insurance policy is also a priority for respondents.

The third factor concerning dissatisfaction with National Health Insurance (NHI) included three questions with factor loadings greater than 0.4. These questions showed positive factor loadings: DS1, which asked, “Do you feel that the National Health Insurance provided by the government is adequate?” with a factor loading of .691; DS2, which asked, “How important do you think it is for you to obtain National Health Insurance?” with a factor loading of .655; and DS3, which asked, “How satisfied are you with the accessibility of healthcare services under the NHI?” with a factor loading of .621. The context of these questions suggests that respondents express concerns about the adequacy and accessibility of NHI services. The strong positive factor loadings indicate that dissatisfaction with the NHI system is evident, particularly in relation to its adequacy and accessibility.

Fac 1: $(DS1*0.691 + DS2*0.655 + DS3*0.621)/1.967$ Fac 2: $(PB2*0.829 + PB1*0.791)/1.62$ Fac 3: $(SQ1*0.811 + SQ2*0.806)/1.617$

Table 8. Factor Analysis of External factor that influencing people to obtain private health insurance

Factors	Code	Questions	Factor loadings
Insurance agents Service quality	Role of insurance agents	SQ1 How important do you think it is for insurance agents to care about their customers?	.811
	Customer Response time	SQ2 How important do you think is it important for insurance agent to have quick response to their clients?	.806
Insurance product benefits	PHI services	PB2 How important do you think it is for insurance company to offers access to essential medical services, including doctor visits, hospitalization, prescription medications, and preventive care?	.829
	Importance of reading policy	PB1 How important do you think it is to read entire health insurance policy about thr advantages and disadvantages of your insurance?	.791
Dissatisfaction of NHI	NHI adequacy	DS1 Do you feel that National Health Insurance provided by government is adequate?	.691
	Importance of NHI	DS2 How important do you think is it for you to obtain National Health Insurance ?	.655
	Accessibility of NHI	DS3 How satisfied are you with the accessibility of healthcare services under the NHI?	.621

Note: Questions with factor loadings less than 0.4 were suppressed.

The Effect of Age on Service Quality Factor in Private Health Insurance

Amidst the growing importance of private health insurance (PHI) in Indonesia, the attitudes of individuals towards service quality are evolving. Therefore, how do individuals of varying ages perceive the service quality of insurance agents on private health insurance. A one-way ANOVA was conducted to examine the impact of age on the service quality attitudes scale. The analysis revealed a statistically significant difference in mean service quality scores among different age groups ($F(4, 297) = 7.145, p = .000$).

Tukey's B Test for multiple comparisons showed that the mean service quality score for respondents under 25 years old (4.33) was significantly higher than that of respondents aged 46-55 years old (3.38), with $p = 0.000$. No significant differences were found between respondents under 25 years old and those aged 26-35 (4.23) or 36-45 (4.32), as well as between respondents aged 36-45 and those above 55 years old (4.06).

The summarized data indicates that among 302 respondents, those under 25 years had a mean score of 4.33 (SD = 0.634), while those aged 26-35 scored 4.23 (SD = 1.026), 36-45 scored 4.32 (SD = 0.975), 46-55 scored 3.38 (SD = 1.204), and those above 55 scored 4.06 (SD = 1.136).

Younger people, especially those under 25 years old, generally view the service quality of insurance agents more positively than older people, particularly those aged 46-55. These findings highlight the need for insurance companies to adjust their insurance agents services and communication to better meet the needs of different age groups, especially younger individuals, to improve their overall service satisfaction with private health insurance. This significant finding highlights the Service Quality Attitudes towards insurance agents in Private Health Insurance across different age groups.

Table 9. The Effect of Age on Service Quality Factor in Private Health Insurance

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Service quality factor	B.G	29.702	4	7.425	7.145	.000
	W.G	308.638	297	1.039		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Age levels	Number of samples	Mean	Std. Deviation
Service quality factor	under 25 years old	20	4.33	.634
	26-35 years old	104	4.23	1.026
	36-45 years old	118	4.32	.975
	46-55 years old	42	3.38	1.204
	above 55 years old	18	4.06	1.136
	Total	302	4.14	1.060

Source: author sorted

The Effect on Residence Area to Service Quality Factor

The impact of residence area on service quality is a crucial factor in understanding public satisfaction with Private Health Insurance (PHI).

Geographic location often shapes how individuals perceive the quality and accessibility of services, potentially leading to significant differences in satisfaction levels.

The perception of service quality towards insurance agents in private health insurance varies among residents in different areas of Java. A one-way ANOVA was conducted to examine the impact of residents' area on the attitudes toward service quality. The analysis revealed a statistically significant difference in mean scores among the groups ($F(5, 296) = 16.529$, $p = .000$).

To further explore the differences, Tukey's HSD Test for multiple comparisons was employed. The results indicate that the mean service quality score for residents in DI Yogyakarta (3.23) is significantly lower than that of

residents in DKI Jakarta (4.54), with $p = .000$ and a 95% confidence interval of [-1.59, -0.96]. Additionally, residents in Banten (3.41) had a significantly lower mean score compared to those in DKI Jakarta (4.54), with $p = .000$ and a 95% confidence interval of [-1.52, -0.90].

However, there were no statistically significant differences in mean service quality scores among residents of West Java (4.23), Central Java (4.12), and East Java (4.09), with p -values of .194, .220, and .428, respectively.

In summary, the data suggests that service quality perceptions are significantly influenced by the residents' area, particularly highlighting a notable difference between DKI Jakarta reported the highest levels of satisfaction with insurance agents service quality and DI Yogyakarta expressed lowest satisfaction.

Table 10. Service Quality of Insurance Agents in Different Residents' Area

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Service quality factor	B.G	73.846	5	14.769	16.529	.000
	W.G	264.493	296	.894		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Residents area	Number of samples	Mean	Std. Deviation
Service quality factor	Banten	22	3.41	1.436
	West Java	28	4.23	.855
	Central Java	26	4.12	1.052
	East Java	34	4.09	1.041
	DKI Jakarta	146	4.54	.727
	DI Yogyakarta	46	3.23	1.168
	Total	302	4.14	1.060

Source: author sorted

The Effect of Income Service Quality Factor

The data presents an analysis of attitudes towards a certain variable, likely private health insurance, across different income groups in Indonesia. Five income brackets were examined: Rp.3,000,000-6,000,000, Rp.7,000,000-13,000,000, Rp.14,000,000-26,000,000, Rp.27,000,000-40,000,000, and Above Rp.41,000,000.

The perception of service quality toward insurance agents in private health insurance varies among individuals with different income levels. A one-way ANOVA was conducted to examine the impact of income on attitudes toward service quality. The analysis revealed a statistically significant difference in mean scores among the groups ($F(4, 297) = 15.221, p = .000$). To further explore the differences, Tukey's HSD Test for multiple comparisons was employed. The results indicate that respondents in the highest income bracket (above Rp. 41,000,000) had the highest mean service quality score (5.00), suggesting a strong satisfaction with the service quality. In contrast, those in the income range of Rp. 7,000,000 to 13,000,000 reported a significantly lower mean score (3.59), indicating dissatisfaction with the services provided.

Additionally, respondents earning between Rp. 3,000,000 and 6,000,000 had a mean score of 4.02, while those in the range of Rp. 14,000,000 to 26,000,000 and Rp. 27,000,000 to 40,000,000 reported mean scores of 4.63 and 4.85, respectively. This trend suggests that higher income levels are associated with higher perceptions of service quality in private health insurance. In summary, the data highlights the relationship between income levels and perceptions of service quality, emphasizing that individuals with higher

incomes tend to have a more favorable view of private health insurance services. This suggests that financial capacity plays a critical role in shaping perceptions and decisions related to private health insurance in Indonesia.

Table 11. Service Quality by Income levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Service quality factor	B.G	57.560	4	14.390	15.221	.000
	W.G	280.780	297	.945		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes Scale	Income level	Number of samples	Mean	Std. Deviation
Service quality factor	Rp.3.000.000-6.000.000	134	4.02	1.013
	Rp.7.000.000-13.000.000	72	3.59	1.284
	Rp 14.000.000-26.000.000	55	4.63	.682
	Rp.27.000.000-40.000.000	40	4.85	.232
	Above Rp.41.000.000	1	5.00	
	Total	302	4.14	1.060

Source: author sorted

The Relationship Between Age to Product Benefits in Obtaining Private Health Insurance in Indonesia

In today's increasingly competitive insurance market, understanding the factors that influence individuals to obtain private health insurance is critical for both insurers and policymakers. One of the key elements driving consumer decisions is the perceived benefits offered by insurance products. In Indonesia, where healthcare needs are diverse and socio-economic disparities are significant, the role of product benefits in shaping consumer behavior becomes particularly important.

The data presents an analysis of attitudes towards private health insurance (PHI) based on different age groups in Indonesia. A total of 302 respondents were categorized into five age groups: under 25 years, 26-35 years, 36-45 years, 46-55 years, and above 55 years.

The perception of product benefits in obtaining private health insurance varies among different age groups. A one-way ANOVA was conducted to examine the impact of age on attitudes toward product benefits. The analysis revealed a statistically significant difference in mean scores among the groups ($F(4, 297) = 7.834, p = .000$).

To further explore the differences, Tukey's HSD Test for multiple comparisons was employed. The results indicate that respondents under 25 years old had a mean score of 4.47, indicating a favorable perception of product benefits. In contrast, respondents aged 46-55 years reported a significantly lower mean score of 3.37, suggesting dissatisfaction with the perceived benefits. Additionally, respondents in the age group of 26-35 years had a mean score of 4.21, while those aged 36-45 years reported a mean score of 4.27. Respondents above 55 years had a mean score of 3.69. These results suggest that younger individuals tend to perceive greater benefits from private health insurance products compared to older age groups.

In summary, the data highlights the relationship between age and perceptions of product benefits, indicating that younger respondents tend to have a more positive view of the benefits associated with private health insurance.

Table 12. Product Benefits by Age levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Product	B.G	32.752	4	8.188	7.834	.000
benefits	W.G	310.408	297	1.045		
	Total	343.161	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Age	Number of samples	Mean	Std. Deviation
Product benefits	under 25 years old	20	4.47	.573
	26-35 years old	104	4.21	1.001
	36-45 years old	118	4.27	.996
	46-55 years old	42	3.37	1.282
	above 55 years old	18	3.69	1.019
	Total	302	4.10	1.068

Source: author sorted

The Relationship Between Residents' Areas and Product Benefits

The data presents an analysis of attitudes towards product benefits of private health insurance (PHI) across different regions in Indonesia. A total of 302 respondents were categorized into six areas: Banten, West Java, Central Java, East Java, DKI Jakarta, and DI Yogyakarta. Each region's mean scores reflect the respondents' perceptions of the benefits associated with PHI.

The perception of product benefits in obtaining private health insurance varies among residents in different areas of Java. A one-way ANOVA was conducted to examine the impact of residents' area on attitudes toward product benefits. The analysis revealed a statistically significant difference in mean scores among the groups ($F(5, 296) = 15.268$, $p = .000$).

To explore these differences further, Tukey's HSD Test for multiple comparisons was used. The results indicate that respondents from DKI Jakarta reported the highest mean score of 4.46, reflecting a positive perception of

product benefits. Conversely, respondents from DI Yogyakarta had the lowest mean score of 3.17, suggesting comparatively lower satisfaction with these benefits. Other areas showed varying mean scores: West Java (4.25), East Java (4.18), Central Java (4.04), and Banten (3.41). These findings suggest that respondents from urban areas, particularly DKI Jakarta, perceive greater benefits from private health insurance, while those in more rural areas, like DI Yogyakarta, show lower satisfaction. In summary, this analysis highlights a notable regional variation in perceived product benefits, with urban residents generally expressing higher satisfaction levels.

Table 13. Product Benefits by Residents' Area

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Product benefits	B.G	70.357	5	14.071	15.268	.000
	W.G	272.804	296	.922		
	Total	343.161	301			

Note: B.G. = Between Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes scale	Residents' area	Number of samples	Mean	Std. Deviation
Product benefits	Banten	22	3.41	1.436
	West Java	28	4.25	.855
	Central Java	26	4.04	1.052
	East Java	34	4.18	1.041
	DKI Jakarta	146	4.46	.727
	DI Yogyakarta	46	3.17	1.168
	Total	302	4.14	1.060

Source: author sorted

The Effect of Income Level on Product Benefit Factors

The effect of income on product benefit insurance factors is a critical aspect to consider in the financial planning of both individuals and families. Income levels directly influence the ability to purchase and maintain adequate insurance coverage, as well as the perception of the value derived from such policies.

The perception of product benefits in obtaining private health insurance varies across different income levels. A one-way ANOVA was conducted to assess the impact of income level on attitudes toward product benefits, showing a statistically significant difference among groups ($F(4, 297) = 13.350, p = .000$). To explore these differences further, respondents with higher incomes (particularly those earning Rp.27,000,000–40,000,000 and above Rp.41,000,000) reported the highest mean scores of 4.80 and 5.00, respectively, indicating a strong positive perception of product benefits. Meanwhile, those in the Rp.7,000,000–13,000,000 range had a mean score of 3.58, reflecting comparatively lower satisfaction. Other income brackets showed varying mean scores: Rp.3,000,000–6,000,000 (3.99) and Rp.14,000,000–26,000,000 (4.55). These findings suggest that individuals in higher income brackets generally perceive greater benefits from private health insurance compared to those in lower brackets. In summary, this analysis indicates that income level is positively correlated with the perceived benefits of private health insurance.

Table 14. Product Benefits by Income Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Product	B.G	52.298	4	13.075	13.350	.000
benefits	W.G	290.862	297	.979		
	Total	343.161	301			

Note: B.G. = Beetween Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes Scale	Income levels	Number of samples	Mean	Std. Deviation
Product benefits	Rp.3.000.0000-6.000.000	134	3.99	.963
	Rp.7.000.000-13.000.000	72	3.58	1.364
	Rp 14.000.000-26.000.000	55	4.55	.770
	Rp.27.000.000-40.000.000	40	4.80	.298
	Above Rp.41.000.000	1	5.00	
	Total	302	4.10	1.068

Source: author sorted

The Relationship between Age and Dissatisfaction with National Health

Insurance

The effect of dissatisfaction with National Health Insurance (NHI) on individuals varies across different age groups, shaping their overall perception and trust in the healthcare system. The data on dissatisfaction with the National Health Insurance (NHI) shows that different age groups have varying levels of perceptions. shows the varying levels of dissatisfaction with the National Health Insurance (NHI) across different age groups. A one-way ANOVA was conducted to examine how age influences dissatisfaction with the NHI system, yielding a statistically significant difference among age groups ($F(4, 297) = 7.145, p = .000$). Further analysis reveals that younger respondents, particularly those under 25 and 26–35 years old, have higher mean dissatisfaction scores of 4.33 and 4.23, respectively. Respondents in the 36–45 and above 55 age

brackets also express relatively high dissatisfaction, with means of 4.32 and 4.06. In contrast, those in the 46–55 age group report a noticeably lower mean dissatisfaction score of 3.38. These findings suggest that dissatisfaction with the NHI is generally higher among younger individuals, while those aged 46–55 are comparatively less dissatisfied.

Table 15. .Dissatisfaction with NHI by Age Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Dissatisfaction with NHI	B.G	29.702	4	7.425	7.145	.000
	W.G	308.638	297	1.039		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Age level	Number of samples	Mean	Std. Deviation
Dissatisfaction with NHI	under 25 years old	20	4.33	.634
	26-35 years old	104	4.23	1.026
	36-45 years old	118	4.32	.975
	46-55 years old	42	3.38	1.204
	above 55 years old	18	4.06	1.136
	Total	302	4.14	1.060

Source: author sorted

Dissatisfaction with National Health Insurance System Among Residents

Across Different Areas

Dissatisfaction with National Health Insurance (NHI) among residents varies significantly across different geographic areas, influenced by factors such as access to healthcare facilities, quality of services, and economic conditions.

The data presents dissatisfaction levels with National Health Insurance (NHI) across various regions in Indonesia, including Banten, West Java,

Central Java, East Java, DKI Jakarta, and DI Yogyakarta. The mean dissatisfaction score varies significantly between regions. This data examines the differences in dissatisfaction with the National Health Insurance (NHI) across residents from various regions in Java. A one-way ANOVA analysis indicates a statistically significant difference in dissatisfaction levels among residents from different areas ($F(5, 296) = 16.529, p = .000$).

Further breakdown shows that residents from DKI Jakarta exhibit the highest dissatisfaction, with a mean score of 4.54, followed by West Java with 4.23 and Central Java at 4.12. East Java residents also express relatively high dissatisfaction with a mean of 4.09. In contrast, residents from Banten and DI Yogyakarta have lower mean dissatisfaction scores of 3.41 and 3.23, respectively.

This analysis suggests that dissatisfaction with the NHI is generally higher among residents in urban areas, such as DKI Jakarta, while rural areas like DI Yogyakarta report lower dissatisfaction levels.

Table 16. Dissatisfaction with NHI by Residents' Area

Attitudes scale		Sum of	df.	Mean	F	Sig
		squares		square		
Dissatisfaction	B.G	73.846	5	14.769	16,529	.000
with NHI	W.G	264.493	296	.894		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes scale	Residents' area	Number of samples	Mean	Std. Deviation
Dissatisfaction with NHI	Banten	22	3.41	1.436
	West Java	28	4.23	.855
	Central Java	26	4.12	1.052
	East Java	34	4.09	1.041
	DKI Jakarta	146	4.54	.727
	Yogyakarta	46	3.23	1.168
	Total	302	4.14	1.060

Source: author sorted

Dissatisfaction with National Health Insurance System Among Income levels

Dissatisfaction with the National Health Insurance (NHI) system can vary significantly across different income levels, reflecting the diverse healthcare needs and expectations of various socioeconomic groups. This data presents an analysis of dissatisfaction with National Health Insurance (NHI) across different income levels. A one-way ANOVA test shows a statistically significant difference in dissatisfaction based on income level ($F(4, 297) = 15.221, p = .000$).

The data indicates that respondents with higher incomes tend to report greater dissatisfaction with NHI services. Specifically, those earning between Rp.27,000,000-40,000,000 have the highest dissatisfaction mean score of 4.85, followed closely by respondents in the Rp.14,000,000-26,000,000 range with a mean of 4.63. Conversely, individuals in the Rp.3,000,000-6,000,000 income bracket report lower dissatisfaction, with a mean score of 4.02. The single respondent in the "Above Rp.41,000,000" category scored a perfect 5.00, indicating complete dissatisfaction.

The data reveals that higher-income individuals tend to report greater dissatisfaction with the NHI system, while lower-income groups are moderately

dissatisfied. These findings suggest the need for the NHI system to address the concerns of all income groups, especially by improving services to meet the expectations of both lower and higher-income populations.

Table 17. Dissatisfaction with NHI by Income Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Dissatisfaction with NHI	B.G.	57.560	4	14.390	15.221	.000
	W.G.	280.780	297	.945		
	Total	338.340	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Income levels	Number of samples	Mean	Std. Deviation
Dissatisfaction with NHI	Rp.3.000.0000-6.000.000	134	4.02	1.013
	Rp.7.000.000-13.000.000	72	3.59	1.284
	Rp 14.000.000-26.000.000	55	4.63	.682
	Rp.27.000.000-40.000.000	40	4.85	.232
	Above Rp.41.000.000	1	5.00	
	Total	302	4.14	1.060

Source: author sourced

Table Comparison of Push Factors by Age, Resident Area, and Income Levels

The table comparison highlights differences in perceptions of push factors based on age, area of residence, and income levels. Specifically, the 46-55 age group generally has significantly higher mean scores compared to younger groups (under 25, 26-35, and 36-45), suggesting that service quality is more important to this age group. For those above 55, differences in perception are smaller and mostly non-significant, aligning their views on service quality

more closely with younger age groups, except for the 46-55 group. The 46-55 age group values service quality most highly, pointing to a greater emphasis on these factors in health insurance offerings for this demographic.

The analysis reveals significant regional differences in insurance premium preferences across Java Island. Residents of DKI Jakarta exhibit the highest preference levels, differing notably from those in Banten, Central Java, East Java, and DI Yogyakarta, where preferences are comparatively lower. Banten residents show significantly lower preferences than those in West Java, Central Java, East Java, and DKI Jakarta, but their preferences do not differ significantly from DI Yogyakarta. Meanwhile, West Java's preferences are significantly higher than DI Yogyakarta's but do not differ markedly from Central Java, East Java, or DKI Jakarta. Central and East Java residents share similar patterns, with preferences that are significantly higher than DI Yogyakarta and lower than DKI Jakarta. DI Yogyakarta shows the lowest preferences overall, with significant differences from all other regions except Banten. These findings underscore the variation in insurance needs and preferences across regions, suggesting that tailored insurance plans may be more effective in addressing the diverse requirements of each area.

The second factor, Insurance product benefits presents age-based comparisons highlighting significant differences between age groups. The 46-55 age group generally shows a higher appreciation compared to younger groups, as indicated by significant mean differences. Additionally, the above 55 years group also exhibits significant differences: it has a mean difference of 0.781 when compared to the under 25 years group ($p = 0.019$) and 0.519 compared to the 26-35 years group ($p = 0.048$). The mean difference between

the 36-45 years and above 55 years groups is also significant (mean difference = 0.574, $p = 0.027$). In contrast, the under 25 years and 26-35 years groups show no significant difference between them (mean difference = -0.262, $p = 0.295$). The same applies to the 36-45 years group in comparison to both the under 25 years (mean difference = -0.207, $p = 0.403$) and 26-35 years groups (mean difference = 0.055, $p = 0.691$).

This table shows the comparison of perceptions regarding insurance product benefits across different areas in Java. Significant differences are evident between residents in Banten and other areas, with lower mean values compared to West Java, Central Java, East Java, and DKI Jakarta, suggesting that residents in Banten perceive insurance benefits less favorably. Conversely, DI Yogyakarta residents tend to view insurance product benefits more positively than those in other areas, as indicated by a consistently positive mean difference and significance level when compared to Banten, West Java, Central Java, and East Java.

The comparison of different age groups shows some interesting differences in their opinions. The 46-55 age group stands out as having very different views compared to those under 25 and those aged 26-35. The results are significant, meaning that these differences are important. On the other hand, the 36-45 age group only shows a significant difference when compared to the under 25 group, suggesting that younger people have different opinions from those in their mid-40s. The 26-35 age group does not show any significant difference compared to the under 25 group, which means they might think similarly.

The analysis of mean differences in living locations across Java Island reveals significant disparities among the regions. Notably, DKI Jakarta emerges as the region with the highest mean difference, significantly greater than DI Yogyakarta and Banten. This indicates that residents of Jakarta have a markedly different perspective compared to those in these other areas. On the other hand, the comparisons between East Java and both Central Java and West Java do not yield significant differences, indicating that these regions may share more similarities in their residents' views or experiences. Overall, this analysis underscores the pronounced differences in perspectives across Java Island, with Jakarta leading in distinction, followed closely by Yogyakarta and Central Java, while East and West Java exhibit less variation.

Table 18. Table Comparison of Push Factors

Factors (Private Health Insurance)	Age Levels 1= Under 25 2= 26-35 3= 36-45 4=46=55 5= Above 55	Residents' Area 1= Banten 2= West Java 3= Central Java 4= East Java 5= DKI Jakarta 6= DI Yogyakarta	Income Levels 1= Rp.3,000,000-6,000,000, 2=Rp.7,000,000-13,000,000, 3=Rp.14,000,000-26,000,000, 4=Rp.27,000,000-40,000,000, and above 5= Rp.41,000,000.
Service Quality	4>1,2,3*** 5>4*	5>1,3,4,6*** 5>2* 2>1,6*** 3>1,6*** 4>6***	
Insurance Product Benefits	4>1,2*** 5>1,2** 3>1***	2,3,4,5>1*** 6>2*** 5>3* 6>5*	
Dissatisfaction to NHI	4>1,2,3** 5>1** 3>1,2*	2,3,4,5,6>1,3*** 3>6* 5>6,4*	

Note 1:***,p<0.001,**, p<0.01;*;p<0.05 level of significance

The Result of Pull Factors that Influence People to Obtain Private Health Insurance in Indonesia

Factor Analysis

The factor analysis of internal factors influencing the decision to obtain private health insurance (PHI) highlights three key areas: Insurance Premium Preferences, Risk Perception, and Confidence in Private Health Insurance. Within the first factor, respondents showed a strong preference for flexibility in premium payment options (loading of .905), followed by the importance of coverage levels (loading of .865) and affordability (loading of .835). This indicates that potential buyers prioritize manageable and accessible premium structures. With factor loadings greater than 0.4, categorized into three themes. Within Insurance Premium Preferences, three questions have positive factor loadings: flexibility in premium payment, level of coverage, and affordability. These questions indicate that respondents value flexible, affordable, and comprehensive health insurance options.

The second factor emphasizes risk perception, with high ratings for the assurance PHI provides against unforeseen health emergencies (loading of .892), preparedness for serious illnesses (loading of .873), and financial security from unexpected medical expenses (loading of .865). These findings suggest that individuals view PHI as crucial for mitigating health-related financial risks.

The factor concerning confidence in PHI reveals that trust in the insurance provider is essential, with significant importance placed on comparing brands (loading of .861), the reputation of the company (loading of .852), and overall trust in the provider (loading of .834).

Finally, after classifying the questions into three factors, the factor scores for each factor were simultaneously examined. Hence, factor scores were narrowed down to this formula.

$$AP1: (AP1*0.905 + AP2*0.835 + AP3*0.865)/2.605$$

$$CC2: (CC1*0.834 + CC2*0.861 + CC3*0.852)/2.547$$

$$RP3 : (RP1*0.865 + RP2*0.892 + RP3*0.873)/2.63$$

Table 19. Factor Analysis of Internal Factors of Obtaining Private Health Insurance

Factors	Code	Questions	Factor loadings
Insurance premium preferences	Flexibility in premium payment	AP1 How important is the flexibility in premium payment options, such as monthly, quarterly, or annually, in your decision to purchase private health insurance?	.905
	Coverage by PHI	AP3 How important is the level of coverage provided by the insurance premium in relation to medical expenses and healthcare services?	.865
	Affordability to PHI	AP2 How important is the affordability of insurance premiums when considering purchasing private health insurance?	.835
Risk perception	Health Assurance	RP2 How important is private health insurance in providing peace of mind against unforeseen health emergencies?	.892
	Emergency preparedness	RP3 How important is private health insurance in reducing the financial burden from serious illnesses?	.873
	Financial Security	RP1 How important is it for you to have private health insurance to mitigate the risk of unexpected medical expenses?	.865
Confidence to PHI	Compare Insurance brand	CC2 How important do you think is it to compare the company when choosing private health insurance?	.861
	Reputation of the company	CC3 How important is the reputation of a private insurance company in your decision to purchase insurance?	.852
	Trust to Company	CC1 How important do you think is it to trust the company where you buy private health insurance?	.834

Note: Questions with factor loadings less than 0.4 were suppressed

The Effect of Age on Confidence Levels in Private Health Insurance

The analysis examines confidence levels in Public Health Information (PHI) across five age groups, based on responses from 302 participants. The descriptive statistics reveal that younger age groups generally show higher confidence. Those under 25 years and between 36-45 years old report the highest mean confidence scores of 4.28 and 4.29, respectively. Meanwhile, respondents aged 26-35 have a mean score of 4.14, indicating moderately high confidence, though slightly lower than the youngest and 36-45 groups. In contrast, confidence drops significantly among older participants, with the 46-55 group scoring the lowest at 3.37, followed by those above 55 with a mean score of 3.62. The overall average confidence across all groups is 4.07, with a standard deviation of 1.024, suggesting some variability in responses.

The ANOVA results confirm that the differences in confidence across age groups are statistically significant ($F = 8.198$, $p < 0.001$), indicating that age plays a meaningful role in shaping public confidence in PHI. The variance between groups (31.403) is notably higher than the variance within groups (284.414), reinforcing the conclusion that confidence levels differ across demographic categories.

In conclusion, The analysis reveals that age significantly influences confidence in Private Health Insurance (PHI), with notable differences between younger and older groups. Confidence is highest among participants under 25 and those aged 36-45, while it significantly declines among individuals aged 46-55 and above 55. Younger groups (under 25 and 26-35) show higher confidence compared to older groups, with significant differences particularly evident between those aged 46-55 and the younger cohorts. These findings

underscore the need for targeted communication strategies to boost confidence among older populations, ensuring that private health insurance information is accessible, relevant, and engaging for all age groups.

Table 20. Confidence Levels to PHI by Age levels.

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Confidence to PHI	B.G.	31.403	4	7.851	8.198	.000
	W.G.	284.414	297	.958		
	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Age levels	Number of samples	Mean	Std. Deviation
Confidence to PHI	under 25 years old	20	4.28	.510
	26-35 years old	104	4.14	.996
	36-45 years old	118	4.29	.950
	46-55 years old	42	3.37	1.078
	above 55 years old	18	3.62	1.191
	Total	302	4.07	1.024

Source: author sourced

The Effect of Residents' Area on Obtaining Private Health Insurance

The data examines regional differences in confidence toward Private Health Insurance (PHI) based on responses from 302 participants across six areas: Banten, West Java, Central Java, East Java, DKI Jakarta, and DI Yogyakarta. The results reveal varying confidence levels, with DKI Jakarta reporting the highest average score (4.42) and DI Yogyakarta the lowest (3.23). West Java (4.23), East Java (4.05), and Central Java (3.94) also show relatively high confidence, while Banten exhibits a lower average score (3.45). The overall mean confidence across all regions is 4.07, with a standard deviation of 1.024, indicating some variability in responses.

The ANOVA analysis confirms a statistically significant difference in confidence levels between regions ($F = 13.700, p < 0.001$), suggesting that geographic location plays a meaningful role in shaping public trust in PHI. The variance between groups (59.352) is substantial compared to the variance within groups (256.465). The findings reveal that confidence in Private Health Insurance varies significantly by region, with urban areas like DKI Jakarta and West Java showing higher levels of confidence. In contrast, regions such as DI Yogyakarta and Banten report lower confidence levels, suggesting a possible gap in public trust or access to health insurance services. These results highlight the importance of region-specific strategies to improve public confidence in PHI.

Table 21. Confidence Levels to PHI by Residents Area.

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Confidence to PHI	B.G	59.352	5	11.870	13.700	.000
	W.G	256.465	296	.866		
	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05, P < 0.01, P < 0.001, P > 0.05$ not significant

Attitudes scale	Residents' area	Number of samples	Mean	Std. Deviation
Confidence to PHI	Banten	22	3.45	1.279
	West Java	28	4.23	1.088
	Central Java	26	3.94	1.044
	East Java	34	4.05	1.037
	DKI Jakarta	146	4.42	.681
	DI Yogyakarta	46	3.23	1.156
	Total	302	4.07	1.024

Source: author sorted

The Relationship Between Income and Confidence Levels in Private Health Insurance

Private health insurance (PHI) plays a critical role in ensuring access to quality healthcare services. However, public confidence in PHI can be influenced by various socioeconomic factors, including income. Understanding the relationship between income levels and confidence in PHI are important.

The data explores the effect of income on confidence levels in Private Health Insurance (PHI) among 302 respondents across five income brackets. The results reveal that confidence generally increases with income. Respondents earning between Rp 27,000,000 and 40,000,000 report the highest confidence level, with a mean score of 4.81, while those earning between Rp 7,000,000 and 13,000,000 exhibit the lowest average confidence at 3.50. The Rp. 3.000.000-6.000.000 (mean score of 3.96).

The overall mean confidence across all income groups is 4.07, with a standard deviation of 1.024. The ANOVA analysis confirms a statistically significant difference in confidence levels between income groups ($F = 16.804$, $p < 0.001$), indicating that income plays a meaningful role in shaping public trust in PHI. The variance between groups is substantial (Sum of Squares = 58.284), suggesting that income significantly impacts confidence. However, the Rp. 3.000.000-6.000.000 group showed no significant differences in confidence levels when compared to these higher-income groups, suggesting that while income influences confidence, variability within lower-income groups remains an area for further exploration.

Table 22. Confidence Levels to PHI by Income Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Confidence to PHI	B.G.	58.284	4	14.571	16.804	.000
	W.G.	257.534	297	.867		
	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes Scale	Income level	Number of samples	Mean	Std. Deviation
Confidence to PHI	Rp.3.000.0000-6.000.000	134	3.96	.957
	Rp.7.000.000-13.000.000	72	3.50	1.174
	Rp 14.000.000-26.000.000	55	4.53	.791
	Rp.27.000.000-40.000.000	40	4.81	.326
	Above Rp.41.000.000	1	3.98	
Total		302	4.07	1.024

Source: author sourced

The Effect of Risk Perception on Obtaining Private Health Insurance by

Age

The analysis of risk perceptions by age group revealed statistically significant differences ($F(4, 297) = 8.528, p < .001$) among the various age categories. The mean scores indicate that respondents under 25 years old (mean = 4.27) and those aged 36-45 (mean = 4.27) reported higher risk perceptions compared to older age groups. Conversely, individuals aged 46-55 years exhibited the lowest mean score of 3.27, suggesting a comparatively lower perception of risk in this group.

Tukey's HSD Test for multiple comparisons can further clarify these differences. This analysis highlights the variability in risk perception across age groups, underscoring the need for tailored health communication strategies to address the differing concerns of these populations.

Additionally, reinforcing trust among younger and older participants can promote broader adoption of PHI across all demographic groups. Younger individuals, particularly those under 25 and aged 36-45, show higher confidence, while confidence declines notably among participants aged 46-55. This indicates that middle-aged individuals may perceive greater barriers or have specific concerns about private health insurance. Although confidence slightly recovers for those above 55, the overall variability across age groups highlights the importance of targeted strategies. Insurers should address the concerns of lower-confidence groups, particularly those aged 46-55, while continuing to engage younger and older demographics to encourage broader adoption of private health insurance.

Table 23. Risk Perceptions by Age Group

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Risk perception	B.G.	33.736	4	8.434	8.528	.000
	W.G.	293.728	297	.989		
	Total	327.464	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Age levels	Number of samples	Mean	Std. Deviation
Risk perception	under 25 years old	20	4.27	.608
	26-35 years old	104	4.16	.958
	36-45 years old	118	4.27	.973
	46-55 years old	42	3.27	1.212
	above 55 years old	18	3.93	1.113
	Total	302	4.07	1.043

Source: author sourced

The Effect of Residents' Areas on Receiving Risk Perception about Private Health Insurance

This analysis investigates how residents' areas influence risk perception regarding private health insurance (PHI). Region factors, such as access to healthcare information and significantly shape how individuals perceive health-related risks and the importance of insurance coverage.

The data examines the effect of residents' areas on risk perception regarding private health insurance (PHI) among 302 participants across six regions: Banten, West Java, Central Java, East Java, DKI Jakarta, and DI Yogyakarta. The analysis of confidence in private health insurance (PHI) by residents' area demonstrated significant differences across various regions ($F(5, 296) = 12.882, p < .001$). The mean scores reveal that respondents from DKI Jakarta reported the highest confidence level (mean = 4.41), indicating a strong belief in the effectiveness and reliability of private health insurance. In contrast, respondents from DI Yogyakarta showed the lowest confidence (mean = 3.25), suggesting more skepticism or concerns regarding private health insurance in that area.

The other regions, such as West Java (mean = 4.12) and East Java (mean = 4.14), also displayed moderate confidence levels. The variability in confidence levels highlights the impact of geographical factors on individuals' perceptions of private health insurance, suggesting that local socio-economic conditions and healthcare experiences may influence confidence toward private health insurance levels.

Table 24. Confidence to PHI by Residents' Area.

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Risk perception	B.G	58.524	5	11.705	12.882	.000
	W.G	268.941	296	.909		
	Total	327.464	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes scale	Residents area	Number of samples	Mean	Std. Deviation
Risk perception	Banten	22	3.39	1.400
	West Java	28	4.12	.986
	Central Java	26	4.06	1.128
	East Java	34	4.14	1.013
	DKI Jakarta	146	4.41	.703
	DI Yogyakarta	46	3.25	1.193
	Total	302	4.07	1.043

Source: author sorted

The Effect of Income levels on Receiving Risk Perception about Private Health Insurance

The data analyzes the relationship between income levels and risk perception regarding private health insurance (PHI) among 302 participants, categorized into five income groups. The descriptive statistics reveal clear differences in risk perception across income brackets. Respondents with higher incomes generally exhibit higher risk perception. Those earning Rp 27,000,000 – 40,000,000 report the highest mean score (4.82), with low variability (Std. Dev. = 0.249), suggesting a strong and consistent perception of health-related risks. Similarly, participants earning Rp 14,000,000 – 26,000,000 also show a high mean score of 4.49.

In contrast, lower-income groups report lower risk perception. Participants earning Rp 7,000,000 – 13,000,000 have a mean score of 3.50, indicating moderate risk perception, while the group earning Rp 3,000,000 –

6,000,000 scores slightly higher at 3.98. The one respondent with an income above Rp 41,000,000 reports the maximum score of 5.00, reflecting the highest possible level of risk perception.

The ANOVA results confirm that these differences are statistically significant ($F = 15.893$, $p < 0.001$), indicating that income levels have a meaningful effect on risk perception. The between-group variance (Sum of Squares = 57.734) is substantial compared to the within-group variance (Sum of Squares = 269.730), reinforcing that income differences significantly impact how individuals think about risk perception.

Table 25. Risk Perception by Income Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Risk perception	B.G.	57.734	4	14.433	15.893	.000
	W.G.	269.730	297	.908		
	Total	327.464	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes Scale	Income levels	Number of samples	Mean	Std. Deviation
Risk perception	Rp.3.000.0000-6.000.000	134	3.98	1.018
	Rp.7.000.000-13.000.000	72	3.50	1.184
	Rp 14.000.000-26.000.000	55	4.49	.746
	Rp.27.000.000-40.000.000	40	4.82	.249
	Above Rp.41.000.000	1	5.00	
Total		302	4.07	1.043

Source: author source

The Effect of Age on Insurance Premium Preferences for Obtaining Private health Insurance

This analysis explores the differences in preferences for insurance premiums among five age groups: under 25, 26-35, 36-45, 46-55, and above 55 years old. The results show that the highest average preferences were found in

the under 25 group (mean = 4.28) and the 36-45 group (mean = 4.29), indicating a strong inclination toward insurance premiums among these age brackets. In contrast, participants aged 46-55 had the lowest mean score (3.37), suggesting a relatively lower interest in insurance. The above 55 group also showed moderate preferences (mean = 3.62). Across all participants, the overall mean preference was 4.07, with a 95% confidence interval between 3.95 and 4.18, indicating a generally positive perception of insurance premiums. It examines insurance premium preferences across different age groups using an ANOVA analysis. The results show a significant difference in mean preferences for insurance premiums between age groups, with an F-value of 8.198 and a p-value of .000, indicating statistical significance at the 0.001 level.

In conclusion, the findings highlight clear trends in insurance premium preferences across different age groups, with younger individuals showing more favorable attitudes. These insights are valuable for insurance providers in tailoring their products and marketing strategies to suit the needs of specific age segments.

Table 26. Insurance Premium Preferences by Age Group

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Insurance	B.G.	31.403	4	7.851	8.198	.000
premium	W.G.	284.414	297	.958		
preferences	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes Scale	Age levels	Number of samples	Mean	Std. Deviation
Insurance premium preferences	under 25 years old	20	4.28	.510
	26-35 years old	104	4.14	.996
	36-45 years old	118	4.29	.950
	46-55 years old	42	3.37	1.078
	above 55 years old	18	3.62	1.191
	Total	302	4.07	1.024

Source: author sourced

The Effect of Residents' Area on Insurance Premium Preferences for Obtaining Private Health Insurance

This analysis examines insurance premium preferences across six regions: Banten, West Java, Central Java, East Java, DKI Jakarta, and DI Yogyakarta. The data reveal regional differences in preferences. DKI Jakarta stands out with the highest average score of 4.42, indicating the strongest preference for insurance premiums, with minimal variation (standard deviation = 0.681). Similarly, West Java (mean = 4.23) and East Java (mean = 4.05) show relatively high preferences, though with slightly greater variability. In Central Java, the average preference is 3.94, reflecting moderate interest in insurance premiums.

Conversely, participants from DI Yogyakarta reported the lowest average preference (mean = 3.23). The Banten region also displayed lower-than-average preferences, with a mean score of 3.45. The preference for insurance premiums varies among residents of different areas. A one-way ANOVA was conducted to examine the impact of residents' area on their insurance premium preferences. The analysis revealed a statistically significant difference in mean scores among at least two resident area groups ($F(5, 296) = 13.700, p = .000$).

These results imply that geographic location may significantly influence preferences for insurance premium flexibility, Overall, this result suggests that residents' location has a statistically significant impact on their insurance premium preferences, with certain areas showing higher or lower average scores than others.

Table 27 . Insurance Premium Preferences by Residents' Area

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Insurance	B.G	59.352	5	11.870	13.700	.000
Premium	W.G	256.465	296	.866		
Preferences	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
 $P < 0.05$, $P < 0.01$, $P < 0.001$, $P > 0.05$ not significant

Attitudes scale	Residents area	Number of samples	Mean	Std. Deviation
	Banten	22	3.45	1.279
	West Java	28	4.23	1.088
Insurance	Central Java	26	3.94	1.044
Premium	East Java	34	4.05	1.037
Preferences	DKI Jakarta	146	4.42	.681
	DI Yogyakarta	46	3.23	1.156
	Total	302	4.07	1.024

Source: author sorted

The Effect of Income levels on Insurance Premium Preferences for Obtaining Private Health Insurance

This analysis examines the relationship between income levels and preferences for insurance premiums. Participants were grouped into five income categories: Rp.3,000,000-6,000,000, Rp.7,000,000-13,000,000, Rp.14,000,000-26,000,000, Rp.27,000,000-40,000,000, and above Rp.41,000,000. Participants earning between Rp.27,000,000-40,000,000 have the highest mean preference score (4.81), indicating a very strong inclination

toward insurance, with minimal variability. Similarly, those in the Rp.14,000,000-26,000,000 income group also express a strong preference (mean = 4.53). In contrast, participants with lower income levels, such as Rp.3,000,000-6,000,000 (mean = 3.96) and Rp.7,000,000-13,000,000 (mean = 3.50), exhibit relatively lower preferences, with more variation in their responses. Only one respondent was recorded in the “Above Rp.41,000,000” category, with a score of 3.98.

The ANOVA test was conducted to assess whether these differences in preferences across income levels are statistically significant. The results indicate a significant difference, with an F-statistic of 16.804 and a p-value of 0.000. In conclusion, this confirms that income level has a meaningful impact on insurance premium preferences. Higher income groups tend to show stronger preferences, possibly due to greater financial security and a higher willingness to purchase in insurance products.

Table 28. Insurance Premium Preferences by Income Levels

Attitudes scale		Sum of squares	df.	Mean square	F	Sig
Insurance premium preferences	B.G.	58.284	4	14.571	16.804	.000
	W.G.	257.534	297	.867		
	Total	315.817	301			

Note: B.G. = Between Group, W.G.= Within Group
P < 0.05, P < 0.01, P<0.001, P>0.05 not significant

Attitudes Scale	Income levels	Number of samples	Mean	Std. Deviation
Insurance premium preferences	Rp.3.000.0000-6.000.000	134	3.96	.957
	Rp.7.000.000-13.000.000	72	3.50	1.174
	Rp 14.000.000-26.000.000	55	4.53	.791
	Rp.27.000.000-40.000.000	40	4.81	.326
	Above Rp.41.000.000	1	3.98	
	Total	302	4.07	1.024

Source: author source

Table Comparison of Pull Factors by Age Levels, Residential Area, and Income Levels

The analysis of confidence in private health insurance reveals significant age-related differences. The multiple comparison analysis reveals notable age-related differences in confidence toward private health insurance (PHI). Younger age groups, specifically those under 25, 26-35, and 36-45, show significantly higher confidence compared to older age groups. The under 25 group, for instance, has a mean confidence level notably higher than those aged 46-55 (mean difference = .915, $p = .001$) and above 55 (mean difference = .664, $p = .038$). Similarly, the 26-35 and 36-45 groups also have significantly higher confidence than the 46-55 and above 55 groups, with mean differences ranging from .520 to .921 (all $p < .05$). In contrast, the 46-55 and above 55 groups show no significant differences between each other, indicating consistently lower confidence levels in PHI among these older groups. Overall, this suggests a trend where confidence in PHI is higher among younger individuals, gradually decreasing with age.

The analysis shows significant regional differences in confidence toward private health insurance (PHI) among residents in Java. DKI Jakarta residents have the highest confidence, with levels significantly greater than those in Banten, Central Java, East Java, and especially DI Yogyakarta. DKI Jakarta residents exhibit the highest confidence in PHI. Their confidence is significantly higher than those in Banten (mean difference = .964, $p = .000$), Central Java (.475, $p = .017$), East Java (.367, $p = .039$), and DI Yogyakarta (1.185, $p < .001$). West Java residents also display a significantly higher confidence than those in DI Yogyakarta (mean difference = .994, $p = .000$).

East Java residents have significantly higher confidence compared to DI Yogyakarta (mean difference = .818, $p = .000$). Banten residents' confidence is significantly lower compared to West Java (.773, $p = .004$) and East Java (.597, $p = .020$). DI Yogyakarta consistently shows the lowest confidence levels compared to other regions, while DKI Jakarta leads with the highest. This suggests a regional trend where confidence in PHI varies significantly, particularly between the highest-confidence region, DKI Jakarta, and the lowest, DI Yogyakarta.

The analysis of confidence in private health insurance (PHI) across different income brackets reveals significant differences in perceptions. Participants in the Rp. 27.000.000 - 40.000.000 income group reported the highest mean confidence score of 4.81, significantly outpacing all other groups. Following closely is the Rp. 14.000.000 - 26.000.000 group with a mean score of 4.53, which also shows significantly greater confidence compared to the lower income categories. Conversely, the Rp. 3.000.000 - 6.000.000 group has a mean score of 3.96, indicating confidence that is significantly higher than the Rp. 7.000.000 - 13.000.000 group's score of 3.50, the lowest among the specified brackets. The single participant in the Above Rp. 41.000.000 category reported a score of 3.98, but due to the limited sample size, this result did not significantly elevate confidence levels. Overall, the findings demonstrate a clear trend: higher income levels correlate with increased confidence in private health insurance, particularly evident between the highest and lowest income groups.

The second factor, risk perception towards insurance policy The 46-55 years old group has significantly lower risk perception compared to the under

25 years old (mean difference of -0.998), 26-35 years old (mean difference of -0.889), and 36-45 years old (mean difference of -1.004), all at a significance level of 0.000. In contrast, those aged under 25 show no significant difference when compared to the 26-35 years (mean difference of -0.109) and 36-45 years (mean difference of 0.006) age groups, indicating similar perceptions of risk. These findings suggest that younger individuals generally perceive higher risks than those in the 46-55 age group, which may impact their attitudes towards private health insurance and risk management strategies.

The analysis of risk perception scores across different regions in Java Island reveals significant differences among the respondents. The mean risk perception scores were as follows: DI Yogyakarta (3.25), Banten (3.39), Central Java (4.06), West Java (4.12), East Java (4.14), and DKI Jakarta (4.41). Notably, residents of DKI Jakarta exhibited a significantly higher risk perception than those in Banten (Mean Difference = 1.018, $p < 0.001$) and DI Yogyakarta (Mean Difference = 1.165, $p < 0.001$). Additionally, individuals in West Java, Central Java, and East Java showed significantly lower risk perceptions compared to DKI Jakarta. However, the results indicate that DI Yogyakarta has the lowest perception of risk relative to other regions.

The analysis of risk perception based on insurance premium preferences shows varied mean scores across different premium ranges. The mean risk perception scores are as follows: for premiums between Rp. 3,000,000 - 6,000,000, the mean score is 3.98 (N=134); for Rp. 7,000,000 - 13,000,000, it is 3.50 (N=72); for Rp. 14,000,000 - 26,000,000, the mean rises significantly to 4.49 (N=55); for Rp. 27,000,000 - 40,000,000, the mean is 4.82 (N=40); and for those above Rp. 41,000,000, the mean score is at the maximum of 5.00. The

overall mean for all respondents is 4.07 (N=302). The ANOVA results indicate that there are significant differences in risk perception across the different premium groups, with a sum of squares between groups of 57.734, leading to an F-value of 15.893 and a significance level (p-value) of 8.42E-12.

Unfortunately, we do not have the table for multiple comparisons, which would further clarify the specific group differences contributing to this overall significance.

The third factor called insurance premium preferences. The analysis of insurance premium preferences across different age groups reveals notable differences in mean scores. Specifically, individuals under 25 years old demonstrate significantly higher preferences for insurance premiums compared to those aged 46-55 years and above 55 years, with mean differences of 0.915 and 0.664, respectively ($p = 0.001$ and $p = 0.038$). Similarly, the 26-35 age group shows a preference that is significantly greater than both the 46-55 age group (mean difference of 0.771, $p = 0.000$) and the above 55 age group (mean difference of 0.520, $p = 0.038$). Additionally, those in the 36-45 age group also express a higher preference than the 46-55 group, with a mean difference of 0.921 ($p = 0.000$) and the above 55 group, with a mean difference of 0.669 ($p = 0.007$). Overall, these findings indicate that younger individuals tend to favor insurance premiums more than their older counterparts, highlighting a trend where younger age groups exhibit a stronger inclination towards insurance products.

According to the multiple comparisons, individuals from DKI Jakarta show a markedly higher preference for insurance premiums, with a mean score of 4.42, compared to those from other regions. Specifically, DKI Jakarta's

mean score significantly exceeds that of Banten (3.45), Central Java (3.94), East Java (4.05), West Java (4.23), and DI Yogyakarta (3.23).

In contrast, DI Yogyakarta has the lowest mean preference score of 3.23, which indicates a weaker inclination towards insurance premiums compared to the other regions. Notably, while there are some regions, like Central Java and Banten, that exhibit closer mean scores to Jakarta, they still fall short of achieving similar preference levels. The mean differences between DKI Jakarta and the other regions are significant at the 0.05 level, underscoring a clear trend where residents of Jakarta exhibit the highest inclination toward insurance products. Overall, the data suggest that geographic location within Java Island significantly influences insurance premium preferences, with DKI Jakarta leading in this regard.

The results indicate that risk perception varies significantly across different income groups. Higher income brackets tend to have a more positive perception of risk, as evidenced by their higher mean scores. However, without multiple comparisons, we cannot pinpoint which specific groups differ from each other or the extent of those differences.

Table 29. Table Comparison of Pull Factors

Factors (Private Health Insurance)	Age Levels 1= Under 25 2= 26-35 3= 36-45 4=46=55 5= Above 55	Residents' Area 1= Banten 2= West Java 3= Central Java 4= East Java 5= DKI Jakarta 6= DI Yogyakarta	Income Levels 1= Rp.3,000,000-6,000,000, 2=Rp.7,000,000-13,000,000, 3=Rp.14,000,000-26,000,000, 4=Rp.27,000,000-40,000,000, and above 5= Rp.41,000,000.
Confidence to PHI	1>4*** 2>4,5* 3>4,5***	5>1,2,3,4,6*** 3>6** 2,4,6>1*	
Risk Perceptions	1>3*** 1>4*	5>1*** 2,3,4>1** 3,2>6***	
Insurance Premium Preferences	1>4*** 1,2>5** 3>4,5***	5>1,6*** 2>1*** 4>1* 5>4* 3>6**	

Note 1:***,p<0.001,**, p<0.01,*;p<0.05 level of significance

CONCLUSION AND IMPLICATIONS

The research focuses on push and pull factors that influencing people in Indonesia to obtain private health insurance. Push factor includes service quality factor toward insurance agents, Insurance product benefits, and Dissatisfaction to NHI (National Health Insurance). Pull factor includes Confidence to private health insurance (PHI), Risk perceptions, Insurance premium preferences. The investigation of push factors highlights a nuanced landscape in which insurance agents, insurance companies, and policyholders play crucial roles. The researcher found that age, area of residence, and income level strongly correlate with the likelihood of people in Indonesia obtaining private health insurance. There is a possibility that, in some areas of Java Island, the role of insurance agents, perceptions of insurance products, and the adequacy of the National Health Insurance are not balanced compared to other provinces on Java Island, or vice versa.

The pull factors driving individuals toward private health insurance (PHI) include confidence in private health insurance companies, varying risk perceptions regarding health outcomes, and preferences for insurance premiums that align with personal financial capabilities. These pull factors are also correlated with age, area of residence, and income levels. People living on Java Island may have different perceptions or views about private health insurance depending on the environment in which they live.

Understanding these dynamics is important for addressing the slow growth of private health insurance in Indonesia. While there is a pressing need for alternative coverage solutions, significant barriers and concerns remain, which must be effectively managed to foster an environment conducive to

increased adoption. The researcher gives an implication for insurance company, policy holder, and insurance agents to pay attention to details. From service quality to insurance agents, Insurance agents can enhancing the service standards by implement rigorous training programs for their staff to ensure high levels of customer service. This can lead to better communication, quicker response times, and thereby improving the overall experience for policyholders. Establishing continuous feedback through surveys and customer engagement, this feedback should be actively used to make improvements in service and address any emerging issues promptly. Private insurers must clearly articulate the specific benefits of their products from advantages and disadvantages.

The advantages of health insurance include the ability for policyholders to use their coverage overseas, assistance with incurred costs, and more. While health insurance offers critical financial support during medical emergencies, it also presents several disadvantages, such as mandatory waiting periods, exclusions for pre-existing conditions, and limitations on coverage for certain illnesses. For the National Health Insurance, the government must take proactive measures to address its shortcomings and inefficiencies, such as long wait times, limited service availability, and perceived inadequacies in care. Improvements in these areas can help retain individuals within the public system. By focusing on enhancing service quality in private insurance, effectively communicating product benefits, and addressing dissatisfaction with the NHI, a more competitive landscape for health insurance in Indonesia can be created. These measures can foster greater public confidence in private health insurance while also encouraging improvements in the national health system, ultimately leading to better health outcomes for the population.

The researcher gained a deeper understanding of the pull factors influencing individuals toward private health insurance, such as trust in private insurance companies, perceived risk, and preferences for insurance premiums. The data indicated that these three factors correlate with age, area of residence, and income level. People's satisfaction with private health insurance can vary significantly depending on the region they live in. This variation may be attributed to differences in the healthcare infrastructure and socioeconomic environment across rural and urban areas on Java Island. In some rural areas, limited access to healthcare services, along with lower exposure to financial literacy resources, might influence residents to have different risk perceptions and financial priorities compared to those in urban areas, ultimately shaping distinct attitudes toward private health insurance.

Addressing the pull factors that influence people to obtain private health insurance can benefit insurance companies, policyholders, uninsured individuals, and insurance agents alike. To achieve this, private insurance companies should focus on building a strong brand reputation through transparency and accountability, such as by sharing customer success stories, claims resolution statistics, and other positive outcomes. Additionally, prioritizing customer satisfaction through personalized communication and feedback mechanisms can strengthen relationships with policyholders. Private health insurance providers can also work to increase awareness of health risks and emphasize insurance as a form of protection rather than a financial burden. Offering a range of premium plans that accommodate various financial needs can help attract a broader audience. For instance, insurers might consider implementing tiered pricing structures that allow consumers to select a plan that

aligns with their budget while still providing adequate health coverage. By identifying these issues and offering solutions, private health insurance providers can increase enrollment rates and foster a more competitive and customer-centered insurance market in Indonesia. Ultimately, these efforts can strengthen public confidence in private health insurance, encourage a healthier, financially protected population, and support improved healthcare outcomes in Indonesia.

In conclusion, raising awareness of the push and pull factors influencing private health insurance is essential for empowering individuals to make informed decisions about their healthcare. The researcher hopes to create a more informed public that recognizes the value of private health insurance as a vital tool for securing health and financial well-being.

APPENDIX A

Undergraduate's Thesis Questionnaire Research: Push and Pull Factors Influencing the Decision to Obtain Private Health Insurance : A Study on Java Island.

I. Personal Information

1. What is your age?
 Under 25 years old 26-35 years old 36-45 years old
 46-55 years old above 55 years old

1. What is your gender?
 Male Female

2. What is your academic level?

 No formal education Elementary school Junior high school
 Senior high school
 Undergraduate Graduate school

3. What is your current occupation?
 Self- employed Employee Buisness Freelancer
Entrepreneur
 Professional Government employee Retired

4. Where do you live in Java Island ?
 Banten West Java Central Java East Java
 DKI Jakarta DI Yogyakarta

5. What is the average monthly income per month?
 Rp. 3.000.000- 6.000.000
 Rp.7.000.000- 13.000.000
 Rp.14.000.000-26.000.000
 Rp.27.000.000-40.000.000
 Above Rp.41.000.000

6. Do you have Private Health Insurance? Apakah anda memiliki asuransi kesehatan milik swasta?
 Yes No

7. Do you have National Health Insurance? Apakah anda memiliki asuransi kesehatan milik pemerintah?
 Yes No

Knowledge about private health insurance (Pengetahuan akan asuransi privat)

8. How important do you feel having health insurance is as “protection” from bad things that might happen and as an important thing to have? Seberapa penting menurut anda merasa memiliki asuransi kesehatan sebagai "perlindungan" dari hal-hal buruk yang mungkin terjadi dan sebagai sesuatu yang penting untuk dimiliki?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

9. Do you feel that having health insurance is a “burden” on your finances? Apakah anda merasa bahwa memiliki asuransi kesehatan adalah "beban" bagi keuangan Anda?

Very Much (Sangat merasa) Quite a bit (Cukup merasa) Somewhat (Agak merasa) A little (sedikit merasa) Not at all (Tidak merasa sama sekali)

10. How important do you think it is to obtain private health insurance recently? Seberapa penting Anda merasa perlu memperoleh asuransi kesehatan swasta baru-baru ini?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

Service Quality Factor (External) Kualitas pelayanan (Eksternal)

11. How important do you think it is for insurance agents to care about their customers? Seberapa penting menurut Anda bagi agen asuransi untuk peduli terhadap pelanggan mereka?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

12. How important do you think it is important for insurance agent to have quick response to their clients? Seberapa penting menurut Anda bagi agen asuransi untuk merespons cepat terhadap klien mereka?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

Insurance Product Benefits (External) Faktor Manfaat Produk (Eksternal)

13. How important do you think it is to read entire health insurance policy about the advantages and disadvantages of your insurance? Seberapa penting menurut Anda untuk membaca seluruh kebijakan asuransi kesehatan untuk memahami kelebihan dan kekurangan asuransi Anda?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

14. How important do you think it is for insurance company to offer access to essential medical services, including doctor visits, hospitalization, prescription medications, and preventive care? Seberapa penting menurut Anda bagi perusahaan asuransi untuk menyediakan akses ke layanan medis penting, termasuk kunjungan dokter, rawat inap, obat resep, dan perawatan pencegahan?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

Disatisfaction with National Health Insurance (External) Ketidakpuasan terhadap Asuransi Kesehatan Nasional (Eksternal)

15. Do you feel that National Health Insurance provided by government is adequate? Apakah Anda merasa bahwa Asuransi Kesehatan Nasional yang disediakan oleh pemerintah sudah memadai?

Very Adequate (Sangat memadai) Somewhat Adequate (Cukup memadai) Neutral (netral) Somewhat Inadequate (Agak tidak memadai) Inadequate (Tidak memadai)

16. How important do you think it is for you to obtain National Health Insurance? Seberapa penting menurut Anda untuk memperoleh Asuransi Kesehatan Nasional?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

17. How satisfied are you with the accessibility of healthcare services under the National Health Insurance? Seberapa puasakah Anda dengan aksesibilitas layanan kesehatan di bawah Asuransi Kesehatan Nasional?

Very Satisfied (Sangat puas) Somewhat Satisfied (Cukup puas) Neutral (netral) Somewhat Dissatisfied (Agak tidak puas) Very Dissatisfied (Sangat Tidak puas)

Confidence about Private Health Insurance company (Internal) Kepercayaan terhadap Perusahaan Asuransi Kesehatan Swasta (Internal)

18. How important do you think it is to trust the company where you buy private health insurance? Seberapa penting menurut Anda untuk percaya kepada perusahaan tempat Anda membeli asuransi kesehatan swasta?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

19. How important do you think is it to compare the company when choosing private health insurance? Seberapa penting menurut Anda untuk membandingkan perusahaan saat memilih asuransi kesehatan swasta?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

20. How important is the reputation of a private insurance company in your decision to purchase insurance? Seberapa penting reputasi sebuah perusahaan asuransi swasta dalam keputusan Anda untuk membeli asuransi?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

Risk Perception (Internal) Persepsi Risiko (Internal)

21. How important is it for you to have private health insurance to mitigate the risk of unexpected medical expenses? Seberapa penting bagi Anda untuk memiliki asuransi kesehatan swasta untuk mengurangi risiko biaya medis yang tidak terduga?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

22. How important is private health insurance in providing peace of mind against unforeseen health emergencies? Seberapa penting asuransi kesehatan swasta dalam memberikan ketenangan pikiran terhadap keadaan darurat kesehatan yang tidak terduga?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

23. How important is private health insurance in reducing the financial burden from serious illnesses? Seberapa penting asuransi kesehatan swasta dalam mengurangi beban keuangan akibat penyakit serius?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

Insurance Premium Preferences (Internal) Preferensi Premi Asuransi (Internal)

24. How important is the flexibility in premium payment options, such as monthly, quarterly, or annually, in your decision to purchase private health insurance? Seberapa penting fleksibilitas dalam opsi pembayaran premi, seperti bulanan, triwulanan, atau tahunan, dalam keputusan Anda untuk membeli asuransi kesehatan swasta?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

25. How important is the affordability of insurance premiums when considering purchasing private health insurance? Seberapa penting keterjangkauan premi asuransi saat mempertimbangkan untuk membeli asuransi kesehatan swasta?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

26. How important is the level of coverage provided by the insurance premium in relation to medical expenses and healthcare services? Seberapa penting tingkat perlindungan yang diberikan oleh premi asuransi dalam hubungannya dengan biaya medis dan layanan kesehatan?

Very Important (Sangat penting) Somewhat Important (Cukup penting) Neutral (netral) Somewhat Unimportant (Agak tidak penting) Unimportant (Tidak penting)

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