



Ownership of Health Insurance and Use of Traditional Medicine

Adelia Arsela¹, Dinda Rama Fadillah², Suci Wulandari³, Tiara Arianti Tri Utami⁴

^{1,2,3,4} Departement of Public Health, Universitas Islam Negeri Sumatera Utara

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ABSTRACT

Since the inception of social health insurance, patient demand for traditional medicine services in health care facilities has decreased. There are over a dozen statutes, regulations, and policies governing the use of traditional medicines in health care settings. The service, implementation of OT guarantees with social health insurance, clinician readiness, and government support are all examined. This study aims to ascertain who owns social health insurance and who utilizes traditional health services. This is a quantitative study with a cross-sectional design conducted in North Sumatra Province in July-August 2021. The sample for this study consisted of respondents from North Sumatra Province, with 1000 respondents via Google Form. This study analyzed data using univariate analysis. The findings indicate that 59.6 per cent of respondents experienced illness in the last 30 days of the study, with symptoms ranging from mild to severe. 338 (33.8 per cent) of respondents had never used traditional medicine. The majority of people in urban areas prefer modern health facilities to traditional medicine total of 194 respondents (19.4 per cent) prefer to practice traditional medicine independently. Traditional medicine services are incorporated into the path of prevention, promotion, and mild curative efforts, both as adjuvants and complements to conventional medicine. Traditional medicine can be financed through government funding but has not been done so. A ministerial decree requiring health facilities to provide services using traditional medicines is still required.

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Corresponding Author:

Suci Wulandari,

Departement of Public Health,

Universitas Islam Negeri Sumatera Utara

Email: suciw181102@gmail.com

1. INTRODUCTION

Health services are a collaborative effort between the health center and the community, encompassing planning, implementation, evaluation, recording, and reporting, all of which are poured into a system. Health service facilities are used to carry out the government's, local governments', and community's health promotion, prevention, curative, and rehabilitative efforts (Permenkes RI No. 75, 2014). To provide a high-quality service to people seeking basic health care and consultation in the health sector, all supporting elements at the health center must strive to improve service quality if the health center is not to be abandoned by the community, because the more perfect the services provided to patients are, the better, the higher the level of satisfaction for patients (Pohan, 2016).

The National Social Security System is a state program that aims to provide certainty of social protection and welfare for all Indonesian people. In this state program, every Indonesian is expected to fulfil the basic needs of a decent life if things happen that can result in loss of income due to illness, accident, loss of job, entering old age, and retirement (Jabbar, 2020).

When membership coverage is considered, the number of health insurance participants in Indonesia has increased significantly (Hasibuan, 2019). Since the start of the JKN system's implementation in 2014, health insurance coverage in Indonesia has continued to grow. In 2014, the number of health insurance participants was still around 133.4 million, or around 49.3 per cent; as of October 31, 2019, it had increased to 222.2 million, or more than 83.8 per cent of Indonesia's total population; however, when viewed in light of the government's 2019 target, namely achieving UHC with a minimum membership coverage of 95 per cent, or 257 (BPJS Kesehatan, 2017).

To improve the quality of health services, it is necessary to understand why people use them, one of which is to meet the needs and demands of the community, which exemplifies the public health problem (Siregar, 2019). Risk is inherent in every activity undertaken by the community, particularly those involving finance. Insurance is one way to mitigate this risk. Insurance benefits people's lives by lowering the amount of wealth required to cover losses caused by various risks. Insurance has been defined in a variety of ways by a variety of experts (Agustina, 2021).

According to Jennifer (2015), insurance is a mechanism that protects the insured party from future risks by requiring the insured party to pay a premium in exchange for compensation from the insurer. Julius R. Latumaerissa (2011: 447) defines insurance as an agreement in which an insured party pays an insurer a premium in exchange for reimbursement for a desire, damage, or loss of anticipated profits that is improbable in the future.

Insurance is an agreement between the insured and the insurer, subject to the agreement's validity conditions and legal principles that give rise to voluntary liability insurance. Additionally to insurance based on an agreement, there is insurance based on legislation, specifically social/mandatory insurance. Other than drugs, active pharmaceutical ingredients, and cosmetics, traditional medicine is incorporated into pharmaceutical preparations. Traditional medicine, as defined in the Health Law, is an ingredient or mixture of ingredients in the form of plant material, animal material, mineral material, sarian (galenic) preparation, or a combination of these materials that have been used for generations for treatment and can be applied by the law and social norms. Traditional medicines licensed for use in the prevention, treatment, care, and health maintenance must come from sources demonstrated to be efficacious and safe (Lestari, 2016).

During the National Health Insurance era, the cost of health services increased annually, reaching 94.29 trillion in 2018. As a result, promotional and preventive efforts are necessary to decrease morbidity and health care costs. Traditional medicine can be used in preventive and promotional efforts, particularly to maintain body resistance as a cultural tradition passed down from generation to generation through the use of indigenous wisdom. In the form of standardized herbal medicines and phytopharmaceuticals, traditional medicines can be used in health centres using health sector-specific special allocation funds (Tyas, 2019).

Between 2010 and 2018, the percentage of people who use traditional health efforts increased to 44.3 percent, according to Riskesdas. This demonstrates that public interest in traditional medicine and traditional health efforts is growing. Traditional medicine is used for practical, economical, and effective reasons, as well as to balance the individual's mental state in the household (Kementrian Kesehatan RI, 2018). Its preservation is necessary because it has been ingrained in individuals in the household for a long period of time. The most frequently encountered disease among household members is a cold, which can be compared to a body disorder caused by a rough element of wind. The principles underlying the treatment of scrapings, such as binary opposition: hot vs. cold; loose vs. tight; wind in vs. wind out; light vs. heavy, and achieving balance, form the foundation of traditional medicine. Farts or belching can be used to expel wind from the body .

Local wisdom is a way of life in which people interact with the environment in a particular location or area (Ervina, 2018). This indigenous knowledge can be lived, practised, taught, and passed down through generations. Due to the differences in natural challenges and living needs between regions, the local wisdom of one region is not the same as that of another, and experience in meeting life's needs results in the emergence of diverse knowledge systems, both environmental and social (Widiarti, 2016).

Traditional medicine's existence is historical evidence of past health care efforts. According to the World Health Organization (WHO), traditional medicine is used by up to 80% of the population in Asia and Africa. Additionally, the WHO has recognized that traditional medicine is capable of treating a variety of infectious diseases, acute illnesses, and chronic diseases. For example, 2,000 years ago, the qinghaosu plant (which contains artemisinin) was used in China as an antimalarial drug. On a regional level, ASEAN met in Indonesia from 31 October to 2 November 2011. The meeting resulted in the Tawangmangu Declaration, a joint agreement between ASEAN countries in 2015 to integrate traditional medicine into conventional medicine.

Due to the high cost, some Indonesians have turned to traditional medicine as a complement or subsidiary to conventional medicine. According to 2010 data from the Basic Health Research, 59.12 percent of Indonesians have ever consumed herbal medicine. Around 95.60 percent of these individuals felt the benefits. In other words, herbal medicine is consumed by more than half of Indonesia's population. This represents a significant market share in the development of traditional medicine in Indonesia .

As is the case in Indonesia, 49.5 per cent, or half of the population, still uses traditional medicine in the form of herbs; 4.5 per cent of them do so daily, while the remainder does so occasionally. These traditional medicines may be homemade concoctions, those made by traditional healers, or those manufactured by industry. Indonesia has a wealth of traditional medicine; of the 30,000 species of plants, 7000 are medicinal plants spread throughout the region. Additionally, Indonesia has approximately 280,000 practitioners of traditional medicine spread across the country's various regions (Sembiring, 2015).

Traditional medicine is one of the seventeen types of health interventions regulated by Health Law Number 36 of 2009. Traditional health services are defined as treatment and

medication that are based on empirically hereditary experiences and abilities that can be accounted for and applied in accordance with prevailing social norms. The government must foster and supervise traditional health services to ensure they are accountable for their benefits and safety and do not conflict with the community's religious and cultural norms. The same thing is regulated in the Minister of Health's Decree No. 1076/Menkes/SK/VII/2003 on the Implementation of Traditional Medicine in order to ensure traditional medicine's feasibility in the community.

However, traditional medicine is rarely used, particularly in health care settings. Simultaneously, the Government has promoted and protected its use and protection through Minister of Health Regulation No. 1109/Menkes/IX/2007 on the Implementation of Complementary and Alternative Medicine in Health Facilities. One reason is that traditional medicine lacks sufficient scientific support. Herbal medicine has been designated as a subject of health development for use in preventive, promotive, rehabilitative, and palliative care by Minister of Health Regulation No. 003/Menkes/PER/I/2010 regarding the Scientification of Herbal Medicine in Health Service-Based Research. The purpose of this study is to determine whether medical health services covered by health insurance have an effect on traditional medicine in Indonesia.

2. RESEARCH METHODE

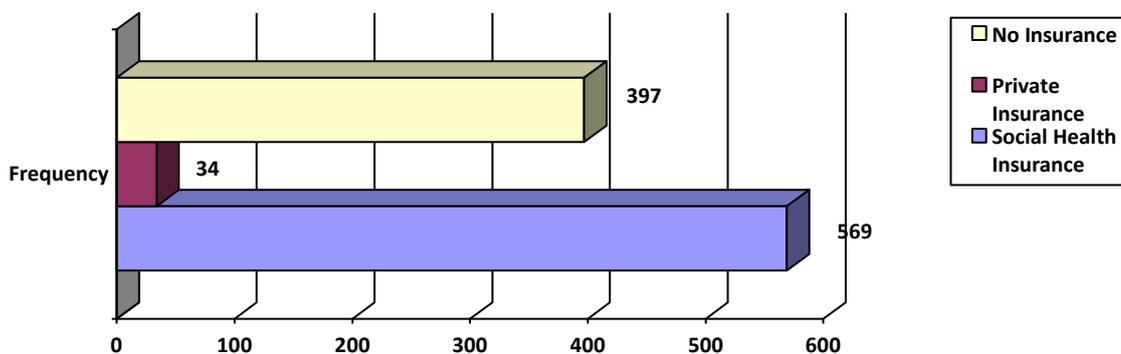
This research is a type of quantitative research based on the instruments used, namely cross-sectional surveys and questionnaires. This research was conducted in July-August 2021. The sample in this study were respondents in North Sumatra Province with 1000 respondents, by distributing Google Forms to respondents. The technique for collecting data uses primary data collection techniques, which were collected through interviews with respondents who filled out the questionnaire format from Basic Health Research using the google form. The dependent variable in this research study is the use of traditional medicine. The independent variable in this study is the ownership of health insurance.

The data is then calculated using univariate analysis to explain and describe the research variables and see their distribution, both independent and dependent variables. To determine the relationship between the two variables studied, the analysis of bivariate variables was carried out.

3. RESULT AND ANALYSIS

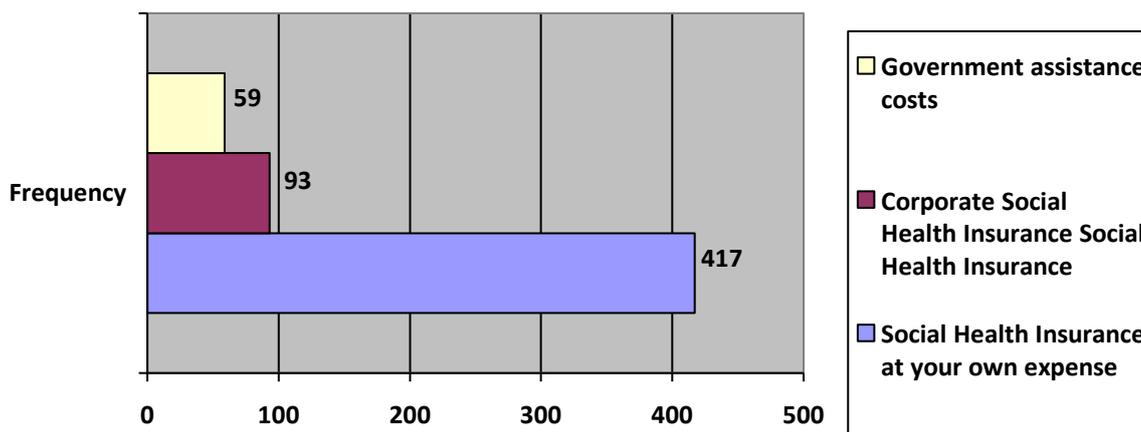
Following the distribution of the Google Form questionnaire, a total of 1000 respondents were identified. Opinions of some residents in several areas or villages, particularly in North Sumatra, regarding Traditional Medicine and Medical Medicine. To ascertain the population's opinion, a questionnaire is completed and the responses of the population respondents are analyzed. The questionnaire contains a variety of questions, the most important of which are the respondent's identity, the illness suffered in the last 30 days to 3 months..

Graph 1. Health Insurance Ownership



This study indicates that 56.9% of respondents have social health insurance, 39.7% have private insurance, and 0.034% do not have insurance.

Graph 2. Costing of Social Health Insurance



The results of this study indicate that the social health insurance owned by 569 respondents is divided into social health insurance from independent fees as much as 73.3%, social insurance from company fees as much as 16.3% and social insurance from government assistance much as 10.4%.

Tabel 2. Cost of Traditional Medicine and Medical

Variable	Expensive Cost		Medium Cost		Low Cost	
	n	%	n	%	n	%
Medical Treatment	331	33,1	633	63,3	36	3,6
Traditional Medicine	66	6,6	637	63,7	297	29,7

The results of this study indicate that most medical treatment costs are in the medium cost category as much as 63.3%, medical treatment costs are in the expensive cost category as much as 33.1% and medical treatment costs are in the low-cost category as much as 3.6%.

The results of this study indicate that the cost of traditional medicine is mostly in the medium cost category as much as 63.7%, the cost of traditional medicine is in the expensive cost category as much as 6.6%, and the cost of traditional medicine is in the low-cost category as much as 29.67%.

Table 2. Utilization of Traditional Medicine in the Village

Variable	Yes		No	
	n	%	n	%
The community wants the public health centre to provide traditional health services	683	68,3	317	31,7
People need Traditional Medicine in the Village	740	74	260	26
Need Health Facilities in the Village	896	89,6	104	10,4
Ownership of Herbal Medicinal Plants	573	57,3%	427	42,7%

The results of this study indicate the community wants the public health centre to provide traditional health services as much as 68.5%, people need traditional medicine in the village as much as 74% and need health facilities in the village as much as 89.6%. Respondents who claimed to have herbal medicinal plants were 57.3% and respondents who did not have herbal medicinal plants were 42.7%.

4. DISCUSSION

Health insurance is a guarantee in the form of health protection. Participants receive health care benefits and protection in meeting basic health needs given to all Acehese residents whose contributions are paid by the Aceh government and recipients of Health Insurance Contribution Assistance from the Government (Suhanda, 2015).

Health action is also evident in the family, where members are fundamentally obligated to care for the ill or injured (Jannah, 2020; Tambunan, 2020). According to society, the family's maintenance function varies; caring for sick members can be performed by the family or by certain institutions such as hospitals or nursing homes (Putri, 2020). The family's response to a member's illness also varies, ranging from administering treatment and medication at home to transporting them to people deemed capable of treating sick family members, whether through the modern medical system or traditional healers (Sembiring, 2015; Hardy. I., 2017).

The results of this study indicate that most medical treatment costs are in the medium cost category as much as 63.3%, medical treatment costs are in the expensive cost category as much as 33.1% and medical treatment costs are in the low-cost category as much as 3.6%. The results of this study indicate that the cost of traditional medicine is mostly in the medium cost category as much as 63.7%, the cost of traditional medicine is in the expensive cost category as much as 6.6%, and the cost of traditional medicine is in the low-cost category as much as 29.67%. According Indarto (2018) that traditional medicine has garnered considerable attention, both from the general public and health sector experts, because traditional medicine coexists and coexists with modern medicine; additionally, traditional medicine can be used to restore human health.

Government-provided facilities, such as health insurance, resulting in a decline in public interest in practising traditional medicine with herbal medicines widely grown in Indonesia (Efendy, 2016). Almost all of Indonesia's plants, as well as medicinal plants, thrive in this country. Ownership of this insurance is intended to ensure access to affordable health care. Simultaneously, the government covers insurance, which means that the government

assists the poor and even pays for treatment. This is why people prefer insurance-covered medical services; they no longer have to rely on traditional medicine, where most costs are borne independently and without recourse to their insurance. Before the advent of health insurance/insurance, almost everyone relied on traditional medicine, which was relatively inexpensive. The majority of treatments incorporated plants that were readily available and easy to incorporate into medicine. Traditional medicine services are included as adjuvants and complement to conventional medicine in the path of preventive, promotive, or mild curative efforts. Traditional medicine can be financed through the Special Allocation Fund or the Capitation Fund but has not been done thus far. This situation exists due to stakeholders' lack of political will and the absence of a standardized reference for the Formulary of Traditional Medicine, which is especially important if it is to be covered by social health insurance in the future. A ministerial decree requiring health facilities to provide services using traditional medicines is still required.

Traditional medicine knowledge is inherited. This knowledge is a unique resource for a tribe; therefore, it is necessary to explore or conduct additional research into the knowledge of Karo traditional medicine and document it in the form of printed media in order to prevent this knowledge from gradually eroding and disappearing from the community; this can be done independently or in collaboration with the government (Sembiring, 2015).

The existence of social health insurance has resulted in a decline in the use of traditional medicine in health facilities, even though health care facilities support the continuation of traditional medicine services. Traditional medicine services require a list of traditional medicines that can be used as a reference for physicians interested in utilizing traditional medicine for preventive and promotional efforts and curative and mild complaints. Utilizing traditional medicine in conjunction with conventional medicine has been shown to improve or expedite healing. Traditional medicine can be provided in the form of phytopharmaceuticals, traditional medicinal preparations, or even herbs deemed indispensable for certain claims based on various factors. The hospital's medical committee expects traditional medicine to be backed up by strong scientific evidence before it is used in therapy, but its use as an adjuvant is acceptable now. Financing traditional medicine can be accomplished through a Special allocation fund or capitation but requires a government mandate that all health care facilities use traditional medicine .

The Medical Committee anticipates that the traditional medicine selected will be used to supplement or adjuvant health services for preventive, promotive, mild curative, and palliative efforts listed in the formulary of the Minister's list of traditional medicines. The examined regulations and laws were classified into three categories: national policies, services, and availability. Concerning the use of traditional medicine, there is a Traditional Medicine Policy (Ministry of Health Decree No. 381/MENKES/SK/III/2007), one of the objectives of which is to ensure the availability of traditional medicines of guaranteed quality, efficacy, and safety, that have been scientifically tested and are widely used both for self-medication and informal health services. It has been 13 years, and there has been no progress in developing services in health facilities, particularly since the emergence of BPJS. All three regulations, KMK No. 121/2008 on Standards for Herbal Medical Services; PP 103 of 2014 on Integrated Traditional Health Services; and Permenkes No. 37 of 2017 on Integrated Traditional Health Services, are intended for traditional medicine services in health facilities but have not been fully utilized. In terms of availability, see Minister of Health Regulation No. 82 of 2015 on the Use of Special allocation fund; and Minister of Health Regulation No. 21 of 2016 on the Use of National Health Insurance Capitation

Funds for Health Services and Operational Cost Support at First Level Health Facilities. Regional Governments Owned is a regulation that governs the use of funds for the procurement of traditional medicines. While the government's preparations for traditional medicine are quite complete, efforts to promote traditional medicine's integration into health facilities continue to face obstacles.

This study indicate the community wants the public health centre to provide traditional health services as much as 68.5%, people need traditional medicine in the village as much as 74% and need health facilities in the village as much as 89.6%. Respondents who claimed to have herbal medicinal plants were 57.3% and respondents who did not have herbal medicinal plants were 42.7%. Study Nasrudin (2019) showed that medicine of the Past Rural communities in Kadungora District is influenced by Sundanese beliefs about the natural environment. For them, the forest, for example, is home to wild animals and supernatural beings such as *datu*. That is why nature (forests, mountains, swamps, and rivers, for example) must be treated with respect, and if you wish to use it, certain rituals must be performed first for respect, permission, and requests for soil fertility and the success of the business.

Historically, traditional medicine was a hereditary tradition that was passed down orally from generation to generation. With the advent of a written tradition in Indonesia, traditional medicine was finally codified, which had previously been an oral tradition (Mulyani, 2016). Study M. Yamin (2018) showed many traditional Sasak remedies appear to be more effective than those commonly used by doctors; Likewise, the drugs seem to be more effective than (modern) chemical drugs, for example, in the treatment of pregnant women and contraceptive drugs. The knowledge of the traditional Sasak people regarding treatment is inherited from generation to generation from their ancestors and from Lombok lontar manuscripts that are hundreds of years old. Study Indarto (2018) showed each traditional healer who utilizes herbal/herbal ingredients should ensure that the ingredients are synergistic and mutually reinforcing, as well as to ensure their efficacy and safety ensured the community's safety.

Traditional medicine is a genetic legacy passed down through generations and is deeply ingrained in the nation's culture (Ningsih, 2016). As a result, both its ingredients and use as traditional medicine are still based on experience passed down orally and in writing from generation to generation. Today, the community uses traditional medicine as a form of alternative medicine (Kusumah, 2017; Subu, 2015). Traditional medicine to treat people's diseases in informal health services is still limited or non-existent—plants with medicinal properties located in North Sumatra Province. Medicinal plants are plant species that can be used medicinally in any or all of their body parts. Medicinal plants come in a variety of forms, including shrubs, which are small woody plants that grow to a height of less than 5-6 meters and branch close to the ground; and trees, which are large woody plants that grow to a height of less than 5-6 meters and branch close to the ground (Kambuaya, 2019). Herbs are non-woody plants with soft, juicy stems; lianas are woody plants with stems that protrude from/climb on other plants, and shrubs are small plants with woody stems that branch near the soil's surface or within it (Lesmana, 2018; Sopi, 2015).

Generally, there are a lot of medicinal herbs that thrive in Sumatra, especially in North Sumatra. By utilizing these plants, people can treat their diseases by making concoctions or oils that relieve the pain. The North Sumatra region itself has a tribe called the Karo Tribe or the Batak Tribe; the two tribes more often use traditional medicine with ingredients or plants that they make themselves. The plants owned by the people in North Sumatra are as follows: Turmeric; In Java, turmeric is widely used as a herbal concoction because it is efficacious to cool, clean, dry, relieve itching, and cure tingling. The main benefits of turmeric plants, namely: as an ingredient of traditional medicine, raw material for

herbal and cosmetic industries, ingredients for cooking spices, and others. Hibiscus leaves contain flavonoids, saponins, and polyphenols. It serves as a compress in children who are having a fever. Shallots contain essential oils, cycloalkane, methylation, kaemferol, quercetin, and phloroglucin. Uses: treating fever in children, flatulence, colds, scrapings, dysentery, hypertension, water fleas, ulcers/wounds, swollen breasts/mastitis, launching urine in children with fever. Aloe Vera Cools the skin, can be used to treat burns in infants and children. Noni (Pace), Noni fruit (*Marinda citrifolia*, Linn) is a plant from the Rubiaceae family. Cat's Whiskers is a medicinal plant in the form of an upright wet-trunked plant. Cat's whiskers are also known by the public as a very efficacious herbal medicinal plant to treat various diseases. Bangla (Bangle), Bangle has the Latin name *Zingiber cassumunar* Roxb. The people of Indonesia are commonly used as an antidote to evil energy for pregnant women and newborns. Kencur (*Kaempferia galanga*), popularly known as kencur, can be used for various treatments to expel stubborn diarrhoea. Betel leaf is a plant native to Indonesia that grows vines or leans on the trunk of another tree. This vine can reach up to 15 m tall. Betel stems are greenish-brown, round in shape, segmented and are where the roots come out. Betel is efficacious to eliminate body odour caused by bacteria and fungi. The temulawak plant belongs to the ginger family (*Zingiberaceae*), this ginger; as a native Indonesian medicinal plant, has many benefits and properties, including ginger is used as medicine because it has an antiviral effect, prevents liver swelling, increases bile production and prevents formation of gallstones, prevents acne. Lowers cholesterol content in the blood and liver and increases appetite. Vile shard, or Javanese people call it "sambang geteh", this plant has many minerals such as potassium, calcium, and sodium as well as other mineral elements. Its use is as a medicine for dysentery, diarrhoea and kidney stone medicine and can also be used as a cholesterol-lowering agent. Brotowali plant is one type of plant that can be used for herbal medicine and medicine. Brotowali (*Tinospora crispa*, L.) is a herbal medicinal plant that has several benefits, including being used to treat various diseases, smooth the function of the respiratory organs, increase appetite and reduce sugar levels. Ginger, the benefits of ginger are mainly as an ingredient in drinks, cooking spices and traditional medicines. Lime. As a natural herb, lime is efficacious for removing vital energy blockages, cough medicine, phlegm laxative (mucolytic), urinary laxative (diuretic) and sweat, as well as helping the digestive process. Papaya leaves are known to contain several active compounds that have very good effects on the body. According to researchers, the leaves with a bitter taste contain a number of active compounds that are very good for the body. Efficacious increase appetite or as an appetite enhancer. Sambiloto (*Andrographis paniculata*) has liver-protective properties (hepatoprotective) and has been shown to protect the liver from the negative effects of galactosamine and paracetamol. Fennel plant (*foeniculum vulgare* mill) is a medicinal plant that can live in the lowlands and highlands. Fennel benefits are to stimulate the work of the digestive organs, expel the wind, warm the body, and help expel phlegm.

Herbal treatment typically involves using ingredients such as roots, leaves, stems, and fruits from plants classified as medicine by the community (Sumirat, 2017). In addition to plant materials, animal and other natural minerals are used. Treatments include massaging (Alun), summoning the soul (kicik/raleng tendi), incantations (tabas-doa), spraying (semburi), applying oil (erminak), sticking herbs (erdampel), anggih (drops), erpangir (berlangir), erkuning (wearing yellow), oukup (herbal steam bath), and surungi (smearing mashed herbs). While the combined treatment pattern entails both action therapy and the consumption of/drinking of potions (Widiarti, 2016).

5. CONCLUSION

Government-provided facilities, such as health insurance, resulting in a decline in public interest in practising traditional medicine with herbal medicines widely grown in Indonesia. Almost all of Indonesia's plants, as well as medicinal plants, thrive in this country. Ownership of this insurance is intended to ensure access to affordable health care. Simultaneously, the government covers insurance, which means that the government assists the poor and even pays for treatment. This is why people prefer insurance-covered medical services; they no longer have to rely on traditional medicine, where most costs are borne independently and without recourse to their insurance. Before the advent of health insurance/insurance, almost everyone relied on traditional medicine, which was relatively inexpensive. The majority of treatments incorporated plants that were readily available and easy to incorporate into medicine. Traditional medicine services are included as adjuvants and complement to conventional medicine in the path of preventive, promotive, or mild curative efforts. Traditional medicine can be financed through the Special Allocation Fund or the Capitation Fund but has not been done thus far. This situation exists due to stakeholders' lack of political will and the absence of a standardized reference for the Formulary of Traditional Medicine, which is especially important if it is to be covered by social health insurance in the future. A ministerial decree requiring health facilities to provide services using traditional medicines is still required.

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