





Original Article

Compliance With Contribution Payments For Independent National Health Insurance Contributors-Related Factors

Dwi Noerjoedianto¹, Mustika Putri¹, Adila Solida¹

¹Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University, Jambi, Indonesia.

ARTICLE INFO	ABSTRACT
<p>Article History: Submit : Jun 11, 2022 Revised : Nov 6, 2022 Accepted : Dec 18, 2022</p> <p>Keywords: Compliance, JKN, Contribution, Independent Participant, National Health Insurance</p>	<p>Background: National Health Insurance (JKN) is a government program designed to meet the health care needs of the Indonesian population. The amount of delinquent BPJS contributions is due to JKN Mandiri participants' failure to pay contributions. This study aims to determine factors associated with independent JKN participants' payment of dues at Abdul Manap Hospital in Jambi City.</p> <p>Methods: This study employs a quantitative approach and a cross-sectional design. The sample consisted of 106 random samples collected using the technique of accidental sampling. In this study, the independent variables are education, occupation, income, knowledge, perception, and payment location, while the dependent variable is JKN contribution payment compliance. Respondents filled out questionnaires to generate data. The data analysis consisted of univariate and bivariate (chi-square) tests.</p> <p>Results: The majority of respondents, or 63.2%, do not comply with paying JKN contributions, according to the findings of this study. This study's statistical analyses indicate that education (0.007), occupation (0.008), income (0.000), knowledge (0.016), perception (0.008), and place of payment are associated with JKN contribution compliance (0.001).</p> <p>Conclusion: There is a correlation between education, occupation, income, knowledge, perception, payment location, and JKN contribution payment compliance.</p>
<p> Corresponding Author : Mustika Putri</p> <p> Affiliation : Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University, Jambi, Indonesia</p> <p> Email : mustikaputri609@gmail.com</p> <p> Cite this as : Noerjoedianto, D., Putri, M., & Solida, A. . (2023). Compliance With Contribution Payments For Independent National Health Insurance Contributors-Related Factors. Journal of Applied Nursing and Health, 5(1), 1–7. https://doi.org/10.55018/janh.v5i1.69</p>	

Introduction

The National Health Insurance Program is a Government program that aims to provide certainty of comprehensive health insurance for every Indonesian people so that the population of Indonesia can live a healthy, productive, and prosperous life. The benefits of this program are provided in the form of

comprehensive individual health services, including health improvement services (promotive), disease prevention (preventive, treatment (curative), and recovery (rehabilitative), including drugs and medical materials with using quality and cost controlled service techniques



(managed care) ([BPJS, 2014](#); [Simbareja & Dewiyan, 2020](#)).

Members of the National health insurance program receive various JKN services managed by BPJS Health based on Law No. 24 of 2011, which has been in effect since January 1, 2014. All Indonesian citizens are required to be registered as members of health insurance with supervision carried out by BPJS, and this also applies to foreigners who have worked in Indonesia for six months and have made payments. ([Undang - Undang Republik Indonesia Nomor 24 Tahun 2011, 2011](#))

JKN members include recipients of contribution assistance as well as recipients of non-contribution assistance. Contribution recipients (PBI) are health insurance programs for underprivileged citizens borne by the central government from the APBN and local governments from the APBD. At the same time, Non-Recipients of Contribution Assistance (NON-PBI) are membership members with independent membership status. ([BPJS Health 2021](#)). Based on BPJS program rules, membership dues must be paid no later than the 10th of every month. In addition, a fine will be applied at 5% if the participants involved use inpatient 45 days after continuing their membership status ([Presidential Regulation 2018](#)). Nationally, data on BPJS premium arrears as of November 2020 reached Rp. 11 trillion, according to the Deputy Director for Contribution Management, BPJS Health, Ni Made Ayu Sri Ratna Sudewi, in arrears from all classes, both class I, class II, and class III independent participants. Of this amount, about 60% are class III participants who incidentally are independent participants with a lower middle-class income ([BPJS Kesehatan, 2021](#); [Idris, 2014](#); [Simbareja & Dewiyan, 2020](#); [Sudewi Ratna, 2020](#)).

Based on data compiled by BPJS Health in December 2019, there were five

districts in Jambi province that were in arrears in paying BPJS contributions, and Jambi City, with the most arrears of Rp. 60,159,899,190. ([BPJS, 2019](#)). The number of treatment costs and the dangers of disease becomes the basis for everyone to join JKN membership members, including joining independent JKN membership members. Compliance with installments of independent JKN membership fees is the main element in empowering the accessibility of welfare administration. Compliance with paying dues is the behavior of individuals who are willing and able to pay dues regularly and are not in arrears in paying monthly dues following applicable regulations ([BPJS Kesehatan, 2021](#); [Saputri, 2015](#); [Ulinuha, 2014](#); [Widyanti, 2018](#)).

Based on initial data obtained by researchers at Abdul Manap Hospital, Jambi City, the number of hospitalized patients from January to September 2021 was 2,636. Moreover, data was obtained from BPJS RS. Abdul Manap that as many as 256 inpatients are in arrears in paying dues. From this total, it can be presented that about 10% of patients with independent JKN membership status are irregular in making payments. Moreover, researchers have also conducted an initial survey of 13 inpatients at Abdul Manap Hospital; ten people pay dues on the 10th of every month. The independent participants do not regularly pay dues because of their ignorance of the payment deadline and their uncertain income. In addition, they also feel that the provision of services to patients by using BPJS is less than optimal. ([BPJS, 2021](#))

Methods

This research is a quantitative research using a cross-sectional approach. The population is all BPJS RS patients. Abdul Manap Jambi City. The sample is 106

respondents with a sampling technique using accidental sampling. The study's independent variables are education, occupation, income, knowledge, perception, and place of payment. The dependent variable is compliance with

paying JKN contributions. The data was obtained by filling out the questionnaire and then analyzed using the chi-square test.

Results

The data presented include characteristics of age, gender, education, occupation, income, knowledge, perception, place of payment, and compliance with paying JKN contributions.

Table 1. Univariate analysis

No	Characteristics	n	%
1	Age		
	>35 years	36	34
	36-50 Years	44	41
	51-65 Years	26	25
Amount		106	100
2	Gender		
	Man	70	66
	Woman	36	34
Amount		106	100
3	Education		
	Low (No school, finished elementary & junior high school)	55	51.9
	Tall (High School & Diploma/Bachelor)	51	48.1
Amount		106	100
4	Work		
	The informal sector (Labour, Traders, IRT)	65	61.3
	Formal sector (private employees)	41	38.7
Amount		106	100
5	Income		
	Low	58	54.7
	Tall	48	45.3
Amount		106	100
6	Knowledge		
	Not good	66	62.3
	Well	40	37.7
Amount		106	100
7	Perception		
	Not good	60	56.6
	Well	46	43.4
Amount		106	100
8	The place of payment		
	Pay in cash (Post office, Bank, Indomaret/ Alfamart)	57	53.8
	Pay non-cash (Atm banking and JKN Mobile application)	49	46.2
Amount		106	100
9	Obedience		
	Not obey	67	63.2
	Obey	39	36.8



Amount

106

100

Based on table 1. Univariate analysis, it can be seen that in this study of 106 respondents. 51.9% of respondents, in the occupational category most of them 61.3% of respondents work in the informal sector (laborers, traders, IRT), most of the income is low, namely 54.7%, with the level of knowledge is mostly 62.3% of respondents categorized as unfavorable and 56.6% of respondents have a perception of unfavorable health conditions. While choosing the place of payment, most of them chose to pay in cash (post office, bank, Indomaret/ Alfamart). As many as 53,

Table 2. Cross Tabulation of Education with Compliance Paying BPJS Contributions

Education	Compliance pay					
	Not obey		Obey		Total	
	n	%	n	%	n	%
Low	42	76.4	13	23.6	55	100
Tall	25	49.0	26	51.0	51	100
Total	67	63.2	39	36.8	106	100
P-Value		0.007				
PR (95% CI)		3,360(1,466 – 7,703)				

The chi-square test analysis results obtained a $p = 0.007$ ($p < 0.05$), which means a significant relationship exists between Education and Compliance with Paying BPJS Contributions. The CI value (95%) obtained is 1.466 – 7,703, and the PR (Prevalence Ratio) is 3.360, so it can be interpreted that respondents with low education have a risk of 3.360 for not complying with paying BPJS independent contributions.

Table 3. Cross Tabulation with Compliance Paying BPJS Contributions

Work	Compliance pay					
	Not obey		Obey		Total	
	n	%	n	%	n	%
Informal	48	73.8	17	26.2	65	100
formal	19	46.3	22	53.7	41	100
Total	67	63.2	39	36.8	106	100
P-Value		0.008				
PR (95% CI)		3,269 (1,431-7,470)				

Based on the table above, the chi-square

test analysis results obtained a $p = 0.008$ ($p < 0.05$), which means that there is a significant relationship between work and compliance with paying BPJS contributions. The CI value (95%) obtained is 1.431-7.470, and the PR (Prevalence Ratio) is 3.269, so it can be interpreted that patients with informal jobs will be at risk of 3,269 for not complying with paying BPJS contributions independently.

Table 4. Income Cross Tabulation with Compliance Paying BPJS Contributions

Income	Compliance pay					
	Not obey		Obey		Total	
	n	%	n	%	n	%
Low	48	82.8	10	17.2	58	100
Tall	19	39.6	29	60.4	48	100
Total	67	63.2	39	36.8	106	100
P-Value		0.000				
PR (95% CI)		7,326 (2,997-17,908)				

The results of the chi-square test analysis obtained a value of $p = 0.000$ ($p < 0.05$), meaning a significant relationship exists between Income and Compliance with Paying BPJS Contributions. The CI value (95%) obtained is 2,997-17,908, and the PR (Prevalence Ratio) is 7.326, so it can be interpreted that respondents with low incomes will be at risk of 7,326 not complying with paying BPJS contributions.

Table 5. Cross Tabulation of Knowledge with Compliance Paying BPJS Contributions

Knowledge	Compliance pay					
	Not obey		Obey		Total	
	n	%	n	%	n	%
Not good	48	72.7	18	27.3	66	100
Well	19	47.5	21	52.5	40	100
Total	67	63.2	39	36.8	106	100
P-Value		0.016				
PR (95% CI)		2,497 (1,293 – 6,717)				

Based on the table above, the chi-square test analysis results obtained a $p = 0.016$ ($p < 0.05$), meaning there is a significant relationship between Knowledge and



Compliance with Paying BPJS Contributions. The CI value (95%) obtained is 1.293 – 6.717, and the PR (Prevalence Ratio) is 2.497, so it can be interpreted that respondents with poor knowledge will be at risk of 2.947 not complying with paying BPJS contributions.

of payment and compliance with paying BPJS contributions. The value of CI (95%) obtained is 1.967 – 10.767, and the PR (Prevalence Ratio) is 4.602, so it can be interpreted that respondents who pay cash will be at risk of 4.602 not complying with paying BPJS contributions.

Tabel 6. Cross Tabulation of Perception of Health Services with Compliance in Paying BPJS Contributions

Perception	Compliance pay				Total	
	Not obey		Obey			
	n	%	n	%	n	%
Not good	45	75.0	15	25.0	60	100
Well	22	47.8	24	52.2	46	100
Total	67	63.2	49	36.8	106	100
P-Value				0.008		
PR (95% CI)				3,273 (1,438 – 7,448)		

Based on the table above, the chi-square test analysis results obtained a $p = 0.008$ ($p < 0.05$), which means that there is a significant relationship between Perception of Health Services and Compliance with Paying BPJS Contributions. The value of CI (95%) obtained is 1.438 – 7.448, and the PR (Prevalence Ratio) is 3.273, so it can be interpreted that respondents with poor perceptions will be at risk of not complying with paying BPJS contributions.

Tabel 7. Cross Tabulation of Payment Places with Compliance Paying BPJS Contributions

Place of payment	Compliance pay				Total	
	Not obey		Utilize			
	n	%	n	%	n	%
Pay cash	45	78.9	12	21.1	57	100
Pay non-cash	22	44.9	27	55.1	49	100
Total	67	63.2	39	36.8	106	100
P-Value				0.001		
PR (95% CI)				4,602 (1,967 – 10,767)		

The chi-square test analysis results obtained a $p = 0.001$ ($p < 0.05$), meaning there is a significant relationship between the place

Discussion

Someone with a high education will have better thoughts in processing information so that it can affect his knowledge in one case, for example, in Compliance Paying BPJS Contributions. The bivariate analysis results with the chi-square test obtained a p-value of 0.007 ($p > 0.05$), meaning a significant relationship exists between Education and Compliance with Paying BPJS Contributions. This is in line with the research of Anom Dwi Prakoso (2020), which states that the p-value = 0.002, which means that there is a significant relationship between a person's education level and compliance with paying JKN contributions in the working area of the Ranotana Weru Health Center with a p-value of 0.011. ([Prakoso & Sudasman, 2020](#))

The results of the bivariate analysis with the chi-square test obtained a p-value of 0.008 ($p < 0.05$), which means that there is a significant relationship between work and compliance with paying BPJS Mandiri contributions, respondents in this category on average work as laborers, traders and household workers. Their income is low, unstable, and uncertain, so they sometimes prioritize primary needs over paying independent BPJS contributions. This study is in line with the research of Nada Muhizra Situmeang (2021), which states that there is a relationship between the results of statistical tests using chi-square, p -value = 0.003. This shows a relationship between the respondent's job status and compliance with paying the contributions of BPJS Health PBPJ



participants at the Kotapinang Regional General Hospital. ([Muhizra Situmeang's tone 2021](#))

Based on the bivariate analysis with the chi-square test, the p-value = 0.006 ($p < 0.05$) means a relationship exists between income and compliance with paying BPJS Mandiri contributions. Referring to the results of the statistical test, it can be explained that the higher a person's income, the greater the desire to pay BPJS contributions. Community income is included in the low category due to the low income earned every month, below the Jambi City Ump. This study's results align with Inten Simbareja (2020) research, which says that p-value = 0.000 is lower than. So H_0 is rejected, which means that the total income level is related to the level of compliance of JKN participants in paying JKN contributions. ([Simbareja & Dewiyani, 2020](#)). Sufficient knowledge about JKN affects the behavior of community participation in JKN. The results of the bivariate analysis with the chi-square test obtained a p-value of 0.016 ($p < 0.05$), meaning a significant relationship exists between knowledge and compliance with paying BPJS Mandiri contributions. In line with Sitti Fatimah Zain's (2021) research, it shows a relationship between the knowledge variable and compliance with paying independent BPJS contributions in patients at the Mamuju District Hospital. With the results of the chi-square statistical test with $p = 0.048$. ([Efendy et al., 2022](#); [Zain & Batara, 2021](#))

The results showed that respondents who did not comply with paying the most dues had a poor perception of 75%. This is because many of them are disappointed with the services provided by health workers and the lack of facilities obtained during treatment, and BPJS patients feel different. The research of Laela Ayu Ramadani (2019) states that the perception of BPJS and regularity of payment of contributions with the Chi-Square test results obtained a p-value of 0.002, which means there is a relationship between perceptions of BPJS health and regularity of

payment of contributions to fishermen. ([BPJS Jambi, 2021](#); [Laela Ayu Ramadani, Susi Wahyuning Asih, 2021](#))

The availability of a place to pay contributions is one form of public service carried out by the government to fulfill community needs. The results showed a relationship between the place of payment and Compliance with Paying BPJS Contributions with a p of 0.001 ($p < 0.05$). This study is in line with research by Risdayanti (2021), which states that the results of the chi-square test with a value of (0.05) obtained $p = 0.032$, where the p-value is smaller than the value of, then this indicates a relationship between access to the place of payment and arrears in payment of BPJS Health contributions independently in Bunga Eja Beru Village, Tallo District, Makassar City ([Risdayanti & Batara, 2021](#); [Yusuf et al., 2019](#))

Conclusion

From the results of research conducted on BPJS Mandiri patients in the inpatient installation of the hospital. Abdul Manap Jambi City, it can be concluded that there is a relationship between Education, Employment, Income, Knowledge, Perception, and Place of Payment with compliance with paying BPJS independent contributions.

Authors Contributions

The author carries out tasks from data collection, data analysis, making discussions to making manuscripts

Conflicts of Interest

There is no conflict of interest

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