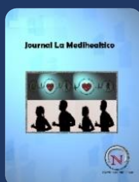

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Factors Affecting Inactive BPJS Participants in the UPTD of Sungai Raya Community Health Center, East Aceh Regency

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Abstract

Based on data from BPJS Health in 2019, it reached a membership number of 221,580,743 people. However, in reality, many patients who are about to provide health services at Hekath Centre are found to have an inactive membership card. The study aimed to determine the effect of vulnerability, seriousness, barriers, perceived benefits, influence to act and dominant factors on BPJS Inactive Membership. The study was an analytical survey with a cross-sectional approach.. The population were 50 people and the sampling technique used an accidental technique with a purposive approach. Data analysis used univariate, bivariate and multivariate. The results showed that the multivariate p(sig) susceptibility value was .532 (OR=2.515 CI 0.140-45.253), confidence was .032 (OR=16,712 CI 1.275-219.028), benefits were .015 (OR=28,388 CI 1.942-415.210), barriers of .015 (OR=23,558 CI 1.863-297.969), the effect of acting was 0.353 (OR=4.119 CI .208-81.681). In conclusion, the variables that simultaneously influence the inactive BPJS membership were beliefs, benefits and obstacles, while the most dominant factor for the inactive BPJS membership is the perceived benefits. BPJS Health must increase the quantity of socialization. This can be seen from the lack of continuous socialization to the community of BPJS members by installing banners containing the slogan of the JKN Program so that it must be reproduced and installed in every health facility.

Introduction

Puskesmas is a front-line health facility in the implementation of basic health services in the community. As a first-level health service facility, the Puskesmas is the most strategic health service unit in the health care system in Indonesia in relation to its output achievements for the priority program indicators listed in the Minimum Service Standards (SPM), the Healthy Indonesia Program with a Family Approach (PIS-PK).) and sustainable development goal's (SDG's), leading health services in implementing real health paradigm policies in the field, instruments for equitable distribution of health services for the entire population, instruments for reducing disparities in health status between regions and realizing justice in the health sector and playing a major role in reducing the escalation of health costs (Komariah & Imani, 2018).

Health services at the puskesmas are upstream interventions and play a major role in reducing health escalation because their role in health efforts prioritizes promotive and preventive services to achieve the highest level of health in their working area. This means that health services at the Puskesmas are more focused on promotive and preventive program activities, so that there are no health problems that require clinical services. This is the basis for the

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puskesmas to be designated as the provider of the health insurance administration body (BPJS), which is a national health insurance program (JKN).

BPJS is a transformation of 4 state-owned enterprises (BUMN), namely PT Askes, Jamsostek, Taspen and Asabri to provide health insurance for all Indonesian people as an effort by the government to fulfill the rights of every individual to social security to provide certainty of protection and overall social welfare for all people. achieve Universal Health Coverage (UHC) (Rahma et al., 2017). There are 2 forms of participation in JKN, namely PBI and non-PBI.

Based on data from the Social Security Administration for Health (BPJS) in 2019, the number of participants was 221,580,743 people. The addition of JKN-KIS participants per year averages 12-14 million people. Meanwhile at service points, visits to FKTP average around 400,000 visits per day, while visits to hospitals are around 26,000-27,000 visits per day. As the implementing agency for the JKN system, BPJS Health develops an information technology-based system as an effort to improve the quality of participant services and health facilities (Prasetyowati & Rahadiyanto, 2017).

The information technology system is in the form of an application known as Primary care (P-care). This application is in the form of mobile or can be downloaded by BPJS participants on smartphones so that users can enjoy the application and carry out routine user activities (Wahana, 2014). With this application, BPJS users or participants can get five conveniences, namely registering and changing membership data, knowing information on participant and family data, knowing billing and payment information, getting services at health facilities (health facilities) and submitting complaints and requests for information about JKN- KIS (Putri, 2019).

This application can monitor health service activities for JKN participants and BPJS health can directly monitor and evaluate the number of visits and referral numbers, thereby reducing unnecessary health services because people cannot go directly to the hospital if the disease condition does not require intensive treatment. In addition, P-care functions to check the validity of BPJS membership for a patient who comes for treatment at the puskesmas, stores data on services that have been provided to BPJS patients, issuing patient referral letters to advanced health facilities and recapitulating service data provided by the puskesmas to be submitted to BPJS as a report (Santoso & Pramono, 2018). However, behind the ease of use, this application is still not effective for BPJS membership in making it easier for patients to get services at both the primary and tertiary levels. However, in reality, many patients who are about to provide health services at the puskesmas are found to have inactive membership cards due to participants not following BPJS policies.

The health belief model (HBM) theory was proposed by Rosenstock 1966, then refined by Backer, et al in 1970 and 1980. HBM predicts behavior as a result of beliefs which are individual perceptions of perceived susceptibility to a disease (perceived susceptibility), perceived seriousness (perceived seriousness), the benefits received (perceived benefits) and the obstacles experienced (perceived barriers) in fighting the disease. This action will depend on the perceived benefits and the obstacles found in taking the action but in general the benefits of the action are more decisive than the obstacles that may be found in taking the action, and the things that motivate the action (cues to action) come from from outside information or advice on health problems (4).

Descriptive research in the city of Bandung involving 700 respondents from informal workers regarding the potential for informal community participation to become JKN participants independently, it was found that 87.1% of respondents stated that they were willing to participate in the program. Regarding perceptions and motivations for independent JKN participation in Surakarta City, it was found that they realized the importance of health in life (80%) and as many as 86% said participation in JKN was to ensure their health.

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UPTD Sungai Raya Public Health Center, Sungai Raya District, East Aceh Regency is the first level health facility that has used the implementation of P-care since 2018 until now. The Government of East Aceh since 2005 has made a policy in the form of health equity through health insurance (JKA) for all residents in East Aceh to have equal opportunities in obtaining health services. The East Aceh government has guaranteed free treatment by paying insurance to BPJS. Since the issuance of the regulation, BPJS has provided BPJS membership cards to all levels of society in East Aceh. However, the community must continue to monitor the card itself so that its membership remains active regarding uptograde data that the public must fill in according to BPJS regulations and report all data changes related to BPJS membership. But the fact is that people still do not comply with these rules, even BPJS has issued a JKN mobile application that can be downloaded by the public, but this convenience cannot influence people to make changes to their behavior even though the government has guaranteed the insurance payment.

Based on data from the Health Center in 2019 it was found that the total population was 12,385 people with 10,204 poor people. The number of BPJS PBI users is JKA as many as 644 people and the APBN as many as 9,452 people and non-PBI as many as 128 people. For 2020, it was found that the total population was 12,670 people with the number of poor people being 10,406 people. The number of BPJS PBI users is 482 JKA users and 7,975 APBN users and 62 non PBI users. The results of interviews conducted with 5 BPJS participants stated that they had downloaded the JKN mobile application to facilitate card activation, but patients ignored it. This is associated with several perceptions that consider BPJS to have no effect on taking treatment because patients feel sick rarely, there is a change in membership from non-PBI to independent for retirees and workers who work in companies that were originally under the responsibility of the company but due to the condition of retired workers and If he is fired, there will be a change in his membership status, so that the dependent payment must be paid independently by the worker.

The results of interviews with health workers explained that inactive BPJS membership was associated with a low level of public awareness to follow BPJS rules because participants did not experience dangerous and vulnerable diseases. The existence of the JKN mobile application that has been downloaded on the patient's android is often ignored and ignored by the patient. As a result, when the patient is sick and receiving treatment, it is known that the card is no longer active. This condition affects the amount of funds that will be disbursed by BPJS to the puskesmas which is adjusted to the number of BPJS participants who are registered and active as participants.

For this reason, by examining the background and existing problems, the researcher is interested in carrying out a research entitled "Factors Affecting Inactive BPJS Participants in the UPTD of Sungai Raya Community Health Center, Sungai Raya District, East Aceh Regency in 2021"

Methods

This research is a quantitative study with an analytical survey design with a cross-sectional approach. Participants in this study were the entire population of all patients who were inactive BPJS participants at the UPTD Puskesmas Sungai Raya, Sungai Raya District, East Aceh Regency as many as 50 people. The location of the research was carried out in the UPTD Work area of the Sungai Raya Health Center, Sungai Raya District, East Aceh Regency in 2021. The sample selection used the total population technique by making the entire population of BPJS participants as the sample in this study.

The data used in this research are primary data, secondary data and tertiary data. Primary data is in the form of data collected through questionnaires which are answered directly by respondents. The variables measured in this study consisted of independent variables from

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vulnerability, beliefs, barriers, perceived benefits and influence to act, while the dependent variable was inactive BPJS membership. The questionnaire that was tested for validity and reliability was a questionnaire that involved questions on the variables of vulnerability, belief, barriers, perceived benefits and influence to act, while BPJS membership was not active as seen from the patient's membership card.

The perceived susceptibility variable is a condition regarding the perceived susceptibility of the disease so that participants activate BPJS membership, the statement items are 6 questions with the existing category if the score obtained by the respondent is >13 and if there is no score the respondent gets is <13. The variable of perceived confidence is a condition regarding beliefs about the disease that is felt so that BPJS participants have to reactivate BPJS membership, the statement items are 6 questions with the existing category if the score obtained by the respondent is > 13 and if there is no score the respondent gets is < 13. The perceived obstacle variable is the condition of the obstacles or obstacles felt by BPJS participants to reactivate the BPJS membership card, the statement items are 6 questions with the existing category if the score obtained by the respondent is >13 and none if the score obtained by the respondent is <13 .

The perceived benefit variable is the benefits felt by BPJS participants to reactivate their membership in ensuring their health condition, 6 questions in the statement item with no category if the score obtained by the respondent is >13 and there is if the score obtained by the respondent is <13 . The influence variable for acting is someone's action to activate BPJS membership due to the influence of others at the puskesmas, the statement items are 6 questions with the category of yes if the score obtained by the respondent is > 13 and none if the score obtained by the respondent is < 13. The inactive BPJS membership variable is the inactivity of the BPJS participants to continue using the BPJS card with the Active category, if the BPJS card is active by the BPJS participant and inactive, if the BPJS participant is not active in using the BPJS card.

The secondary data used is in the form of data collected by the Sungai Raya Health Center, Sungai Raya District, East Aceh Regency through medical records and tertiary data used in the form of data that has been published both nationally and internationally.

The data was collected, then analyzed in the form of univariate data to see the frequency distribution of respondents' characteristics, vulnerability variables, beliefs, barriers, perceived benefits, influence to act and BPJS membership is not active. Bivariate analysis to determine the relationship between the independent variable and the dependent variable using the chi-square test. Multivariate analysis to determine the effect of the independent variable and the dependent variable as well as the most dominant factor that has the most influence on the dependent variable using binary multiple linear regression test.

Results and Discussion

The majority of respondents' characteristics were aged 29-34 years as many as 15 people (30%), women as many as 29 people (58%), high school education as many as 39 people (78%), self-employment as many as 16 people (32%) and appropriate income as many as 40 people (80%). Characteristics of respondents can be seen in table 1.

Table 1. Characteristics of respondents

Characteristic	Frequency	Percentage (%)
Age		
29-34 Years	15	30
35-40 Years	14	28
41-46 Years	9	18
47-52 Years	6	12

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53-58 Years	3	6
59-64 Years	1	2
65-70 Years	2	4
Gender		
Man	21	42
Woman	29	58
Education		
JUNIOR	2	4
SMA	39	78
PT	9	18
Work		
Not Working	15	30
PNS	5	10
Self employed	16	32
Farmer	3	6
Employee	7	14
Laborer	4	8
Income		
Not appropriate	10	20
Appropriate	40	80

Based on the measurement results with the perceived vulnerability questionnaire, there were 18 respondents (36%) and there were 32 respondents (64%). From the perceived belief, there were 19 respondents (38%) and there were 31 respondents (62%). Of the perceived barriers, there were 22 respondents (44%) and 28 respondents (56%). From the perceived benefits, there were not as many as 20 people (40%) and there were as many as 30 people (60%). From not being influenced to act as many as 24 respondents (48%) and there being influenced by as many as 26 respondents (52%). From BPJS membership, 20 respondents (40%) were inactive and 30 respondents were active (60%), which can be seen in table 2.

Table 2. Research Variable

Variable	Frequency	Percentage (%)
Perceived vulnerability		
None	18	36
Exist	32	64
Perceived confidence		
None	19	38
Exist	31	62
Perceived obstacles		
Exist	22	44
None	28	56
Perceived benefits		
None	20	40
Exist	30	60
Influence to Act		
None	24	48
Exist	26	52
BPJS membership		
Inactive	20	40
Active	30	60

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Based on the results of the chi-square test analysis that the factors of vulnerability, belief, barriers, perceived benefits and influence to act have a significant relationship with inactive BPJS participants (p-value <0.05), which can be seen in table 3.

Table 3. Chi-square Analysis of Independent Variables on Dependent Variables

Variable	*P-value*
Perceived vulnerability	0,010*
Perceived confidence	0,000*
Perceived obstacles	0,000*
Perceived benefits	0,000*
Influence to Act	0,000*

Based on the chi-square test, it was found that 5 variables had a relationship with inactive BPJS participants and based on the requirements as candidates for the multivariate binary multiple linear regression test with p-value <0.25. The purpose of doing a multiple linear regression test is to find out the most dominant and influential variable on the dependent variable if the test is carried out simultaneously. The results of the multivariate analysis showed that vulnerabilities, beliefs, barriers, perceived benefits and influence to act on inactive BPJS participants, which can be seen in table 4.

Table 4. Multivariate Analysis of Independent Variables on Dependent Variables

No.	**Step 1**	**B**	***Sig***
1	Perceived vulnerability	0,922	0,532
2	Perceived confidence	2,381	0,111*
3	Perceived obstacles	2,355	0,159*
4	Perceived benefits	2,927	0,046*
5	Influence to Act	1,333	0,402*
Constant		-5,757	0,027
No.	**Step 2**	**B**	***Sig***
1	Perceived confidence	2,792	0,042*
2	Perceived obstacles	2,527	0,116*
3	Perceived benefits	2,731	0,045*
4	Influence to Act	1,416	0,353
Constant		-4,541	0,003
No.	**Step 3**	**B**	
1	Perceived confidence	2,816	0,032*
2	Perceived obstacles	3,159	0,015*
3	Perceived benefits	3,346	0,015*
Constant		-3,392	0,003

From the results of the study, it was found that the factors of belief, obstacles, and benefits that were felt together had a significant influence on inactive BPJS participants

The Effect of Perceived Vulnerability on Inactive BPJS Participants

The results showed that based on the chi-square test that the probability value was (0.010) <sig_α=0.05, so it can be seen that the perceived vulnerability has a significant relationship with inactive BPJS participants. Meanwhile, multivariate, the perceived vulnerability was obtained with p (sig) of 0.532 so that there was no effect of perceived vulnerability with inactive BPJS participants. The value of OR = 2.51 means that respondents who are vulnerable to their health have 2.51 times the opportunity to activate BPJS membership. The value of Coefficient B, which is 0.922, is positive, the more vulnerable the respondent will be, the more active BPJS membership will be.

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Research in line with I.A. Putri Widhiastuti, P.P. Januraga and D.N. Wirawan (2015) stated that there was no effect of the perception of vulnerability on JKN participation independently at Puskesmas I East Denpasar (p=0.53) (Widhiastuti et al., 2015).

Basically someone will have more confidence if they are at risk of disease, they will be more inclined to take preventive measures. On the other hand, if someone is not in a state of disease risk, they will be more likely not to do prevention or have assumptions about healthy behavior (Rachmawati, 2019). According to the research assumption, the perception of vulnerability is related to the state of his or her condition or the presence or absence of a disease that is considered a vulnerable disease and is increasingly developing and requires intensive care and treatment, so that a person chooses BPJS membership. Based on the results of the study, it was found that 32 people (64%) had a perceived vulnerability to active BPJS participants as many as 24 people (48%). This proves that it is the susceptibility of the illness that affects a person to join BPJS. To determine a person's susceptibility to disease, it can be influenced by age which from the results of the study there were 9 respondents aged >46 years while 15 respondents were between 26-45 years old. Age characteristics can influence a person to take part in BPJS due to the age vulnerability factor, namely the older a person is, the more vulnerable his fear of disease will be, so he decides to activate his BPJS membership after providing information about BPJS. This can be seen when BPJS participants who were originally inactive become active again after providing health services at the Sungai Raya Community Health Center while providing services. From patient data, it was found that the occurrence of BPJS inactivity was in patients who were covered by the government, those who felt the presence of disease susceptibility factors caused them to choose to be active in BPJS.

However, multivariately it was not found that the perceived vulnerability had no effect on inactive BPJS participants. This is not in line with the HBM theory that the perception of vulnerability can affect BPJS participants actively re-using the health insurance. This can be caused because there are predisposing character factors that influence a person to be active in BPJS membership, such as the influence of a person's level of knowledge to be able to change his behavior caused by a person's low level of education as seen from research that the majority are secondary education. Based on experience and research that behavior based on knowledge will last longer than behavior that is not based on knowledge. The lack of knowledge about health insurance and the perception that participating in BPJS must be influenced by the disease that he suffers so he will choose to activate his BPJS.

The Influence of Perceived Confidence on Inactive BPJS Participants

The results showed that based on the perceived confidence in inactive BPJS participants in the UPTD Puskesmas Sungai Raya, Sungai Raya District, East Aceh Regency in 2021. It is known that the probability value (0.000) $<sig_\alpha=0.05$, so it can be seen that the perceived confidence has a relationship significant with inactive BPJS participants. Meanwhile, multivariately, the perceived confidence with p (sig) is 0.032 and has a value of OR = 16.7, meaning that respondents who feel seriousness have 16.7 times the chance of being active BPJS participants. The value of Coefficient B, which is 2.816, is positive, so the more confident you are with the disease felt by the participants, the more active BPJS will be.

This study is not in line with Nur An Nisaa, Antono Suryoputro and Aditya Kusumawati that perception of severity does not significantly affect BPJS membership (p-value 0.886). In his research, he explained that because they did not know the severity of the disease, respondents did not participate in BPJS membership (Nisaa et al., 2019).

Perceived severity is an individual's belief in the severity of the disease. While the perception of severity of the disease is often based on information or knowledge of treatment, it may also stem from beliefs about people who have difficulties about their illness or the impact of the disease on their lives (Rachmawati, 2019).

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According to the researcher's assumptions, the perceived belief is related to the belief in the severity of the illness suffered by a person so that he will trust health insurance and choose to be active again in BPJS membership. The influence of disease conditions that initially did not cause severe symptoms, for example, patients with hypertension coupled with the onset of symptoms of other diseases such as heart disease made them choose to join BPJS. This can be seen from 31 people (62%) who have a perceived confidence in active BPJS participants as many as 27 people (54%). This shows that the more severe the disease he suffers and the emergence of accompanying symptoms that did not exist before will have an effect on BPJS membership to be active. This condition can be caused when the patient is treated and the new diagnosis given by the doctor makes him evaluate his condition and believe that his condition is getting worse and it is necessary to reactivate his BPJS membership.

Confidence in the severity of the disease makes the respondent to reactivate BPJS membership, so that if the perception of belief about the severity of the disease does not exist and does not cause symptoms even though the disease is present or not, the respondent will not choose to reactivate their membership. This can be seen from the results of the study which showed that 19 people (38%) had no perceived confidence with inactive BPJS participants as many as 16 people (32%). The results showed that he did not believe that he had or did not suffer from the disease and chose not to reactivate his membership. In this case the respondent perceives that he has no disease, so he does not want to activate his participation.

The results of the research that perceived beliefs have an influence on inactive BPJS participants are caused by beliefs about health insurance that can cover their health, making BPJS participants reactivate their membership cards. This is influenced by the individual's actions to seek treatment and prevention of the disease will also be driven by the perception of belief in the disease so that he will choose to be active again in BPJS membership. If he does not believe in the perception of severity then he will not choose to participate in BPJS membership.

The Effect of Perceived Barriers to Inactive BPJS Participants

Based on the results of the chi-square analysis in the attachment of the chi-square test table. The relationship between perceived barriers to BPJS Inactive Participants at the Sungai Raya Health Center UPTD Sungai Raya District, East Aceh Regency in 2021. It is known that the probability value (0.000) $<sig_\alpha=0.05$, so that it can be seen that the perceived barriers have a significant relationship with the inactive BPJS participants. While multivariately, it was found that the perceived barriers with p (sig) of 0.015 and having an OR value of 23.5 means that respondents whose perceived barriers are hampered have 23.5 times the chance that BPJS participants are inactive. The value of Coefficient B, which is 23.5, is positive, the more obstacles felt by the respondents, the more active BPJS participants will be.

This study is in line with research conducted by Susilo Handoyo, and Muhammad Fakhriza that one of the influencing factors to increase participation compliance with employers and workers include the availability of the place for payment of contributions, the distance to the place of payment of contributions, and travel time to the place of payment of contributions (Handoyo & Fakhriza, 2017). This study is not in line with Ida Ayu Putri Widhiastuti, Pande Putu Januraga and Dewa Nyoman Wirawan that perceived barriers have no effect on JKN participation independently at Puskesmas I Denpasar Timur (Widhiastuti et al., 2015).

Perceived barriers are negative aspects of individuals that prevent these individuals from behaving in a healthy manner, because to make changes is not an easy thing. This allows for barriers to overcome in determining the new behavior to be carried out (Rachmawati, 2019).

According to the assumption, perceived barriers are related to negative aspects that prevent a person from having healthy behavior to activate BPJS membership after he finds out that BPJS

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membership is no longer active. From the results of the study, it was found that 22 people (44%) who had perceived barriers to BPJS participants were not active as many as 18 people (36%). The perception of obstacles arises because the respondent uses BPJS because there is an influence from where he worked before but because the respondent moved or was laid off from the company so that BPJS membership will experience a transfer from labor insurance so it is necessary to upgrade their BPJS membership, but because of the factors of BPJS management far from the place The only thing left is that the patient does not activate his BPJS membership. There are external factors from respondents who do not use BPJS so they do not participate in BPJS membership. In addition, the factor of not all participants understanding the use of the JKN mobile application which should make it easier for participants to find out their membership status makes participants inactive, even though in the application there is already a reminder notification to participants to follow any changes to BPJS rules.

The perception of obstacles does not exist in participating in BPJS even though the respondent was inactive due to a change in BPJS membership status, making respondents try to reactivate their membership. It can be seen from 28 people (56%) who have no perceived barriers to active BPJS participants as many as 26 people (52%). There are no obstacles, both distances, the influence of the family because they have used BPJS, respondents still activate their BPJS membership.

According to the researcher, it can be concluded that the theory of perceived barriers arises from negative aspects that prevent respondents from carrying out health behaviors due to factors from obstacles in considering cost, time, convenience, and side effects.

The Effect of Perceived Benefits on Bpjs Participants Is Inactive

Based on the results of the chi-square analysis in the attachment of the chi-square test table. The relationship of perceived benefits to Inactive BPJS Participants at the Sungai Raya Health Center UPTD Sungai Raya District, East Aceh Regency in 2021. It is known that the probability value (0.000) $<sig_\alpha=0.05$, so that it can be seen that the perceived benefits have a significant relationship with the inactive BPJS participants. While multivariately, it was found that the perceived benefit with p (sig) was 0.015 and had an OR value of 28.3 meaning that respondents who felt the benefits were useful had a 28.3 chance that BPJS participants were inactive 1 time. The value of Coefficient B, which is 28.3 is positive, the more inhibited the perceived benefits, the more active BPJS will be.

This study is in line with research conducted by Ida Ayu Putri Widhiastuti, Pande Putu Januraga, Dewa Nyoman Wirawan explaining that the variable that is significantly related to JKN participation is the respondent's perception of the benefits of JKN with adjusted OR = 4.53 (95% CI: 2.15 -9.55) (Widhiastuti et al., 2015). Another study conducted by Muhammad Riduan, Syamsul Arifin, Lenie Marlinae explained that there was a significant relationship between perceived benefits and JKN membership independently (p = 0.000) (Riduan et al., 2020).

Perceived benefits are beliefs about the benefits felt by individuals when performing healthy behavior (Rachmawati, 2019). This refers to a person's belief that a change in behavior has an impact on health for example, cost savings (Pakpahan et al., 2021).

According to the researcher's assumptions, the perception of benefits relates to whether there are benefits if someone follows BPJS insurance for their health. A person's perception of the benefits of BPJS can be influenced by profit and loss if he participates in BPJS, the calculation of the costs incurred when he is sick with the money that will be spent will make respondents feel that BPJS membership can reduce risks and threats to their health conditions in the future. It can be seen from 30 people (60%) who have perceived benefits with active BPJS participants

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as many as 26 people (52%). With the perception of benefits felt by BPJS participants, they choose to remain active in their membership or BPJS membership.

Influence to Act on Inactive BPJS Participants

Based on the results of the study in the attachment of the chi-square test table, the relationship of the influence to act on inactive BPJS participants in the UPTD Puskesmas Sungai Raya, Sungai Raya District, East Aceh Regency in 2021. It is known that the probability value (0.000) <sig_α=0.05, so it can be seen that the effect of taking action has a significant relationship with inactive BPJS participants. While multivariately, it was found that the effect of acting with p (sig) was 0.353, so there was no influence between the effect of acting on inactive BPJS membership. The value of OR = 4.11 means that respondents who are influenced to act have a 4.11 times chance of BPJS participants being inactive. The value of Coefficient B, which is 4.11, is positive, the more influence the respondent has on acting, the more active BPJS participants will be.

Cues to action is behavior that is influenced by something that is a cue for someone to take an action or behavior. According to Janz & Becker, 1984 Cues to action is motivated by internal factors or external factors that can affect a person such as demographics, psychosocial, individual perceptions, mass media, and health promotion (Rachmawati, 2019).

According to the researcher's assumption that the influence to act is related to the influence that comes from a person's internal and external factors to make changes to health behavior. This can be seen from the results of the study which showed that 24 people (48%) who did not have any influence to act with inactive BPJS participants were 18 people (36%). This shows that the influence that comes from external factors such as the influence of work or superiors or other people and does not come from within itself causes respondents when they are not working at the company or health workers do not remind them to be active in BPJS membership, making respondents not really care about the condition of his BPJS membership. The emergence of an impulse that is influenced from within the individual himself to follow BPJS consciously both from the existence of social media that helps him to follow BPJS further strengthens his desire to be active in re-activating his BPJS. It can be seen from 26 people (52%) who have influence to act with active BPJS participants as many as 24 people (48%). This shows that the role of a certain person who has power in the place where he works will only last temporarily, especially when there is a change of boss or no longer working at the company. but if the emergence of BPJS membership comes from within the individual itself, it will affect the activities of his BPJS.

The Most Dominant Factors Against Inactive BPJS Participants

The results of the multivariate study showed that the perceived benefit with p (sig) was 0.015 and had an OR = 28.3 meaning that respondents who felt the benefits were useful had a 28.3 chance that BPJS participants were inactive 1 time. The value of Coefficient B, which is 28.3 is positive, the more the perceived benefits are hampered, the more BPJS will be inactive 1 time and this variable is the most dominant factor for Inactive BPJS Participants in the UPTD Puskesmas Sungai Raya, Sungai Raya District, East Aceh Regency. 2021.

The results of the study are in line with the research of Ida Ayu Putri Widhiastuti, Pande Putu Januraga, Dewa Nyoman Wirawan who explained in their research that the variable that was significantly related to JKN participation was the respondent's perception of the benefits of JKN with adjusted OR = 4.53 (95% CI: 2, 15-9.55) (Widhiastuti et al., 2015). In research conducted by Muhammad Riduan, Syamsul Arifin, Lenie Marlinae explained that there is a high perception of the benefits provided by the JKN program, including being able to guarantee their health costs when treatment is needed, free medical examination fees for both first and advanced levels (ultrasound, X-ray, x-ray, etc.) as long as it is in accordance with the

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indications given by the doctor, free of charge for hospitalization either in a regular inpatient room or in intensive care, free of charge for medical procedures both surgical and non-surgical as long as it is according to medical indications, and free other services such as blood transfusions, ambulance accommodation as long as it is according to medical indications. This means that all necessary treatment will be paid for as long as it is in accordance with the doctor's regulations and indications (Riduan et al., 2020).

According to the researcher's assumptions, the perception of benefits is related to how individuals perceive that by following BPJS, their condition during illness will be guaranteed. The perception of this benefit is influenced by the susceptibility of the disease he experiences, the individual's belief to ensure that his health will get worse with age, making his decision to reactivate his BPJS membership. Even though he was previously inactive, because of the risk he would receive regarding his illness, he would try to reactivate his BPJS membership.

Limitations of the Research

This study was conducted to measure a person's perception of active participation and the data taken when the patient visited and feared that there was a weak physical condition, and a hasty condition could make the patient less responsive in filling out the questionnaire. The influence of a direct cause why participants did not reactivate their membership cards was not measured by the researcher.

Conclusion

Factors Affecting Inactive BPJS Participants at UPTD Sungai Raya Community Health Center, Sungai Raya District, East Aceh Regency in 2021 are perceived beliefs, perceived benefits and perceived barriers while perceived vulnerability and influence to act.

Suggestion

For Puskesmas to improve IEC regarding BPJS to increase public awareness to keep following the regulations from BPJS so that BPJS membership remains active and can be used. Meanwhile, BPJS Health must increase the quantity of socialization. This can be seen from the lack of continuous socialization to the community of BPJS participants by installing banners containing the slogan of the JKN Program, which should be reproduced and installed in every health facility

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