



Factors Affecting the Compliance of National Health Insurance Participants Segment of Non-Wage Recipients in Paying the Contributions

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Abstract

This study's objective is to investigate the variables influencing the compliance of the National Health Insurance (JKN) Participant Segment of Non-Wage Recipients (PBPU) in Paying JKN Contributions in the BPJS Health Work Area, North Tapanuli Regency. This sort of research is quantitative and employs a cross-sectional study design. This study's population consists of all Non-Wage Recipient Workers (PBPU) in Siborong-borong District, North Tapanuli Regency, a total of 12,323 persons, with a sample size of 99 calculated using a purposive sampling technique. The study used univariate, bivariate, and multivariate techniques. The findings of the chi-square test indicated that education ($p = 0.066 > 0.05$), occupation ($p = 0.008 > 0.05$), knowledge ($p = 0.003 > 0.05$), income ($p = 0.000 > 0.05$), and distance ($p = 0.0010 > 0.05$) were significantly correlated with each other. The logistic regression test reveals that income, with an Exp (B) value of 4,778, has the greatest impact on compliance with making JKN payments. This research concludes that employment, knowledge, income, and distance have a link with JKN contribution compliance, however education has no association with JKN contribution compliance. The community need socialization in order to raise public understanding and awareness of their monthly obligation to make JKN payments.

Introduction

Health is a fundamental human right, and all people are entitled to health care. In line with Pancasila's fundamental state ideology, namely the fifth precept, it respects the right of people to health. Article 28H and Article 34 of the 1945 Constitution both say this. In line with the mandate of the modification to the 1945 Constitution Article 34 paragraph, which was to indicate that the state is establishing a Social Security System for all Indonesian people, awareness about the necessity of social protection guarantees continues to rise. It is a guarantee in the form of health protection so that participants receive health care and protection benefits in meeting basic health needs. These benefits are given to anyone who has paid dues or whose contributions are paid by the government. Health insurance is a guarantee in the form of health protection (Levy & Meltzer, 2008; Ludvigsson et al., 2019).

In addition to being outlined in Government Regulations and Presidential Regulations, the operational aspects of the JKN system are also included in these documents. Participants in the health insurance program will be eligible for medical attention and other fundamental health services if they take part in the program (Li & Zhang, 2013). In accordance with the provisions of Law Number 24 of 2011, the Social Security Administration (BPJS) Health is responsible for administering the National Health Insurance (JKN), which went into effect on January 1, 2014. Participation in the BPJS-managed health insurance program is mandatory for all

residents of Indonesia, including non-Indonesians who have maintained employment in the country for at least six months and have paid their premiums (Hasan & Batara, 2020). The Indonesian people were given fresh reason for optimism in 2014 when the National Health Insurance Program (JKN) for the Healthy Indonesia Card (KIS) was put into effect. Insurance for one's health care costs is no longer a perk reserved just for those in the upper social classes; rather, it is now a fundamental entitlement of all people, without exception (Thabrany et al., 2003).

Health insurance is described as a quantity of money paid by participants, employers, and/or the government every month on a regular basis for the health insurance program (Cleverley & Cleverley, 2017). Health insurance participation is mandatory for all people who live in Indonesia (Sunjaya et al., 2022). In accordance with Presidential Regulation Number 12 of 2013 on Health Insurance, participants in the National Health Insurance (JKN) program are divided into two categories: those who qualify for Contribution Assistance Recipients (PBI), who are considered to be low-income and in need, and those who do not qualify for PBI, who are considered to be Non-PBI Contribution Recipients (Non-PBI). Comprises of self-employed individuals who are not paid salary but instead generate revenue via their own businesses (Schonfeld & Mazzola, 2015). As of the 31st of January in 2021, the total number of people enrolled in Indonesia's National Health Insurance (JKN-KIS) was 221,471,196. This figure was distributed as follows: for PBI-APBN, there were as many as 96,717,927 participants; for PBI-APBD, there were as many as 35,066,917 participants; for PPU-PN, there were 17,363,578 participants; for PPU-BU, there were

The total number of participants for Non-Wage Recipient Workers (PBPU) and Non-Workers (BP) Mandiri Deputy for North Sumatra and DI Aceh in December 2020 was Rp.887,307,921,621, and there were 1,386,181 participants who were behind in their payments. A total of 66,232 persons are employed by the Sibolga Branch Office, which has a budget of Rp. 35,810,506,465 and covers the work areas of the Central Tapanuli Regency, the North Tapanuli Regency, Sibolga City, and the Humbang Hasundutan Regency. The total arrears of PBPU/BP Mandiri participants in North Tapanuli City in 2018 was Rp. 3,777,735,817, with 12,930 participants being in arrears. In 2019, the total arrears was Rp. 10,756.331.004, with 21,606 participants being in arrears. In 2020, the total arrears was Rp. 16,679,834,194, with 26,117 participants being in arrears. According to the results of a first survey carried out by researchers, the total number of persons registered to participate in PBPU Mandiri in North Tapanuli Regency in March 2021 was 34,854 people. Of this total, 8,737 people participated actively, while 26,117 people participated in arrears. According to the statistics shown here, it is clear that the North Tapanuli Regency still has a significant number of PBPU Mandiri members who do not comply with the need to pay JKN-KIS premiums.

Methods

This study is an analytical survey that takes a cross-sectional research approach to its methodology. This study's objective is to investigate the variables that impact participants' adherence to the National Health Insurance (JKN) Segment of Non-Wage Recipients (PBPU) in Paying JKN Contributions in the BPJS Health Work Area, located in the North Tapanuli Regency. The population that was examined for this research consisted of all 12,323 persons who were participants in the Non-Wage Recipient Workers (PBPU) program in the Siborong-borong District of the North Tapanuli Regency. With a method known as purposive sampling, there were samples taken from a total of 99 different respondents. This sampling was carried out with a variety of different factors taken into account.

Results and Discussion

After conducting research on the Factors Affecting the Compliance of National Health Insurance (JKN) Participants in the Non-Wage Recipient Participant (PBPU) Segment in

Paying JKN Contributions in the BPJS Health Work Area, North Tapanuli Regency, the following results were obtained:

Univariate Analysis

Table 1. Frequency Distribution of Respondents Characteristics by Gender in the Work Area of BPJS Health North Tapanuli Regency

No	Gender	Sum	
		f	%
1.	Man	51	51,5
2.	Woman	48	48,5
	Sum	99	100

Based on table 1, it can be seen that there are 51 male respondents (51.5%) and 48 female respondents (48.5%).

Table 2. Frequency Distribution of Respondents' Characteristics by Age in the Work Area of BPJS Health of North Tapanuli Regency

No	Age	Sum	
		f	%
1.	17-25 years old	18	18,2
2.	26- 45 years old	73	73,7
3.	> 46 years old	8	8,1
	Sum	99	100

Based on table 2, it can be seen that the respondents aged 17-25 years were 18 people (18.2%), 26-45 years were 73 people (73.7%) and > 46 years were 8 people (8.1%).

Table 3. Distribution of Frequency by Education in the Work Area of BPJS Health North Tapanuli Regency

No	Education	Sum	
		f	%
1.	Low	59	59,6
2.	Intermediate	40	40,4
3	Tall	0	0
	Sum	99	100

Based on the table above, it can be seen that the education of respondents in the low category was 59 people (59.6%), the middle category was 40 people (40.4%) and none of the respondents had high education categories.

Table 4. Distribution of Frequency by Occupation in the Work Area of BPJS Health North Tapanuli Regency

No	Work	Sum	
		f	%
1.	Not Working	23	23,2
2.	Work	76	76,8
	Sum	99	100

Based on table .4 it can be seen that there are 23 respondents who do not work (23.2%) and 76 people (76.8%).

Table 5. Distribution of Frequency Based on Income in the Work Area of BPJS Health North Tapanuli Regency

No	Income	Sum	
		f	%
1.	Minimum Wage <	53	53,5
2.	Minimum Wage ≥	46	46,5
	Sum	99	100

Based on table 5, it can be seen that respondents with income < UMK as many as 53 people (53.5%) and income MSE as many as 46 people (46.5%).

Table 6. Distribution of Frequency Based on Distance to the Place of Payment of Fees in the Work Area of BPJS Health North Tapanuli Regency

No	Distance	Sum	
		f	%
1.	Far	55	55,6
2.	Near	44	44,4
	Sum	99	100

Based on table 6, it can be seen that 55 people (55.6%) in the far category (55.6%) and near 44 people (44.4%).

Table 7. Distribution of Frequency Based on Contribution Payment Methods in the Work Area of BPJS Health North Tapanuli Regency

No	Method	Sum	
		f	%
1.	Post office	62	62,6
2.	ATM	16	16,2
2.	<i>Mobile Banking</i>	4	4,0
2.	Mini Market	17	17,2
	Sum	99	100

Based on table 7, it can be seen that the respondents with the method of paying dues at the post office are 62 people (62.6%), ATMs are 16 people (16.2%), Mobile Banking are 4 people (4.0%) and Mini Market are as many as 17 people (17.2%).

Table 8. Distribution of Frequency Based on Knowledge in the Work Area of BPJS Health North Tapanuli Regency

No	Knowledge	Sum	
		f	%
1.	Low	51	51,5
2.	Tall	48	48,5
	Sum	99	100

Based on table 4.9, it can be seen that there are 51 respondents with low knowledge (51.5%) and 48 people with high knowledge (48.5%).

Table 9. Distribution of Frequency Based on Compliance Paying Contributions in the Work Area of BPJS Health North Tapanuli Regency

No	Compliance	Sum	
		f	%
1.	Disobedient	47	47,5
2.	Obedient	52	52,5

	Sum	99	100
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Based on table 9. it can be seen that the respondents who do not comply with paying dues are 47 people (47.5%) and those who comply are 52 people (52.5%).

Bivariate Analysis

The results of the bivariate analysis in this study can be seen in the following table.

Table 10. Cross-tabulation of the Relationship between Education and Compliance Paying Contributions in the Work Area of BPJS Health, North Tapanuli Regency

No	Education	Compliance				Total	p (sig)	
		Not		Obedient				
		f	%	f	%	f	%	
1.	Low	33	33,4	26	26,2	59	59,6	0,066
2.	Intermediate	14	14,2	26	26,2	40	40,4	
3.	Tall	0	0	0	0	0	0	
	Total	47	47,6	52	52,4	99	100	

Based on table 10, it is known that of the 99 respondents, the majority of respondents in North Tapanuli Regency with low education categories were 59 people (59.6%) by not complying with paying dues as many as 33 people (33.4%) and obediently paying dues as many as 26 (26 people). ,2%). Meanwhile, respondents in North Tapanuli Regency with secondary education category as many as 40 people (40.4%) by not complying with paying dues as many as 14 people (14.2%) and obediently paying dues as many as 26 (26.2%).

The results of the Chi-Square test obtained a probability value (p-value) = 0.066 > 0.05, this indicates that there is no relationship between education and compliance in paying contributions in the BPJS Health work area, North Tapanuli Regency.

Table 11. Cross Tabulation of Employment Relationship with Compliance Paying Contributions

No	Work	Compliance				Total		p (sig)
		Not		Obedient				
		f	%	f	%	f	%	
1.	Not Working	17	17,1	6	6,06	23	23,2	0,008
2.	Work	30	30,3	46	46,4	76	76,8	
	Total	47	47,4	52	51,6	99	100	

Based on table 11. it is known that of the 99 respondents the majority of respondents in North Tapanuli Regency work as many as 76 people (76.8%) by not complying with paying dues as many as 30 people (30.3%) and obediently paying dues as many as 46 (46.4%)). While respondents in North Tapanuli Regency who do not work as many as 23 people (23.2%) by not complying with paying dues as many as 17 people (17.1%) and obediently paying dues as many as 6 (6.06%).

The results of the Chi-Square test obtained a probability value (p-value) = 0.008 < 0.05, this indicates that there is a relationship between work and compliance in paying fees in the BPJS Health work area, North Tapanuli Regency.

Table 12. Cross-tabulation of the relationship between knowledge and compliance in paying dues

No	Knowledge	Compliance				Total	p (sig)
		Not		Obedient			
		f	%	f	%	f	%

1.	Low	32	32,3	19	19,2	51	51,5	0,003
2.	Tall	15	15,2	33	33,3	48	48,5	
	Total	47	47,5	52	52,5	99	100	

Based on table 12, it is known that from 99 respondents the majority of respondents in North Tapanuli Regency have low knowledge as many as 51 people (51.5%) by non-compliantly paying dues as many as 32 people (32.3%) and obediently paying dues as many as 19 (19.2 %). While respondents in North Tapanuli Regency who have high knowledge as many as 48 people (48.5%) by not complying with paying dues as many as 15 people (15.2%) and obediently paying dues as many as 33 (33.3%).

The results of the Chi-Square test obtained a probability value (p-value) = 0.003 < 0.05, this indicates that there is a relationship between knowledge and compliance in paying contributions in the BPJS Health work area, North Tapanuli Regency.

Table 13. Cross-Tabulation of Income Relationship with Compliance to Pay Dues in BPJS Health Working Area of North Tapanuli Regency

No	Income	Compliance				Total		p (sig)
		Not		Obedient		f	%	
		f	%	f	%			
1.	<UMK	35	35,3	18	18,2	53	53,5	0,000
2.	≥UMK	12	12,2	34	34,3	46	46,5	
	Total	47	47,5	52	52,5	99	100	

Based on table 13, it is known that of the 99 respondents the majority of respondents in North Tapanuli Regency have an income of <UMK as many as 53 people (53.5%) by not complying with paying dues as many as 35 people (35.3%) and obediently paying dues as much as 18 (18.2 %). Meanwhile, respondents in North Tapanuli Regency who earn UMK as many as 46 people (46.5%) by not complying with paying dues as many as 12 people (12.2%) and obediently paying dues as many as 34 (34.3%). The results of the Chi-Square test obtained a probability value (p-value) = 0.000 < 0.05, this indicates that there is a relationship between income and compliance in paying contributions in the BPJS Health working area, North Tapanuli Regency.

Table 14. Cross-Tabulation of Distance Relationship with Compliance to Pay Dues in BPJS Health Working Area of North Tapanuli Regency

No	Distance	Compliance				Total		p (sig)
		Not		Obedient		f	%	
		f	%	f	%			
1.	Far	35	35,3	20	20,2	55	55,5	0,001
2.	Near	12	12,2	32	32,3	44	44,5	
	Total	47	47,5	52	52,5	99	100	

Based on table 4.15, it is known that from the 99 respondents the majority of respondents in North Tapanuli Regency fall into the category far from the dues payment facility, namely 55 people (55.5%) by non-compliance paying dues as many as 35 people (35.3%) and obediently paying dues as much as 20 (20.2%). Meanwhile, respondents with close proximity to the dues payment facility were 44 people (44.5%) and 12 people did not comply with paying dues (12.2%) and 32 people (32.3%).

The results of the Chi-Square test obtained a probability value (p-value) = 0.001 < 0.05, this indicates that there is a relationship between the distance of the facility where the contribution is paid and the compliance to pay dues in the BPJS Health work area, North Tapanuli Regency.

Multivariate Analysis

First Stage Logistics Regression Test

The variables tested in this first stage of logistic regression are all independent variables that have been declared to have p-value <0.25 in bivariate analysis, namely education, occupation, knowledge, income and distance. The results of the analysis of variables with the first stage of the logistic regression test can be seen in the following table.

Table 16. First Stage Regression Test Results

No	Research Variables	Df	Sig.	Exp (B)	95% C.I.for Exp (B)	
					Lower	Upper
1.	Education	1	0,614	0,697	0,171	2,835
2.	Work	1	0,102	2,826	0,812	9,835
3.	Knowledge	1	0,410	1,829	0,435	7,691
4.	Income	1	0,022	3,593	1,198	10,772
5.	Distance	1	0,006	3,823	1,482	9,859
	Constant	1	0,000	0,003		

Table 16. shows the results of the first stage of regression analysis and it can be seen that there are 2 variables that have a p-value <0.05 , namely income (0.022) and distance (0.006). Meanwhile, the variables of education, occupation and knowledge have p-value > 0.05 . So that for the next stage of the logistic regression test, education, work and knowledge variables were excluded and for variables that had a p-value <0.05 , proceed to the next stage.

Second Stage Logistics Regression Test

Based on the first stage of analysis, there are 2 variables that meet the p-value <0.05 for the second stage of the test, namely income and distance variables. The results of the second stage of logistic regression analysis can be seen in the following table.

Table 17. Second Stage Regression Test Results

No	Research Variables	Df	Sig.	Exp (B)	95% C.I.for Exp (B)	
					Lower	Upper
1.	Income	1	0,001	4,778	1,919	11,899
2.	Distance	1	0,003	3,971	1,585	9,947
	Constant	1	0,000	0,016		

Based on the results of the second stage of the regression analysis, it was found that the income variable with a p-value of 0.001 <0.05 and a variable with a distance of p-value of 0.003 <0.05 . From the analysis above, it is known that the most dominant variable on compliance paying dues is income with a p-value of 0.001 <0.05 and an Exp (B) value of 4.778, meaning that income has a 4.778 times greater chance of influencing the compliance of JKN participants in paying contributions in the work area of the BPJS Health, North Tapanuli Regency.

Education is a factor that indirectly impacts the socio-economic situations of the family, and as a result, it will also influence the family's consumption of health services. This is because education is a factor that directly affects health care utilization. Education is necessary in order to acquire the knowledge that will be used in the process of bettering one's quality of life. The more education a someone has, the simpler it is for them to acquire information, which results in them having a greater amount of knowledge. On the other side, not having enough knowledge will make it more difficult for a person to have a positive attitude toward the ideals that are presented.

According to the findings of the research, there is no correlation between having a higher level of education and being compliant with making JKN payments. Researchers have come to the

conclusion that this is a possibility due to the fact that the degree of education that respondents hold is not directly associated to the health hazards that they would experience. Therefore, the respondent's degree of education has no bearing on whether or not they are able to make a payment. Respondents with a high level of education do not necessarily have sufficient or excess income, and respondents with a low level of education do not necessarily have less income, which will affect their ability to pay contributions. Both of these factors can have an impact on a respondent's ability to pay contributions.

Work is something that is done to earn a living or livelihood. People who are busy with daily activities or work will have less time to obtain information. With a person's work will require a lot of time and require more attention in receiving information. Busy people have little time to get information, so the knowledge they gain is likely to be reduced as well (Robinson et al., 2008). A person's type of work is related to the level of income generated. A person will earn according to the type of work he has. The income earned from the work is income that is used to meet the needs of life, one of which is to set aside the income to pay health insurance contributions. Health insurance participants who have jobs and earn income have a relationship with participants' regularity in paying health fund contributions. Participants who regularly pay health fund contributions are generally participants who have a job and earn income that can be used to pay health fund contributions. On the other hand, participants who do not have a job will reduce their regularity in paying health fund contributions because they do not have income allocated to pay contributions.

Based on the results of the study, it was obtained information that there is a relationship between work and compliance with paying JKN contributions, according to the researcher's assumption this can occur because a person's job is related to the income received. A person will earn according to the work he has. The income obtained from the work is income used to meet basic living needs and other needs, one of which is the need for health insurance through the payment of JKN contributions. Cognitive knowledge is a very important domain for the formation of one's actions. The participants' lack of knowledge regarding the payment of contributions and the consequences of non-compliance with payment of contributions are factors that hinder the sustainability of payment of contributions to BPJS Independent participants.

The results showed that there was a relationship between knowledge and compliance with paying JKN contributions. According to the researcher's assumptions, this can happen because knowledge determines a person's perspective in acting. Respondents who have good knowledge of JKN will be obedient in paying JKN contributions because respondents already know very well what the benefits of remaining active as JKN participants will be and what the future impact will be if the contributions are not paid in accordance with the stipulated provisions.

The results showed that there was a relationship between income and compliance with paying JKN contributions. According to the researcher's assumption, this can happen because the respondent's income affects awareness in paying JKN contributions. If the respondent has sufficient income to meet their daily needs and is sufficient to pay the JKN contribution every month, of course the respondent will continuously comply in paying the JKN contribution. Vice versa, if the respondent has less income, he will find it difficult to meet his needs and pay contributions every month.

The distance to the place of payment of JKN contributions is one of the important factors in obedience to paying health contributions. The closer the distance traveled by independent JKN participants in paying contributions, the more regularity of participants in paying health contributions, and vice versa, the farther the distance to the independent JKN contribution payment site will reduce obedience in paying health contributions. The results of the study

indicate that there is a relationship between the distance of the dues payment facility and compliance with paying JKN contributions. The long distance traveled can make it difficult for respondents to pay JKN contributions every month. If the distance from the respondent's house to the contribution payment facility is far, the respondent will need to allocate additional time and costs for transportation to the contribution payment facility which can be taken into account by participants in deciding whether to pay the contribution or not.

Conclusion

Under certain conditions, participants with low incomes can make regular payments every month. This can happen if participants need sustainable health services, which of course will further burden the participants' finances if they do not regularly pay JKN contributions. Respondents hoped that they could be included in the Contribution Assistance Recipients (PBI) so that it would not be too burdensome for the participants, especially for families with a large number of family members.

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