Factors Related to Compliance in Paying BPJS Kesehatan Contributions among Self-Paying Outpatients at Sijunjung District Hospital, 2024

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Article Info	ABSTRACT
	Compliance in paying contributions reflects the willingness of participants to pay their dues on time according to established regulations. In Sijunjung Regency, as many as 30,917 people (74%) were reported to be non-compliant in paying BPJS Kesehatan contributions. Irregularities in contribution payments among JKN participants can disrupt the sustainability of health service guarantees in available health facilities. This study aimed to analyze factors related to compliance with paying BPJS Mandiri contributions among outpatients at Sijunjung District Hospital in 2024. This research used a quantitative analytical survey with a cross-sectional design. The study population was BPJS Mandiri participants visiting the outpatient installation of Sijunjung District Hospital, with an average of 328 visitors per month. A total of 161 respondents were selected using purposive sampling. Data were collected through structured questionnaires and analyzed using univariate and bivariate analysis with the chi-square test. The results showed that 49.7% of respondents were compliant in paying BPJS Mandiri contributions. Factors significantly related to compliance were knowledge (p=0.000), income (p=0.006), perception (p=0.000), and motivation (p=0.000). These findings indicate that compliance is influenced not only by economic factors but also by cognitive and psychological aspects. It is recommended that BPJS Kesehatan improve the dissemination of information to participants regarding their rights and obligations, particularly about contribution payment schedules, methods, and penalties for arrears. Hospitals are also expected to enhance service quality to maintain participants' trust and encourage consistent compliance in contribution payments.

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1.   INTRODUCTION

The National Health Insurance Program (JKN) implemented by the Social Security Administration Agency (BPJS) Health since January 1, 2014, aims to provide equitable health protection for all Indonesian citizens. Through this system, the government seeks to achieve optimal health standards so that the community can live healthy, productive, and prosperous lives [1]. By 2023, the national coverage of JKN participants had reached over 267 million people, making it one of the largest health insurance programs in the world. However, the increase in the number of participants does not correspond with the level of compliance in paying premiums, particularly among self-employed participants (Non-Salaried Workers/PBPU), which poses the main challenge to the sustainability of the program [2].

Compliance with premium payments is a crucial aspect in maintaining the sustainability of the JKN system, given that premiums are the main source of funding for health services. Delays or non-compliance with premium payments can cause serious problems, both for participants and for program management. Data shows that the collectability rate of premiums for independent participants is relatively low compared to other participant groups. Nationally, over 26 million self-employed participants (approximately 84%) were recorded as delinquent in paying premiums in 2023 [2]. A similar situation is observed in West Sumatra Province, where around 80% of self-employed participants are delinquent. In fact, in Sijunjung District, the percentage of self-employed participants in arrears reached 74% of the total 42,049 registered self-employed participants [3].

The high rate of contribution arrears among self-employed participants not only burdens the financial sustainability of BPJS Health but also impacts access to and the quality of healthcare services received by participants. Non-compliant participants risk losing their active membership status, which ultimately hinders access to healthcare services at facilities collaborating with BPJS. Therefore, understanding the factors influencing compliance is crucial as a basis for formulating policy strategies and interventions to improve premium collection rates [4].

Previous studies have shown that participant compliance is influenced by various factors, both internal and external. Internal factors include the level of knowledge about participants' rights and obligations, motivation to remain active members, and perceptions of the program's benefits. Meanwhile, external factors include socioeconomic conditions such as income, accessibility of payment methods, and the quality of health services received by participants. For example, Jannah's (2022) study found that income, perceptions of service, and payment access are significant factors in the regularity of premium payments [5]. Situmeang (2021) reported that employment status, income, and administrative sanctions also influence compliance [6]. Meanwhile, Hasan and Batara (2020) emphasized the important role of participants' knowledge and perceptions in encouraging payment compliance [4].

Compliance with premium payments is crucial in maintaining the sustainability of the JKN system as the primary source of funding. Several empirical studies indicate that participant compliance is influenced by internal and external factors. Internal factors include knowledge, perceptions of program benefits, and motivation to pay premiums. External factors include socioeconomic conditions such as income, number of dependents, payment accessibility, and quality of healthcare services [1,2]. Adani et al.'s (2019) in Depok City showed that knowledge (p=0.019), service quality (p=0.033), premium rates (p=0.040), payment methods (p=0.022), and family support (p=0.035) were significantly associated with premium payment compliance [7]. Similar findings were obtained by Wulandari et al. (2024) at Sumber Waras Hospital in Jakarta, where knowledge, income, perceived benefits, and payment access were found to significantly influence participant compliance [8].

Another supporting study was conducted by Rahmatillah et al. (2024) in Pidie Jaya District, which reported that access to payment (p=0.009), knowledge (p=0.011), income (p=0.046), ability to pay (p=0.025), and satisfaction with health services (p=0.030) were significantly associated with compliance in paying BPJS premiums [9]. Meanwhile, a study in Indramayu found that only 22.8% of self-paying participants were compliant with premium payments, with significant factors including income (p=0.000), number of family members (p=0.006), access to payment (p=0.05), and satisfaction with healthcare services (p=0.028) [10]. Furthermore, Fanisa et al. (2024) at the Kutalimbaru Health Center showed that education, service satisfaction, and payment difficulty levels were associated with compliance, while fixed income and access to health facilities were not significant [11].

Similar conditions were also identified in Sijunjung District. Preliminary study results in January 2024 on self-paying participants who were delinquent in their premiums indicated that low family income was the primary reason for delayed payments. Additionally, limited knowledge about the BPJS Health mechanism, negative perceptions of healthcare services, and low motivation to pay premiums when not ill also contributed to non-compliance [2].

Based on these phenomena, this study was conducted with the aim of analyzing the factors associated with compliance in paying BPJS Health premiums among self-paying outpatients at Sijunjung District General Hospital in 2024. The results of this study are expected to provide input for BPJS Health,

hospitals, and relevant stakeholders in formulating strategies to improve participant compliance, while also strengthening the sustainability of the JKN program as a whole.

2.   METHOD

This study used an observational analytical design with a cross-sectional approach to analyze factors associated with compliance in paying BPJS Kesehatan independent contributions among outpatients at Sijunjung Regional General Hospital in 2024. A cross-sectional design was chosen because it allows independent and dependent variables to be measured at the same time, making it efficient for determining the relationship between variables [12]. This study was conducted at Sijunjung Regional General Hospital, Sijunjung District, West Sumatra, from January to August 2024.

The study population consisted of all outpatients registered as BPJS Kesehatan mandiri participants. The sample was determined using systematic random sampling based on the inclusion criteria, namely patients aged ≥18 years, who were BPJS Kesehatan mandiri participants, and who were willing to be respondents by signing an informed consent form. The exclusion criteria were patients in critical condition or unable to be interviewed. The sample size was determined using the Slovin formula with a 95% confidence level, resulting in 161 respondents [13].

The research instrument was a structured questionnaire consisting of respondent characteristics (age, gender, occupation, income, number of dependents), independent variables (knowledge, income, perception, and motivation), and the dependent variable, which was compliance with paying BPJS Health insurance premiums. This instrument had been previously tested for validity and reliability to ensure data quality [14,15].

The research procedure included a preparation stage involving obtaining research permits and testing the instrument, a data collection stage through direct interviews with respondents by researchers and trained enumerators, and a data processing stage covering editing, coding, entry, and cleaning. Data analysis was conducted univariately to describe the distribution of respondent characteristics, bivariately using the Chi-Square test to assess the relationship between independent variables and payment compliance, and multivariately using multiple logistic regression to determine the most dominant factors associated with compliance [16,17].

3.   RESULTS AND DISCUSSION

Sijunjung Regional General Hospital is a type C regional government hospital with medical facilities and capabilities comprising four basic specialist medical services, four supporting specialist medical services, Clinical Support Services consisting of Intensive Care, Blood Services, Nutrition, Pharmacy, Instrument Sterilization, and Medical Records, and Non-Clinical Support Services.

3.1. Respondent Characteristics

The characteristics of respondents in this study include education level and occupation.

a. Education's Level

The respondents' education levels were categorized into no schooling, elementary school, high school, and college. These education levels were further categorized into two groups: higher education and lower education. The trends in the respondents' education levels can be seen in the table below:

Table 1. Frequency Distribution of Respondents According to Education Level at the Outpatient Clinic of Sijunjung Regional General Hospital in 2024

Education's Level	Frequency (f)	Percentage (%)
Low	93	57,8
High	68	42,2
Total	161	100,0

Based on Table 4.1, it can be seen that more than half (57.8%) of respondents have a low level of education.

b. Occupation

Respondents' occupations were grouped into five categories: unemployed/housewives, self-employed, private sector employees, and others. The frequency distribution of respondents' occupations is shown in the table below:

Table 2. Frequency Distribution of Respondents According to Occupation at the Outpatient Clinic of Sijunjung Regional General Hospital in 2024

Occupation	Frequency (f)	Percentage (%)
Not working/housewife	77	47,8
Entrepreneurs	32	19,9
Private sector employees	27	16,8
Etc.	25	15,5
Total	161	100,0

Based on Table 2, it can be seen that 47.8% of respondents are unemployed/housewives, 19.9% are self-employed, 16.8% are private employees, and 15.5% of respondents are categorized as other workers.

3.2. Univariate Analysis

Univariate analysis was conducted to determine the frequency distribution of each variable studied. The results of the univariate analysis based on the results of the study of 161 respondents can be seen in the following description:

Table 3. Frequency Distribution of Independent Variables (Level of Knowledge, Income, Perception, and Motivation) in Outpatients at Sijunjung Regional General Hospital in 2024

No.	Variable	Frequency (f)	Percentage (%)
1.	**Level of Knowledge**		
	Low	63	39,1
	High	98	60,9
2.	**Income**		
	Insufficient income	66	41,0
	Sufficient income	95	59,0
3.	**Perception**		
	Negative	34	21,1
	Positive	127	78,9
4.	**Motivation**		
	Low	37	23,0
	High	124	77,0
	Total	161	100,0

Based on table 3, it shows that out of 161 respondents, 63 respondents (39.1%) have a low level of knowledge. Regarding the income variable, 66 respondents (41.0%) had low incomes. Regarding the perception variable, 34 respondents (9.5%) showed negative perceptions. Regarding the motivation variable, 37 respondents (23.0%) showed low patient motivation.

3.3. Analisis Bivariat

Table 4. The Relationship Between Independent Variables and Compliance in Paying Fees Among Outpatients at Sijunjung Regional General Hospital in 2024

No.	Variable	Compliance with Payment of Contributions						Total		p-value
		Non-compliant		Less compliant		Compliant				
		f	%	f	%	f	%	f	%	
1.	Level of knowledge									
	Low	27	42,9	21	33,3	15	23,8	63	100	*0,000
	High	4	4,1	29	29,6	65	66,3	98	100	
2.	Income									
	Insufficient income	18	27,3	25	37,9	23	34,8	66	100	*0,006
	Sufficient income	13	13,7	25	26,3	57	47,2	95	100	
3.	Perception									
	Negative	20	58,8	9	26,5	5	14,7	34	100	*0,006
	Positive	11	8,7	41	39,4	75	63,1	127	100	
4.	Motivation									
	Low	25	67,6	12	32,4	0	0,0	37	100	*0,000
	High	6	4,8	38	30,6	80	64,5	124	100	
	Total	31	19,3	50	31,1	80	49,7	161	100	

* Significant if α <0,05

a. Relationship between Knowledge Level and Compliance in Paying Contributions

Based on Table 4 above, it shows that out of 63 respondents with low levels of knowledge, 27 people (42.9%) were found to be non-compliant, 21 people (33.3%) were found to be less compliant, and 15 people (23.8%) were found to be compliant in paying their BPJS contributions independently. The statistical test using the chi-square test yielded a p-value of 0.000. This indicates that there is a relationship between respondents' knowledge levels and compliance with paying premiums among outpatients at Sijunjung District General Hospital in Sijunjung District.

Based on the analysis of questionnaire items regarding the premium rate for Class I, 88 respondents (54.7%) answered incorrectly, and regarding the payment date, 77 respondents (47.8%) answered incorrectly. Additionally, regarding the principles of the National Health Insurance (JKN), 88 respondents (54.7%) answered incorrectly. This indicates that respondents still lack sufficient knowledge about premium amounts, payment dates, and the principles of BPJS Health. If a BPJS Health participant receives information about their rights and obligations as a participant, their knowledge will naturally increase. This can enhance participants' willingness to pay premiums on time, specifically before the 10th of each month.

Knowledge levels play a crucial role in promoting compliance. Respondents with good knowledge of their rights, obligations, and the benefits of BPJS Health are more likely to comply with premium payments. This aligns with the findings of Hasan & Batara, who emphasize that adequate knowledge can enhance participants' awareness of the importance of maintaining active membership status [4]. Adani et al.'s research in Depok City also supports these results, showing that knowledge is significantly related to the regularity of premium payments (p=0.019) [7].

b. Relationship between Income and Compliance in Paying Contributions

The income variable shows that of the 66 respondents with low incomes, 18 people (27.3%) were found to be non-compliant, 25 people (37.9%) were found to be less compliant, and 23 people (34.8%) were found to be compliant in paying their BPJS contributions. The statistical test using the chi-square test yielded a p-value of 0.006. This indicates that there is a relationship between respondents' income and compliance in paying BPJS premiums among outpatients at Sijunjung District General Hospital in Sijunjung District.

According to the researcher's assumption, an individual's income significantly influences their demand for goods and services. The higher the income, the greater the funds allocated for consumption, including health insurance. However, if an individual's income is low, their willingness to pay for goods and services they need will naturally be lower, which can be one factor leading to default on BPJS Health insurance premiums.

This finding aligns with Jannah's research, which reported that family economic conditions are the most influential factor affecting the ability to pay BPJS premiums on time. In her study, participants with

incomes below the average had a 2.5 times higher risk of defaulting compared to those with sufficient incomes [5].

These findings are consistent with Kurniawan and Wahyudi's research in Surabaya, which stated that the regularity of BPJS Health insurance premium payments is influenced by income, knowledge, and participants' perceptions of the benefits of the service. They emphasized that participants with stable incomes are more capable of paying premiums regularly compared to those with unstable incomes [18]. This reinforces the findings from Sijunjung General Hospital that income is a crucial factor in premium payment compliance.

c. The Relationship between Perception and Compliance in Paying Contributions

The perception variable shows that of the 34 respondents who had a negative perception, 20 respondents (58.8%) were found to be non-compliant, 9 respondents (26.5%) were found to be less compliant, and 5 respondents (14.7%) were found to be compliant in paying their BPJS Kesehatan independent contributions. Based on the analysis using the chi-square test, the p-value was found to be 0.006. This indicates that there is a relationship between respondents' perceptions and compliance in paying BPJS Health insurance premiums among outpatients at Sijunjung District General Hospital in Sijunjung District.

Based on the analysis of the questionnaire items, regarding the statement that some respondents still feel the procedures for obtaining admission requirements to the hospital are too lengthy, 6 respondents (3.7%) strongly agreed and 53 respondents (32.9%) agreed with the statement. Regarding the statement that as BPJS Health participants, it is sometimes difficult to obtain inpatient rooms, 21 respondents (13.0%) strongly agreed and 42 respondents (26.1%) agreed with the statement.

Based on this, the researcher assumes that this is due to perceptions of service satisfaction, whether obtained from health facilities collaborating with BPJS Health or from BPJS Health itself. An unpleasant first experience with the services received will influence an individual's perception of the need to extend their membership period and the regularity of the community in paying premiums. Conversely, health insurance participants with positive perceptions of service are more likely to pay premiums regularly.

Respondents with positive perceptions of healthcare services are more likely to pay premiums regularly. This supports the findings of Wulandari et al., who found that perceptions of benefits and service quality are associated with participant compliance [8]. Meanwhile, the study by Rahmatillah et al. also showed that healthcare service satisfaction is significantly correlated with premium payment compliance (p=0.030) [9].

Meanwhile, Wibowo and Dewi identified other barriers that also influence compliance, such as lack of access to information, negative perceptions of service quality, and payment mechanisms that are considered complicated [19]. This is consistent with the results of a study in Sijunjung, which showed that perceptions and motivation are significant variables.

d. The Relationship between Motivation and Compliance in Paying Contributions

Furthermore, the motivation variable shows that of the 37 respondents with low motivation, 25 respondents (67.6%) were non-compliant and 12 respondents (32.4%) were less compliant in paying their independent BPJS Health contributions. Based on the analysis using the Pearson chi-square test, the p-value was found to be 0.000. This indicates a significant association between respondents' motivation and their compliance in paying their BPJS Health insurance premiums among outpatients at Sijunjung District General Hospital in Sijunjung District.

Based on the analysis of the questionnaire items, 74 respondents (46.0%) did not feel that by paying premiums/contributions, they were helping to reduce the incidence of illness in Indonesia. Additionally, 81 respondents (50.3%) believed that BPJS Health contributions must be paid by the 10th of each month, but they felt they could pay at any time.

According to the researcher's assumption, positive motivation to pay contributions may arise because someone genuinely wants to obtain health insurance when they are sick. When their income is high, participants can use part of their income to pay contributions, so high income increases someone's motivation to pay contributions. However, negative motivation may also arise when someone has specific reasons, such as when participants are not clearly informed about the regulations, terms, and benefits they receive, leading to low willingness and lack of motivation to make premium payments.

Respondents with high motivation demonstrate better compliance compared to those with low motivation. Internal motivation, such as the desire to maintain access to health services and avoid the risk of high health costs, encourages participants to continue paying their premiums on time. These results are in line with the research conducted by Rismawati et al (2017) on Factors Related to

Compliance in Paying BPJS Mandiri Insurance/Contributions in the Working Area of the Batalaiworu Public Health Center in 2017 [20]. The statistical test using the chi-square test yielded a p-value of 0.032.

Yuliana's research in Yogyakarta also found that internal motivation, such as awareness of the importance of healthcare access, has a significant influence on the compliance of self-employed participants. Participants with high motivation tend to be compliant, even in low-income groups [21]. This finding reinforces the results of Ibu's research that motivation is one of the key factors in compliance. This shows that there is a relationship between respondents' motivation and compliance in paying BPJS Mandiri contributions.

4. CONCLUSION

This study found that compliance with paying BPJS Health insurance premiums among outpatients at Sijunjung Regional General Hospital in 2024 was associated with several factors, namely knowledge, income, perception, and motivation. Respondents with good knowledge, adequate income, positive perceptions of the benefits of the program and health services, and high motivation tended to be more compliant in paying premiums regularly.

These findings indicate that participants' compliance is influenced not only by economic factors but also by cognitive and psychological factors. Efforts to improve participants' compliance should focus on continuous education, improving the quality of healthcare services, and strategies to enhance participants' motivation. In addition, policy support in the form of easy access to payment and premium relief for low-income communities is an important step in maintaining the sustainability of the JKN program.

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