

# Analysis of Contribution Payment Compliance and Inpatient Service Fines Among Independent BPJS Health Insurance Participants at Dr. Mohamad Saleh Regional Hospital, Probolinggo, East Java, Indonesia

Umi Kusuma Wardani<sup>1)</sup>, Sri Hernawati<sup>2)</sup>, Iwan Dewanto<sup>2)</sup>

<sup>1)</sup>Master of Public Health, University of Jember

<sup>2)</sup>Faculty of Dentistry, University of Jember

<sup>3)</sup>Faculty of Dentistry, Muhammadiyah University of Yogyakarta

*Received: Oktober 12, 2024; Accepted: November 29, 2024; Available online: January 16, 2025*

## ABSTRACT

**Background:** The National Health Insurance Program (JKN) through BPJS Kesehatan is an initiative to equalize the quality of health services for all levels of society. Contributions are an essential factor in the success of a national social security system. The importance of paying BPJS contributions regularly is so that participants get adequate health service guarantees. The study aims to analyze the compliance of BPJS Mandiri participant contribution payments who are subject to inpatient service fines at Dr. Mohamad Saleh Probolinggo Regional Hospital.

**Subjects and Method:** An observational study with a cross-sectional approach was conducted in the inpatient unit of Dr. Mohamad Saleh Hospital, Probolinggo, in May and June 2023. A total of 100 patients were selected for this study. The dependent variable was compliance. The independent variables were knowledge, income, number of family members, perception of illness, access to health services. Data were collected using a questionnaire and analyzed using factor analysis, t-test, f-test and multiple linear regression.

**Results:** The regression coefficient of knowledge variable is 0.018, income is 0.823, number of family members is 0.375, perception of illness is -0.021, access to health services is -0.128. Compliance of contribution payments is influenced by income variable with sig 0.002, number of family members with sig (0.000) and access to health services with sig (0.007).

**Conclusion:** Compliance in payment of BPJS Mandiri participants who are subject to inpatient service fines is influenced by income, number of family members, access to health services. The most dominant factor is income.

**Keywords:** JKN, compliance, contribution, service fines

## Correspondence:

Umi Kusuma Wardani. Master of Public Health, Postgraduate Program, University of Jember. Jl. Kalimantan Tegalboto No.37, Jember 68121, East Java. Email: [umikusuma78@gmail.com](mailto:umikusuma78@gmail.com). Mobile phone: +6281252512945.

## Cite this as:

Wardani UK, Hernawati S, Dewanto I (2025). Analysis of BPJS Mandiri Participant Contribution Payment Compliance Inpatient Service Fines at Dr Mohamad Saleh Probolinggo Regional Hospital. Health Policy Manage. 10(01): 149-163. <https://doi.org/10.26911/thejhpm.2025.10.01.12>.



©Umi Kusuma Wardani. Published by Master's Program of Public Health, Universitas Sebelas Maret, Surakarta. This open-access article is distributed under the terms of the [Creative Commons Attribution 4.0 International \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/). Re-use is permitted for any purpose, provided attribution is given to the author and the source is cited.

## BACKGROUND

National Health Insurance is a guarantee in the form of health protection so that

participants receive health care benefits and protection in meeting basic health needs which are provided to everyone who has paid

contributions or whose contributions are paid by the government (Presidential Regulation of the Republic of Indonesia Number 82, 2018). The National Health Insurance Program (JKN) through BPJS Kesehatan is an initiative to equalize the quality of health services for all levels of society, with affordable contributions and broad health service coverage. Contributions are an amount of money paid regularly by participants, employers, and/or the government. Contributions are an essential factor in the success of a national social security system. There are three main reasons to become a JKN participant, namely Protection, Sharing and Compliance.(BPJS Health, 2020).

BPJS Health membership until June 2022 was 241,791,615 people with a coverage of 89.20% of participants, while those who were not BPJS Health participants were around 29,274,741 or around 10.8%, This participant coverage indicates that it is still below the target for implementing the achievement of sustainable development goals, namely increasing the coverage of National Health Insurance (JKN) in 2019 to at least 95% (Presidential Regulation of the Republic of Indonesia Number 59, 2017). BPJS Kesehatan membership includes Contribution Assistance Recipients paid by the central and regional governments totaling 145,879,222 people or 60.3% and Non Contribution Assistance Recipients whose contributions are paid by participants and employers totaling 95,912,393 people or 39.7%. The number of active and inactive participants (in arrears) based on Non PBI membership from the Non-Wage Receiving Worker Segment, active is 14,851,601 (47.9%), inactive is 16,151,334 (52.1%) (DJSN, 2022).

According to research by Risdayanti & Batara (2021), The reason participants are in arrears is because they feel it is too heavy to pay for one family with a large number of

family members (Hasyim et al., 2019). concluded that the arrears were caused by respondents not understanding and not knowing the importance of paying BPJS contributions, because by paying regularly, patients get decent health insurance. In the study by Rohmadoni et al. (2022), concluded that participants who were inactive due to premiums were the highest percentage, this was due to late payment of monthly contributions, due to loss of employment or lack of income of BPJS participants, thus affecting payments and the active status of participant cards. The increasing participation is not in line with their compliance in paying JKN contributions. Participants who routinely pay health fund contributions are generally participants who have jobs and earn income that can be used to pay health fund contributions.

On the other hand, participants who do not have jobs will reduce the regularity in paying health fund contributions because they do not have income allocated to pay contributions (Marpaung et al., 2022). Based on the concept of Lawrence Green, there are factors that influence behavior, which are referred to as the Precede-Proceed behavior change model. Health behavior is influenced by individual and environmental factors. It has two main different parts, the first is Precede consisting of Predisposing, Reinforcing, Enabling. The second part is Proceed consisting of Policy, Regulatory, Organization. Behavior in compliance with paying BPJS Health contributions(Pakpahan et al., 2021).

The main factors for late payment of BPJS contributions are due to limited income, low knowledge due to lack of information regarding the importance of insurance and the benefits obtained by participating in insurance, and not knowing that there are fines for late payment of health insurance contributions (Latifah et al., 2020).

Good health services will certainly have an influence on National Health Insurance participants in paying premiums, so that with the maximum service received by participants, it can increase participants' willingness to pay premiums (Wahyuni & Widodo, 2021). People who have a positive perception of health service facilities that have cooperation with the insurance they follow will have awareness in paying health insurance contributions regularly because they have had the experience of receiving good service (Latifah et al., 2020).

There is a phenomenon in society, especially BPJS Mandiri participants, who register themselves and their families as participants only when they want to seek medical treatment and need health services (Wulandari et al., 2020). When participants do not make regular premium payments every month, it will cause their membership to become inactive as the premium arrears increase, which will become a problem later when participants need to access health services. The accumulated arrears must be paid off so that membership can be reactivated, which often makes participants feel burdened by the amount of arrears that are several times the amount of the contribution they should have (Basarang et al., 2023).

If they do not pay their contributions and fines, then BPJS Mandiri participant patients cannot use BPJS Kesehatan as a guarantor of hospital care costs. This has an impact on inpatients who must become general patients so that patients and their families must bear the burden of their own care costs because they are no longer guaranteed by BPJS Kesehatan (Rahmadiane, 2022).

## SUBJECTS AND METHOD

### 1. Study Design

This was a cross-sectional study conducted at the inpatient room in Dr. Mohamad Saleh Probolinggo Regional Hospital, East Java, Indonesia.

### 2. Population and Sample

The population in this study were BPJS Mandiri participants who were hospitalized and were irregular in paying contributions so that they were subject to inpatient service fines, the number was known to be 598 people based on data collected from January to December 2021. The sample size of the study was 100 respondents. The sampling technique used was simple random sampling.

### 3. Study Variables

The dependent variable is compliance. The independent variables are knowledge, income, number of family members, perceived of illness, and access to health services.

### 4. Operational Definition

**Knowledge** is everything that is known by Community Health Insurance participants

**Income** is something that a person gets every month according to the regional minimum wage per capita.

**Number of Family Members** is all family members consisting of the head of the family, husband and wife, children and other people who participate in the family

**The perception of illness** is the perception of JKN participants regarding the concept of illness, the actions that will be taken if they are sick and the need to utilize health services.

**Access to Health Services** is the ease for people to reach health service facilities from home, which is measured by accessibility and means of transportation.

**Compliance** is the compliance of JKN participants in making contribution payments.

## 5. Instrument

The instrument used was a questionnaire given to BPJS Mandiri participants who were undergoing inpatient care and were subject to inpatient service fines at Dr Mohamad Saleh Probolinggo Regional Hospital.

## 6. Data Analysis

Univariate analysis was conducted to see the frequency distribution and percentage of research subject characteristics, factor analysis was conducted to determine the factors formed, and multivariate analysis was conducted using the t-test, f-test and multiple linear regression.

## 7. Research Ethics

To prevent ethical issues, emphasis is placed on ethical issues including: Informed consent, anonymity, confidentiality. The research ethics permit letter was obtained from the Health Research Ethics Commission (KEPK) of the Faculty of Dentistry,

University of Jember No. 2006/UN25.8/-KEPK/DL/2023 dated April 28, 2023.

## RESULTS

### 1. Sample Characteristics

Characteristics of research subjects based on research results include age, gender, education, marital status, occupation, BPJS class, history of hospitalization, history of illness, history of fines and place of payment. Table 1 shows the largest age group of respondents is the 56-65 age group at 26%, Respondents with female gender are more than respondents with male gender at 56%. Based on education, most respondents have a high school education level of 34%. Widows/ widowers have the highest percentage in the marital status of respondents at 46%. Most of the respondents' employment data are respondents who do not have jobs or are not working at 43%.

**Table 1. Respondent Characteristics**

Characteristics	Category	Frequency	Percentage (%)
<b>Age</b>	17 – 25 Years	13	13%
	26 – 35 Years	13	13%
	36 – 45 Years	14	14%
	46 – 55 Years	15	15%
	56 – 65 Years	26	26%
	> 65 Years	19	19%
<b>Gender</b>	Man	44	44%
	Woman	56	56%
<b>Education</b>	No school	8	8%
	SD	22	22%
	Junior High School	23	23%
	Senior High School	34	34%
	College(S1/S2/S3)	13	13%
<b>Marital Status</b>	Marry	40	40%
	Widow/Widower	46	46%
	Not married yet	14	14%
<b>Work</b>	Trader	8	8%
	Farmer	10	10%
	Self-employed	18	18%
	Private sector employee	11	11%
	Temporary Workers	10	10%
	Doesn't work	43	43%
<b>BPJS Class</b>	Class I	34	34%
	Class II	17	17%
	Class III	49	49%

<b>Hospitalization History</b>	Never	46	46%
	Ever (first, second, more than 2)	54	54%
<b>Medical History</b>	There isn't any	46	46%
	There are (heart, kidney, stroke, pulmonary TB, cancer, diabetes, other diseases that require a lot of medical costs)	54	54%
<b>History of Inpatient Service Fines</b>	There isn't any	56	56%
	Ever (first, second, more than 2)	44	44%
<b>Place of Payment of Dues</b>	JKN Application	11	11%
	Post office	23	23%
	Banking Services (ATM and Mobile Banking)	21	21%
	E-Commerce	17	17%
	Modern Retail	28	28%

Table 1 shows respondents who chose Class III had the largest number, namely 49 people (49%). respondents had previously been hospitalized, namely 54 people (54%). Respondents who had a history of illness were more than respondents who did not have a history of illness, namely 54 people (54%), Respondents who had never had a history of fines were greater than respondents who had a history of fines, namely 56

people (56%). Most respondents chose to pay their contributions through Modern Retail, as many as 28 people (28%).

## 2. Univariate Analysis

The results of descriptive statistical tests of the variables of knowledge, income, number of family members, perception of illness, and access to health services can be seen in Table 2 below.

**Table 2. Frequency Distribution of Variables**

Variables	Category	Frequency	Percentage (%)
<b>Knowledge</b>	Good	36	36%
	Enough	38	38%
	Not enough	26	26%
<b>Income</b>	Enough	63	63%
	Not enough	37	37%
<b>Number of Family Members</b>	Big	49	49%
	Currently	39	39%
	Small	12	12%
<b>Perception of Pain</b>	Good	39	39%
	Enough	29	29%
	Not enough	32	32%
<b>Access to Health Services</b>	High Access	21	21%
	Moderate Access	32	32%
	Low Access	47	47%
<b>Compliance</b>	Obedient	63	63%
	Not obey	37	37%

Table 2 shows that respondents with sufficient knowledge category were 38 people (38%), good knowledge were 36

people (36%) and less knowledge were 26 people (26%). The level of knowledge of respondents in the study was not too



different. This is possible because the educational status of most respondents was Senior High School who already understood knowledge about National Health Insurance.

Respondents with sufficient income were 63 people (63%) and less income were 37 people (37%). The sufficient income of respondents in this study was based on the minimum wage per region. Respondents with a large family were 49 people (49%), the number of medium families was 39 people (39%) and the number of small families was 12 people (12%). The number of large family members in this study was because they had more than 5 members.

Respondents with good perception of illness were 39 people (39%), less perception of illness was 32 people (32%) and moderate perception of illness was 29 people (29%). Good perception of illness will affect

treatment seeking behavior. Respondents with low access to health services were 47 people (47%), moderate access to health services were 32 people (32%) and high access to health services were 21 people (21%). Access is an important thing in the operation of the system.

Based on compliance, in this case, compliance with BPJS Mandiri participant contribution payments, the majority of respondents were in the compliant category, namely 63 people (63%), while those who were not compliant were 37 people (37%).

### 3. Multivariate Analysis

Multivariate analysis is used to describe the influence of each independent and dependent variable. The multiple linear regression test in this study was used to determine the effect of independent variables on dependent variables.

**Table 3. Results of multiple linear regression analysis**

Independent Variable	b	p
Knowledge	0.25	0.800
Income	3.26	0.002
Number of Family Members	4.08	<0.001
Perception of Pain	-0.95	0.343
Access to Health Services	-2.78	0.007

The regression analysis assessed factors influencing compliance in the payment of BPJS Health contributions among independent participants. The findings indicated that income ( $b = 3.26$ ,  $p = 0.002$ ) and number of family members ( $b = 4.08$ ,  $p < 0.001$ ) were significant positive predictors of payment compliance. This suggests that individuals with higher income levels and larger family sizes are more likely to comply with contribution payments. In contrast, access to health services showed a significant negative association ( $b = -2.78$ ,  $p = 0.007$ ), indicating that easier access to health facilities may be linked to lower payment compliance—potentially due to perceived availability of services

regardless of payment status. Meanwhile, knowledge ( $b = 0.25$ ,  $p = 0.800$ ) and perception of pain ( $b = -0.95$ ,  $p = 0.343$ ) were not statistically significant, implying they do not substantially influence contribution payment behavior in this context.

## DISCUSSION

### 1. The influence of knowledge on compliance in payment of BPJS contribution among independent participant

Based on Lawrence Green's theory, there are factors that influence human behavior towards health, including predisposing, supporting, and driving factors. Knowledge is

included in the predisposing factors. Knowledge is information obtained by someone that is able to increase understanding of the information obtained. Knowledge is said to be information obtained by individuals so that it can increase understanding of the information, for people who are health insurance participants and have received information about their obligations as health insurance participants.

People who have high knowledge, have good information about the importance of insurance and the benefits that will be obtained from insurance, thus increasing awareness in paying health insurance contributions regularly. On the other hand, people who have low knowledge will tend to be irregular in paying health insurance contributions due to lack of information about the importance of insurance and the benefits obtained if they take out insurance and are not aware of the fines if they are late in paying health insurance contributions (Latifah et al., 2020).

Knowledge in this study is the respondents' understanding of National Health Insurance including the definition, benefits, treatment classes, contributions and payment of contributions and the consequences that must be accepted if they do not pay contributions. Based on the results of the study, it is known that the significance value is 0.802 with the conclusion that there is no influence between knowledge and compliance with contribution payments.

The results of this study are in line with research by Fitrianingsih et al. (2018), which explains that the tax knowledge possessed from the educational background of tax payers does not guarantee that taxpayers will be more compliant in carrying out their tax obligations. This research is in line with research by (Murniasih et al. (2022) which shows that there is no relationship between knowledge about BPJS contributions and

compliance with payment of BPJS Mandiri contributions at the Kertasemaya Health Center, Indramayu Regency ( $p = 0.709$ ). This is also in line with research by Risdayanti & Batara (2021), which shows that there is no relationship between knowledge and arrears in paying independent BPJS Health contributions in Bunga Eja Beru Village, Tallo District, Makassar ( $p = 0.118$ ).

The results of this study are in contrast to research by Hasan & Batara (2020), which states that the level of knowledge is related to compliance in paying BPJS Mandiri contributions. With knowledge, individuals can consider whether by complying with paying contributions they can avoid sanctions or fines that have been set by BPJS. The results of this study are also not in line with research by Besse et al. (2022), which shows that good knowledge can increase the desire and awareness to become JKN participants compared to people who have poor knowledge.

Research result by Marpaung et al. (2022), shows that there is a relationship between knowledge and compliance in paying JKN contributions. This happens because knowledge determines a person's perspective in acting. Respondents who have good knowledge about JKN will be obedient in paying JKN contributions because respondents already know very well what the benefits are of remaining active as JKN participants and what the impacts will be in the future if contributions are not paid according to the provisions that have been set.

According to the researcher's assumption from the research results, the highest respondent knowledge is knowledge in the sufficient category, which is 38% with 26% compliant and 12% non-compliant with payment of contributions. Sufficient knowledge from respondents does not affect compliance with BPJS Mandiri contribution payments, this is possible even though respondents understand JKN and know the impact if they

do not pay JKN routinely, but respondents still have dependents that must be paid every month, so respondents choose not to pay contributions routinely because they have to prioritize other needs. Sufficient respondent knowledge does not necessarily mean having sufficient income, so it will affect their ability to pay contributions. Participants who do not have sufficient income have not been able to set aside income to pay contributions. JKN contribution payments must be paid no later than the 10th of each month to BPJS Kesehatan.

Meanwhile, from the research results, 43% of respondents do not work so they cannot routinely pay on the 10th as has been determined. Respondents with jobs as private employees are 11% and receive salaries above the 20th of each month, so respondents pay after receiving their salary, but the contribution payment deadline has passed. The consequence of irregular payment of participant contributions on the 10<sup>th</sup> of each month is a factor that can hinder health services that should be received without having to pay a fine when undergoing in-patient treatment at the hospital.

## **2. The influence of income on compliance of BPJS contribution among independent participant**

The statistical results show that income has an effect on compliance with contribution payments with  $p = 0.002$ . Based on the results of the multiple regression coefficient, a positive coefficient value is obtained, meaning that there is a positive effect between income and compliance with contribution payments. This means that the higher the income, the higher the financial ability of a person who can build the intention to fulfill what is needed. The income referred to in this study is the respondent's income obtained each month according to the Probolinggo City Minimum Wage (UMK) standard in 2021, which is IDR 2,576,240.00

(two million five hundred seventy six thousand two hundred and forty rupiah).

Researchers argue that the higher a person's income, the greater their ability and willingness to pay for the health services they receive. Aware of their obligations, respondents will also pay regular JKN contributions every month, which of course will be compliant in paying contributions. Meanwhile, respondents with low incomes tend not to be compliant in paying contributions because these respondents think more about daily needs than health needs.

This research is in line with research by Murniasih et al. (2022), which shows that there is a relationship between monthly income and compliance with BPJS Mandiri contribution payments at the Kertasemaya Health Center, Indramayu Regency  $p < 0.001$ . Respondents with low incomes are considered to be at 0.186 times greater risk of not complying with BPJS Mandiri contribution payments.

The same research results were also conducted by Zain & Batara (2021), which shows a relationship between income and community compliance in paying independent BPJS Health insurance contributions. This relationship is caused because some compliant people realize that the income they earn is considered capable of paying BPJS Kesehatan Mandiri contributions. Research by Besse et al. (2022) shows that there is a significant influence between income and participating in the National Health Insurance program. The higher a person's income, the higher the public awareness to participate in the National Health Insurance program.

Research result by Marpaung et al. (2022) shows that there is a relationship between income and compliance in paying JKN contributions. This happens because the respondent's income affects awareness in paying JKN contributions. If the respondent



has enough income to meet daily needs and is able to pay JKN contributions every month, of course the respondent will remain compliant in paying JKN contributions.

This research is in contrast to research by Fajrini et al. (2021), which states that there is no significant relationship between the respondent's income level and compliance in paying BPJS Health contributions ( $p = 0.519$ ). This is also not in line with research by Mokolomban et al. (2018), which shows that there is no significant relationship between income and compliance of independent participants in paying national health insurance contributions in the Ranotana Weru Health Center work area. Independent JKN participants with low incomes and are not compliant in paying contributions because participants prefer to use their money for other living needs rather than paying contributions, while people with high incomes but are still not compliant in paying JKN contributions because these independent JKN participants consider it useless to pay contributions every month because they feel they do not need the need for health services.

### **3. The influence of the number of family members on compliance with BPJS contribution among independent participant**

The results of the study showed that the number of family members influenced compliance with contribution payments with  $p = 0.000$ , which means  $H_a$  is accepted. The existence of personal beliefs and family and community support for the very beneficial JKN program makes the head of the family aware of his obligations. That the more family members there are, the more finances will be to meet the health needs of his family members. The head of the family consciously believes that if he does not routinely pay contributions, there will be more allocation of funds from income that must be provided. If

one family does not pay contributions routinely, the existing government regulation is that a fine will be imposed when inpatient services are needed.

The results of the study are in line with research by Murniasih et al. (2022), shows the relationship between the number of family members and compliance with BPJS Mandiri contribution payments at the Kertasemaya Health Center, Indramayu Regency ( $p = 0.006$ ). This study is also the same as the study by Sudarman et al. (2021), where there is an influence between the number of family members and the willingness to pay BPJS contributions. The number of family members has its own role and of course cannot be left alone. A larger number of family members also creates more needs to meet their health, which of course will also create a lot of allocation of funds from income to meet family health.

This research is different from the research research by Wulandari et al. (2020), showed no significant relationship between the number of family members covered and compliance with payment of JKN program contributions ( $p = 0.378$ ). Currently, independent participants are still found who register their family members when they are sick and when they are healthy, compliance with paying contributions routinely is ignored. This study is also different from the study by Istamayu et al. (2022) shows a  $p = 0.822$  which means there is no relationship between the number of family members and the willingness to pay national health insurance (JKN) contributions for independent participants in Jambi City. The BPJS Kesehatan membership system for all family members registered in the family card so that the head of the family as a source of income must bear the contributions of a number of family members. Compulsory participation causes the head of the family to have no

choice of paying for which family members can be selected to be able to pay contributions

#### **4. The influence of perceived illness on compliance of BPJS contribution among independent participant**

The perception of pain in this study is the respondent's opinion on the complaints they feel, the severity of the complaints, the actions to be taken, and the health services and health insurance needed to reduce the complaints. The results of the study showed that the perception of pain did not affect compliance with payment of contributions with a significance of 0.343. The results of this study are in line with research (Irawan & Ainy, 2018) which explains that the perception of illness is not related to the use of health services  $p=0.529$  because the national health insurance program specifically for recipients of contribution assistance has free services so that people are willing to use it.

This research is not in accordance with Notoatmodjo (2014), which explains that the perception of illness is closely related to treatment-seeking behavior. Someone who has a negative perception of illness tends to rarely utilize existing health care facilities. People will only seek health care when they are truly unable to perform activities.

The results of this study are in contrast to research by Fatima & Indrawati (2019), which shows that there is a relationship between the perception of illness and the utilization of health services at the Kagok health center ( $p=0.001$ ). According to respondents, illness is something that can be felt by someone, where if they feel sick then they will feel the need to go to health services. Illness is when the body can no longer carry out activities, then they feel the need to utilize health services. Some respondents if they feel their bodies are sick and not too severe they tend to treat themselves by buying drugs from the store, herbal medicine or just leaving it until the disease heals by itself.

The results of this study also contradict research by Murniasih et al. (2022) with a  $p=0.002$ , which means there is a relationship between the perception of illness and the willingness to pay national health insurance (JKN) contributions for independent participants in Jambi City. On average, people who have a negative perception of illness are willing to use health services only when they are sick so that they only have the awareness to be willing to pay health insurance contributions, but people who have a positive perception of illness will always feel the need for health insurance and are willing to pay health insurance contributions regularly because they know that illness can happen at any time.

According to the researcher's assumption, a good perception of illness if not supported by good financial ability in the family will result in respondents not being able to set aside income to pay contributions. Most respondents in this study had a history of hospitalization, had a history of illness and chose class III as the use of health services with the hope that it was still affordable and able to pay for the national health insurance program when feeling sick. Perception

#### **5. The Influence of Access to Health Services on Compliance with BPJS Mandiri Participant Contribution Payments**

Access to health services is more often seen from the perspective of service providers only, while access from the community as users is less noticed. Research on access to health services from the perspective of users is still considered very lacking. Improving the quality of health services from both sides of access is very necessary.

The results of the study indicate that access to health services has an effect on compliance with payment of contributions with a significance of 0.007 which is smaller than 0.05, which means that the hypothesis

is accepted. This study is in line with research by Ernawati & Uswatul (2019), which shows a p value of  $0.005 < 0.05$ , which means that there is a meaningful relationship between JKN Mandiri membership and access to health services for the Sakai tribe in Petani Village, Mandau District, Bengkalis Regency.

According to the researcher's assumption, access to health services is one of the important factors in compliance with contribution payments. The easier it is for JKN participants to access health services, the easier it is for participants to obtain health services when needed. The use of health services that can be accessed properly, raises awareness for participants to routinely pay contributions every month. The more difficult it is to access health services, the lower the compliance in paying BPJS Mandiri contributions. In accordance with the research by Lestari et al. (2020), shows that there is a significant relationship between access to health services and BPJS Health membership in Klojen sub-district, Malang.

In line with the research result by Puji et al. (2022), that there is a significant influence between access to services and utilization of health services at the Bojongsari Health Center. This is also in accordance with research by Marinda (2019), statistical test results  $p=0.000$  means there is a significant relationship between access to health services and health literacy of JKN participants. Access to services depends on the location of services, means of transportation and the availability of health insurance. In accordance with the research results by Irawan & Ainy (2018), which shows a relationship between service accessibility and utilization of health services for JKN participants in the Payakabung Health Center Work Area. JKN participants who have houses that are far from the Payakabung Health Center still tend

to utilize health services because there are no other health service options.

Not in line with research by Atriyani & Ahmad (2019), shows that there is no significant relationship between the perception of the distance of residence to the Hospital and the amount of willingness to pay for services at the Internal Polyclinic of Kendari City Hospital ( $p= 0.788$ ). The further the distance of the respondent's residence from the Internal Polyclinic of Kendari Hospital, the greater the willingness not to pay for services received at the Internal Polyclinic of Kendari Hospital.

#### **6. The associations between knowledge, income, number of family members, access to health service, and BPJS contribution among independent participant**

Based on the results of the multiple linear regression statistical test, the results of the F test or simultaneously (together) show that the significance value for the influence of knowledge, income, number of family members, perception of illness and access to health services on compliance with contribution payments ( $p < 0.001$ ). It can concluded that there is an influence between knowledge, income, number of family members, perception of illness and access to health services on Compliance with Payment of Contributions of Independent BPJS Participants Subject to Inpatient Service Fines at Dr. Mohamad Saleh Probolinggo Regional Hospital.

Based on the research, the Adjusted R square ( $R^2$ ) value is 0.242, which means that simultaneously (together) the independent variables consisting of knowledge, income, number of family members, perception of illness and access to health services have an influence on the dependent variable, namely compliance with contribution payments of 24.2%, while the rest is explained or

described by other variables that were not studied.

### AUTHOR CONTRIBUTION

Umi Kusuma Wardani as the main researcher plays a role in coordinating the research, implementing all stages of the research, and completing the research paper. Sri Hernawati plays a role in developing ideas, research design, research framework and writing techniques. Iwan Dewanto plays a role in suggesting the accuracy of research measuring instruments, interpretation of research results, discussion of research results.

### CONFLICT OF INTEREST

There was no conflict of interest in the study.

### FUNDING AND SPONSORSHIP

This study is self-funded.

### ACKNOWLEDGEMENT

We would like to thank the Director of Dr. Mohamad Saleh Probolinggo Hospital for allowing this research to be conducted. We would like to thank the BPJS Kesehatan participants who have participated and are willing to be respondents in this research.

### REFERENCE

Atriyani R, Ahmad LOAI, Harun H (2019). Faktor yang berhubungan dengan kemauan membayar (willingness to pay) pasien rawat jalan Poli Interna RSUD Kota Kendari tahun 2019 (Factors related to willingness to pay of outpatients in the Internal Medicine Polyclinic of Kendari City Hospital in 2019). *Jurnal Kesehatan Masyarakat Celebes*, 1(02): 12–17. <https://jkmc.or.id/ojs/index.php/jkmc/article/view/22>.

Basarang M, Asrina A, Ikhtiar M, Idris FP (2023). Pengaruh media edukasi

tentang hak dan kewajiban peserta terhadap perilaku membayar iuran segmen Jaminan Kesehatan Nasional Mandiri di Kabupaten Enrekang (The influence of educational media on the rights and obligations of participants on the behavior of paying contributions in the Independent National Health Insurance Segment in Enrekang Regency). *Journal of Muslim Community Health*, 4(3): 40–51. <https://doi.org/10.52103/jmch.v4i3.1123>

- Besse BW, Nurgahayu, Haeruddin (2022). Faktor yang mempengaruhi masyarakat mengikuti Program Jaminan Kesehatan Nasional (Factors influencing the community to participate in the National Health Insurance Program). *Window of Public Health Journal*, 3(1): 157–168. <https://doi.org/10.33096/woph.v3i1.357>
- BPJS Kesehatan (2020). Service Guide for National Health Insurance-Indonesian Healthy Card (JKN-KIS) Participants (1st ed.).
- DJSN (2022). JKN Integrated Monitoring System. <http://sismonev.djsn.go.id/-kepesertaan/>
- Ernawati CT, Uswatul D (2019). Hubungan kepesertaan JKN Mandiri dengan pendapatan, pengetahuan, persepsi, akses, dan kepercayaan masyarakat Suku Sakai di Desa Petani Kecamatan Mandau Kabupaten Bengkalis tahun 2018 (The Relationship between JKN Mandiri Membership and Income, Knowledge, Perception, Access, and Trust of the Sakai Tribe Community in Petani Village, Mandau District, Bengkalis Regency in 2018). *Jurnal Kebijakan Kesehatan Indonesia*, 8(1): 25–29. <https://doi.org/10.22146/jkki.45017>.
- Fajrini F, Latifah N, Hermansyah D, Firda NN (2021). Studi ketidakpatuhan membayar iuran BPJS Kesehatan

- peserta non PBI bukan penerima upah di Kelurahan Cempaka Putih tahun 2018 (Study of non-compliance in paying BPJS health contributions for Non-PBI participants who are not wage recipients in Cempaka Putih Village in 2018). *Muhammadiyah Public Health Journal*, 1(2): 129–138. <https://doi.org/10.24853/mphj.v1i2.7897>
- Fatima S, Indrawati F (2019). Faktor pemanfaatan pelayanan kesehatan di Puskesmas (Factors of health service utilization in Community Health Centers). *HIGEIA*, 3(1): 121–131. <https://doi.org/10.15294/higeia.v3i1.24747>
- Fitrianingsih F, Sudarno S, Kurrohman T (2018). Analisis pengaruh pengetahuan perpajakan, pelayanan fiskus dan sanksi denda terhadap kepatuhan wajib pajak dalam membayar pajak bumi dan bangunan perdesaan dan perkotaan di Kota Pasuruan (Analysis of the influence of tax knowledge, tax service and fine sanctions on taxpayer compliance in paying rural and urban land and building taxes in Pasuruan City). *E-Journal of Economics, Business and Accounting*, 5(1): 100. <https://doi.org/10.19184/ejeba.v5i1.7745>
- Hasan N, Batara AS (2020). Faktor yang berhubungan dengan kepatuhan membayar iuran BPJS pada peserta mandiri di Puskesmas Tamamaung (Factors related to compliance in paying BPJS contributions for independent participants at Tamamaung Health Center). *Window of Public Health Journal*, 1(4): 382–393. <https://doi.org/10.33096/woph.v1i6.336>
- Hasyim A, Idrus HM, Rizky S (2019). Faktor-faktor yang berhubungan dengan penunggakan pembayaran iuran BPJS kesehatan mandiri di Wilayah Kerja Puskesmas Abeli Kota Kendari (Factors Related to Arrears in Payment of BPJS Kesehatan Mandiri Contributions in the Working Area of Abeli Health Center, Kendari City). *Miracle Journal of Public Health*, 2(1): 1–9. <https://doi.org/10.36566/mjph/Vol2-Iss1.3>
- Irawan B, Ainy A (2018). Analysis of Factors Related to the Utilization of Health Services for National Health Insurance Participants in the Payakabung Health Center Work Area, Ogan Ilir Regency. *Jurnal Ilmu Kesehatan Masyarakat*, 9(3), 189–197. <https://doi.org/10.26553/jikm.v9i3.311>
- Istamayu AA, Solida A, Wardiah R (2022). Determinan kemauan membayar (willingness to pay) iuran Jaminan Kesehatan Nasional pada peserta mandiri di Kota Jambi tahun 2021 (Article on Determinants of Willingness to Pay for National Health Insurance Contributions for Independent Participants in Jambi City). *Akselerasi*, 4(2): 10–21. <https://doi.org/10.5478-3/jin.v4i2.546>
- Latifah N, Nabila W, Fajrini F (2020). Faktor-faktor yang memengaruhi kepatuhan peserta mandiri membayar iuran BPJS di Kelurahan Benda Baru (Factors affecting compliance of independent participants in paying BPJS contributions in Benda Baru Village). *Jurnal Kedokteran dan Kesehatan*, 16(2): 84–92. <https://doi.org/10.248-53/jkk.16.2.84-92>
- Lestari PAP, Roesdiyanto R, Ulfah NH (2020). Health Needs and Access to Health Services with Membership of the Social Security Administering Body (BPJS) Health. *Journal of Research and Development of Indonesian Public Health*, 1(2), 138–156. <https://doi.org/10.15294/jppkmi.v1i2.40324>



- Marinda N (2019). Analisis literasi kesehatan peserta Jaminan Kesehatan Nasional di Puskesmas Simpang Kawat Kota Jambi (Analysis of health literacy of National Health Insurance participants at Simpang Kawat Health Center, Jambi City). *Jurnal Ilmiah Universitas Batanghari Jambi*, 19(1): 168–173. <https://doi.org/10.33087/jiubj.v19i1-.583>.
- Marpaung FV, Nyorong M, Moriza T (2022). Factors Affecting the Compliance of National Health Insurance Participants Segment of Non-Wage Recipients in Paying the Contributions. *Journal La Medihealtico*, 3(3): 171–179. <https://doi.org/10.37899/journallamedihealtico.v3i3.656>
- Mokolomban C, Mandagi CKF, Korompis GEC (2018). Faktor-faktor yang berhubungan dengan kepatuhan peserta mandiri dalam membayar iuran Jaminan Kesehatan Nasional di Wilayah Kerja Puskesmas Ranotana Weru Kota Manado (Factors Related to Compliance of Independent Participants in Paying National Health Insurance Contributions in the Ranotana Weru Health Center Work Area, Manado City). *Kesmas*, 7(4): 1–10. <https://ejournal.unsrat.ac.id/index.php/kesmas/article/view/23146>
- Murniasih M, Suparman R, Mamlukah M, Febriani E (2022). Faktor-faktor yang berhubungan dengan kepatuhan pembayaran iuran BPJS kesehatan pada peserta mandiri di Puskesmas Kertasemaya Kabupaten Indramayu tahun 2022 (Factors related to compliance in paying BPJS health contributions for independent participants at the Kertasemaya Health Center, Indramayu Regency in 2022). *Journal of Public Health Innovation*, 3(01): 41–51. <https://doi.org/10.34305/jphi.v3i01-.604>
- Notoatmodjo S (2014). *Health Promotion and Health Behavior (Revision)*. Jakarta: Rineka Cipta.
- Pakpahan M, Deborah S, Susilawaty A, Tasnim, Ramdany MR, Manurung EI, Tompunu ES, et al (2021). *Promosi Kesehatan dan Perilaku Kesehatan (Health Promotion & Health Behavior)* (R. Watrianthos (ed.)). Medan: Yayasan Kita Menulis.
- Presidential Regulation of the Republic of Indonesia Number 59. (2017). *Implementation of Achieving Sustainable Development Goals*.
- Presidential Regulation of the Republic of Indonesia Number 82. (2018). *Health Insurance*.
- Puji LKR, Fitriani D, Annisa N, Bahri S, Fil Ilmi A (2022). Faktor determinan yang mempengaruhi pemanfaatan pelayanan kesehatan bagi peserta JKN KIS di Puskesmas Bojongsari (Determinant factors influencing the utilization of health services for JKN KIS participants at the Bojongsari Health Center). *Midwifery and Public health Journal*, 2(1): 1–10. <http://dx.doi.org/10.52031/map.v2i1.402>
- Risdayanti, Batara AS (2021). Faktor yang berhubungan dengan penunggakan pembayaran iuran BPJS Kesehatan Mandiri di Kecamatan Tallo Kota Makassar (Factors related to arrears in payment of independent BPJS Health Contributions in Tallo District, Makassar City). *Window of Public Health Journal*, 2(3): 926–937. <https://doi.org/10.33096/woph.v2i5.293>
- Rohmadoni T, Fannya P, Putra DH, Rumana NA (2022). Faktor penyebab BPJS nonaktif di Puskesmas Kecamatan Tanah Abang (Factors causing inactive BPJS at Tanah Abang District Health

- Center). *Journal of Innovation Research and Knowledge*, 2(6): 2423-2434. <https://doi.org/10.53625/jirk.v2i6-.3967>
- Sudarman, Batara, AS, Haeruddin (2021). Faktor yang berhubungan dengan kemampuan dan kemauan membayar iuran BPJS peserta mandiri di Kelurahan Sanua Kecamatan Kendari Barat (Factors related to the ability and willingness to pay BPJS contributions for independent participants in Sanua Village, West Kendari District). *Promotive Journal of Public Health*, 11(1): 45–57. <https://doi.org/10.56338/pjkm.v-11i1.1517>
- Wahyuni NWA, Widodo S (2021). Pelayanan kesehatan, pemilihan kelas perawatan dan sanksi layanan dengan kemauan membayar premi peserta mandiri (PBPUP) (Health Services, Selection of Treatment Class and Service Sanctions with Willingness to Pay Premiums of Independent Participants (PBPUP)). *JPPKMI*, 2(2): 163-171. <https://doi.org/10.15294/jppkmi.v2i2.52428>
- Wulandari A, Syah NA, Ernawati T (2020). Faktor-faktor yang mempengaruhi kepatuhan peserta mandiri dalam pembayaran iuran Program Jaminan Kesehatan Nasional di Kota Solok (Factors affecting compliance of independent participants in paying National Health Insurance Program contributions in Solok City). *Jurnal Kesehatan Andalas*, 9(1): 7-17. <https://doi.org/10.25077/jka.v9i1.1219>
- Zain SF, Batara AS (2021). Faktor yang berhubungan dengan kepatuhan membayar iuran BPJS Mandiri di RSUD Mamuju (Factors Related to Compliance in Paying Independent BPJS Contributions at Mamuju Regional Hospital). *Window of Public Health Journal*, 2(4), 689-698. <https://doi.org/10.33096/woph.v2i4.221>