

## Factors Related To Compliance With Paying Monthly Bpjs Kesehatan Mandiri Participants Contributions In The Informal Sector In Jambi City

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### ABSTRACT

Compliance with independent participants in paying National Health Insurance (JKN) contributions in Jambi City is not optimal. This is because Jambi City is the district/city that has the largest number of independent participants in arrears, namely 103,195 (16.95%) participants. Contributions greatly influence the smooth running of BPJS Health so that there is no deficit. The aim of this research is to determine the factors associated with compliance with paying monthly BPJS health contributions for independent participants in the informal sector in Jambi City. This research uses a cross sectional design, with purposive sampling data collection techniques. The samples taken were 139,091 independent BPJS participants in the informal sector. Analysis was carried out using univariate and bivariate tests with the chi-square test. The results of the study show that there is a relationship between education (p-value=0.039) and income (p-value=0.005) with compliance with paying BPJS Health contributions and there is no relationship between employment (p-value=0.190), contribution rates (p-value =0.129) and access to payments (p-value=0.887) with compliance in paying BPJS Health contributions for independent participants in the informal sector in Jambi City. BPJS Health must strictly enforce sanctions in accordance with applicable regulations if payments are late. People are expected to choose a treatment class that suits their ability to pay JKN contributions or if they feel they cannot afford it, people can apply to become PBI participants.

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## 1. INTRODUCTION

Health is a human right (HAM) that must be realized for all Indonesian citizens. Law Number 36 of 2009 states that every individual has the same right to access existing resources in the health sector and to obtain prosperous, quality and easily accessible health services[1]. In order to guarantee this welfare, the government has implemented a Universal Health Coverage (UHC) health system or universal health insurance. The National Health Insurance Program (JKN) held by BPJS Health is an alternative realization of UHC[2]. JKN was implemented based on Law Number 24 of 2011 concerning the Social Security Administering Agency (BPJS) for all Indonesian people for those who can afford it and those who cannot afford it. For people who cannot afford it, their contributions are borne by the government or Contribution Assistance Recipient Participants (PBI). Meanwhile, those who can afford it will pay their own or non-PBI contributions[3].

Based on data, JKN membership in Indonesia as of January 31 2023 was 249.7 million people (91.3%) of the total population of Indonesia. Meanwhile, the coverage of health insurance program participants in Jambi Province is 3,051,652 people (88.77%). The number of Non-Wage Recipient Participants (PBPU) or independent participants is 635,912 people (17.45%). People who are included

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in the independent BPJS health membership have an obligation to pay contributions every month. As seen from the data, the city of Jambi occupies the highest position with the number of independent participants in arrears, namely 103,195 (16.95%).

The JKN financial system is very dependent on participant compliance in paying BPJS contributions. If many participants are in arrears, it will cause a financial deficit for BPJS. Meanwhile, for BPJS participants themselves, they cannot access health services using BPJS cards[4]. Independent BPJS participants who work in the formal sector will have their contributions managed by their place of work. This is different from informal sector workers where they manage their own contributions. The number of informal workers in Jambi City is 40.28%, including 47.69% of informal workers working in the service sector, 15.42% in the manufacturing sector and 36.89%.

Based on an initial survey conducted by researchers on 11 workers in the informal sector, there were 7 people who did not comply with paying BPJS Health contributions every month. This means that the worker pays contributions on the 10th, whereas in BPJS itself there is a payment limit on the 10th of every month. From the initial interview survey, it was also discovered that of the 7 people who did not comply, 3 people had not completed their schooling up to high school, 5 people because their family income was still not enough to pay contributions or there were still many other needs that had to be met, 3 people because of the increase in BPJS Mandiri contribution rates and often disappointed with BPJS health services or facilities and 2 people because the payment process takes a long time. Based on the above phenomenon, researchers are interested in further research regarding "Factors related to compliance with paying BPJS Health contributions for Independent Participants in the Informal Sector in Jambi City."

## 2. METHOD

This research uses a quantitative type of research. The approach used is an analytical survey approach. The research design used a cross sectional design. The population in this study were all JKN Mandiri participants in the Jambi City BPJS Health Work Area with a total population of 139,091 people. The number of samples taken based on the Stanley Lameshow formula calculation was 106 samples. Samples were taken using purposive sampling technique. The data analysis used was univariate analysis and bivariate analysis using the chi-square test.

## 3. RESULTS AND DISCUSSION

### Characteristics of respondents

**Tabel 1** Distribusi Frekuensi Berdasarkan Karakteristik Responden di Kota Jambi Tahun 2023

Characteristics	Frequency (f)	Percentage (%)
<b>Sex</b>		
Boy	81	76,4
Girl	25	23,6
<b>Age</b>		
17 - 25 Years	5	4,7
26 - 35 Years	22	20,8
36 – 45 tahun	32	30,2
46 – 55 Years	31	29,2
56 – 65 Years	14	13,2
> 65 Years	2	1,9
<b>Education</b>		
Elementary school	13	12,3
Junior High School	17	16,0
Senior High School	63	59,4
Bachelor	13	12,3
<b>Number of Family Members Registered with JKN Mandiri</b>		

Characteristics	Frequency (f)	Percentage (%)
1 – 3 people	41	38,7
4 – 6 people	65	61,3
<b>Amount</b>	<b>106</b>	<b>100</b>

Based on table 1, the characteristics of respondents according to age were obtained with the largest number being respondents aged 36 – 45 years (30.2%) and respondents aged > 65 years being the fewest respondents (1.9%). Meanwhile, the characteristics of respondents according to gender were male respondents (76.4%) and the rest were female (23.6%). Characteristics of respondents according to education, namely SMA/SLTA (59.4%). The characteristics of respondents according to the number of family members registered with JKN Mandiri were mostly respondents with 4 - 6 family members (61.3%) and respondents with 1 - 3 family members, 41 respondents, 38.7%.

### Univariat

**Table 2** Frequency Distribution Based on Education, Income, Employment, Contribution Rates, Payment Access and Payment Compliance of Respondents in Jambi City in 2023

Characteristics	n	(%)
<b>Education</b>		
Low	30	28,3
High	76	71,7
<b>Income</b>		
Low	64	60,4
High	42	39,6
<b>Work</b>		
Agriculture	23	78,3
Non-Agricultural	83	21,7
<b>Contribution Rates</b>		
High	23	21,7
Low	83	78,3
<b>Payment Access</b>		
Banking	37	34,9
Non Banking	69	61,1
<b>Compliance Pays</b>		
Obedient	54	50,9
Not obey	52	49,1
<b>Amount</b>	<b>106</b>	<b>100</b>

Based on table 2, it is known that of the 106 respondents there were (28.3%) respondents with low education and (71.7%) with high education. A total of (60.4%) respondents had low income and (39.6%) had high income. As many as (21.7%) were agricultural workers and (78.3%) were non-agricultural workers. as many as (21.7%) had high contribution rates and (78.3%) were included in low contribution rates. As many as (34.9%) paid through banking and (61.1%) paid other than banks. As many as (50.9%) complied with paying contributions and (49.1%) did not comply with paying contributions.

### Bivariat

**Table 3** Relationship between Education and Compliance with Contribution Payments in Jambi City in 2023

Education	Pay Compliance				Total		PR (95% Confident Interval)	Statistical Test
	Disobedient		Obedient					
	n	%	n	%	n	%		
Low	20	66,7	10	33,3	30	100	1,583	$p=0,039$
High	32	42,1	44	57,9	76	100	(1,099-	
<b>Total</b>	<b>52</b>	<b>49,1</b>	<b>54</b>	<b>50,9</b>	<b>106</b>	<b>100</b>	2,282)	

Based on table 3, it is known that (42.1%) are highly educated but not compliant in paying contributions. Respondents with low education and dutiful pay contributions (33.3%) respondents. The results of the chi square statistical test obtained a value of pvalue = 0.039. This means that there

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is a relationship between respondents' education and compliance with paying contributions. The result of the prevalence ratio calculation obtained PR = 1.583, means that respondents with low education are 1,583 times more likely or at risk of not complying with paying contributions than those with high incomes (95% CL, 1,099-2,282).

**Table 4** Relationship between Income and Compliance with Contribution Payments in Jambi City in 2023

Income	Pay Compliance				Total		PR (95% Confident Interval)	Statistical Test
	Disobedient		Obedient					
	n	%	n	%	n	%		
Low	39	60,9	25	39,1	64	100	1,969 (1,203-3.222)	<i>p</i> =0,005
High	13	31,0	29	21,4	42	100		
Total	52	49,1	54	50,9	106	100		

Based on table 4, it can be seen that respondents who have low income and are obedient to pay contributions (39.1%). Respondents with high incomes but non-compliance in paying contributions as much as (31.0%). The results of the chi square statistical test obtained a value of p-value = 0.005. This means that there is a relationship between respondents' income and compliance with paying contributions. The results of the prevalence ratio calculation obtained PR = 1.969, meaning that respondents who have low incomes are 1.969 times more likely or at risk of not complying with paying contributions than respondents who have high incomes (95% CI, 1.203-3.222).

**Table 5** Relationship between employment and compliance with paying contributions in Jambi City in 2023

Work	Pay Compliance				Total		PR (95% Confident Interval)	Statistical Test
	Disobedient		Obedient					
	n	%	n	%	n	%		
Non Agricultural	44	53,0	39	47,0	83	100	1,524 (0,841-2,764)	<i>p</i> =0,190
Agriculture	8	34,8	15	65,2	23	100		
Total	52	49,1	54	50,9	106	100		

Based on table 5 it is known Respondents work on agricultural land but do not comply with paying dues as much as 11 (39.3%). Meanwhile, respondents who work on non-agricultural land and are obedient pay contributions (47.4%). The results of the chi square statistical test obtained a value of p-value = 0.190. This means that there is no relationship between respondents' work and compliance with paying contributions. The calculation of the prevalence ratio obtained PR = 1.524, means that respondents who work on non-agricultural land are 1,524 times more likely or at risk of not complying with paying contributions than respondents who work on agricultural land (95% CI 0.841-2.764).

**Table 6** Relationship of Contribution Rates to Contribution Compliance in Jambi City in 2023

Fee Rate	Pay Compliance				Total		PR (95% Confident Interval)	Statistical Test
	Disobedient		Obedient					
	n	%	n	%	n	%		
High	15	65,2	8	34,8	23	100	1,463 (0,998-2,146)	0,129
Low	37	44,6	46	55,4	83	100		
Total	52	49,1	54	50,9	106	100		

Based on table 6, it is known that the contribution rate is low but not compliant in paying contributions as much as (44.6%). Meanwhile, respondents with high contribution rates but are obedient in paying contributions (34.8%). The results of the chi square statistical test obtained a value of p-value = 0.129. This means that there is no relationship between respondents' contribution rates and payment compliance. The calculation of the prevalence ratio obtained PR = 1.463, means that respondents who are in the high contribution tariff class are 1,463 times more likely or at risk of not complying with paying contributions than respondents who are in the low contribution class (95% CI, 0.998- 2.146).

**Table 7** Relationship of Payment Access to Compliance with Paying Dues in Jambi City in 2023

Payment Access	Pay Compliance				Total		PR (95% Confident Interval)	Statistical Test
	Disobedient		Obedient		n	%		
	n	%	n	%				
Low	33	47,8	36	52,2	69	100	0,931 (0,625-1,338)  <i>p</i> =0,887	
High	19	51,4	18	48,6	37	100		
Total	52	49,1	54	50,9	106	100		

Based on Table 7, it is known that respondents who pay through banking but are not compliant in paying contributions (51.4%), while respondents who pay contributions through non-banking access but are obedient in paying contributions (52.2%). The results of the chi square statistical test obtained a value of  $p$ -value = 0.887. This means that there is no relationship between payment access and compliance with paying dues. The calculation of the prevalence ratio obtained PR = 0.931, means that the variable of payment access is not a risk factor for compliance with paying BPJS contributions.

### Discussion

#### The Relationship of Education with Compliance with Paying Dues

Education is the last level of formal education that respondents have ever attended as evidenced by a diploma. Someone who is highly educated is more able to know the benefits of the need for health services, such as paying health insurance contributions guaranteed by the state. Conversely, if someone has low education, it can cause a decrease in the desire to pay health insurance contributions. This is due to their low level of understanding[5].

The results of the study were obtained from 106 respondents, as many as 76 respondents (71.7%) including higher education, and 30 respondents (28.3%) classified as having low education. A total of 44 respondents (57.9%) had higher education and were compliant in paying contributions every month. By being highly educated, they can understand and utilize health services well. Furthermore, respondents who are poorly educated and non-compliant in paying BPJS Mandiri contributions are 20 respondents (66.7%). It is known that the cause is because respondents who have low education are mostly still ignorant of health and independent BPJS. In addition, the average low educated person also earns insufficiently, so they do not have the ability to pay BPJS contributions independently. The results of statistical tests with Chi Square, resulting in a  $p$ -value = 0.039 ( $p$ -value < 0.05) means that  $H_0$  is rejected and there is a relationship between education and compliance with paying BPJS Health contributions in Jambi City.

A Nigerian study researched by Akwaowo CD, et al (2023) said that education level is a significant factor in insurance compliance[6]. The same research by Sri Handayani, et al (2020) at the Outpatient Installation of Level IV Hospital in Solok City states that education has a relationship[7]. However, in contrast to Franky Vinansius Marpaung's research, et al (2022) in Siborong-borong District, North Tapanuli Regency, it is stated that there is no relationship between respondents' education and compliance with paying contributions.[8]

#### Relationship of Revenue to Compliance with Paying Dues

Income is income obtained from activities carried out by a person determined according to the minimum wage standard per capita income of the region. Respondents with high income and dues were 29 respondents (69.0%). This means that they consider that paying health contributions is a valuable thing that must also be done. Respondents with low income and non-compliance in paying contributions were 39 respondents (60.9%). The reason is that those with low incomes still have many other needs that must be met. Therefore, they have no more distribution in paying these dues. Based on the results of the chi square statistical test, it produces a value of  $p$ -value = 0.005.

A study in Malaysia conducted by Azhar A, Rahman MM and Arif MT (2018) said that income level has a positive effect on pay compliance[9]. Furthermore, the results of Siti Aisah's (2022) research at Hospital X Bogor Regency also have a relationship between income and compliance with paying contributions[10]. However, this study contrasts with the research of Fini Fajrini, et al (2021) in Cempaka Putih Village in 2018 that income has no relationship with the compliance of independent participants in paying contributions[11].

### **Employment Relationship with Dues Compliance**

Work is an activity carried out by a person from which income is obtained. The income generated by a person is related to the work he has. Respondents who work on agricultural land and do not comply with paying dues are 11 respondents (39.3%). This is because these farmers wait for their crops first, which sometimes overdue in paying BPJS independent contributions. In addition, it is known that cultivated agricultural land such as rice fields is seasonal. Respondents who work on non-agricultural land and do not comply pay dues as many as 41 respondents (52.6%). The reason is that the income generated from his work is erratic. Based on the results of the chi square statistical test,  $p$ -value = 0.190 means that there is no relationship between work and compliance with paying BPJS contributions independently.

The study was in line with research by Pradeep Panda, et al in Bihar and Uttar Pradesh villages and found no employment relationship with compliance with paying insurance contributions[12]. The results of the same study were conducted by Mario Saeful Haq, et al (2022) at the Rappokalling Health Center in Makassar City where the results of the study resulted in no relationship between work and contribution payment compliance[13]. However, other studies show different things, such as Arief Fardiansyah, et al's (2021) research at the Inpatient Installation of Sidoarjo Hospital, suggesting that there is a relationship between work and compliance with paying contributions[14].

### **The Relationship of Contribution Rates with Contribution Compliance**

The price or tariff of contributions paid by someone to get services must be balanced with the benefits felt by consumers. The service products provided must also be adjusted to consumer rates so that they can be reached[15]. Based on the results of the study, respondents with low contribution rates but did not comply with paying contributions were 37 respondents (44.6%). The contributing factors are often patients complain about the health services provided, especially at class III contribution rates, lack of information about existing services, lack of communication when providing services, feeling differentiated from other patients. In addition, the increase in contribution rates is also a factor in participants being reluctant to comply with paying contributions regularly. A total of 8 respondents (34.8%) have high contribution rates and are compliant in paying contributions. This is because respondents know that in order to get good quality health services, they must pay contributions. In addition, respondents who are in the high contribution class on average have more income. Therefore, along with the increase in contributions, they hope that the quality of health services can improve significantly. The results of the statistical chi-square test produce a value of  $p$ -value = 0.129 means that a person's contribution rate has nothing to do with compliance with paying BPJS contributions for independent participants in Jambi City.

The Gambian study explained that the amount of dues or rates for participants who were often sick or not sick was negatively correlated with willingness to pay[16]. Furthermore, a study in Taiwan said that the amount of insurance contributions must be balanced with the benefits felt by participants so that they want to pay contributions[17]. Where the result of the research is that the contribution rates are in accordance with the benefits of health services provided. In contrast to research conducted by Nur Aziza Ramadani, et al (2021) in Bontomatene District, they said that contribution rates correlate potentially with compliance with paying contributions[18].

### **Relationship of Payment Access to Dues Compliance**

Payment access is a means or place used by respondents in paying contributions. In utilizing the JKN contribution payment facility, a method of paying contributions is needed that is easy to do with easy access to reach and not too time-consuming[19]. Respondents who paid through banking but did not comply with paying BPJS Mandiri contributions were 19 respondents (51.4%). This is because they reason that the balance in their account is often empty or it is more important to transfer others. In addition, ATMs are often problematic. Furthermore, respondents who used non-banking payment access and complied with paying dues were 36 respondents (52.2%). In this category, respondents pay dues along the way with other dues, such as paying water bills at the post office. Furthermore, access to non-banking payments has also been crowded around residents' homes, such as Alfamart, Indomaret and others. The results of the chi-square statistical test obtained a value of  $p$ -value =  $p$  = 0.887 means that payment access has nothing to do with compliance with paying BPJS contributions for independent participants in Jambi City.

This research is in line with the research of Murniasih, et al (2022) at the Kertasemaya Health Center, Indramayu Regency which states that access to payments is not related to compliance in payment of contributions[20]. Furthermore, research conducted by Endang Ruhayat, et al (2018) stated that the payment method has a positive influence on the community's ability to pay dues in Bumi Serpong Damai[21]. However, this research is contrary to the research of Sri Mulyani, et al (2020) in the Kendari Health Center Working Area found that access to payment has something to do with compliance in paying contributions[22].

#### 4. CONCLUSION

There is a relationship between education and income variables with Compliance paying dues. Meanwhile, there is no relationship between job variables, contribution rates and payment access with compliance with paying contributions.

#### REFERENCES

- [1] A. Wulandari, N. A. Syah, And T. Ernawati, "Faktor-Faktor Yang Mempengaruhi Kepatuhan Peserta Mandiri Dalam Pembayaran Iuran Program Jaminan Kesehatan Nasional Di Kota Solok," *J. Kesehat. Andalas*, Vol. 9, No. 1, P. 7, 2020, Doi: 10.25077/Jka.V9i1.1219.
- [2] D. Satriawan, A. J. Pitoyo, And S. R. Giyarsih, "Cakupan Kesehatan Universal (Uhc) Pekerja Sektor Informal Di Indonesia," *Tataloka*, Vol. 22, No. 4, Pp. 556–572, 2020, Doi: 10.14710/Tataloka.22.4.556-572.
- [3] N. Hasan And Andi Surahman Batara, "Faktor Yang Berhubungan Dengan Kepatuhan Membayar Iuran Bpjs Pada Peserta Mandiri Di Puskesmas Tamamaung," *Wind. Public Heal. J.*, Vol. 01, No. 04, Pp. 382–393, 2020, Doi: 10.33096/Woph.V1i4.233.
- [4] A. D. Prakoso And F. H. Sudasman, "Hubungan Antara Usia, Jenis Kelamin, Dan Tingkat Pendidikan Pekerja Bukan Penerima Upah (Pbpu) Dengan Kesiediaan Membayar Iuran Bpjs Kesehatan Di Kabupaten Kudus," *J. Public Heal. Innov.*, Vol. 1, No. 1, Pp. 1–12, 2020, Doi: 10.34305/Jphi.V1i1.203.
- [5] Y. Yandrizal, R. Rifa'i, And S. P. Utami, "Analisis Kemampuan Dan Kemauan Membayar Iuran Terhadap Pencapaian Uhc Jkn Di Kota Bengkulu," *J. Kesehat. Masy. Andalas*, Vol. 10, No. 1, P. 3, 2017, Doi: 10.24893/Jkma.V10i1.156.
- [6] C. Akwaowo *Et Al.*, "Willingness To Join Social Health Insurance And Community-Based Health Insurance Among Rural Residents In Akwa Ibom State, Nigeria," *Ibom Med. J.*, Vol. 16, No. 2, Pp. 207–217, 2023.
- [7] S. Handayani, A. Umar, And M. Irfandi, "Factors Affecting Compliance Paying Health Social Security Administering Agency In Road Care Patients In Hospitals," *Malaysian J. Appl. Sci.*, Vol. 5, No. 2, Pp. 90–99, 2020, Doi: 10.37231/Myjas.2020.5.2.260.
- [8] F. V. Marpaung, M. Nyorong, And T. Moriza, "Factors Affecting The Compliance Of National Health Insurance Participants Segment Of Non-Wage Recipients In Paying The Contributions," *J. La Medihealtico*, Vol. 3, No. 3, Pp. 171–179, 2022, Doi: 10.37899/Journallamedihealtico.V3i3.656.
- [9] A. A. R. Mm, And A. M., "Willingness To Pay For Health Insurance In Sarawak, Malaysia: A Contingent Valuation Method," *Bangladesh J. Med. Sci.*, Vol. 17, No. 02, 2018.
- [10] S. Aisah, "Hubungan Antara Persepsi, Pendapatan, Dan Jarak Tempuh Menuju Tempat Pembayaran Dengan Kepatuhan Membayar Iuran Segmen Peserta Bukan Penerima Upah (Pbpu) Di Rumah Sakit X Kabupaten Bogor Tahun 2021," *Dohara Publ. Open Access J.*, Vol. 1, No. 08, Pp. 268–276, 2022.
- [11] F. Fajrini, N. Latifah, D. Hermansyah, And N. Firda, "Studi Ketidapatuhan Membayar Iuran Bpjs Kesehatan Peserta Non Pbi Bukan Penerima Upah Di Kelurahan Cempaka Putih Tahun 2018," *Muhammadiyah Public Heal. J.*, Vol. 1, No. 2, 2021.
- [12] P. Panda, A. Chakraborty, D. M. Dror, And A. S. Bedi, "Enrolment In Community-Based Health Insurance Schemes In Rural Bihar And Uttar Pradesh, India," *Health Policy Plan.*, Vol. 29, No. 8, Pp. 960–974, 2014, Doi: 10.1093/Heapol/Czt077.
- [13] M. S. Haq, S. F. A., And M. K. Alwi, "Faktor Yang Berhubungan Dengan Kepatuhan

- Membayar Iuran Bpjs Peserta Mandiri Di Puskesmas Rappokalling Kota Makassar,” *Wind. Public Heal. J.*, Vol. 3, No. 2, Pp. 2067–2075, 2022, [Online]. Available: <https://jurnal.fkm.umi.ac.id/index.php/woph/article/view/464/310>.
- [14] A. Fardiansyah, A. M. Yuniarti, And P. Agnestri, “Faktor-Faktor Yang Berhubungan Dengan Kepatuhan Membayar Iuran Jkn Pada Peserta Mandiri Di Instalasi Rawat Inap Rsud Sidoarjo,” *Hosp. Majapahit*, Vol. 13, No. 2, Pp. 92–103, 2021, [Online]. Available: <http://ejournal.stikesmajapahit.ac.id/index.php/hm/article/view/736>.
- [15] I. Simbareja And A. I. C. Dewiyani, “Korelasi Tingkat Pendapatan Dengan Tingkat Kepatuhan Peserta Jkn Mandiri Dalam Membayar Iuran Jkn Di Kelurahan Pacitan,” *J. Pendidik. Kesehat.*, Vol. 9, No. 2, Pp. 109–116, 2020.
- [16] H. Njie *Et Al.*, “Willingness To Pay For A National Health Insurance Scheme In The Gambia: A Contingent Valuation Study,” *Health Policy Plan.*, Vol. 38, No. 1, Pp. 61–73, 2023, Doi: 10.1093/heapol/czac089.
- [17] N. Huang, W. Yip, Y. Chou, And P. Wang, “The Distribution Of Net Benefits Under The National Health Insurance Programme In Taiwan,” *Health Policy Plan.*, Vol. 22, Pp. 49–59, 2007, Doi: 10.1093/heapol/czl037.
- [18] Nur Aziza Ramadani, Haeruddin, And A. S. Batara, “Faktor Yang Berhubungan Dengan Kepatuhan Membayar Iuran Bpjs Pada Peserta Mandiri Di Kecamatan Bontomatene,” *Wind. Public Heal. J.*, Vol. 1, No. 6, Pp. 609–619, 2021, Doi: 10.33096/woph.v1i6.336.
- [19] S. Surahmawati, N. A. Rahmat, S. Sahrir, And S. Alam, “The Determinant Effect Of Health Bpjs Fee Payment On Fee Compliance Of Independent Jkn Participants,” *Hosp. Manag. Stud. J.*, Vol. 1, No. 1, Pp. 14–26, 2020, Doi: 10.24252/hmsj.v1i1.16448.
- [20] Murniasih, R. Suparman, And E. F. Mamlukah, “Faktor-Faktor Yang Berhubungan Dengan Kepatuhan Pembayaran Iuran Bpjs Kesehatan Pada Peserta Mandiri Di Puskesmas Kertasemaya Kabupaten Indramayu Tahun 2022,” *J. Public Heal. Inov.*, Vol. 03, No. 01, Pp. 41–51, 2022.
- [21] Endang, L. (2018). *Indikasi Malasnya Peserta Bpjs Dalam Membayar Iuran Wajib Bpjs Akibat Metode Pembayaran Dan Pelayanan Yang Tidak Maksimal Di Lingkungan Bpjs Bsd. Unersitas Pamulang.* .
- [22] S. Mulyani, “Relationship Between Income And Access With Payment Regulations Of Health Insurance For Self-Financing Members In Puuwatu Primary Health Care Centre In Kendari City,” *Indones. J. Heal. Sci. Res. Dev.*, Vol. 2, No. 1, Pp. 1–8, 2020, Doi: 10.36566/ijhsrd/Vol2.Iss1/17.