

Research Article

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## THE RELATIONSHIP BETWEEN INCOME AND ACCESS WITH PAYMENT REGULATIONS OF HEALTH INSURANCE FOR SELF-FINANCING MEMBERS IN PUUWATU PRIMARY HEALTH CARE CENTRE IN KENDARI CITY

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### Abstract

**Background:** The number of Health Insurance members in Puuwatu Primary Health Care Centre in 2016 contributed 204 people with arrears of Self-Financing In Health Insurance about 86 people (42.2%) and in 2017 driving membership was 246 people based on data up to June 2017 that arrears contacted 112 people (45, 5%). The purpose of the study was to study the relationship of knowledge and attitudes with regular pay in Self-Financing In Health Insurance members in Puuwatu Primary Health Care Centre, Kendari City.

**Methods:** This type of quantitative research with a cross-sectional study design. The population of all Self-Financing In Health Insurance members who work and have income in Puuwatu Primary Health Care Centre receives 106 people. Samples were taken by the Proportional Random Sampling technique taken 84 people.

**Results:** The statistical test results use the Chi-square test, receive a value of  $p < \alpha$  ( $0,000 < 0,05$ ) on income and improve efficiency, determine there is a relationship between income and access to the regular payment of contributions to participants in the Self-Financing In Health Insurance. Suggestions for in Puuwatu Primary Health Care Centre in Kendari City to provide counseling about the number of premium contributions, ownership of an account from a Bank approved by BPJS Health, access location for premium payment of Self-Financing In Health Insurance.

**Conclusion:** Based on the results of the study, it can be concluded that there is a relationship between income and access to the regular payment of contributions from Self-Financing In Health Insurance members

**Keywords :** *Payment, BPJS, Income, Access*



## INTRODUCTION

Regularity in paying Self-Financing In Health Insurance member's contributions is still one of the problems to date related to Self-Financing In Health Insurance contributions, based on annual evaluations, which are the most arrears from independent participants or participants who register individually. Increasing membership of the independent BPJS is still not in line with its regularity in paying contributions. In 2015 Self-Financing In Health Insurance membership in Indonesia totaled 145 million residents with the problem of 40% of the total irregular independent participants paying monthly contributions(1). All Indonesian citizens are required to be participants of the Health Insurance managed by Self-Financing In Health Insurance. Data on the number of population in Indonesia who use services with Self-Financing In Health Insurance at primary Health Center in 2015 amounted to 74,014,293 people (30.24%) of the population, and in 2016 it increased to 76,286,980 people (30.71%) of the population. While health services other than the intended Primary Health Care Centre are doctors, polyclinics, and private hospitals in collaboration with Self-Financing In Health Insurance (2).

The problem to date relates to Self-Financing In Health Insurance contributions, which is the number of payments charged to people who are independent of health facilities determined based on BPJS Health agreements with health facility associations in the region by referring to tariff standards set by the government. The meaning of Mandiri is that every person, not a government employee is required to register himself and his family members as participants of health insurance with Self-Financing In Health Insurance by paying contributions. Health insurance contributions are sums of money that are paid regularly by participants, employers, and/or the government for a monthly health insurance program that is paid no later than the 10th (tenth) of the month to the Self-Financing In

Health Insurance. If the 10th (tenth) day falls on a holiday, then contributions are paid on the following business day. Arrears in payment, i.e. contributions are not paid at least for 3 consecutive months paid to Self-Financing In Health Insurance (1).

Self-Financing In Health Insurance membership in Southeast Sulawesi in 2015 amounted to 1,267,795 people (46.95%) of the population and increased in 2016 to 1,324,000 people (49.03%) of the population of Southeast Sulawesi, targeted in 2019 it must be 100% citizens the state is included in the BPJS membership. One of the problems found was the regularity of paying contributions to Self-Financing In Health Insurance members. In 2015 due to irregularities in paying contributions, arrears accounted for 60% of participants. The 264 Primary Health Care Centre in Southeast Sulawesi consisted of 79 Inpatient Primary Health Care Centre and 185 Non-Inpatient Primary Health Care Centre, in 2015 the population that utilized Self-Financing In Health Insurance services at the Primary Health Care Centre reached 13.67% of the population and in 2016 the population that utilized Self-Financing In Health Insurance services at the Primary Health Care Centre increased. to 17.87% of the total population(3).

BPJS membership data in the Kendari City area in 2015 from the Office of Health BPJS Kendari City branch amounted to 118,760 people with independent Self-Financing In Health Insurance members totaling 35,478 participants (10.56%). ), in 2016 the number of participants increased to 193,259 people with Self-Financing In Health Insurance members totaling 24,078 people (7.13%) based on irregular information on paying fees so that arrears due to the lack of public awareness in fulfilling their obligation to pay the premium (Self-Financing In Health Insurance Kendari Branch, 2016 ). The number of Primary Health Care Centre in Kendari City is 15 units consisting of 5 Inpatient Primary Health Care Centre and 10 Non-Inpatient



Primary Health Care Centre. The number of people who use the Primary Health Care Centre in the working area of the Kendari City Health Service based on health service utilization data compared to the population in 2015 amounted to 33.06% of the population and in 2016 the number of residents who used the Primary Health Care Centre services amounted to 33.06% of the population. Socialization about health insurance conducted by the Kendari City Health Office tends to be still lacking, only once in 2016 in each Primary Health Care Centre area(4). Puuwatu Primary Health Care Centre is one of the health services in Kendari City, based on data on the number of Self-Financing In Health Insurance members in 2016, there were 204 people with 86 Self-Financing In Health Insurance arrears in total (42.2%) and in 2017 there were 246 people based on data up to June 2017 which arrears amounting to 112 people (45.5%). The selection of research subjects is based on participants who work and have income, based on data from independent BPJS participants who work and have an income of 106 participants(5).

Based on this phenomenon shows that in Puuwatu Primary Health Care Centre the number of participants in arrears was still quite high. Based on information from the Kendari City Self-Financing In Health Insurance office after registering a number of participants lacking the discipline to pay dues, they only paid dues and paid arrears when they fell ill and had to be hospitalized. The irregularity of National Health Insurance participants in paying contributions will have an impact on the guarantee of health services in available health facilities. If the independent participant patients have not paid dues, then the independent participant patients are required to pay the unpaid contributions, and if they do not pay the dues, the independent participant patients cannot use as guarantors of the cost of services at the health facility. This has an impact on patients who must become public patients so that patients/families must bear

the burden of care costs themselves because they are no longer guaranteed by Self-Financing In Health Insurance. The purpose of this study was to determine the relationship between income and access to regular payment of fees for Self-Financing In Health Insurance members in Puuwatu Primary Health Care Centre, Kendari City.

## METHOD

This type of research is quantitative with a Cross-Sectional Study approach which is a study to study the dynamics of the correlation between risk factors and effects by means of approach, observation, or data collection at one time (6). The population in this study were all Self-Financing In Health Insurance members who worked and had income in Puuwatu Primary Health Care Centre in Kendari City in 2017 totaling 106 people and a total sample of 84 people was selected using Proportional Random Sampling techniques.

The data source consists of primary data obtained by direct interviews with respondents using questionnaires in their respective homes, the primary data referred to include the characteristics of the respondents, income and easy access to payments and regular payment of contributions for Health insurance Participants. The secondary data, obtained from recording and reporting from Puuwatu Primary Health Care Centre in Kendari City Southeast Sulawesi Provincial Health Office. Data were processed manually (Tally Count) with the help of computerization and analysis using SPSS version 16.00. In data processing includes data editing (Editing), Coding (Coding), Scoring (Scoring) and Entering data (Entry). Data univariately analyzed were done to describe each variable in the percentage, and bivariate analysis was carried out to determine whether there was a relationship between the independent variable and the dependent variable using the Chi-Square test.

## RESULT

The results of the univariate analysis in table 1 show that the majority of male respondents were 46 respondents (54.8%), had a high school education of 53 respondents (63.1%), had the most regular irregularities in paying Self-Financing In Health Insurance members contributions 54 respondents (64.3%), had less income about the regularity of paying contributions to Self-Financing In Health Insurance members by 54 respondents (64.3%) and access to ease of regularity of paying contributions to Self-Financing In Health Insurance members were 53 respondents (63.1% ).

**Table 1. Results of univariate analysis**

Variable	n	%
<b>Sex</b>		
Woman	38	45.2
Man	46	54.8
<b>School</b>		
Junior high school	13	15.5
Senior High School	53	63.1
College	18	21.4
<b>Pprofession</b>		
Employee	55	65.5
Entrepreneur	29	34.5
<b>Regulations Of Health Insurance For Self-Financing Members</b>		
Irregular	54	64,3
Reguler	30	35,7

The results of the bivariate analysis of knowledge and attitudes with the regularity of paying contributions to Self-Financing In Health Insurance members can be seen in table 2.

**Table 2. Bivariate Analysis Results**

Variable	Regulations Of Health Insurance For Self-Financing Members				p-value
	Irregular		Regular		
	n	%	n	%	
<b>Income</b>					
Less	46	88,5	6	15,3	0,00
Enough	8	25,0	24	84,0	0
<b>Acces</b>					
Difficult	45	84,9	8	15,1	0,00
Easy	9	29,0	22	71,0	0

The results showed that the income variable was 46 (88.5%) respondents with low income and 8 (25%) respondents with sufficient income that were not officially paid. Furthermore, 6 (15.3%) respondents with low income and 24 (84%) respondents with sufficient income regularly pay fees. Whereas in the access variable there were 45 (84.9%) respondents with difficult access and 9 (29%) respondents with easy access who did not normally buy contributions. Furthermore, there were 8 (15.1%) respondents with difficult access and 22 (71%) respondents with young access who regularly pay fees. Bivariate analysis results using Chi-square analysis based on Continuity Correction value  $p < \alpha$  (0,000 < 0.05), then according to the hypothesis  $H_0$  is expected and can be exchanged according to the needs and access to the relationship according to paying contributions to participants in the health insurance in Puuwatu Primary Health Care Centre, Kendari City.

## DISCUSSION

The results of the study obtained respondents with less income but regularly pay Self-Financing In Health Insurance members contributions, because they have an awareness of paying dues, meaning that not only income can cause a Self-Financing In Health Insurance members participant to pay dues but can be caused by other factors such



as insufficient income to pay each month, other factors as often using BPJS for treatment so that it becomes a necessity and obedient to the provisions must pay dues. Whereas respondents with sufficient income but do not regularly pay contributions, this is because they have never used Self-Financing In Health Insurance and paid contributions continuously every month, another reason because of uncertainty in employment and private worker income makes the informant decide not to pay or stop paying. Economic limitations in the family are stated to be the cause of arrears in arrears payments because there are other more pressing needs such as the need for school/tuition fees for children and other basic necessities causing the exclusion of payment for health insurance. In addition, it shows that Self-Financing In Health Insurance members who have less income tend to regularly pay dues because the amount is greater than irregular ones, based on this means that income is the cause of Self-Financing Health Insurance members in paying dues.

The results of the statistical test found that there was a significant relationship between income and the regularity of paying contributions to Self-Financing In Health Insurance members. This shows that income is the cause of a large number of Self-Financing In Health Insurance members who do not regularly pay fees. A person's income plays an important role in the height of one's awareness of regularity in paying the National Health Insurance contributions. Low income can reduce the regularity of the community in paying contributions to the National Health Insurance because there are still many needs that must be met by families so there is no allocation of income used by participants to pay these contributions. High incomes and have a high level of welfare above and above have a high level of compliance in paying National Health Insurance contributions. The results of other studies revealed that in general, the regularity of insurance payments depends on family income(7, 8). The results

of this study can indicate that the economic status determines the ability of a person to pay dues as a participant of wages workers. The higher the economic status of a person, the greater the ability of a person to pay dues. Conversely, the lower the economic status of a person, the smaller the ability of participants to continue to routinely pay the dues Self-Financing In Health Insurance. Case studies show that payment problems are more complex than they might appear at first and can damage the program if not thought through properly. If payments do not flow in a timely or irregular manner, then this can reduce activeness as an insurance participant. the causal factor that determines the regularity of participants in paying is low income(9). Independent participants with low income, prioritize their income to meet their daily needs that are routine, such as food costs, education costs, electricity, and water payments and other costs, while for health costs, independent participants tend to not prioritize because they are still in good health. Conversely, independent participants with high incomes, in addition to being able to allocate their income for daily needs are also able to pay for health costs so they can make regular contribution payments every month(10). The results of the study showed that households with more children could reduce the purchasing power of insurance because the households were wary of a surge in costs beyond the daily consumption cost. In addition, the status of respondents as an informal sector worker or an employee instead of a wage recipient makes an income every month received uncertain. It is different from the formal sector workers who are generally managed by the organization, where they work the payment of dues directly deducted from the salary. Meanwhile, informal sector workers must manage their own dues so that they are considered to be incriminated for participants with a lot of family members and not supported by economic ability. In line with the research which mentions that the household size has a positive relationship



with the family decided to continue the use of health insurance. Household size can provide indications of household burdens. That is, the larger the household size, the more number of household members, and eventually the heavier the burden of households to meet daily needs(11). The research of Javan-Noughabi et al (2017) shows that the amount of household income affects the ability of participants to pay for health insurance dues(12).

Access to the ease of payment in this study is the ease of payment of Self-Financing In Health Insurance premium contributions each month with an assessment related to the availability of payment points, the distance of payment points, travel time of payment, ways of payment and information obtained from officers(13). The results showed that respondents with easy access to payments made it difficult to irregularly pay contributions, this was due to the lack of affordable places of payment so that they could not pay Self-Financing In premiums Health Insurance regularly. In addition, it shows that Self-Financing In Health Insurance members who have difficult access to payments tend to regularly pay dues because the amount is greater than irregular ones, based on this meaning that access to ease of payment is the cause of Self-Financing In Health Insurance members in paying dues. Furthermore, respondents who have access to ease of payment are difficult but regularly pay Self-Financing In Health Insurance members, this is because they have awareness in paying contributions, meaning that not only income can cause a Self-Financing In Health Insurance members to pay contributions but can be caused by other factors such as insufficient income to pay each month, other factors such as often using Self-Financing In Health Insurance for treatment so that it becomes a necessity and obedience to the provisions must pay contributions. Respondents with easy access to payment but not organized, because they have never used Self-Financing In Health Insurance or have not been sick, so decided

not to pay contributions, if ill plan will pay off the payment.

The statistical test results obtained a significant relationship between access to regular payment of fees for participants in the Self-Financing In Health Insurance members. This shows that access is the cause of the large number of participants in the Self-Financing In Health Insurance members who do not regularly pay fees. This relationship is because access to ease of payment is important so Self-Financing In Health Insurance members pays contributions every month. Self-Financing In Health Insurance members regularly pays dues due to constraints on accessing payment locations. To anticipate this problem, Self-Financing In Health Insurance from the beginning has cooperated with banks Mandiri, BRI, and BNI. Through this collaboration, participants can pay contributions through the network owned by the three banks. directly to the bank's branch office, ATM or internet banking. Although the network of the three banks spread throughout the region in Indonesia, it was felt that it was still lacking. Kendari City Self-Financing In Health Insurance needs to establish cooperation with payment agents or call the Online Payment Point Bank (PPOB)(14). The number of PPOB agents is estimated to reach millions and spread to remote areas. The collaboration with PPOB was intended not only to make it easier but also to remind participants to pay dues. Based on the problems related to the ease of payment access above, the Puuwatu Health Center Officers need to provide counseling about Self-Financing In premiums Health Insurance and close the location of easy access to payments(15). The payment method most frequently accessed by the participants was payment through ATM due to limited knowledge of the participants about the mode of payment National Health Insurance available. The reliability of payments via ATM is rated lack by the participants so that participants often have difficulty even losses(16).The concept of

sustainability as a business activity that aims to obtain the prosperity of the current generation without reducing the rights of future generations to get the same welfare. thus ease of access to payments is very influential in the regularity of insurance payments(17). Ease of access is also obtained from geographical conditions that are not too broad which will facilitate access for independent participants. Payment channels available such as payments via internet banking can be accessed directly for independent participants who use smartphones. Although some areas are far from where the payment of contributions is made, transportation services such as motorcycle taxis also provide easy access for independent participants to go to the canal payment channels (18).

## CONCLUSION

Based on the results of the study, it can be concluded that there is a relationship between income and access to the regular payment of contributions from Self-Financing In Health Insurance members. it means that income and access are the causes of regular payment of contributions from Self-Financing In Health Insurance members in Puuwatu Primary Health Care Centre, Kendari City.

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