



The Influence of Motivation, Knowledge, and Ability to Pay on Compliance in Paying Premiums for Self-Participants in the National Health Insurance Program in West Lombok Regency

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Abstract

Compliance among participants in the self-funded health insurance scheme to pay premiums is crucial to facilitate access to healthcare services. Lack of knowledge, motivation, and the ability to pay are factors contributing to payment arrears. The aim of this research is to identify the factors influencing the compliance of self-funded health insurance participants in paying premiums in West Lombok Regency in 2022. This study is a quantitative research using a cross-sectional design. The population in this study consisted of 50,630 individuals. The research sample included 397 people selected using the Multistage cluster random sampling technique. Data analysis involved univariate and bivariate analysis, with chi-square and logistic regression tests. The research results indicate a correlation between the level of knowledge (0.03), motivation (0.000), and the ability to pay (0.000) with the compliance of self-funded health insurance participants in paying premiums. Meanwhile, the most dominant influencing factor is motivation ($p = 0.000$; OR = 32.410). Social Security Administering Agency - Health (BPJS - Kesehatan) is expected to enhance information and socialization efforts among participants regarding the national health insurance program so that the public is motivated to be more compliant in premium payments, and to provide flexible payment options for participants with irregular incomes in the form of installment payments.

Keywords: Motivation, Knowledge, Ability to pay, Compliance in paying, National health insurance

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INTRODUCTION

Health is an essential aspect in achieving the well-being of society, where good health, both physically, mentally, spiritually, and socially, enables every individual to live productively in social and economic aspects. Everyone has the right to attain health for themselves and their family members, and this is internationally recognized in the Universal Declaration of Human Rights (UDHR), particularly in Article 25, which states that "everyone has the right to a standard of living adequate for the health and well-being of oneself and one's family" (Ananda et al., 2022).

The National Health Insurance (JKN) is one of the social insurance programs regulated by Law Number 40 of 2004 concerning the National Social Security System. This program is implemented in accordance with the mandate of Article 28, Paragraphs (1) and (3) of the 1945 Constitution. The main goal of the implementation of the JKN program is to ensure that participants and/or their family members receive the benefits of health maintenance and protection to meet basic living needs that are decent (SJSN, 2004). As of October 2022, the membership in JKN in Indonesia amounted to 245.843.170 individuals or 90.6% of the total population of Indonesia, which is 271.349.889 individuals. This includes 110,809,005 individuals as participants of the State Budget-funded Beneficiary (PBI), 36.691.564

participants of the Local Budget-funded Beneficiary (PBI APBD), 19.282.107 individuals as participants of the Regional Government-funded Beneficiary (PPU PN), 42.192.311 individuals as participants of the Regional Government-owned Enterprises-funded Beneficiary (PPU-BU), 30.611.003 individuals as participants of the Self-Employed Worker-funded Beneficiary (PBPU), and 4.257.927 individuals who are not workers (non-workers) (BPJS Kesehatan, 2022a).

There are two groups of participants in BPJS Kesehatan, namely the Beneficiary Contribution Recipient (PBI) group and the Non-Beneficiary Contribution Recipient (Non-PBI) group. The PBI group includes participants of health insurance for the poor and those unable to pay, as mandated by the National Social Security System Law, with their contributions paid by the government as participants in the Health Insurance program. Meanwhile, the Non-PBI participants include wage-earning workers (PPU) and their families, non-wage-earning workers (PBPU) and their families, as well as non-workers (BP) and their family members (Perpres, 2018).

Every PBPU is required to register themselves and their family members individually or as a group as participants in health insurance with BPJS Kesehatan by paying contributions regularly, which must be paid no later than the 10th day of each month through the provided payment channels. If a participant is late in paying their contributions until the end of the month, no sanctions will be imposed for the late payment of contributions. However, coverage will be suspended on the 1st day of the following month, and there is a potential for fines if the participant falls ill and requires hospitalization (BPJS Kesehatan, 2011).

Based on a preliminary study conducted at the BPJS Kesehatan Branch Office in Mataram in September 2022, there are issues related to the collection of National Health Insurance (JKN) premiums. The lowest collection rate is found among PBPU/Individual participants. The collection rate for JKN premiums for individual participants only reaches 66.30%. Meanwhile, an interview with one of the Billing and Finance department staff mentioned that the target collection rate for JKN premiums is 95%. From this statement, it can be concluded that the collection rate for JKN premiums among individual participants at the BPJS Kesehatan Branch Office in Mataram does not meet the established target.

The compliance of participants in paying BPJS premiums regularly and on time becomes a major issue for the sustainability of the National Health Insurance program, especially in the West Lombok Regency, where the compliance rate for premium payments is only 36% of the total number of registered PBPU/Individual participants. This issue needs special attention from the local government because there is a potential that participants who are behind in premium payments may no longer be able to access healthcare services, or there is a potential for participants to incur service fines if they are hospitalized. As of October 2022, the JKN membership in West Lombok Regency stands at 640,975 individuals, which is 88.26% of the total population of 726,228 in West Lombok Regency. This includes 439,206 individuals under the National Budget PBI, 38,139 under the Regional Government PBPU, 105,687 under PPU, 50,630 under PBPU, and 3,610 under BP. Out of the total participants who registered independently or as PBPU participants, 74% of them do not pay premiums, totaling 37,536 individuals (BPJS Kesehatan, 2022).

Based on the background previously explained, the high cases of premium arrears among PBPU/Individual participants have the potential to result in sanctions or inactive membership status. This issue is considered highly urgent for further research, and therefore, a study on the influence of motivation, knowledge, and the ability to pay National Health Insurance premiums by PBPU/Individual participants in West Lombok Regency is deemed necessary.

METHOD

This research is a quantitative study using an analytical survey method with a cross-sectional approach to identify the influence of knowledge, motivation, and payment ability on compliance in paying contributions by self-participants in the national health insurance

program in West Lombok Regency. The data source for this research is the enrollment data of self-participants in West Lombok Regency. The aim of this study is to test the hypothesis regarding the influence of motivation, knowledge, and ability on the level of compliance of self-participants in paying contributions to the National Health Insurance program in the region. In the analytical survey method with a cross-sectional approach, data is collected at a specific point in time to analyze the relationships between the variables under study. In the context of this research, the variables to be tested are motivation, knowledge, ability, and the level of compliance in paying contributions to the National Health Insurance program by self-participants.

The research is conducted in West Lombok Regency, which consists of 10 districts, 3 sub-districts, and 119 villages. The selected sub-districts are Narmada, Lingsar, and Labuapi. From these 4 districts, samples are determined based on the proportion of self-participants in each sub-district. The population in this study includes all self-participants in West Lombok Regency for the year 2022, totaling 50.630 individuals. The research sample is selected based on inclusion and exclusion criteria, resulting in a total sample size of 397 individuals.

Data collected consists of primary and secondary data. Primary data includes family income, family expenses, the number of family members, motivation, knowledge about contributions, and perceptions, all obtained from questionnaires filled out by respondents. Secondary data is used as supplementary research data and is obtained from the BPJS Kesehatan branch in Mataram in the form of self-participant enrollment data for the year 2022. The questionnaires used to collect primary data have been tested for validity and reliability, meeting the criteria for validity and reliability and are thus suitable for use in this research.

Quantitative data analysis is performed using univariate and bivariate data analysis techniques. Univariate analysis is conducted to understand the distribution of each variable under study. Bivariate analysis is used to examine the relationships that exist between independent variables, namely motivation, knowledge of the National Health Insurance contributions, and the ability to pay contributions, with the dependent variable, which is compliance in paying National Health Insurance contributions. Data analysis is conducted using logistic regression analysis with data processing carried out using SPSS software version 25.

RESULTS AND DISCUSSION

The number of respondents in this study is 397 respondents who were randomly selected from 4 selected districts, namely Narmada District with 116 respondents, Lingsar District with 149 respondents, and Labuapi District with 154 respondents. The respondents in this study are heads of households who are participants in the Non-Wage Workers (PBPU) program of BPJS Kesehatan. The characteristics of the respondents include gender, age of the respondents, marital status, and education. The characteristics of the respondents can be seen in Table 1.

Table 1. The characteristics of the respondents

	Characteristics	n	(%)
Gender	Female	135	34.1
	Male	262	65.9
Age	< 35 year	118	29.71
	35-46 year	206	51.89
	> 46 year	77	19.40
Marital status	Married	305	76.83
	Widower	2	0.5
	Not married	72	18.14
Last education	Not completed in primary school	1	0.25
	Elementary school	1	0.25
	Middle school/equivalent	5	1.26

Characteristics	n	(%)
High school/equivalent	185	46.60
Diploma/Bachelor degree	205	51.64

Based on Table 1, the majority of respondents are male, and most of them fall within the age range of 35-46 years old. As for the respondents' educational background, the majority of them have a Diploma/Bachelor's degree. Furthermore, the distribution of respondents' knowledge is presented in Table 2, the distribution of respondents' payment ability is presented in Table 3, the distribution of payment motivation is presented in Table 4, and payment compliance is presented in Table 5.

Table 2. Distribution of respondents' knowledge

Knowledge	Frequency	Percent	Valid percent	Cumulative percent
Less	73	18.4	18.4	18.4
Enough	55	13.9	13.9	32.2
Good	269	67.8	67.8	100
Total	397	100	100	-

Table 3. Distribution of respondents' ability to pay

Ability to pay	Frequency	Percent	Valid percent	Cumulative percent
Unable	243	61.2	61.2	61.2
Able	154	38.8	38.8	100.0
Total	397	100.0	100.0	-

Table 4. Distribution of motivations to pay

Motivation	Frequency	Percent	Valid Percent	Cumulative Percent
Low	158	39.8	39.8	39.8
High	239	60.2	60.2	100.0
Total	397	100.0	100.0	-

Table 5. Distribution of respondents' pay compliance

Compliance	Frequency	Percent	Valid Percent	Cumulative Percent
Not comply	254	64.0	64.0	64.0
Comply	143	36.0	36.0	100.0
Total	397	100.0	100.0	-

Based on Table 2, the majority of respondents have good knowledge. This result is consistent with the characteristics of respondents in Table 1, where 51.64% of the respondents have a D3/bachelor's degree education. Out of 397 respondents, most of them are unable to pay the National Health Insurance (JKN) premium (Table 3). However, the majority of them have a high motivation to pay the JKN premium (Table 4). The results also indicate that most of the respondents are unable to afford the JKN premium, as presented in Table 5.

Furthermore, the relationship between knowledge and compliance in paying the National Health Insurance (JKN) contributions is presented in Table 6. The relationship between the ability and compliance in paying the JKN contributions is presented in Table 7, and the relationship between motivation to pay and compliance in paying the JKN contributions is presented in Table 8.

Table 6. The relationship between knowledge and compliance in paying JKN contributions

Knowledge	Compliance				Total		p-value
	Not comply		Comply		N	%	
	N	%	N	%			
Less	47	18.5	26	18.2	73	18.4	0.03
Enough	35	13.8	20	14.0	55	13.6	
Good	172	43.3	97	67.8	269	68.0	
Total	254	-	143	-	397	-	

Based on Table 6, there is a relationship between knowledge and compliance with paying JKN premiums. This is based on the results of the Chi-square statistical test, which yielded a P-value of 0.03, where this value is less than 0.05 ($p\text{-value} < 0.05$), indicating a significant relationship. This means that the knowledge of respondents has a significant association with their compliance in paying JKN premiums. The higher the knowledge of the respondents, the higher their compliance in paying JKN premiums, and conversely, the lower the knowledge of the respondents, the lower their compliance in paying JKN premiums.

Table 7. The relationship between the ability and compliance in paying JKN contributions

Ability	Compliance				Total		p-value
	Not comply		Comply		N	%	
	N	%	N	%			
Unable	175	68.9	68	47.6	243	61.2	0.000
Able	79	31.1	75	52.4	154	38.8	

Based on Table 7, there is a relationship between the ability to pay and compliance with paying health insurance premiums (JKN). This is evident from the Chi-Square test results, where a p-value of 0.000 was obtained, which is less than 0.05 ($p\text{-value} < 0.05$). This means there is a significant relationship. Specifically, this means that the ability of respondents to pay is related to their compliance in paying JKN premiums. The higher the income of the respondents, the higher their compliance with paying JKN premiums, and conversely, the lower the income of the respondents, the lower their compliance with paying JKN premiums.

Table 8. The relationship between motivation to pay and compliance in paying the JKN contributions

Motivation	Compliance				Total		p-value
	Not comply		Comply		N	%	
	N	%	N	%			
Low	147	57.9	11	7.7	158	39.8	0.000
High	107	42.1	132	92.3	239	60.2	

Based on Table 8, there is a relationship between motivation and compliance in paying the National Health Insurance (JKN) premiums. This is evident from the Chi-Square test results, which yielded a p-value of $0.000 < 0.05$ ($p\text{-value} < 0.05$), indicating a significant relationship. This means that the motivation of the respondents to pay is related to their compliance in paying JKN premiums. The motivation to pay significantly influences the respondents' compliance in paying JKN premiums. The higher the motivation to pay, the higher the level of compliance in paying JKN premiums, and conversely, the lower the motivation of the respondents to pay JKN premiums, the lower their compliance in paying JKN premiums.

Furthermore, a multivariate analysis was conducted on the variables of knowledge, motivation, and capability. The results indicate that all independent variables have a value of

$p < 0.05$, which means there is a significant influence (knowledge, motivation, and capability) on compliance in paying the National Health Insurance (JKN) premium. From the analysis results, it was found that the variable most dominantly affecting compliance in paying the JKN premium in West Lombok Regency is the motivation variable with a value of $p = 0.000$ and $OR=32.41$ (95% CI: 13.81 – 76.04).

In this research, there is a relationship between knowledge about health insurance and compliance in paying JKN premiums in West Lombok Regency. The findings of this study are in line with the findings of Apriani et al. (2021), which state that the higher someone's knowledge, the higher their compliance in paying JKN premiums. The same statement is made by Hasan and Batara (2021), who suggest that participants with higher education have better knowledge about the benefits of the JKN program, leading to compliance in paying JKN premiums. This is because with knowledge, individuals can consider that paying premiums can protect them from penalties or fines imposed by BPJS Kesehatan (the Health Insurance Administration Body). People with higher knowledge have good information about the importance of insurance and the benefits to be gained from insurance, thus increasing awareness of the regularity of health insurance premium payments. On the contrary, individuals with low knowledge are more likely to be irregular in paying health insurance premiums due to a lack of information about the importance of insurance and the benefits of participating in insurance, as well as being unaware of the fines for late payment of health insurance premiums. However, these research findings do not align with the findings of Dwi et al. (2022), who state that there is no one-way relationship between the level of knowledge and the willingness to pay JKN premiums among independent JKN participants in Trayeman Village, Slawi District, Tegal Regency.

Other factors influence the compliance of PBPU participants in paying premiums, as indicated by research conducted by Fajriani (2021). Factors such as income, catastrophic illnesses, service quality, and the ability to pay affect the willingness to pay premiums. Knowledge is the result of human perception or someone's awareness of an object through their senses, and it is influenced by the intensity of attention and perception of the object. In line with Lawrence Green's theory, knowledge is a predisposing factor that influences an individual's behavior. In other words, JKN participants with good knowledge of JKN are more likely to increase their compliance in paying JKN premiums. On the other hand, JKN participants with limited knowledge about national health insurance are more likely to decrease their compliance in paying JKN premiums.

Regarding the ability to pay, research findings indicate that there is a relationship between the ability to pay and compliance with the payment of the National Health Insurance (JKN) premiums. This result aligns with a study conducted by Apriani (2021), which states that the determinants of willingness to pay JKN premiums include the ability to pay premiums, including income, expenditures, and family size. These findings also correspond with the findings of Istamayu et al. (2022), which suggest a relationship between the ability to pay premiums and the willingness to pay, indicating that higher income influences individuals to become JKN participants and determines their willingness to pay JKN premiums. Individuals with higher income who are willing to pay believe that health is a crucial primary need, and therefore, they see the need for insurance that can be used in case of illness (Istamayu et al., 2022).

In this study, individuals with good ability to pay have a 1.726 times higher probability of being compliant with paying JKN premiums compared to those who can pay but are not compliant. This result is consistent with research conducted by Wulandari et al. (2022), which suggests that compliance with paying JKN premiums by the PBPU group or self-paying participants is influenced by the ability to pay. Their research indicates that individuals with high income have a 3.013 times higher ability to comply with paying JKN premiums, whereas individuals facing financial difficulties or with low family income have a 7.7 times higher

probability of not regularly paying JKN premiums (Wulandari et al., 2022). This is due to informal sector participants facing income uncertainty every month (Muttaqien et al., 2021).

The ability to pay premiums is a consideration when allocating income or expenditures to purchase other goods or services. Higher income among the population increases people's interest and awareness to comply with premium payments (Russell, 1996). Income is a facilitating factor directly influencing individual behavioral changes (Nurhasana et al., 2022). In this context, income is a factor that enables behavioral changes necessary to afford self-payment of BPJS Kesehatan premiums.

Regarding the motivation to pay JKN contributions, this research shows that participants with high motivation and compliance in paying JKN contributions account for 55.3% of the total 239 respondents (60.2%) who were studied. This can be explained by the fact that respondents have an obligation to pay JKN contributions voluntarily, arising from their own awareness, and the contributions paid are commensurate with the benefits of healthcare services received. These findings align with research conducted by Dwi et al. (2022), which found that participants' motivation towards healthcare services in the JKN program influences the public's willingness to pay JKN contributions. Self-reliant participants who perceive healthcare services positively will increase their level of compliance in paying JKN program contributions. Meanwhile, there were 107 respondents (44.7%) who had high motivation but were not compliant in paying JKN contributions. This is because the premium contributions they had to pay were unaffordable, and JKN contributions must be paid for all family members according to the Family Card. These findings are consistent with research conducted by Kumi-Kyereme et al. (2017) in Ghana, which found that the National Health Insurance Scheme (NHIS) faced several barriers and motivations. Qualitative studies were conducted on 30 customers and non-customers of the NHIS scheme. The main motivation factors identified for community participation in the NHIS scheme include affordable health insurance premiums, access to free medicines, and social protection against unforeseen health challenges. Other motivations were also found, including encouragement from friends, family members, and colleagues to participate in the NHIS scheme. The main barriers to NHIS participation include long queues and waiting times for healthcare services, perceptions of poor drug quality, and negative attitudes of healthcare providers in both healthcare facilities and health insurance offices (Kumi-Kyereme et al., 2017).

The research results also show that respondents with low motivation but compliance in paying JKN contributions account for 11 respondents (7%). This happens because of interpersonal motivation or support, for example, from neighbors, family, and friends. This motivation involves providing information about payment methods and the sanctions incurred for delays, such as temporary deactivation of the BPJS Kesehatan card, which encourages them to pay contributions regularly. These findings align with research conducted by Ulum et al. (2021), which found that on average, respondents follow and are willing to pay JKN/ BPJS Kesehatan contributions because it is mandated by the government, and respondents feel the need to participate in the National Health Insurance program. Research findings indicate that respondents who are not compliant in paying contributions number 147 respondents (93%). This is because these respondents lack motivation or encouragement, resulting in no reinforcement of the attitude and intention to pay JKN contributions regularly. Negative experiences during healthcare service provision will affect their compliance in paying JKN contributions (Muttaqien et al., 2021).

Motivation is a drive that arises from internal or external stimuli, causing individuals to desire to make behavioral changes or engage in certain activities, either for their own benefit or that of others (Sunjaya et al., 2022). Another definition of motivation is the relationship between an individual's attitude and their environment that can lead to an increase or decrease in an individual's attitude (Uno, 2008). The results of this study found that motivation is related to and influences the compliance of self-reliant participants in paying JKN contributions. This is because the desire to pay national health insurance contributions is highly influenced by the

motivation of each individual. Participants with high motivation will be more compliant in paying JKN contributions compared to those with low motivation. These research results are supported by a study in the Oesapa subdistrict of Kupang Regency, where those with high motivation are more compliant in paying JKN contributions compared to those with low motivation (Naha et al., 2022). The same research findings were also presented by Sunjaya et al. (2022), stating that motivation affects the regularity of participant contributions. Motivation from the immediate environment, such as family, neighbors, and friends, influences the compliance of participants in paying JKN contributions.

It is recognized that one of the motivations for compliance in paying JKN contributions is the affordability of JKN premiums. Affordable health insurance premiums for the community are a key factor motivating people to subscribe to health insurance (Mills et al., 2012). JKN also serves as a form of protection against unforeseen health challenges, where people view health insurance subscription as a form of protection against unexpected health challenges, especially for those in middle age (18-49 years) and the elderly (50 years and above) (Van Der Wielen et al., 2018). Another study (Dalinjong & Laar, 2012) revealed that most of the population insured under the JKN scheme experienced long waiting times for medical treatment, sometimes experienced verbal abuse, inadequate physical examinations during treatment, and discrimination that favored the wealthy who did not participate in the JKN scheme. These factors contribute to the lack of motivation among the public to pay JKN contributions.

The perception of low drug quality provided to JKN customers is also recognized as a major barrier to JKN membership sustainability. The drugs provided to customers when they use the JKN scheme to access healthcare services are considered to have lower quality compared to the drugs provided to the same clients when they access healthcare services based on self-payment (Kumi-Kyereme et al., 2017). These findings support the argument made by Mulupi et al. (2013) that the low quality of drugs received by customers at least hinders community motivation to participate in the JKN scheme or program.

The results of this study are in line with research conducted by Sunjaya et al. (2022), which states that motivation has a significant relationship with compliance in paying contributions by self-reliant JKN participants. This research is also in line with Lawrence Green's theory, which states that motivation is an internal drive in humans to take action or behave, with higher motivation leading to a stronger desire or awareness to pay JKN contributions. However, these research findings are not in line with a study by Chaerunnisa (2017), which found no relationship between motivation and compliance in paying contributions by self-reliant BPJS participants. Understanding and awareness, as well as the intention to pay JKN contributions, need to be continuously improved to promote a sense of collective responsibility and motivate compliance among participants and the public.

CONCLUSION

Based on the research findings on the influence of motivation, knowledge, and ability on compliance with paying premiums by self-employed participants in the National Health Insurance program in West Lombok Regency, several conclusions can be drawn. Firstly, the level of compliance with paying premiums by self-employed participants in West Lombok Regency is 138 individuals (36.0%) who are compliant in paying National Health Insurance (JKN) premiums, while 254 individuals (64.0%) are not compliant in paying JKN premiums. Secondly, there is a correlation between motivation and compliance with paying premiums by self-employed participants in the JKN program in West Lombok Regency. Thirdly, there is a correlation between ability and compliance with paying premiums by self-employed participants in the JKN program in West Lombok Regency. Fourthly, there is a correlation between knowledge and compliance with paying premiums by self-employed participants in the JKN program. Lastly, among the three variables (motivation, knowledge, and ability),

motivation is the most dominant factor influencing the compliance of self-employed participants in paying premiums in the JKN program in West Lombok Regency.

RECOMMENDATION

Based on the results of this study, several important recommendations need to be made. First, the BPJS Kesehatan Branch Office in Mataram should continuously provide regular and comprehensive socialization to BPJS Kesehatan participants about the BPJS Kesehatan program so that participants are more motivated to comply with premium payments and ensure the success of the National Health Insurance (JKN) program. Second, one way to maintain the sustainability of JKN premium payments from self-paying participants and encourage them to pay regularly is to facilitate participants with irregular incomes by implementing a payment system in the form of installments. Third, the West Lombok District Social Services can plan government subsidies for groups of people who are identified as unable to afford JKN premiums and groups of people who require government subsidies by conducting verification and validation of data for those in need within the community.

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REFERENCES

- Ananda, D. (2022). *Analisis faktor-faktor yang mempengaruhi kepatuhan peserta Non-PBI dalam pembayaran iuran BPJS di Indonesia: Literature review*. 1(6), 452–459. <https://jurnal.arkainstitute.co.id/index.php/nautical/article/view/378>
- Apriani, M. (2021). *Analisis Kemauan Membayar Iuran Dalam Kepesertaan Jaminan Kesehatan Nasional Pada Petani di Kabupaten Banyuwasin*. Thesis, (Universitas Sriwijaya) 2021.
- Apriani, M., Zulkarnain, M., & Idris, H. (2021). Analisis Kemauan Membayar Iuran Dalam Kepesertaan Jaminan Kesehatan Nasional Pada Petani Di Kabupaten Banyuwasin. *PREPOTIF Jurnal Kesehatan Masyarakat*, 5(2), 484–495.
- BPJS Kesehatan. (2011). *Undang-undang BPJS No.24 tentang BPJS* (Issue July).
- BPJS Kesehatan. (2022a). *Portal BPJS Kesehatan*. Website BPJS Kesehatan. <https://faskes.bpjs-kesehatan.go.id/aplicares/#/app/peta>
- BPJS Kesehatan, M. (2022b). *Laporan Program JKN_KIS di Provinsi NTB Periode September 2022.pdf*.
- Chaerunnisa. (2017). *"Kepatuhan Membayar Dan Mutu Pelayanan Kesehatan Pasien BPJS Mandiri Di RSUD Haji Kota Makassar, Thesis, (Universitas Hasanuddin) 2017*.
- Dalinjong, P. A., & Laar, A. S. (2012). The national health insurance scheme: Perceptions and experiences of health care providers and clients in two districts of Ghana. *Health Economics Review*, 2(1), 1–13. <https://doi.org/10.1186/2191-1991-2-13>
- Dwi, G., Program, R., Sarjana, S., Akuntansi, T., Publik, S., & Bersama, H. (2022). Pengaruh Tingkat Pengetahuan Kewajiban Peserta Jaminan Kesehatan Nasional Terhadap Kemauan Membayar Iuran Kabupaten Tegal. *Jurnal Akuntansi Publik*, 2(1).
- Hasan, N., & Andi Surahman Batara. (2021). Faktor yang Berhubungan dengan Kepatuhan Membayar Iuran BPJS pada Peserta Mandiri di Wilayah Kerja Puskesmas Tamamaung Kota Makassar Tahun 2020. *Window of Public Health Journal*, 01(04), 382–393. <https://doi.org/10.33096/woph.v1i4.233>
- Istamayu, A. A., Solida, A., & Wardiah, R. (2022). Determinan Kemauan Membayar (Willingness To Pay) Iuran Jaminan Kesehatan Nasional Pada Peserta Mandiri Di Kota Jambi Tahun 2021. *AKSELERASI: Jurnal Ilmiah Nasional*, 4(2), 10–21. <https://doi.org/10.54783/jin.v4i2.546>

- Kumi-Kyereme, A., Amu, H., & Darteh, E. K. M. (2017). Barriers and motivations for health insurance subscription in Cape Coast, Ghana: A qualitative study. *Archives of Public Health*, 75(1), 1–10. <https://doi.org/10.1186/s13690-017-0192-x>
- Mills, A., Ally, M., Goudge, J., Gyapong, J., & Mtei, G. (2012). Progress towards universal coverage: The health systems of Ghana, South Africa and Tanzania. *Health Policy and Planning*, 27(SUPPL.1), 4–12. <https://doi.org/10.1093/heapol/czs002>
- Mulupi, S., Kirigia, D., & Chuma, J. (2013). Community perceptions of health insurance and their preferred design features: Implications for the design of universal health coverage reforms in Kenya. *BMC Health Services Research*, 13(1). <https://doi.org/10.1186/1472-6963-13-474>
- Muttaqien, M., Setiyaningsih, H., Aristianti, V., Selby Coleman, H. L., Hidayat, M. S., Dhanalvin, E., Siregar, D. R., Mukti, A. G., & Kok, M. O. (2021a). Why did informal sector workers stop paying for health insurance in Indonesia? Exploring enrollees' ability and willingness to pay. *PLoS ONE*, 16(6 June), 1–19. <https://doi.org/10.1371/journal.pone.0252708>
- Muttaqien, M., Setiyaningsih, H., Aristianti, V., Selby Coleman, H. L., Hidayat, M. S., Dhanalvin, E., Siregar, D. R., Mukti, A. G., & Kok, M. O. (2021b). Why did informal sector workers stop paying for health insurance in Indonesia? Exploring enrollees' ability and willingness to pay. *PLoS ONE*, 16(6). <https://doi.org/10.1371/JOURNAL.PONE.0252708>
- Naha, S. K., Sirait, R. W., & Kenjam, Y. (2022). Factors Related to Compliance in Paying Contribution Among National Health Insurance Mandiri Members in Oesapa Village, Kupang City. *Media Kesehatan Masyarakat*, 4(3), 378–386.
- Nurhasana, R., Hidayat, B., Pujiyanto, Ratih, S. P., Hartono, R. K., & Dartanto, T. (2022). The sustainability of premium payment of national health insurance's self-enrolled members in Jakarta Greater Area. *Journal of Public Health Research*, 11(1), 2392. <https://doi.org/10.4081/JPHR.2021.2392>
- Perpres. (2018). *Peraturan presiden No. 82 Tentang Jaminan Kesehatan Nasional*.
- Russell, S. (1996). Ability to pay for health care: Concepts and evidence. *Health Policy and Planning*, 11(3), 219–237. <https://doi.org/10.1093/heapol/11.3.219>
- SJSN. (2004). UU RI No.40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional. In *Jdih BPK RI* (pp. 1–45).
- Sunjaya, D. K., Herawati, D. M. D., Sihaloho, E. D., Hardiawan, D., Relaksana, R., & Siregar, A. Y. M. (2022). Factors Affecting Payment Compliance of the Indonesia National Health Insurance Participants. *Risk Management and Healthcare Policy*, 15, 277. <https://doi.org/10.2147/RMHP.S347823>
- Sunjaya, D. K., Marhaeni, D., Herawati, D., Dariatno Sihaloho, E., Hardiawan, D., Relaksana, R., Yudistira, A., & Siregar, M. (2022). Factors Affecting Payment Compliance of the Indonesia National Health Insurance Participants. *Journal Risk Management and Healthcare Policy*. <https://doi.org/10.2147/RMHP.S347823>
- Ulum, D., Fatimah, F. S., & Sumarni, S. (2021). Studi Fenomenologi: Loyalitas Keikutsertaan Peserta PBPB BPJS Kesehatan di Kabupaten Bantul 2020. *Indonesian Journal of Hospital Administration*, 3(2), 68–73. <https://ejournal.almaata.ac.id/index.php/IJHAA/article/view/2039>
- Uno, H. (2008). *Teori Motivasi dan Pengukurannya*. Bumi Aksara.
- Van Der Wielen, N., Falkingham, J., & Channon, A. A. (2018). Determinants of National Health Insurance enrolment in Ghana across the life course: Are the results consistent between surveys? *International Journal for Equity in Health*, 17(1), 1–14. <https://doi.org/10.1186/s12939-018-0760-x>
- Wulandari, D. A., Salim, N. A., & Lesmana, T. C. (2022). Kepatuhan Pekerja Sektor Informal Dalam Pembayaran Premi Jaminan Kesehatan Nasional (JKN) Provinsi Di Yogyakarta. *Prosiding Forum Ilmiah Tahunan (FIT) IAKMI*.