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**Contribution Deposit Compliance: Income and Knowledge of** BPJS Health Mandiri  
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ABSTRACT **According to data from the BPJS Health Office of Banjar Regency in 2020 where the population in Banjar Regency is 550,264 people, the BPJS membership that has been** active until October 2020 is 336,435 people (61.71%), and **the number of BPJS** Mandiri (Non-PBI) memberships is 143,019 people ( 24.7%).

The **research objective is to determine the relationship between income and knowledge of the obligation to deposit contributions with the compliance of paying contributions to the membership of BPJS Mandiri. This study used an analytical survey with a** cross-sectional design. In this study, the population of all BPJS Mandiri (Non-PBI) participants **at the BPJS Health** Banjar Regency office until October 2020 was 143,019 people, where the number of samples was 100 respondents.

The sampling technique is the purposive sampling technique. The statistical test used is the Chi-square test. **The results showed that the** majority of respondents' compliance in depositing contributions was mostly disobedient, namely 58 people (58.0%). **The income of participants of BPJS Mandiri was dominated by respondents whose income was below the UMP standard, namely 79 people (79.0%). Most of the** knowledge about **the**

obligation to deposit contributions lies with respondents in the excellent knowledge category, namely 49 people (49.0%).

There is a relationship between income and compliance with paying contributions to BPJS Mandiri membership at the BPJS office in Banjar district. And there is a relationship between knowledge of the obligation to deposit contributions with compliance with paying donations to the BPJS Mandiri membership at the BPJS office in Banjar district. In related institutions, it is necessary to increase promotional efforts to improve the knowledge of BPJS participants so that they can raise awareness of the obligation to make regular monthly contributions.

Keywords: Obedience, Social Security Agency of Health, Knowledge, Revenue, BPJS Health Correspondence: Wasis Budiarto Faculty of Public Health, Airlangga University, Indonesia Email: wasis.budiarto2019@gmail.com | yeniriza86@gmail.com

INTRODUCTION The ultimate goals of the overall health system considered by WHO are health equity, health status, health system responsiveness to individual non-medical expectations and equity in financial contributions. Fairness in financial assistance to health occurs when health care Household expenditures are distributed according to the ability to pay rather than costs incurred by illness.

Therefore, the national health system must raise funds for health care in a way that ensures that people can use the health care services they need and are protected from the impoverishment that results from having to pay for those services (1). The government is responsible for administering public health insurance through the National Health Insurance (JKN) which is specifically for individual health and public health in general. JKN developed by Indonesia is part of the National Social Security System (SJSN).

SJSN is the procedure for administering social security programs by the Health Social Security Administrators (BPJS) and is carried out through the Social Health Insurance mechanism which is required under Law Number 40 of 2004 concerning the National Social Security System [1]. Health care is a top priority for entrepreneurs today because it is one of the fundamental rights of the people, the provisions of which must be determined by the government. As stated in the 1945 Constitution of the Republic of Indonesia, Article 28H paragraph (1) and Article 34 paragraph (3), the government is obliged to provide adequate health services according to the needs of the community.

With this constitution, the BPJS (Social Security Administering Body) was formed. One of the BPJS programs is BPJS Health [2]. The goal is that all Indonesians are protected by an insurance system so that they can meet the basic needs of proper public health. The

number of monthly BPJS participants in February 2016 is more than 160 million people, more than half of Indonesia's population.

The government is committed to providing health insurance throughout Indonesia, considering that health insurance does not cover all Indonesians. One of the activities that have been scheduled in the membership aspect organized by BPJS Health for the 2012-2019 period focuses on expanding the coverage of health insurance to achieve universal coverage, namely expanding membership, especially among independent workers who are not salaried recipients [1]. For approximately 4 (four) decades, Indonesia has implemented several social security programs, but they only reach a small part of the community.

Most of the city has not been touched and received adequate protection, besides that the implementation of the social security program has not been able to provide proper and sufficient protection to participants by the participants' rights. In this regard, it seems necessary to prepare an SJSN that can Riza et al. / **Contribution Deposit Compliance: Income and Knowledge of** BPJS Health Mandiri Participants 855 Systematic Reviews in Pharmacy Vol 11, Issue 10, Oct-Nov 2020 synchronize various forms of social security implemented by several organizers to reach a wider membership and provide more significant benefits for each participant [3] According to the data obtained from BPJS Health, it can be seen from the data on December 4, 2015, that the total membership of BPJS Health which accesses is 155,189,547 people, including 98,125,684 Contribution Beneficiary (PBI) participants and 57,063,863 non-beneficiary members. Contribution [4].

When viewed from the total population of Indonesia, which is 257,912,349 people, this shows that there are still 102,722,802 people who are not registered as BPJS participants. As for the division of BPJS membership categories that are not PBI, namely civil servants, members of the Indonesian national army, members of the Indonesian National Police, state administrators, non-government employees and private employees. **The number of BPJS** health participants is 195,170,283 million people [5]. The Province of South Kalimantan has officially decided the Provincial Minimum Wage (UMP) in 2020 is IDR 2,877,448.

The formulation of determining the UMP of South Kalimantan in 2020 refers to Government Regulation No. 78 Article 44, Paragraph 1 and Paragraph 2, 2015 [6]. **According to data from the BPJS Health Office of Banjar Regency in 2020 where the population in Banjar Regency is 550,264 people, the BPJS membership that has been active until October 2020 is 336,435 people (61.71%), and the number of BPJS Mandiri (Non-PBI) memberships is 143,019 people (24.7%) [7]** Based on the results of data

collection by interviewing the head of the BPJS Health Banjar Regency office, it was stated that in January to February 2020 45 participants were contacted by telephone every week to inform the arrears of dues, data obtained were 19 people could be reached, 11 people did not pick up when contacted, 14 are inactive, and one person is found to be an invalid or wrong number. Based on the facts above, it shows that there are arrears in dues on BPJS participants.

By the above problems, the authors feel the need to conduct research entitled "The relationship of income and knowledge of the obligation to deposit contributions to the BPJS Mandiri membership with compliance to deposit contributions at the BPJS Health Banjar Regency Office". The purpose of this study is to determine the effect of income and knowledge of the obligation to deposit contributions on the membership of BPJS Mandiri with compliance to deposit contributions at the BPJS Health Office of Banjar Regency.

**METHODOLOGY** This research method is an analytic survey with a cross-sectional design. In this study, the population was all BPJS independent participants in the BPJS Health office of Banjar Regency until October 2020 of 143,019 people and the sample used was 100 respondents. The sampling technique is using purposive sampling. The instrument used was a questionnaire.

The variables in this study consisted of independent variables (independent variables), namely income and knowledge of the obligation to deposit BPJS contributions and the dependent variable, namely compliance in depositing BPJS Mandiri first-rate contributions. The data analysis used was univariate analysis and bivariate analysis. The statistical test used the Chi-square test with a 95% degree of confidence. If the  $p < 0,05$ ,  $H_0$  is rejected, which means that there is a relationship between the independent variable and the dependent variable. If the  $p > 0,05$ ,  $H_0$  is accepted, which means that there is no relationship between the independent variable and the dependent variable.

**RESULTS AND DISCUSSION** Univariate Analysis Overview of compliance in depositing BPJS Mandiri membership dues at the BPJS Health office in Banjar Regency Table 1. Frequency distribution of compliance in depositing BPJS Mandiri membership dues at the BPJS Health office in Banjar Regency

No Compliance with BPJS Mandiri membership dues (n) (%)	1. Obedient	2. Disobedient	Total
(n) (%)	42 42,0	58 58,0	100 100

From table 1 above, it can be seen that the majority of respondents did not comply with BPJS contributions, as many as 58 people (58.0%) and other respondents obedient to deposit BPJS contributions by 42 people (42.0%).

An overview of the income of Non PBI participants at the BPJS Health Banjar Regency Office in 2020 Table 2. Frequency distribution of BPJS Mandiri membership income at the BPJS Health office in Banjar Regency No Income of Mandiri BPJS participants (n) (%)

1. Above the UMP value (> Rp. 2,877,448 and above)	21	21,0
2. Below the UMP value (<Rp. 2,877,448)	79	79,0
Total	100	100

Table 2 shows the income of respondents in the category of income below the UMP standard as many as 79 people (79.0%) while the respondents with an income above the UMP standard were 21 people (21.0%).

Description of knowledge about the obligation to deposit contributions at BPJS Health at the BPJS Health office in Banjar Regency Table 3. Frequency distribution of knowledge about the obligation to deposit contributions at BPJS Health at the BPJS Health office in Banjar Regency No Knowledge (n) (%)

1. Good	32	32,0
2. Enough	49	49,0
3. Less	19	19,0
Total	100	100

From table 3 above it can be concluded that the majority of respondents in the sufficient knowledge category were 49 people (49.0%) while the least in the poor knowledge category was 19 people (19.0%). Riza et al.

/ Contribution Deposit Compliance: Income and Knowledge of BPJS Health Mandiri Participants 856 Systematic Reviews in Pharmacy Vol 11, Issue 10, Oct-Nov 2020 Bivariate Analysis The relationship between income and compliance in paying contributions to the BPJS Mandiri membership at the BPJS Health office in Banjar Regency Table 4. The relationship between income and compliance with contributions to BPJS Mandiri membership at the BPJS Health office in Banjar Regency No Income Compliance with contributions to BPJS Mandiri membership Total p-value Obedient Disobedient n % n % N %

1. Above UMP standard	17	80,9	4	19,1	21	100	0,000
2. Below UMP standard	25	31,6	54	68,4	79	100	
Total	42	42	58	58	100	100	

Under UMP standards 25 31,6 54 68,4 79 100 Total 42 42 58 58 100 100 In table 4 above, it can be seen that of the 21 respondents in the income category above the UMP standard, the majority are obedient in depositing BPJS contributions. Namely, there are 17 respondents (80.9%) while of the 79 respondents in the income category below the UMP standard the majority do not comply with BPJS contributions, namely 54 people (68.4%). After a statistical test was carried out using the chi-square test, it was obtained p-va= .00<a .05so ware ected, which means that there was a relationship between income and compliance with the membership of BPJS Mandiri at the BPJS Health office in Banjar Regency.

The relationship between knowledge of the obligation to deposit contributions with compliance with contributions to BPJS Mandiri membership at the BPJS Health office in Banjar Regency Table 5. The relationship between knowledge of the obligation to deposit contributions with compliance with payment of contributions to the BPJS Mandiri membership at the BPJS Health office in Banjar Regency No Knowledge

Compliance with contributions to BPJS Mandiri membership Total p-value Obedient  
 Disobedient n % n % N % 1. Good 31 96,8 1 3,2 32 100 0,000 2. Enough 8 16,3 41 83,7  
 49 100 3.

Less 3 15,8 16 84,2 19 100 Jumlah 42 42,0 58 58,0 100 100 From table 5 above, it can be seen that of the 32 respondents who had good knowledge; the majority obeyed to deposit BPJS contributions, namely as many as 31 people (96.8%), of the 49 respondents insufficient knowledge the majority did not attend to deposit BPJS dues, namely 41 people (83.7 %). Of the 19 respondents who had less experience, the majority did not comply with the BPJS contributions, 16 people (84.2%). The results of statistical test analysis using the chi-square test obtained the results of p-value = 0.000 is rejected, the meaning is that there is a relationship between knowledge of the obligation to deposit contributions with compliance with the membership of BPJS Mandiri in the BPJS Health Office of Banjar Regency DISCUSSION Compliance with contributions to the BPJS Mandiri membership at the BPJS Health office in Banjar Regency This study shows that most respondents did not comply with BPJS contributions, namely 58 people (58.0%), while 42 respondents (42.0%) were in the category of obedient to deposit BPJS contributions.

Respondents in the group did not comply with depositing BPJS dues because they thought that depositing contributions was not an obligation, the respondents had limited knowledge of BPJS payments and the fines they received if they did not pay BPJS dues. Furthermore, it is known that respondents have not manifested a sense of need so that they do not have the awareness to pay dues. The results of this study are by research conducted by Widyanti (2018), which shows that out of 117 respondents, 67.5% of respondents were obedient in depositing independent BPJS contributions [8].

Participant compliance would increase if the services needed by participants are complete enough, health service facilities are adequate, and potent medicines with the requirements of professional health workers are required [9]. The reasons why participants are in arrears in payment of contributions vary widely. According to Mukangendo, et al., The leading cause of non-compliance of Community-Based Health Insurance (CBHI) participants in paying premiums in Rwanda is due to economic inability [10].

Another reason is the long waiting time for health services and premiums that are not affordable to the community. This opinion is reinforced by Mebratie et al. Who stated that the non-compliance of participants in paying premiums in Ethiopia was due to the economic inability of the community [11]? Workman et al., Showed that the participant's age, affordability premium, desire to renew membership, occupation, attitude and

knowledge were predictors of adherence to CBHI participants in Ethiopia [12]. Riza et al.

/ **Contribution Deposit Compliance: Income and Knowledge of BPJS Health Mandiri Participants 857 Systematic Reviews in Pharmacy Vol 11, Issue 10, Oct-Nov 2020** Income from **BPJS Mandiri membership at the BPJS Health office in Banjar Regency** The results obtained indicate that **the majority of respondents** with an income below the UMP value were 79 people (79.0%) while respondents in the income group above the UMP standard were 21 people (21.0%). **The results showed that most of the income was below the UMP standard** because **the majority of respondents were** traders, namely 37 people (37.0%), the income earned was used to meet basic needs.

Because respondents who have an uncertain income each month are ultimately still reluctant to deposit BPJS Mandiri contributions because there is a need to pay premiums regularly every month and BPJS Health contributions which are considered not their immediate needs. This is the reason why respondents do not routinely pay BPJS contributions. Abril Hasyim's research (2019) also found that out of a total of 88 respondents, 58 people (65.9%) had low- income categories, including 46 people (52.3%) in arrears and 12 people (13.6%) who were not in arrears. %). Meanwhile, in the moderate-income category, there were 30 people (34.1%) of whom eight were in arrears (9.1%), and 22 people (25.0%) were not in arrears [13].

From several respondents who earn above the Provincial Minimum Wage (UMP) but are not compliant in paying contributions because the higher a person's income, the more wants he wants and does not care about needs that he deems unimportant. While respondents [14]. In general, the irregular income of farmers and small traders makes it difficult for participants to pay premiums. Participants who had recently lost their livelihoods complained about irregularities and were unable to pay fees. Participants are still obliged to pay contributions [15,16]. However, some participants received loans from their families (for example parents, relatives and in-laws) to pay off JKN contributions [9].

Respondents' **knowledge of the obligation to deposit contributions at the BPJS Health Office of Banjar Regency** The results of the study stated that the majority of respondents' knowledge was in the excellent category, namely 49 people (49.0%), while in the low knowledge category there were 19 people (19.0%). The factors that affect **the level of knowledge** are the age where **the majority of respondents** are 31-40 years old, namely 42 people (42.0%) while 24 people aged 20-30 years (24.0%), the increasing age will increase as well. Comprehension and mindset, so that the knowledge they have will be better.

Likewise, with the education level, the most dominant respondent's education level is at the high school education level, namely 49 people (49.0%) while 18 people are SD (18.0%). This fact shows that most respondents are still at the education level. Formal medium only, this picture can cause respondents to have sufficient and insufficient knowledge of the category due to the lack of information obtained, mostly related to BPJS contributions, as it is known that the high level of education of a person will be more comfortable to receive information.

There are the results of the same research conducted by Novia Widyanti (2018) showing that participants with an adequate level of knowledge but not obedient to pay the BPJS independent dues, namely as many as 15 people (16.7%). Meanwhile, 4 participants (14.8%) had a low **level of knowledge and** obedience in paying BPJS contributions [8]. The majority of participants do not understand that JKN is health insurance which impacts their way of thinking. They see JKN not as health insurance, but **as something that is needed only when** sick; so, if they don't get sick, they won't pay dues. According to the participants, the benefits they received were far greater than the costs they had to spend each month.

The existence of JKN, which implements a low monthly fee system is an alternative for them to get affordable health services [9]. The findings of Amarec Obse (2015) prove that there is still a lack of knowledge of the conceptions and elements of health insurance. Participants assume that health insurance is only an upfront payment mechanism without any risk separation among scheme members [17].

The **relationship between income and compliance in paying contributions to the BPJS Mandiri membership at the BPJS Health office in Banjar Regency** In this study, it was found that 21 respondents in the income group above the UMP standard were the majority obedient to deposit BPJS contributions, namely 17 people (80.9%). In contrast, the 86 respondents who were included in the category of income **below the UMP standard** were more dominated by the type of not submitting BPJS contributions, namely 54 people (68.4%).

High income above the UMP standard indicates that the majority are obedient in depositing BPJS contributions. In contrast, respondents with low income would prefer to reconsider depositing funds to the BPJS because the income earned is only prioritized for basic daily needs rather than depositing BPJS contributions. The payment is above the UMP standard, but they do not comply because they assume that donations are paid only when they are sick, and if they are not ill, then they do not pay fees.

Similar to research conducted by Hasyim (2019), the results show that **there is a**



relationship between income and unpaid BPJS Health Mandiri contributions in the Abeli Puskesmas, Kendari City, with a p-value of 0,000. The same goes for the results presented by Wulandari (2020) where there is a relationship between income and the compliance of BPJS Mandiri participants in the payment of JKN program contributions or national health insurance in Solok City with p-value = 0.038 [18].

This research is not much different from Rismawati's study (2017) in the work area of the Batalaiworu Health Center, Batalaiworu District, Muna Regency, where the results of the relationship between income and compliance with BPJS Mandiri dues pay with a p-value = 0.023 [19]. And the research of Surahmawati (2020) et al. in Biringkanaya District, Makassar City shows that the compliance of JKN Mandiri participants in depositing BPJS Health premiums is influenced by the income of independent BPJS Health participants.

High community income can increase the community's motivation and willingness to be obedient in depositing contributions [14]. The relationship between knowledge of the obligation to deposit contributions with compliance with paying contributions to the BPJS Mandiri membership at the BPJS Health office in Banjar Regency. From the results of the study, it was stated that of the 32 respondents who had good knowledge, the majority obeyed in depositing BPJS dues, namely 31 people (96.8%), of the 49 respondents who had sufficient experience, more were not obedient to pay BPJS contributions, amounting to 41 people (83, 7%), of the 19 respondents with less knowledge, the majority did not comply with BPJS contributions, namely 16 people (84.2%).

Statistical testing with the chi-square test obtained a p- va .0 a .05so t wa rejected, which means that there is a relationship between Riza et al. / Contribution Deposit Compliance: Income and Knowledge of BPJS Health Mandiri Participants 858 Systematic Reviews in Pharmacy Vol 11, Issue 10, Oct-Nov 2020 knowledge of the obligation to deposit contributions and compliance with BPJS Mandiri participant deposits at the BPJS Health Office of Banjar Regency.

The results obtained are more knowledge of respondents with good categories, obeying to pay BPJS contributions because the community already understands that participants will get if they don't pay dues as of the 10th of each month. However, there are still respondents who do not comply with the fantastic knowledge group because the respondent's income is still below the UMR standard, in the lack of knowledge category where participants are not able to deposit contributions regularly. One of the factors related to compliance in paying insurance premiums is the person's level of knowledge where respondents in the extraordinary knowledge group will have greater awareness in paying dues compared to respondents with less experience.

The results of Hasyim's research (2019) in the Abeli Puskesmas Kendari City work area, which is in line with this research, which shows that there is a relationship between the level of knowledge and the arrears in payment of BPJS Health Mandiri dues (p-value = 0,000) [13]. Research by Widyanti (2018) also shows that there is a relationship between the level of knowledge and compliance with BPJS Mandiri contributions to patients at Labuang Baji Hospital, Makassar City (p-value = 0,000) [8]. The same research conducted by Adani (2019) in Depok City shows that there is a relationship between the level of knowledge and compliance with JKN contribution payments in the BPJS Mandiri Participant group with a p- value of 0.019 [20].

Based on the results of research by Sartini Rizki and Muhammad Ikhsan Akbar (2019) at the Abeli City Health Center in Kendari in 2018, it shows that there is a relationship between groups that do not pay BPJS premiums and the level of knowledge, where the higher the level of expertise about JKN, the level of compliance in depositing contributions routinely [21]. CONCLUSION From the results of research on the relationship between income and knowledge with the compliance of BPJS Mandiri participants, it is concluded that: most of the respondents' obedience in paying contributions was 58 people (58.0%) disobedient.

The income of participants of BPJS Mandiri was dominated by respondents whose income was below the UMP standard, namely 79 people (79.0%). Most of the knowledge about the obligation to deposit contributions lies with respondents in the excellent knowledge category, namely 49 people (49.0%). There is a relationship between income and compliance with paying contributions to BPJS Mandiri membership at the BPJS office in Banjar district.

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