



(RESEARCH ARTICLE)



The influence of willing to pay on the compliance with paying the National Health Insurance (NHI) contribution of independent NHI participants during the covid-19 pandemic at Langgikima public health center, north Konawe regency southeast Sulawesi province in 2021

Suhadi *, Eka Purnama Sari, Rahman and Jumakil

Department of Public Health, Faculty of Public Health, Halu Oleo University, Indonesia.

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Abstract

Background: The national health insurance program as a national program in Indonesia was implemented on January 1, 2014 with the aim of improving the health quality of the Indonesian people. The Social Security Administration Agency (SSAA) is a legal entity formed by the government with the aim of administering social security programs. In Law Number 24 of 2011 concerning Social Security Administering Bodies, Article 60 paragraph 1 states that SSAA Health began operating on January 7, 2014.

Objective: The purpose of this study was to determine the effect of willingness to pay on compliance with paying dues for independent NHI participants in the work area of the Langgikima Health Center. North Konawe Regency, Southeast Sulawesi Province in 2021.

Methods: The type of research used is analytic survey research with a cross sectional study approach. The population and sample in this study were all independent NHI participants at the Langgikima Health Center, North Konawe Regency, as many as 51 participants. Data was collected by using interviews and field observations. Data analysis was carried out univariate and bivariate. Presentation of data in the form of a frequency distribution table accompanied by an explanation.

Results: The results showed that there was no effect of ability to pay on compliance with paying NHI participants' contributions, with a p-value = 0.085.

Conclusion: There is no influence of willingness to pay on compliance with paying dues for independent NHI participants at the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021.

Keywords: Willingness; NHI; Independent; Compliance; Contribution

1. Introduction

National Health Insurance is a national health service financing program management managed by the Health Social Security Administering Agency, with the aim of accelerating the implementation of the National Social Security System for all Indonesian people, based on the principles of mutual cooperation, non-profit, openness, prudence, accountability, portability, mandatory participation, mandated funds, and the results of the management of social security funds are entirely for program development and for the greatest benefit of the participants [1].

* Corresponding author: Suhadi
Department of Public Health, Faculty of Public Health, Halu Oleo University, Indonesia.

According to Presidential Regulation No. 12 of 2013 concerning Health Insurance, Health Insurance is a guarantee in the form of health protection so that participants get the benefits of health care and protection in meeting basic health needs which are given to everyone who has paid dues or whose contributions are paid by the government [2]. However, in its development, the national health insurance program organized by SSAA Health has experienced a budget deficit every year. Based on data from SSAA Health in 2014, the NHI budget deficit amounted to Rp.8.5 trillion. In 2015, the NHI budget deficit amounted to Rp.10.67 trillion. In 2016, the NHI budget deficit amounted to Rp.11.55 trillion, in 2017 the NHI budget deficit amounted to Rp.16.62 trillion, and in 2018 the NHI budget deficit amounted to Rp.10.98 trillion. One of the causes of the NHI budget deficit is due to the low collectability of contributions. The collectability level of NHI contributions in Indonesia in the independent participant segment in 2018 is not optimal, which is only 54%. This happens because independent participants do not pay NHI contributions regularly [3], [4]

If you look at the provisions/rules of the SSAA program, the time limit for paying NHI premiums is no later than the 10th of the current month. The occurrence of arrears in NHI contributions is due to the lack of public understanding and awareness of the importance of NHI for their lives when they are sick. The principle of mutual cooperation in terms of financing has not run optimally. This is because most participants who register with SSAA Health are participants with the risk of getting sick in front of their eyes. Like participants who need urgent medical treatment at a high cost. Participants like this are enthusiastic in registering participation in the SSAA program but after the health treatment process is passed, the participants also comply with the obligation to pay contributions [5]

One of the obligations to become a SSAA Health participant is to pay a monthly fee. For PBI Participants, contributions are paid by the government, for Health Insurance contributions for residents registered by the Regional Government are paid by the Regional Government. For Wage Recipient Workers, the contribution is paid by the Employer and Employees. Non-Wage Recipient Workers and Non-Worker Participants contributions are paid by the relevant Participants or other parties on behalf of the participants [2]. Paying health insurance contributions is highly dependent on ability to pay and willingness to pay. The ability to pay is a person's ability to pay for the services he receives based on income that is considered ideal. While the willingness/willingness to pay is the highest price that a person is willing to accept to pay for goods or services [7].

The higher health costs and the risk of illness that everyone has become the basis for someone to become a NHI participant, one of which is an independent NHI participant. Compliance in paying NHI contributions for independent participants is the most important component to facilitate the use of health services. The provision of health services for patients who are independent NHI participants is largely determined by compliance in paying monthly contributions. If the patient who is an independent participant in NHI has not paid dues, then the patient who is an independent participant in NHI is required to pay off the dues that have not been paid, and if the patient does not pay the contribution, the patient is an independent participant who cannot use NHI as a guarantor for the cost of care at a health facility. This has an impact on inpatients who have to become general patients so that patients/families have to bear the burden of their own care costs because they are no longer guaranteed by SSAA Health [6].

In 2019, it is hoped that all Indonesian people will be covered by the national health insurance, but in fact until now it has not been fully covered by the national health insurance. This will continue to be a challenge for the government in the future. According to research [8] efforts to increase health insurance coverage can be achieved if the government pays contributions for the poor by adding participants to the Healthy Indonesia Card. The results of a study conducted in Ethiopia show that economic status, age and education level are factors that influence people's willingness to pay contributions for the Health Insurance Technology program in Ethiopia. People who have low economic status, the elderly and have low education have less willingness to join health insurance [9].

According to Thabrany, the participants of informal workers or self-employed are the main challenges to achieve the target of coverage and sustainability of a social security system. The challenge is especially in the participation and payment of NHI contributions consistently because an essential factor in the success of a social security system is the contribution. The NHI contribution is a source of financing for health insurance [10]. The high level of non-compliance with the payment of NHI contributions will reduce the collectability of contributions which can pose a large financial risk for health insurance providers [11].

Based on the initial survey conducted, it was found that the number of independent participants continued to decline in North Konawe Regency. Data on the number of independent SSAA participants at the Langgikima Health Center were 51 participants with 11 active participants and 40 inactive participants. For the number of independent participants in North Konawe Regency until November 2020 as many as 182 people, which every month continues to decrease from all independent participants. The purpose of this study was to determine the effect of willingness to pay on compliance

with paying dues for independent NHI participants in the work area of the Lenggikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021.

2. Material and methods

The type of this research is an analytical survey research with a Cross Sectional Study approach. The implementation of this research took place in the work area of the Lenggikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. The population in this study was 51 participants, thus the determination of the research sample was carried out by total sampling. Data was collected using a questionnaire instrument and field observations. Data analysis was carried out univariate and bivariate. Presentation of data in the form of a frequency distribution table accompanied by an explanation [12].

3. Results and discussion

3.1. Univariate Analysis

3.1.1. Willingness to Pay

Willingness To Pay is the maximum price of a service offered by producers and consumers want to buy at a certain time. The distribution of respondents according to the will of NHI Independent participants in the Lenggikima Health Center Work Area, North Konawe Regency, Southeast Sulawesi Province in 2021, is presented in table 1.

Table 1 Distribution of respondents according to the willingness of NHI Independent participants in the Work Area of the Lenggikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Willingness to Pay	Amount (n)	Percentage (%)
1	Want to Pay	7	14
2	Don't want to pay	44	86
Total		51	100

Source: Primary Data 2021

Based on Table 1, it shows that out of 51 respondents (100) there are 7 respondents (14%) who have the willingness to pay independent NHI contributions and 44 respondents (86%) do not have the willingness to pay independent NHI contributions.

3.2. Compliance Pay

Compliance with paying independent NHI contributions is the willingness and obedience of independent NHI participants to pay independent NHI contributions in a timely manner based on applicable regulations. Compliance paying dues is influenced by the behavior of someone who has the willingness and ability to pay dues. Compliance with paying dues for independent NHI participants is categorized into compliant and non-compliant, as presented in table 2.

Table 2 Distribution of Respondents by Compliance with SSAA Independent Participants in the Work Area of the Lenggikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Paying Compliance	Amount (n)	Percentage (%)
1	Obedient to pay	28	55
2	Not paying	23	45
Total		51	100

Source: Primary Data 2021

Based on Table 2, it shows that out of 51 respondents (100%) there are 28 respondents (55%) who have compliance in paying NHI contributions independently and as many as 23 (45%) respondents who do not have the ability to pay NHI contributions.

3.3. Bivariate Analysis

The effect of willingness to pay on compliance with paying independent NHI contributions

Table 3 Distribution of the influence of willingness on compliance with paying independent NHI contributions in the Work Area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Willingness to Pay	Paying Compliance				Amount		P-Value
		Obedient to pay		Not paying		n	%	
		n	%	n	%			
1	Want to Pay	6	86	1	14	7	100	0,085
2	Don't want to pay	22	50	22	50	44	100	
Total		28	55	23	45	51	100	

Source: Primary Data 2021

Based on Table 3, it shows that of the 7 respondents (100%) who are willing to pay the independent NHI contributions, there are 6 respondents (86%) who have compliance in paying the independent NHI contributions and 1 respondent (14%) has non-compliance with paying the NHI contributions. Meanwhile, of the 44 respondents (100%) who are not willing to pay the independent NHI contributions, there are 22 respondents (50%) who do not have compliance with paying the independent NHI contributions and as many as 22 respondents (50%) do not have the non-compliance to pay the independent NHI contributions.

The results of the chi square test obtained a value of $p = 0.085$ ($p > 0.05$) meaning H_0 is accepted. This shows that there is no effect of willingness to pay NHI contributions on compliance with paying NHI contributions for independent NHI participants in the work area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

Based on data from the Central Statistics Agency (CSA) of the Republic of Indonesia in 2020, it is recorded that the working population is 128.45 million people. Meanwhile, the employment of the Indonesian population working in the agricultural sector occupies the highest level when compared to other employment sectors. In the agricultural sector, there are 38.23 million people or 29.76% of the total working population. The trade sector is 19.23%, the industrial and construction sectors are 13.61%, then the gas and electricity sector is 0.24%. This shows that Indonesia is a developing country with the agricultural sector as a source of livelihood for the majority of its population. The existence of the agricultural sector has been proven to be able to improve the living standards of rural communities, although this has not been evenly distributed to the countryside as a whole [13].

Services in the health sector are one of the forms of service that are most needed by the community. The health services in question are of course fast, precise, cheap and friendly service, friendly staff and complete and adequate medicines as well as speed and timeliness of service and quality of infrastructure. From the perspective of the public sector, the health law means that the government has the responsibility to provide adequate health facilities and infrastructure, the provision of which can be easily accessed by the general public. The responsibility for the above health services must of course also be accompanied by the willingness and ability of the community to pay for these health services so that a balance is formed between services and the patient's ability to pay for these health facilities which can be measured at an appropriate price [14].

Regularity in paying dues is the behavior of a person who has the willingness and ability to pay dues appropriately based on a predetermined time. Based on the theory of Lawrence Green (1980) in Notoatmodjo (2014) there are several factors that influence human behavior from the level of health, namely predisposing factors, namely factors in the form of demographic characteristics, social structure, in the form of knowledge, attitudes, beliefs, values and so on. Supporting factors are factors that are manifested in the physical environment, the availability or unavailability of health facilities or facilities and driving factors are factors that are manifested in the attitudes and behavior of health workers, or other officers who are a reference group of community behavior [15]

If you look at the research findings as presented in table 1, it is found that, in general, the independent NHI participants who have the willingness to pay the independent NHI contributions, are fewer in number than the independent NHI

participants who are willing to pay the independent NHI contributions. This shows that the lower the willingness of the respondents, the lower the regularity of paying NHI contributions. On the other hand, the higher the willingness of the respondents, the higher the regularity of paying NHI contributions. This happens because a person's willingness is closely related to the regularity of paying NHI contributions. Most respondents are not willing to pay the independent NHI dues on the grounds that it is not urgent at this time, payments will be made at the request of the officer, currently there is an assumption that NHI cards can still be used during service, payments are made when funds are available, fines are not heavy, and so on. so. Other reasons respondents are not willing to pay arrears in NHI contributions include delaying payments, uncertain amounts of income, and unavailability of funds. Factors that cause respondents to have negative perceptions of health services are feelings of disappointment that respondents have received when using the NHI card, in the form of slow service and no service by officers. These findings are not in line with what was done by Mudayana, (2015) who said that the ability to pay patients had an average of 100,033. The average willingness to pay of patients is included in the high category, which is 71.26 percent.

In fact, the birth of willingness to pay NHI contributions is influenced by socio-demographic factors such as one's knowledge, one's experience, motivation, perception of health, income, family support, and so on. Another aspect that plays a role in encouraging independent NHI participants in paying independent NHI contributions is one of them seen in terms of the health services received by a person. Where if the health services consumed meet their expectations or exceed their wishes, then independent NHI participants will feel satisfied and remain loyal and obedient in paying NHI fees, but on the other hand if they feel that the health services needed are not in line with their expectations or desires, independent NHI participants will stop paying NHI dues.

Willingness to pay NHI contributions is a person's willingness and desire to buy health services offered by SSAA to meet their needs and desires in accordance with their ability. The provision of health services is carried out to meet the needs and desires of the community in relation to health. The services offered are very diverse, both outpatient and inpatient services. Users of health services will choose and use them according to their ability and willingness to pay the fees that have been offered according to their ability. The need and desire for the use of health services is largely determined by their ability and willingness to pay. Although someone has a high ability to use health services, the use of health services needs to be supported by a willingness to pay. Therefore, willingness to pay as one of the controllers in deciding to use health services. The willingness to pay NHI contributions for independent participants is due to their understanding and need for quality health services that provide benefits for their health. Likewise, a sufficient level of income is expected to increase people's willingness to pay because health services are a priority in daily life, therefore compliance with paying NHI contributions is one of the conditions for obtaining health services.

According to [17], a person's willingness to pay contributions is closely related to the motivation possessed by each person. A person's motivation can arise due to various things, both positive, namely motivation that can be profitable and negative, namely motivation that can provide losses. Positive motivation in paying contributions can arise because someone really wants to get health insurance when they are sick so that participants will pay contributions in accordance with the agreed terms, even when their income is high, participants can use part of their income to pay contributions so that their income is high. A high level of motivation increases a person's motivation in their willingness to pay contributions, but negative motivation can also arise when someone has certain reasons such as when participants do not know clearly about the rules, conditions and benefits received, so that participants have a low willingness to pay contributions. even participants who are truly unable to afford are still required to pay dues even though their income is low and most of the income is used to meet their daily needs so that participants are not motivated to make payment of dues.

The results of the chi square test obtained a value of $p = 0.085$ ($p > 0.05$) meaning H_0 is accepted. This shows that there is no effect of willingness to pay NHI contributions on compliance with paying NHI contributions for independent NHI participants in the work area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. This finding is not in line with the results of research [18], which states that willingness to pay taxes taxpayers have a significant effect on taxpayer compliance of Micro, Small and Medium Enterprises in Sleman Regency, Yogyakarta. Research [19] shows that compliance with paying premiums for independent participants will have an impact on cash flow at SSAA Health. One of the factors that influence compliance in paying premiums is based on the willingness to pay factor.

Willingness to pay is an individual's willingness to pay a certain amount of money as a premium in order to improve the quality of the environment, the National Health Insurance program can be the right health insurance for workers with non-fixed incomes so that they can experience adequate health services and can reduce the risk of the community bearing health costs from their own pockets are very large and difficult to predict [20]. Determinants of willingness to pay contributions in NHI participation are family income, food expenditure, non-essential food expenditure, non-food

expenditure, number of family members, history of catastrophic disease, knowledge of contributions, and ability to pay NHI contributions. The most dominant factor influencing willingness to pay NHI contributions is non-essential food expenditure [21]. Community participation in paying health insurance contributions is highly dependent on their ability and willingness to pay. Ability to pay as a person's ability to pay for services he receives based on income that is considered ideal [22].

4. Conclusion

There is no effect of willingness to pay on compliance with paying independent NHI contributions in the work area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. Suggestions; improving education, outreach to the public about the importance of the NHI program for health and the benefits of the NHI program in the community. The public should continue to pay attention to the availability of NHI contributions and make payments on time to avoid fines due to late payment of NHI contributions.

Compliance with ethical standards

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Disclosure of conflict of interest

All authors in the making of this scientific article have no conflict of interest.

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