



(RESEARCH ARTICLE)



The effect of the number of family members on contribution paying regularity independent National Health Insurance (NHI) participants post policy to increase NHI contributions in Bombana Regency, Southeast Sulawesi Province

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GSC Advanced Research and Reviews, 2022, 10(03), 007–012

Publication history: Received on 02 February 2022; revised on 03 March 2022; accepted on 05 March 2022

Article DOI: <https://doi.org/10.30574/gscarr.2022.10.3.0069>

Abstract

Background: The National Health Insurance (NHI) Program has been implemented since January 1, 2021, but until now there are still many problems in service management, one of which is the high number of non-compliance in paying NHI contributions by participants. The need for improvement in service management as a solution to overcome these problems.

Objective: The purpose of this study was to determine the effect of the number of family members on the regularity of paying NHI contributions for independent participants after the policy of increasing the contribution in Bombana Regency, Southeast Sulawesi Province.

Methods: This research is a type of quantitative research with a cross sectional study approach. The sample of this study was all independent NHI participants, with a sample size of 273 respondents. Research data collection was carried out using a questionnaire instrument, interviews and field observations. Data analysis was carried out univariate and bivariate. The presentation of the data is done in the form of a frequency distribution table accompanied by an explanation.

Results: The results showed that there was an effect of the number of family members on the regularity of paying contributions for SSA Independent participants after the policy of increasing NHI contributions with a value (P-Value = 0.037).

Conclusion: There is an effect of the number of family members on the regularity of paying contributions for independent SSA participants after the contribution increase policy.

Keywords: Family Members; Regularity; Dues; NHI

1. Introduction

Health insurance is a guarantee in the form of health protection so that participants receive health care and protection benefits in meeting basic health needs which are given to everyone who has paid dues or whose contributions are paid by the government. Operationally, the implementation of the NHI system is also contained in Government Regulations and Presidential Regulations. Participants who take part in the health insurance program will receive health care and basic health services. This National Health Insurance is managed by the Health Social Security Administering Body (SSA) as stipulated in Law Number 24 of 2011 and has been operating since January 1, 2014. All Indonesian residents are

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required to become participants in the health insurance managed by SSA, including foreigners who have worked for a minimum of six months in Indonesia and has paid dues [1].

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 SSA health [2].

Every Indonesian citizen must have awareness that NHI is made for every citizen where participation is mandatory with the principle of mutual cooperation. The principle of gotong royong can be realized in the form of a mutual cooperation system from participants who are able to those who are less able, participants who have low risk help participants who have high risk and healthy participants help the sick. One of the mechanisms of gotong royong that can be realized is the mandatory participation of the NHI program for every color of the Indonesian state. Social security programs can foster social justice for all Indonesian people through the principle of mutual cooperation [3].

In general, the world's population suffers from illness and even death due to lack of access to basic health services provided by the government. This is supported by data that about 150 million people per year in poor and middle-income countries suffer due to the large health costs that must be incurred and every three people every second experience poverty due to the heavy health costs they bear [4]. The presence of the national health insurance program is seen as one of the main ways to achieve an increase in health status for the entire population of Indonesia by ensuring that all people can receive quality health services in accordance with the wishes and needs of the community, without experiencing financial difficulties [5]. Thus, to prevent obstacles to the availability of funds, it is important to develop a model of a health insurance system towards achieving universal health coverage [5].

One way to make UHC successful is to increase the number of participation of informal sector workers. Empirical studies state that the weak participation of people in health insurance is the low income of people in low-income countries. Increasing voluntary health insurance coverage for low-income people is a challenge for the government. For the government to know this, the government can make a policy that can cover the whole community to become participants of the National Health Insurance. The NHI contribution is the amount of funds that must be paid by each NHI participant, whether it is an Employer Participant, Regional Government, or Central Government consistently in the health insurance program. Based on Law no. 24 of 2011 concerning the National Health Insurance Organizing Body, the collection of NHI contributions and their development which is managed by SSA Health is a mandated fund belonging to all participants. The funds are used for payment of benefits to participants and operational financing of the implementation of the health insurance program [6].

Based on presidential regulation Number 82 of 2018 SSA experienced a deficit which had an impact on hospitals in Indonesia experiencing delays in payment of SSA claims, then presidential regulation Number 75 of 2019 regarding an increase in SSA contribution rates could have a potential surplus of Rp.37.1 trillion, but the increase the tariff was canceled by the Supreme Court. Then Presidential Regulation Number 64 of 2020 was issued regarding the increase in SSA contributions for Non-Wage Recipient Participants or independent participants [7].

Another thing that might happen is that SSA Independent participants only pay contributions when they need access to health services and no longer continue to pay when they no longer need health services. This phenomenon is certainly something that needs to be addressed, especially in the early phase where SSA coverage is still low and the amount of funds collected is not optimal. Likewise, the element of the number of family members is indeed an aspect that plays a role and cannot be left alone. The more the number of family members, the more needs to meet their health. It will automatically increase the allocation of funds from family income per month that must be provided. Most independent SSA participants are reluctant to pay the amount of dues that must be paid because of the greater expenditure on health costs when all family members are required to become participants [8].

The results of the initial data collection found in the field showed that the independent NHI participants in Bombana Regency would only register themselves and their families as NHI participants when they needed treatment and needed health services, but when they were healthy, they did not irregularly pay NHI contributions with the notion that the contributions paid are only used when they are sick. When viewed from the number of independent participants in

Bombana Regency in 2019 as many as 1,716 people and NHI participants in 2020 amounting to 1,342 people, this has decreased by 374 people and automatically their membership becomes inactive and does not make regular payments. The purpose of this study was to determine the effect of the number of family members on the regularity of paying dues for independent NHI participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province.

2. Material and methods

This type of research uses quantitative research with a cross sectional study design [9]. The sample of this study was all independent NHI participants, with a sample size of 273 respondents. Research data collection was carried out using questionnaires, interviews and field observations. Data analysis was carried out univariate and bivariate. The presentation of the data is done in the form of a frequency distribution table accompanied by an explanation [10].

3. Results and discussion

3.1. Univariate Analysis

3.1.1. Number of Family Members

Table 1 Distribution of respondents by number of family members in independent NHI participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province

Number of Family Members	Amount (n)	Percentage (%)
Nuclear Families	218	80
Extended Family	55	20
Total	273	100

Source: Primary Data Year 2021

Based on Table 1, it shows that of the 273 respondents (100%), most of them have nuclear families as many as 218 respondents (80%), and a small proportion have large families as many as 55 respondents (20%).

3.1.2. Regularity of Paying

Regularity in paying National Health Insurance contributions is the timeliness of payment of National Health Insurance contributions made by respondents, where the payment time has been determined no later than the 10th of each current month as stipulated in the 2021 Presidential Regulation. The distribution of respondents is based on the regularity of paying participant contributions. Independent NHI is presented in table 2.

Table 2 Distribution of respondents according to the regularity of paying NHI contributions for independent participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province

Regularity of Paying Dues	Amount (n)	Percentage (%)
Regular	108	40
Irregular	165	60
Total	273	100

Source: Primary Data Year 2021

Based on Table 2, it shows that of the 273 respondents (100%) there are 108 respondents (40%) who have regularity in paying NHI contributions and as many as 165 respondents (60%) do not have regularity in paying NHI contributions.

3.2. Bivariate analysis

The effect of the number of family members on the regularity of paying dues for independent NHI participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province.

Table 3 Distribution of Respondents Based on the Influence of Number of Family Members on Regularity in Paying Contributions for NHI Independent Participants after the Policy to Increase Contributions in Bombana Regency, Southeast Sulawesi Province.

Number of Family Members	Regularity of Paying Dues				Jumlah		X ² _{Hit}	P _{Value}
	Regular		Irregular		n	%		
	n	%	n	%				
Nuclear Family	93	43	125	57	218	100	4.349	0.037
Extended Family	15	27	40	73	55	100		
Total	108	100	165	100	273	100		

Source: Primary Data Year 2021

Table 3 shows that of 218 respondents (100%) who have nuclear families, there are 93 respondents (43%) who regularly pay NHI contributions, and 125 respondents (57%) do not regularly pay NHI contributions. Meanwhile, from 55 respondents (100%), who have large families, 15 respondents (27%) have regularity in paying NHI contributions and there are 40 respondents (73%) who do not have regularity in paying NHI contributions.

The results of the chi square test obtained a value of $p = 0.037$ ($p < 0.05$) which means H_0 is rejected. This shows that there is an effect of the number of family members on the regularity of paying NHI contributions for independent participants after the policy of increasing the contribution in Bombana Regency, Southeast Sulawesi Province.

Community protection through social health insurance or NHI aims to reduce health financing by out-of-pocket payments [11]. This is also confirmed in Law no. 40 of 2004 concerning the National Social Security System (NSSS) which explains that social security is mandatory for all Indonesians, namely the National Health Insurance through SSA health. NSSS is a government program that aims to provide protection and social welfare for all Indonesian people. Various policies have been pursued to realize the improvement of public health status which are implemented based on non-discriminatory, participatory, and sustainable principles. Policies that regulate the right to social security to be able to meet the basic needs of a decent and comprehensive life [12].

Families are two or more individuals who are joined by blood, marriage or adoption relations and they live in one household, interacting with each other and in their respective roles creating and maintaining culture. So it can be concluded that the family is a group of people who are connected through ties of marriage, blood, adoption and live in one house [13]. Independent participants or informal worker participants have greater potential or possibility than participants in categories other than independent participants to be irregular in paying SSA contributions. Another thing that might happen is that SSA Independent participants only pay dues when they need access to health services and no longer continue to pay when they no longer need health services [15].

Based on the findings of the research, as presented in table 2, it shows that generally the independent NHI participants are more irregular in paying the independent NHI contributions compared to those who pay the independent NHI contributions. This is because people are faced with conditions during the COVID-19 pandemic, where people's incomes experience a reduction during the pandemic, on the other hand, in the form of community needs during the COVID-19 pandemic, people prioritize urgent needs over non-urgent needs, there is a public perception that they regularly pay dues. NHI is a waste, the payment of NHI contributions is only made when they are sick, after they are healthy they do not need NHI anymore, as well as the motivation to pay for the community is low because they feel that the health services they receive are not in line with their expectations, and the lack of support for the availability of sufficient funds to pay NHI fees. Another factor for the low regularity of paying dues is the lack of understanding and education of the SSA to the public. According to [14] explains that family members are an association of two or more than two individuals who are joined by blood relations, marital relations or adoption and they live in a household, interact with each other and in their respective roles and create and maintain a family. culture. The results of the study indicate that there is an effect of the number of family members on the regularity of paying contributions for independent SSA participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province in 2021.

Theoretically, there is a significant relationship between regularity in paying NHI contributions and the amount of income and number of family members. Where if the amount of income generated by the head of the household and family members is more than meeting the daily needs of the community, they will be able to provide NHI contribution payments and make regular NHI dues payments, but if on the contrary if the availability of funds is not sufficient at the

household level then they will delay or irregularly make the payment of NHI contributions. Likewise, if family support, including the availability of a place to pay NHI contributions, is easily available, they will be willing to regularly pay NHI contributions. However, on the other hand, there are motivating factors that enable a person to be motivated to pay NHI contributions regularly if they have experienced the benefits of quality health services and have satisfied their expectations.

Most independent SSA participants are reluctant to pay the amount of dues that must be paid because of the greater expenditure on health costs when all family members are required to become participants. The element of the number of family members is indeed an aspect that plays a role and cannot be left alone. The more the number of family members, the more needs to meet their health. It will also automatically increase the allocation of funds from family income per month that must be provided [16].

Based on the research findings as presented in table 3, it was found that respondents who have a nuclear family are larger in number who do not regularly pay independent NHI contributions than those who pay independent NHI contributions. This is due to insufficient income from family heads and family members, so they prioritize the fulfillment of food, drink and clothing needs rather than regular payment of NHI contributions, as well as the number of members of the nuclear family, having a total of more than 2 family members. Likewise, respondents who have large families are more likely to not pay independent NHI contributions than those who do not pay independent NHI contributions. This is because their income or income is not sufficient to meet their daily needs, even though they already know the benefits of NHI itself. in health services. Meanwhile, in large families who regularly pay SSA contributions for 15 people (27.3%) this is because extended family members have understood the importance of NHI for health and its benefits during illness if health is disrupted in the future.

Family members will influence the perception of the magnitude of the aversion to risk or loss. The more the number of family members, the greater the risk, and the greater the financial loss that will be experienced. On the other hand, the greater the number of family members, the lower a person's willingness to pay, because the amount of contributions that must be paid is greater [17].

The results of the statistical test obtained a value of $p = 0.037$ ($p < 0.05$) so that H_0 was rejected, which means that there is an effect of the number of family members on the regularity of paying contributions for independent SSA participants after the policy of increasing contributions in Bombana Regency. The results of this study are in line with research conducted by [18] which said the number of family members will affect the regularity of payment of SSA contributions. The more the number of family members, the greater the risk, and the greater the financial loss that will be experienced. Similarly, stated by [19] stated that the larger the number of family members, the lower a person's willingness to pay, because the amount of contributions that must be paid is greater.

Some of the people with this independent SSA feel burdened with their finances because the benefits of paying them are not felt now because they are not sick yet. This was revealed by some respondents themselves that they felt that they had experienced a loss because after paying the SSA contributions, they did not feel the benefits right now. Independent participants also registered because some of them were trapped, for example because there were already sick family members, so there was an element of compulsion to register members and when they recovered, the fees that had to be paid each month were simply forgotten [20].

4. Conclusion

There is an effect of the number of family members on the regularity of paying dues for independent SSA participants after the contribution increase policy, with a value (P-Value = 0.037). Recommendation: SSA Health should improve education, socialization, information to independent NHI participants such as the benefits of using NHI, ways of providing NHI services in health care facilities, payment methods, information on late fees and sanctions given by SSA for arrears in contributions so that participants are more motivated in paying and the success of the program.

Compliance with ethical standards

Acknowledgments

The author would like to thank the Dean of the Faculty of Public Health, Halu Oleo University, who has provided support to the writing team so that this research can be carried out properly. Furthermore, the team of authors would like to thank all those who have helped until the end of this research.

Disclosure of conflict of interest

All authors state that this research was conducted without any conflict of interest.

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