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Non-compliance Analysis of Independent Participants Paying BPJS Health Contributions After Utilization of Delivery Services

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Abstract

Losses experienced by BPJS Health due to payment of contributions that have been stopped for participants who have used maternity services of more than 200 billion in a span of 2 years. It was recorded that 64.7% of mothers who were about to give birth registered as participants a month before giving birth and then quit (43%) or did not comply with the payment after delivery. The largest percentage comes from independent participants or non-wage recipients (PBPU). In Jambi Province, non-compliance in paying BPJS Health contributions is the highest in Jambi City. There were 77,489 participants in arrears in 2021 which resulted in a loss of 60.1 billion. Non-compliance in paying dues comes from multiple factors. The purpose of this study is to analyze the factors causing the non-compliance of independent participants in paying BPJS Health contributions after utilizing childbirth services in Jambi City. A quantitative study approach with a cross-sectional design conducted in Jambi City in 2022. There were 96 respondents who were selected based on the accidental sampling technique. The study instrument was a questionnaire. Quantitative data processing through the stages of editing, coding, entry and cleaning with SPSS. Data analysis consisted of univariate analysis and bivariate analysis using chi-square test. The results of the study found that as many as 33.3% of independent participants did not comply in paying BPJS Health contributions after using childbirth services. There is a significant relationship between the number of family members ($p = 0.001$), knowledge (0.000), perception of illness ($p = 0.001$), clinical assessment ($p = 0.000$), and willingness to pay (WTP) with the non-compliance of independent participants in paying BPJS Health contributions. after the use of maternity services. It is recommended for BPJS Health to consider the application of the waiting period method for participants who will take advantage of maternity services. As well as increasing promotive activities for the Jambi City Government in educating and increasing public awareness about the importance of health insurance in protecting household financing.

Keywords: Non-compliance, BPJS Health Contribution, Independent Participant, Delivery Service.

PRELIMINARY

Maternity services are one of the advantages that National Health Insurance (JKN) subscribers can obtain from the Health Social Security Administration (BPJS). The JKN program enables pregnant women enrolled in BPJS Health to acquire insurance or cost protection while utilizing services during pregnancy, birth, postpartum, post-abortion care, and post-abortion family planning (1). One of the benefits of JKN for BPJS Health users is free delivery. The completion of BPJS Health membership requirements is required to utilize these services. All provisions surrounding JKN are outlined in 2020 Presidential Regulation 64. Participants in BPJS Health are required to make monthly payments by the 10th of every

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month. However, many of these commitments are still disregarded by participants for a variety of reasons.

BPJS Health's losses are impacted by the noncompliance of BPJS Health members in paying dues, particularly for users of maternity care benefits. Due to the non-compliance of postpartum moms in paying contributions, BPJS lost Rp. 206 billion during the course of two years. According to the Health PBJs Development Research Sector, 64.7% of expectant mothers register as participants one month before to giving birth, but cease (43%) or do not comply with payments following delivery. Non-Wage Recipient Participants (PBPU), or participants who work independently, account for the greatest portion of BPJS Health payments, which are paid by the participants themselves. A similar situation occurred in the province of Jambi in 2021, where BPJS Health suffered a loss of IDR 60,1 billion owing to members' failure to make their contributions. As of 2021, as many as 77,489 participants in Jambi City were in arrears (2).

Non-compliance is a disciplinary behavior that demonstrates a propensity for BPJS Health participants to be disobedient in payment of contributions, which leads to adverse selection behavior, i.e. an asymmetrical condition in which people only register and pay contributions when sick, thereby affecting the losses incurred by BPJS Health (3). For independent participants who take advantage of childbirth, this behavior may emerge because, for some participants, the delivery service will only be utilized at a given time or when the demands of maternity moms are addressed, so that participants will only make BPJS Health payments when necessary.

Previous research has demonstrated that the existence of BPJS Health has a considerable impact on decreasing household financial constraints associated with the cost of maternity care (4). Meanwhile, there are still many participants who do not realize what the impact will be if there are arrears or non-compliance in the payment of BPJS Health contributions. Participants who are in arrears will be subject to sanctions in the form of fines and deactivated participation as stated in Presidential Regulation number 64 of 2020.

Payment of fines will increase the expenses that must be borne by a family in addition to the basic needs that must be met. In addition, a non-active membership status will eliminate the protection of financing guarantees from BPJS Health to participants so that it will increase health expenses that come from their own costs when needed. Health expenditure that exceeds household spending will have an impact on catastrophic events. The findings from a previous study that 31.3% of independent JKN participants in Jambi City are at risk of experiencing catastrophic spending, namely spending on health that exceeds the threshold for household health spending, making it vulnerable to crippling the family economy (5).

This potential incident occurs in independent participants who do not comply with the payment of contributions. Disobedience resulting in arrears or stopping postnatal payments will lead to fines when reactivated JKN membership or forced to pay for health expenses out of their own pocket due to necessity. The results of previous studies that a person's level of compliance in paying contributions is influenced by multifactors (6)(7)(8). Therefore, the purpose of this study is to analyze the factors causing the non-compliance of independent participants in paying BPJS Health contributions after the utilization of maternity services in Jambi City.

METHOD

This type of study is an analytic study conducted with a quantitative approach using a cross-sectional design. The variables studied consisted of the dependent variable (non-compliance in paying dues) and independent variables (education, income, number of family members, knowledge, perception of illness, clinical assessment, ability to pay-ATP, and willingness to pay-WTP). The study was conducted in Jambi City from March to August 2022. The study population consisted of all independent participants in Jambi City totaling 42,592 participants. Determination of the sample with the Lameshow formula as many as 96 respondents selected by accidental sampling technique. The instrument used is a questionnaire. Quantitative data processing through the stages of editing, coding, entry and cleaning with SPSS software. Data analysis was carried out in two stages, namely univariate analysis and bivariate analysis using the chi-square test.

RESULTS AND ANALYSIS

Table 1. Frequency Distribution of Respondents' Characteristics

Variable	Criteria	(f)	(%)
Age	- 15 - 24 years	8	8,3
	- 25 – 34 years	61	63,5
	- 35 – 49 years	27	28,2
Education	- Elementary School		
	- Junior High School	8	8,3
	- Senior High School	21	21,9
	- Diploma/Undergraduate	37	38,5
	- Degree/Master Degree/Doctoral Degree	30	31,3
Occupation	- Entrepreneurship	54	56,2
	- Laborer	7	7,3
	- Construction laborers	1	1,0
	- Driver	4	4,2
	- Seller	30	31,3
Income	- Under 1,5 million		
	- Between 1,5 million – 2,49 million	1	1,0
	- Between 2,5 million – 3,5 million	19	19,8
	- Up to 3,5 million	53	55,2
		23	24,0

Based on the results of the univariate analysis, the frequency distribution of the characteristics of the respondents shows that most of the respondents are in the age range of 25 to 34 years (63.5%). The age categorization of respondents is based on the age of fertile couples according to the BKKBN where the wife/female partner is in the age range of 15 to

49 years who physically have good reproductive organs and are active in having children. So that this age group is considered to have the most use of maternity services.

In the last education variable, it is known that most of the respondents took education up to high school (38.5%) followed by diploma and undergraduate levels (31.3%). The respondents' occupations generally come from the informal sector because this study examines independent participants, namely Non-Wage Recipient Participants (PBPU) where in table 1 data is obtained that some of the respondents are entrepreneurs (56.2%).

The monthly family income variable is classified based on the categorization of population income according to the Central Bureau of Statistics in 2021 that income below Rp. 1.5 million per month is included in the category of less income, income between Rp. 1.5 million to Rp. 2.49 million per month is included in the low category, income between Rp. 2.5 million to Rp 3.5 million per month is in the high category, and income above Rp 3.5 million per month is in the very high category. The results of the frequency distribution show that most of the respondents' family income per month is in the range of Rp. 2.5 - Rp. 3.5 million per month (55.2%). The percentage gain indicates that most of the respondents' income based on the classification of income according to Central Bureau of Statistics is in the high category.

Table 2. Frequency Distribution of Factors Causing Non-compliance in Paying Contributions

Variable	Criteria	(f)	(%)
Disobedience	- Not	32	33,3
	- Yes	64	66,7
Education	- Low	29	30,2
	- High	67	69,8
Income	- Low	20	20,8
	- High	76	79,2
Number of Family Members	- Big	13	13,5
	- Small	83	86,5
Knowledge	- Less good	38	39,6
	- Good	58	60,4
Perception of Pain	- Negative	45	46,9
	- Positive	51	53,1
Clinical Assessment (advanced examination)	- No need	53	55,2
	- Need	43	44,8
Capability to Pay (ATP)	- Not	24	25,0
	- Yes	72	75,0
Willingness to Pay (WTP)	- Not	34	35,4
	- Yes	62	64,6

The description of the frequency distribution of each variable in table 2 shows that the percentage of respondents who are compliant is greater (66.7%) compared to respondents who are not compliant (33.3%) to pay BPJS Health contributions after using maternity services. This study shows that a third of PBPUs are not compliant in paying BPJS health

contributions after using delivery services. This indicates that the level of non-compliance with PBP to pay contributions after delivery is still high in Jambi City. When juxtaposed with the findings in national data which shows that 43% of pregnant women stop or are in arrears in paying BPJS health contributions after childbirth, it also occurs in Jambi City by 33.3%.

The percentage of respondents with higher education (69.8%), namely the final education category of SMA/College, is more than low education, namely the category of final education of SMP/SD (30.2%). The percentage of respondents with high income (79.2%) i.e. Rp 2. 972,192,- based on the Jambi City MSE in 2022, is higher than the low income (20.8%). Respondents with the number of family members in the small family category, namely more than 4 family members, were more (86.5%) compared to respondents with the large family category (13.5%).

The percentage of good knowledge is greater (60.4%) compared to low knowledge (39.6%). Knowledge is measured based on respondents' insights about the procedures and utilization of membership in BPJS Health. Perception of illness is an individual assessment of the respondent about the concept of health and illness and behavior in seeking services or fulfilling health needs. Percentage of positive perception of illness is greater (53.1%) compared to negative perception (46.9%). The percentage of clinical assessments for the group that did not require further examination (55.2%) than those requiring further examination (44.8%).

The ability to pay is the respondent's ability to pay BPJS Health contributions on a regular basis which is calculated based on the overall family expenditure excluding basic needs. The percentage of respondents who can afford is more (75%) than respondents who cannot afford (25%). Willingness to pay is the respondent's willingness to pay BPJS health contributions regularly according to applicable regulations. The percentage of respondents who are willing (64.6%) is greater than that of respondents who are not willing (35.4%).

Table 2. Relationship Between Factors Caused by Non-compliance with PBP Paying BPJS Health Contributions After Utilization of Delivery Services

Variable	Disobedience (%)		OR (95% CI)	p-value
	Not	Yes		
Education				
- Low	14 (48,3)	15 (51,7)	2,541	0,071
- High	18 (26,9)	49 (73,1)	(1,026-6,292)	
Income				
- Low	6 (30,0)	14 (70,0)	0,824	0,929
- High	26 (34,2)	50 (65,8)	(0,283-2,396)	
Number of family members				
- Big	10 (76,9)	3 (23,1)	9,242	0,001
- Small	22 (26,5)	61 (73,5)	(2,327-36,709)	
Knowledge				
- Less	26 (68,4)	12 (31,6)	18,778	0,000
- Good	6 (10,3)	52 (89,7)	(6,331-55,694)	
Perception of Pain				
- Negative	23 (51,1)	22 (48,9)	4,879	0,001
- Positive	9 (17,6)	42 (82,4)	(1,930-12,332)	
Clinical Assessment (advanced examination)				
- No Need	32 (60,4)	21 (39,6)	0,369	0,000
- Need	0 (0,0)	43 (100)	(0,284-0,552)	
Capability to Pay (ATP)				
- Not	8 (33,3)	16 (66,7)	1,000	1,000
- Yes	24 (33,3)	48 (66,7)	(0,375-2,664)	
Willingness to Pay (WTP)				
- Not	32 (94,1)	2 (5,9)	0,059	0,000
- Yes	0 (0,0)	62 (100)	(0,015-0,226)	

The results of the bivariate analysis showed that respondents who were not compliant in paying BPJS Health contributions after the utilization of maternity services were more in the group of respondents with low education (48.3%), high income (34.2%), the number of family members in the large category (76, 9%), poor/low level of knowledge (68.4%), negative perception of illness (51.1%), does not require further clinical examination (60.4%), able to pay contributions (33.3%) and not willing to pay dues (94.1). Based on the chi-square test with a significance value of <0.005, it can be seen that there is a significant relationship between the number of family members (p=0.001), knowledge (p=0.000), perception of illness (p=0.001), clinical assessment (p=0.000), and willingness to pay (p=0.000) with non-compliance in paying BPJS Health contributions after the utilization of maternity services. Meanwhile, there is no significant relationship between education (p=0.071), income (0.929) and ability to pay (1,000) with non-compliance in paying BPJS Health contributions after the utilization of maternity services.

In this study, the education factor is known to have no significant relationship with PBP's non-compliance in paying BPJS health contributions after utilizing childbirth services. This can happen because the nature of the individual in disciplinary behavior is more dominantly influenced by other factors compared to the level of education. This is in line with previous studies conducted in Jambi City that there is no significant relationship between education and compliance with paying BPJS Health contributions with a P value of

0.089 (8). A similar study in Depok City in 2019 with a P value = 0.733 (9) and Tamaung Makassar City Public Health Center in 2020 with a P value = 0.579 (10) that education has no relationship with compliance with paying JKN contributions to independent participants.

This study also shows that the income factor does not have a significant relationship with PBPU's non-compliance in paying BPJS Health contributions after utilizing maternity services. This result is in line with several previous studies which showed that the income variable had no relationship with participants' non-compliance in paying contributions. There is no relationship between respondents' income and non-compliance in paying BPJS Health contributions in Cempaka Putih Village in 2018 with a P value of 0.923 (6). However, it is different from the findings of several previous studies that income has a significant relationship with non-compliance in paying contributions (11). Respondents with low income levels are 2.848 times more likely to be non-compliant in paying JKN contributions compared to respondents who comply with paying dues (12).

Income in this study is defined as the average income earned by the family each month. Income should make a big contribution in encouraging someone to pay dues. As household income increases, there is a probability that households are willing to participate in paying for health insurance (13). Low income will reduce a person's awareness to pay dues because they prioritize their daily needs compared to health contributions that are considered not yet needed (14).

On the factor of the number of families, it was found that there was a significant relationship with the value of $P = 0.001$ between the number of family members and non-compliance with PBPU in paying BPJS Health contributions after receiving delivery services. The resulting OR value indicates that participants with large family members will have a 9.242 times chance of being disobedient in paying BPJS health contributions after using childbirth services. The results of this study are in line with previous studies that there is a relationship between the number of families and participants' non-compliance in paying independent JKN contributions in Solok City (7).

There is a significant relationship between knowledge and non-compliance with PBPU paying BPJS Health contributions after the utilization of health services with a value of $P = 0.000$. This finding is in line with previous studies that knowledge has a close relationship with the level of compliance (15). The results of the OR show that PBPU's with low knowledge will have the potential for 18.77 times to be disobedient in paying BPJS Health contributions after the utilization of delivery services. Knowledge is a description of the results of one's understanding, a good understanding of health insurance increases one's compliance in following and paying the dues (16).

The perception of illness has a significant relationship with PBPU's non-compliance in paying BPJS Health contributions after utilizing childbirth services with a significant value of $P = 0.001$. Participants with negative perceptions will have the opportunity to disobey in paying dues by 4.879 times compared to participants who have positive perceptions of illness. These results are similar to previous studies that there is a relationship between perception and compliance with paying BPJS Health in the working area of the Wawondula Health Center (17).

There is a significant relationship between clinical assessment and non-compliance with PBPU paying BPJS Health contributions after using delivery services with a significance value of $P = 0.000$. Based on the OR value, there is no need for PBPU for follow-up examinations after childbirth, the chance of increasing non-compliance in paying BPJS Health contributions by 0.369 times. Clinical assessment of follow-up examinations for

postpartum patients is decided by health workers to determine the health status of postpartum mothers. Someone with a disturbed or sick health status will tend to access health services more so that they will have the potential to be more obedient in paying dues obligations. Clinical assessment is included in the need factor which is a determinant of someone to behave obediently or not in utilizing health services based on the Health Service Use theory by Andersen (1975). The more someone feels the need to meet their health needs, the more obedient they will behave. This is evidenced by previous studies that there is a relationship between health status and compliance in paying contributions (7).

The next result is that there is no significant relationship between ability to pay and PBPU's non-compliance in paying BPJS Health contributions after the utilization of childbirth with a value of $P=1,000$. The results of this study are quite different from many previous studies that there is a close relationship between ability to pay and compliance with paying contributions. The ability to pay contributes to influencing a person in choosing the pattern of health financing to be used (18), as well as increasing the willingness of family heads to participate in JKN organized by BPJS Health to meet their family's health needs (19). So if the ability to pay is classified as good, it will tend to increase willingness and compliance in paying BPJS Health contributions (20)(21).

In this study, the ability to pay does not have a significant relationship with non-compliance by independent participants in paying contributions. This can happen because the allocation of household health expenditures for independent participants in Jambi City is still not a priority, so that even a large ability to pay does not affect the willingness of participants to comply with paying the cost of paying health insurance contributions.

There is a significant relationship between willingness to pay (WTP) and non-compliance of independent participants in paying contributions after the use of labor with $p = 0.000$. This factor is the most variable based on previous research to determine a person's level of compliance in paying dues (21)(22). Willingness to pay is a form of participants' willingness to allocate special household expenditures for health financing. The concept of willingness to pay has a close relationship with the ability to pay. The greater a person's ability to pay, the greater the willingness to pay. This study results that non-compliance is only closely related to willingness to pay. This means that there is a behavior that requires intervention in increasing public awareness to be willing to pay.

The tendency of adverse selection behavior or the public only registers and pays dues when sick is a challenge for BPJS Health in structuring the BPJS Health program (3). Public non-compliance is also considered as an impact of the weak sanctions rules applied by BPJS Kesehatan on participants regarding the payment of contributions (13). Although improvements continue to be made from year to year such as the use of mobile JKN, easy access to registration – payment, BPJS care center, and applications on the BPJS health website, the results of the study show that the factors of knowledge of willingness to pay, perception of illness, clinical assessment and number of families are related. with the non-compliance of independent participants in paying contributions, it shows that these efforts still require a review of their respective effectiveness.

Especially in terms of delivery services, which is one of the health services where its use can be predicted when and where it will be used. In contrast to other risks of illness which are full of uncertainty. BPJS Health can consider the system implemented by other countries regarding the waiting period that delivery services can only be obtained if it has been registered 6 months before delivery and other policies that can be adopted and minimize the losses experienced by BPJS Health.

CONCLUSION AND SUGGESTION

The percentage of independent participants who do not comply in paying BPJS Health contributions after using maternity services in Jambi City is 33.3%. There is a significant relationship between the number of family members ($p = 0.001$), knowledge (0.000), perception of illness ($p = 0.001$), clinical assessment ($p = 0.000$), and willingness to pay (WTP) with the non-compliance of independent participants in paying BPJS Health contributions. after the use of maternity services. There is no significant relationship between education ($p=0.071$), income ($p=0.929$) and ability to pay ($p=1,000$) with the non-compliance of independent participants in paying BPJS Health contributions after the utilization of maternity services in Jambi City.

Recommendations for BPJS Health to consider the application of the waiting period method for participants who will take advantage of maternity services that services can be accessed if they have registered and routinely make payments for a certain period (6 months) from the first time they register. For the Jambi City government to increase promotive activities in educating and increasing public awareness that the allocation of health spending should be a family priority that must be fulfilled and the importance of health insurance in protecting household financing so as to change adverse selection behavior.

REFERENCES

1. Astoguno AP, Kaeng JJ, Mewengkang M. Profil persalinan pada era JKN-BPJS di RSUP Prof Dr. RD Kandou Manado periode 1 Januari–30 Juni 2016. *e-CliniC*. 2016;4(2).
2. Statistik BP. Kota Jambi Dalam Angka. Jambi Munic Fig BPS Kota Jambi. 2018;
3. Wahyudi B. BPJS Kesehatan-Bayu Wahyudi Materi Jokonomics. 2017;
4. Nugraheni W, Mubasyiroh R, Kusuma R. Peran Jaminan Kesehatan Nasional (JKN) dalam Mengurangi Beban Keuangan pada Perawatan Persalinan Pendahuluan Metode. *Badan Litbangkes*. 2019;(November).
5. Solida A. Pola Belanja Kesehatan Katastropik Peserta Jaminan Kesehatan di Kota Jambi. *J Kebijak Kesehat Indones JKKI*. 10(4):209–15.
6. Fajrini F, Latifah N, Hermansyah D, Firda N. Studi Ketidapatuhan Membayar Iuran BPJS Kesehatan Peserta Non PBI Bukan Penerima Upah di Kelurahan Cempaka Putih Tahun 2018. *Muhammadiyah Public Heal J*. 2021;1(2):129–38.
7. Wulandari A, Syah NA, Ernawati T. Faktor-Faktor yang Mempengaruhi Kepatuhan Peserta Mandiri Dalam Pembayaran Iuran Program Jaminan Kesehatan Nasional di Kota Solok. *J Kesehat Andalas*. 2020;9(1):7–17.
8. Mekarisce AA, Noerjoedianto D, Solida A. Hubungan sosio demografi dan pendapatan dengan kepatuhan membayar iuran PBPU pekerja mandiri di BPJS kesehatan KC Jambi. *Ris Inf Kesehat*. 2022;11(1):13–21.
9. Adani J, Permatasari P, Pulungan RM, Setiawati ME. Faktor-Faktor yang Berhubungan dengan Kepatuhan Pembayaran Iuran JKN pada Peserta Mandiri di Kota Depok Tahun 2019. *J Ilm Kesehat Masy Media Komun Komunitas Kesehat Masy*. 2019;11(4):287–95.
10. Hasan N, Batara AS. Faktor yang Berhubungan dengan Kepatuhan Membayar Iuran BPJS pada Peserta Mandiri di Wilayah Kerja Puskesmas Tamamaung Kota Makassar Tahun 2020. *Wind Public Heal J*. 2020;382–93.

11. Simbareja I, Dewiyani AAIC. Pengaruh Besaran Pendapatan Terhadap Tingkat Kepatuhan Peserta JKN Mandiri dalam Membayar Iuran JJK di Kelurahan Pacitan. *J Pendidik Kesehat.* 2020;9(2):109–16.
12. Aisah SAS. A Hubungan Antara Persepsi, Pendapatan, Dan Jarak Tempuh Menuju Tempat Pembayaran Dengan Kepatuhan Membayar Iuran Segmen Peserta Bukan Penerima Upah (PBPU) di RS X Kab Bogor Tahun 2021: The Relationship Between Perception, Income, and Mileage Towards the . *Indones Sch J Med Heal Sci.* 2022;1(08):268–76.
13. Emil E, Prasyawati E, Yudianto O. PENGATURAN SANKSI PIDANA TERHADAP PESERTA BPJS YANG TIDAK MELAKSANAKAN KEWAJIBAN. *J Akrab Juara.* 2019;4(5):217–34.
14. Lubis AM. Determinan Kemauan Membayar Iuran (Willingness To Pay) Peserta Jaminan Kesehatan Nasional Mandiri di Wilayah Kerja Puskesmas Mandala Kecamatan Medan Tembung Tahun 2018. 2018;
15. Sari DP, Sholihah‘Atiqoh N. Hubungan antara pengetahuan masyarakat dengan kepatuhan penggunaan masker sebagai upaya pencegahan penyakit Covid-19 di Ngronggah. *Infokes J Ilm Rekam Medis Dan Inform Kesehat.* 2020;10(1):52–5.
16. Nguyen LH, Hoang ATD. Willingness to pay for social health insurance in central Vietnam. *Front public Heal.* 2017;5:89.
17. Jannah M. Faktor yang Berhubungan dengan Kepatuhan Membayar Iuran BPJS Kesehatan Mandiri di Wilayah Kerja Puskesmas Wawondula. *Wind Public Heal J.* 2022;1772–81.
18. Syahputri L, Noerjoedianto D, Solida A. The Relationship between Family Socio-economic Status and Health Financing Practices at Abdul Manap Hospital, Jambi City. *Int J Heal Sci.* 2022;2(2):40–5.
19. Royyan N, Noerjoedianto D, Solida A, Sari RE, Ibnu IN. Analysis of the Ability to Pay Contributions for Participants in the National Health Insurance (JKN) for Non-Wage Recipient Workers (PBPU) in Kota Baru and Jambi Selatan Subdistricts in 2021. *Lux Mensana J Sci Heal.* 2022;113–26.
20. Istamayu AA, Solida A, Wardiah R. Determinan Kemauan Membayar (Willingness to Pay) Iuran Jaminan Kesehatan Nasional pada Peserta Mandiri di Kota Jambi Tahun 2021. *AKSELERASI J Ilm Nas.* 2022;4(2):10–21.
21. Akwaowo CD, Umoh I, Motilewa O, Akpan B, Umoh E, Frank E, et al. Willingness to pay for a contributory social health insurance scheme: a survey of rural residents in akwa ibom state, Nigeria. *Front Public Heal.* 2021;9:730.
22. Hardika CP, Purwanti EY. Analisis Willingness To Pay Terhadap Iuran BPJS Kesehatan pada Pekerja Sektor Informal di Kota Semarang. *Diponegoro J Econ.* 2021;9(3):131–43.