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Research Article

Community Motivation and Learning to Pay the National Health Insurance Contribution

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Abstract

Background and Objective: The implementation of national health insurance in Indonesia is still very new and vulnerable to various problems. Investigating community motivation and learning towards national health insurance payments is vital for policy makers. This study aims to examine the community motivation and learning in the payment of contributions in Muna District, Indonesia. **Materials and Methods:** Qualitative data collection was conducted with in-depth interviews of 50 informants and 3 focus group discussions, consisting of participants who were in arrears on the payment of contributions, participants who routinely paid contributions, non-participant communities and local government. **Results:** The community conducting national health insurance registration is encouraged by the desire to relieve medical expenses in health facilities, family guarantees and some participants are not covered as beneficiaries. Participants are in arrears due to unpredictable family income, greater fees, other needs, busy activities, improved family health conditions and others. Participants who regularly pay due to family members still routinely perform health checks at health facilities, participants are satisfied with the health services. Participants have various experiences during treatment at health facilities, such as long queues at health facilities, referrals and no effective drugs. **Conclusion:** The motivation and learning of the community in the payment of contributions are made up of the economic condition of the family, the health condition and the experience of receiving health services at the health facility.

Key words: Community behavior, national health insurance, community motivation, community learning, economic condition

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Data Availability: All relevant data are within the paper and its supporting information files.

INTRODUCTION

The implementation of national health insurance in Indonesia is still very new and vulnerable to various problems, such as membership issues, fees and problems on health services¹⁻³. It is also common in developing countries that are just beginning to implement national health insurance (Indonesian term: JKN). The low sensitivity of solidarity, healthy societies regard the dues as too expensive, the readiness of health facilities and the commitment of local governments are some of the most frequent problems in the implementation of national health insurance in developing countries. Doetinchem *et al.*⁴ identify the problems that often arise in the implementation of JKN in developing countries are the number of poor people, low ability to pay contributions and the high number of non-formal sector workers.

One of the problems that occur in the implementation of the current JKN in Indonesia is the mismatch between total revenue contribution to the total cost to be incurred for the benefit of public health care of the participants⁵. In 2014, total revenues from the Social Security Administering Body of all revenue segments amounted to 40.72 trillion rupiahs while the cost of benefits to be paid to health services amounted to 42.66 trillion rupiahs. Similarly, in 2015, receiving a fee of 52.78 trillion rupiahs and the cost of national health insurance benefits to be paid amounted to 57.08 trillion rupiahs, with a claims ratio of 108.16%. It can be seen that there is an increase in the difference from 2014-2015 amounting to 3 trillion rupiahs. The largest cost-benefit expense comes from catastrophic disease financing reaching 29.7% of the total cost of benefits incurred⁵.

One participant of the Social Security Administration Agency (BPJS Kesehatan) in the national health insurance program is BPJS Mandiri. This group is any person who works or seeks or own risks⁶, membership and payment of JKN contributions based on self-consideration including registration into participants and payment of contributions¹. Community enrolls as insurers driven by perceptions of possible risks, such as illness suffered by individuals or family members with consideration of economic capacity⁷. The BPJS Health data shows that in Indonesia, in 2015 only 50.19% of independent BPJS participants pay the dues. Meanwhile, in Muna District, as of September, 2016, the percentage of independent participants who paid contributions was only 44.43%. This means that more than half of the independent participants do not pay the dues. This implies that health insurance for the independent participant community is temporarily suspended and will be reactivated until payment of the contribution arrears. Several studies have shown that

enrollment and payment of health insurance contributions are influenced by economic capabilities and sociodemographic characteristics^{8,9}.

Research conducted in several countries on the involvement and behavior of community pay is associated with several factors: Income^{10,11}, the number of family members¹², needs (the existence of illness suffered)^{7,13}, socialisation/information^{11,14}, availability of facilities¹¹, social class¹¹ and the amount of contributions^{10,15}.

The study conducted in Cape Town, Ghana, explains that community motivation in health insurance registration is very important to be studied for the sustainability of health insurance participation¹⁶. After participating, participant payments are constructed by their experience of receiving health services at health facilities, which encourage people to pay or not to pay the prescribed fees¹⁷. Such learning is a process whereby individuals acquire the knowledge and experience of purchasing and consumption that they apply to related behaviors in the future¹⁸.

Of course, different approaches and research settings will result in different information according to the uniqueness of the region and the characteristics of the community. This information will give added value especially for the organizers of the national health insurance and the policy makers as a whole. This study aims to examine community motivation and learning in the payment of national health insurance contributions in Muna District, Indonesia.

MATERIALS AND METHODS

Study setting: The study was conducted in Muna District, Southeast Sulawesi, Indonesia, which is an area consisting of several small islands. The study was conducted in February-April, 2017. The consideration of Muna District selection as a research setting is during the period of 2015-2016 the number of participants BPJS Mandiri who pay dues national health insurance in Muna district does not reach 50%. The highest contribution payments during the period 2015-2016 occurred in June, 2016 i.e., only 44.75% (1,405 participants) of 3,140 participants in the period. The percentage is still less than the percentage of national collectability in 2015 which also only reached 50.19%. That is, more than half of the participants of BPJS Mandiri in Muna District does not pay dues on each month.

Sub-district selection is done purposively with consideration of the characteristics of the region covering the livelihoods of the people, town and countryside and access to health facilities. The research was conducted on 4 sub-districts of Tongkuno, South Tongkuno, Katobu and

Batalaiworu sub-districts. Government agencies relating to the implementation of JKN in Indonesia are also the location of research, i.e Health Office, Muna District Social Service, district and village offices.

Data collection: Data collection is done by conducting in-depth interviews and focus group discussion (FGD). In-depth interviews were conducted with 50 informants selected based on purposive procedures, consisting of 6 key informants and 44 regular informants. Key informants consisted of the Head of Social Protection Division of Social Affairs, the Head of Sub-division of the Health Insurance of Health Office, the Head of Village and the Head of Household, while the regular informant consisted of JKN participants who paid regular contributions, who are delinquent and people who are not JKN participants.

In-depth interviews with key informants were conducted at the government offices, while in-depth interviews on the regular informants were conducted at home. Community home visit is assisted by data by name by address JKN participants are given by Branch Office BPJS Health Baubau. Implementation of the interview using interview guide has been prepared in accordance with the purpose of research and developed in accordance with the information obtained from an informant. The main topic of interview questions is divided into 2, namely motivation and learning. For motivation variables, the topic of interview questions includes the primary motivation to register as JKN participants, the motivation to pay contributions and the encouragement to not pay dues. For learning variables, the topic of interview questions includes information obtained on JKN and personal experience when getting health care.

Prior to the interview, the researcher first provided an explanation of the purpose of this study and requested informed consent. Each informant signed a consent sheet to be an informant. In-depth interviews use a tape recorder to record information from informants, as well as a note to write relevant observations. The identity of the informant is known only to the researcher and uses the initials to ensure the confidentiality of the informant's identity.

Data collection through FGD was conducted in 3 groups, each group consisting of 10 people. Implementation of FGD was conducted in government offices and participants FGD was an informant who had been interviewed, i.e., JKN and local government participants. Before FGD conducted, the researcher first gave an explanation about the purpose of FGD implementation. Each participant gets a summary of the interview result that has been done. The FGD implementation is guided by the researcher and assisted by minutes to record all information submitted by FGD participants.

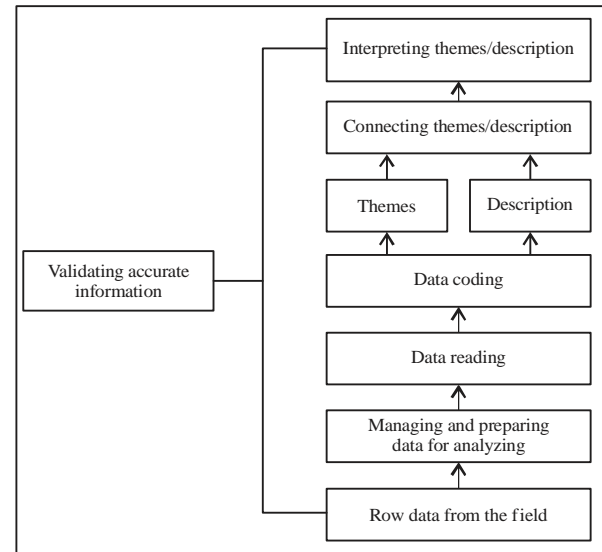


Fig. 1: Qualitative data analysis

Data analysis: A qualitative data analysis was conducted in order to explore the meaning of each phenomenon that emerged during the study¹⁹. Interview data in the form of recording is processed by transcribing manually and typed into Microsoft Word version 10. The interview transcript data is then read to make the coding and theme compiled based on categories of information derived from the informant. Interpretation of the meaning of the theme of motivation and learning is conveyed in narration and supplemented with quotations from interviews.

The data analysis model used in this study is presented in Fig. 1.

RESULTS

Characteristics of informant: This study interviewed 50 informants, consisting of 6 key informants and 44 regular informants. Key informants consisted of the Head of Social Protection Division of Social Affairs, the Head of Sub-division of the Health Insurance of Health Office, the Head of Village and the Head of Household, while regular informants are shown in Table 1.

Community motivation: Community's motivation is an internal factor that constructs the behavior of the people of Muna Regency, whether related to registration to JKN participants as well as community behavior in the payment of contributions. There are 3 main themes related to community motivation in payment, namely public motivation to register JKN, encouragement of JKN participants to make a contribution and encouragement of JKN participants to make a regular payment.

Table1: Characteristics of regular informant interviews

Characteristics	n	%
Age groups (Years)		
20-29	5	11.4
39-39	7	15.9
40-49	12	27.3
50-59	7	15.9
60-69	8	18.2
70-79	5	11.4
Sex		
Male	29	65.9
Female	15	34.1
Occupation		
Businessman	28	63.6
Mechanic	2	4.5
Construction worker	3	6.8
Housewife	2	4.5
Nomads	1	2.3
Fisherman	1	2.3
Farmers	5	11.5
Motorcycle taxi driver	2	4.5
Number of JKN participant in family		
2	1	2.3
3	15	34.1
4	9	20.5
5	11	25.0
6	7	25.9
7	1	2.3
Total	44	100.0

JKN: Jaminan Kesehatan Nasional

Community motivation to apply JKN participant: The community and the family enrolled to be a participant of JKN is to alleviate the cost of medical treatment and family protection when the community is sick in the future.

Relieve medical expenses: Empirically, most people and families register themselves as independent BPJS participants due to sick family members and will receive health services at health facilities. People aged 50 years and over and often sick tend to be registered by members of their family because often undergoing good treatment in health facilities. Similarly, pregnant women are advised to register JKN as one of the preparations to undergo childbirth, especially should be a cesarean section, while some other informants apply to BPJS health because of diseases such as tumors, cancer, appendicitis and other severe illness.

- "...Because my son is often sick... twice the symptoms of epilepsy because it often falls" (MLN)
- "...I register first because the wife wants to give birth, cesarean section" (SMT)
- "...My son wants surgery" (WFN)

Family protection: The results of the interviews also indicate that some informants to register are not encouraged because of the illness condition suffered by personal and family and will conduct treatment in the hospital in the near future but as an effort to protect the family in case of illness in the future.

- "...So that all healthy, if there BPJS we feel safer from the cost aspect" (VKN)

This impulse is formed by their perception that everyone will suffer pain. This motivates informants to register as a family health insurance to reduce health costs. Informants register independent BPJS as an option to be taken as there is no other way but to relieve medical expenses in health facilities.

Delinquent payments

Family economic condition: The economic condition is one of the main reasons for contributing in the JKN in Muna District, especially to low-income groups. The results of interviews with informants and tracking of BPS reports of Muna District identified several main reasons related to economic conditions. Several informants explained why they had been contributing due to uncertain family income per month. People's income is related to daily livelihood. Some of the participants are traders in the market, farmers, motorcycle taxi drivers, stall owners, fishermen, masons, construction workers and some of them are old people who do not work anymore, whose daily life is sustained by children.

- "I cannot afford to pay... it's up to the government..We rent rooms, pay water. So we have to get money" (CDA)

In masons and construction workers, family income is greatly shaped when there is a call to build a building. From the nominal side, the amount is a bit big if they get the building work, but this work does not continue to be done every month. Thus, when earning wages after work, the wages are then subdivided for domestic purposes and some are kept as reserves in the event of a period of no construction work being done.

The livelihoods of informants are as fishermen as they live in coastal areas. Every day to sustain life, the informant seeks fish in the sea by using simple fishing gear and the catch is sold in the market. If the number of catches a lot, the amount of money earned is also large. But if less, the amount of money earned is also less. It is also told by key informants in coastal areas, that people's livelihoods are highly dependent on the sea.

Another story was also delivered by informants who had a livelihood as a trader in the market and kiosk owners, that the current income in the market began to decrease, along with the decrease of people shopping in the market. Informants whose livelihoods as farmers are heavily influenced by farm produce.

Informants register due to illness or there are family members who have to be hospitalized and are expected to cost a lot. In an effort to relieve medical expenses, they register JKN. The registration system in Muna District requires the participants to pay dues for 1 year ahead for all family members. Nevertheless, the public will seek to pay because it is definitely cheaper than paying hospital fees as a public patient.

In fact, people know that they have delinquent payments and must continue monthly fee payments. But because of the lack of family income, the payments are deferred because they have not yet or need them no longer.

Amount of arrears getting bigger: In relation to family economic conditions, another reason for contributing contributions as revealed by some informants is the increasing amount of arrears.

- "Because we think we rarely use and have also many arrears. One million 600 thousand...can not. Income alone 1 month 1 million let alone want to pay it" (SRD)

In some informants have been in arrears at least 5 months even some of them have been delinquent for more than 1 year. It is also related to the virtual account policy of BPJS Health that the contribution payment must be collectively done by 1 family. This means that it is not allowed to make payments per person. Informant IKL for example, which has the number of family members registered as a participant BPJS is 4 people. Based on data from defaulters per September, 2016, the number of dues in arrears is Rp 619,000.00 per person. That means the arrears to be paid is Rp 2,476,000.00. This amount will certainly continue to grow if not immediately made the payment.

Existence of other more important expenditures: Another reason that encourages people to postpone the contribution fee based on interviews is that other needs are considered more important to be fulfilled, such as the needs of school children, attending parties, credit, rental of houses and others. Health problems are not a priority for them. Even social costs, for example, attending parties are much more important than JKN payments and also they

consider rarely use because they do not get sick. This reason is also supported by the key informant (FHD).

In addition to household necessities such as expenses for food, electricity, water, school fees that are routine and compulsory expenses, there are other secondary uses such as social gathering, party attendance, children's expenses, death expenses and some others.

Improved family health conditions: Based on the results of interviewed with informants, the main reasons that encourage people to pay the contributions of BPJS participants in Muna District is a condition of personal health or family that has improved or no longer sick.

- "I used to register JKN because of surgery, now I do not pay anymore because I'm already healthy" (WFN)

Informants' motivation to register JKN is because they will perform the treatment at health facilities. When the informant has recovered from illness and feels no treatment will be done, the informant does not make payment for the next month. This was also conveyed by key informants that the community did not make the payment of the dues because they felt they had been discharged from the hospital.

A mother who will enter the delivery period will be advised by health workers to register to be JKN participants. Similarly, some informants will register JKN because it will perform disease operations such as tumors, or other severe illness that requires intensive care at the hospital. After recovering from illness, they do not resume payment.

Key informants made it clear that almost all the people who requested a certificate were not able to apply as a condition to enroll BPJS class III, were people whose families were ill. Almost ascertained after recovering from illness, they will not pay dues. Among some informants, there is also currently still suffering from illness, but because the illness is relatively mild, they prefer to go to a practicing doctor who does not cooperate with BPJS. They calculate the cost to a doctor practice cheaper than to pay dues to reactivate JKN.

Disappointed with health services: The disappointment of health services became one of the drivers of informants did not make payment JKN in Muna District. Some informants decided not to pay their contributions after receiving health services in hospitals and family doctors or community health centers. This is caused by several reasons, namely the payment of drugs at the Hospital Pharmacy, the difficulty of obtaining a referral letter, waiting time in the hospital and the drugs given did not affect the illness.

It has become common knowledge for the people of Muna District that there is a purchase of medicine at an outside pharmacy that is paid by the patient when treated in the General Hospital of Muna District. All the informants who had been treated in the hospital told that health workers always direct to buy drugs in pharmacies outside the hospital. The reason for the drug is not available or not covered by BPJS. This prompted some informants to decide not to continue the payment of dues because it considers useless to have BPJS.

The difficulty of getting a referral prompted some informants to decide not to continue the payment of JKN contributions. Their experience when they were sick and wanted to be hospitalized was when they asked for a referral at the public health center, the referral letter was not given for several reasons. The impact of the informant was treated in the hospital as a general patient at his own expense. The informant was disappointed and decided not to pay for feeling unbeneficial.

Basically, the disappointment experienced by informants is caused by dissatisfaction with health services and not directly related to BPJS Health services. The informant argues that health service is an integral part of JKN, so if there is dissatisfaction, then it causes bad precedent of participants to JKN as a whole. The informant stated that we will continue to make payment of dues but the service received is satisfactory.

Key informants emphasized service satisfaction as a key aspect affecting the community so as to make payment of contributions.

- "Actually we are people in this Muna if the service is good, we are satisfied, the society is willing to pay" (LAH, FGD)

Lazy and busy activity: Other reasons that lead to the delinquency of JKN dues payment are the sense of laziness to pay, long queues and work at home. Informants who give this reason most of them have regular jobs such as tailors so they do not have the opportunity to go to the dues payment.

- "That's the only problem that is lazy to go queue, I just sew at home. If you go to pay in the bank, we wait a long time" (MLN)

Some informants have a shop at home and everyday they take care of the shop and serve the buyer. This causes them to forget the payment of contributions. The informant who works as a tailor, also states that the business of the home makes him not think about the payment of contributions. There is also an informant who does not pay the dues because only they are lazy to pay that is driven by a sense of ignorance.

Key informants explained that one of the reasons why people are delinquent in payment of dues is because they feel lazy to pay. The sense of lazy paying is driven by the perception that the family will not use the cards because everything is healthy.

Difficult access to place of payment and access to information: Difficult access to the place of payment becomes the cause of delays to JKN participants, especially those in rural areas. Informants who are in the coastal area mentioned that they are difficult to go to the payment because it is located 13 km from where they live. In addition to having to travel a little distance, the time required is also relatively long time about 1 h.

- "...If we go to the Wakuru market, we just pay....if remembered...because of the problem of transport costs as well and distance" (LUD)

Informants residing in the urban area of Raha City which is the capital of Muna District also complained of difficult access to the payment place. However, the problem is not because of the distance to the place of payment, but the queue at the repayment takes a long time.

In addition to the difficulty of access to the place of payment, one of the causes that encourage delinquent community dues is access to information about payment of contributions. Participants who are far away from the city have limited information about payment procedures or amount of arrears, they are difficult to ask BPJS officers. If they have to go to the capital, it will take a long time and additional transportation costs. This encourages participants to lower their payment intentions. The BPJS Health officials also never come to their area.

Encouragement on participants who regularly pay dues BPJ Family members routinely perform treatment at Health facilities: Family members who routinely perform the treatment at health facilities are the main motivation of participants paying regular BPJS dues regularly. This is in line with the initial motivation of self-regulated BPJS registration to relieve medical expenses when ill.

Some participants are enrolled by children because they often get sick. Almost every month the informant conducts the examination at the family doctor. Registration and payment made by the child because of the condition of parents. Every month the child pays his dues. Participants feel helped by the existence of JKN because it reduces the cost to be incurred.

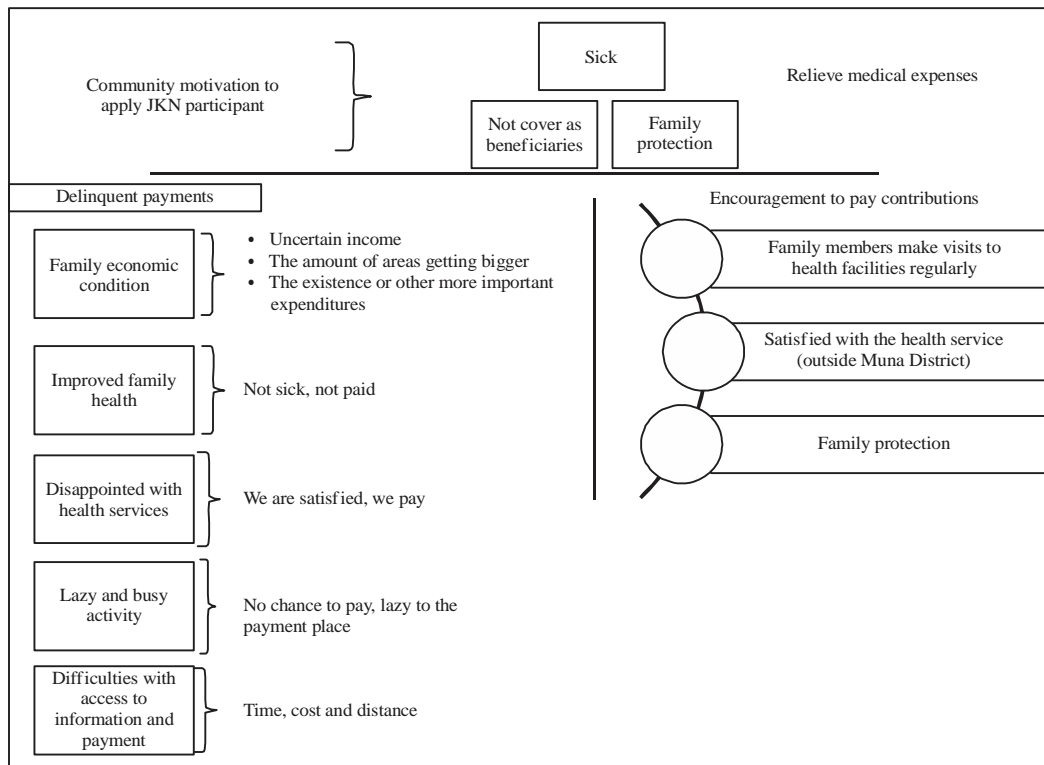


Fig. 2: Summary of community motivation adapted from field

Satisfied with health services at health facilities: Satisfaction with health services is one of the encouragements of several informants to make regular payment of dues. This is based on their experience when hospitalized in good and financing assurance that feels satisfactory. An interesting fact is a hospital where they are not treated not in General Hospital of Muna District, but other existing hospitals such as Baubau, Kendari and Makassar.

Participants routinely make payments because they are satisfied with the service received in the hospital. Some additional facilities were obtained by the participants when they became patients such as extra money for the purchase of glasses provided by the hospital.

- "...There is no loss so because I am very happy with this BPJS because no one can seek treatment. Here (RSUD Raha), I do not know the service yes but if we are referenced (in RS Awal Bros Makassar) our service is satisfied, the doctor is also good, the nurses are friendly, no obstacles, fast service" (ERS)

Summary of the community motivations to pay health insurance can be seen in Fig. 2.

Community learning

Difficulty getting referrals: The results of the interviews showed that some informants had difficulty in obtaining a referral letter from the First Level Health Facility either in family doctors or community health centers. Difficulty getting referrals such as when there is a sick family, taking referrals must be through a prior examination. This means that referral letters cannot be given when only represented by family alone without patient examination. Difficulty in obtaining a referral letter to be used to cause public health center participants decided to become a public patient and pay the cost of treatment at their own expense although listed as JKN participants.

Purchase of medicine: It has become a common phenomenon that the purchase of medicine often occurs in Muna District General Hospital for example in hospitalized patients. All informants who had been treated at the Muna District Hospital stated that when they were hospitalized, the informants were always directed by a hospital health worker to buy medicine at one of the pharmacies in Raha City and the pharmacy belonged to one of the doctors at the hospital. The cost of purchasing the medicine is borne by the patient.

Table 2: Community learning and community behavior on payment of health insurance contributions

Main themes	Facts in society
Difficulty getting referrals	Cluttered administration at health center
Purchase of medicine	Health workers are directed to buy drugs on the outside
No drugs effect	The medicine given by the doctor has no effect on patient's illness

- "...It's the day of payment coming in the operating room 500 thousand with the medicine we have to pay..yes anyway, we are given a prescription from the hospital asked to buy drugs outside" (MJT)

Health workers are directed to buy drugs on the outside, by reason of prescription given by a doctor is not available in the hospital or the drug is not covered by BPJS. The price of medicine must be paid by the informant for hundreds of thousands of rupiahs and almost made a purchase every day.

The existence of the phenomenon of drug purchases outside directed by medical personnel on the grounds unavailability of drugs and is not covered by BPJS is confirmed by key informants in Health District of Muna, that there are certain doctors direct the purchase of drugs for JKN participants in private pharmacies.

- "...Advanced health facilities are hospitalized patients... there must be a complaint, the complaint is a drug problem..., or someone has a clinic outside" (WDY)

Separately, the key informant (LAH) explained that one of the problems in health services and often happens today is that people are directed to buy medicine outside. The reason for the health workers is the stock of drugs in the hospital runs out. Yet every year there is a budget purchase of drugs from the government. According to him, there are certain health personnel in the hospital utilizing for private business interests.

No drug effect: During the course of health care at first level health facilities, some participants felt that the drugs provided by family and hospital doctors had no effect on the illness they suffered. After several visits to doctors and hospitals, complaints of their illness still feel.

- "No change... I moved to another doctor who did not cooperate with BPJS health...I started to recover" (WSD)

The informant signed up for illness and often took medication to the family doctor. The medicine given by the doctor has no effect on his illness, so he tries to visit another practicing doctor who does not cooperate with BPJS health. Drugs provided by other practicing physicians are more "Tray",

so informants no longer continue the payment of JKN dues and choose to conduct treatment at other practicing physicians at their own expense. Informants make comparisons based on their own experiences.

Long queues at health facilities: Interviews with informants found that their experience when queuing for health services at health facilities became a lesson in the continuation of JKN contributions. Based on the experience, the informants were doing the treatment as a general patient and they did not need to queue for long.

- "...If I go to the family doctor we often queue. So I'm lazy to go there. I just use the public" (HLD)

Summary of the community motivations to pay health insurance can be seen in Table 2.

DISCUSSION

Individuals make decisions and take action based on what they perceive as reality¹⁸. Muna District people perceive JKN as a good and important program for families as an effort to alleviate the cost of health services in health facilities. The presence of families suffering from illness or going to health care such as tumor surgery or cesarean delivery operation and the desire to get treatment free of charge encourage people to register as JKN participants¹⁶.

The motivation of participants to engage in health insurance arises because of the need in health services²⁰. People register consciously to reduce tension through behaviors they hope will meet their needs and thus will relieve them of the pressure they feel. Pujiyanti²¹ found that most of the participants who registered due to illness and payment of class III dues. Govender *et al.*²² stated that the appearance of individual motives can occur because of the illness suffered. Vulnerability stimulates the urge to relieve pain and reduce the economic risk it can inflict.

Schiffman and Kanuk¹⁸ argued that motivation is the driving force in an individual that forces one to act. The driving force is generated by stressfulness, which arises as an unmet need. Some people who have lower middle-income register when doing the treatment at health facilities. This group is a community that is not covered by the beneficiary contribution

participants. So when they are sick, JKN registration is the best solution to relieve medical expenses in health facilities, considering the cost of treatment as a general patient is very expensive. The upper middle-income group, in addition to registering JKN due to sick family members, they also aim as a form of family health insurance coverage in case of illness in the future.

Each independent participant is required to make monthly fee payment in accordance with the treatment class. However, most of the participants of JKN in Muna District are currently in arrears on the payment of contributions. The results of the study found some facts that cause people not to make payments, that is uncertain family economic income and many other family needs, participants or family members have been healthy from sick or suffered birth for participants who register due to cesarean section, the amount of arrears increased fees, access to payments and information, are lazy to make payments because of the busy activities at home, as well as the disappointment of participants on the health services they receive.

Empirically the economic factor becomes the main consideration of the community to pay or not to pay dues. Communities cannot afford difficult to survive in health insurance mechanisms because of their inability to pay insurance premiums⁷. The encouragement of the public/consumer to make payments to a product is greatly influenced by the consideration of the income they earn. Groups of merchant traders, service providers and participant farmers consider dues to be a new expenditure component for families, while income levels are highly fluctuating.

Pujiyanti²¹ based on the results of research conducted in 10 provinces in Indonesia, concluded that the main reason of independent BPJS participants cannot pay dues regularly because of uncertain income. The study also found that the contribution of independent BPJS took a portion of 5% of family income. Family income is a major consideration in the payment of health insurance premiums^{23,24}. The main challenge in the payment of independent BPJS contributions is the economic inadequacy perceived by lower middle-income societies¹. Many studies indicate that the premiums set by the government or insurance companies are still far from the premiums that can be paid by insurance participants, so it should be adjusted to the ability of the participants^{10,11,25-28}.

The JKN participants, who register due to illness, have a strong tendency to delinquent payment of contributions. After being healthy and feeling unable to make a visit to a health facility, health BPJS participants are reluctant to make a contribution payment. The public has a perception that the

loss and free of dues pay if the JKN card is not used (not sick). When they are not sick, participants feel they are not using JKN Card. The money paid is considered to be "Dead money" and cannot be withdrawn, while the family feels the money can still be used for other purposes. The community will make payments if it is felt will perform the treatment at health facilities and require a very large cost. The public will make payments for something they instantly feel.

The difficulty of accessing information about fees and payment mechanisms is also a problem found in the results of this study. Payment of contributions made 1 year when registering, causing participants not to do activities related to the payment of contributions for 1 year. Even if the participants know that they are in arrears, the participants do not know the amount of arrears, contribution fees and how to pay dues. A study conducted by Nopiyan⁹ in Denpasar City found that several factors that hinder the compliance of mandatory BPJS contribution payments are the lack of knowledge about contributions and the consequences of non-compliance of contributions and the absence of donation notification or reminder. Schiffman and Kanuk¹⁸ stated that the difficulty in accessing information and payments experienced by consumers, making them reluctant to make a purchase of a product.

Locations, where people are located, will affect the payment pattern²⁰. The results of this study indicate the difficulty of access to information is the most perceived problem by the participants, especially those who are in the sub-district away from the office of BPJS Muna and the area across from Muna Island. Interaction with BPJS officers only occurs when registering. Participants in rural areas are reluctant to make payments due to consideration of time, distance and cost to be incurred²⁹. Similarly, participants who register BPJS health are done by family members such as children or husbands who are now not at home. Participants do not know anything about payment of contributions. Study of Onwujekwe *et al.*²⁴ concluded that rural communities have a lower willingness to pay than urban communities. The available and accessible distribution channels or insurance marketplace will influence paying behavior for participants and for prospective applicants³⁰.

Satisfaction with service will encourage consumers or insurance participants to continue paying for the services. Conversely, dissatisfaction will cause consumers to disappoint and stop repayment of the product. Research carried out by Boateng and Awunyor-Vitor¹⁷ conducted in Ghana found that people who did not renew their health insurance that had been expired due to the low quality of health services did not have enough money to pay contributions and had more treatment experience well elsewhere.

Participants who wish to get immediate health care at the hospital complain should require a referral letter from a first level health facility. Participants want to be hospitalized for the purpose of obtaining better health services. When requests for unsubsidized referral letters at community health centers are not served, participants feel troubled and disappointed. The disappointment resulted in the decision not to continue the payment of contributions because it felt useless if it could not be used.

The study in Addis Ababa concludes that the quality of health care is the most important factor to note, there must be a match between a number of contributions paid with the promised benefits package, improvements in the availability and quality of services should take precedence over the introduction of insurance schemes³¹. Similarly, the results of research in Denpasar City found that dissatisfaction with the quality of health services received by using health BPJS is the cause of the participants do not obediently make the payment of contributions⁹. Although the participants' disappointment has been caused by health services in health facilities, especially in hospitals and not in the BPJS Health Office, the participants considered this to be unhealthy from BPJS health. This is because participants feel that they are making contributions to BPJS health and BPJS health is responsible for the provision of quality health services.

CONCLUSION

People registering JKN is encouraged by the desire to relieve medical expenses in health facilities, guarantees/family guarantees in case of illness in the future. Another reason is that the community is not covered by the beneficiaries. Participants are in arrears due to uncertain family income, increasing fees, other needs to be met, lazy and busy activities at home, improved family health conditions, difficulty in access to payment places and dissatisfaction with health services at health facilities. In addition, some JKN participants who have recovered from illness feel a loss if they continue to make payments and do not use JKN. Participants routinely pay contributions due to family members who are still routinely performing health checks at health facilities, the satisfaction of health services received and consider JKN as a form of protection against the family. The JKN participants have mixed experiences during treatment at health facilities in Muna District, such as outside drug purchases using the personal money, long queues at health facilities, difficulty in obtaining referrals, long service queues and non-effective drugs for end-stage illnesses.

SIGNIFICANCE STATEMENTS

The study discovers several reasons why many people tend not to pay health insurance premiums, such as economic and family health conditions, public perceptions of premiums and community experience on health care facilities. The information will be of great value to policy makers, especially the organizers of the national health insurance in Indonesia and to be a tool of solutions for other regions. This study also helps researchers to uncover areas of critical community behavior that researchers cannot explore. Thus, a new theory of community behavior can be achieved.

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