Original Research Article

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

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ABSTRACT

Introduction. The ability to pay or ability to pay (ATP) is defined as a person's ability to pay for a service or service he receives based on income that is considered ideal. A total of 586,893 (94.55%) residents of Jambi City have become participants in the National Health Insurance (JKN), but the high number of JKN participants is not accompanied by the active participation of the participants in paying monthly fees. as many as 77,489 participants in class I-III. The purpose of this study was to determine the analysis of the ability to pay the contributions of PBPU national health insurance (JKN) participants. **Methods.** Quantitative study with cross sectional design sample were 83 participants of the national health insurance (JKN) PBPU. Sample taken with cluster sampling technique. **Results & Analysis.** The variable ownership of assets has a correlation with the ability to pay contributions with (p = 0.020) and PR (5.379) and the income variable has no correlation with the ability to pay contributions with (p = 0.191) and PR (2.356). There was correlation between asset ownership and the ability to pay contributions for PBPU national health insurance (JKN) participants in Kota Baru and Jambi Selatan sub-districts. **Discussion.** It is hoped that there will be coordination between BPJS and the Social Service departement regarding the participants who have been registered for contribution assistance recipients (PBI) and re-examine whether the participants really fall into the category of the poor and cannot afford, so that they are entitled to receive contribution assistance.

Keywords: Ability To Pay , Health, Insurance, Jambi

INTRODUCTION

In the PBB 1948 declaration international health insurance was regulated and line with that the 1948 Word Health Organization (WHO) constitution also agreed and stated that health is and absolute right for all human beings, in the sense that everyone has the right to live a healthy life. Therefore, WHO then committed to developing a health system that ensures that everyone can easily access the health services they need whenever and wherever they are without having to worry about cost problems. This health system became known as *Universal Health Coverage*

(UHC) (WHO, 2011). Each country certainly has a different way of implementing UHC in their country. In Indonesia itself, the government has enacted Law No. 40 of 2004 concerning the National Social Security System (SJSN) as the first step in the process of implementing UHC. (Pemerintah Republik Indonesia, 2012).

The National Health Insurance (JKN) is part of the SJSN which is held by body implementation of social security (BPJS) for health and employment. The purpose of the JKN program is to provide health protection in the form of health care benefits in order to meet needs basic health that is given to everyone who has paid his dues or contributions paid by government (Peratur an Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2014 Tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional, 2014). JKN is mandatory for all Indonesian people without exception, while the participants are everyone including foreigners who have previously worked for at least 6 (six) months in Indonesia and has pay dues (*Act Republic of Indonesia Number 24 Year 2011 concerning Social Security Administering Body*, 2011).

JKN membership is divided into participants who receive contribution assistance (PBI) including the poor and the underprivileged as determined by legislation with monthly fees borne by the government, and non-PBI or independent participants include participants who are not classified as poor and those who cannot afford the financing. contributions are borne by themselves and/or the company (place of work) and are not included in the category of poor and indigent citizens. Non-PBI participants are further divided into wage-earning workers (PPU), non-wage workers (PBPU) and non-workers (BP) (Peraturan Presiden RI No.12 Tahun 2013 Tentang Perubahan Kedua Atas Peraturan Presiden No 12 Tahun 2013 Tentang Jaminan Kesehatan, 2016).

Considering the ability to make payments is also one of the things that must be given attention in determining the amount of BPJS Health contributions (Wirajaya, 2019). Participation of participants to make payments has a relationship with the ability to pay (Ability to Pay) of the community (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021). The lack of community participation with JKN can be seen through the ability to pay contributions (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021). *Ability To Pay* (ATP) is an individual's ability to pay off his bills in using the services or services he receives according to the nominal

agreement of the salary received. (Nainggolan, 2021) . According to Russel's theory (1995) in Anwar (2021) there are several factors that affect a person's ability to pay for health services, namely income, education, asset ownership, length of illness, and the amount of treatment costs. (Anwar, laily, 2021).

Income and assets owned are variables in the level of household welfare (Meidiana & Marhaeni, 2019) . Income is a variable that has an influence on efforts to improve family welfare (Meidiana & Marhaeni, 2019) . Families with large incomes will get more freedom, and vice versa (Meidiana & Marhaeni, 2019) . Income has an impact on the purchasing power of individuals with the need for food and educational facilities, housing, health, and others (Meidiana & Marhaeni, 2019) . Income compatibility has an influence on whether or not an individual is able to pay for health services. The higher the income earned, the higher the ability to make payments (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021).

Based on data as of September 30, 2021 obtained from BPJS Kesehatan Jambi branch that 620,703 residents of Jambi city for the realization of JKN participation were recorded at 586,893 or as much as 94.55% in other words that the city of Jambi has met the Universal Health Coverage target. (Scope of Health Insurance Program Participation, 2021) . The readiness of the city government in facilitating JKN participants in Jambi City can be said to be mature. This is evident from the number of people in the city of Jambi who have actively participated in JKN-KIS participation. Although the coverage of JKN-KIS participation in the city of Jambi is already high, information from BPJS Kesehatan 2020 shows that the city of Jambi is the highest contributor to premium arrears in Jambi province at this time with the number of JKN-KIS participants in arrears in Jambi city as many as 77,489 in class I-III and with arrears of 60.1 M (Dinamika Jambi, 2020). The reason they do not comply in paying dues is due to several reasons, one of which is their inability to pay and their low willingness to pay (Binsar et al., 2021) .

PBPU participation is the largest contributor to the contribution of arrears in dues. In general, BPJS-mandiri participants are components of society who are exposed to information related to the Health Insurance Program. However, it also has a low level of discipline over the obligation to pay contributions (Harfina, 2019) .

Based on the description above, the researcher is interested in conducting

research on the Analysis of Ability to Pay Contributions for National Health Insurance Participants (JKN) for Non-Wage Recipient Workers (PBPU) in Jambi City in 2021.

METHOD AND ANALYSIS

This research was quantitative with a *cross sectional approach* that explains the relationship between risk factors and their effects at the same time. With the dependent variable: ability to pay. And the independent variables: income and asset ownership through hypothesis testing. The population in this study were all participants in the National Health Insurance (JKN) for non-wage workers (PBPU) in Jambi City in 2 sub-districts, namely Kota Baru sub-district and South Jambi sub-district. The saple in this study were 83 respondents.

Sample taken with cluster sampling technique. Data was collected from February-April 2022, and collected used a questionnaire that had been tested for validity and reliability. There are 2 stages of data analysis, namely univariate and bivariate with chi square test.

The data collection technique used is direct interviews with research respondents by asking a list of questions that have been compiled in the questionnaire and choosing alternative answers that already exist. Data analysis using *statistical software application.*

RESULTS

A. Univariate Analysis

1. Characteristics of Respondents

The characteristics of the respondents in this study provide an overview of 83 household heads (PBPU participants in the city of Jambi). These characteristics include age, gender, occupation, and number of family members. The distribution of respondents' identities can be seen in the following table:

Table 1. Frequency Distribution Based on Characteristics of Respondents

Age (Years)	Frequency (F)	Percentage (%)
20-45	35	42.2
> 45	48	57.8
Gender	**F**	**%**
Man	73	88
Woman	10	12
Work	**F**	**%**
Laborer	13	15.7
Furniture	1	1.2
Trader	31	37.3
Pastor	1	1.2
Driver	4	4.8
Self-employed	31	37.3
Businessman	2	2.4
Number of Family Members	**F**	**%**
1 person	4	4.8
2-4 people	57	68.7
> 4 people	22	26.5
Total	**83**	**100**

Based on table 1 it can be seen from 83 respondents that the highest percentage of age is in the age group >45 years as many as 48 people (57.8%). Meanwhile, the lowest respondent's age is at the age range of 20-45 years as many as 35 people (42,2%). Then, based on table 1, it can be seen that from 83 male respondents, 73 people (88%). Meanwhile, there are 10 women (12%). Based on table 4.1, it can also be seen that from 83 respondents there were 2 highest occupations, namely 31 people having trade jobs with the highest percentage (37.3%) then 31 people being entrepreneurs with the highest percentage (37.3%). While the jobs with the lowest percentage are 2 jobs, 1 person has a furniture job with the lowest percentage (1%) then 1 person is a priest with the lowest percentage (1%). Based on table 4.1, it can be seen that from 83 family respondents with 2-4 members, the highest number is 57 families (68.7%). Meanwhile, a family with 1 member has at least 4 families (4.8%).

2. Distribution of Respondents Based on Independent Variables

1) Income

Based on the results of the study, it was shown that from 83 respondents, it was shown that most of the heads of families had low incomes, as many as 62 people (74.7%) and a small proportion of household heads had high incomes, namely as many as 21 people (25.3%). From the results of the univariate analysis on the income variable, it can be seen in the table below:

Table 2 Distribution of Respondents Based on Income Levels

Income	Frequency (F)	Percentage (%)
Low	62	74.7
High	21	25.3
Total	83	100

2) Asset ownership

The distribution of research results on asset ownership can be seen in the following table with 3 categories, namely:

Table 3 Distribution of Respondents Based on Ownership of Immovable Assets

Ownership of Immovable Assets	Frequency (F)	Percentage (%)
Lowest Wealth	45	54.2
Top Wealth	38	45.8
Total	83	100

Based on table 3, it can be seen from 83 respondents who own immovable assets with the lowest wealth score as many as 45 people (54.2%) with the highest number. Meanwhile, respondents who own immovable assets with the highest wealth score are 38 people (45.8%). with the least amount. The categorization of ownership of immovable assets is calculated based on the median (because the data is not normally

distributed). The lowest wealth score means the median, and the highest wealth score means the > median.

Table 4 Distribution of Respondents Based on Movable Asset Ownership

Ownership of movable assets	Frequency (F)	Percentage (%)
Lowest Wealth	49	59.0
Top Wealth	34	41.0
Total	83	100

Based on table 4, it can be seen from 83 respondents who own movable assets with the lowest wealth score as many as 49 people (59.0%) with the highest number. Meanwhile, respondents who own movable assets with the highest wealth score are 34 people (41.0%) with total at least. Categorization of movable asset ownership is calculated based on the median (because the data is not normally distributed). The lowest wealth score means the median, and the highest wealth score means the > median.

Table 5 Distribution of Respondents Based on Electronic Asset Ownership

Electronic Asset Ownership	Frequency (F)	Percentage (%)
Lowest Wealth	42	50.6
Top Wealth	41	49.4
Total	83	100

Based on table 5 it can be seen from 83 respondents who own electronic assets with the lowest wealth score as

many as 42 people (50.6%) with the largest number. Meanwhile, respondents who own electronic assets with the highest wealth score are 41 people (49.4%) with a total at least. The categorization of electronic asset ownership is calculated based on the median (because the data is not normally distributed). The lowest wealth score means the median, and the highest wealth score means the > median.

Table 6 Distribution of Respondents Based on Total Asset Ownership

Asset ownership	Frequency (F)	Percentage (%)
Lowest Wealth	42	50.6
Top Wealth	41	49.4
Total	83	100

Asset ownership variable is calculated by the ownership of assets owned for the last 1 year. Then it is categorized into two, namely with the lowest wealth score and the highest wealth score. Categorization of movable asset ownership is calculated based on the median (because the data is not normally distributed). The lowest wealth score means the median, and the highest wealth score means the >median. From the results of the univariate analysis on the asset ownership variable, it can be seen in table 6 above.

Based on the results of the study, it was shown that of the 83 respondents in this study, they were divided into two groups, namely the lowest wealth score and the

highest wealth score. Respondents with the lowest wealth score were 42 people with a percentage (50.6%) **,** while the respondents with the highest wealth score were 41 people with a percentage (49.4%).

3) Ability to Pay

Based on table 7 below, it shows that of the 83 respondents, most of the respondents were unable to pay the dues as many as 68 people (81.9%) while the respondents who were able to pay the contributions were 15 people (18.1%).

Table 7 Distribution of Respondents Based on Ability to Pay

Ability to Pay	Frequency (F)	Percentage (%)
Not capable	68	81.9
Capable	15	18.1
Total	**83**	**100**

B. Bivariate Analysis

In this bivariate analysis, each independent variable is associated with the dependent variable. The results of data processing are displayed in a cross tabulation and the chi-square test value is included.

1. **The correlation between the variable level of income (*income*) with the ability to pay contributions to the national health insurance (JKN) non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts**

Income is the wages that individuals get from the work they do to provide for their family (Sumarwan, 2017) . The income in this study is the total amount of money generated by the family who pays JKN contributions from the work for 1 month, including income obtained from the main job and side work. The table below shows the relationship between income and the ability to pay contributions.

Table 8 Cross tabulation of the correlation between the variable level of income (income) and the ability to pay contributions to the national health insurance (JKN) non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts

Income	Ability to Pay Dues				Amount		PR (95% CL)	*P - Value*
	Not capable		Capable					
	n	%	n	%	n	%	2.356	0.191
Low	53	85.5	9	14.5	62	100.0	(0.723	
High	15	71.4	6	28.6	21	100.0	-	
Total	**68**	**81.9**	**15**	**18.1**	**83**	**100.0**	7.676)	

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Based on Table 8 above, it is known that of the 62 respondents, who have low incomes, 53 people (85.5%) are unable to pay contributions and 9 people (14.5%) are able to pay contributions. Furthermore, of the 21 respondents, who have high incomes, 15 people (71.4%) are unable to pay contributions and 6 people (28.6%) are able to pay contributions.

From the results of the *chi - square test* that has been carried out, the value is 0.191 where the value is more than 0.05 (0.191 < 0.05), then Ho is accepted. This means that there is no relationship between income and the ability to pay contributions to the national health insurance (JKN) non-wage workers (*PBPU*) in Kota Baru and Jambi Selatan sub-districts.

Calculation of *risk estimate* obtained PR 2.356 (OR> 1) with 95% CI = 2.356 (0.723-7.676) indicating that respondents with high incomes are more likely to be able to pay contributions 2.356 times than respondents with low incomes.

2. The correlation between asset ownership variables and the ability to pay contributions for national health insurance (JKN) participants for non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub -districts

Assets are all economic resources or the value of wealth by a particular entity with the hope of providing economic and social benefits that can be measured in units of money (Manalu, 2021) . Asset ownership is ownership of current resources that can provide economic value (Aulia et al., 2019) . Ownership of assets in this study is the amount of wealth owned by the family including: (1) movable assets, namely Ownership of Houses, Land, Gold, and Stocks. (2) Immovable assets, namely Ownership of Motorcycles, Cars, Bicycles, Cows, Buffaloes, and Goats. (3) Electronic assets, namely Ownership of TV, DVD/VCD Player, Laptop, Notebook, Computer, Pre-ball Antenna, AC, Fan, Cellphone, and Refrigerator . The table below shows the relationship between asset ownership and the ability to pay contributions.

Based on Table 9, it is known that of the 42 respondents with the lowest wealth score, 39 people (92.9%) were unable to pay contributions and 3 people (7.1%) were able to pay contributions. Furthermore, of the 41 respondents who are in the top wealth score, 29 people (70.7%) are unable to pay contributions and 12 people (29.3%) are able to pay contributions.

Table 9 Cross tabulation of the correlation between asset ownership variables and the ability to pay contributions for national health insurance (JKN) non-wage workers (PBPU) participants in Kota Baru and Jambi Selatan Districts

Asset ownership	Ability to Pay Dues				Amount		PR (95%CL)	*P*-Value
	Not capable		Capable					
	n	%	n	%	n	%		
Lowest Wealth Score	39	92.9	3	7.1	42	100.0	5,379 (1,390-20,820)	0.020
Top Wealth Score	29	70.7	12	29.3	41	100.0		
Total	68	81.9	15	18.1	83	100.0		

From the results of the *chi-square test* that has been carried out, the value of is 0.020 where the value is smaller than 0.05 (0.020 <0.05), then Ha is accepted. This means that there is a relationship between asset ownership and the ability to pay national health insurance (JKN) participants for non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts.

Calculation of *risk estimate* obtained PR 5,379 (OR> 1) with 95% CI = 5,379 (1,390-20,820) indicating that respondents with the highest wealth score are more likely to be able to pay contributions 5,379 times than respondents with the lowest wealth score.

DISCUSSION

1. **Correlation the Level of Income and the Ability to Pay Contributions**

Based on the results of statistical tests with *chi - square* obtained value of 0.191 where the value is more than 0.05 (ρ < 0.05) which means Ho is accepted, thus there is no relationship between income (income) and the ability to pay contributions for health insurance participants. (JKN) for non-wage workers (PBPU) in Kota Baru and South Jambi sub-districts. The income factor in this study is not in line with Russell's (1995) theory which states that income is one of the factors that affect a person's ability to pay contributions (Russell, 1996) . This is in line with research conducted by Rosmanely (2018) which states that a person's income does not affect a person's compliance in paying JKN contributions . JKN (Rosmanely, 2018) .

Then based on research conducted by Syamsinar (2021) that the ability of the community to pay for JKN is strongly

influenced by their income level, the greater the family income, the greater the opportunity for them to participate in and pay for health insurance (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021) . A person who has a large income has the opportunity to fulfill many of his life needs even though it is not too important (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021) . Currently, it appears that the community's economy is weak due to the pandemic problem (Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021) . The community is still having difficulty meeting basic food needs , plus presidential regulation number 64 of 2020 which has caused an increase in BPJS fees starting from July 1, 2020 ((Syamsinar Suci, Surahman Andi Batara2, Amelia, 2021), 2021) . This regulation is the second amendment to the presidential regulation number 82 of 2018 (Peraturan Presiden RI Nomor 64 Tahun 2020 Tentang Perubahan Kedua Atas Peraturan Presiden Nomor 82 Tahun 2018 Tentang Jaminan Kesehatan, 2020).

Further research conducted by Agustina (2021) regarding the analysis of the ability and willingness of PBPU patients to pay national health insurance contributions that the higher the income, the higher the ability to pay someone (Agustina et al., 2021) . Then based on

research conducted by Simbarejal and Dewiyani (2020) means that the amount of income has an influence on a person's level of compliance in paying JKN contributions (Simbareja & Dewiyani, 2020) . Furthermore, based on research conducted by Muttaqien (2020) that income has a relationship with a person's ability and willingness to pay JKN contributions, they assume that the main problem they face in aligning their ability and willingness to pay is their fluctuating income and needs. (Muttaqien; et al., 2021) .

Based on Russell's (1995) theory, a person's ability to pay for needs has a close relationship with amount of income . This ability will be known based on asset ownership and monthly income in the family (Russell, 1996) . The number of assets and income will certainly have a major effect on a person's ability to pay (Russell, 1996) . Indirectly, this opinion also affects health insurance contributions which are a government program (Russell, 1996) . The household's ability to pay for health insurance needs also shows how the family manages finances so that the household remains prosperous with a minimal nominal (Russell, 1996) .

Based on the findings in the field, it was found that respondents with high income categories thought that they could

afford to pay JKN contributions, and if they were sick they did not spend a lot of money for treatment. Meanwhile, respondents in the low income category think that they still have priority needs that are considered more important than paying JKN contributions and believe that the benefits they get are only when they are sick but still have to pay contributions continuously. Then it was also found that respondents who have additional income that can help meet daily needs. However, the income is not stable every year so that it is only enough to meet daily needs compared to paying health service contributions such as JKN. This is what makes people unable to pay for BPJS health because people prefer to spend money only when they are sick

2. Correlation Asset Ownership and the Ability to Pay Contributions

Based on the results of the study, it is known that respondents with the lowest wealth score were more in the category of unable to pay dues . Meanwhile, the respondents with the highest wealth scores were fewer in the category of being able to pay contributions.

The results of statistical tests with *chi - square* obtained value of 0.020 where the value is smaller than 0.05 ($\rho <$ 0.05) which means Ha is accepted and Ho is rejected. Thus, there is a relationship between asset ownership and the ability to pay contributions to the national health insurance (JKN) participants for non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts. This is in line with research conducted by Anwar (2021) that there is a relationship between asset ownership and the ability to purchase first-level health facility services. This shows that the more ownership of a person's savings assets, the higher the ability to buy health services (Anwar, layy, 2021) .

Susanti research (2020) argues that asset ownership is related to the ability to pay. Asset ownership affects household poverty and can be described as ownership of factors of production or wealth in a household which in turn can result in the level of income and consumption in the household. (Susanti, 2020) .

According to Russell's (1995) theory, it shows that the more assets and income in a household, the greater a person's purchasing ability. The more assets you have, the higher the opportunity to buy health services. Heads of families who have a lot of assets can buy the desired health insurance to face the risk of medical costs when sick so that it will be higher to pay for health care costs including health insurance contributions (Russell, 1996) .

Field research shows that most of the respondents with the lowest wealth scores are mostly respondents or heads of families who are categorized as unable to pay contributions. This shows that the more ownership of assets will affect the ability to pay a person's high contributions, meaning that the results of this study indicate things that are in line with the theory.

Furthermore, based on research conducted by Alesane (2018) in Ghana, different results show that asset ownership does not show a significant relationship with the ability to pay insurance premiums and asset ownership results in low participation in health insurance. (Alesane & Anang, 2018) .

Based on research in the field that the ownership of assets in this study is a resource (wealth) owned by the respondent during the last 1 year. Asset ownership is divided into three categories, namely movable assets, immovable assets and electronic assets. From the results of the study, it was found that most of the respondents were in the lowest wealth category and were unable to pay JKN contributions, which means that the ownership of assets owned by the family affects a person in paying the compulsory national health insurance contributions.

CONCLUSION

Based on the results of the study entitled Analysis of Ability to Pay National Health Insurance (JKN) Participants for Non-Wage Recipients (PBPU) in Kota Baru dan Jambi Selatan in 2021, the conclusions of this study are:

1. There is no correlation between income and the ability to pay contributions to the national health insurance (JKN) non- wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts.

2. There is a correlation between asset ownership and the ability to pay national health insurance (JKN) participants for non-wage workers (PBPU) in Kota Baru and Jambi Selatan sub-districts.

3. It is hoped that there will be coordination between BPJS and the Social Service departement regarding the participants who have been registered for contribution assistance recipients (PBI) and re-examine whether the participants really fall into the category of the poor and cannot afford, so that they are entitled to receive contribution assistance.

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