



Factor Analysis Which Influential on Compliance Paying Contributions to Independent BPJS Participants in the Working Area of The Kolono Community Health Center South Konawe Regency in 2025

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ABSTRACT

Background: The National Health Insurance (JKN) program organized by the Social Security Agency (BPJS) Health has a strategic role in ensuring fair, equitable, and sustainable access to health services for all Indonesians. However, the level of compliance with BPJS Mandiri participant contributions remains a problem, especially in areas with limited access to health services and diverse socio-economic conditions. Low compliance with contribution payments can impact the sustainability of the national health insurance system financing.

Objective: This study aims to analyze the factors that influence compliance with BPJS Mandiri participant contributions in the Kolono Community Health Center working area, South Konawe Regency, in 2025.

Method: The study used a quantitative approach with a *cross-sectional design*. The research sample consisted of 48 respondents selected through a *non-probability sampling technique*. Data collection was carried out using a structured questionnaire that measured motivation variables, perceptions of BPJS Kesehatan, distance to health care facilities, and income levels. Data were analyzed using statistical tests to see the relationship between independent variables and compliance with contribution payments.

Results: The study showed that motivation had a significant relationship with compliance with premium payments ($p = 0.046$; $r = 0.246$), although with a weak relationship strength. Participant perceptions were significantly related to compliance ($p = 0.000$; $r = 0.566$) with a moderate level of relationship. Distance to health service facilities also showed a significant relationship ($p = 0.000$; $r = 0.576$), confirming the importance of service accessibility. In addition, income was significantly related to compliance with premium payments ($p = 0.003$; $r = 0.374$).

Discussion: Simultaneously, these four variables contributed 52.8% to compliance with BPJS Mandiri premium payments.

Conclusion: These findings indicate that increasing compliance requires a comprehensive approach through education, improving service quality, and policies that expand access and financial support for low-income communities.

KEYWORDS: Compliance, Factor Analysis, Motivation, National Health Insurance, Perception.

BACKGROUND

Participant compliance in paying contributions to the Independent Social Security Agency (BPJS) is crucial for the sustainability of the health system in Indonesia. According to data from the World Health Organization (WHO), more than 4 billion people worldwide lack adequate social protection in the health sector in 2023 (1). This reflects the global challenge in achieving universal health coverage (2). In Indonesia, the National Health Insurance (JKN) program launched by the government aims to provide equitable and quality access to health services. However, data from BPJS Kesehatan shows that the level of non-compliance with contribution payments by independent participants, especially among Non-Wage Recipients (PBPU), still reaches a significant number (3)

At the national level, data shows that more than 28 million independent JKN participants experienced delays in paying their premiums, with total arrears reaching IDR 21.48 trillion by the end of 2024 (BPJS Kesehatan, 2024). This non-compliance not only impacts individuals but also has implications for the sustainability of healthcare financing in Indonesia. The consequences of non-compliance with BPJS Kesehatan premium payments have a broad impact, both at the individual level, the healthcare system, and



the sustainability of the National Health Insurance (JKN) program. Delays or non-compliance in premium payments result in inactive membership status, thereby losing participants' right to receive guaranteed healthcare services. This condition has the potential to hinder access to healthcare services, increase the risk of delayed treatment, and worsen health conditions due to unmet service needs in a timely manner (5)

In Southeast Sulawesi Province, particularly in South Konawe Regency, similar challenges persist. Data shows that approximately 160 people visit the Kolono Community Health Center for treatment, but not all participants are compliant with their premium payments. This highlights the need for a more in-depth analysis of local factors contributing to premium compliance.

This study aims to identify and analyze these factors, thereby providing recommendations for developing more effective policies to improve BPJS Mandiri participant compliance in the Kolono Community Health Center (Puskesmas Kolono) area. It is hoped that the results of this study will contribute to public health policy in Indonesia.

MATERIALS AND METHODS

The type of research used in this study is quantitative analytical research with a cross-sectional approach. The population in this study were BPJS Mandiri participants who received treatment at the Kolono Community Health Center based on 2024 data of 160 respondents. The sample in this study was 48 respondents taken using the accidental sampling method. The instrument used in this study was a questionnaire sheet (6) Primary data collection was carried out by distributing questionnaires to respondents.

This study used univariate analysis to describe the characteristics of each research variable, bivariate analysis using the Spearman Rank Correlation test to examine the influence between each independent variable and the dependent variable, and multivariate analysis using multiple logistic regression. This analysis also aimed to identify the variables that most dominantly influence compliance with BPJS Mandiri premium payments.

This research will be conducted at the Kolono Community Health Center, which is located in the administrative area of South Konawe Regency, Southeast Sulawesi Province. The time this research will be carried out on the date 24 October 2025 to 05 December 2025. Instruments used in the research This is in the form of questionnaire Which inside it containing The questions are in accordance with the questionnaires on motivation, perception, distance and income.

RESULTS

Table 1 Characteristics of respondents in the study are classified into several categories, namely: age, gender, education, occupation and number of family members registered with independent BPJS.

Table 1: Respondent characteristics

Variables	Frequency	Percentage (%)
Age		
• 17 – 25 Years	3	6.25
• 26 – 35 Years	12	25
• 36 – 45 Years	16	33.33
• 46 – 55 Years	9	18.75
• 56 – 65 Years	8	16.66
Gender		
• Man	33	68.75
• Woman	15	31.25
Education		
• Elementary School	6	12.5
• JUNIOR HIGH SCHOOL	15	31.25
• SENIOR HIGH SCHOOL	20	41.66
• D III	4	8.33
• SI	3	6.25



Work		
• Farmer	11	22.91
• Trader	17	35.41
• Doesn't work	20	41.66
Number of Family Members Registered with BPJS		
Mandiri		
• 1-3 People	31	64.58
• 4-6 People	17	35.41

Source: Primary Data, 2025

Based on table 1, it shows that of the 48 respondents (100%), the majority of respondents were aged 36-45 years, as many as 16 respondents (33.33%), while the fewest were aged 17-25 years, as many as 3 respondents (6.25%). Then there were the highest respondents in men as many as 33 respondents (68.75 %) and women as many as 15 respondents (31.25 %). There were the highest respondents whose last education was high school. namely as many as 20 respondents (41.66 %), while the fewest were SI/Bachelor as many as 3 respondents (6.25 %). Meanwhile, for occupation, it shows that most of the respondents are unemployed , namely as many as 20 respondents (41.66 %), while the fewest are farmers , namely as many as 11 respondents (22.91 %) and from a total of 48 respondents (100%), most of the respondents with a family of 4-6 people are as many as 31 respondents (64.58%). while the fewest were 1-3 people, a total of 17 respondents (35.41 %).

Table 2. Univariate Analysis of Motivation, Perception, Distance, Income and Compliance with Paying Contributions for Independent BPJS Participants in the Kolono Community Health Center Working Area, South Konawe Regency in 2025.

Table 2. Univariate Analysis

Variables	Frequency (n)	Percentage (%)
Motivation		
• Good	16	33.3
• Not enough	32	66.7
Perception		
• Good	24	50.0
• Not enough	24	50.0
Distance		
• Good	27	56.3
• Not enough	21	43.8
Income		
• Good	27	56.3
• Not enough	21	43.8
Compliance in Paying Contributions		
• Good	31	64.6
• Not enough	17	35.4

Based on Table 2, it shows that of the total 48 respondents (100%), the majority of respondents had poor motivation (32 respondents (66.7%), while 16 respondents (33.3%) had good motivation. Some respondents had good perceptions (24 respondents (50.0%), while 24 respondents (50.0%) had poor perceptions. Most stated that the distance between their residence and health service facilities was close. as many as 27 respondents (56.3%), while the distance between residence and health service facilities was far as many as 21 respondents (43.8%). Most of the respondents had a good income as many as 27 respondents (56.3%), while those with less income were 21 respondents (43.8%) and most of the respondents had good compliance as many as 31 respondents (64.6%), while those with less compliance were 17 respondents (35.4%).



Table 3. Bivariate Spearman Rank Correlation Analysis of the Effect of Motivation, Perception, Distance, and Income on Compliance in Paying Contributions among Independent BPJS Participants in the Kolono Community Health Center Work Area, South Konawe Regency in 2025.

Table 3. Spearman Rank Correlation Analysis

Variables	Obedient	Not obey	P-Value
Motivation			
• Good	13	3	0.046
• Not enough	18	14	
Perception			
• Good	22	2	0.000
• Not enough	9	15	
Distance			
• Good	24	3	0.000
• Not enough	7	14	
Income			
• Good	24	3	0.000
• Not enough	7	14	

Based on Table 3, it shows that out of 48 respondents (100%), respondents with less motivation but are compliant in paying independent BPJS contributions are 18 respondents (56.2%). Meanwhile, respondents with good motivation but are not compliant in paying independent BPJS contributions are 3 respondents (18.7%). The table above shows the P-Value obtained at 0.046, this means there is an influence between motivation and compliance in paying Independent BPJS contributions.

The Correlation Coefficient result of 0.246 shows that the closeness of the influence of motivation on compliance is in the weak range. Respondents with good perceptions but are compliant in paying independent BPJS contributions are 22 respondents (91.6%). While respondents with poor perceptions but are not compliant in paying independent BPJS contributions are 15 respondents (62.5%). From the table above, it shows that the P-Value value is 0.000, this means that there is an influence between perceptions on compliance in paying Independent BPJS contributions. The Correlation Coefficient result of 0.566 shows that the closeness of the influence of perceptions on compliance is in the medium range. Respondents who live close by but are compliant in paying independent BPJS contributions are 24 respondents (88.8%). Meanwhile, respondents who live far away but are not compliant in paying independent BPJS contributions are 14 respondents (66.6%).

The P-Value value obtained is 0.000, this means there is an influence between distance on compliance to pay BPJS Mandiri Contributions. The Correlation Coefficient result of 0.576 shows that the closeness of the influence of distance on compliance is in the medium range and respondents with good income but are compliant in paying BPJS Mandiri contributions are 24 respondents (88.8%). While respondents with less income but are not compliant in paying BPJS Mandiri contributions are 14 respondents (66.6%). From the table above shows the P-Value value obtained is 0.000, this means there is an influence between income on compliance to pay BPJS Mandiri Contributions. The Correlation Coefficient result of 0.576 shows that the closeness of the influence of income on compliance is in the medium range.

Table 4. Multivariate analysis was conducted to determine the influence of several independent variables simultaneously on the dependent variable. The analysis used was: multiple logistic regression

Table 4. Multivariate analysis

Variables	B	Std. Error	Beta	t	Sig	Lower Bound	Upper Bound
(Constant)	.136	.222		.614	.543	-.312	.585
Motivation	-.067	.118	-.066	-.571	.571	-.304	.170



Perception	.270	.122	.282	2.209	.033	.024	.517
Distance	.283	.127	.293	2.219	.032	-0.26	.540
Income	.360	.116	.374	3.099	.003	.126	.594

In Table 4, the regression equation obtained is $0.0136 - 0.067 + 0.270 + 0.283 + 0.360$. The constant value obtained is 0.136, which means that if motivation, perception, distance, and income have a value of 0.543 (constant), compliance will have a value of 0.136. The regression coefficient value of motivation is negative (-) at -0.067, which means that if motivation increases, compliance will decrease, and vice versa. The regression coefficient value of perception is positive (+) at 0.270, which means that if perception increases, compliance will increase, and vice versa. The regression coefficient value of distance is positive (+) at 0.283, which means that if distance increases, compliance will increase, and vice versa. The regression coefficient value of income is positive (+) at 0.360, which means that if income increases, compliance will increase, and vice versa.

DISCUSSION

Compliance with BPJS Mandiri premium payments is a health behavior that has direct implications for the sustainability of the National Health Insurance system (BPJS Kesehatan, 2024) From the perspective of Andersen's Health Service Utilization Behavior Model, compliance is influenced by predisposing factors (knowledge, motivation, perception), enabling factors (income, accessibility, distance), and need factors (8)

The results of this study indicate that compliance with BPJS Mandiri contribution payments in the Kolono Community Health Center work area is quite good (64.6%), but there is still a proportion of respondents who are not yet compliant. This finding is in line with this study (9) which found that intrinsic motivation such as the desire to maintain family health and avoid large expenses when sick has a significant role in increasing the compliance of PBPU participants in Indonesia. An international study by (10) also showed that motivation can increase when participants understand that healthcare costs in developing countries can be a significant financial burden, making insurance a fundamental necessity.

The results of the study showed that motivation significantly influenced BPJS Mandiri contribution payment compliance ($p = 0.046$), although the relationship was weak ($r = 0.246$). In the Health Belief Model (HBM) (11) motivation is closely related to perceived benefits and an individual's internal drive to avoid health risks. Motivated individuals will view contributions as a form of long-term health protection investment. These results align with research (6) (12) and (13) stated that intrinsic motivation contributes to compliance with JKN premium payments. However, the weak relationship suggests that motivation is not the sole dominant factor. Several international studies (Atinga et al., 2020 & Fenny et al., 2021) also report that participant motivation can decrease when service benefits are not directly perceived. In multivariate analysis, the motivation coefficient was negative, indicating that after being controlled for other variables, the influence of motivation becomes less dominant. This can be explained by the Theory of Planned Behavior (16) where individual intentions and motivation can be hampered by low perceived behavioral control, particularly limited income and access to healthcare.

Perception has a significant and moderate relationship with compliance with premium payments ($p = 0.000$; $r = 0.566$). Perceptions in this study reflect participants' views on the benefits, service quality, and fairness of the BPJS Kesehatan system. In the HBM, perceived benefits are the primary determinant driving compliance behavior. This finding is consistent with research by (17) (18) and (19), which states that positive perceptions of health service quality are closely related to compliance among JKN participants. Previous international research by (20) and (21) also confirms that perceptions of service quality are a key predictor of continued health insurance participation. In multivariate analysis, perceptions continued to show a positive and significant effect, indicating that perceptions are a key factor in shaping compliance behavior. This suggests that improving service quality, risk communication, and public education are important strategies for increasing compliance with BPJS Mandiri premium payments.

Distance from residence to healthcare facilities significantly influences BPJS Mandiri contribution payment compliance ($p = 0.000$; $r = 0.576$). In the model (8) distance is part of the enabling factors that determine healthcare accessibility. Respondents who live close to healthcare facilities tend to be more compliant because they utilize services more frequently and experience direct benefits from BPJS membership. These results align with those of (22) (23) and (24) indicate that limited geographic access is a major barrier to healthcare utilization and premium payment compliance. Previous international research by (25) and (26) also confirms that distance and availability of healthcare facilities influence the sustainability of the health insurance system. These



findings suggest that improving compliance is inextricably linked to efforts to equalize access to healthcare, particularly in rural and remote areas.

Income showed a significant relationship with BPJS Mandiri contribution payment compliance ($p = 0.003$). In health economics theory, income reflects the ability to pay, which is a major determinant of compliance with financial obligations (27) Respondents with higher incomes have sufficient economic capacity to pay contributions regularly. This finding is consistent with research by (28) (29) and (30) which shows that participants with low incomes are more vulnerable to contribution arrears. International research by (31) and (32) also confirms that financial protection is key to the sustainability of the health insurance system. Within the framework of the Theory of Planned Behavior (11) income influences perceived behavioral control, thus directly impacting the realization of contribution payment intentions. These findings emphasize the importance of subsidy policies, optimization of PBI participants, and flexibility in contribution payment mechanisms for independent participants.

Multivariate analysis showed that motivation, perception, distance, and income simultaneously explained 52.8% of the variation in BPJS Mandiri contribution compliance. This finding reinforces the theoretical view that compliance is a multidimensional phenomenon influenced by individual, social, economic, and structural factors. These findings align with previous studies that suggest that improving compliance requires a comprehensive approach, focusing not only on changing individual behavior but also on improving the healthcare system and financing policies.

CONCLUSION

This study confirms that compliance with BPJS Mandiri premium payments is a multidimensional health behavior, influenced simultaneously by motivation, perception, distance, and income. Perceptions of benefits and service quality emerged as the most consistent factors influencing compliance, while individual motivation tended to weaken when not supported by adequate economic capacity and access to services. These findings reinforce the relevance of the Health Belief Model, the Theory of Planned Behavior, and the Andersen Model in explaining compliance behavior among JKN participants, particularly among independent participants. Reflectively, the results of this study indicate that increasing compliance with premium payments cannot rely solely on individual behavior change approaches but must be balanced with structural improvements to the health system. Efforts to improve the quality and equitable access to health services, accompanied by financial protection policies for low-income groups, are key to maintaining the sustainability of BPJS Mandiri membership and supporting the stability of National Health Insurance financing.

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