



(RESEARCH ARTICLE)



The effect of knowledge on paying regulation contributions for Independent National Health Insurance (NHI) participants post policy to increase NHI contributions in Muna District, Southeast Sulawesi Province

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Abstract

Until the end of 2021 the number of NHI participants has reached 229 million people, but the increase in the number of participations is not in line with the increase in compliance with paying NHI contributions. The purpose of this study was to determine the effect of knowledge on the regularity of paying NHI contributions for independent participants after the increase in contributions in Muna Regency, Southeast Sulawesi. The type of research used is the type of quantitative research using a cross-sectional study design. The research sample size used was 98 respondents. Techniques Data collection is done by means of interviews and field observations. Techniques Data analysis was carried out by means of Univariate analysis and bivariate analysis. The data presentation technique is done in the form of a frequency distribution accompanied by an explanation. The results showed that there was no effect of knowledge on the regularity of paying dues for independent NHI participants after the policy of increasing contributions in Muna Regency, Southeast Sulawesi Province with a value of $P = 0.871$ ($p > 0.05$). Conclusion; there is no effect of knowledge on the regularity of paying NHI contributions for independent participants after the policy of increasing the contribution. Recommendation; the need for SSA to improve education for NHI participants to provide understanding and encouragement so that the community continues to actively participate in paying NHI contributions.

Keywords: Knowledge; Regularity; dues; NHI

1. Introduction

There has been a very significant development, it is assumed that the world's health insurance market has increased from US\$1.465.8 billion in 2019 to US\$2.210.62 billion in 2027. The increase in the insurance market is due to an increase in the human population, especially in the elderly, the high cost of medical examinations, the government's initiative to improve the policy for reimbursement of surgical services, and the efforts to improve health insurance services, especially in payment of claims. Based on this information presentation, it is certain that health insurance is one of the alternative financing for health services that will continue to grow in the future [1].

Along with the development of today's millennial era, the health insurance method plays a very important role as one of the financing instruments that can achieve the goal of universal health coverage to improve public health status. Based on this fact, the World Health Organization (WHO) encourages countries in the world to provide health insurance to their people, either in the form of commercial or social health insurance. Even since 2001 WHO has recommended a health insurance program as an alternative financing for the success of the immunization program [1].

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The main objective of creating an integrated health insurance system in Indonesia is to achieve the highest level of public health, non-discriminatory, participatory and sustainable. The policy of regulating social security rights is aimed at meeting the basic needs of a neat and comprehensive life as stipulated in Law Number 40 of 2004 concerning the National Social Security System. In administering the National Social Security System, it is submitted to a social security management legal entity, hereinafter referred to as the Social Security Administering Body (SSA). In its implementation, SSA can be divided into two parts, namely SSA Employment and SSA Health. SSA Employment has four insurance programs: work accident compensation, death insurance, old age insurance, and health insurance, however SSA Health only has one insurance program for health insurance called the National Health Insurance [2].

All Indonesians are required to have health insurance, known as the national health insurance, by paying a number of contributions. The National Health Insurance Contribution is the amount of funds that must be paid by each NHI participant each month according to the membership class he chooses. In general, there are two groups of participation in the national health insurance, namely the Contribution Assistance Recipient (CAR) which consists of the poor or the poor, and the Non-CAR (Non-CAR) community which consists of independent employees and earns income from their business. Alone [3].

Currently, the number of users of the NHI program has reached 222.5 million people as of December 31, 2020. This figure has reached 81.3% of the entire population of Indonesia. The number of participants who receive contribution assistance sourced from the State Budget and Regional Revenue Budget is 132.8 million people. Meanwhile, for NHI participation from wage-earning workers (WEW), both civil servants and business entities, there were 55.1 million people, where the NHI Contribution was paid through deductions from the employee's salary. NHI membership for independent users consists of 30.4 million non-wage workers (NWW) and 4.1 million non-workers (NW) [4]. The growth in the number of participants is an indicator that the NHI program is increasingly needed by the community. Participation in SSA Health consists of two categories, namely participants who receive contribution assistance and participants who are not recipients of contributions or are independent. The number of SSA health participation in Indonesia continues to increase despite the fact that it is not balanced with regularity in paying contributions [4].

When it was first held, the NHI program faced many problems. One of them is the lack of health insurance funds. The shortage is caused by the high number of people suffering from chronic diseases so that the cost of health services increases. In addition, the high health burden is not matched by an adequate amount of contributions. However, if the problem of lack of funds is not immediately resolved properly, it will result in a decrease in the quality of health services, trust in service providers and service users so that public welfare will also decline. Likewise, if the problem of lack of funds is not resolved quickly, then NHI services will be difficult to achieve. The problem of lack of NHI funds at the national and regional levels has a pattern that is almost similar between the two, such as the low regularity in paying contributions, far below the claim for the guarantee provided and the lack of participant compliance in paying contributions, especially in the independent category [5].

In solving these problems, one of the difficult choices taken by the Government is to increase the NHI contributions for all classes, both from CAR and non-CAR or independent group participants. The amount of dues that must be paid by NHI participants is based on the provisions stipulated in Presidential Regulation Number 82 of 2018 concerning Health Insurance which was signed by President Jokowi on October 24, 2019. This regulation regulates the amount of contributions for the poor who are classified as part of the Contribution Assistance Recipient Participant segment, which is set at Rp.42.000/person/month, up from the previous Rp.23.000. The second segment is Non-Wage Recipients and Non-Employees, or better known as independent users, are also experiencing adjustments. The independent class 3 participant dues are Rp.42.000/person/month, up from the previous Rp.25.500. Class 2 fees are set at Rp.110.000/person/month, up from the previous Rp.51, 000. Class I fees are IDR 160,000 per person per month, up from the previous IDR 80,000 [6].

Independent NHI membership continues to increase but is contrary to the regularity in payment of NHI contributions. As a result, around Rp.3 billion of the monthly NHI fees were not paid. When compared with the total expenditure of SSA Health in financing sick participants, it is eleven times greater than the amount of income received from independent participant premiums [4]. The main component in facilitating the use of health services, namely compliance in paying NHI contributions for independent participants. The maximum monthly dues payment is the tenth of the current month. Participants who are late in making payments for their membership status will be suspended temporarily and will be fined 2.5% of the service fee each month that is in arrears [6].

In Southeast Sulawesi Province, the number of NHI participants, both CAR and non-CAR/independent, reached around 91.51% [7]. In Muna Regency the number of NHI participants was recorded on December 31, 2019 as many as 225.628 people from the total population consisting of CAR sourced from state revenue budget as many as 100.850 people, CAR

sourced from district/city regional expenditure budget as many as 81.272 people, CAR sourced from Provincial regional expenditure budget as many as 2.486 people while non-CAR workers who received wages There are 30.014 civil servants, 777 private employees who receive wages, 6.255 non-wage workers and 3.974 non-workers [8]. Therefore, an instrument is needed to measure the regularity of participants in paying dues to see their relevance in the scope of participation [9].

Muna Regency is one of the regencies in Southeast Sulawesi that has achieved UHC, but with the policy of increasing NHI contributions in 2021, which results in non-compliance and irregularities in paying NHI contributions. Therefore, it is necessary to conduct research on the effect of knowledge on the regularity of paying NHI contributions after the increase in NHI contributions in Muna Regency, Southeast Sulawesi Province in 2021. The purpose of this study was to determine the effect of knowledge on the Regularity of Paying dues on NHI Independent Participants after the Policy for Increasing NHI Contributions. In Muna Regency, Southeast Sulawesi Province.

2. Material and methods

The type of research used is the type of quantitative research using a cross-sectional study design. The research sample size used was 98 respondents. Techniques Data collection is done by means of interviews and field observations. Techniques Data analysis was carried out by means of Univariate analysis and bivariate analysis. The data presentation technique is done in the form of a frequency distribution accompanied by an explanation.

3. Results and discussion

3.1. Univariate Analysis

3.1.1. Knowledge

Knowledge is the result of knowing that can be obtained by someone as a reaction to knowing a phenomenon that occurs outside of oneself and within humans, by sensing, observing, thinking, feeling and intuition about a certain symptom, object or event. The distribution of respondents based on knowledge of independent NHI participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province, is presented in table 1.

Table 1 Distribution of respondents based on knowledge of independent NHI participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province

Knowledge	Amount (n)	Percentage (%)
Enough	61	62
not enough	37	38
Total	98	100

Source: Primary Data Year 2021

Based on Table 1, it shows that of the 98 respondents (100%), most of them have sufficient knowledge in paying NHI contributions, as many as 61 respondents (62%), and a small proportion have less knowledge in paying NHI contributions, which is 37. respondents (38%).

3.1.2. Regularity of Paying

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

Regularity of Paying Dues	Amount (n)	Percentage (%)
Regular	44	45
Irregular	54	55
Total	98	100

Source: Primary Data Year 2021

The regularity of paying National Health Insurance contributions in this study is the timeliness of payment of National Health Insurance contributions made by respondents, where the payment time has been determined no later than the tenth of each current month as stipulated in the Presidential Regulation of 2021. The distribution of respondents is based on regularity. Paying the dues of independent NHI participants, is presented in table 2.

Based on Table 2, it shows that from 98 respondents (100%) there are 44 respondents (45%) have regularity in paying NHI contributions and as many as 54 respondents (55%) do not have regularity in paying NHI contributions.

3.2. Bivariate Analysis

The effect of knowledge on the regularity of paying dues for independent NHI participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province

The effect of knowledge on the regularity of paying dues for independent NHI participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province is presented in table 3.

Table 3 Effect of knowledge on the regularity of paying dues for independent NHI participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province

Knowledge	Regularity of Paying Dues				Amount		P Value
	Regular		Irregular		n	%	
	n	%	n	%			
Enough	27	44	34	56	61	100	0,871
Not enough	17	46	20	54	37	100	
Total	44	45	54	55	98	100	

Source: Primary Data Year 2021

Based on Table 3 shows that of the 61 respondents (100%) who have sufficient knowledge there are 27 respondents (44%) who have regularity in paying NHI contributions, and there are as many as 34 respondents (56%) who do not have regularity in paying NHI contributions. Meanwhile, from 37 respondents (100%), who have sufficient knowledge, 17 respondents (46%) have regularity in paying NHI contributions and there are 20 respondents (54%) who do not have regularity in paying NHI contributions.

The results of the chi square test obtained a value of $p = 0.871$ ($p > 0.05$) which means that H_0 is accepted. This shows that there is no influence of knowledge on the regularity of paying NHI contributions for independent participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province.

4. Discussion

Knowledge is the result of knowing that has been obtained by someone as a reaction to knowing a phenomenon that occurs outside of oneself and within humans, by means of sensing, observing, thinking, feeling and intuition about a particular symptom, object or event. Knowledge possessed by a person becomes a determinant for someone to do or not to do. With the knowledge possessed, a person is expected to be able to implement positive healthy behavior, namely the willingness to pay NHI contributions on time.

According to Notoatmodjo, knowledge is the result of knowing and values that occur after people sense a certain object. Cognitive knowledge is a very important domain for the formation of one's actions. Knowledge of independent NHI participants is all information held by patients regarding compliance in paying independent NHI premiums as well as other knowledge related to products and services as well as information related to their function as patients [10].

Based on the research findings as presented in table 3, it shows that respondents who have sufficient knowledge, are more in number who are irregular in paying NHI contributions than those who regularly pay NHI contributions. Theoretically there is a relationship between knowledge and regularity in paying NHI contributions, but in reality this is not the case, this happens because there are other factors that affect the regularity of paying contributions, for example the ability aspect, one's income factor, one's motivational aspect, perception factor for NHI services, support family and satisfaction with the health services they receive. However, from the results of the study, it was also found

that respondents who have less knowledge, are more irregular in paying NHI contributions than those who regularly pay NHI contributions, this is because they feel that the payment of the contributions they deposit has not become a priority at this time because they are in a state of emergency. The covid-19 pandemic, people's incomes have decreased when people's activities are restricted.

Good knowledge has positive decision-making opportunities, including compliance with paying NHI premiums. Lack of knowledge of participants regarding payment of contributions, including the consequences of non-compliance with payment of contributions, is an obstacle to the sustainability of payment of contributions for non-CAR/independent NHI participants [11].

Based on the results of the chi square test as presented in table 3, the value of $p = 0.871$ ($p > 0.05$) means that H_0 is accepted. This shows that there is no influence of knowledge on the regularity of paying NHI contributions for independent participants after the contribution increase policy in Muna Regency, Southeast Sulawesi Province. This needs to be highlighted by several relevant parties in providing NHI information to the public, so that not only people with higher education, but people with low education can understand the NHI program well, and even have awareness and willingness to pay NHI contributions. The absence of a relationship between knowledge and regularity in paying NHI Independent contributions is in line with the results of research conducted by [12] which revealed that there was no significant relationship between knowledge and regularity in paying NHI Independent contributions at dr. Soebandi, Jember Regency.

From the results of the study as presented in table 1, generally participants have sufficient knowledge about NHI because the community has received NHI socialization through social media, electronic media and education carried out by SSA either directly or indirectly in the community. Socialization, education and information received by the community can increase their knowledge so that they have a high awareness of obtaining and utilizing health protection when they are sick so that participants can benefit from the health care they receive. They also have the awareness to comply with the payment of NHI contributions.

Another finding during the study was that respondents who had less knowledge were caused by not getting socialization, information and education carried out by the SSA. Education socialization through electronic media they do not know. Information about NHI they get from family information, friends or when visiting health services. Specific knowledge about NHI that is not yet known by participants includes membership registration, membership requirements, registration procedures, registration mechanism, membership fee amount after changes, amount of fines, health care classes, time limit for registration each month, membership changes, participants upgrade to class, rights and obligations of participants, and so on.

Many NHI participants still do not know the specifics related to the Independent NHI, such as the Independent NHI dues to be paid every month no later than the tenth of the current month. Independent NHI participants are participants who are not recipients of contribution assistance whose contributions are paid by the government. In general, NHI participants consist of 2, namely CAR and Non-CAR. Within NHI there are 3 (three) classes of care that are guaranteed or provided for participants, namely grades 1, 2, 3. Health services that are not guaranteed by NHI are alternative medicine services and cosmetic services. The premium for NHI Independent class III participants is Rp.42, 000, per person per month with the benefit of services in the treatment room class III. The government continues to provide contribution assistance of Rp.7, 000, so the class III fee is Rp.35, 000. The contribution for NHI Independent class II participants is Rp.110, 000, per person per month with the benefits of service in the treatment room class II. The premium for NHI Independent class I participants is Rp.160, 000, per person per month with the benefit of services in the treatment room class I [6].

In fact, it was found that although independent NHI participants already had sufficient knowledge about NHI, their compliance in paying contributions was still lacking, this was due to their low income so that the most urgent needs took precedence over health services. The main need referred to here is the need for food, drink and clothing that is urgent. In general, respondents who have sufficient knowledge but are not regular in paying NHI contributions, this is due to a decrease in income during the COVID-19 pandemic, but they will pay NHI contributions when they are sick. Thus, the efforts of the relevant agencies in this case the SSA and the Muna district health office may be able to increase socialization, education and information in the community in order to increase the knowledge of independent NHI participants.

5. Conclusion

There is no effect of knowledge on the regularity of paying NHI contributions to independent participants after the policy of increasing NHI contributions in Muna Regency, Southeast Sulawesi Province with a value of $p=0.871$ $p<0.05$). Recommendation; the need for SSA to improve education for NHI participants to provide understanding and encouragement so that the community continues to actively participate in paying NHI contributions.

Compliance with ethical standards

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Author contribution

Suhadi, Nani Hendryani, and I Made Christian Binékada as designers, implementers of research and preparation of reports. Suhadi as a reviewer of the report manuscript. Nani Hendryani as data collector, analyzer and interpreter of data. All authors read and agree to the Final Report.

Disclosure of conflict of interest

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

Statement of informed consent

All informants/respondents involved in this study have stated their consent as informants/respondents to be interviewed and provided information/information in accordance with research needs.

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