
Determinants Compliance of Rubber Farmer for Paying Contributions Independent Health BPJS in Muaro Jambi Regency

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Abstract

The National Health Insurance Program organized by the Social Security Administering Body (BPJS) in accordance with the provisions of Law Number 24 of 2011 which is a government program is useful to support deterministic and comprehensive health insurance for all Indonesian people so that Indonesian people can live healthy, productive, and prosperous. It was also recorded for the number of BPJS membership per segment on September 30 in Jambi Province, as many as 2,637,537 people who became BPJS participants with a percentage of 74.66%, with a total of 641,323 PBPJ Mandiri members. Based on data from BPJS Jambi City, the data in arrears in 2019 in Muaro Jambi Regency as a whole is 60.3%. The purpose of this study was to obtain an overview of the determinants of rubber farmer compliance in paying BPJS health contributions independently in Muaro Jambi in 2021. This study used a cross-sectional method, with a population of 75,437 and a sample of 106. In this study, bivariate analysis used the chi test. -square. The results of this study indicate that there is no relationship between the knowledge variable and the number of family members with the compliance of rubber farmers in paying independent health BPJS contributions, while there is a relationship between income variables, distance of payment places and perceptions with rubber farmers' compliance in paying BPJS independent health contributions.

Keywords: BPJS, Rubber Farmers, Compliance

INTRODUCTION

Health is a state of physical and mental health, a spiritual and social to enable everyone to live productively, socially and economically. Health is the right of everyone, therefore at the 58th meeting in Geneva, the WHA (World Health Assembly) emphasized on health financing to access health services. The 58th WHA meeting also issued a health financing resolution, which subsequently through UHC or *Universal Health Coverage* also emphasized the WHO (*World Health Organization*) to encourage members of the United Nations (United Nations) including Indonesia to start implementing the UHC system. Therefore, in Indonesia, the government is responsible for UHC. The National Health Insurance Program organized by the Social Security Administering Agency (BPJS) is in accordance with the provisions of Law Number 24 of 2011 which states that government programs are useful to support deterministic and comprehensive health insurance for all Indonesian people so that Indonesian people can live healthy, productive, and prosperity. According to Law No. 40 of 2004, health insurance is a kind of protection given to the community, which allows its members to benefit from health care protection to fulfill essential health needs. This protection is given to those who have paid dues, either self-paid or have been paid by the government. Based on Government Regulation of the Republic of Indonesia Number 19 of 2016 concerning health insurance contributions, it is the amount of fees that must be paid regularly by participants who are members of health insurance.

Farmers are Indonesian citizens who are individuals or their families running an agricultural business in the cultivation of food crops, horticulture, plantations or animal husbandry. It was also recorded for the number of BPJS membership per segment on September 30 in Jambi Province, as many as 2,637,537 people who became BPJS participants with a percentage of 74.66%, with a total of 641,323 PBPJ Mandiri members. In Muaro Jambi Regency itself. Based on BPJS data for

September 30, 2021, it can be seen that the number of BPJS participants in Muaro Jambi is 390,347, with the number of PBI participants being 99,014 participants with a percentage of 25.37%. as many as 29,341 people with a percentage of 7.52%, PPU participants 77,487 participants with a percentage of 19.85%, while for independent PBPU as many as 75,437 participants with a percentage of 19.33%, with a total coverage of 390,347 participants with a percentage of 72.52% of the 95% target UHC set ⁶. Based on data from BPJS Jambi City, data arrears in 2019 in Muaro Jambi Regency class I as many as 3,371 participants with a percentage of 4.47%, for class II as many as 9,156 participants with a percentage of 12.14%, and Class III as many as 32,976 participants with a percentage of 43, 71%. So the overall percentage is 60.3%.

Based on the initial survey conducted by researchers on 15 rubber farmers, there are 10 people who pay BPJS Mandiri contributions above the 10th of every month, while at BPJS itself there is a payment deadline on the 10th of every month. From the initial interview survey, it was also known that from 15 rubber farmers 7 people did not know the limit for paying BPJS on the 10th of every month, 10 people because of their income, 8 people because of the number of dependents in the family, and 5 people because of their perception of BPJS.

Seeing the phenomena, it is necessary to conduct an in-depth study on " Determinants of Compliance of Rubber Farmers in Paying BPJS Health Mandiri Contributions in Muaro Jambi Regency in 2021".

RESEARCH METHODS

This research is a type of research that is survey in nature. Survey research is research that uses questionnaires to collect data from a population. This study is a quantitative study and a *cross-sectional study design*. The type of research instrument used in this study is a questionnaire.

In research using the sample using the purposive sampling method here, this technique is usually done because of several considerations²⁴. The sample in this study was taken from 2 sub-districts in Muaro Jambi, namely Jambi Luar Kota sub-district and Mestong sub-district with a total sample of 106 respondents calculated using the Lemeshow formula.

Primary data used a questionnaire to collect research primary data, and primary data was collected from answers to questions on various research topics by questionnaires. It is believed that the person who has been identified is the one who has been adopted by several published research groups from a number of powerful organizations. the questionnaire in question is a questionnaire that has been identified by several research groups that have succeeded in withdrawing publicly from powerful institutions.

This year's research data comes from health data from the Health Bureau and the 2021 Census, as well as the condition of the area where the research will be conducted, the number of non-PBI JKN participants in the PBPU and Non-Worker groups in Muaro Jambi Regency, Jambi Province, and other data related to the research. This study uses data processing techniques using computers and statistical software. The variables measured in this study are where the dependent variable is compliance, while the independent variables are income, knowledge, number of families, distance from place of payment and perception.

a. Analysis Univariate

The benefit of this activity is to get an overview of each variable being studied. Such as getting an overview of rubber farmers' compliance in paying BPJS health contributions.

b. Analysis Bivariate

Bivariate analysis is the process of analyzing each independent variable and the dependent variable to review whether there is a statistically significant bond. To see whether or not there is a

relationship between rubber farmers' payment compliance with the variables taken to see the chi-square test. According to Sabri and Hastono (2006), the chi -square test is a hypothesis test that involves a comparison between the observed and expected frequencies based on certain hypotheses .

RESULTS AND DISCUSSION

Result

1. Univariate Analysis

From the research that has been carried out, it was found that the distribution of respondents was based on the research variables. Each categorization variable is calculated based on the median (because the data are not normally distributed).

a. Dependent Variable

Table 1. Distribution of Respondent Compliance Dependent Variables

Obedience	f	%
Less Obedient	56	52.8
Obedient	50	47.2
Total	106	100.0

From table 1. it can be concluded that from 106 respondents, the percentage of the respondent's compliance variable is most of the respondents who are less compliant with a percentage of 52.8%, while for respondents who are compliant, it is 47.2%.

b. Independent Variable

Table 2. Distribution of Independent Variables of Respondents' Income

Income	f	%
Low	53	50.0
High	53	50.0
Total	106	100.0

From Table 2. it can be concluded that from 106 respondents the percentage of income variable for respondents with low income is the same as respondents with high income, which is 50.0%.

Table 3 Distribution of Knowledge Independent Variables

Knowledge	f	%
Low	54	50.9
High	52	49.1
Total	106	100.0

From table 3. it can be concluded that from 106 respondents the percentage of the knowledge variable can be seen that most of the respondents have low knowledge with a percentage of 50.9%, while for high knowledge it is 49.1%. This variable is categorized based on the median value because the data is not normally distributed.

Table 4. Distribution of Independent Variables Number of Family Members

Number of Family Members	f	%
Big	52	49.1
Small	54	50.9
Total	106	100.0

From table 4. it can be concluded that from 106 respondents, most of the respondents have a small family amounting to 50.9% and for a large family amounting to 49.1%.

Table 5. Distribution of Independent Variables Distance to Place of Payment

Payment Place Distance	f	%
Less Affordable	77	72.9
Affordable	29	27.4
Total	106	100.0

From table 5. it can be concluded from 106 respondents that most of the distances to places of payment are less affordable with a percentage of 72.9%, while the distance to places where payments are affordable is 27.4%.

Table 6. Characteristics of the Independent Variables Perceptions of Respondents

Perception	f	%
Not Good	69	65.1
Good	37	34.9
Total	106	100.0

From table 4.7 it can be concluded that most of the respondents with poor perceptions are 65.1%, for good perceptions the percentage is 34.9%.

2. Bivariate Analysis

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

1. The Relationship Between Income And Compliance Of Rubber Farmers In Paying Contributions Of BPJS Kesehatan Mandiri In Muaro Jambi.

Income is the amount of income received by the head of the family in a certain period of time. Income in this study is the average amount of compensation received each month to meet household needs. The table below shows the relationship between income and compliance with paying BPJS contributions:

Table 7. Cross-tabulation of the Relationship Between Income and Compliance of Rubber Farmers in Paying BPJS Health Contributions in Muaro Jambi

Income	Compliance				Total		PR (95% CI)	ρ - Value
	Less Obedient		Obedient		n	%		
	n	%	n	%				
Low	34	32.1	19	17.9	53	50.0	1.545	0.032
Tall	22	20.8	31	29.2	53	50.0	(1.059- 2.255)	
Total	56	52.8	50	47.2	106	100.0		

Based on the table it can be concluded that 32.1% with low incomes are less compliant in paying BPJS independent health contributions, with the results of the *chi-square statistical test*, the value $\rho = 0.032$ which means that the value is smaller than the value of $= 0.05$ so H_0 is rejected, meaning that there is no relationship between income and rubber farmer compliance in paying BPJS health contributions in Muaro Jambi Regency.

Based on the risk estimate, the PR value with 95% Confident Interval is 1.545, indicating that respondents with low incomes have an opportunity to be less compliant which is 1.545 greater than

those with high incomes.

2. The Relationship Between Knowledge And Compliance Of Rubber Farmers In Paying The Independent Health BPJS Contribution In Muaro Jambi.

Based on this, it is based on the theory of John S. Askin in Ariadi 2015. This theory states that knowledge is an important factor that influences personality and perspective in determining one's health. The table below shows the relationship between knowledge and compliance in paying BPJS contributions:

Table 8. Cross-tabulation of the Relationship Between Knowledge and Compliance of Rubber Farmers in Paying BPJS Health Independent Contributions in Muaro Jambi

Knowledge	Compliance				Total		PR (95% CI)	ρ - Value
	Less Obedient		Obedient		n	%		
	n	%	n	%				
Low	32	30.2	22	20.8	54	50.9	1.284 (0.889- 1.854)	0.247
High	24	22.6	28	26.4	52	49.1		
Total	56	52.8	50	46.2	56	100.0		

Based on the table, it can be concluded that from 54 people (50.9%) with poor knowledge category 30.2% of them do not comply in paying BPJS health based on statistical test results with *chi-square* value $\rho = 0.247$ which means that the value is greater than the value of $= 0.05$ so H_0 is accepted, meaning that there is no relationship between knowledge and compliance with rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

Based on the risk estimate, the PR value with 95% CI is 1.284, indicating that respondents with low knowledge have a less than 1.284 chance of being less compliant than respondents with high knowledge.

3. The Relationship Between The Number Of Families With The Compliance Of Rubber Farmers In Paying The Independent BPJS Health Contribution In Muaro Jambi.

The number of family members in this study is the total number of family members who live in one house. The table below shows the relationship between the number of family members and compliance with paying BPJS contributions:

Table 9. Cross-tabulation of the Relationship Between Number of Family Members and Compliance of Rubber Farmers in Paying BPJS Kesehatan Mandiri Contributions in Muaro Jambi

Number of Family Members	Compliance				Total		PR (95% CI)	ρ - Value
	Less Obedient		Obedient		n	%		
	n	%	n	%				
Big	24	22.6	28	26.4	52	49.1	0.779 (0.536- 1.125)	0.247
Small	32	30.2	22	20.8	54	50.9		
Total	56	52.8	50	46.2	56	100.0		

Based on the table, it can be concluded that 30.2% of respondents who are less obedient in paying contributions are in the category of small family members.

The results of statistical tests with *chi-square* obtained value $\rho = 0.129$ which means that the value is greater than the value of $= 0.05$ so H_0 is accepted, meaning that there is no relationship between the number of family members and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

Based on the risk estimate, the PR value with 95% CI is 0.779, indicating that respondents with a large number of members have the opportunity to be less compliant, which is 0.779 more large than

respondents who have a number of family members.

4. The Relationship Between The Distance Of The Place Of Payment And The Compliance Of Rubber Farmers In Paying The BPJS Health Mandiri Contribution In Muaro Jambi.

Distance is a unit of kilometers traveled by a person to reach a place or destination. The table below shows the relationship between income and compliance with paying BPJS contributions:

Table 10. Cross-tabulation of the Relationship Between Distance from Place of Payment and Compliance of Rubber Farmers in Paying BPJS Kesehatan Mandiri Contributions in Muaro Jambi

Payment Place Distance	Compliance		Total		PR (95% CI)	ρ - Value		
	Less Obedient	Obedient	n	%				
Less Affordable	35	33.0	42	39.6	77	72.6	0.628 (0.450-0.875)	0.024
Affordable	21	19.8	8	7.5	29	27.4		
Total	56	52.8	50	47.2	106	100.0		

Based on the table above, it can be concluded that 39.6% of respondents with less affordable distances to pay are compliant in paying BPJS health contributions independently. Based on the results of the statistical test results from the *chi-square test*, the value $\rho = 0.024$ which means that the value is smaller than the value of $= 0.05$ so that H_0 is rejected, meaning that there is a relationship between the distance from the place of payment and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

5. The Relationship Between Perceptions About Health Services With Compliance Paying BPJS Mandiri In Muaro Jambi.

Public perception of health services in collaboration with health insurance providers can influence the public's willingness to continue to pay BPJS health care costs independently¹⁰. The table below shows the relationship between perception and compliance with paying BPJS contributions:

Table 11. Cross-tabulation of the Relationship Between Perceptions of Health Services and Compliance with Paying BPJS Mandiri in Muaro Jambi

Perception	Compliance		Total		PR (95%CI)	ρ - Value		
	Less Obedient	Obedient	n	%				
Not good	42	39.6	27	25.5	69	65.1	1,609 (1.021-2.534)	0.039
Good	14	13.2	23	21.7	37	34.9		
Total	56	52.8	50	47.2	106	100.0		

Source: Primary Data 2021

Based on the table above, it can be concluded that 39.6% with the category of bad perception is less compliant in paying BPJS health contributions with the results of the *chi-square statistical test*, the value $\rho = 0.039$ which means that the value is smaller than the value of $= 0.05$ so H_0 is rejected, meaning that there is a relationship between perception and compliance with rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

Based on the risk estimate, the PR value of 95% CI is 1.609, which means that respondents with bad perceptions have a 1.609 chance of being less compliant than respondents with high perceptions.

Discussion

1 Relationship Between Revenue and Compliance.

Income or in come are funds that earned by individuals and industry _ compensation in the form

of money , wages, rent interest and benefits including various benefits including medical assistance and retirement. According to Lawrence Green in Notoatmodjo status income is wrong one factor predisposition which could influence someone's behavior in payment dues

The results showed that the respondents who had the same low and high incomes amounted to 53 people (50.0%) from the results of statistical tests using the *chi-square test* , the value $\rho = 0.032$ which means that the value is smaller than the value of $= 0.05$ so H_0 is rejected, meaning that there is a relationship between income and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

Based on the research of Nawirah and Andi (2020) the results of observations of people's income levels can have a major influence on people's willingness to insurance. The greater the individual's income, the greater the public's will for insurance and when paying contributions. Small income can reduce obedience when paying BPJS contributions to the community, because families have many needs that must be met. Due to the high demand, there is no allocation of income used to pay contributions. Likewise, the impact of income on community compliance to pay BPJS contributions. Individual income has an important role in the magnitude of individual awareness of compliance when paying BPJS contributions.

This is in accordance with research conducted in the City of Solok in 2020 regarding the compliance of payment of dues for independent participants of the JKN BPJS Health program in Solok City. Where compliance in paying BPJS independent health contributions is higher when a person or family has high knowledge, while in the group with a low level of compliance, there is a group with low knowledge . The results of statistical tests show that there is a significant relationship between the level of knowledge and compliance with the payment of the JKN program contributions. This study also agrees with the research conducted in Jambi with the results that there is a relationship between income and compliance with paying BPJS health contributions to PBPU-independent workers in the Jambi KC working area. And in line with research conducted at the Tamamaung Health Center 2020 which can be seen that the level of income has a relationship with compliance with paying BPJS Mandiri contributions.

This is not the case with research conducted in the Ranotana Weru health center in 2019 which found that JKN Mandiri participants were participants with low incomes but were more compliant in paying dues compared to high-income but non-compliant participants. JKN Mandiri participants with low incomes during the question and answer session argued that health is one of the main benefits of life and needs to be maintained and taken into account.

Rosmanely (2018) research on the study Disobedient pay dues bpjs health participant non pbi no receiver wages in Ward machete Rude Subdistrict Tamalate is assumed that basically families with high incomes still do not comply with the payment of contributions, because they are still able to pay to the clinic when they need health services without taking into account the amount that must be spent during the visit.

2 The Relationship Between Knowledge and Compliance.

JKN Mandiri participants who are in the area of Ranotana Weru Health Center assume that knowledge about is really important. The community perceives that the existence of counseling from BPJS needs to be increased again so that the community is more knowledgeable about the basis of why people must pay contributions and what benefits can be received if they pay national health insurance.

According to Pengstika et al (2018) Knowledge is information obtained by individuals in order to increase knowledge about information, as well as members who have health insurance, and have obtained information about the obligation to be members of health insurance so that participants' knowledge is getting better and this also increases the willingness of members in paying dues in accordance with the provisions of the organizing body because members already understand the

knowledge of their responsibilities as members of health insurance. On the other hand, members who have low knowledge of information about their responsibilities as members of health insurance can reduce the awareness of members in fulfilling their responsibilities in paying contributions because members are still not well-informed about the obligations of health insurance.

According to Fawaid (2020) knowledge is a factor that affects compliance in paying contributions, the higher the knowledge of the community, the higher the community's compliance when paying independent JKN contributions. Cognitive knowledge is a domain whose urgency is important in the structure of individual behavior. The participants' lack of knowledge about payment of contributions and the impact of non-compliance in payment of contributions are factors that make it difficult to continue paying contributions to JKN Mandiri members.

The results of statistical tests with *chi-square* known value $\rho = 0.247$ which means that the value is greater than the value of $= 0.05$ so H_0 is accepted, meaning that there is no relationship between knowledge and compliance with rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

This study is in line with research conducted in Cempaka Putih 2018 respondents who do not comply with paying the largest dues are respondents with good knowledge, compared to sufficient knowledge, which can be concluded that there is no significant relationship between respondents' knowledge and compliance with paying BPJS contributions.¹⁹ this research is also in line with research conducted in Gowa in 2021 where there is no relationship between knowledge and compliance with paying bpjs contributions.

This is not in line with research conducted in the Ranotana Weru Health Center area of Manado City in 2019 with the results that it can be concluded that the total number of independent JKN members who obediently pay dues at the level of good knowledge are more than the total participants with low knowledge. The results of the chi square statistical test show that there is a relationship between the level of knowledge and the compliance of independent participants in paying national health insurance¹⁶. This decision is not in line with the research conducted in Benda Baru, based on the results of statistical tests, it was found that there was a relationship between knowledge and compliance with paying BPJS Mandiri contributions in Benda Baru Village.

3 Relationship Between Number of Families and Compliance

According to Rosmanely (2020) the number of family members in a large category is with more than 5 members so that it can be defined that a large number of family members in the family affects individuals in compliance with paying dues because dependents are too large to pay regularly with a large number of family members. and only one family uses health insurance services.

The results of statistical tests with *chi-square* known value $\rho = 0.247$ which means that the value is greater than the value of $= 0.05$ so H_0 is accepted, meaning that there is no relationship between the number of family members and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

This is in accordance with research conducted in Solok City (2020) which showed that the percentage of compliance of independent participants in paying the JKN program contributions was greater in the group with 5 family members (31.8%) compared to the group with the number of family members. > 5 people (17.6%). However, the results of statistical tests show that there is no relationship between the number of family members covered and compliance with the payment of JKN program contributions ($p = 0.378$). And agree with the research conducted at the BPJS Jambi Branch Office with the result that there is no significant relationship between the number of family members and compliance with paying BPJS Health contributions to PBPU-independent workers in the Jambi Branch Office work area. This study is also in line with the of Fajrini et al (2018) with the results that respondents who are less obedient in paying the highest dues are respondents with a large number of family members, namely (37.7%) with a total of 23 respondents compared to a small

number of families, namely (53.8%) with a total of 21 respondents. With $P_v = 0.168$, which means that there is no relationship between the number of respondents' families and disobedience in paying BPJS Health contributions¹⁹.

4 The Relationship Between Payment Place Distance And Compliance

Distance is the number of kilometers that an individual must travel to reach a certain location. The distance to the location of payment of contributions is crucial for compliance in payment of contributions, BPJS Kesehatan has collaborated with payment agents who have been spread out in various places, which are expected to provide convenience for JKN participants when reaching the location of payment of contributions so that participants can travel to the location of payment. the most from the house to the place of payment of contributions.

The results of research statistical tests with *chi-square* are known value $\rho = 0.024$ which means that the value is smaller than the value of $= 0.05$ so that H_0 is rejected and H_a is accepted, meaning that there is a relationship between the distance from the place of payment and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

The results of this study agree with Mardika's research (2018) on 27 respondents with a longer distance to the place of payment, they are less obedient when paying dues compared to 18 respondents who travel faster to the place of payment of contributions. The distance to the place of payment is tied to the obedience of the community in paying dues. Groups that have a short travel time are more obedient when paying compared to those with a longer travel time to the place of payment²¹. This is in line with the research conducted in the District of where the results of the study show that there is no relationship between the distance from the place of payment and compliance in paying BPJS contributions.

The results of this study do not agree with the results of Fajrini's research (2018), where the most respondents who neglect payments are those who travel to the payment location for 5 minutes or more, namely (40.0%). A total of 28 respondents with a travel time of less than or equal to 5 minutes. With $P_v = 0.312$, by definition there is no significant relationship between the respondent's travel time to the place of payment and non-compliance in paying BPJS Health contributions.

5 Relationship Between Perception and Compliance

The results of the study by Sahiddin, et al. (2017) stated that the perception of payment of contributions is a necessity that not all of the independent BPJS members are in arrears who are respondents in the study. a minority of respondents think that the payment of contributions is only if they are going to seek treatment at a health facility (when the BPJS card will be used). In contrast to informants who are diligent in giving contributions, they assume that they routinely pay every month as installments for health insurance obtained at the hospital.

According to Nurgahayu and Ulfah (2020) the perception of JKN program participants towards health services affiliated with BPJS Kesehatan can affect people's willingness to pay JKN contributions. If the good experience received by the member affects the participant to be diligent in paying their dues regularly, on the contrary, the bad experience received by the member will affect the participant not to pay the dues. The health services obtained are not good, such as the additional drug budget received by members and there is no clarity in detail for members, hospital rooms that are not in accordance with the classification authority of members, long queues and different services between JKN members and ordinary patients seen member.

The results of the statistical test of research with *chi-square* know the value $\rho = 0.039$ which means that the value is smaller than the value of $= 0.05$ so H_0 is rejected, meaning that there is a relationship between perception and compliance with rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.

This study is in line with research conducted in Tamamaung, the level of perception has a relationship with compliance with paying BPJS Mandiri contributions. This is because half of the

respondents think that BPJS Kesehatan is very useful for the most important members, namely those who need hospital treatment with chronic diseases. However, there are also many respondents who still think they are not good enough for BPJS. And this study also agrees with the research that has been carried out in Solok City with the results of statistical tests showing that there is a significant relationship between perceptions of health services and compliance with the payment of JKN program contributions ($p = 0.047$).

This is not in line with the research in Benda Baru in 2020 regarding the factors that influence the compliance of independent participants in paying bpjs contributions in Benda Baru Village which stated that the statistical test results obtained that respondents who obeyed paying larger contributions had a good perception, namely (57, 8%) with p value = 0.085 (> 0.05), which means that there is no significant relationship between respondents' perceptions and compliance with paying BPJS Health contributions.

CONCLUSION

Based on the results of the study, the following conclusions were obtained:

1. There is a relationship between income and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.
2. There is no relationship between knowledge and compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.
3. There is no relationship between the number of family members and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.
4. There is a relationship between the distance of the place of payment and the compliance of rubber farmers in paying BPJS health contributions in Muaro Jambi Regency.
5. There is a relationship between perception and compliance with rubber farmers in paying BPJS health contributions in Muaro Jambi Regency

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