

Analysis of Participant Behavior towards Late Payment of BPJS Kesehatan Contributions at the Manado Main Branch

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Abstract

This study analyzes the behavior of Non-Wage-Earning Participants (Peserta Bukan Penerima Upah/PBPU) toward late payment of BPJS Kesehatan (National Health Insurance) contributions at the Manado Main Branch. Using a qualitative, descriptive-analytical method combined with a phenomenological approach, and integrating the Theory of Planned Behavior (TPB) with the Health Belief Model (HBM), the study examines participant behavior through three dimensions: psychological, health-risk perception, and socio-economic. Primary data were collected through in-depth, semi-structured interviews with six purposively selected informants — two PBPU participants who had experienced late payment, two BPJS Kesehatan staff members handling participant registration, and two local community leaders — supplemented by field observation and documentation. Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (data collection, condensation, display, and conclusion drawing), and validity was established through source and technique triangulation and member checking, following Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability. The findings show that participants generally hold a positive attitude toward the obligation to pay contributions and receive supportive subjective norms from their families, yet their perceived behavioral control remains weak because of unstable income as informal-sector workers. Participants are aware of health risks and value the benefits of active membership, but economic barriers and a reactive mindset — treating BPJS Kesehatan as relevant only when ill continue to delay payment, even though reminders from telecollecting staff and JKN cadres are effective in prompting repayment. Socio-economically, unstable income is the most dominant factor behind late payment, financial and health literacy still varies among participants, and institutional trust, although relatively high, does not fully translate into consistent compliance. The study concludes that late payment among PBPU participants stems more from constrained financial capability and weak behavioral control than from a lack of knowledge of, or distrust in, BPJS Kesehatan, and it offers practical recommendations for BPJS Kesehatan, participants, and future researchers.

Keywords: Participant behavior, BPJS Kesehatan contributions, Theory of Planned Behavior, Health Belief Model, Non-wage-earning participants (PBPU).

1. Introduction

The Indonesian government administers National Health Insurance (Jaminan Kesehatan Nasional/JKN) through BPJS Kesehatan as its principal instrument for extending health protection to the entire population. The program rests on the principle of mutual cooperation (*gotong royong*): every participant is obliged to pay contributions regularly so that the funds collected can finance health services for all participants in need. Under this system, the sustainability of JKN depends heavily on participants' compliance in fulfilling their monthly payment obligations.

JKN also supports sustainable development, particularly the first Sustainable Development Goal (SDG 1), No Poverty. Health protection through JKN helps households reduce the risk that medical costs will erode their economic condition. The continuity of JKN is therefore a form of social protection oriented not only toward health service delivery but also toward the sustained welfare of society.

In practice, BPJS Kesehatan continues to face the challenge of late contribution payment, a problem most pronounced among Non-Wage-Earning Participants (*Peserta Bukan Penerima Upah/PBPU*) participants who pay their own contributions independently, without a salary deduction from an employer. Unlike participants in the formal sector, PBPU members must manage their own monthly payments, which makes them more vulnerable to late payment whenever their economic circumstances change or urgent household needs arise.

This phenomenon is evident in the working area of BPJS Kesehatan's North Sulawesi Main Branch, where most PBPU participants come from the informal sector — traders, fishers, farmers, drivers, micro-entrepreneurs, and others with irregular income. Income instability causes participants' capacity to pay contributions to fluctuate over time; when basic household needs take priority, BPJS Kesehatan payments are postponed. This indicates that late payment is shaped not only by economic capacity but also by the everyday financial trade-offs participants must navigate.

Beyond economic conditions, participant behavior itself influences the decision to pay or to delay payment. Some participants still regard BPJS Kesehatan contributions as necessary only when health services are actually needed — a view that suggests contribution payment has not yet been internalized as a continuous obligation essential to maintaining active membership and the sustainability of JKN. Such behavior is linked to participants' understanding of the long-term benefits of BPJS Kesehatan, their experience of using health services, and their perception of the importance of health protection for themselves and their families.

Previous studies have identified several factors associated with late payment of BPJS Kesehatan contributions, such as income level, knowledge, education, and access to services, but most rely on quantitative approaches that emphasize relationships between variables. Qualitative research that examines PBPU behavior in depth, particularly in the working area of BPJS Kesehatan's North Sulawesi Main Branch, remains relatively limited, even though understanding participants' experiences, perceptions, and reasoning is essential for formulating policies that better fit local conditions.

This study therefore involves PBPU participants who have experienced late payment as the primary informants, together with BPJS Kesehatan staff who handle participant registration and local community leaders as supporting informants, in order to obtain a more comprehensive picture of participant behavior. Drawing on the integration of the Theory of Planned Behavior (TPB) and the Health Belief Model (HBM), the study aims to analyze the psychological dimension (attitude, subjective norm, and perceived behavioral control), the health-risk perception dimension (perceived susceptibility and severity, perceived benefits and barriers, cues to action, and self-efficacy), the socio-economic dimension (economic condition, financial and health literacy, and institutional trust), and the way these three dimensions interact to shape late-payment behavior among PBPU participants at BPJS Kesehatan's Manado Main Branch.

2. Literature Review

2.1 Organizational Behavior as the Grand Theory

Organizational behavior examines how individuals and groups behave within an organization and how that behavior affects organizational effectiveness. Robbins and Judge (2022) explain that organizational behavior focuses on how individuals think, feel, and act within an organizational environment, thereby influencing decision-making and the achievement of organizational goals. In this study, organizational behavior is applied to the behavior of PBPJ participants in fulfilling their obligation to pay BPJS Kesehatan contributions, behavior shaped not only by economic capacity but also by motivation, perception of the JKN program, and the social conditions underlying the decision to pay or postpone payment. Accordingly, the study examines participant behavior through three dimensions — psychological, health-risk perception, and socio-economic — that jointly explain why PBPJ participants pay on time or experience delay.

2.2 Psychological Dimension

The psychological dimension originates from within the individual and shapes how a person thinks, feels, and acts in making decisions. Robbins and Judge (2022) note that behavior is influenced by psychological characteristics such as motivation, attitude, and decision-making processes, while Ajzen (1991), through the Theory of Planned Behavior, argues that a person's intention to perform a behavior is shaped by their attitude toward their ability to control that behavior. In this study, the psychological dimension covers participants' motivation to pay contributions, their attitude toward the payment obligation, and their intention to pay on time.

2.3 Health Risk Perception Dimension

Perception is the process by which individuals receive, process, and interpret information to form a view of an object or situation. Robbins and Judge (2022) note that perception influences behavior because each individual has different experiences, knowledge, and expectations. Within the Health Belief Model, Rosenstock (1974) explains that health behavior is influenced by an individual's perception of the benefits, barriers, and risks involved. In this study, participants' perception of BPJS Kesehatan covers their understanding of the JKN program, their perception of membership benefits, their perception of the risk of late payment, and their experience of using BPJS Kesehatan services.

2.4 Socio-Economic Dimension

The socio-economic dimension concerns an individual's social status and economic capacity, both of which influence behavior in meeting daily needs. Notoatmodjo (2014) argues that socio-economic factors such as education, occupation, and income play a role in shaping health behavior, while Green and Kreuter (2005) explain that predisposing factors, including socio-economic characteristics, influence decision-making related to health behavior. In this study, the socio-economic dimension covers PBPJ participants' income level, occupation, education, and financial capacity, all of which affect their ability to pay contributions regularly.

2.5 Theory of Planned Behavior (TPB)

Ajzen (2020), through the further development of the Theory of Planned Behavior, explains that contribution-payment compliance is shaped by three interacting components. The first, attitude toward the behavior, represents an individual's positive or negative evaluation of paying contributions on time. The second, subjective norm, reflects the social pressure an individual perceives to pay or not pay contributions, including expectations from family and the surrounding community. The third, perceived behavioral control, describes an individual's perception of their ability and control over paying on time, encompassing perceived financial capacity and the ease of available payment procedures.

2.6 Health Belief Model (HBM)

Glanz, Rimer, and Viswanath (2021) explain that, within the Health Belief Model, health behavior is influenced by six core constructs: perceived susceptibility (belief about the risk of illness), perceived severity (belief about the seriousness of illness), perceived benefits (the benefits of preventive action), perceived barriers (perceived obstacles), cues to action (prompts that encourage action), and self-efficacy (confidence in one's ability to act).

2.7 The National Health Insurance (JKN) System

National Health Insurance is an Indonesian government program administered by BPJS Kesehatan to provide health protection to the whole population. The system operates on the principle of social insurance, in which participants are required to pay contributions regularly as a form of contribution toward accessing health services when needed. According to the WHO (2021), the sustainability of a national health insurance system depends strongly on participants' compliance in paying contributions regularly, since a solidarity-based financing scheme requires a balance between the contributions collected and the health-service claims submitted; an imbalance between the two can threaten the financial and operational stability of the system.

2.8 Operational Principles of JKN

The implementation of JKN is grounded in nine fundamental principles set out in Law No. 40 of 2004 on the National Social Security System: mutual cooperation (gotong royong), emphasizing social solidarity; non-profit management, prioritizing service over profit; openness in fund management; prudence in investment; accountability; portability, allowing participant mobility; mandatory membership for universal coverage; a trust-fund principle guaranteeing the security of participants' funds; and the exclusive use of fund-management proceeds for program development and participants' interests.

2.9 Non-Wage-Earning Participants (PBPU): Definition, Characteristics, and Challenges

Non-Wage-Earning Participants are the segment of JKN participants comprising independent and informal-sector workers who have no formal employment relationship with an employer. This segment is characterized by income uncertainty and full responsibility for paying contributions independently. Dartanto et al. (2021) note that participants with irregular income face a greater risk of falling into arrears on JKN contributions because of limited financial capacity and income uncertainty — a condition that contrasts with Wage-Earning Participants (PPU), whose contributions are deducted directly from their salary through a payroll mechanism.

The PBPU segment faces several compounding challenges in meeting its payment obligations: (1) income uncertainty, in which unpredictable fluctuations complicate long-term financial planning; (2) the absence of an automatic-deduction mechanism, which requires PBPU participants to pay proactively; (3) a hierarchy of needs in which health contributions are often treated as a secondary priority; and (4) low financial literacy and limited understanding of the importance of long-term health protection.

2.10 The Concept of Payment Compliance

Within the JKN context, payment compliance refers to participants' behavior of paying contributions regularly and on time. According to Hasbullah Thabrany (2022), compliance reflects a participant's commitment and social responsibility toward the sustainability of the social security system, while BPJS Kesehatan (2022) states that indicators of compliance include timeliness, continuity of payment, and the correctness of the contribution amount.

2.11 Theoretical Framework

The theoretical framework of this study is built on the integration of the Theory of Planned Behavior and the Health Belief Model to explain contribution-payment compliance among PBPU participants. Following Ajzen's TPB, payment behavior is shaped by attitude toward the benefits of the program, subjective norms from the social environment, and perceived behavioral control related to

financial capacity and ease of payment access. The HBM component adds that compliance is also shaped by perceived risk of illness, perceived severity, perceived benefits of membership, perceived barriers, cues to action, and self-efficacy. Contribution-payment compliance among PBPU participants is therefore understood as the outcome of an interaction among psychological, social, health-risk-perception, and economic factors.

2.12 Previous Research

Several prior studies intersect with this research, both in terms of behavioral-psychological constructs and the specific context of BPJS Kesehatan compliance. Mamusung, Pomantow, and Djawa (2022) and Mamusung and Rasjid (2020) examined consumer behavior in Manado — respectively, the effect of service quality and customer satisfaction on repurchase intention, and the effect of company commitment on retail customer loyalty. Both studies are relevant in positioning perceived quality and commitment as predictors of intention and loyal behavior, paralleling the perceived-behavioral-control-to-intention pathway in TPB, although their object of study lies in the retail-business domain rather than compliance with a mandatory health contribution.

Relatedly, Rumewo, Rasjid, and Makapedua (2025) and Karambut, Makapedua, and Sundah (2025) highlighted individual psychological dimensions — self-efficacy, work-life balance, intrapersonal-interpersonal intelligence, and intrinsic motivation — in shaping performance and behavioral readiness among PT PLN employees and Polimdo students, respectively. Both studies reinforce the conceptual grounding that internal psychological factors play a significant role in shaping behavior, though neither addresses compliance among social-health-insurance participants. Rantung, Manueke, Wollah, and Dua (2024), examining the effect of standard operating procedures on employee productivity at PT Pertamina Geothermal Energy, found that compliance with formal procedure did not significantly affect performance, indicating that psychological-organizational factors are more dominant in shaping compliance behavior than the system itself — a finding that reinforces the relevance of behavior-based approaches such as TPB in explaining compliance phenomena.

In the more specific domain of JKN, Marcellia and Wahyuningsih (2023), using a qualitative approach in Makassar, found a reactive behavior pattern among independent participants who activate their membership only when ill, triggering systemic adverse selection. Hidayat and Pohan (2021), in Medan, demonstrated quantitatively that health literacy and trust in the BPJS institution positively affect compliance, with highly trusting participants found to be 2.8 times more compliant. Ramadhan and Fitriani (2021), in Central Lombok, applied the Health Belief Model and found that perceived susceptibility and perceived benefits significantly affect active participation, with contribution burden as the main perceived barrier. Luntungan and Sendow (2022), in Tomohon, North Sulawesi — geographically close to this study's setting — found that income, ease of payment access, and knowledge of JKN benefits were significantly associated with active payment. Erlangga et al. (2022), using a nationwide difference-in-differences approach, showed that active JKN participation reduces the risk of catastrophic health expenditure by 18.3% and the risk of poverty by 11.7% among informal workers, consistent with SDG 1.

Overall, prior studies on JKN/BPJS Kesehatan predominantly use quantitative approaches that focus on a single theoretical framework — either TPB, HBM, or other determinant analyses — in isolation, and none specifically explores PBPU behavior in North Sulawesi while accounting for local socio-cultural characteristics. This study distinguishes itself through three main aspects: a qualitative approach for exploring the meaning and context of behavior in depth; the simultaneous integration of TPB and HBM within a single comprehensive analytical framework; and the addition of a local North Sulawesi community-norm dimension as a factor influencing PBPU participants' compliance with BPJS Kesehatan contribution payment and its connection to SDG 1.

Researcher(s) & Year	Method	Key Finding
Mamusung, Pomantow, & Djawa (2022)	Quantitative, multiple regression, 130 supermarket customers in Manado	Service quality and customer satisfaction significantly affect repurchase intention, analyzed through a consumer-behavior approach.
Mamusung & Rasjid (2020)	Quantitative, purposive sampling, 70 respondents	Company commitment positively and significantly affects customer loyalty, reinforced by commitment-trust theory.
Rumewo, Rasjid, & Makapedua (2025)	Quantitative descriptive, saturated sample, 31 employees	Work-life balance and self-efficacy influence employee work performance at PT PLN (Persero) UPT Manado.
Karambut, Makapedua, & Sundah (2025)	Quantitative descriptive	Intrapersonal-interpersonal intelligence and intrinsic motivation play an important role in students' work readiness.
Rantung, Manueke, Wollah, & Dua (2024)	Quantitative, simple linear regression, 49 employees	Compliance with SOPs was low and had no significant effect on productivity; motivation, leadership, and internal communication appeared more dominant.
Marcellia & Wahyuningsih (2023)	Qualitative, in-depth interviews, 22 independent JKN informants (Makassar)	Reactive behavior (activating membership only when ill) is the dominant pattern, generating systemic adverse selection.
Hidayat & Pohan (2021)	Quantitative, cross-sectional survey, 412 informal workers (Medan)	Health literacy and institutional trust significantly and positively affect compliance; highly trusting participants are 2.8× more compliant.
Ramadhan & Fitriani (2021)	Quantitative, cross-sectional, path analysis, 310 independent participants (Central Lombok)	Perceived susceptibility and perceived benefits significantly affect active participation; perceived barriers (contribution burden) are the main obstacle.
Luntungan & Sendow (2022)	Quantitative, cross-sectional, chi-square and logistic regression, 210 independent participants (Tomohon)	Income, ease of payment access, and knowledge of JKN benefits are significantly associated with active payment ($p < 0.05$).
Erlangga et al. (2022)	Quantitative, difference-in-differences, IFLS data 2007–2015, 6,840 households	Active JKN participation reduces catastrophic health expenditure by 18.3% and poverty risk by 11.7% among informal workers.

*Table 1. Summary of Relevant Previous Studies***3. Research Methods**

This research was conducted at the BPJS Kesehatan Manado Main Branch, located at Jl. Tololiu Supit No. 11, Tingkulu, Wanea, Manado, over a period of two months, from June to July 2026. The research stages comprised a preliminary survey, data collection, data processing, supervision, and report writing. The research setting is the real-world service environment of the BPJS Kesehatan North Sulawesi Main Branch, which serves thousands of participants each month for a range of needs, and within which late payment of contributions persists among PBPU participants — a phenomenon that warrants deeper examination because of its potential to disrupt the continuity of JKN and lower the quality of health services available to the community.

The study applies a descriptive-analytical method used to describe and analyze, systematically, factually, and accurately, the facts and relationships among the variables under study (Sugiyono, 2022). Within this context, the researchers sought to describe PBPU participant behavior comprehensively while analyzing the dominant factors underlying late contribution payment. A phenomenological approach was also integrated into the research design to capture PBPU participants' subjective experience in understanding the payment obligation, seeking to understand reality from the informants' point of view (emic perspective), as proposed by Moustakas (1994). The research is accordingly classified as qualitative research of the descriptive-analytical type, intended to understand in depth the phenomenon of PBPU behavior in relation to late contribution payment — a phenomenon not adequately captured through statistics alone.

Two types of data were used. Primary data were obtained through in-depth interviews with six purposively selected informants — two PBPU participants who had experienced late payment of BPJS Kesehatan contributions, two BPJS Kesehatan Manado Main Branch staff members handling the PBPU segment, and two community leaders connected to the research object — together with observation of service activities at the BPJS Kesehatan Manado Main Branch to capture participants' payment behavior. Secondary data were drawn from BPJS Kesehatan Manado Main Branch annual reports on PBPU arrears, statistics on active and inactive PBPU participants, JKN policy and regulatory documents, relevant prior research, and related scientific literature.

Data collection combined three complementary techniques, as recommended in qualitative research to achieve data triangulation (Denzin & Lincoln, 2018): (1) in-depth, semi-structured interviews, guided by an interview protocol developed from the research focus, used to obtain in-depth data on PBPU participant behavior, the factors influencing that behavior, and the efforts made to meet payment obligations, conducted face-to-face, recorded with informants' consent, and transcribed for analysis; (2) observation, conducted within the BPJS Kesehatan Manado Main Branch service environment to directly observe interactions between PBPU participants and service staff, behavioral patterns around payment and delay, and physical and non-physical conditions of the service environment that may influence participants' decisions, recorded systematically in field notes; and (3) documentation study, covering official and unofficial documents such as PBPU arrears data, BPJS Kesehatan reports, JKN regulations, and relevant prior literature, used to complement and verify data obtained through interviews and observation. The subjects of this research are PBPU participants with a minimum of one to three years of membership, BPJS Kesehatan Manado Main Branch staff, and North Minahasa community leaders, collectively referred to as informants. Qualitative research does not use a population in the statistical sense, since it departs from specific cases within a particular social situation, and its findings are not generalized to a population but transferred to other settings with similar social characteristics. As Sugiyono (2015) notes, a sample in

qualitative research is not termed a respondent but rather a source, participant, informant, companion, and teacher within the research. The informants selected for this study are presented in Table 2.

No.	Description	Number of Informants
1	PBPU participants	2 informants
2	BPJS Kesehatan participation-division staff	2 informants
3	Community leaders	2 informants
	Total	6 informants

Table 2. Research Informants

Informants were selected based on their duties and work in relation to the phenomenon under study, as well as their demonstrated understanding of and insight into that phenomenon.

Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (2014), comprising four stages: (1) data collection, in which all data obtained from in-depth interviews, observation, and documentation study were systematically compiled and documented in the form of interview transcripts, field notes, and document copies; (2) data condensation, involving the selection, focusing, simplification, abstraction, and transformation of raw data from field notes, interview transcripts, and documents, during which the researchers coded the data according to categories relevant to the research focus and sub-focus; (3) data display, in which condensed data were presented as descriptive narrative, matrices, charts, or relational networks that allow the researchers to draw conclusions and take further analytical steps; and (4) conclusion drawing and verification, in which conclusions were formulated and continuously verified against the data throughout the research process.

To ensure the validity of the data, the researchers applied four validity criteria proposed by Lincoln and Guba (1985): credibility, achieved through source triangulation (comparing data from PBPU participants, BPJS staff, and community leaders), technique triangulation (comparing interview, observation, and documentation results), and member checking (confirming interpretations with informants); transferability, achieved through the construction of thick description, enabling readers to judge the applicability of the findings to other, similar contexts; dependability, achieved through an audit trail that systematically documents the entire research process for external review; and confirmability, achieved through a confirmability audit ensuring that the findings genuinely originate from field data rather than the researchers' subjectivity.

4. Results and Discussion

This study aims to analyze the behavior of Non-Wage-Earning Participants (PBPU) toward late payment of BPJS Kesehatan contributions at the Manado Main Branch. Data were obtained through in-depth interviews with PBPU participants, BPJS Kesehatan staff, and community leaders, then grouped according to the three research dimensions: the psychological dimension, the health-risk perception dimension, and the socio-economic dimension.

4.1 Informant Characteristics

No.	Informant Code	Type	Description
1	PBPU-1	PBPU participant	Trader; a BPJS Kesehatan participant for five years; registered in Class III; has experienced late payment.

No.	Informant Code	Type	Description
2	PBPU-2	PBPU participant	Informal-sector worker; a BPJS Kesehatan participant for four years; registered in Class III; frequently experiences late payment.
3	KBPJS-1	BPJS Kesehatan staff	Relationship Officer, Participation Division.
4	KBPJS-2	BPJS Kesehatan staff	Relationship Officer, Participation Division.
5	TM-1	Community leader	Village head, North Minahasa region.
6	TM-2	Community leader	Village secretary, North Minahasa region.

Table 3. Informant Characteristics

4.2 Psychological Dimension

The psychological dimension in this study comprises attitude, subjective norm, and perceived behavioral control.

a. Attitude

Interviews indicate that PBPU participants generally hold a positive attitude toward the obligation to pay BPJS Kesehatan contributions, regarding them as an important obligation and a form of preparation for health needs rather than mere routine expenditure. Both participant informants acknowledged, however, that the contribution can feel like a burden when other monthly needs compete for the same funds, prompting them to prioritize contribution payment as far as possible without letting it lapse for long. BPJS Kesehatan staff informants confirmed that while many participants understand their obligation, some regard payment as necessary only when they are ill, causing them to fall into arrears while they perceive themselves as healthy and not in need of services.

Discussion: This finding can be linked to the Theory of Planned Behavior, in which attitude toward a behavior is one of the factors shaping an individual's intention to perform that behavior. Participants' attitude toward BPJS Kesehatan payment is fundamentally positive, yet a positive attitude does not automatically translate into timely payment intention and behavior. This is consistent with TPB's premise that attitude is only one determinant of behavioral intention, so a favorable attitude toward BPJS Kesehatan can be outweighed by situational factors such as limited income when it comes to actual payment behavior.

b. Subjective Norm

The interviews show that family and social environment exert a fairly strong influence on payment behavior, particularly the nuclear family, which consistently reminds and encourages participants not to fall into arrears. The influence of neighbors or community groups tends to be more indirect, transmitted through stories about experiences of using BPJS Kesehatan services. BPJS staff informants added that the social environment can also normalize the practice of delaying payment, particularly among groups who feel disadvantaged by paying contributions without using health services.

Discussion: This finding shows that participants' payment decisions are shaped not only by personal considerations but also by the social norms and support participants receive. PBPU participants' payment decisions are largely formed by positive social pressure from family (an injunctive norm) that encourages compliance, while a negative descriptive norm from certain community groups — who view paying contributions without using services as a loss — simultaneously reinforces some participants' tendency to delay payment.

c. Perceived Behavioral Control

The interviews indicate that participants' perceived control over paying contributions on time remains low and is highly dependent on monthly income fluctuations among informal-sector workers, even though participants report genuine intention and effort to manage their finances so as to pay on time. The most salient factor is income uncertainty as independent/informal workers, which causes funds initially set aside for BPJS Kesehatan contributions to be redirected toward more urgent household needs, even though the ease of access to payment channels (mobile banking, minimarkets, post offices) provided by BPJS Kesehatan is not itself a major obstacle.

Discussion: Within TPB, perceived behavioral control relates to an individual's perception of their capacity and control in performing a behavior. In this study, unstable income is the situational factor that lowers participants' perceived behavioral control, even though access to, and the ease of, BPJS Kesehatan's payment procedures are already fairly good. This indicates that the main obstacle to payment compliance stems more from participants' limited internal control over their financial condition than from external barriers related to service access.

4.3 Health Risk Perception Dimension

a. Perceived Susceptibility and Severity

Participants recognize that illness can occur at any time, to themselves or their family members, and that its cost can be substantial, particularly if it requires hospitalization or prolonged treatment; this recognition makes them regard health insurance coverage as important. BPJS staff informants added that participants who consistently pay their contributions tend to be those who realize illness follows no fixed schedule and can arise at any time, so that active participation guarantees access to care when it is needed. Community-leader informants observed, however, that some members of the public only truly grasp the importance of BPJS Kesehatan once they urgently need it.

Discussion: This finding can be explained through the Health Belief Model, particularly perceived susceptibility and perceived severity. Participants' level of perceived susceptibility and severity regarding the risk of illness is fairly high, yet this belief functions more as a reason to maintain membership status than as a driver of payment timeliness, since the consequence of an inactive card is only truly felt once a participant urgently needs health services.

b. Perceived Benefits and Barriers

Participants perceive the benefit of BPJS Kesehatan as substantial, in that it reduces treatment costs, and regard the contribution paid as commensurate with the benefit received, particularly when costly health services are needed. The most frequently cited barriers are declining income and, at times, simply forgetting the payment date. BPJS staff informants added that participants who most often fall into arrears are those who believe they can pay only once they fall ill, which leads them to feel that paying without using the service is a loss; others forget or are temporarily unable to pay in the current month and end up paying the following month instead. Community-leader informants noted that awareness typically arises only once treatment is imminent, by which time arrears have already accumulated, despite repeated public encouragement to check card validity in advance.

Discussion: In the HBM, perceived benefits describe belief in the benefit of an action, while perceived barriers describe the obstacles that are felt. Participants generally hold fairly high perceived benefits regarding BPJS Kesehatan membership, but the perceived barriers arising from economic constraints and a particular view of the mutual-cooperation principle prove more dominant in shaping payment behavior, such that the perceived benefit is not yet sufficient to outweigh the barriers participants face in practice.

c. Cues to Action and Self-Efficacy

The interviews indicate that the cue most frequently prompting payment is a reminder or call from BPJS Kesehatan's telecollecting staff, together with an urgent need for treatment; participants stated that once they see arrears accumulating, they feel compelled to settle them promptly. Confidence in maintaining regular payment going forward is fairly good but not fully stable, since participants express an intention to be more disciplined about setting aside funds specifically for contributions, though that confidence remains shadowed by the uncertainty of informal-sector income. BPJS staff informants explained that telecollecting staff call participants in arrears and send letters to remind them, prompting many to pay promptly once contacted, while JKN cadres visit participants' homes individually to provide education and assist with payment, sparing participants the need to travel to make payment themselves.

Discussion: In the HBM, cues to action are the triggers that prompt a person to act, while self-efficacy relates to confidence in one's own capability. External cues to action, such as telecollecting reminders and JKN cadre visits, proved effective in prompting participants to settle arrears promptly, while participants' self-efficacy in managing their finances for regular payment remains moderate, since it depends heavily on income stability that is, in practice, difficult for informal-sector participants to control.

4.4 Socio-Economic Dimension

a. Economic Condition

Participants' income as traders and informal workers directly influences their ability to pay contributions; when income is good, payment poses no problem, but when income is low, participants must divide their funds among household needs, business capital, and other necessities, and BPJS Kesehatan payment is often the item postponed. BPJS staff informants observed that participants with above-average economic status generally already pay through automatic bank debit, while those employed by a formal employer have contributions deducted directly by the employer and rarely experience delay; participants in the lower-middle economic bracket, by contrast, more often fall into arrears because they are less able to pay in the current month or regard the contribution as costly, even though the Class III contribution of Rp35,000 per month is relatively inexpensive compared with other insurance products. Community-leader informants noted that, despite reasonably strong local livelihoods supplemented by government assistance programs, arrears ultimately come back to a matter of awareness and sense of responsibility.

Discussion: The findings show that participants' economic condition strongly affects payment timeliness, particularly for those in the informal sector with irregular income, where household needs and business capital must be prioritized and, for some lower-income participants, the contribution is perceived as burdensome despite its comparatively affordable nominal amount.

b. Financial and Health Literacy

Participants generally understand that health should be prepared for in advance rather than considered only once illness occurs, and both participant informants described a growing awareness — spurred by the high cost of treatment — of the importance of setting aside funds for health needs, including separating contribution funds from daily household spending. BPJS staff informants linked financial literacy closely to economic status: more established participants already use automatic debit facilities to ensure regular payment, while lower-income participants have not yet specifically allocated income for long-term health needs. Community-leader informants suggested that, given reasonably adequate local economic conditions, late payment relates more to awareness and responsibility than to financial-literacy limitations alone, while also noting that household financial-management understanding still needs improvement.

Discussion: The findings indicate that limited financial and health literacy contributes to late payment, since participants who are not yet accustomed to setting aside dedicated funds for health contributions are

more likely to redirect those funds toward needs perceived as more urgent, whereas participants with stronger financial-literacy awareness tend to make use of automatic payment facilities to maintain compliance.

c. Institutional Trust

Participants expressed a fairly high level of trust in BPJS Kesehatan, believing that it has helped many people obtain health services, even as they noted areas of service quality that could still be improved; this trust motivates them to continue maintaining active membership, and both suggested that payment would be easier with clearer reminders and more accessible information about arrears and due dates. BPJS staff informants confirmed that many participants trust the institution as the manager of social-security funds, but that participants with lower trust tend to be those who more frequently experience late payment. Community-leader informants described trust in BPJS Kesehatan as high, given how much it has helped lower-to-middle-income communities, though one noted that the public sometimes forgets how important that trust and protection are until they are needed.

Discussion: Participants' trust in BPJS Kesehatan is relatively high and does influence payment compliance, since BPJS staff confirmed that participants with lower institutional trust are more prone to late payment; however, high trust is not always matched by consistent payment awareness, indicating that trust alone is not a sufficient condition for compliant behavior.

4.5 Interconnection of the Three Dimensions

Taken together, the interviews reveal that late payment of BPJS Kesehatan contributions among PBPUPU participants results from the interaction of psychological, health-risk-perception, and socio-economic factors rather than from any single cause. The psychological dimension shows a generally positive attitude toward the payment obligation and social-norm support from family, yet weak perceived behavioral control caused by unstable income means that good intentions often fail to translate into actual on-time payment. The health-risk-perception dimension shows that participants recognize the vulnerability and severity of illness risk and the benefits of active membership, but economic barriers and a tendency to wait until illness occurs before acting (a reactive pattern) continue to drive delay, even as external cues to action from BPJS Kesehatan staff prove fairly effective in prompting repayment. The socio-economic dimension shows unstable income as the most dominant factor, followed by financial and health literacy that still needs strengthening, while trust in the BPJS Kesehatan institution is relatively high without fully guaranteeing payment compliance. Across these three dimensions, the most prominent factor is the economic condition, or income uncertainty, of PBPUPU participants as informal-sector workers, which interacts with weak perceived behavioral control and a reactive behavioral tendency — paying or activating membership only when treatment is imminent — such that late payment stems more from constrained financial capacity than from a lack of knowledge of, or trust in, BPJS Kesehatan.

Dimension	Indicator	Key Finding
Psychological	Attitude	Participants' attitude toward the payment obligation is generally positive, but not yet consistently translated into on-time payment.
Psychological	Subjective norm	Family subjective norms strongly encourage compliance, while the influence of the wider social environment is more indirect.

Dimension	Indicator	Key Finding
Psychological	Perceived behavioral control	Perceived behavioral control remains weak because it depends heavily on unstable income as informal-sector workers.
Health risk perception	Susceptibility & severity	Participants recognize the vulnerability and severity of illness risk and therefore maintain membership, though this awareness does not yet drive payment timeliness.
Health risk perception	Benefits & barriers	Membership benefits are judged commensurate with the contribution paid, but economic barriers and the mutual-cooperation mindset remain the main obstacles to payment.
Health risk perception	Cues to action & self-efficacy	Cues from telecollecting staff and JKN cadres effectively prompt repayment, though participants' financial self-efficacy remains moderate.
Socio-economic	Economic condition	Unstable income is the most dominant socio-economic factor causing late payment.
Socio-economic	Financial & health literacy	Financial and health literacy still varies and needs strengthening so contributions can be allocated regularly.
Socio-economic	Institutional trust	Institutional trust in BPJS Kesehatan is relatively high but does not yet fully guarantee payment compliance.

Table 4. Summary of Research Findings

5. Conclusion

This study concludes, first, that the psychological dimension of PBPU participants reflects a generally positive attitude toward the obligation to pay BPJS Kesehatan contributions, accompanied by fairly strong subjective norms from family that encourage compliance; participants' perceived behavioral control, however, remains weak because it depends heavily on unstable income as informal or independent workers, so that a positive attitude and existing social support are not yet fully realized as on-time payment behavior.

Second, the health-risk-perception dimension shows that participants recognize the vulnerability and severity of illness risk and believe in the benefits of active membership, yet economic barriers and a mindset that treats contribution payment without service use as a loss lead some participants to delay payment until a cue to action — such as a call from telecollecting staff or a visit from a JKN cadre — prompts them to settle their arrears, while their self-efficacy in managing finances remains moderate.

Third, the socio-economic dimension shows that unstable income among informal-sector workers is the most dominant factor causing late payment. Participants' financial and health literacy still varies and needs strengthening, while institutional trust in BPJS Kesehatan is relatively high, though that high trust does not yet fully correspond to consistent payment compliance.

Fourth, late payment of BPJS Kesehatan contributions among PBPU participants at the Manado Main Branch arises from the interconnection of the psychological, health-risk-perception, and socio-economic

dimensions reinforcing one another, rather than from any single factor. Attitudes and social norms that already support compliance, together with reasonably good awareness of health risk and membership benefits, can still be outweighed by constrained economic conditions and a reactive behavioral tendency – paying or activating membership only when treatment is imminent. The most prominent factor in this study is therefore the income uncertainty of PBPU participants, interacting with weak behavioral control and a mutual-cooperation mindset that is not yet fully understood. Overall, late payment of BPJS Kesehatan contributions among the PBPU segment at the Manado Main Branch stems more from constrained financial capability and weak behavioral control in managing household finances than from a lack of knowledge of, or distrust in, the BPJS Kesehatan program itself.

Theoretically, these findings reinforce that the integration of the Theory of Planned Behavior and the Health Belief Model offers a productive lens for explaining contribution-payment compliance among informal-sector social-insurance participants, in which attitude and social norms interact with perceived behavioral control, risk perception, and situational economic constraints to produce the observed behavior. Practically, the study suggests that BPJS Kesehatan can strengthen educational strategies emphasizing that contributions represent mutual cooperation and long-term protection rather than a cost useful only when ill, optimize the role of telecollecting staff and JKN cadres as effective cues to action through more personal periodic reminders and easily understood arrears information, and consider more flexible payment schemes for PBPU participants with unstable income, such as staged-saving options or automatic reminders aligned with informal-sector income cycles. For participants, the findings point to the value of routinely setting aside a portion of income specifically for long-term health needs, including BPJS Kesehatan contributions, and of understanding active membership as continuous protection rather than mere preparation for illness. For future research, the study recommends expanding the number and variety of informants, including PBPU participants from a broader range of informal occupations and other regions of North Sulawesi, and developing a quantitative or mixed-method approach to statistically test the strength of the relationships among the psychological, health-risk-perception, and socio-economic dimensions identified qualitatively in this study.

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