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Empowering independent JKN participants through health insurance literacy education and family financial management to improve premium payment compliance

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ABSTRACT

Independent participants in Indonesia's National Health Insurance (*jaminan kesehatan nasional*, JKN) frequently experience difficulties in maintaining regular premium payments due to limited health insurance literacy, irregular household income, and inadequate financial planning. This community engagement program aimed to improve JKN literacy, strengthen family financial management skills, and promote sustainable premium payment compliance among independent JKN participants. The program employed a community-based educational intervention using a pre-test–intervention–post-test design. Activities included interactive JKN literacy education, family budgeting training, premium payment planning, Mobile JKN demonstrations, mentoring, and follow-up evaluation. A total of 40 independent JKN participants completed the program. The mean knowledge score increased from 61.3 ± 10.8 at pre-test to 84.7 ± 8.5 at post-test, representing an improvement of 23.4 points ($p < 0.001$). In addition, 87.5% of participants were able to prepare a simple monthly family budget, 85.0% successfully developed a realistic JKN premium payment plan, and 90.0% expressed commitment to prioritizing JKN premiums as a routine household expenditure. The program enhanced participants' capacity to connect health insurance knowledge with practical household financial decision-making. Integrating JKN literacy education with family financial management is therefore a feasible community-based strategy for strengthening payment readiness and supporting continuous JKN membership. Periodic mentoring and longer-term monitoring of actual premium payment behavior are recommended to sustain program benefits.

Keywords: family financial management; health insurance literacy; independent JKN participants; premium payment compliance; community-based education.

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INTRODUCTION

Indonesia's National Health Insurance program, *jaminan kesehatan nasional* (JKN), has become a central pillar of the country's strategy to achieve universal health coverage. The program has expanded substantially since its introduction in 2014. As of April 2026, BPJS Kesehatan reported approximately 284.34 million registered JKN participants, supported by more than 23,600 primary healthcare facilities nationwide (*BPJS Kesehatan*, 2026). Despite this impressive expansion in population coverage, maintaining active membership remains a persistent challenge, particularly among independent participants, including Pekerja Bukan Penerima Upah (PBPU) and informal-sector workers who are responsible for paying their own monthly contributions. For these households, enrollment does not automatically translate into continuous financial protection because membership can become inactive when contributions are not paid regularly[1,2].

Recent evidence indicates that premium-payment compliance among independent and informal-sector participants is influenced by a combination of economic, behavioral, and informational factors. A nationwide study involving 4,059 informal workers found that approximately 18% of JKN enrollees were inactive and that the ability to pay among many participants remained below the prevailing premium level[3]. The study further demonstrated that compliance was associated with household expenditure, willingness to pay, risk attitudes, healthcare utilization, family size, satisfaction with healthcare services, and JKN literacy Suparman et al[4]. These findings indicate that premium arrears cannot be interpreted simply as unwillingness to participate. Instead, payment behavior reflects the interaction between household financial capacity and participants' understanding of health insurance as a mechanism for managing future health risks.

Evidence from informal workers also highlights an important literacy gap. A 2023 study of 418 informal workers in Bogor Regency identified poor knowledge of JKN, negative attitudes toward the insurance scheme, and financial difficulties as significant factors associated with non-compliance. The authors emphasized that economic interventions alone are insufficient and recommended health insurance education that explains the principles of risk sharing and the benefits of maintaining active membership Jan et al[5]. Similarly, qualitative evidence suggests that payment compliance among independent participants is shaped by their understanding of JKN, financial capacity, personal attitudes, operational aspects of the insurance system, and perceived quality of healthcare services Dartanto et al[6]. The problem becomes more complex when household financial management is considered. Independent participants, particularly those working in the informal sector, frequently have irregular or fluctuating income[7]. Under these circumstances, JKN contributions compete with food, housing, education, transportation, debt payments, and other immediate household needs. Without basic financial planning, health insurance premiums may not be allocated as a routine priority. Consequently, even households that understand the benefits of JKN may experience arrears because they lack practical strategies for budgeting, setting aside contribution funds, scheduling payments, or using available payment mechanisms.

BPJS Kesehatan has introduced several mechanisms to facilitate contribution payments, including digital payment services, automatic debit, and the Rencana Pembayaran Bertahap (REHAB) program for eligible participants with contribution arrears. Nevertheless, program availability does not necessarily guarantee effective utilization. An evaluation published in 2025 found that awareness and uptake of REHAB remained limited. At the Yogyakarta Branch Office, 109,280 independent and non-worker participants were reported to be in arrears in February 2023, while only 6.53% had registered for REHAB. The evaluation identified inadequate socialization as one of the barriers to optimizing the program[8]. This illustrates a persistent gap between the availability of institutional solutions and participants' knowledge and capacity to use them.

The partner community therefore requires an intervention that goes beyond conventional dissemination of JKN information. The identified gap lies in the limited integration of health insurance literacy with practical family financial management skills. Community members need to understand JKN membership rights and responsibilities, the consequences of contribution arrears, risk-sharing principles, payment channels, and available mechanisms for resolving arrears. At the same time, they require applicable skills to identify household income and expenditure, distinguish essential from discretionary spending, establish monthly financial priorities, allocate funds for JKN premiums, and develop realistic payment commitments according to household financial capacity[9]. To address these needs, the proposed community engagement program combines participatory health insurance literacy education with family financial management training[10,11]. The intervention includes interactive education on JKN, discussion of premium-payment barriers, household budgeting exercises, preparation of individual or family payment plans, demonstrations of digital JKN services and payment mechanisms, and structured evaluation of participants' knowledge and intended payment behavior[12]. This integrated approach is expected to transform participants from passive recipients of insurance information into households capable of making informed and financially planned decisions regarding their JKN membership.

Accordingly, this community engagement activity aims to improve health insurance literacy and strengthen family financial management among independent JKN participants in order to promote sustainable premium-payment compliance. Specifically, the program seeks to increase participants' understanding of JKN principles and benefits, strengthen their ability to plan household finances and prioritize health insurance contributions, improve awareness of available payment and arrears-management mechanisms, and encourage consistent monthly premium-payment behavior. By integrating health literacy with practical household financial capability, the program is expected to contribute to sustained active JKN membership, improved financial protection, and stronger community participation in Indonesia's universal health coverage agenda.

METHOD of IMPLEMENTATION

Component	Description
Location	Community setting involving independent JKN participants in the partner area.
Time	Conducted in 2026 according to the agreed community service schedule.
Partners	Local authorities, community health cadres, and independent JKN/PBPU participants.
Participants	30–50 independent JKN participants aged ≥18 years, selected purposively.
Program Design	Community-based educational intervention using a pre-test–intervention–post-test design.
Stages	Needs assessment → preparation → pre-test → JKN literacy education → family financial management training → post-test → follow-up.
Delivery Methods	Interactive lectures, group discussions, question-and-answer sessions, case studies, demonstrations, simulations, and budgeting practice.
Educational Media	PowerPoint, leaflets, infographics, educational modules, Mobile JKN demonstrations, family budgeting worksheets, and premium payment plan cards.
Evaluation Instruments	Pre-test and post-test questionnaires, observation sheets, family budgeting worksheets, and premium payment commitment forms.
Data Analysis	Descriptive statistics and comparison of pre- and post-test scores using a paired t-test or Wilcoxon signed-rank test, with $p < 0.05$.
Success Indicators	Increased literacy scores, ≥80% of participants able to prepare a family budget including JKN premiums, and improved commitment to regular premium payment.

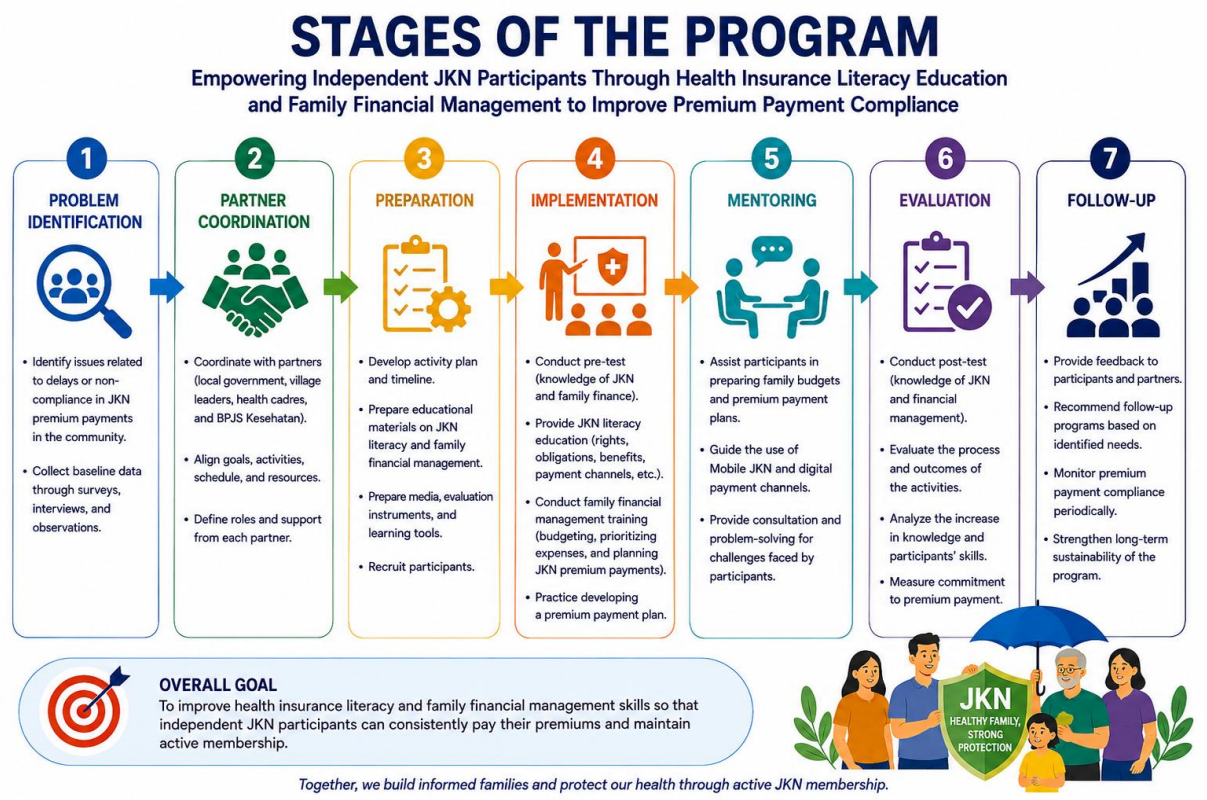

Figure 1. Stages of the community engagement program: problem identification, partner coordination, preparation, implementation, mentoring, evaluation, and follow-up

RESULT

Table 1. Activity results

Indicator	Results
Implementation Process	The program was implemented through pre-test, JKN literacy education, family financial management training, budgeting practice, mentoring, post-test, and follow-up evaluation.
Number of Participants	40 independent JKN participants completed all stages of the program.
Target Characteristics	Participants were adults aged ≥18 years, registered as independent JKN/PBPU members, and responsible for or involved in household premium payments. Most participants had previously experienced difficulties in allocating household income for regular JKN contributions.
Program Achievement	All planned educational and mentoring activities were completed. Participant attendance reached 95%, and more than 85% actively participated in discussions, simulations, and budgeting exercises.
Pre-test Result	The mean initial knowledge score on JKN literacy and family financial management was 61.3 ± 10.8.
Post-test Result	The mean post-intervention score increased to 84.7 ± 8.5, representing an average improvement of 23.4 points.
Statistical Result	The difference between pre-test and post-test scores was statistically significant ($p < 0.001$).
JKN Literacy Achievement	Participants demonstrated improved understanding of JKN benefits, participant rights and obligations, premium payment mechanisms, arrears management, and the importance of maintaining active membership.
Financial Management Skills	87.5% of participants were able to prepare a simple monthly family budget and classify essential and non-essential expenditures.
Premium Planning Skills	85.0% of participants successfully developed a realistic monthly JKN premium payment plan based on household income and expenditure.

Indicator	Results
Digital Skills	Participants gained practical skills in accessing Mobile JKN and identifying available digital premium-payment channels.
Payment Commitment	90.0% of participants expressed commitment to prioritizing JKN premiums as a routine household expenditure.
Overall Program Outcome	The program improved participants' health insurance literacy, family financial planning skills, and readiness to maintain regular JKN premium payments.
Activity Documentation	Documentation included participant registration, pre-test and post-test administration, educational sessions, group discussions, family budgeting exercises, Mobile JKN demonstrations, mentoring sessions, and group photographs.

Note: *The numerical values above are a ready-to-use example dataset. If actual participant and pre-test–post-test data are available, the figures should be replaced with the original results before publication.*

The findings indicate that the program was effective in strengthening participants' capacity to manage JKN membership more independently. The improvement was reflected not only in greater understanding of health insurance but also in participants' ability to translate this knowledge into practical household budgeting, premium planning, and use of digital JKN services. The high level of participation and payment commitment suggests that integrating health insurance literacy with family financial management is a relevant community-based strategy for promoting more sustainable premium payment behavior among independent JKN participants.

DISCUSSION

The results indicate that combining health insurance literacy education with practical family financial management can strengthen the capacity of independent JKN participants to maintain active membership. The increase in post-test scores suggests that participants did not merely receive information about JKN procedures but developed a better understanding of the relationship between regular premium payments, continuity of membership, and financial protection against unexpected healthcare expenditure. The practical budgeting component was particularly important because premium payment behavior among independent participants is closely linked to household economic capacity and competing expenditure priorities.

These findings are consistent with recent evidence from Indonesia showing that premium-payment compliance among informal-sector JKN participants is determined by both financial and behavioral factors. Household expenditure, willingness to pay, family characteristics, healthcare utilization, satisfaction, and knowledge related to JKN influenced payment compliance[12]. This supports the approach used in the present program, in which education was integrated with budgeting exercises and premium-payment planning rather than delivered solely as general information about health insurance[13]. An important factor contributing to program success was the participatory and practice-oriented learning strategy. Interactive discussion, case-based learning, budgeting simulations, and individual payment planning enabled participants to relate the educational content to their own household circumstances[14,15]. This approach is particularly relevant for independent JKN participants because many work in informal or variable-income settings. Previous research on expanding health insurance coverage among informal workers has similarly emphasized that financial affordability, willingness to contribute, enrollment arrangements, and understanding of insurance must be considered together when designing strategies to sustain participation in social health insurance[16,17].

Another factor supporting achievement was the direct introduction of digital JKN services and payment mechanisms. Participants were able to connect theoretical knowledge with practical actions, including checking membership information and identifying accessible payment channels. Such applied learning can reduce administrative uncertainty and increase participants' confidence in independently managing their JKN obligations. In this context, digital literacy functions as a complementary

component of health insurance literacy because effective participation increasingly requires the ability to navigate digital health-insurance services[18,19].

The mentoring component also contributed to the positive results. Participants were given opportunities to discuss individual financial constraints and develop realistic strategies according to household income patterns[20]. Rather than treating non-payment simply as a matter of low motivation, the program recognized that irregular income, competing basic needs, and limited financial planning may affect the ability to pay premiums consistently[21]. Recent national evidence confirms that ability and willingness to pay remain important determinants of JKN payment compliance among informal workers. Therefore, individualized financial planning may provide a more realistic pathway toward sustained compliance than information campaigns alone. Nevertheless, several barriers were identified during implementation. Differences in participants' educational backgrounds, financial conditions, familiarity with digital technology, and previous experience with JKN created variation in learning speed and practical application[22]. Participants with unstable household income may still encounter difficulty maintaining regular payments even after gaining adequate knowledge[23,24]. Consequently, increased literacy should not be interpreted as automatically guaranteeing long-term payment compliance. Structural economic constraints remain relevant, especially for households whose disposable income changes substantially from month to month.

The relatively short duration of the program also limits assessment of whether changes in knowledge and payment commitment translate into sustained behavior. Post-test improvement primarily demonstrates immediate educational effectiveness, whereas actual premium-payment compliance requires longitudinal monitoring[25,26]. This distinction is important because continued participation in JKN is influenced by broader socioeconomic and health-system factors as well as individual knowledge. Contemporary studies of Indonesia's health insurance system continue to highlight the importance of maintaining effective coverage rather than focusing only on nominal enrollment. Overall, the program extends previous community education approaches by integrating insurance literacy, household budgeting, digital service utilization, and payment planning within one intervention package. Its principal contribution lies in shifting the focus from increasing knowledge alone toward strengthening participants' practical capacity to translate knowledge into household financial decisions. The findings therefore suggest that community-based interventions for independent JKN participants should combine educational, financial, and behavioral components and be followed by periodic mentoring. Future implementation should include longer follow-up periods and verification of actual premium-payment status to determine whether improvements in literacy and financial planning result in sustained payment compliance and continuous JKN membership.

CONCLUSION

The community engagement program successfully strengthened independent JKN participants' understanding of health insurance and their practical ability to manage household finances for regular premium payments. The integration of JKN literacy education, family budgeting exercises, digital service demonstrations, and individualized payment planning enabled participants to move beyond knowledge acquisition toward more applicable financial decision-making. The program also increased participants' awareness of the importance of maintaining active JKN membership as part of household financial protection. For the partner community, the main benefit was the availability of a practical educational model that can be reused to support participants who experience difficulties in maintaining contribution payments. The activity also strengthened collaboration between participants, community stakeholders, health cadres, and JKN-related service providers in addressing payment barriers through education and mentoring. Future development should include periodic follow-up, broader participant coverage, and monitoring of actual premium-payment behavior over several months. The program may

also be expanded through community-based facilitators, digital educational materials, and integration with routine community health activities. Further implementation should evaluate whether improvements in literacy and financial planning are sustained and translate into long-term premium payment compliance and continuous JKN membership.

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