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PUBLIC PREFERENCES ON FACTORS AFFECTING MAQASHID SHARIAH-BASED HEALTH INSURANCE SERVICES IN ACEH PROVINCE

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Public Preferences on Factors Affecting Maqashid Shariah-based Health Insurance Services in Aceh Province

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Abstract

Health development ~~represents is a development an endeavor effort~~ in the health sector ~~that aims to~~ achieve optimal health ~~outcomes status~~. The Aceh government, ~~empowered by through~~ special autonomy rights, ~~spearheads carries out the development of the~~ health sector ~~development~~ through ~~a health insurance which is named the S~~haria-based Aceh Health Insurance (JKA), managed by the Social Security Administration (BPJS). ~~This initiative seeks to address to meet~~ the health ~~care~~ needs of all Acehese ~~population, aligning with the objectives of people so that the objectives of~~ Maqashid shariah ~~are achieved, particularly the principle of benefit namely benefit~~. This study aims to determine the community's preference for factors ~~that influencing affect~~ Maqasid Shariah-based health services in Aceh. This research ~~employed a approach is~~ quantitative ~~approach~~, using ~~the method of statistical analysis of the partial least squares-structural equation model (PLS-SEM) based on partial least squares~~. This study indicates a statistically significant effect ~~on the variables~~ of socialization intensity, accessibility of information, availability of facilities and infrastructure ~~on for~~ the services of health insurance participants, at a significant level of 10%. Based on the Acehese people's preferences, both facilities and infrastructure are ~~pivotal important~~ factor in ~~the provision of running~~ health insurance services.

Keywords: Preference, Service, Health Insurance, Maqashid Shariah

1. Introduction

Health is ~~paramount the main thing and that~~ must be maintained ~~in the body of an every human being~~. ~~The responsibility for upholding one's health lies with~~ ~~Fulfillment of health is the responsibility of~~ each individual. The government is ~~obligateded to~~ ~~cater meet the community's need every need of the community, with a particular emphasis on ensuring the public's especially to ensure the community's health~~. ~~This entails concerted efforts to enhance the quality of public services, aligning them with sound government policies and offering protection to every citizen and society in providing these~~ ~~Efforts to improve the quality and ensure the provision of public services in accordance with good government policies and to provide protection for every citizen and society in providing public~~ services.

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Health development is the key to successful development in other fields. ~~Its primary objectives is to Health development heighten aims to increase~~ awareness, well-beingfare, and the capacity to lead a healthy life for all, with the ultimate goal of the ability to live healthy for everyone in order to ~~achieving~~ optimal health status. ~~The level of health exerts a profound influence The degree of health is one of the most influential factors in impacting~~ on the quality of human resources, as only individuals with ~~because only a human resource with~~ optimized health can boost ~~are able to increase~~ productivity and ~~enhance improve~~ human competitiveness. ~~This, in turn, contributes to a higher which results in a great~~ level of competitiveness of the whole region. ~~The thrust of health development is geared towards elevating public health standards, thereby Health development is directed at increasing the degree of public health to improv~~inge the overall quality of life, and standard of living and the intelligence and welfare of the people.

~~To enhance In order to improve~~ the public health, the government has continuously ~~undertaken substantial provided quality health care initiatives, including providing efforts, and one of the efforts is~~ health insurance for every community. Health insurance is intended ~~to protect for~~ all Indonesians and cater their fundamental ~~to be protected to meet the basic needs of proper public health needs. Among the primary objectives of health insurance is to deliver comprehensive coverage to every Indonesian citizen, enabling the population to lead One of the goals of health insurance is to provide comprehensive coverage for every Indonesian so that the Indonesian population can live a healthy, productive, and prosperous lives. The Indonesian government implements the National Health Insurance (JKN) program organized by the Social Security Administration (BPJS), to which aims to meet the needs of every Indonesian society by ensuring obtaining protective measures and maintaining essential the benefits of protection and maintenance of basic health needs. The BPJS membership is for all Indonesian people, without exception (Zogara, 2019).~~

Health services are one of the factors ~~influencing that can affect~~ the health status of the community. Improving the optimal health service requires qualified health ~~professionals workers, well-equipped good facilities, easily accessible hospitals or health centers for the community the availability of hospitals or health centers that are easily accessible by the community, and readily accessible information for the population information easily obtained by the community.~~ ~~In pursuit of advancing the well-being of the Acehese people, the Aceh government has formulated policies. These policies are selectively chosen or devised by the local government to resolve specific issues and promote the greater good. The formulation of such policies in Aceh entails undergoing various procedural steps. The Aceh government has made a policy to improve the welfare of the people in Aceh, a rule chosen or formed by the local government to solve a specific problem and is positive for the public. In order to improve the welfare of the Acehese people, they must have their policies. In terms of formulating a policy, the Aceh Government must go through various processes.~~ The Aceh Health Insurance Program is supported by human resources such as doctors, nurses, medical equipment ~~while being financially and is supported, by financial resources. A total of 2,177,270 Aceh residents are registered as BPJS health participants, with the contribution figures dictated by with the number of contributions borne by~~ the 2020 JKA program.

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Public health insurance is part of the national social welfare insurance program. ~~In~~ Law Number 40 of 2004 concerning the National Social Security System (SJSN), ~~it is~~ stated that health insurance is provided to guarantee health maintenance and protection in meeting the essential basic health needs of its participants.

Health insurance is implemented nationally, ensuring its availability so that it can be enjoyed across throughout Indonesia. ~~It is administered through, then implemented through~~ a social insurance mechanism ~~to guarantee transparency and quantifiability regarding funding sources~~ ~~that the funding source is clear and measurable~~. Even though health insurance is centralized administered at the national level nationally, this does not reduce the role of regions in managing region-specific health insurance programs ~~locally based health insurance~~. In addition, along with the decentralization of the health sector as one of the mandatory affairs of Regional Government 1, the regions are responsible for seeking health development for their residents. Socio-economic disparities among differences between regions have prompted diverse initiatives have given rise to to secure various efforts to fulfill the right to health for their residents. For regions with that have adequate resource and financial support, they can develop forms of health insurance with various coverage (both preventive, promotive, curative and rehabilitative) for their entire population.

To improve the degree of public health, the government continues to provide health quality efforts, one of which is health insurance for ~~allevery community~~. Health insurance is designed to protect all Indonesians, enabling them to access essential public health services is intended for all Indonesians to be protected so that they can meet the basic needs of decent public health. One of the main objectives of health insurance is to provide a comprehensive coverage for every Indonesian, fostering the opportunity for Indonesian population to lead so that the Indonesian population can live healthy, productive, and prosperous lives. One of the policies implemented by the Aceh government is ~~the the existence of~~ Aceh Health Insurance (JKA). Welfare in Islam is usually called *masalah*, ~~because masalah is a concept that coverings~~ all aspects of human life. This notion of well-being, referred to in the context of this initiative, encompasses The welfare referred to in this benefit includes five foundations for human life consisting of *dien* (religion), *nafs* (soul), *'aql* (reason), *nasl* (descent) and *mal* (wealth). In economic terms, human behavior contributes to the well-being of oneself, one's family, and the broader environment, with the overarching aim of achieving prosperity in life ~~In economies, human behavior contributes to the benefit of himself, his family, and his environment with the aim of achieving prosperity in life~~. Well-being ~~fare~~ or benefit for humans includes two facetsthings: , namely physical (born) and spiritual (mental) well-being, both of which benefits that must be realized for every human being. Islam has a system of life that promises order, safety, peace and benefit for all mankind. Islam also realizes man's goal of achieving happiness and benefit of the world and the Hereafter (*falah*), ~~— a life of goodness and honor, a good and honorable life.~~

Social security or jamsos is one form of protection from the Government of Indonesia to its people. The goal is that all the essential basic needs of life of its people, including in terms of health and welfare protection while working, are achieved. The government guarantees all health and employment matters through a system and institution tasked with ensuring the social life of its people based on the. ~~This is in accordance with the~~ mandate of Law Number 40 of 2004 concerning the Social Security System.

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The impact of Aceh's health development can be seen from the development of the Life Expectancy Rate (AHH) indicator. Life Expectancy Rate evaluates the government's performance in improving the welfare of the Indonesian population and improving health status (Badan Pusat Statistik (BPS), 2021). The life expectancy in Aceh in 2015-2019 has increased from 69.50 to 69.87, indicating ~~This indicates that that~~ the degree of public health has consistently increased in the last six years.

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Health development must pay attention to the objectives of *maqashid shari'ah*, namely the benefit ~~for of the entire whole~~ society. The benefit is also a benchmark in economic growth, ~~which~~ including benefits in ~~the form of~~ achieving essential basic needs for individuals, society, and the state. The achievement of essential basic needs for the Public includes health, housing, education, security, and a state policy ~~that ensur~~inges the achievement of essential basic needs ~~in a fairly manner~~. Benefit refers to the government's responsive role in managing the economy ~~so that it is able~~ to carry out its responsibilities and to ensure welfare services or basic benefits in people's lives. A higher level of benefit means having a better quality of life, enabling ~~so that~~ the Public ~~can~~ti create better conditions to increase their benefit.

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2. Literature Review

2.1. Health Insurance

According to Presidential Decree no. 12 of 2013, health insurance serves as is a guarantee of health protection, ensuring ~~so~~ that participants receive health care benefits and protection to fulfill their ~~in meeting essential basic~~ health needs. These benefits are extended given to everyone who has paid dues or whose contributions covered are paid by the government. Health insurance is the government's responsibility as a provider of public services or social services to the community. Those All people who have fulfilled their paid these contributions are entitled to health services established by the that the government has designed. According to (Suhandi, Putri and Agnisa, (2018), the purpose of health insurance is to provide benefits for the maintenance and protection of basic health needs. The benefits offered by health insurance encompass a wide range of health services, which include promotional, preventative, curative, and rehabilitative services. These services extend to cover medications and medical devices, while the benefits of health insurance are comprehensive health services, including promotive, preventive, curative, and rehabilitative services, including medicines and medical devices.

The definition of ~~Based on~~ insurance according to Article 246 KUHD (commercial code) 1 (1) of Law no. 2/1992, insurance ~~is~~ a contractual arrangement between the insured party and the insurer, governed by specific an agreement between the insured and the insurer, so that the conditions for the validity of the agreement and the legal principles of the agreement underlying that give rise to voluntary insurance apply. In addition to insurance structured upon a contractual ~~However, apart from insurance based on an agreement, it is also known that~~ there is also insurance based on statutory regulations, referred to as namely social/compulsory insurance.

In the teachings of Islam, the existence of insurance was practiced during the time of Rasulullah PBUHSAW. The cConcept of Sharia-compliant Insurance Syariat known as Ad-diyah 'ala Al-

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'*aqilah*. *Al-'aqilah* is the customary practice of Arabs, ~~as outlined by~~ ~~according to~~ (Muhsin Khan (-1979), ~~to including the value of~~ a financial contribution in the name of the perpetrator to ~~compensate pay~~ the victim (~~resembling the notion of a~~ premium in ~~contemporary-practical~~ insurance). ~~The Whereas compensation is disbursed will be paid~~ based on the concept of *Al-'Aqilah*, similar to liability insurance ~~commonly in~~ ~~practiced today now~~.

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~~Economic experts~~ ~~Experts in economics~~ have ~~outlined provided~~ guidelines regarding the issues ~~adhered to accepted by Sharia~~ Islamic Sharia ~~which are~~ explained in some ~~of the rules of Fiqhiyah~~ rules. These guidelines cover various aspects of trade and transaction, ensuring ethical and lawful practices. They include: a) Ensuring transparency, honesty, and certainty in buying and selling transactions while prohibiting fraud and ambiguity. Such precautions are essential to prevent potential disputes that may arise from deceptive practices, protecting both buyers and sellers; b) Upholding the principle of providing care for individuals lacking total mental capacity. It is forbidden for an uninformed al-Mufti to issue legal rulings, just as ignorant doctors may inflict suffering and hardship on their patients; c) Acknowledging the rights of partners and neighbors to alleviate any distress or hardship experienced by buyers or new partners; d) Prohibiting the deliberate damage of another person's property, even if the owner has previously inflicted damage on the same property; ~~the practice of buying and selling due to the law, prohibited trading due to trading and retaliating trading with similar goods, for example: a) There is no fraud, there is fraud and there is uncertainty in the transaction of buying and selling, Because such a situation may give rise to a dispute initiated by the seller which may cause loss and hardship to the buyer; b) The pain of treating a person who does not have perfect intelligence. The prohibition against al-Mufti al-Majiri for not giving fatwa to people, the prohibition against doctors who are Ignorant because it can cause misery and trouble to others; c) The right to use the rights of the partner and the neighbor to prevent distress and hardship by the buyer or the new partner; and d) It is illegal for someone to damage another person's property, even if the owner of the property has damaged the same property (Pradja, 2012: 147).~~

The Social Security Agency (BPJS) is a public legal entity specifically formed to administer social security programs, ~~including one of which is~~ the Healthcare and Social Security Agency (BPJS Kesehatan). BPJS Kesehatan, ~~as is~~ a legal entity, ~~is tasked to oversee~~ ~~formed to administer~~ the health insurance program (Mulia and Darmansyah, 2017). The Aceh Public Health Insurance (JKA) Program ~~represents a crucial component of is~~ social security in the health sector, ~~aiming to provide comprehensive for~~ health services ~~to for~~ the entire population of Aceh to ~~optimize and enhance realize the the~~ ~~Acehnese people's~~ health status ~~of Acehnese people~~ ~~optimally and comprehensively~~. ~~The government of Aceh has taken steps to implement a health insurance program that encompasses the entire public of Aceh, thereby assuming the responsibility for delivering optimal and comprehensive services in connection with the JKA program. Health services are a shared responsibility between the Aceh government and the district/city governments~~ ~~The government of Aceh has implemented a health program for the whole Public as health insurance for the Acehnese. The government is obliged to produce optimal and comprehensive services related to the JKA program. Health services are the responsibility of the Aceh government, along with district/city governments~~ (Sulaiman, 2013).

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2.2. Social Welfare (*Maslahah*)

Maslahah Etymologically is a good thing and beneficial. *Maslahah* in terminology brings good, usefulness, or gains and rejects everything that will cause or cause damage. The aim of a creature is to attain goodness, utility, and to avoid harm; the benefit of creatures is only realized when they achieve their objectives. Because getting good or usefulness and resisting damage is a creature's goal and the benefit of creatures is only achieved in their goal (Pasaribu, 2014).

Social insurance is different from other forms of social security, with there is an emphasis on the participation of potential beneficiaries in administering social security rather than highlighting the state's responsibility to administer (Scheining, 1994). The social security approach through social insurance is also called the welfare state model or Bismarck Model, while the public funding approach alone is called the social state model. However, Although in practice, some prefer to there are those who combine both the two models as a choice for certain countries.

Imam al Ghazali defined *maslahah* as the essential expressed in seeking something useful or getting rid of something unnecessary, with the objective being the attainment of while seeking benefit and the eradication of getting rid of wastefulness, is This purpose (*maqashid*) is inherent in the creation (khalq) and the benevolence (as-shulhu) found in the realization of the intended goals (maqashid) of creation, meant by creation (khalq) and goodness (as-shulhu) in the creation of my realization of the purpose of the maqashid. *Maslahah* is the maintenance of objective law, consisting of five conditions: namely safeguarding maintenance of religion, soul, reason, heredity, and property (Al-Ghazali, t.t: 286). As said by S. Vivekananda noted and as quoted by Maulana W. Kahn, in Lessy, "If ever any religion approaches this equality in any appreciable manner, it is Islam and Islam alone". (Lessy, 2009:29-30)

Islam's contribution to its concern for social justice is evident can be seen in three main topics. Firstly, the Qur'an is the norm of a comprehensive complete ideology addressing that discusses justice, equality and social welfare for humans. Secondly, the Koran Qur'an advocates for the adoption of provides encouragement to adapt this ideology. And Thirdly, the Qur'an encourages the upholding of justice, equality and social welfare in all aspects of human life. In developed countries, s Social welfare in developed countries is called social security, such as social assistance and social insurance, which is provided by the state, especially for disadvantaged groups. Meanwhile, in Indonesia, social welfare is often seen as the goal or condition of a prosperous life, denoting namely the fulfillment of basic human needs (Edi Suharto, 2006:3)

According to (P3EI, (2015), *mMaslahah* is something in the form of material and non-material conditions that can improve the position of humans as the noblest creatures. The fulfillment of the needs of creatures will have an impact on the benefit. Basic mMaslahah basic for human life consists of five things, namely religion (*deen*), soul (*nafs*), intellectual (*'aql*), family and lineage (*nasl*), and material (*mal*). The fulfillment of all the needs of the Public in their lives will influence the have an impact on achieving of a *maslahah*. A noble and prosperous life in this world and the hereafter can be realized if human needs are met reasonably and balanced.

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3. Methodology

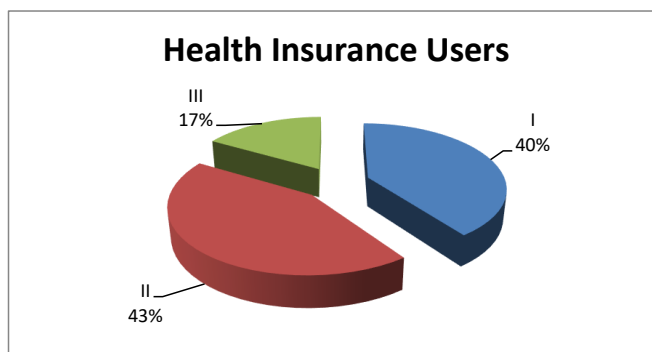
This research employed a ~~used~~ quantitative ~~method~~ research. The approach used in this study was ~~is~~ partial least squares ~~a~~ structural equation model (SEM) ~~research method based on partial least squares~~. The data used was ~~obtained is the data~~ from ~~the the distribution of~~ questionnaires administered through google forms as a research tool. Respondents ~~were will be~~ required to tick their ~~responses answer~~ among the ~~four~~ scales, ~~which will~~ including Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

The population in this study were all users of health insurance in Aceh Province. The average user of health insurance in Aceh Province from 2010-2020 is 1,815,161 people. The sampling technique was ~~used is~~ probability sampling. ~~The c~~ Calculation of the number of samples was ~~done~~ using ~~sample size~~ software, ~~sample size~~ with a margin of error of 10% ~~and resulting obtained~~ 90 people. The variables used in this study consisted of exogenous ~~latent variables~~ and endogenous latent variables. The exogenous latent variables ~~in this study~~ were the availability of health facilities and infrastructure (X₁), the ease of accessing information (X₂), and the intensity of socialization carried out (X₃). ~~while~~ the endogenous latent variable was ~~in this study is~~ health services (Y). In this study, a model of ~~p~~ Public service ~~is will be~~ obtained, ~~which is~~ influenced by the condition of the facilities and infrastructure, ~~and as well as~~ the efforts made by the Aceh government through health insurance.

4. Result And Discussions

4.1 Data Overview

Health insurance users consist of three classes: ~~namely class I, class II and class III~~. ~~Figure 1 illustrates the The general description of~~ health insurance users ~~who became respondents in this study~~ based on the respondent's health insurance class. ~~s is as follows:~~



Source: [data analysis Proessed](#) (2021)

Figure 1. Health Insurance Users

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Figure 1 illustrates the distribution of respondents in this study. It reveals that 40% of the respondents (36 people), utilized class I. Furthermore, 43% of the respondents (39 people), opted for class II. Lastly, 17% of the respondents (15 people), chose class III.

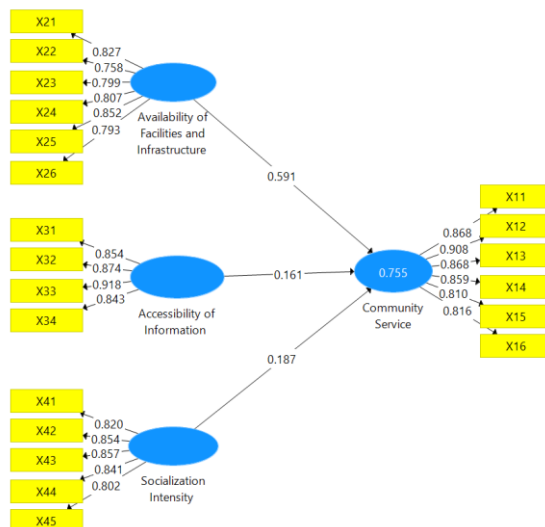
Figure 1 shows that respondents in this study used class I, which was 40% consisting of 36 people, respondents who used class II were 43%, consisting of 39 people, and respondents who used class III as much as 17% consisting of 15 people.

4.2. Health Insurance Services Model

The health service model is divided into two stages: the measurement equation and the structural equation models. The statistical inferential analysis approach, namely the partial least squares-structural equation model (PLS-SEM) based on partial least squares, was used to generate the model.

a. Research Measurement Model (Outer Model)

Indicator reliability is a value that showings how much variance can be explained by the latent variables. A reflective indicator must be eliminated from the measurement model when the loading factor value (λ) < 0.6 . The results of the loading factor (λ) obtained from the initial model are displayed in Figure 2 as follows.:



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Source: [Processed-Data analysis](#) (2021)

Figure 2. Loading Factor Value

The SmartPLS software output in Figure 2 demonstrates loading factors (λ) greater than 0.6. These loading values affirm that all indicators effectively contribute to describing the latent variables intended for use in the model.

The output of the Smart PLS application can be seen in Figure 2 above, the value of the loading factor (λ) > 0.6 because all indicators meet to describe the latent variables that will be used in the model.

Average Variance Extracted (AVE)

Convergent validity indicates the correlation between the indicators employed in constructing the construct. Consequently, a higher AVE value signifies a stronger correlation. AVE is the degree to which a latent construct explains the variance of its indicators. Table 1 presents the values for composite reliability and average extracted (AVE). The convergent validity value is a value that shows the correlation between the indicators used to construct the construct, so the higher the AVE value, the higher the correlation value. This illustrates that the indicators used are very good. The table below presents the values *composite reliability and average extracted (AVE)* as follows:

Table 1. Average Variance Extracted (AVE) Value

Construct	Average Variance Extracted (AVE)
Socialization Intensity	0.697
Accessibility of Information	0.761
Availability of Facilities and Infrastructure	0.651
Public Service	0.732

Source: [Data analysis-Processed](#) (2021)

Table 1 reveals that among the seven latent variables, the AVE value satisfies the minimum criterion of 0.5. This output demonstrates that the measure of convergent validity is appropriate, meeting the convergent validity requirements.

Table 1 above shows that of the seven latent variables, the AVE value is the minimum criterion of 0.5. The measure of convergent validity is suitable or can be said if it meets the requirements of convergent validity.

Reliability Test

The reliability test assesses shows the consistency of an indicator in measuring latent variables. In this study, the reliability test measure was carried out based on Cronbach's Alpha in this study. The value presented in Table 2 below shows that the seven latent variables have a composite reliability value above 0.6. This finding the designated indicators effectively that have been set have been able to measure each latent variable (construct) and, as a result, well, or it can be said that the seven-measurement model of the seven latent variables are reliable.

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Table 2 Reliability Test

Construct	Cronbach's Alpha
Socialization Intensity	0.891
Accessibility of Information	0.895
Availability of Facilities and Infrastructure	0.892
Public Service	0.926

Source: Processed (2021)

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b. Research Structural Model (Inner Model)

R-square

The value of R^2 indicates to see the extent to which how well exogenous latent variables can explain the variability in diversity of endogenous latent variables. In this case, The value of R^2 is 0.737, which indicates that exogenous variables could explain 73.7% of the variation in the endogenous variable. In comparison, the remaining while 26.3% is explained by other variables not examined in this study.

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Effect size F-square (F^2)

The value of f^2 is used to measure the closeness of the exogenous latent variable to the endogenous latent variable. Table 3 The presents following is the values of f^2 of this study as follows:

Table 3. F-Square Value

Variable	f-Square	Conclusion
Socialization Intensity → Public Service	0.068	Weak
Accessibility of Information → Public Service	0.036	Weak
Availability of Facilities and Infrastructure → Public Service	0.462	Strong

Source: Processed (2021)

T-Statistic Test

Path coefficient estimated value in the structural model should be significant. The bootstrapping procedure with the t-statistic test can obtain this significance value—A sub-sampling of 500 times. The hypothesis rejects the null hypothesis is rejected if the absolute value of the t-statistic is greater than or equal to $t_{table} = 1.645$ (at a significant 10% significance level), which meanings that endogenous variables have an effect. The finding of this study revealed that e result of the study obtained that not all indicators have a significant impact on the latent and valid variables. The significant effects of the relationship of the exogenous latent variables on the endogenous latent variables are displayed in Table 4. can be explained as follows:

Table 4. T-Statistic

Variable	T statistic	Conclusion
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Socialization Intensity → Public Service	0.004	Significant
Accessibility of Information → Public Service	0.082	Significant
Availability of Facilities and Infrastructure → Public Service	0.000	Significant

Source: Processed (2021)

4.3. Analysis of Public Preferences on Factors Affecting Shariah-Based Health Insurance in Aceh Province

The preference of the Acehnese people in ~~using carrying out~~ health insurance services must prioritize the strength of social intensity. ~~Effective s~~ocialization can be done ~~through in~~ outreach activities ~~conducted carried out to the Public~~ by officers. Health workers ~~can~~ carry out socialization ~~efforts via through~~ various electronic media and ~~provide~~ direct counseling ~~in location to places~~ where the ~~public is likely to be receptive to high-quality service~~Public will have a high potential for service quality. ~~This approach ensures that the health insurance materials provided to the public are well understood, ultimately leading to a higher degree of satisfaction with health insurance outreach activities. Health insurance materials provided to the Public can be understood well. The Public will be satisfied with the health insurance outreach activities.~~ Thus, the intensity of socialization carried out will ~~significantly influence affect~~ changes in the conditions of health insurance users. ~~This, in turn, can lead to t~~he ~~intensity of socialization carried out can~~ increase of life expectancy and reduced morbidity. ~~The intensity of socialization initiatives contributes to participants' better understanding, facilitating access to optimal care and treatment. These measures accelerate recovery and ultimately enhance the quality of life, aligning with the objectives of maqashid shari'ah.~~The intensity of the socialization carried out will help participants understand to get optimal care and treatment that will accelerate recovery in order to improve the quality of life and benefit so that the objectives of maqashid shari'ah are achieved.

The implementation of public services requires ~~collaboration~~ collaboration and the ~~Joined in~~ Mobilization of ~~Resources from~~ stakeholders beyond the government ~~with various parties outside the government.~~ Public services today are ~~no longer the exclusive purview of governmental agencies~~not solely the domain of government monopoly. The presence and participation of elements of society ~~is~~are essential for ensuring a demand for transparency, accountability and professionalism in ~~delivering high~~ the implementation of quality public services.

The Aceh government hopes to be able to fulfill Universal Health Coverage ~~or which aims~~ to ensure that all people have access to quality and effective promotive, preventive, curative and rehabilitative health services. Therefore, the government can register data on residents who do not have health insurance this year and try to build public perception of the importance of public health insurance. Public perception of the Health Insurance Program for the ~~p~~Poor is influenced by several factors. Internal factors are education, knowledge, experience and motivation. Knowledge about insurance or health insurance shows a significant relationship with public perception of the Health Insurance Program for the ~~p~~Poor. The better the knowledge you have, the more positive your perception will be. Public perception of the Community Health Insurance Program is influenced by their ~~knowledge~~ ~~they have.~~ ~~That T~~here is a relationship between knowledge and public perception of the healthy fund program. External (situational) factors in the form of the socialization process include information sources and media related to the formation of public perceptions of the Health Insurance Program for the ~~p~~Poor. Prolines is an integrated proactive health service system ~~that involv~~ing participants, ~~h~~Health ~~f~~acilities and BPJS ~~h~~Health in the context of health services for Health Insurance participants.

The successful ~~of~~ implementation of ~~ing~~ the health insurance program in Aceh is ~~highly very~~ dependent on the role of the Aceh Government. ~~Their efforts are pivotal in enhancing the quality and provision of services~~

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within well-equipped healthcare facilities, especially in terms of improving the quality and services in health facilities that are very good and adequate. In addition, the Aceh Government supports initiatives to enhance public and stakeholder awareness regarding the stipulations governing health insurance implementation. These provisions include regulations concerning registering participants (with their names and addresses) in alignment with cooperation agreements, specifications related to the validity period of membership, regulations about service guarantees within healthcare facilities, and guidelines for contributions payment, to increase the understanding of the public and other stakeholders regarding the provisions that apply in the implementation of health insurance, such as provisions for the number of participants (by name by address) in accordance with the cooperation agreement, provisions for the validity period of membership, provisions for guarantees of services in facilities health, as well as provisions for payment of contributions.

The lack of socialization of Social Health Security Organizers in Aceh, resulted in limited awareness among people regarding communication flow through technology, which remains unof the flow of communication through technology has not yet been realized. Furthermore, However, the economic situation conditions in society are deteriorating, is in decline and fees are increasing without fixing previous problems. One of the critical functions of mass media is to serve as a as a tool means for socialization, or socialization Mass media is a source of, namely providing sources of knowledge that equips individuals to behave as influential members of society, making them conscious of their social roles and enabling active participation in society enable people to behave and act as effective members of society so that they are aware of their social functions and can be active in society. Hence, therefore the government leverages takes advantage of one of the functions of the mass media for this purpose masses (Widjaja, 2000: 65).

Facilitating access to Ease of accessing information can also be done through socialization, allowing individuals to easily obtain access any existing health-related information, whether either directly or online-based through online channels, mainly via social media. Thus, social media platforms can provide valuable information or education about health information and education, empowering individuals to make informed choices that mitigate be utilized so that behaviors that potential riskseause risks can be avoided.

People have the ability to learn from their exposure to what they see, hear or read (exposure) to the mass media, whether through visual, auditory, or written means. Individual cognitive characteristics play a significant role in shaping their behavior in response to mass media exposure, leading to varying behaviors among individuals exposed to mass media Different cognitive characteristics make people different in terms of their behavior from one another as a result of exposure to mass media (Morissan, 2010: 243). For example, Like social cognitive theory highlights that which explains that human thought and action is a process of three reciprocal causes (triadic reciprocal causation), meaning that which means that thought and behavior are determined by three different factors that interact and influence each other with varying strengths, whether simultaneously both in the same time or different times (Morissan, 2010: 242).

In the context of health insurance implementation, the aAvailability of facilities and infrastructure is paramount, including factors in the implementation of health insurancee such as adequacycompleteness, readiness, and cleanliness of the equipment used, accessibilityavailability of affordable hospitals and health centers, availability of wheelchairs and adequate hearses, the availability of beds, and the provision of proper air ventilation for patients undergoing treatment. Additionally, having access to high-quality medications is crucial Hospitalization and the availability of good medicines for health insurance users. This study shows a significant correlation influence between the availability of facilities and infrastructure on changes in the conditions of health insurance users. Thus, the availability of health insurance facilities and infrastructure can increase life expectancy and reduce morbidity. Moreover, accessible The available facilities and infrastructure can accelerate participants' recovery in optimal care and treatment, ultimately enhancing to improve their quality of life and achievunge beneficial outcomest.

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People's behavior in utilizing health services is determined by two factors: the severity of their illness and their perceived need for health services~~the level or degree of illness experienced and the need for health services (perceived need). When individuals experience a more pronounced or severe sense of illness, their requirement for healing intensifies, consequently increasing the demand for health services.~~The more severe the level or degree of illness is felt, the more the individual will need healing and thus the greater the need for health services, as well as the need for health services. Furthermore, as the perceived need for health services escalates, so does the inclination to if the higher the need for a service, the higher the desire to utilize these that health services will be. People with a strong understanding of the good knowledge about National Health Insurance are more inclined to will consider joining the National Health Insurance program. In contrast, those with limited knowledge might prioritize allocating their income for daily or immediate needs, while people with less knowledge will consider joining the National Health Insurance program because their income is prioritized for their daily needs or needs rather than financing the Insurance program. This pragmatic decision-making process influences their willingness to participate in the National Health Insurance program.

National Health.

The ~~forms of services provided obtained by from~~ Health Insurance are in the form of offering providing and using goods and services. In this research, ~~the product appearance in the research is the product appearance related~~ garding the quality of the Health Insurance program in the eyes of the community. It also pertains to how the public perceives the socialization efforts associated with the Health Insurance program, including Health Insurance Aceh. The product's perception does not correlate directly with participation in the National Health Insurance program. ~~to the community and regarding the socialization of the Health Insurance program in the public's perception of participation in National Health Insurance including Health Insurance Aceh. In the appearance of the National Health Insurance product there is no relationship to participation in becoming a National Health Insurance participant.~~ However, it remains crucial to continue conducting adequate socialization to elucidate the concept the implementation of socialization is still very necessary to explain to the public the concept of Aceh Government Health Insurance, the funding system, participation, benefits for the community and the procedures for providing services. The lack of socialization has resulted in public confusion regarding the implementation of health services, differing interpretations understandings, and a misconception that Health Insurance is synonymous with public health insurance. There is still a common misconception that the Aceh Health Insurance program is free.

~~ignorance that Health Insurance is not the same as public health insurance and they still think that the Aceh Health Insurance program is free.~~

Research conducted by ~~(Andreas G. Ch. Tampi, (2016) indicated stated~~ that the facilities provided ~~at the hospital during hospitalization did not align with those were not following the~~ facilities listed on the health care coverage care, or the patient was forced to be treated in a higher class with additional treatment costs. Furthermore, ~~The available medications drugs are not in accordance with did not correspond to h~~ the patient's needs, forcing them so that patients to who need medicines that are not included in the DPHO must purchase unaffordable buy medicines not covered by the DPHO, placing a financial at prices that are not affordable and burden on the patient. Research by

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Wati, Machmud and Yurniwati (2019) concluded that there are lingering inadequacies still deficiencies in facilities and infrastructure that are not optimal, especially in the patient's inpatient room. These include the absence of fans and proper air ventilation, resulting in patient discomfort and dissatisfaction, the lack of fans, and air ventilation so that patients feel uncomfortable and dissatisfied.

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5. Conclusion

This study concludes that there is a significant influence on the variables of socialization intensity, ease of accessing information, availability of infrastructure significantly influence for the the services of health insurance participation (at a significant level of 10%). A crucial factor in the Acehese people's preference for managing health insurance services is the presence of facilities and infrastructure. The Acehese people's preference for a crucial factor in running health insurance services is the availability of facilities and infrastructure. Sharia-based infrastructure can contribute to building a prosperous society in alignment with the objectives of *maqashid shari'ah*, particularly ensuring fair and equitable benefits. Furthermore, other factors, such as the ease of accessing information and the social intensity of Aceh's health services, should also be further enhanced to enable people to promptly access treatment and obtain health information the government provides through the health insurance program. Socialization efforts can be conducted through various outreach activities, commencing at the village level and facilitated by medical personnel.

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With the existence of sharia-based infrastructure, it can create a prosperous society by the objectives of *maqashid shari'ah*, namely fair and equitable benefit. Then other factors, namely the ease of accessing information and the social intensity of Aceh's health services, must also be further improved so that people can quickly seek treatment and find out health information provided by the government through the health insurance program. Socialization can be done through various outreach activities starting from the village level as well as by medical personnel in particular.

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Zulkipli Lessy, keadilan sosial dan Kesejahteraan Sosial dalam Islam (Peran pekerja Sosial dalam Mewujudkan Keadilan & kesejahteraan Sosial), dalam *Model-model Kesejahteraan social Islam Perspektif Normatif Filosofis dan Praktis*, Fakultas Dakwah Jurusan Pengembangan Masyarakat Islam UIN Sunan Kalijag Yogyakarta Bekerjasama dengan IISEP-CIDA, 2009. hlm 29-30.

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PUBLIC PREFERENCES ON FACTORS AFFECTING MAQASHID SHARIAH-BASED HEALTH INSURANCE SERVICES IN ACEH PROVINCE

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Abstract: Health development represents an endeavor in the health sector to achieve optimal health outcomes. The Aceh government, empowered by special autonomy rights, spearheads health sector development through a Sharia-based Aceh Health Insurance (JKA), managed by the Social Security Administration (BPJS). This initiative seeks to address the healthcare needs of all Acehnese population, aligning with the objectives of Maqashid syariah, particularly the principle of benefit. This study aims to determine the community's preference for factors influencing Maqasid Shariah-based health services in Aceh. This research employed a quantitative approach, using the partial least squares-structural equation model (PLS-SEM). This study indicates a statistically significant effect of socialization intensity, accessibility of information, availability of facilities and infrastructure on the services of health insurance participants, at a significant level of 10%. Based on the Acehnese people's preferences, both facilities and infrastructure are pivotal factor in the provision of health insurance services.

Keywords: Preference, Service, Health Insurance, Maqashid Shariah

Abstrak: Pembangunan kesehatan merupakan upaya untuk mencapai hasil kesehatan yang optimal. Pemerintah Aceh diberikan hak otonomi khusus menjadi ujung tombak pembangunan sektor kesehatan melalui Jaminan Kesehatan Aceh (JKA) berbasis syariah yang dikelola oleh Badan Penyelenggara Jaminan Sosial (BPJS). Inisiatif ini berupaya untuk memenuhi kebutuhan layanan kesehatan bagi seluruh masyarakat Aceh, selaras dengan mencapai tujuan Maqashid syariah, khususnya prinsip kemaslahatan. Penelitian ini bertujuan untuk mengetahui preferensi masyarakat terhadap faktor-faktor yang mempengaruhi pelayanan kesehatan berbasis Maqasid Syariah di Aceh. Penelitian ini menggunakan pendekatan kuantitatif dengan menggunakan model Partial Least Square berbasis Structural Equation Models (PLS-SEM). Penelitian ini menunjukkan adanya pengaruh signifikan secara statistik antara intensitas sosialisasi, aksesibilitas informasi, ketersediaan sarana dan prasarana terhadap pelayanan peserta jaminan kesehatan, pada tingkat signifikansi 10%. Berdasarkan preferensi masyarakat Aceh, sarana dan prasarana merupakan faktor penting dalam penyediaan layanan asuransi kesehatan.

Kata Kunci: Preferensi, Pelayanan, Asuransi Kesehatan, Maqashid Syariah

Introduction

Health is paramount and must be maintained. The responsibility for upholding one's health lies with each individual. The government is obligated to cater the community's needs, with a particular emphasis on ensuring the public's health. This entails concerted efforts to enhance the quality of public services, aligning them with sound government policies and offering protection to every citizen and society in providing these services.

Health development is the key to successful development in other fields. Its primary objectives is to heighten awareness, well-being, and the capacity to lead a healthy life for all, with the ultimate goal of achieving optimal health status. The level of health exerts a profound influence on the quality of human resources, as only individuals with optimized health can boost productivity and enhance human competitiveness. This, in turn, contributes to a higher which results in a great level of competitiveness of the whole region. The thrust of health development is geared towards elevating public health standards, thereby improving the overall quality of life, the intelligence and welfare of the people.¹

To enhance the public health, the government has continuously undertaken substantial healthcare initiatives, including providing health insurance for every community. Health insurance is intended to protect all Indonesians and cater their fundamental public health needs. Among the primary objectives of health insurance is to deliver comprehensive coverage to every Indonesian citizen, enabling the population to lead healthy, productive, and prosperous lives. The Indonesian government implements the National Health Insurance (JKN) program organized by the Social Security Administration (BPJS), to meet the needs of every Indonesian society by ensuring protective measures and maintaining essential health needs. The BPJS membership is for all Indonesian people, without exception.²

Health services are one of the factors influencing the health status of the community. Improving the optimal health service requires qualified health professionals, well-equipped facilities, easily accessible hospitals or health centers for the community, and readily accessible information for the population. In pursuit of advancing the well-being of the Acehnese people, the Aceh government has formulated policies. These policies are selectively chosen or devised by the local government to resolve specific issues and promote the greater good. The formulation of such policies in Aceh entails undergoing various procedural steps. The Aceh Health Insurance Program is supported by human resources such as doctors, nurses, medical equipment while being financially supported. 2,177,270 Aceh residents are registered as BPJS health participants, with the contribution figures dictated by the 2020 JKA program.

¹ Abi Adams-Prassl and Jeremias Adams-Prassl, 'Systemic Unfairness, Access to Justice and Futility: A Framework' (2020) 40 *Oxford Journal of Legal Studies* 561.

² Aprianus Umbu Zogara, 'Kepemilikan Jaminan Kesehatan Dengan Kepuasan Pasien Di Puskesmas Jetis 1 Bantul, Yogyakarta' (2019) 4 *Jurnal Endurance*.

Public health insurance is part of the national social welfare insurance program. Law Number 40 of 2004 concerning the National Social Security System (SJSN) stated that health insurance is provided to guarantee health maintenance and protection in meeting the essential health needs of its participants.

Health insurance is implemented nationally, ensuring its availability across Indonesia. It is administered through a social insurance mechanism to guarantee transparency and quantifiability regarding funding sources. Even though health insurance is centralized at the national level, this does not reduce the role of regions in managing region-specific health insurance programs. In addition, along with the decentralization of the health sector as one of the mandatory affairs of Regional Government 1, the regions are responsible for seeking health development for their residents. Socio-economic disparities among regions have prompted diverse initiatives to secure the right to health for their residents. For regions with adequate resource and financial support, they can develop forms of health insurance with various coverage (both preventive, promotive, curative and rehabilitative) for their entire population.

To improve the degree of public health, the government continues to provide health quality efforts, one of which is health insurance for all. Health insurance is designed to protect all Indonesians, enabling them to access essential public health services. One of the main objectives of health insurance is to provide a comprehensive coverage for every Indonesian, fostering the opportunity for Indonesian population to lead healthy, productive, and prosperous lives. One of the policies implemented by the Aceh government is the Aceh Health Insurance (JKA). Welfare in Islam is usually called *masalahah*, a concept covering all aspects of human life. This notion of well-being, referred to in the context of this initiative, encompasses five foundations for human life consisting of *dien* (religion), *nafs* (soul), *'aql* (reason), *nasl* (descent) and *mal* (wealth). In economic terms, human behavior contributes to the well-being of oneself, one's family, and the broader environment, with the overarching aim of achieving prosperity in life. Well-being or benefit for humans includes two facets: physical (born) and spiritual (mental) well-being, both of which must be realized for every human being. Islam has a system of life that promises order, safety, peace and benefit for all mankind. Islam also realizes man's goal of achieving happiness and benefit of the world and the Hereafter (*falah*), — a life of goodness and honor.

Social security or jamsos is one form of protection from the Government of Indonesia to its people. The goal is that all the essential needs of life of its people, including health and welfare protection while working, are achieved. The government guarantees all health and employment matters through a system and institution tasked with ensuring the social life of its people based on the mandate of Law Number 40 of 2004 concerning the Social Security System.

The impact of Aceh's health development can be seen from the development of the Life Expectancy Rate (AHH) indicator. Life Expectancy Rate evaluates the government's performance in improving the welfare of the Indonesian population and improving health

status³. The life expectancy in Aceh in 2015-2019 has increased from 69.50 to 69.87, indicating that the degree of public health has consistently increased in the last six years.

Health development must pay attention to the objectives of *maqashid shari'ah*, namely the benefit for the entire society. The benefit is also a benchmark in economic growth, including benefits in achieving essential needs for individuals, society, and the state. The achievement of essential needs for the Public includes health, housing, education, security, and a state policy ensuring the achievement of essential needs fairly. Benefit refers to the government's responsive role in managing the economy to carry out its responsibilities and ensure welfare services or basic benefits in people's lives. A higher level of benefit means having a better quality of life, enabling the public to create better conditions to increase their benefit.

Literature Review

Health Insurance

According to Presidential Decree no. 12 of 2013, health insurance serves as a guarantee of health protection, ensuring that participants receive health care benefits and protection to fulfill their essential health needs. These benefits are extended to everyone who has paid dues or whose contributions covered by the government. Health insurance is the government's responsibility as a provider of public services or social services to the community.⁴ Those who have fulfilled their contributions are entitled to health services established by the government. According to Suhandi, Putri and Agnisa⁵ the purpose of health insurance is to provide benefits for the maintenance and protection of basic health needs. The benefits offered by health insurance encompass a wide range of health services, which include promotional, preventative, curative, and rehabilitative services. These services extend to cover medications and medical devices.

Based on Article 246 KUHD (commercial code) 1 (1) of Law no. 2/1992, insurance is a contractual arrangement between the insured party and the insurer, governed by specific validity of the agreement and the legal principles of the agreement underlying voluntary insurance. In addition to insurance structured upon a contractual agreement, there is also insurance based on statutory regulations, referred to as social/compulsory insurance.

In the teachings of Islam, the existence of insurance was practiced during the time of Rasulullah PBUH. The concept of Sharia-compliant Insurance known as *Ad-diyah 'ala Al-'aqilah*. *Al-'aqilah* is the customary practice of Arabs, as outlined by Muhsin Khan (1979),

³ Badan Pusat Statistik (BPS), *Indikator Kesejahteraan Masyarakat Provinsi Aceh* (BPS 2021).

⁴ Muhammad Siddiq et all Armia, 'Post Amendment of Judicial Review in Indonesia: Has Judicial Power Distributed Fairly?' (2022) 7 JILS 525; Muhammad Siddiq Armia, 'Ultra Petita and the Threat to Constitutional Justice: The Indonesian Experience' [2018] Intellectual Discourse.

⁵ Suhandi, Putri and Agnisa, 'Analisis Pengaruh Jumlah Penduduk Terhadap Jumlah Kemiskinan Menggunakan Metode Regresi Linear Di Kota Palembang' (2018) 9 Jurnal Ilmiah Informatika Global; Chairul Fahmi and Muhammad Siddiq Armia, 'Protecting Indigenous Collective Land Property in Indonesia under International Human Rights Norms' (2022) 6 Journal of Southeast Asian Human Rights 1 <<https://jurnal.unej.ac.id/index.php/JSEHR/article/view/30242>>.

including a financial contribution in the name of the perpetrator to compensate the victim (resembling the notion of a premium in contemporary insurance). The compensation is disbursed based on the concept of *Al-'Aqilah*, similar to liability insurance commonly practiced today.

Economic experts have outlined guidelines regarding the issues adhered to Islamic Sharia explained in some *Fiqhiyah* rules. These guidelines cover various aspects of trade and transaction, ensuring ethical and lawful practices. They include: a) Ensuring transparency, honesty, and certainty in buying and selling transactions while prohibiting fraud and ambiguity. Such precautions are essential to prevent potential disputes that may arise from deceptive practices, protecting both buyers and sellers; b) Upholding the principle of providing care for individuals lacking total mental capacity. It is forbidden for an uninformed al-Mufti to issue legal rulings, just as ignorant doctors may inflict suffering and hardship on their patients; c) Acknowledging the rights of partners and neighbors to alleviate any distress or hardship experienced by buyers or new partners; d) Prohibiting the deliberate damage of another person's property, even if the owner has previously inflicted damage on the same property.⁶

The Social Security Agency (BPJS) is a public legal entity specifically formed to administer social security programs, including the Healthcare and Social Security Agency (BPJS Kesehatan). BPJS Kesehatan, as a legal entity, is tasked to oversee the health insurance program.⁷ The Aceh Public Health Insurance (JKA) Program represents a crucial component of social security in the health sector, aiming to provide comprehensive health services to the entire population of Aceh to optimize and enhance the health status of Acehnese people. The government of Aceh has taken steps to implement a health insurance program that encompasses the entire public of Aceh, thereby assuming the responsibility for delivering optimal and comprehensive services in connection with the JKA program. Health services are a shared responsibility between the Aceh government and the district/city governments.⁸

Social Welfare (Maslahah)

Maslahah Etymologically is a good thing and beneficial. *Maslahah* in terminology brings good, usefulness, or gains and rejects everything that will cause or cause damage. The aim of a creature is to attain goodness, utility, and to avoid harm; the benefit of creatures is only realized when they achieve their objectives.⁹

⁶ Juhaya S Pradja, *Ekonomi Syariah* (Pustaka Setia 2012).

⁷ Ilham Mulia and Radhi Darmansyah, 'Persepsi Masyarakat Terhadap Pelayanan Publik Di Bidang Kesehatan Dalam Menggunakan Kartu Jaminan' (2017) 2 Jurnal Ilmiah Mahasiswa Fakultas Ilmu Sosial & Ilmu Politik.

⁸ Abubakar Sulaiman, 'Pengaruh Program Jaminan Kesehatan Aceh Terhadap Derajat Kesehata Masyarakat Aceh' (2013) 1 Jurnal Magister Ilmu Ekonomi.

⁹ Muksana Pasaribu, 'Maslahat Dan Perkembangannya Sebagai Dasar Penetapan Hukum Islam' (2014) 1 Jurnal Justitia; Abrar ZYM, 'Pemikiran Ibnu Khaldun Terhadap Filsafat Hukum Islam' (2017) 2 Petita: Jurnal Kajian Ilmu Hukum dan Syariah; Murdan, 'Hukum Islam Dalam Kerangka Sistem Hukum Masyarakat Modern' (2016) 1 PETITA: Jurnal Kajian Ilmu Hukum dan Syari'ah; Nawir

Social insurance is different from other forms of social security, with an emphasis on the participation of potential beneficiaries in administering social security rather than highlighting the state's responsibility to administer.¹⁰ The social security approach through social insurance is also called the welfare state model or Bismarck Model, while the public funding approach is called the social state model. However, in practice, some prefer to combine both for certain countries.

Imam al Ghazali defined *maslahah* as the essential expressed in seeking something useful or getting rid of something unnecessary, with the objective being the attainment of benefit and the eradication of wastefulness. This purpose (*maqashid*) is inherent in the creation (*khalq*) and the benevolence (*as-shulhu*) found in the realization of the intended goals (*maqashid*) of creation. Maslahah is the maintenance of objective law, consisting of five conditions: safeguarding religion, soul, reason, heredity, and property.¹¹ As S. Vivekananda noted and as quoted by Maulana W. Kahn, in Lessy, "If ever any religion approaches this equality in any appreciable manner, it is Islam and Islam alone".¹²

Islam's contribution to its concern for social justice is evident in three main topics. Firstly, the Qur'an is the norm of a comprehensive ideology addressing justice, equality and social welfare for humans. Secondly, the Qur'an advocates for the adoption of this ideology. Thirdly, the Qur'an encourages the upholding of justice, equality and social welfare in all aspects of human life. In developed countries, social welfare is called social security, such as social assistance and social insurance, provided by the state, especially for disadvantaged groups. Meanwhile, in Indonesia, social welfare is often seen as the goal or condition of a prosperous life, denoting the fulfillment of basic human needs.¹³

According to P3EI,¹⁴ *maslahah* is material and non-material conditions that can improve the position of humans as the noblest creatures. The fulfillment of the needs of creatures will have an impact on the benefit. Basic *maslahah* for human life consists of religion (*deen*), soul (*nafs*), intellectual (*'aql*), family and lineage (*nasl*), and material (*mal*). The fulfillment of all the needs of the Public in their lives will influence the achieving of

Yuslem, 'Sharia Contextualisation To Establish the Indonesian Fiqh' (2020) 5 *Petita : Jurnal Kajian Ilmu Hukum dan Syariah*.

¹⁰ Martin Scheining, 'The Right to Social Security', *Economic Social and Cultural Right* (Martinus Nijhoff Publishers 1994); Herlambang Perdana Wiratraman, 'Does Indonesian COVID-19 Emergency Law Secure Rule of Law and Human Rights?' [2020] *Journal of Southeast Asian Human Rights*; Saifuddin Duhri, 'Social Engineering Through Education Law A Comparative Analysis of Cultural Policies between the Dutch and Indonesian Central Government' (2019) 4 *Petita : Jurnal Kajian Ilmu Hukum dan Syariah* 86 <<http://petita.ar-raniry.ac.id/index.php/petita/article/view/12>>.

¹¹ Abu Hamid Ibn Muhammad Al-Ghazali, *Al-Mustasfa Min 'Ilm Al-Ushul* (Dar al Fikr).

¹² Zulkipli Lessy, 'Islam Dan Pekerjaan Sosial' (2015) 9 *Jurnal Sosiologi Reflektif* 235; Al Khanif, 'Women, Islam, and Modern Family Construction in the Perspectives of Legal Pluralism in Indonesia' (2019) Vol.4 *Petita : Jurnal Kajian Ilmu Hukum dan Syariah* <<http://www.petita-ar-raniry.ac.id/index.php/petita/article/view/24>>.

¹³ Edi Suharto, *Membangun Masyarakat Memberdayakan Rakyat. Bandung* (Ghalia Indonesia 2006), p. 3.

¹⁴ P3EI, 'Ekonomi Islam', Pusat Pengkajian dan Pengembangan Ekonomi Islam (Edisi II, Rajawali Pers 2015).

masalah.¹⁵ A noble and prosperous life in this world and the hereafter can be realized if human needs are met reasonably and balanced.

Methodology

This research employed a quantitative method. The approach used in this study was partial least squares-structural equation model (SEM). The data used was obtained from the questionnaires administered through google forms as a research tool. Respondents were required to tick their responses among the four scales, including Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

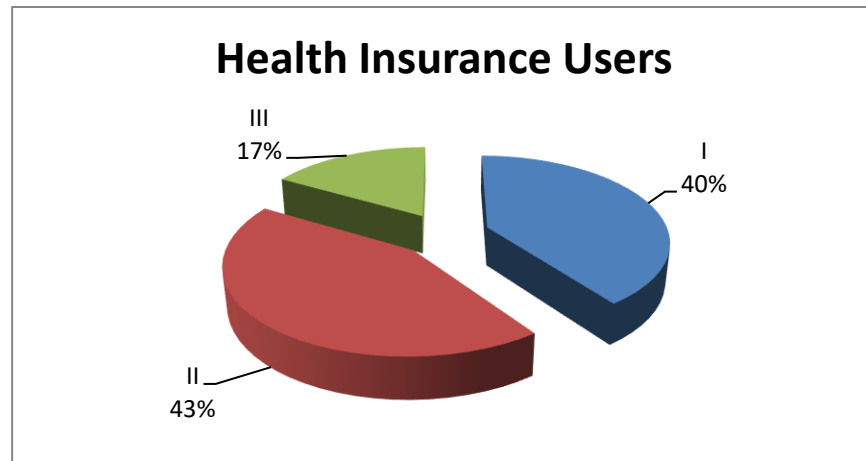
The population in this study were all users of health insurance in Aceh Province. The average user of health insurance in Aceh Province from 2010-2020 is 1,815,161 people. The sampling technique was probability sampling. The calculation of the number of samples was done using sample size software, with a margin of error of 10% and resulting 90 people. The variables used in this study consisted of exogenous and endogenous latent variables. The exogenous latent variables were the availability of health facilities and infrastructure (X_1), the ease of accessing information (X_2), and the intensity of socialization carried out (X_3). The endogenous latent variable was health services (Y). In this study, a model of public service is obtained, influenced by the condition of the facilities and infrastructure, and the efforts made by the Aceh government through health insurance.

Result And Discussions

Data Overview

Health insurance users consist of three classes: I, II and III. Figure 1 illustrates the health insurance users based on the respondent's health insurance class.

¹⁵ Muhammad Siddiq Armia, 'Public Caning: Should It Be Maintained or Eliminated? (A Reflection of Implementation Sharia Law in Indonesia)' [2019] Qudus International Journal of Islamic Studies; Muhammad Siddiq Armia and others, 'Criticizing the Verdict of 18/JN/2016/MS.MBO of Mahkamah Syar'iyah Meulaboh Aceh on Sexual Abuse against Children from the Perspective of Restorative Justice' (2022) 17 AL-IHKAM: Jurnal Hukum & Pranata Sosial 113.



Source: data analysis (2021)

Figure 1. Health Insurance Users

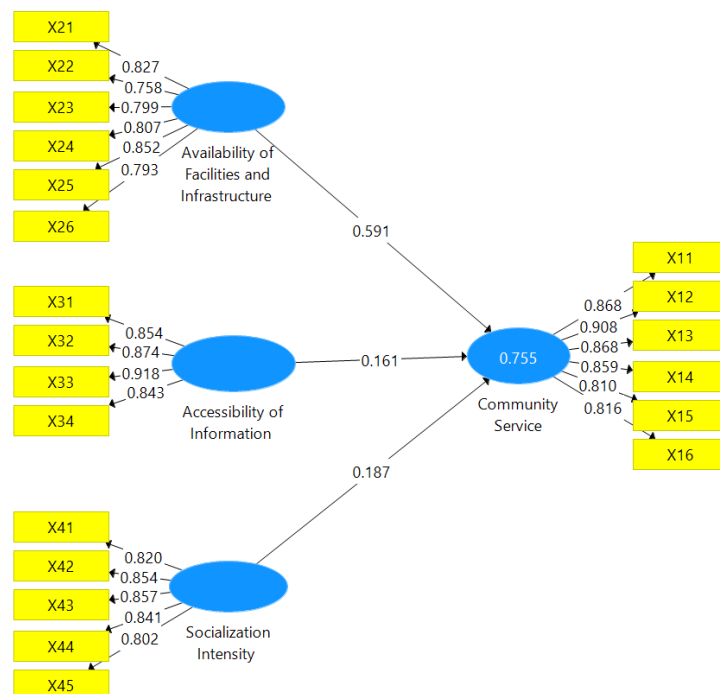
Figure 1 illustrates the distribution of respondents in this study. It reveals that 40% of the respondents (36 people), utilized class I. Furthermore, 43% of the respondents (39 people), opted for class II. Lastly, 17% of the respondents (15 people), chose class III.

Health Insurance Services Model

The health service model is divided into two stages: the measurement equation and the structural equation models. The statistical inferential analysis approach, namely the partial least squares-structural equation model (PLS-SEM), was used to generate the model.

Research Measurement Model (Outer Model)

Indicator reliability is a value showing how much variance can be explained by the latent variables. A reflective indicator must be eliminated from the measurement model when the loading factor (λ) < 0.6. The results of the loading factor (λ) from the initial model are displayed in Figure 2.



Source: Data analysis (2021)

Figure 2. Loading Factor Value

The SmartPLS software output in Figure 2 demonstrates loading factors (λ) greater than 0.6. These loading values affirm that all indicators effectively contribute to describing the latent variables intended for use in the model.

Average Variance Extracted (AVE)

Convergent validity indicates the correlation between the indicators employed in constructing the construct. Consequently, a higher AVE value signifies a stronger correlation. AVE is the degree to which a latent construct explains the variance of its indicators. Table 1 presents the values for average extracted (AVE).

Table 1. Average Variance Extracted (AVE) Value

Construct	Average Variance Extracted (AVE)
Socialization Intensity	0.697
Accessibility of Information	0.761
Availability of Facilities and Infrastructure	0.651
Public Service	0.732

Source: Data analysis (2021)

Table 1 reveals that among the three latent variables, the AVE value satisfies the minimum criterion of 0.5. This output demonstrates that the measure of convergent validity is appropriate, meeting the convergent validity requirements.

Reliability Test

The reliability test assesses the consistency of an indicator in measuring latent variables. In this study, the reliability test was based on Cronbach's Alpha and composite reliability. Table 2 shows that the three latent variables have a Cronbach's Alpha and composite reliability value above 0.6. This finding the designated indicators effectively measure each latent variable (construct) and, as a result, the measurement model of the seven latent variables are reliable.

Table 2 Reliability Test

Construct	Cronbach's Alpha	Composite Reability
Socialization Intensity	0.891	0,773
Accessibility of Information	0.895	0,757
Availability of Facilities and Infrastructure	0.892	0,791
Public Service	0.926	0,760

Source: Processed (2021)

Research Structural Model (Inner Model)

R-square

The value of R^2 indicates the extent to which exogenous latent variables can explain the variability in endogenous latent variables. In this case, R^2 is 0.755, indicating that exogenous variables could explain 73.7% of the variation in the endogenous variable. In comparison, the remaining 26.3% is explained by other variables not examined in this study.

Effect size F-square (F^2)

The value of f^2 is used to measure the closeness of the exogenous to the endogenous latent variable. Table 3 presents the values of f^2 .

Table 3. F-Square Value

Variable	f-Square	Conclusion
Socialization Intensity → Public Service	0.068	Weak
Accessibility of Information → Public Service	0.036	Weak
Availability of Facilities and Infrastructure → Public Service	0.462	Strong

Source: Processed (2021)

T- Test

Path coefficient estimated value in the structural model should be significant. The bootstrapping procedure with the t-test can obtain this significance value—A sub-sampling of 500 times. The null hypothesis is rejected if the absolute value of the t-statistic is greater than or equal to 1.645 (10% significance level), meaning that endogenous variables have an effect. The finding of this study revealed that not all indicators have a significant impact on the latent variables. The significant effects of the exogenous on the endogenous latent variables are displayed in Table 4.

Table 4. T-Statistic

Variable	T statistic	Conclusion
Socialization Intensity → Public Service	0.004	Significant
Accessibility of Information → Public Service	0.082	Significant
Availability of Facilities and Infrastructure → Public Service	0.000	Significant

Source: Processed (2021)

Analysis of Public Preferences on Factors Affecting Shariah-Based Health Insurance in Aceh Province

The preference of the Acehnese people in using health insurance services must prioritize the strength of social intensity. Effective socialization can be done through outreach activities conducted by officers. Health workers can carry out socialization efforts via various electronic media and provide direct counseling in location where the public is likely to be receptive to high-quality service. This approach ensures that the health insurance materials provided to the public are well understood, ultimately leading to a higher degree of satisfaction with health insurance outreach activities. Thus, the intensity of socialization carried out will significantly influence changes in the conditions of health insurance users. This, in turn, can lead to the increase of life expectancy and reduced morbidity. The intensity of socialization initiatives contributes to participants' better understanding, facilitating access to optimal care and treatment. These measures accelerate recovery and ultimately enhance the quality of life, aligning with the objectives of *maqashid shari'ah*.

The implementation of public services requires collaboration and the mobilization of resources from stakeholders beyond the government. Public services today are no longer the exclusive purview of governmental agencies. The presence and participation of elements of society are

essential for ensuring transparency, accountability and professionalism in delivering high-quality public services.

The Aceh government hopes to be able to fulfill Universal Health Coverage to ensure that all people have access to quality and effective promotive, preventive, curative and rehabilitative health services. Therefore, the government can register data on residents who do not have health insurance this year and try to build public perception of the importance of public health insurance. Public perception of the Health Insurance Program for the poor is influenced by several factors. Internal factors are education, knowledge, experience and motivation. Knowledge about insurance or health insurance shows a significant relationship with public perception of the Health Insurance Program for the poor. The better the knowledge you have, the more positive your perception will be. Public perception of the Community Health Insurance Program is influenced by their knowledge. There is a relationship between knowledge and public perception of the healthy fund program. External (situational) factors in the form of the socialization process include information sources and media related to the formation of public perceptions of the Health Insurance Program for the poor. Prolines is an integrated proactive health service system involving participants, health facilities and BPJS health in the context of health services for Health Insurance participants.

The successful implementation of the health insurance program in Aceh is highly dependent on the role of the Aceh Government. Their efforts are pivotal in enhancing the quality and provision of services within well-equipped healthcare facilities. In addition, the Aceh Government supports initiatives to enhance public and stakeholder awareness regarding the stipulations governing health insurance implementation. These provisions include regulations concerning registering participants (with their names and addresses) in alignment with cooperation agreements, specifications related to the validity period of membership, regulations about service guarantees within healthcare facilities, and guidelines for contributions payment.

The lack of socialization of Social Health Security Organizers in Aceh resulted in limited awareness among people regarding communication flow through technology, which remains unrealized. Furthermore, the economic conditions in society are deteriorating, and fees are increasing without fixing previous problems. One of the critical functions of mass media is to serve as a tool for socialization. Mass media is a source of knowledge that equips individuals to behave as influential members of society, making them conscious of their social roles and enabling active participation in society. Hence, the government leverages of one of the functions of the mass media for this purpose.¹⁶

Facilitating access to information can also be done through socialization, allowing individuals to easily obtain health-related information, whether directly or through online channels, mainly via social media. Thus, social media platforms can provide valuable health information and education, empowering individuals to make informed choices that mitigate potential risks.

People have the ability to learn from their exposure to the mass media, whether through visual, auditory, or written means. Individual cognitive characteristics play a significant role in shaping their behavior in response to mass media exposure, leading to varying behaviors among individuals exposed to mass media.¹⁷ For example, social cognitive theory highlights that human

¹⁶ AW Widjaja, *Ilmu Komunikasi Pengantar Studi* (Rineka Cipta 2000), p. 65.

¹⁷ Morissan A.M, *Periklanan Komunikasi Pemasaran Terpadu* (Kencana 2010). p. 243.

thought and action is a process of triadic reciprocal causation, meaning that thought and behavior are determined by three different factors that interact and influence each other with varying strengths, whether simultaneously or different times.¹⁸

In the context of health insurance implementation, the availability of facilities and infrastructure is paramount, including factors such as adequacy, readiness, and cleanliness of the equipment used, accessibility of affordable hospitals and health centers, availability of wheelchairs and adequate hearses, the availability of beds, and the provision of proper air ventilation for patients undergoing treatment. Additionally, having access to high-quality medications is crucial for health insurance users. This study shows a significant correlation between the availability of facilities and infrastructure on changes in the conditions of health insurance users. Thus, the availability of health insurance facilities and infrastructure can increase life expectancy and reduce morbidity. Moreover, accessible facilities and infrastructure can accelerate participants' recovery in optimal care and treatment, ultimately enhancing their quality of life and achieving beneficial outcomes.

People's behavior in utilizing health services is determined by two factors: the severity of their illness and their perceived need for health services. When individuals experience a more pronounced or severe sense of illness, their requirement for healing intensifies, consequently increasing the demand for health services. Furthermore, as the perceived need for health services escalates, so does the inclination to utilize these services. People with a strong understanding of the National Health Insurance are more inclined to consider joining the National Health Insurance program. In contrast, those with limited knowledge might prioritize allocating their income for daily or immediate needs rather than financing the Insurance program. This pragmatic decision-making process influences their willingness to participate in the National Health Insurance program.

The services provided by Health Insurance are in the form of offering and using goods and services. In this research, the product appearance is related the quality of the Health Insurance program in the eyes of the community. It also pertains to how the public perceives the socialization efforts associated with the Health Insurance program, including Health Insurance Aceh. The product's perception does not correlate directly with participation in the National Health Insurance program. However, it remains crucial to continue conducting adequate socialization to elucidate the concept of Aceh Government Health Insurance, the funding system, participation, benefits for the community and the procedures for providing services. The lack of socialization has resulted in public confusion regarding the implementation of health services, differing interpretations, and a misconception that Health Insurance is synonymous with public health insurance. There is still a common misconception that the Aceh Health Insurance program is free.

Research conducted by Andreas¹⁹ indicated that the facilities provided during hospitalization did not align with those facilities listed on the healthcare coverage, or the

¹⁸ *ibid.*

patient was forced to be treated in a higher class with additional treatment costs. Furthermore, the available medications did not correspond to the patient's needs, forcing them to purchase unaffordable medicines not covered by the DPHO, placing a financial burden on the patient. Research by Wati, Machmud and Yurniwati²⁰ concluded that there are lingering inadequacies in facilities and infrastructure, especially in the patient's inpatient room, these include the absence of fans and proper air ventilation, resulting in patient discomfort and dissatisfaction.

Conclusion

This study concludes that the variables of socialization intensity, ease of accessing information, availability of infrastructure significantly influence the health insurance participation (at a significant level of 10%). A crucial factor in the Acehnese people's preference for managing health insurance services is the presence of facilities and infrastructure. Sharia-based infrastructure can contribute to building a prosperous society in alignment with the objectives of *maqashid shari'ah*, particularly ensuring fair and equitable benefits. Furthermore, other factors, such as the ease of accessing information and the social intensity of Aceh's health services, should also be further enhanced to enable people to promptly access treatment and obtain health information the government provides through the health insurance program. Socialization efforts can be conducted through various outreach activities, commencing at the village level and facilitated by medical personnel.

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PRODUCTION STAGE

The image shows a screenshot of a journal submission notification and production stage interface. The notification is titled "[PETITA] Editor Decision" and is dated 2023-10-15 04:34 PM. The notification text reads: "Muhammad Zuhilmi; Winny Dian Safitri, Nadlia Ariyati: The editing of your submission, 'PUBLIC PREFERENCES ON FACTORS AFFECTING MAQASHID SHARIAH-BASED HEALTH INSURANCE SERVICES IN ACEH PROVINCE,' is complete. We are now sending it to production. Submission URL: <https://petita.ar-raniry.ac.id/index.php/petita/authorDashboard/submission/222> admin admin alrizki.istighfar@gmail.com". The notification is displayed over a background interface that includes a search bar, a "Q Search" button, and a "Revisions" section. The "Revisions" section shows a table with columns for "ID", "File Name", "Date", and "Type". The table contains one entry: "1036-1", "Article Text, 14-M.Zuhilmi-Public Preferences on Factors Affecting Maqashid, Revisi 2023.docx", "October 15, 2023", and "Article Text".

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