

# Ustad

*by* muhafazlurrahman254@gmail.com 1

---

**Submission date:** 14-Nov-2023 07:43PM (UTC-0600)

**Submission ID:** 2228498925

**File name:** Public\_Preferences\_on\_Factors\_Affecting\_Maqashid.docx (117.78K)

**Word count:** 4701

**Character count:** 28213

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

Muhammad Zuhilmi<sup>1\*</sup>, Winny Dian Safitri<sup>2</sup>, Nadlia Ariyati<sup>3</sup>  
Faculty of Islamic Economics and Business, University of Ar-Raniry, Banda Aceh 23111,  
Indonesia;

\*Correspondent author's e-mail : em.zuhilmi@ar-raniry.ac.id

## 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 Maqashid 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

## 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 shariah, particularly the principle of benefit. This study aims to determine the community's preference for factors influencing Maqashid 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

Sp. ETS

## 1. 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.

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 (Zogara, 2019).

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.

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 *maslahah*, 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 status (Badan Pusat Statistik (BPS), 2021). 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.

## 2. Literature Review

### 2.1. 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. Those who have fulfilled their contributions are entitled to health services established by the government. 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..

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), 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 (Pradja, 2012: 147).

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 (Mulia and Darmansyah, 2017). 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 (Sulaiman, 2013).

## 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. (Pasaribu, 2014).

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 (Scheining, 1994). 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 (Al-Ghazali, t.t: 286). 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". (Lessy, 2009:29-30)

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 (Edi Suharto, 2006:3)

According to P3EI (2015), *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 *maslahah*. A noble and prosperous life in this world and the hereafter can be realized if human needs are met reasonably and balanced.

### 3. Methodology

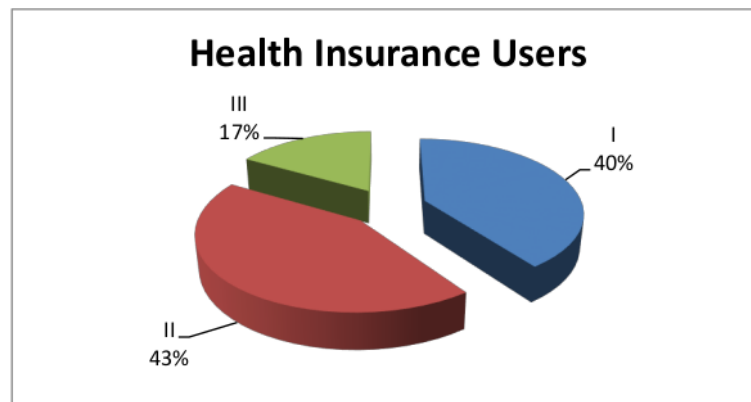
This research employed a quantitative method. The approach used in this study was partial least squares-structural equation model (SEM). The data used was obtained from the questionnaires administered through google forms as a research tool. Respondents were required to tick their responses among the 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.

## 4. Result And Discussions

### 4.1 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.



Source: data analysis (2021)

Figure 1. Health Insurance Users

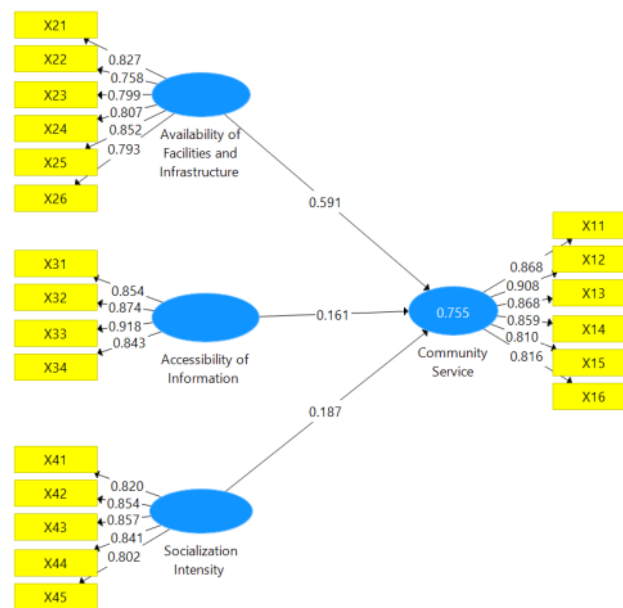
Figure 1 illustrates the distribution of respondents in this study. It reveals that 40% of the respondents (36 people), utilized class I. Furthermore, 43% of the respondents (39 people), opted for class II. Lastly, 17% of the respondents (15 people), chose class III.

#### 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), was used to generate the model.

##### a. 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 ( $\lambda$ ) < 0.6. The results of the loading factor ( $\lambda$ ) 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 ( $\lambda$ ) greater than 0.6. These loading values affirm that all indicators effectively contribute to describing the latent variables intended for use in the model.

30

### 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).

4

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.

Article Error ETS

### 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.

23

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)

## b. 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)

## 4.3. 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 one of the functions of the mass media for this purpose (Widjaja, 2000: 65).

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 (Morissan, 2010: 243). For example, social cognitive theory highlights that human 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 (Morissan, 2010: 242).

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.

31 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 to 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 Andreas G. Ch. Tampi (2016) indicated that the facilities provided during hospitalization did not align with those facilities listed on the healthcare coverage, or the 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 Yurniwati (2019) 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..

## 5. Conclusion

1 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.

# Ustad

## ORIGINALITY REPORT

15%

SIMILARITY INDEX

11%

INTERNET SOURCES

7%

PUBLICATIONS

5%

STUDENT PAPERS

## PRIMARY SOURCES

1	<a href="http://petita.ar-raniry.ac.id">petita.ar-raniry.ac.id</a> Internet Source	4%
2	Raisa Aribatul Hamidah, Atika Fikri Tsani. "The Effect of Internal Marketing on the Prosperity of Maqashid Syariah Perspective Employees on Banking in Surakarta", Journal of Islamic Economic Laws, 2020 Publication	1%
3	<a href="http://journal.unpad.ac.id">journal.unpad.ac.id</a> Internet Source	1%
4	<a href="http://www.researchgate.net">www.researchgate.net</a> Internet Source	1%
5	<a href="http://journal.ubaya.ac.id">journal.ubaya.ac.id</a> Internet Source	1%
6	Submitted to University of Minnesota System Student Paper	1%
7	<a href="http://www.mdpi.com">www.mdpi.com</a> Internet Source	1%
8	Submitted to UIN Ar-Raniry Student Paper	

<1 %

9

[akper-sandikarsa.e-journal.id](http://akper-sandikarsa.e-journal.id)

Internet Source

<1 %

10

[newinera.com](http://newinera.com)

Internet Source

<1 %

11

[keep.lib.asu.edu](http://keep.lib.asu.edu)

Internet Source

<1 %

12

Submitted to Universiti Sains Malaysia

Student Paper

<1 %

13

[journal.poltekkesaceh.ac.id](http://journal.poltekkesaceh.ac.id)

Internet Source

<1 %

14

Idrus Syahzaqi, Salman Alfarizi P. A., Kartika Fithriasari. "MODELLING OF POVERTY PERCENTAGE IN EAST JAVA PROVINCE WITH SEMIPARAMETRIC REGRESSION APPROACH", BAREKENG: Jurnal Ilmu Matematika dan Terapan, 2023

Publication

<1 %

15

Submitted to Universitas Islam Indonesia

Student Paper

<1 %

16

N. Eva Fauziah, Neni Sri Imaniyati, Toto Tohir Suriaatmadja. "Construction of BPJS National Health Insurance Membership Regulations in Indonesia", KnE Social Sciences, 2023

Publication

<1 %

17	<a href="https://italienisch.nl">italienisch.nl</a> Internet Source	<1 %
18	<a href="https://jurnal.uns.ac.id">jurnal.uns.ac.id</a> Internet Source	<1 %
19	<a href="https://rigeo.org">rigeo.org</a> Internet Source	<1 %
20	Sukri Paluttri. "Comparative approach in public health social security: a legal case study of the Indonesian, France, and Singapore health systems", International Journal of Human Rights in Healthcare, 2023 Publication	<1 %
21	Submitted to University of Sussex Student Paper	<1 %
22	Yingzhong Luo, Qiuwen Zhou, Dawei Peng, Weihong Yan, Mantong Zhao. "Key influence of hydrogeological, geochemical, and geological structure factors on runoff characteristics in karst catchments", Journal of Hydrology, 2023 Publication	<1 %
23	<a href="https://jurnal-stiepari.ac.id">jurnal-stiepari.ac.id</a> Internet Source	<1 %
24	<a href="https://www.hkjoss.com">www.hkjoss.com</a> Internet Source	<1 %

[infopublik.id](https://infopublik.id)



25

Internet Source

&lt;1 %

26

Huan Liu, Peng Hu, Jianhua Wang, Chu Wu, Yinglan A, Qinghui Zeng, Zefan Yang. "A flexible framework for regionalization of base flow for river habit maintenance and its thresholds", Science of The Total Environment, 2023

Publication

&lt;1 %

27

Ryo Crysna Ramli Koro. "Protection for Housing Loan Consumers in Building Insurance toward the Risk of Natural Disaster Loss during the Construction Process", Volksgeist: Jurnal Ilmu Hukum dan Konstitusi, 2022

Publication

&lt;1 %

28

[bisnis.tempo.co](https://bisnis.tempo.co)

Internet Source

&lt;1 %

29

[rrs.mmu.edu.my](https://rrs.mmu.edu.my)

Internet Source

&lt;1 %

30

Yudi Fernando, Poh Swan Bee, Charbel Jose Chiappetta Jabbour, Antônio Márcio Tavares Thomé. "Understanding the effects of energy management practices on renewable energy supply chains: Implications for energy policy in emerging economies", Energy Policy, 2018

Publication

&lt;1 %

31

Novita Eka Sari, Indasah Indasah, Sentot Imam Suprpto. "Analysis of Waiting Time Factors and Patient Satisfaction Level in Diseases Poly in Hospital dr. Sayidiman Magetan", Journal for Quality in Public Health, 2020

Publication

<1 %

---

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**Article Error** You may need to use an article before this word.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



**Article Error** You may need to use an article before this word.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**Article Error** You may need to remove this article.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

PAGE 4

---



**S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Article Error** You may need to use an article before this word.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.





**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

PAGE 6

---



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



**Missing ", "** You may need to place a comma after this word.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.

PAGE 7

---

PAGE 8

---



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to remove this article.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to remove this article.



**Article Error** You may need to use an article before this word.

PAGE 9

---



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Confused** You have used **Effect** in this sentence. You may need to use **affect** instead.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word.



**Article Error** You may need to use an article before this word. Consider using the article **the**.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

PAGE 10

---



**Article Error** You may need to use an article before this word.



**Article Error** You may need to use an article before this word.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Article Error** You may need to use an article before this word.



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



**Proofread** This part of the sentence contains a grammatical error or misspelled word that makes your meaning unclear.

PAGE 11

---



**P/V** You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



**Article Error** You may need to remove this article.



**Article Error** You may need to remove this article.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Article Error** You may need to use an article before this word. Consider using the article **the**.

PAGE 12

---



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



**Missing ","** You may need to place a comma after this word.