

The Reasons of Patient Choice on Rumah Sehat BAZNAS : A Qualitative Study

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ABSTRACT

Zakat-based social health services in the UHC era need to be explored. This study aims to determine the reasons why patients choose Rumah Sehat BAZNAS (RSB) Jakarta as a place to treat their illnesses. Primary data from this qualitative study was gathered at RSB Jakarta in October 2024 by conducting interviews, and secondary data was analyzed using descriptive narratives. The informant criteria were patient domicile in Jakarta and outside; patients with acute and chronic diseases; patients has BPJS Kesehatan and doesn't have; patients registered as new and old RSB members; BAZNAS and Istiqlal employees. Data triangulation was obtained from health workers and RSB managers. Descriptive analysis found patient visits at RSB Jakarta in October 2024, which recorded 574 visits, (mean= 21.26 patient visit each day). Frequency analysis shows that the majority of patients were male (53.13%), domiciled in Jakarta (71.08%), and most do not have BPJS or expired (66.5%), while 37.6% of them are RSB members. Analysis thematically based on the Health Belief Model identified several reasons for the finding: direct access to information (face-to-face), high satisfaction, a membership system, free health services, quality and quantity of medicines, no health insurance, no-queue service, good health workers, comfort place, and facilities as employees (amil). These phenomenological findings support the implementation of social health services based on zakat funds, which can provide indirect contributions and synergies for the success of UHC through the provision of easy health services, reaching vulnerable communities, and being based on religious financing for the Indonesian people.

Keywords: *Health Services, Zakat Funds, Universal Health Coverage, Patient Reason, Rumah Sehat Baznas*

INTRODUCTION

Nationally, regarding household knowledge of health access in Indonesia in 2023, there were 21.3% of households who found it “difficult” and 28.9% found it “very difficult” to obtain health services at the Community Health Center (Puskesmas). Meanwhile, in health facilities at clinics and health practitioner places 45.5% found it “difficult” and 18.1% of households found it “very difficult” to seek treatment (Kementrian

Kesehatan, 2023). These national figures also illustrate problems that are not much different in urban and rural areas, including the nation's capital, DKI Jakarta, where there are households who still find it “difficult” to obtain health access at Community Health Centers (Puskesmas) (16.8%) and at clinics/ health practitioner places (52.7%). In fact, based on the Kementrian Kesehatan (2023), there are still households in the city of Jakarta who find it “very difficult” to obtain health access both at Community Health Centers

(Puskesmas) (14.6%) and at clinics/ health practitioner places (14.9%). Health access is closely related to the ease of the population to be able to obtain health services, both treatment and health care (Abidin & Haryono, 2022).

Not only medical costs but also access to health services also includes costs incurred to reach health facilities so that aspects of distance from residence, travel time, and type of transportation/vehicle can be an influence (Danila et al., 2020). If the difficulty of accessing health services has not been resolved, it can have an impact on the health condition of individuals who are having problems. Unresolved health problems will have a domino effect on the welfare of family life and will also affect human productivity to decline and reduce economic life and even become a burden of vulnerability (Hasbi Zaenal et al., 2024). The domino effect is a term to describe if one problem occurs, it can affect other problems by having a relationship or connection, either directly or indirectly. The peak of economic problems is poverty. In 2024 showed that there were 25.22 million poor people in Indonesia, and 464,930 of them were in the city of Jakarta (Badan Pusat Statistik, 2024), which were more specifically in peri-urban areas or slums and densely populated areas.

The world, through policymakers of each country, agrees together on the goal of achieving everyone, without exception, getting access to quality health services without the burden of costs. The effort made is by every country in the world implementing Universal Health Coverage (UHC) for every citizen. Indonesia has had a National Health Insurance (Jaminan Kesehatan Nasional/JKN) program that has been running since 2014. The program management is carried out by the Social Security Agency for Health (BPJS Kesehatan) with the principle of "gotong royong" or "mutual help". JKN

participants are classified into two categories, namely contribution beneficiaries (Penerima Bantuan Iuran/PBI) and non-contribution beneficiaries (non-PBI). The difference is in participants with routine health insurance costs that are paid independently (non-PBI) or participants as poor people are determined in accordance with regulations with costs that are fully borne by the government (PBI) (BPJS Kesehatan, 2024).

The coverage of JKN participants has grown annually until 2024, when Indonesia reached over 98%. This indicates that the government has successfully given nearly all Indonesians access to healthcare services, or that JKN participant coverage is almost universal (BPJS Kesehatan, 2024). However, there are challenges to the Indonesian health system created by conditions such as Jakarta as the capital city with a high population, excessive population density and wide disparities in the economic sector. Challenges arise in accessing health services which also affect people's interest in seeking treatment such as the queue of participants for treatment, the length of time spent waiting, BPJS claim rules are not for all cases of illness and additional costs outside of BPJS health insurance claims (out of pocket).

The challenge of utilizing BPJS Kesehatan health services is still not accessible to vulnerable groups who face administrative obstacles, such as the homeless who live nomadically and do not have identification cards, and other communities who do not meet the BPJS Kesehatan membership requirements (Hasbiah, 2023). Social fund initiatives address some of these challenges with the capability of solidarity funding, such as zakat funds collected by the The National Board of Zakat, Republic of Indonesia (Badan Amil dan Zakat Nasional/BAZNAS) and Institutions of Zakat (Lembaga Amil Zakat/ LAZ), becoming instruments with great potential

in distributing and utilizing zakat funding in various fields, such as economy, education, humanitarian efforts, and health (Usandari, 2023). BAZNAS in its vision of eradicating poverty has eight main priority programs, one of which is the health program, namely the Rumah Sehat BAZNAS (RSB) which is spread across Indonesia including in Jakarta City (Jamilullah et al., 2023). The benefits of zakat funds in supporting the operation of RSB health facilities have been reported to have a significant and positive impact on improving the quality of life of beneficiaries according to the mustahik criteria, which encompass five aspects: religion, intellect, soul, lineage, and wealth (Ulimaz, 2022). To expand the positive impact, RSB is also spread across various regions in Indonesia. A recent national impact evaluation has yielded a very good evaluation score, with findings indicating an average increase in community assets in society, with a change variance increase of 1.29. This figure signifies the success of the RSB National program improving the public health status from a previously inadequate and vulnerable condition to an ideal and sufficient status (Jamilullah et al., 2023).

Although there is a lot of evidence-based research that states a significant positive impact on the utilization of zakat-based health services, there are aspects of patient preferences for choosing zakat-based health facilities, especially in Jakarta City; this still needs to be explored because it is not fully understood. The utilization of zakat in health care and treatment requires a framework to describe the results of the exploration of the phenomenon. The Health Believe Model (HBM) can be used to describe and project predictions of health behavior in the context of care and services at health facilities (Green et al., 2020), HBM can be applied to understand how patients view the accessibility and credibility of services supported by zakat. This model bridges the gap between the

modern health care model and religious values, offering a more comprehensive and holistic approach to patient care.

The study aims to explore and dig deeper into the factors that influence patient decisions in choosing zakat-based health facilities at RSB Jakarta City. The research output produces insights and suggestions for policymakers, donors, zakat managers, and health service providers to optimize the use of zakat funds in supporting effective, inclusive, and sustainable health access.

LITERATURE REVIEW

The Concept of Zakat in Health

The foundation of human life in Islam consists of five fundamental pillars of the Islamic faith. Obligations that must be fulfilled as a form of servitude to the one Creator, Allah Subhanahu wa ta'ala (Fajran Sidiq & Intan Cahyani, 2022). The five pillars of Islam consist of physical worship (bodily worship) and financial worship (wealth worship), as well as a combination of both. Zakat is a financial act of worship or an act of worship with a portion of wealth that is given as an obligation when one has reached a certain level of wealth, with specific conditions such as nisab or limits that have been regulated in Islamic law. The definition of the word zakat in terms of language is purity (purifying the wealth possessed), blessing (increasing enjoyment and spreading goodness), and growth (the wealth given does not decrease but increases, both in terms of good deeds and the blessing of future sustenance). This understanding also illustrates the purpose and benefits of giving zakat (Latif, 2023).

Utilization of zakat by increasing productivity can have implications for economic sufficiency to meet daily needs (Wahyuni et al., 2023). The health sector is a basic need that supports productivity. Health problems for the vulnerable and poor can be supported by financing with zakat funds, including the availability and

access to social health services (Hasbulah et al., 2022). Healthy living is not only physical but also more comprehensive and holistic in mental aspects (mental health), spiritual, and social health (Rahman et al., 2024). Zakat can provide health support for recipients of zakat funds (mustahik) and provide the effect of purifying wealth and soul for zakat donors (muzaki), healthy therapy for the heart and soul, psychologically a sense of calm full of gratitude as a form of helping fellow believers (Fadillah & Ar'rabani, 2024).

Regulation of Zakat Funds for Health

There are several policy regulations by the government that regulate zakat funds so that they can be channeled into health sector financing in a transparent, accountable, and effective manner (Ahmad et al., 2021). Regulations serve as guidelines for zakat institutions to collect funds and utilize them to improve access to health, medical costs, and holistic health services. The main basis for regulations on zakat management is regulated in Law Number 23 issued in 2011 (UU No.23 Tahun 2011); there is a mandate to utilize zakat funds for public health needs for the dhuafa and poor people to support community welfare programs (Fajran Sidiq & Intan Cahyani, 2022).

The implementers in terms of the distribution of zakat social funds are the National Zakat Agency and Zakat Institutions whose legality has been verified. The distribution of funds must be reported transparently and accountably. The regulations governing the implementation of zakat management are explained in Government Regulation Number 14 issued in 2014 (PP No.14 Tahun 2014).

Furthermore, regulations specifically on the use of zakat-based health funds are regulated in the Fatwa of the Indonesian Ulema Council (Majelis Ulama Indonesia /MUI) No. 38 issued in 2020; the institution stipulates that zakat

can be used for health needs as long as it is included in the category of primary and basic needs, including assistance with medical expenses, chronic disease care, and prevention of infectious diseases (BAZNAS, 2024).

Zakat-Based Social Health Services in the UHC Era

Zakat-based health services differ from UHC mainly in the source of funding and eligibility criteria for participants or beneficiaries. Zakat health programs rely exclusively on Zakat donor contributions, often limiting their coverage to Muslims and prioritizing mustahik or those with economic disabilities (Ahmed et al., 2021). In contrast, UHC aims to serve all participants who are independent or dependent on the government by having administrative requirements; all are served without exception regardless of religious or economic status, but in its implementation, it is often limited to predetermined claims (not all diseases and medicines can be covered) (BPJS Kesehatan, 2024).

The advantage of the Zakat-based system lies in its religious value that can foster trust and blessings in the Muslim population. However, its weakness is the dependence on zakat donations, which can fluctuate in the sustainability of the program compared to UHC initiatives funded by the state budget.

Health Belief Model Approach

Health care behavior with the presence of disease, curative services are therapy and treatment services that can be carried out to prevent the severity of the condition from increasing. The behavior of seeking easily accessible health services can be further explored in relation to the patient's decision to choose a health facility for curative treatment. Direct verbal reasons need to be known by understanding each aspect that can be

reviewed further through a health belief model approach.

The reasons for patients to choose zakat-based health services can be analyzed in each aspect, namely being vulnerable to health problems, severity of disease, benefits of treatment, barriers to accessing health services, and beliefs in acting to get quality health services without spending money (Green et al., 2020).

METHODOLOGY

This was a qualitative study by phenomenological design. Data were collected in October 2024 by presenting primary data from in-depth interviews and secondary data from electronic database patients. The informants determined by purposive sampling technique and selected with criteria. The main informants were patients who were treated for diseases with the inclusion criteria of domicile inside and outside Jakarta; acute and chronic diseases; BPJS ownership and not have; new and old RSB membership; BAZNAS and Istiqlal employees. Interviews were conducted directly at RSB Jakarta after receiving treatment. Consent was obtained from all participants before the interview. Exploration of the reasons why patients chose RSB Jakarta for treatment was carried out using a semi-structured interview guide, and voice recording was carried out with permission. Data saturation was achieved when no new information was found with confirmation. Furthermore, the information was triangulated with key informants, namely health workers and RSB managers. Then the processing of voice recording data was transcribed, and a matrix was made and analyzed thematically. This type of analysis is used to identify complex information and group it into specific themes with the HBM variable approach.

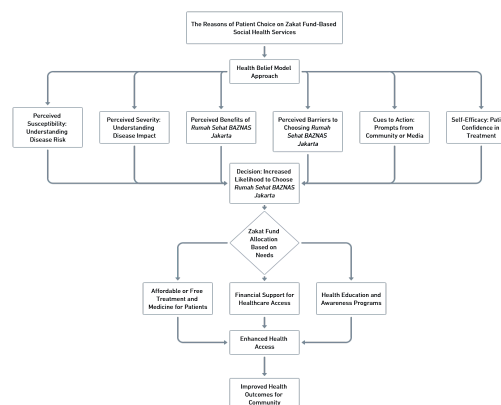


Figure 1. Framework Health Belief Model Approach

RESULT AND DISCUSSION

Demographic Characteristics

RSB Jakarta, as one of the curative health facilities (in-building services) based on zakat funds, has a strategic role in providing social health services. Demographic data such as gender, domicile, BPJS ownership status, and membership in RSB reflect the profile of beneficiaries and patterns of access to health services.

Based on Table 1, the results of the frequency distribution show that the majority of patients who visit are male (53.13%), while women contribute 46.87% of the total visits. Most patients are domiciled in Jakarta (71.08%), with the rest coming from outside Jakarta (28.92%), which shows that RSB Jakarta serves more patients from the local area. In terms of health insurance ownership, the majority of patients (66.5%) do not have active BPJS or have expired BPJS, while patients with BPJS Non-PBI and BPJS PBI are 18.6% and 14.8%, respectively. In addition, the majority of patients have a connection with RSB, where 37.6% are RSB members, followed by Baznas employees (26.6%), Istiqlal employees (17.4%), and Istiqlal school students (6.8%), while non-members only cover 11.5% of the total patients.

Table 1. Demographic Characteristics of RSB Jakarta Patients in October 2024

Variable	Frequency	Percentage
Gender		
Male	305	53,13
Female	269	46,87
Domicile		
In Jakarta	408	71,08
Outside Jakarta	166	28,92
BPJS Ownership		
BPJS Non PBI	107	18,6
BPJS PBI	85	14,8
Not Have BPJS/Expired	382	66,5
Membership RSB Status		
RSB Members	216	37,6
Baznas Employees	153	26,6
Istiqlal Employees	100	17,4
Non-RSB Members	66	11,5
Istiqlal School	39	6,8
Total	574	100

Frequency Patient Visitor RSB Jakarta

Based on data analysis from Table 2, the number of patient visits during a month in October 2024 was 574 patient visits. Then the mean value was obtained, which explained the average patient visits per day were 21.26 visits. The standard deviation (SD) of 5.47 showed moderate variation in the number of daily visits. The minimum value shows the lowest number of patient visits, only reaching 11 visits, while the maximum value shows that there was a day with the highest number of visits of 30 visits. This variation reflects significant differences in the level of daily visits during the month. With a 95% confidence level, the average daily patient visits are estimated to be in the range of 19.19 to 23.32 visits.

Table 2. Patient Visit Distribution at RSB Jakarta in October 2024

Variable	Mean	Standard Deviation	Minimum-Maximum	95% Confident Interval
Patient Visitor	21,26	5,47	11-30	19,19 - 23,32

Overall, these data reflect a stable level of patient visits with some fluctuations during the month. Furthermore, during October 2024 there are twenty-seven days of active operation providing medical services in the building. There are four days in a month, namely every Sunday, the RSB service is closed. The following is a graph that illustrates the number of patient visits each day.

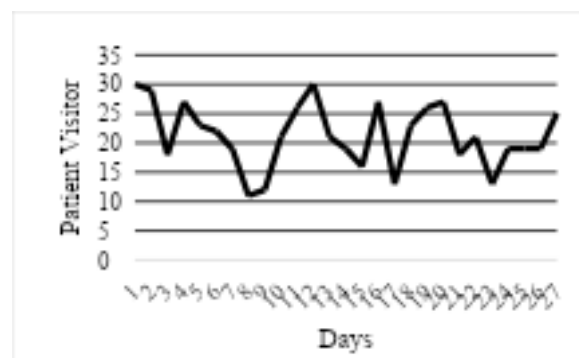


Figure 2. Run Chart of Quantity Patient Visit in October 2024

The Reason Patient Choice RSB Jakarta

ZISWAF or Zakat, Infaq, Sedaqah, and Waqf are financial distribution instruments in Islam potentially addressing social health issues. The ZISWAF funds have a big role in targeting vulnerable groups, in aspects of health, economy, and social improving health levels. In developing ZISWAF fund policy more effective and efficient, Baznas separates the use of zakat, infaq, shadaqah and waqf. This policy is based on fiqh study and eligibility of beneficiaries as mustahik. Mustahik services were funded by zakat, but social activities, marketing, and events were funded by infaq and shadaqah.

“The funds are indeed zakat, infaq, shadaqah. For example, medicines for asnaf, then we use zakat funds. If for promotional activities, for example CFD

(Car Free Day), well that is included in infaq and shadaqah.” WM.6

The RSB is primary healthcare facility funded by ZISWAF. RSB Jakarta was established in 2010 by The National Board of Zakat (BAZNAS) located in Sunda Kelapa Mosque area, Menteng, Jakarta City. Currently, RSB is located in office space of Istiqlal Mosque, Jakarta City. RSB has served more than thousands people without paying money.

“Back then, Sunda Kelapa was still crowded. Very crowded. Back then, it was shaped like a hospital. Complete.” (WM.2)

Since the implementation of Universal Health Coverage (UHC) with the National Social Security System (SJSN) from the government, namely BPJS Kesehatan in 2014, the number of patients has decreased *“It used to be as busy as a Puskesmas, now there are only a dozen a day.” (WM.7)*

The presence of RSB provides high benefits for community. The selection system currently tightened in eight asnaf based on holy book of the quran Surah At-Taubah verse 60, categorized by poor, needy, amil, converts, riqab, gharimin, fisabilillah, and ibnu sabil. The patients must registered as RSB members attaching the KTP, KK, and Inability Certificate (SKTM) from RT/RW.

“What I understand is that Zakat is intended for ASNAF, which is the recipient of Zakat. What is generally difficult is the family card and SKTM. SKTM is a big obstacle.” (WM.4)

RSB Jakarta provides very complete of medical services almost the community health centers (Puskesmas) or primary clinics. The program was considered very beneficial, especially for mustahik.

“In this RSB, general practitioner treatment, there is a lab examination, there is a pharmacy, and then there is a treatment room, complete with EKG and USG, similar to a Puskesmas.” WM.5

“This program is free of charge for treatment..” WM.5

The informants consisted of member and non-member patients, BPJS

membership and don't have, BAZNAS and Istiqlal employees, health service providers, and RSB managers.

Based on the health belief model (HBM) reviewed from the aspects of perceived susceptibility, perceived benefits, cues to action, and self-efficacy, found the several reasons why someone seeks treatment at RSB Jakarta can be described, as follows:

1. Easy Access to Information

Some patients don't know about RSB existence and their services. They are typically worshippers who are praying, visiting, or asking financial support to UPZ (Unit Pengumpul Zakat) of Baznas. The RSB information obtained from security guard or from other congregations. Occasionally, they were directed or delivered to RSB for medical care.

“I went to the bathroom earlier. Then I felt weak. I was directed to the security, they said to go to the Baznas clinic. But what I know is, it's just an office for zakat assistance. I wanted to ask for financial assistance to get treatment outside.” (WM.1)

“When they are sick, while praying, they are directed by the security guard.” WM.4
wanted to ask for financial assistance to get treatment outside.” (WM.1)

2. High Satisfaction

High satisfaction was expressed by patient's testimonials who have been treated in RSB. The most common reasons is speed in providing services to all patients. Good communication and psychological prioritize greatly affect the patient satisfaction. RSB also has referral system to advanced health facilities and is also free.

“BAZNAS, the service is fast, focused on conscience, communication is very good. If in the Health Center it is too formal, have to wait in line for a long time.” (WM.2)

“My child was born at that time, yes, by cesarean section. I had no money at all. The Baznas doctor said, 'Sir, if you want a

cesarean section, we refer you to the hospital, there, it's free.” (WM.2)

3. Free Medical Services

The free medical services often become consideration for the lower middle economic classes. The existence of free medical services in RSB was spread by word of mouth. They have a hope for solving their health problems without medical cost barrier. This program have a positive perception in community.

“First visit, it's free..” WM.5

“If my card from BAZNAS comes out, I'll still come here for treatment.” (WM.1)

“Actually they also heard from their friends. Because it's free here..” WM.4

4. Without Health Insurance

For those without health insurance especially BPJS, particularly vulnerable groups without formal dwellings, identity cards, or homeless, RSB plays a crucial role in facilitating access to health care. For people who are struggling financially, RSB is a great option for treatment.

“For those who do not have BPJS, we generally receive those who are sometimes abandoned, living in stations, in parks. They come here and are asked to submit the requirements, but they cannot.” WM.4

“It just so happens that I don't have BPJS. I don't know where I'll get treatment if I get sick..” WM.1

5. Membership System

RSB Jakarta apply the membership system since its establishment. It is always periodically verified to avoid changes of mustahik status.

“During my time as a member of Baznas, I received extraordinary facilities.” (WM.2)

“If non-members are given one chance. After that, they must be members.” WM.5

“The most common are definitely chronic diseases. Our old patients, hypertension, diabetes. Routinely, they get treatment once a month.” (WM.6)

6. Quality and Quantity of Medicines

The difference with another healthcare facilities, RSB Jakarta can provide the medicines that are not covered by another healthcare facilities. The distribution of medicines types and its quantities is an important factor in patient satisfaction and choosing RSB Jakarta as healthcare place.

“Here, I get medicine facilities that I can't get at the Community Health Center. There, I asked for multivitamins many times, but they only gave me vitamin B. Multivitamins are too expensive there..” (WM.2)

“Then here, the medicines are different from the health center. The amount of medicine is also different. What the patient needs is there, obtained in the right amount.” WM.5

“There are some cases, there is no cure, we are the ones who look for it. You can redeem it here. We can have a patent.” WM.6

7. No-Queue Service

The queue aspect is the most important factor and influences a patient's decision to seek treatment. They tend to choose health facilities that do not queue so that their illness is treated immediately.

“In fact, there is no queue here. The difference is that there they use numbers.” WM.1

“Yes, that's the difference, sir. In the health center, it does seem too crowded. The queue is certainly too long..” WM.2

“For those who have BPJS, the reason is the problem of queuing outside (ed: other health facilities).” WM.4

8. Good Health Practitioners

The consultation and communication sessions between health workers and patients allow patients to feel heard and given knowledge about health.

“Open telling. If there is a time limit. So sometimes the conversation is cut short. He said, 'Miss, there are still many people waiting.” WM.1

“like to discuss. So I exchange ideas. Because the doctors here are very understanding.” (WM.2)

9. Comfortable Facilities

The availability of facilities and infrastructure will support health services. This aspect greatly influences the reasons for patients to seek treatment at RSB Jakarta.

“For facilities, actually it is sufficient. We already have laboratory examination tools. There is already cooperation with third parties, radiology. Ambulance transportation is already available..” WM.5

“Yes, it is very comfortable..” (WM.2)

“It’s actually comfortable, yes. They prefer to get treatment here.” WM.4

“Psychological factors are more beautiful. Emotional factors, which support. The environment around the mosque, comfortable to worship, pray, so more religious.” (WM.2)

10. Facilities as Employees (Amil)

RSB is located in the office area of Istiqlal Mosque in Jakarta. The employees who work in both places are ‘amil zakat’. Istiqlal Mosque also collects the zakat funds and distributes to BAZNAS. Therefore, both Istiqlal mosque employees and BAZNAS employees are included in the rightful group for health services by zakat fund-based.

“There is BAZNAS, medical treatment for Istiqlal employees. While I’m working here, I came here.” WM.3

“Yes, if you are sick, you will get treatment here. This is also part of BAZNAS, a facility for us employees, right? Sometimes you get treatment, sometimes you ask for a doping infusion..” WM.8

“What is certain is that the employees here are close. Even though they also have their own BPJS.” WM.6

Meanwhile, in term of perceived severity and perceived barriers, there are several obstacles or conditions that influence a patient to seek treatment at RSB Jakarta, such as:

1. Far Location of Health Services

Distance is often a factor that inhibits someone from coming for treatment at a health facility. In certain conditions, someone tends to choose the nearest place.

“I live in Pamulang or Bogor, maybe there are obstacles to coming, it’s far.” WM.1

“Because they come from the regions. That’s why they went to the trouble of coming from Bogor, from Depok, to here.” WM.5

In an emergency, someone will definitely seek help at the nearest health facility. Even though he is registered as an RSB member and can get free treatment.

“If I don’t have time, for example, suddenly my body condition is very weak, it is not possible for me to come far away. Yes, I come to the Puskesmas, close by..” (WM.2)

2. Transportation Costs

For the low-income community, free health care programs are very helpful to their situation. However, access to these health facilities also requires transportation costs that not everyone can afford. This is a challenge in itself to come for treatment at RSB Jakarta.

“The only problem is money. The fare is to pay for online motorcycle taxis..” WM.1

“They usually take bajaj, which is expensive..” WM.4

“They come here from home by bajaj, renting for eighty thousand round trip. One bajaj can accommodate four people.” WM.5

3. Elderly

For the elderly, of course, they have high limitations in coming to any health facility for treatment. They must be accompanied by their family or neighbors.

“Some of the members came here, because the elders couldn’t use public transportation, so they ended up taking a bajaj..” WM.5

“Because to go alone, firstly there is no time, secondly there is no money, thirdly there is no vehicle either..” WM.6

DISCUSSION

Zakat-based health services were different from UHC mainly by funding source and eligibility criteria for participants or beneficiaries. Zakat health programs rely exclusively on Zakat donor or Muzakki, often limiting on Muslims coverage and prioritizing mustahik with economic disabilities (Ahmad et al., 2021). In contrast, UHC serves all participants regardless of religious or economic status, but the implementation was often limited to predetermined claims (not all diseases and medicines can be covered) (BPJS Kesehatan, 2024).

Undang-Undang No.23/2011 about zakat management mandating the utilization of zakat funds for public health needs, especially for the poor and underprivileged, including increasing the health access, medical costs, and holistic health services (Sidiq P & Intan Cahyani, 2022). This is in line with research by Samsi et al. (2020) which shows how zakat can be used effectively to support free medical services for the poor, thereby increasing the zakat roles as a supporter of health services access. A BAZNAS study in West Kalimantan explained that zakat distribution effectively can improve health access in poor communities (H. Putri et al., 2024)

Information access is a important factor addressing the choice of health care facilities, like RSB. Furthermore, RSB has special services for peoples whose the finansial lack. According to Anggraini (2017), there is significant correlation between the need factors and information access using outpatient services. According to research by Syam et al. (2020) that social support and information access are related to people decision for healthcare facilities choice.

The psychological approach also shows high empathy and has an impact on the satisfaction levels. According to Rati Astuti et al. (2024) that physical factors,

reliability, responsiveness, health insurance, and empathy have a significant effect on patient satisfaction with health facilities. The speed of service affect a patients satisfaction. Good service quality will affect the patient satisfaction levels in using healthcare facilities (Eriany et al., 2023). That will has an impact the RSB image. High satisfaction of healthcare facilities can improve the patient loyalty significantly (Susilawati; Azzahra, 2023).

The membership system in health services has a major impact. It support the sustainability in access to healthcare facilities that create a sense of security when they are sick. Free medical service can improve the patient loyalty for healthcare facilities choice in RSB. This study finds that most of RSB Jakarta patients are vulnerable groups who don't have BPJS Kesehatan insurance (66.5%). The study on Muhammadiyah Hospital in East Java, shows that most patients were from vulnerable groups with limited access to health services, especially who do not have active health insurance (Hidayat et al., 2020). Whereas, (C. C. P. Putri et al., 2021) study found that groups without insurance tend to depend on zakat or philanthropy-based services to fullfil their health needs. The existence of membership system can fulfil the emotional, social, and financial needs of every RSB member for determining a treatment place (Rosidah & Asdary, 2021).

RSB Jakarta can reach the most needy groups in society, such as the homeless. The existence of this program will be a health guarantor for its participants. If they are sick, they can utilize this program for their illnes by membership system. The decision to choose a health service facility is partly determined by the ownership of health insurance. According research by Harahap et al. (2024) and Ibrahim et al. (2022) that ownership of health insurance is a determining factor for health services used. In line with Nabila (2020) research that zakat funds have proven to be

beneficial for the poor, fact number of beneficiaries increased each year.

The RSB medicines have a complete variety by prioritizing the patent medicines in large capacity, even can provide for monthly needs. If any required medication is not available, the RSB pharmacist will search in a bigger pharmacy or large pharmaceutical company. All medicines will be given to each patient for free of charge. According to research by Mustika & Anggraeni (2023) that prices and completeness of medicines, also the quality service influence significantly on consumer decisions to buy at pharmacies.

Fast service with responsiveness is needed to relieve the pain suffered by patients. Long queues cause discomfort and increase pain for patients, creating an uncondusive atmosphere. The patient's illness can also get worse due to waiting for service. In line with Ivansyah (2022) research that the responsiveness factor is related to patient satisfaction in using hospital services. This is also supported by the statement of Milanda et al. (2019), who also said that the queue and service system greatly influence the effectiveness of outpatient services at the health center.

Patient trust in health workers and health institutions will also increase. At RSB, every patient's health is always considered and prioritized. There is no impression of being rushed because of the long queues. All are served well. In line with research by Tamara et al. (2022), better communication between health workers and patients will increase patient satisfaction with services. The physicians are an important component of success in health services. Having good communication is the key to successfully delivering health messages to patients. Health staffs are a determining variable in the use of health services (Susilawati; Azzahra, 2023). A study in China shows that good interaction and empathy of health staff significantly can improve the perceptions of quality services (Xu et al., 2022).

The comfort factor is a strong enough reason for someone to seek. A clean, tidy, well-arranged physical environment and available facilities will provide a sense of comfort and create a conducive atmosphere for healing. In line with research by Azizah (2021), the criteria for neatness, cleanliness, and comfort of the clinic affect the quality of clinical services based on the fuzzy servqual analysis method. The religious (spiritual) factors also support the comfort of the clinic atmosphere. In line the research of Ramadhan et al. (2022), that spiritual intervention is effectively beneficial in reducing the anxiety of patients and their families.

The amenities that Baznas offers its employees due to their amil status are the main reason why RSB services are preferred by Baznas employees. Compared to visiting other medical institutions, this condition creates comfort and time efficiency. This is consistent with research of Haw et al. (2020) that the company clinic is visited by three out of four (77%) employees in the company. And research of Henky (2024) shows that every month around 60% of company's employees visit the company clinic.

There are some obstacles to reach RSB Jakarta, which is located far away for RSB members who are located outside Jakarta, because they have to travel a long distance and take a long time to get there. For RSB member inside Jakarta, they have obstacles in paying the transportation cost. Sometimes they have to pay for vehicle rental together for more accesible transportation. In emergency condition, they are hesitant going to RSB for treatment because it is far away. According to C. C. P. Putri et al. (2021) and Nanda (2021), distance is one of the elements that influence someone's choice of health care services. Moreover, Mayasari et al. (2020) discovered that distance is the most important factor in deciding whether to use health care services. A study in Malang also showed that hospital distances

contribute the patient access to health services (Sujarwoto & Maharani, 2022). A study in Japan found that a long distance to healthcare facilities significantly can become a barrier accessing health services, especially for poor communities (Tanoue et al., 2022).

The cost of reaching RSB is frequently a barrier. Although the treatment is free; but traveling to RSB needs a cost. So they collect neighbors or friends for sharing cost to reach the RSB. Sometimes, they arrive the RSB for a long time. This is consistent with Mauliy & Endarti (2024) findings that the distance from home to the hospital has a considerable impact on direct non-medical costs. Similarly, Ayuditiawati et al. (2020) found that transportation is the most expensive component of hemodialysis therapy.

And, the age also becomes the physical barrier for reaching the healthcare facilities. These difficulties are the long distances for travelling, the complicated in using public transportation, the difficulty of going up and down stairs, and the far walking from gate to RSB location. In line with Nurfadillah (2024) research, one of the barriers to access and utilize of health center is physical barriers, including the patient's age. Mauliy & Endarti (2024) also explained that the age factor has a significant influence on indirect costs that impact patient accessibility to healthcare facilities. Therefore, they need a special transportation services to reach health services (Martinazzo & Falavigna, 2022).

CONCLUSION

The reasons why patients choose RSB Jakarta as a provider of social health services are based on the health belief model approach. There are aspects of perceived susceptibility, perceived benefits, cues to action, and self-efficacy, consisting of easy access to information, high levels of satisfaction, a membership system, free costs, quality and quantity of

medicines, not have health insurance, no-queue service, good attitude health practitioner, comfortable facilities, and facilities as employees/ amil.

However, when viewed from the aspects of perceived severity and perceived barriers, several reasons were found, long distance, transportation costs, and elderly age factor. The advantages of implementing zakat-based health services can be a contribution to the role and synergy indirectly in continuing the UHC era by providing easy, affordable, and religious funding-based health access for the Indonesian people.

The results of this study are useful as suggestions and internal evaluations related to improving service utilization, such as the number of daily visits to RSB Jakarta. The low queue may be due to the small number of patients, not because of good management system, or little information about RSB Jakarta services, member registration, zakat fund-based, media publication, or another factors.

A group of homeless with identity problems and unclear resident status can get health services from RSB Jakarta, but this requires more attention to collaborate with local government units in overcoming their population problems so that access is open and legal for vulnerable and homeless people.

The funds provision for paying membership or redeem medicine outside of BPJS Kesehatan claims using zakat funds requires verification with collaborative strategy between BAZNAS and government, such as during door-to-door census data collection or using the memorandum of understanding.

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