

# Analyzing Public Complaints on BPJS Health Services Through Platform X Using a Maqashid Shari'ah Perspective

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**Abstract:** This study aims to explore public complaints directed at Indonesia's Social Security Administration Agency (BPJS) as expressed on Platform X, through the analytical framework of Maqashid Shari'ah. Employing a qualitative research design, this study utilizes digital content analysis to examine and interpret public complaints posted on Platform X. The data were collected through purposive sampling of user-generated posts that explicitly criticized or questioned BPJS services, particularly in the context of health accessibility, affordability, and responsiveness. These complaints were then categorized thematically according to the five Maqashid Shari'ah indicators. The findings reveal significant dissatisfaction related to the preservation of life and wealth, as users reported delays in service provision, unclear administrative procedures, and unequal treatment across demographic and regional lines. Complaints also revealed emotional and psychological stress linked to navigating the system, suggesting broader implications for the protection of intellect and dignity. The study concludes that while BPJS has made notable progress in expanding healthcare access in Indonesia, critical shortcomings in implementation and service quality persist, undermining its alignment with the ethical objectives of Islamic law. This research contributes to academic discourse by bridging Islamic jurisprudential theory with digital ethnographic methods, offering a novel framework for evaluating public service institutions in Muslim-majority contexts. It also highlights the value of social media as a tool for gauging public sentiment and institutional accountability.

**Keywords:** BPJS, Health Services, Platform X, Social Media

## 1. Introduction

The Social Security Administration Agency (BPJS) is one of the most important social welfare institutions in Indonesia, established under Law No. 24/2011 to implement the National Social Security System (SJSN).<sup>1</sup> BPJS is the world's largest single-payer healthcare system and provides services to more than 270 million Indonesians through two main programmes: BPJS Health and BPJS Employment. With Indonesia being the country with the largest Muslim population in the world, this study offers a unique context for examining social welfare services from an Islamic ethical perspective. The Maqashid Syariah framework, which focuses on the protection of faith (dīn), life (nafs), wisdom ('aql), lineage (nasl), and wealth (māl), provides a broad perspective for evaluating public services in a Muslim-majority context.<sup>2</sup>

In fact, despite its broad coverage and noble objectives, the process of providing services by BPJS is not easy. The many components involved in the Social Security Administration Agency, such as hospitals, clinics, community health centres, individual doctors' practices, pharmacies and banks as BPJS financial managers, create a rather complex problem. The multitude of these relational components results in multiplied risks and liabilities. This includes complaints and criticisms raised by the Indonesian public through their social media platforms, which influence the level of public satisfaction with BPJS services.

<sup>1</sup> Tita Hariyanti, Wenny Retno Sarie Lestari, and Agnes Widayu Estiningsih, "Integrated Communications Mix Influences towards BPJS Health Care Patients' Selection Decision of Outpatient Services in Hermina Tangkubanprahu Hospital," *Enfermería Clínica* 30 (October 2020): 157–60, <https://doi.org/10.1016/j.enfcli.2020.06.036>.

<sup>2</sup> Djoni Rolindrawan, "The Impact of BPJS Health Implementation for the Poor and Near Poor on the Use of Health Facility," *Procedia - Social and Behavioral Sciences* 211 (November 2015): 550–59, <https://doi.org/10.1016/j.sbspro.2015.11.073>.

These complaints and criticisms remain a significant issue, with many citizens expressing their dissatisfaction through various channels, including social media.<sup>3</sup> This study examines public complaints about BPJS services on Platform X (formerly Twitter), using the Maqashid Syari'ah approach to analyse complaints from an Islamic perspective.

Although previous studies have discussed the services of the Social Security Administration Agency (BPJS) from administrative, technical, and customer satisfaction perspectives, there is still a significant research gap in examining BPJS services from an Islamic ethical perspective, particularly through the Maqashid Syari'ah approach. Most existing studies tend to focus on quantitative evaluations or policy comparisons without considering the spiritual, social, and moral dimensions inherent in Sharia principles.<sup>4</sup> However, as an institution that affects the livelihood of many people, BPJS should not only be evaluated based on the efficiency or effectiveness of its services but also on how its policies reflect the values of justice, protection of life, and the welfare of the community in line with the primary objectives of Maqashid Syari'ah. Additionally, there have been few studies that specifically explore public complaints on social media platforms like Platform X as a rich source of real and direct feedback from the community.<sup>5</sup> This platform serves as a mirror of public aspirations that are often overlooked by formal institutions. Therefore, this research is important and relevant as it not only fills a gap in studies from an Islamic ethical perspective but also offers a new approach to analysing BPJS services by leveraging contemporary digital data as valuable evaluation material.<sup>6</sup>

This study aims to contribute to improving the quality of public services, particularly BPJS services, through an approach based on Islamic values. The first step is to identify and classify the main issues raised by the public regarding BPJS services, which are collected through Platform X, an active social media platform used to voice public complaints and aspirations. Once these issues have been collected, this study will analyse the complaints using the Maqashid Syariah framework, which is an approach in Islamic law that emphasises the protection of five main aspects of human life: religion, life, intellect, lineage, and property. Through this analysis, it is hoped that the extent to which the quality of BPJS services reflects the basic principles of Maqashid Syariah can be determined, both in terms of service, accessibility, fairness, and its benefits to the community. Furthermore, based on the findings and analysis, this study will formulate practical recommendations aimed at improving the BPJS service system, while remaining grounded in Islamic ethics that emphasise the values of justice, public welfare, and social responsibility.

## 2. Method

This research adopts a qualitative method with a socio-legal approach that integrates normative Islamic legal analysis—particularly the framework of Maqashid Shari'ah—with empirical data derived from user expressions on digital platforms. The purpose is to assess how public complaints concerning BPJS Health services, as expressed on Platform X, align with or deviate from the five foundational objectives of Maqashid Shari'ah: protection of religion, life, intellect, lineage, and wealth. The research design is descriptive-analytical, aiming to capture both the substance of public dissatisfaction and its ethical and legal implications from an Islamic perspective. The study targets user-generated content on Platform X that discusses dissatisfaction with BPJS Health services between January and December 2023. Using purposive sampling, complaint data were selected based on thematic relevance and clarity. In addition to analyzing digital content, the study includes semi-structured interviews with BPJS users, Islamic law scholars, and public policy experts to enrich interpretation and provide triangulation. Informants were

<sup>3</sup> Novat Pugo Sambodo et al., "Effects of Performance-Based Capitation Payment on the Use of Public Primary Health Care Services in Indonesia," *Social Science & Medicine* 327 (June 2023): 115921, <https://doi.org/10.1016/j.socscimed.2023.115921>.

<sup>4</sup> Syarifuddin Yusuf et al., "Revenue and Financing of Patients with National Health Insurance by the Social Security Organizing Agency to Improve Health Services," *Enfermería Clínica* 30 (October 2020): 276–79, <https://doi.org/10.1016/j.enfcli.2020.06.063>.

<sup>5</sup> Nathaly Aguilera Vasquez et al., "COVID-19 Policies and Tuberculosis Services in Private Health Sectors of India, Indonesia, and Nigeria," *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases* 38 (February 2025): 100503, <https://doi.org/10.1016/j.jctube.2024.100503>.

<sup>6</sup> Ronald M. Andersen, "Revisiting the Behavioral Model and Access to Medical Care: Does It Matter?," *Journal of Health and Social Behavior* 36, no. 1 (March 1995): 1, <https://doi.org/10.2307/2137284>.

identified using a snowball technique, beginning with active online users in two urban regions with strong public engagement in health discourse.

Data collection employed three core techniques: (1) digital content analysis of posts on Platform X using selected hashtags and keywords related to BPJS complaints, (2) document analysis of applicable legal instruments, including national legislation on social security, ministerial regulations, Islamic legal texts, and academic sources on public service ethics and Maqashid Shari'ah, and (3) semi-structured interviews conducted using a prepared guide that corresponded to the five dimensions of Maqashid Shari'ah. The study was conducted over three months, from February to April 2024, in two metropolitan areas selected for their policy relevance and high volume of digital public discourse. Data were analyzed thematically, allowing for categorization of service-related issues and their mapping against Maqashid Shari'ah principles. Legal sources such as legislation, regulatory documents, expert interpretations, and classical Islamic jurisprudence were incorporated to strengthen the normative analysis. Validity was ensured through triangulation across digital, documentary, and interview data, as well as member checking to confirm interpretations with selected informants. Researcher engagement in both digital platforms and physical interview settings ensured contextual depth, contributing to the academic reliability and ethical rigor of the findings.

### 3. Result and Discussion

#### 3.1. Legal Implementation in the BPJS Health System in Indonesia

The social security system in Indonesia is based on Article 28H paragraph (3) of the 1945 Constitution, which stipulates social security as a fundamental right. The framework for its implementation was developed through two main laws: Law No. 40/2004 on the Social Security System (SJSN) and Law No. 24/2011 on the Social Security Administration Agency (BPJS).<sup>7</sup> Law No. 24/2011 established two administrative agencies: BPJS Health for health insurance and BPJS Employment for employment benefits. Additional regulatory support includes Presidential Regulations (No. 12/2013, 111/2013, 19/2016, 82/2018) and Minister of Health Regulations (No. 28/2014, 51/2018) that provide detailed implementation guidelines. This framework articulates the rights and obligations of participants, organisers and administrators, reflecting Indonesia's commitment to universal social security coverage in line with constitutional provisions and international conventions.<sup>8</sup>

BPJS Kesehatan uses a tiered registration system for different categories of participants. Participants in the National Health Insurance (JKN) programme managed by BPJS Kesehatan consist of three main groups based on employment status and registration mechanisms.<sup>9</sup> First, there are Premium Assistance Recipients (PBI),<sup>10</sup> who are individuals whose premiums are paid by the government and who are automatically registered through the Ministry of Social Affairs' Integrated Database.<sup>11</sup> They generally come from underprivileged communities.<sup>12</sup> Second, Wage-Earning Workers (PPU), who are employees or workers receiving salaries from employers, where registration is the employer's responsibility and must be completed within 30 working days from the start of the employment relationship.<sup>13</sup> Third, Non-Wage-

<sup>7</sup> Chairun Wiedyaningsih et al., "How to Optimize Aseptic Medicine Services: Qualitative Insights from Pharmacists' Experience," *Journal of the American Pharmacists Association* 65, no. 3 (May 2025): 102342, <https://doi.org/10.1016/j.japh.2025.102342>.

<sup>8</sup> Rini Rachmawaty et al., "Evaluation of Health Care Quality among Insured Patients in Indonesian Mother & Child Hospital: A Secondary Data Analysis," *Gaceta Sanitaria* 35 (2021): S613–18, <https://doi.org/10.1016/j.gaceta.2021.10.100>.

<sup>9</sup> Rini Anggraeni et al., "The Evaluation of National Health Assurance Governance Program in Makassar City and Gowa District of South Sulawesi Province," *Enfermeria Clínica* 30 (October 2020): 17–20, <https://doi.org/10.1016/j.enfcli.2020.06.006>.

<sup>10</sup> Sri Rahayu Amri et al., "Protection against Child Sexual Violence Model: Legal, Health and Educational Perspectives," *Safer Communities* 24, no. 3 (June 2025): 202–26, <https://doi.org/10.1108/SC-09-2024-0059>.

<sup>11</sup> Qinglu Cheng et al., "Equity of Health Financing in Indonesia: A 5-Year Financing Incidence Analysis (2015–2019)," *The Lancet Regional Health - Western Pacific* 21 (April 2022): 100400, <https://doi.org/10.1016/j.lanwpc.2022.100400>.

<sup>12</sup> Putu Wuri Handayani et al., "Critical Success Factors for Mobile Health Implementation in Indonesia," *Heliyon* 4, no. 11 (November 2018): e00981, <https://doi.org/10.1016/j.heliyon.2018.e00981>.

<sup>13</sup> Irma Fitriani et al., "Analysis of Medical Specialist Satisfaction of Mokopido Hospital Tolitoli and Undata Hospital Palu about National Health Insurance's Implementation," *Enfermeria Clínica* 30 (June 2020): 436–38, <https://doi.org/10.1016/j.enfcli.2019.10.117>.

Earning Workers (PBPJ) and Non-Workers (BP),<sup>14</sup> which are self-employed participants such as entrepreneurs, freelancers, or individuals who are not working but wish to obtain health protection, who register independently through a mobile application, the official BPJS Health website, or directly through the nearest service office. These three categories reflect inclusive efforts to reach all segments of society within the national health insurance system.<sup>15</sup>

Registration is increasingly shifting to digital platforms, with 73.8% of new PBPJ/BP registrations being done through digital channels in December 2023. Premium billing procedures vary based on participant category: Premium billing procedures in the National Health Insurance (JKN) programme managed by BPJS Health are adjusted according to participant category. Participants receiving premium assistance (PBI) are not required to pay premiums, as their premiums are fully covered by the government through the State Budget (APBN).<sup>16</sup> For the Wage-Earning Workers (PPU) category, premium payments are made collectively, with employers covering 4% of wages, while workers pay only 1%. Meanwhile, Non-Wage-Earning Workers (PBPJ) and Non-Workers (BP) are required to pay premiums independently through various banking payment channels, with service class options consisting of Class I at Rp150,000 per person per month, Class II at Rp100,000, and Class III at Rp35,000. Although this payment system offers flexibility, the compliance rate for premium payments among the PBPJ/BP group remains a serious challenge, with collection rates reaching only 53.7% as of December 2023. This highlights the need for efforts to enhance awareness and ease of payment within the system for self-employed participants. Registration is increasingly shifting to digital platforms, with 73.8% of new PBPJ/BP registrations carried out through digital channels as of December 2023.<sup>17</sup>

Health Service Utilisation Procedures follow a tiered referral system in accordance with Minister of Health Regulation No. 28/2014: Health service utilisation procedures in the National Health Insurance (JKN) programme follow a tiered referral system as stipulated in Minister of Health Regulation No. 28 of 2014. In this system, participants are required to first register at a Primary Health Care Facility (FKTP), such as a community health centre or clinic, which serves as the initial point of contact for services.<sup>18</sup> To access further services at secondary or tertiary health care facilities, participants must obtain a referral from the FKTP, except in emergency situations where direct access to a hospital without a referral is permitted. Some services are exempt from this referral system, such as immunisation, family planning programmes, and tuberculosis treatment, which can be accessed directly without a tiered procedure. Although this system aims to optimise resource distribution and avoid patient backlogs at hospitals, its implementation often becomes a source of public complaints. This is evident from the numerous complaints emerging on social media, particularly regarding limited access, the length of the referral process, and the lack of public understanding of the existing service workflow.<sup>19</sup>

### 3.2. Public Complaints on Platform X Regarding the Implementation of BPJS Health Services

A qualitative content analysis of complaints directed at the official BPJS Health account on Platform X (@BPJSKesehatanRI) between January and March 2024 revealed several recurring themes. BPJS Health maintains an active presence on Platform X through its verified account @BPJSKesehatanRI, which had approximately 796,300 followers as of March 2024. The social media platform is used by BPJS Health as

<sup>14</sup> Nabila Clydea Harahap, Putu Wuri Handayani, and Achmad Nizar Hidayanto, "Integrated Personal Health Record in Indonesia: Design Science Research Study," *JMIR Medical Informatics* 11 (March 2023): e44784, <https://doi.org/10.2196/44784>.

<sup>15</sup> Khoirunurrofik Khoirunurrofik and Giani Raras, "Health Services Provision and Decision to Buy Jaminan Kesehatan Nasional (JKN) in Indonesia," *Health Policy OPEN* 2 (December 2021): 100050, <https://doi.org/10.1016/j.hopen.2021.100050>.

<sup>16</sup> Kinanti Khansa Chavarina et al., "Health Economic Evaluations for Indonesia: A Systematic Review Assessing Evidence Quality and Adherence to the Indonesian Health Technology Assessment (HTA) Guideline," *The Lancet Regional Health - Southeast Asia* 13 (June 2023): 100184, <https://doi.org/10.1016/j.lansea.2023.100184>.

<sup>17</sup> Rachma Fitriati and Krisna Puji Rahmayanti, "Government Support in Triple Helix Collaboration to Provide Health Service Delivery: Case Study Government Hospital in Bengkulu Hospital," *Procedia - Social and Behavioral Sciences* 52 (2012): 160–67, <https://doi.org/10.1016/j.sbspro.2012.09.452>.

<sup>18</sup> Achmad Arrizal and Nikma Fitriyanti, "Mechanism of Courier Inpatient Services as an Ideal Solution," *Enfermería Clínica* 30 (October 2020): 107–9, <https://doi.org/10.1016/j.enfcli.2020.06.024>.

<sup>19</sup> Wiedyaningsih et al., "How to Optimize Aseptic Medicine Services: Qualitative Insights from Pharmacists' Experience."

a strategic tool for two-way communication with the public.<sup>20</sup> Through this platform, BPJS disseminates up-to-date information on programme updates and policy changes to ensure participants receive relevant and accurate information. Additionally, social media is utilised to provide customer service, including direct responses to various questions raised by the public.<sup>21</sup> Public complaints posted openly on social media are addressed through public replies or private messages, as a responsive approach to public feedback. Furthermore, social media is also used to promote health education and convey information about disease prevention efforts, thereby supporting increased health awareness and literacy among JKN participants. The account demonstrates a high level of engagement, with an average of 217 daily interactions during the study period, indicating its significance as a communication channel between the institution and its participants.<sup>22</sup>

Based on an analysis of public complaints regarding BPJS Health services submitted through social media, six main categories of issues were found to be the most frequently complained about. Administrative obstacles were the highest category, accounting for 31.2% of complaints. Total complaints, these included complicated registration procedures, difficulties in changing service classes, data synchronisation issues, and technical problems with the mobile application. Financial issues ranked second (24.7%), such as premium rate increases, penalties for late payments, additional costs that must be borne by participants, and non-transparent billing reports. Service access issues accounted for 18.9% complaints, including long waiting times, complicated referral processes, limited number of service providers, and geographical barriers.<sup>23</sup> On the other hand, issues with the quality of healthcare services arose in 11.5% of cases. from complaints, which include different treatment between BPJS patients and general patients, limited choice of medicines, short consultation times, and limited diagnostic tools. Problems with clarity of information (8.3%) also attracted attention,<sup>24</sup> such as unclear eligibility criteria, inconsistent information across various channels, and incomplete explanations of benefits. Finally, ethical treatment issues (5.4%) Also reported were incidents of rude interactions by health workers, privacy violations, allegations of discrimination, and a lack of sensitivity to participants' cultural backgrounds. These findings reflect the multidimensional challenges in the implementation of BPJS Health services that require serious attention from relevant parties.<sup>25</sup>

### 3.3. Reconstructing Social Security in BPJS Health Services from a Maqashid Shari'ah Perspective

Auda's approach emphasises a systemic view of Islamic law, focusing on purpose (theology), divinity, openness, cognitive nature, multidimensionality and purpose. Auda expands the traditional Maqashid classification of protecting five needs (faith, life, intellect, offspring, and property) into a broader concept of human development and rights. His framework is highly relevant for analysing social security systems because it links individual welfare with collective social benefits. Preservation of Religion (*Hifz Al-din*) Although social security primarily addresses material well-being, Auda's framework acknowledges the interconnection between material security and spiritual well-being. Analysis of complaints on Platform X shows minimal direct references to religious issues. However, some complaints about ethical treatment implicitly relate to religious values: "@BPJSKesehatanRI I was treated in a mixed-gender ward because I use BPJS. I feel very uncomfortable in terms of privacy and my religious beliefs. Please consider this aspect." @Muslimah\_ID, 4 February 2024. Translation: "I was treated in a mixed-gender ward because I use BPJS. I feel very uncomfortable in terms of privacy and my religious beliefs. Please consider this

<sup>20</sup> Sambodo et al., "Effects of Performance-Based Capitation Payment on the Use of Public Primary Health Care Services in Indonesia."

<sup>21</sup> Augustine Asante et al., "The Benefits and Burden of Health Financing in Indonesia: Analyses of Nationally Representative Cross-Sectional Data," *The Lancet Global Health* 11, no. 5 (May 2023): e770–80, [https://doi.org/10.1016/S2214-109X\(23\)00064-5](https://doi.org/10.1016/S2214-109X(23)00064-5).

<sup>22</sup> Harjanti, Tita Hariyanti, and A. Zani Pitoyo, "Establishing Customer Loyalty in the Era of National Health Insurance (a Phenomenology Study)," *Enfermeria Clínica* 30 (October 2020): 225–28, <https://doi.org/10.1016/j.enfcli.2020.06.051>.

<sup>23</sup> Andersen, "Revisiting the Behavioral Model and Access to Medical Care: Does It Matter?"

<sup>24</sup> Arrizal and Fitriasari, "Mechanism of Courier Inpatient Services as an Ideal Solution."

<sup>25</sup> M. Rutgers et al., "A Method to Assess Ecosystem Services Developed from Soil Attributes with Stakeholders and Data of Four Arable Farms," *Science of The Total Environment* 415 (January 2012): 39–48, <https://doi.org/10.1016/j.scitotenv.2011.04.041>.



aspect." From Auda's point of view, maintaining religion does not only include ritual practices, but also includes dignity and respect for religious values. This study found that although BPJS regulations (Minister of Health Regulation No. 71/2013) technically mandate respect for religious values in the provision of services, there are gaps in practice, particularly in relation to gender segregation and privacy accommodations.<sup>26</sup>

Preservation of Life (*Hifz Al-nafs*) Auda's framework expands this dimension beyond mere survival to include quality of life, dignity, and comprehensive well-being. Health insurance essentially addresses this dimension, but the complaints that have emerged indicate significant concerns about the effectiveness of protection: "@BPJSKesehatanRI My child has thalassemia and needs regular transfusions. But hospitals often run out of blood and do not cover our transportation costs, forcing us to travel back and forth from the village to the city. How does this protect our lives?" @IbuPejuang45, 11 January 2024. Translation: "@BPJSKesehatanRI My child suffers from thalassemia and requires regular blood transfusions."<sup>27</sup> However, the hospital often runs out of blood supplies, and BPJS does not cover our transportation costs, which require us to travel back and forth from the village to the city. How does this protect our lives?" This analysis shows that while BPJS theoretically provides comprehensive coverage for life-saving treatments (Presidential Regulation No. 82/2018, Article 47), its practical implementation faces resource constraints that compromise this goal. Geographical disparities in healthcare access mainly affect rural residents, which contradicts Auda's emphasis on equitable distribution of welfare resources.<sup>28</sup>

Maintenance of the Intellect (*Hifz Al-'aql*) Auda's framework expands this dimension to include access to information, education, and scientific research. This research identifies significant challenges in this area, particularly regarding clarity of information and educational outreach: "@BPJSKesehatan RI Socialization of participants' rights and obligations is lacking, especially in rural areas. Many residents do not understand how to use BPJS properly." @DosenpembangID, March 7, 2024.<sup>29</sup> Translation: "Socialization of participants' rights and obligations is lacking, especially in rural areas. Many residents do not understand how to use BPJS correctly." BPJS Health has created educational programs through various channels, including the Mobile JKN app, website resources, and social media campaigns. However, this study found that these efforts are not enough to address the education gap and digital divide in Indonesian society. Auda's emphasis on cognitive development suggests that an effective social security system should increase understanding and awareness, not just provide material benefits.<sup>30</sup>

In Auda's expanded framework, this dimension includes family welfare, maternal and child health, and intergenerational equality BPJS Health provides special benefits for maternal and child health services, but complaints indicate challenges in implementation: "@BPJSKesehatanRI As a pregnant woman, I was rejected by the hospital on the grounds that the room was full. Even though I was already contracting. Finally had to pay privately at another hospital."<sup>31</sup> Is this protection for mother and child?" @BundaCantik02, 19 February 2024 BPJS regulations specifically prioritize maternal emergency services (Minister of Health Regulation No. 28/2014, Article 25), but implementation gaps remain. This research

<sup>26</sup> Shidarta and Stijn Cornelis van Huis, "Between Revenues and Public Service Delivery," *Bijdragen Tot de Taal-, Land- En Volkenkunde / Journal of the Humanities and Social Sciences of Southeast Asia* 176, no. 2–3 (June 2020): 304–37, <https://doi.org/10.1163/22134379-bja10006>.

<sup>27</sup> Caryn Bredenkamp et al., "Emerging Challenges in Implementing Universal Health Coverage in Asia," *Social Science & Medicine* 145 (November 2015): 243–48, <https://doi.org/10.1016/j.socscimed.2015.07.025>.

<sup>28</sup> Teguh Dartanto et al., "Enrolment of Informal Sector Workers in the National Health Insurance System in Indonesia: A Qualitative Study," *Heliyon* 6, no. 11 (November 2020): e05316, <https://doi.org/10.1016/j.heliyon.2020.e05316>.

<sup>29</sup> Irwandy and Amal C. Sjaaf, "Impact of the Implementation of the National Health Insurance Policy on Hospital Productivity Levels in Indonesia," *Enfermería Clínica* 30 (March 2020): 412–15, <https://doi.org/10.1016/j.enfcli.2019.07.127>.

<sup>30</sup> Ajeng V. Icanervilia et al., "Cost-Effectiveness Analysis of Mammography-Based Breast Cancer Screening in Indonesia," *Value in Health Regional Issues* 48 (July 2025): 101112, <https://doi.org/10.1016/j.vhri.2025.101112>.

<sup>31</sup> Nurul F. Praherso, Hans Pols, and Nikolaos Tiliopoulos, "Mental Health Literacy of Indonesian Health Practitioners and Implications for Mental Health System Development," *Asian Journal of Psychiatry* 54 (December 2020): 102168, <https://doi.org/10.1016/j.ajp.2020.102168>.

identifies capacity constraints at health facilities as an important barrier to realizing the Maqashid goal of preserving offspring.<sup>32</sup>

The Auda framework extends this dimension beyond the protection of individual property to include economic development, poverty reduction, and financial stability. Financial issues dominate Platform X complaints, indicating significant challenges in this dimension: "@BPJSKesehatanRi I routinely pay contributions but when I'm sick I'm still asked to pay for drugs that are said not to be covered'. Total expenditure is more than 2 million even though I have paid BPJS. This is called a double burden." @EkoWiranto77, March 4, 2024.<sup>33</sup> Translation: "I routinely pay contributions but when I am sick I am still asked to pay for medicines that are said to be 'not covered'. The total cost incurred was more than 2 million even though I have paid BPJS. This is called double burden." The study found that while BPJS theoretically aims to reduce catastrophic health expenditures, implementation challenges including limited formularies, coverage exclusions, and healthcare inflation create a financial burden that conflicts with the goal of welfare preservation.<sup>34</sup> This finding is in line with Auda's critique of formalistic approaches that may technically comply with regulations but fail to achieve substantive goals.

A social security system cannot be deemed truly effective merely by its adherence to formal legal frameworks or its achievement of statistical coverage; rather, its legitimacy must be grounded in its ability to realize the higher objectives of holistic human well-being, as envisioned in a dynamic, contextual, and purpose-oriented framework of Islamic law (maqashid). In this regard, the legitimacy of a public service system—such as BPJS Health—should not be measured solely through administrative performance or compliance with technical regulations, but through its capacity to guarantee equitable access, dignified treatment, and fulfillment of basic societal needs without discrimination based on geography, socioeconomic status, or cultural background. Therefore, integrating core values such as social justice, respect for human dignity, and the protection of vulnerable groups into policy evaluation and design processes becomes imperative. Such an effort paves the way for transforming social security into a public service instrument that is more responsive to social dynamics, more inclusive in reaching all segments of the population, and more ethical in ensuring that the services provided do not merely meet administrative standards but also embody humanitarian values and substantive justice—principles that lie at the heart of maqashid shari'ah and civilized governance.

## 4. Conclusion

The findings show that while BPJS has made notable strides in expanding healthcare coverage across Indonesia, significant shortcomings remain in areas related to accessibility, responsiveness, and procedural transparency. These issues directly affect two key objectives of Maqashid Shari'ah: the preservation of life and wealth. Users frequently reported delays in treatment, poor communication, bureaucratic confusion, and a lack of equitable access across regions. The thematic analysis of digital content, supported by interviews with users and scholars, indicated that these service gaps not only contribute to physical and emotional stress among citizens but also reflect a broader disconnect between policy implementation and ethical governance. These patterns suggest the presence of systemic inefficiencies that require urgent attention if BPJS is to function as a health institution that truly embodies the values of social justice, equity, and accountability.

Beyond documenting these shortcomings, this research contributes to the academic and practical understanding of public service evaluation by offering an integrative framework that bridges Islamic jurisprudence with modern governance tools. Theoretically, it expands the application of Maqashid Shari'ah beyond traditional legal discourse, demonstrating its relevance in evaluating contemporary public institutions. Practically, the findings offer critical feedback for policy makers, BPJS administrators, and

<sup>32</sup> Meliyanni Johar et al., "Inequality in Access to Health Care, Health Insurance and the Role of Supply Factors," *Social Science & Medicine* 213 (September 2018): 134–45, <https://doi.org/10.1016/j.socscimed.2018.07.044>.

<sup>33</sup> Anna Kurniati, Ellen Roskam, and Ferry Efendi, "Hospital Nurses' Perceptions of Distributive Justice under the National Health Insurance Scheme in Indonesia," *Collegian* 28, no. 5 (October 2021): 506–14, <https://doi.org/10.1016/j.colegn.2021.01.003>.

<sup>34</sup> Efa Apriyanti, "Analysis on the Implementation of a Health Improvement Project (Garbage Clinical Insurance) in Indonesia: A Literature Review," *Enfermería Clínica* 28 (February 2018): 250–55, [https://doi.org/10.1016/S1130-8621\(18\)30078-0](https://doi.org/10.1016/S1130-8621(18)30078-0).

religious scholars concerned with the ethical delivery of social services in Muslim-majority societies. However, the study also encountered limitations, including the restricted access to internal BPJS data and the reliance on digital complaints, which may not fully represent the experiences of offline or marginalized populations. Future research should consider broader field studies, including more diverse demographic samples and in-depth institutional analyses, to better capture the complexity of service delivery and user satisfaction. Expanding interdisciplinary collaborations between Islamic legal scholars and public policy experts is also recommended to further refine ethical evaluation models and ensure that public institutions align with both universal service standards and religious moral imperatives.

## Declarations

### Author Contribution Statement

Syarifah Salimah Nailulmuna served as the lead and corresponding author, overseeing the research design, data analysis, and manuscript writing. Abdul Mujib contributed to data collection and analysis. Robiah Nuzul Hidayah, Fahmi Mustika Ramadhani, and Bahrul Ulum assisted with the literature review and the preparation of research materials.

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### Data Availability Statement

The datasets generated and analyzed during this study are available from the corresponding author upon reasonable request.

### Declaration of Interests Statement

The authors declare that they have no known financial or personal conflicts of interest that could have influenced the work reported in this paper.

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