

Sustainable Marketing of Healthcare in Indonesia with Religiosity and Health Promotion Clean Healthy Lifestyle

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Abstract

Health promotion has received a boost that includes actions at the individual and community levels, strengthening health systems and multi-sectoral partnerships that can be directed at specific health conditions in pandemic. It should also include a settings-based approach to promoting health in specific settings such as schools, hospitals, workplaces, residential areas and communities. Health promotion needs to be built into all policies and if used efficiently will result in health marketing outcomes for healthcare providers and positive behavior change in clean healthy lifestyle. The results of this study indicate that the patient's perception of a clean and healthy life based on the benefit dimension is 89.50%, based on the trust dimension 83.35%, the patient's perception is based on the risk dimension 81.55%, the patient's perception is based on the 85.22% religiosity dimension, and patient satisfaction, in generally common perception is 84.90%. Global acceptance that health promotion and clean and healthy lifestyle (CHLB) behavior in social marketing science is determined by many factors outside the health system. Healthcare issues can be effectively addressed with a holistic approach by empowering individuals and communities to take action for their health.

Keywords

behavior; clean and healthy lifestyle (CHLB); health promotion; healthcare marketing; religiosity



I. Introduction

During the pandemic year 2020 and work from home until today, changes in healthy living behavior and religiosity are increasing, this can be seen from many Indonesian people who are becoming more obedient in worshipping because of the situation of working from home, praying from home, and activities from home (Heryana & Mahadewi, 2020) (Di Gennaro et al., 2020). For adherents of religion in carrying out religious teachings, among others, it is recommended to behave in a clean life, because cleanliness is the basis of health, and cleanliness is seen as part of faith. There are many benefits that can be obtained by having a high attitude of religiosity, as revealed for example in Islam, that the implementation of prayer brings benefits for medical and psychological health, psychological benefits, namely to prevent ourselves from vile and evil deeds.

Medical benefits, such as starting from the beginning of prayer, we are required to perform ablution, it turns out that we have to be clean, and even the procedures for praying from takbir, bowing, prostration to greetings is reflected in it as a physical activity that reflects so that our organs move so that it results in being healthy, also reveals the implementation of fasting, in the month of ramadan in Indonesia also has benefits for

physical and psychological health (Agustina et al., 2019)(Ministry of Health of the Republic of Indonesia, 2018).

A healthy body condition, and a calm psychological state can bring strong members of the community so that an orderly and safe society is created, as stated in the word of Allah SWT in holy Quran An-Nisa ':9 which invites to prepare strong children so that they are not there is a concern for their well-being. The verse above indicates the need for religious attitudes and clean and healthy living behavior in creating a strong, safe, peaceful and prosperous society. The application of clean and healthy living behavior (PHBS) in Indonesian society is still a problem (Thabrany, 2008).

This is due to a lack of knowledge and awareness of implementing health protocols, during a pandemic such as government advocacy for 3M (wearing a mask, washing hands and maintaining distance) and 5M (plus staying away from crowds and reducing our mobility). Including the benefits of healthy living and various factors of common habits carried out by previous generations, such as urinating and defecating in rivers, which are daily events that are still often found both in remote areas and in big cities in Indonesia (Ministry of Health of the Republic of Indonesia, 2018). There are several problems that need to be studied in this research, namely the differences between some of the weaknesses and obstacles used in the promotion of healthy living itself, which are still pros and cons and debated. Discussing health problems that contain social aspects but also business nowadays is always a debate that creates its own gap for healthcare marketing (Folland et al., 2018)(E. P. Mahadewi et al., 2019).

The conceptual definition of this is not yet conclusive, especially its implementation in health service providers, especially hospitals. Several previous studies have stated in several developing countries that the low trust in accurate health information, perceptions of the direct benefits of clean and healthy living behavior, and neglect of risks due to not taking care of health, are still mostly passive rather than active. During pandemic until today it is necessary to take good care of oneself in accordance with religious values so that the lack of public understanding on the implementation of healthy living which the authorities can anticipate (Hofacker et al., 2016). There are still a few marketing researches in the health sector that examine these matters in more depth, especially those related to behavioral changes towards a clean and healthy life with the role of religiosity and its impact on the marketing of sustainability of health services (E. P. Mahadewi & Heryana, 2020). There are several problems that need to be studied in this study, namely how the perceptions of benefits, beliefs, and risks in an effort to achieve changes in clean healthy living behavior and religiosity (Liu et al., 2009), by answering the following questions:

1. What are the efforts that can be made to achieve a clean and healthy lifestyle?
2. What is the role of religiosity in health and healthy behavior?
3. What are the perceptions of benefits, beliefs, and risks in a clean and healthy lifestyle with religiosity?
4. How can the role of religiosity in the health sector encourage clean and healthy living behavior?

The novelty of this research that is targeted in the urgency of developing models and validating measurements of strong and comprehensive evaluations, using various methodologies needed to determine whether the role of religiosity in the health sector during the pandemic and new normal will increase positive practices of health promotion advocacy in social marketing, especially encouraging awareness of healthy living, both in the short and long term (WHO, 2017)(World Health Organization, 2018). Measuring the impact and role of effectiveness in achieving the benefits of better healthy behavior in the future, as one of the health marketing tools in the context of health consumer behavior in

particular, is a new thing or phenomenon that has emerged in the two-year pandemic. From the problems and questions about the background above, the researchers tried to examine the behavior of the community during the pandemic period in 2020 to end 2021.

The aim of this research is to answer theoretical, methodological and practical research problems, from the gap between marketing and health promotion efforts with the aim of increasing understanding and providing support to the community for healthy behavior by using the role of religiosity effectively. Mainly to influence behavior change. A person's behavior can affect the state of one's own health. Good behavior in maintaining health can improve a person's quality of life for the better, reduce the risk of disease, live longer, and have a more prosperous life (basuki, 2006)(Di Gennaro et al., 2020).

There are several problems that need to be studied in this research, namely regarding the differences between some of the weaknesses and obstacles used in the promotion of healthy living itself, which until now are still pros and cons and debated. Discussing health problems that contain social aspects but also business nowadays is always a debate that creates its own gap. The conceptual definition of this is not yet conclusive, especially its implementation in health service providers, especially hospitals.

Several previous studies have stated in several developing countries that the low trust in accurate health information about the perception and direct benefits of healthy living behavior, and the neglect of risks due to not taking care of health, are still mostly passive rather than active. So now it is necessary to take good care of oneself in accordance with religious values so that the lack of public understanding on the implementation of healthy living which the authorities can anticipate. There are still few health marketing researches that examine these things in more depth, especially those associated with behavioral changes towards a healthy life with the role of religiosity. The contentions points of this study are literature review, methodology result and conclusion respectively.

II. Review of Literature

There are many definitions of Religiosity. Religion comes from the words al-din, religion (relegere, religare) and religion. Al-din means law or law. In Arabic this word contains the meaning of mastering, subjugating, obedient, recompense and habit. Religion is considered to bring legal regulations that must be obeyed. Religion controls a person who is able to make him submissive and obedient to the teachings of his religion, and foster an understanding of retaliation that whoever carries out Allah's commands, he will get a reward according to what he does. Harun ("Health Financing," 2012) (Khana et al., 2020) gives a definition that the word religion or relegere means to collect or read. It can be interpreted that religion is a collection of ways to serve God that are collected in holy books that must be read, studied and practiced. Then the word religare means binding. Religion is binding between man and God. The bond in question comes from a power higher than humans as a supernatural power that cannot be captured with the five senses, but has a huge influence on everyday human life (Efendi, 2017) (World Health Organization, 2018).

From several concepts about the meaning of religion, the term religiosity emerges. Religiosity is the appreciation of one's religious values which are believed to be in the form of obedience and understanding of religion correctly and implemented in everyday life.

Religion or religiosity is manifested in various human lives. Religious activity does not only occur when a person performs ritual behavior (worship), but also when carrying out other activities driven by final forces (Joint Commission International, 2015). Not only related to visible and visible activities, but also invisible activities that occur in a person's

heart and provides a definition of religion, namely the process of a practical relationship that is felt with what is believed to be a creature or being that is higher than humans. Meanwhile, James in (Lillard et al., 2010) defines religion as the feelings and experiences of the Bani Insan individually who consider that they are related to what he sees as God. So, religiosity is the level of acceptance of the rules of creatures or beings that are higher than humans themselves. Meanwhile religiosity is also to provide a definition of religion as a symbol system, belief system, value system and institutionalized behavior system, all of which are centered on issues that are internalized as the most meaningful such as this two (E. Mahadewi et al., 2020) :

2.1. Religious Dimensions

There are five kinds of religious dimensions which are divided to a certain level and have conformity with Islam, including:

a. Dimensions of Faith (Islamic Aqidah)

This dimension refers to the level of Muslim belief in the truth of their religious teachings, especially those that are fundamental and dogmatic. In Islam, the contents of the dimension of faith involve beliefs about Allah, angels, prophets or apostles, the books of Allah, heaven and hell and qadha and qadar.

b. Dimensions of Worship (Religious Practice)

This dimension refers to the level of Muslim compliance in carrying out ritual activities as instructed and recommended by their religion. In Islam, the dimension of worship concerns the implementation of prayer, fasting, zakat, pilgrimage, reading the Qur'an, prayer, dhikr, qurban worship, i'tikaf in the mosque in the month of fasting.

c. Dimensions of Practice or Morals

This dimension refers to the degree to which Muslims behave motivated by the teachings of their religion, namely how individuals relate to their world, especially with other humans. In Islam, this dimension includes behavior like helping, cooperating, giving charity, upholding justice and truth, being honest, forgiving, protecting the environment.

d. Dimensions of Knowledge or Science

This dimension refers to the level of knowledge and understanding of Muslims towards the teachings of their religion, as contained in their holy book. In Islam, this dimension concerns the content of the Qur'an, the main teachings that must be believed and implemented (the pillars of Islam and the pillars of faith), Islamic laws and Islamic history.

e. Dimensions of Experience or Appreciation

This dimension refers to how far the level of Muslims in feeling and experiencing religious experiences. In Islam, this dimension is manifested in the feeling of being close to Allah, the feeling that one's prayers are often answered, the feeling of peace and happiness because they worship Allah, the feeling of trusting in Allah, the feeling of being solemn when praying or praying, the feeling of being grateful to Allah. Ancok and Suroso, 1994: 82).

2.2. Function of Religiosity

The function of religiosity for humans is closely related to the function of religion such as: perception, trust, risk, religiosity or believing.

III. Research Methods

3.1 Data Collection

Methods this research uses research using quantitative data. The approach used is a positivistic approach, namely an approach that uses constructed logic, namely the logic of procedures for conducting research that is highly organized and structured in an ideal, formal and systematic form. This study aims to explore the effect of perceived benefits, beliefs, and risks of running a health protocol on healthy hygiene behavior with the variable of religiosity. A preliminary study was carried out by researchers in this case to test the instruments to be used in the study.

Measurement of better community PHBS about disease and its prevention, use of good health services, more adherence to treatment and participation in health decisions, increased social support and sharing of support to others so that people are able to independently share their experiences about better behavior change. healthy. Changes in the body, side effects of disease and the positive impact of implementing healthy behaviors and lifestyles. From a healthy living perspective, all of the previous studies above support effort, benefit, trust and satisfaction in developmental achievement and health information. In this study it is hypothesized as follows:

H1: Perception of Benefits has a positive and significant effect on Healthy Behavior

H2: Trust has a positive and significant effect on Healthy Behavior

H3: Risk has a positive and significant effect on Healthy Behavior

H4: Religiosity has a positive and significant effect on Healthy Life Attitudes

The test was carried out on 225 students from the healthcare faculty of universities in Jakarta Indonesia. The population of this study were students of the existing health faculty and located in Jakarta Indonesia. The sample size is 300 respondents, with the sampling method used in this study is non-probability sampling, namely purposive sampling or judgmental sampling, namely the sampling technique based on considerations based on certain criteria. The method of data analysis by testing the model proposed in the study uses the Structural Equation Model (SEM). The inclusion criteria (recipients) in this study consisted of recipients of the students who ever have inpatient services at Jakarta Indonesia health service providers from July 2020 to December 2021, conscious, over 17 years old, able to read and write, understand Indonesian, willing to provide real data. and cooperative to researchers.

The exclusion criteria (rejection) in this study consisted of patients who were not willing to provide data and were uncooperative, and had mental health problems. Testing the model proposed in this study uses the Structural Equation Model (SEM) (Gozali et al., 2019). There are six steps in model testing which are as follows:

Step 1: Define the construct

Step 2: Develop and specification of measurement model

Step 3: Design the study to get empirical results

Step 4: Assess the validity of the measurement model

Step 5: Structural model specification

Step 6: Assess the validity of the structural model

The way of collecting data is by using a questionnaire. The questionnaires used in this study were the religious attitude questionnaire and the Clean and Healthy Behavior Questionnaire (PHBS). The religiosity attitude questionnaire was used to determine the respondent's attitude towards religiosity. In this questionnaire used is a questionnaire made by previous researchers with a total of 30 question items with the types of questions Favorable and Unfavorable. Types of questions Favorable the choice of

answer questions if strongly agree the score is 4, if agree the score is 3, if disagree the score is 2, if strongly disagree the score is 1. While the type of questions Unfavorable answer choices if strongly agree the score is 1, if agree the score is 2, if disagree the score is 3, if strongly disagree the score is 4. The measurement value of religiosity is grouped into 2 categories, namely high, if the religiosity score is mean, and low, if the religiosity score is < mean.

The PHBS questionnaire, which is used to determine clean and healthy living behavior (PHBS) in this questionnaire, is a questionnaire made by previous researchers with a total of 45 questions with the types of questions Favorable and Unfavorable. The type of question is Favorable, the answer choice is 4, if it is often done, the score is 3, Sometimes it is done, the score is 2, if it is never done, the score is 1. While the Unfavorable question, the answer choice is if it is always done, the score is 1, if it is often done, the score is 2, Sometimes the score is 3, if never the score is 4. The scores for the results are grouped into 2 categories, namely good, if the PHBS score is the mean, and low, if the PHBS score is < mean.

The results of study have processed the data obtained are grouped based on the independent variables, namely the level of knowledge and attitudes, and the dependent variable, namely the act of living clean and healthy (basuki, 2006)(E. P. Mahadewi et al., 2019). The data were then analyzed to see whether there was a relationship between each dimension with PHBS and religiosity, as well as attitudes with PHBS in the sample. Then from the data obtained, data processing is carried out using the help of the SPSS application. The data and results that have been processed are then presented in the form of percentages, and are described according to their respective effects as follows:

3.2. Theoretical Framework

a. Benefits (usages) with Clean and Healthy Life Behavior

The benefits (usefulness) that are owned and felt by a person usually tend to affect changes in behavior within the individual. Changes in the individual referred to here are changes that are in line with the elements of health caused by several factors. These factors include education taken, personal experience, traditions, and customs. This means that the higher the level of knowledge a person has, the more people will practice Clean and Healthy Behavior (PHBS). Perceived usefulness is defined here as the degree to which a person believes that using a particular healthcare system would enhance his or her performance. Perceived usefulness is the extent to which a person believes that using a system will improve himself or her performance. Twenty-five uses of health information are the benefits expected by users in carrying out the task of dividing the dimensions of perception of benefits or benefits into the following:

1. Usefulness is able to improve individual performance
 2. The usefulness of the system is able to increase the level of individual productivity.
 3. The usefulness of the system is able to increase the effectiveness of individual performance.
 4. The usefulness of the system is useful for individuals (the system is useful) in Health.
- H1: Benefits (usability) affect Clean and Healthy Behavior during the pandemic

b. Trust with Clean and Healthy Life Behavior

Trust by operational definition is the expectation that the trusted consumer will not commit fraud by taking personal advantage in certain situations (Gefen et al., 2003). Trust is the belief that each party is interdependent and needs each other (Kumar et al.,

23 1995). Trust is related to the belief that the trusted party will fulfill its commitments (Gefen et al., 2003). According to Ba and Pavlou (2002) defines trust as an assessment of one's relationship with others who will carry out certain transactions in accordance with expectations in an environment full of uncertainty. The same thing was also stated by McKnight, Kacmar, and Choudry (in Bachmann & Zaheer, 2006), stating that trust is built before certain parties know each other through interactions or transactions. In health behavior, towards a healthy life is the souls and mental health in a person (Ambarriani, 2014)(Jonathan et al., 2020).

H2: Trust affects Clean and Healthy Behavior during the pandemic

c. Risks with Clean and Healthy Life Behavior

The theory of risk was first coined by Baur's theory. Risk in consumer behavior has an influence on consumer attitudes to assess the high and low risk factors in choosing a place, goods or services. According to research of risk in the process of interacting is something that consumers will think about and will influence in decision making, which consists of 6 (six) dimensions of risk factors that become parameters. In health, activities, treatment, and therapy or healing efforts contain risk factors that can inhibit or slow down the risk of recovering or returning to health(Weinman, 2011)(Ambarriani, 2014).

H3: Risks affect Clean and Healthy Lifestyle during the pandemic

d. Religiosity with Clean and Healthy Lifestyle

The term religiosity comes from the English "religion" which means religion, then becomes the adjective "religios" which is operationally defined to mean religious or pious. "Religion" means belief in God, belief in the existence of power above humans. Religiosity is part of a person's personal characteristics which by itself will describe personality as a complete internalization of religious values obtained from the socialization of religious values throughout his life (Ambarriani, 2014)(Anderson GF, 2008). Thus, if a person is religious, his personality and personality should describe the integral building of himself, which will appear in his insight, motivation, way of thinking, attitude, behavior and level of satisfaction in himself which is the result of the organization of his psycho-physical system. The form of community religiosity can be seen from the dimensions of good community religiosity, maintaining health, cleanliness and an orderly life, stated by C.Y Glock and R. Stark in their book, American Piety: The Mature of Religious Commitment, there are five dimensions in religiosity itself (World Health Organization, 2016)(Cavallo & Forman, 2020).

H4: Religiosity affects Clean and Healthy Behavior during the pandemic

The presence of changes in people's behavior during the pandemic in Indonesia, with work from home and demands for new behaviors to maintain health according to health protocols such as healthy hygiene behavior (PHBS) is an interesting phenomenon that can be researched and observed. The high number of COVID-19 sufferers to this day and there is no certainty about the circulation of anti-virus, while on the other hand, the low perception of the benefits, trust, and risks that can be obtained from non-compliance with PHBS is a new problem in the situation leading to a new normal. Health is the main capital for activities, work, worship and other things (Di Gennaro et al., 2020)(Rosman & Apfeld, 2013). The outbreak of this virus has an impact of a nation and Globally (Ningrum et al, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and

Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020).

The existence of religious attitudes and other factors in this study can be a new perspective on people's behavior during the pandemic, and according to religious teachings, especially Islam, to behave in a clean life, it is highly recommended because cleanliness is the basis of health, and cleanliness is seen as part of faith. The application of clean and healthy living behavior (PHBS) in Indonesian society is still a classic problem, this is due to a lack of knowledge about the benefits of healthy living and various factors of common habits carried out by previous generations, such as urinating or defecating inappropriately even in the middle river. In the city, not washing hands and wearing masks with discipline, is a daily occurrence of non-compliance with PHBS that is still common.

Currently, there are still few social marketing studies that measure how the role of religiosity in clean and healthy living behavior to encourage and change health behavior positively is still rarely carried out (Younis et al., 2005). This research is intended to answer problems and research gaps theoretically, methodologically and practically, from the gaps between the weaknesses and strengths of the role of religiosity in health, to the uniqueness of this research to influence and encourage healthy lifestyles (Liu et al., 2009). The theoretical and methodological gaps include conceptualizing the difference between the role of religiosity to achieve optimal healthy behavior change, the implications of which are still debated. The conceptual definition of this is still not conclusive in terms of management, health, as well as economic impact. Another review that needs to be reviewed is the validity of the measurement. Then the novelty targeted in the researcher.

3.3 Methodology

According to our purpose we use and the results of the analysis show that there is a relationship between religious attitudes and clean and healthy living behavior. The results of this study are in line with the theory of Green (1993) in (Quentin et al., 2018), which states that attitude is one of the predispositions for the emergence of behavior that can be proven in this study. This statement is reinforced by Allport's (1954) statement in (Tania & Thabrany, 2017)(World Health Organization, 2016), which states that a person's behavior will be influenced by beliefs or beliefs, emotional life and tendencies to act or behave, all of which are components of a person's own attitude

IV. Results and Discussion

Based on the results of the study, also it was found that the respondent's perception of clean and healthy life was based on the effect of the benefit dimension 89.50%, based on the belief dimension 83.35%, patient perception based on the risk dimension 81.55%, patient perception based on the religiosity dimension 85.22%, and in general 84.90%.

There is a significant relationship between the relationship between the attitude of religiosity with clean and healthy living behavior of the respondents with a p-value (0.035). The results of the analysis of the close relationship obtained the value of OR = 5.320 (95% CI = 1.317-20.589), which means that respondents who have a low religious attitude have 5.32 times the chance of having a clean and healthy life behavior that is less good than respondents who are able to have a religious attitude high.

This study has discussed the measurement of healthy clean healthy living behavior of the community in achieving a clean and healthy life degree by taking advantage of the role

of religiosity which can increase perceptions of usefulness, trust, and minimize the risk of disease in the community on health, as well as promote positive behavior change, thus can collaborate and complement health promotion in social marketing and individual health promotion which are still conventional.

In society, religious views can also influence a person in deciding something such as about one of the factors that influence consumer behavior is a social factor that has an element of religion in it. Religious activities, which are closely related to religiosity, do not only occur when performing rituals of worship but also other activities that are driven by inner strength. Responses, observations, thoughts, feelings and attitudes towards obedience that are colored by a religious sense are called religiosity. Religiosity can be seen from religious activities in daily life which are carried out routinely and consistently. Religion is the most important foundation of culture that influences people's living habits, such as attitudes and values. Religion has an impact on everyday life both on consumption and culturally. Religious commitment and belief affect a person's feelings and attitudes towards his activities. Some consumption behaviors related to religiosity are the prohibition of Muslims from consuming products that contain pork and alcohol, and should choose healthy, halal foods. Religiosity is a dogma that must be practiced for every adherent. The influence of religion on various aspects of human life has been studied by many researchers in the field of social sciences, it turns out that it can still be used with the addition of the new dimensions above to realize clean and healthy living behavior as the basis for sustainable health promotion for health services.

Currently, there are still few social marketing researches that measure how the role of religiosity in clean and healthy living behavior is to encourage and change health behaviors in a positive way. This research proposal is intended to answer problems and research gaps theoretically, methodologically and practically, from the gaps in the weaknesses and strengths of the role of religiosity in health, to the uniqueness of this research to influence and encourage healthy living behavior. The theoretical and methodological gaps include conceptualizing the difference between the role of religiosity to achieve optimal healthy behavior change, the implications of which are still debated. The conceptual definition of this is also still not conclusive in terms of health management, especially health promotion in marketing science which needs to be updated from the point of view of future researchers, especially after the pandemic period (Agustina et al., 2019). Another review that can be reviewed by future researchers The future is about the validity of the measurement.

Religiosity and religion will continue to influence health care at the patient, health care provider and community levels in Indonesia in the future. It is good for the medical community to appreciate this fact and about the role of religion in health care in times of pandemic. At the macro level, a better understanding of patient values and societal behavior change could help increase the impact of faith-based health initiatives and improve future hospital policies and medical legislation for Indonesia. At the individual level, recognizing the role of religion and spirituality in medicine can help healthcare professionals approach their patients with more empathy and trust and strengthen team-based collaboration.

Further studying the impact of religion and religiosity can then help explain why healthcare professionals may feel moral pressure when their values conflict with their patients and how they can adjust to this. The novelty in this research can be achieved through the development of models and validation of measurements of the role of religiosity in the context of healthy consumer behavior during the pandemic with perceptions of benefits, beliefs, and risks that must be faced in readiness for behavior change towards the new normal.

V. Conclusion

The main purpose of this study is getting the answer and achieved this research solution of the problems gap of theoretically, methodologically, and practically. The gap between marketing and health promotion efforts with the aim of increasing understanding and providing support to the community for healthy behavior by utilizing the role of religiosity effectively. Mainly to influence behavior change is still in the government control. A person's behavior can affect the state of one's own health.

Good behavior in maintaining health can improve a person's quality of life for the better. In the future reduce the risk of disease, live longer, and have a more prosperous life. From the research results, the researcher assumes that a person's low religious attitude will have a negative impact on clean and healthy living behavior, as well as a person's high religious attitude will have a good impact on a person's clean and healthy living behavior.

However, this is also inseparable from various other factors such as knowledge, various facilities available, and bad habits of the person himself. Based on the results of the research, theoretical concepts, related research and research assumptions above, the researcher concludes that there is a close relationship between religious attitudes and clean and healthy living behavior inside for healthcare sustainability in Indonesia health services marketing promotion.

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