

# Human Rights-Based Interpretation of the Right to Health for Indonesian War Veterans

## Abstract

**Aims:** The purpose of this study is to look into the scientific literature's shifting position on the right to health and human rights-based approaches to health among Indonesian war veterans.

**Materials & Method:** According to this study, Indonesian veterans uphold a number of the Universal Declaration of Human Rights principles in their constitution and even use them in the medical field. Through the use of qualitative methods and a constructivist theoretical approach, literature studies are conducted by gathering data from books, reports, news articles, and journal articles.

**Results:** According to our analysis, there are notable variations in how human rights frameworks and procedures are implemented for veterans of war in the medical field.

**Findings:** There are compelling reasons to approach health from a human rights standpoint, but as an examination of various human rights guidelines demonstrates, doing so risks undermining the right to health. Undermining the right to health can jeopardize both the right to health and rights-based approaches to health because the right to health has significant and distinct characteristics that other rights do not.

**Conclusion:** The author recommends using a sustainable constructive approach to adopt the principles of the Universal Declaration of Human Rights and advocate for the explicit inclusion of the right to health in a rights-based framework that is interpreted according to both public law and human rights law.

**Keywords:** Human rights, Right to Health, War, Veterans

## Introduction

Human rights also include the health of every person, regardless of age, gender, ethnicity, religion, or nationality, and the right to accessible and acceptable medical services, medicines, and medical equipment. The right to health follows the principle of "progressive realization" [1-3] where the state is not allowed to take regressive steps and is obliged to realize the right to health [4-6].

The progressive realization also means that countries need to regularly monitor how the right to health is being realized and assess whether they have made sufficient progress given the level of resources available [7-9]. Therefore, monitoring health rights requires appropriate indicators based on human rights principles.

It is true, as can be seen by observing and paying attention to the aforementioned provisions, that every disruption, intervention, unfairness, and apathy, in whatever form, leads to unhealthy human bodies and minds, as well as unhealthy natural and social environments, laws and regulations, and unhealthiness. The social management justice they are provided violates both their human and legal rights [10-14].

The right to health does not imply that everyone must be healthy or that the government must provide ostentatious medical facilities beyond its means. There are, however, increasing pressures on the government and public authorities to develop policies and work plans that would result in the availability and affordability of healthcare facilities for everyone in the shortest amount of time [15-17].

The right to health as a right of every person is stated in Article 12 paragraph (1) of the International Covenant but does not include health services. However, the history of the drafting and grammatical interpretation of Article 12 paragraph (2), which stipulates that the measures to be taken by states parties to the present Covenant to fully realize this right, must include the following: measures to reduce stillbirth and child death while promoting the healthy development of children, improving occupational and environmental health aspects, including all infectious diseases with prevention, management, and control [18-20].

Human Rights and Health have a mutual influence. In Figure 1, violations of the right to health are also violations of human rights.

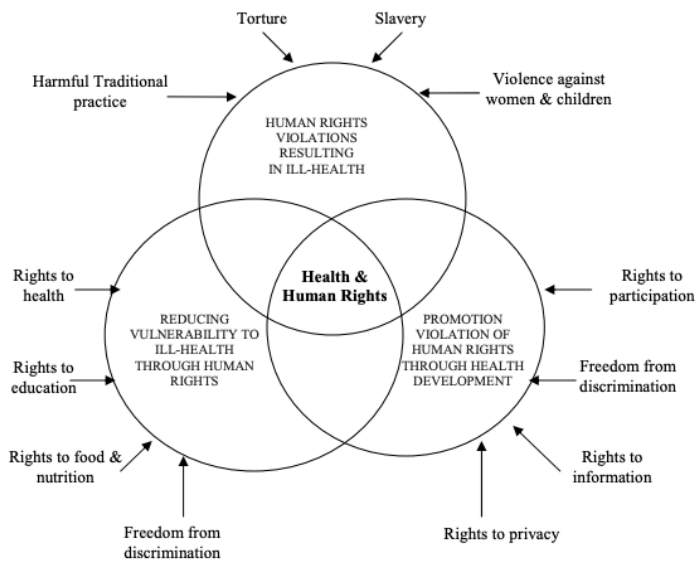


Figure 1. Human rights violations frequently hurt health, and violations of the right to health are also violations of human rights.

The government experiences failure if it does not fulfill its obligations to human rights and health, as can be seen in the bottom right circle. Meanwhile, the upper class is closely related to the right to health which is violated by violent practices that also violate civil and political rights. The relationship between human rights and health that occurs due to vulnerable social conditions is depicted in the bottom left circle [21, 22].

In the meantime, several aspects of the relationship between the State and Individuals cannot be addressed solely. In particular, the State is unable to ensure good health or offer protection from all potential causes of disease in humans. In the meantime, several aspects of the relationship between the State and Individuals cannot be addressed solely. The State, in particular, cannot guarantee good health or protection against all potential causes of human disease. Individual risk factors for disease, as well as the adoption of risky or

unhealthy lifestyles, all have a significant impact on an individual's health. As a result, it is critical to understand that the Right to Health includes the right to receive various facilities, services, and conditions that are necessary for attaining reasonable and sufficient health standards [23–27].

Human rights including the right to health have been widely recognized. However, to our knowledge, no research has been conducted on the extent to which veterans understand their right to health. We conducted a comprehensive survey to determine how well veterans understand and apply the principles underlying the right to health. Since the introduction of the Normative Principles, we have documented efforts to assess the implementation of the right to health. The purpose of this study is to identify efforts in the public health literature to evaluate the implementation of war veterans' human rights to health.

### **Materials and Method**

PRISMA guidelines for Grant and Booth typology of reviews as systematic reviews and “scoping reviews” [8, 28, 29].

A database containing the keywords “right to health” and “human rights-based approaches to health” was used to identify systematic reviews, texts, and journal editorials regarding the right to health or human rights-based approaches in war veterans' health literature from Global Health, Embase, Medline, Pubmed, and Open Grey.

Secondary data sources and library research methods were used in this study, with a focus on the government, non-governmental organizations, civil society, and intergovernmental organizations involved in human rights enforcement. From a research standpoint, the author selected this method because there is a lot of corroborating secondary sources. As a result, the author can use each government's websites and reports to learn about its initiatives to uphold and defend human rights under the principles of the Universal Declaration of Human Rights. In the meantime, the authors were able to locate comments from state commissions from outside actors, as well as journals, articles, newspapers, reports, and INGO websites.

### **Findings**

The database search produced 6250 studies by checking the full text and then filtering the titles and abstracts resulting in 78 studies, then included in the analysis and obtained 43 studies with the majority of research references being general in nature [30–32], namely the right to health included in the health and human system; update of scientific indicators for the right to health; and the right to health assessments that use innovative methods. These studies are mainly applied in the fields of maternal and reproductive and child health, tuberculosis, and HIV (3) in war veterans [33–35].

Fifty-nine percent of studies examined human rights to health practices or how to measure them. Thirty-eight percent of the studies established new frameworks for assessing the implementation of the human right to health, applying new indicators to evaluate and assess whether policies and programs fall under the human right to health. Likewise, three percent of studies used health indicators in implementing the human right to health by referring to cases based on laws, policies, and programs [36–38].

Among the 47 international instruments, there are the Convention on Human Rights, the Convention on the Elimination of All Forms of Discrimination, and the Convention on the Rights of the Child, but they are not legally binding because the Universal Declaration of Human Rights has a significant impact on the right to health [39–41].

Seventeen studies referred to the UN's general understanding of human rights, but none were found on how the right to health is assessed. We used a bibliographic search to find

studies from interdisciplinary health and human rights journals. These studies help differentiate how the right to health is discussed and evaluated in the public health and human rights literature.

### **Discussion**

The purpose of this study is to identify efforts in the public health literature to evaluate the implementation of war veterans' human rights to health. Our review included the following 78 studies: Veterans' right to health was not adequately addressed in public health research. Physical availability, access to medicines and health services, and measures of disaggregated health outcomes are often the focus of research. Human rights policy does not address the right to health, despite some public health research indicating a link between health outcomes and human rights. In the field of public health, the sources of the right to health are well known.

### **Main Issues of the Right to Health**

Health is a subjective concept that encompasses a wide range of factors such as socioeconomic, cultural, and geographic context. As a result, defining what is covered by the right to health is difficult. As a result, experts, activists, and UN agencies are attempting to provide information about the essential elements of the right to health. The following components make up core content: they are a set of requirements that the state must always meet, regardless of resource availability: 1) Health care includes immunization, appropriate treatment for common illnesses and accidents, and the distribution of basic medicines. Health care for mothers and children, including family planning. 2) Basic prerequisites for health include: promoting the provision of appropriate food and nutrition; providing clean water and basic sanitation; and educating people about health issues and how to prevent and control them. When examining the relationship between health and human rights, the aforementioned elements cannot be fully classified. This means that the right to health does not necessitate the addition of health-related elements that are already covered by other human rights [13-15, 17, 22].

Meanwhile, General Comment No. 14 of the International Covenant refers to Article 12 paragraph (2) discussing the right to a standard of health and provides general and specific examples of various actions that result from that definition. Article 12 paragraph (1) defines the right to health broadly by characterizing the contents of this right, in particular: 1) Reducing the mortality rate of infants and children under the age of five; sexual and reproductive health services; reproductive health access and resources; access to family planning; and emergency services in the field of obstetrics. 2) The right to a safe and healthy working environment: clean drinking water, preventive measures against occupational diseases and accidents; and basic sanitation that prevents harmful substances such as radiation, chemicals, and environmental hazards. industrial sanitation Ensure adequate food and nutritional supplies, a clean and sanitary work environment, adequate and safe housing, and prevent the use of alcohol, tobacco, drugs, and other harmful substances. 3) The right to prevent, control, and investigate diseases, including occupational diseases and endemic and epidemic diseases; development of prevention initiatives and behavioral education related to health, sexual and reproductive health including efforts to address HIV/AIDS, STDs, and improving social determinants of health, such as gender equality, education, economic growth, a safe environment, and assistance from natural disasters. 4) The right to goods, services, and facilities for health: ensuring the provision of medical services that encompass preventive, curative, promotive, and rehabilitative measures for the body and mind; supply

of necessary medications; appropriate psychiatric medicine or care; Increasing community participation in health initiatives such as insurance programs, health sector organizations, and, in particular, national and international political decision-making.

5) The following are some specific topics and broader applications: gender perspective, elder care, people with disabilities, children and adolescents' health, non-discrimination and equal treatment, and indigenous communities.

As a result, the World Health Organization (WHO) has developed health indicators to assess development implementation and health-related rights fulfillment. This commitment is also binding on Indonesia, which has put in place 50 health indicators that must be met <sup>[42]</sup>.

### **Human rights-based approaches**

To ensure human rights regarding the right to health, the state fulfills its obligations guided by the following principles: 1) the state is obliged to provide various health services to the entire population. 2) the state must provide health facilities, goods, and services within its jurisdiction for all people without discrimination, physical access, economic access, and information access to seek, receive, and/or disseminate information and ideas regarding health issues. 3) Medical ethics is used in all health facilities, goods, and services and is culturally appropriate. 4) a scientific and medical viewpoint is used in all health products, facilities, and services, and is culturally acceptable, to protect the confidentiality of health status information where this includes, among other things, medically trained personnel, legally approved medications unexpired scientific and hospital equipment while improving the health of those in need.

Meanwhile, the three types of state obligations to protect the right to health are as follows:

1) The state's primary concern within this framework is "what will not be done" or "what will be avoided" in terms of policies or actions. States must exercise restraint and refrain from taking any actions that could be harmful to public health. Examples of such actions include: not enacting laws that restrict access to healthcare services; not discriminating; not concealing or distorting vital health information; refusing to accept international agreements without first weighing the potential effects on the right to health; and not distributing dangerous medications. 2) The primary duty of the state is to enact laws or take other measures that ensure equitable access to health services from outside providers. To safeguard employees, society, and the environment, laws, standards, regulations, and guidelines should be created. Control and regulate traditional healing methods that are known to be harmful to health, as well as the marketing and distribution of substances that are harmful to health, such as alcohol, tobacco, and others. 3) The government's responsibilities in this situation include providing health facilities and services, adequate food, health-related information and education, services for pre-existing conditions, and social factors that affect health such as gender equality, equal access to employment, and children's rights. Identity, education, a lack of exploitation or violence, and sexual offenses that harm health are all important considerations.

States must take human rights steps in fulfilling the right to health, to gradually achieve the full realization of the right to health for war veterans, as mandated by Article 2 paragraph (1) of the International Covenant <sup>[43, 44]</sup>.

The right to health is an inseparable part of one of the fundamental human rights and is a basic need that cannot be compromised under any circumstances. Therefore, the state should, regardless of religion, ethnicity, economic situation, social situation, and political background, be able to fulfill the right to health as one of the basic rights of every individual

that must be respected. The right to health is included in the family of economic, social, and cultural rights, but intersects with civil and political rights. Health as a human right is a broad subject. Various expert opinions support the link. Human rights and health are interconnected approaches that complement the concept of human well-being. The right to health, in all its forms and at all levels, contains important and interconnected elements. The appropriate application will be greatly influenced by local conditions [45-47].

A country must provide health programs, facilities, goods, services, and services in sufficient quantities to the community. Different levels of development in a country are an indicator of the fulfillment of service and goods facilities. However, including certain factors such as hospitals, adequate drinking water, available sanitation, and other health-related structures makes it health-related. As is in line with the statement by the World Health Organization (WHO), professional and experienced medical personnel with good treatment and competitive salaries [48-50].

Health facilities, goods and services must be available to everyone, especially marginalized or underserved groups, without discrimination, and safe for marginalized or underserved groups. The environment must be accessible to vulnerable groups, especially ethnic groups. Minority groups, remote groups, women, children, people with disabilities and people living with HIV/AIDS. Accessibility also means having physical access to health services and determinants of health, such as safe drinking water and adequate sanitation, even in remote areas [51, 52].

Accessibility also includes access to buildings for people with disabilities. Health facilities, goods and services must be affordable for everyone. Payment for health services and services related to the determinants of health is based on the principle of equity, ensuring that these services are affordable for everyone, including disadvantaged groups in society, both in the private and government sectors. To achieve equality, poor people do not bear the burden of health service costs that are disproportionate to rich people. Access includes the right to seek, receive and disseminate information and ideas about health issues (53,54). However, access to information is as important as the right to confidentiality of health data. All health facilities, products, and services must be acceptable based on medical ethics and culturally sensitive, including respect for the culture of individuals, minorities, groups, and communities, as well as considering gender and the life cycle. This supplement also aims to improve the health of those in need while maintaining the confidentiality of their health condition [55-58].

Healthcare facilities, products and services must not only be culturally acceptable, but also medically sound and of high quality. This requires competent staff, medical supplies and hospital equipment with scientifically approved expiry dates, safe and potable drinking water, and adequate sanitation. Along with food, clothing, and shelter, health is a basic human need. Human life is meaningless without a healthy life because sick people cannot carry out daily activities well. Aside from that, sick people (patients) who are unable to cure their disease on their own have no choice but to seek assistance from health workers who can cure their disease, and these health workers will carry out what is known as health efforts by providing health services.

A good health index for its citizens is one of the most important elements of a country's development; as a result, every country must have a system for regulating the implementation of the health sector so that the goal of making society healthy is achieved.

This regulatory system is outlined in the form of statutory regulations, which can later be used as legal guidelines in providing citizens with health care services<sup>[59-62]</sup>.

As a result, understanding health law is critical not only for health professionals and the general public as healthcare consumers but also for academics and legal practitioners. Understanding medical law is very important so that health workers can provide medical services based on established procedures and use knowledge of medical law to correct medical errors that occur in medical practice. The terms health law and medical law are often used interchangeably. This is because health law courses at various law faculties in Indonesia usually only cover issues directly related to the world of medicine and discuss medical law or medical law.

The Health Law is currently divided into two parts, namely the Public Health Law and the Medical Law. All cover medical services, although public health laws prioritize public health services or hospital medical services, and medicine laws prioritize or regulate medical services for individuals or just one person<sup>[63-67]</sup>.

Health care laws, including *lexspecialis* laws, specifically protect the obligations of health care professionals and the obligations of health care recipients in human health service programs designed to achieve the goals of the Health for All Declaration. This health law regulates the rights and obligations of all service providers and recipients, both individuals (patients) and community groups. Health law does not only exist in one form of regulation, but also in various regulations and laws. Some relate to the fields of criminal, civil and administrative law, while others relate to the application, interpretation and evaluation of problems in the health and medical fields<sup>[68-70]</sup>.

Following the goals of the law itself, the law serves an important function in protecting and maintaining order and peace in society. According to legal principles, the function of law is to ensure that health development provides the greatest benefit to humanity and life to both providers and recipients of health services. With adequate funding, health administration must be able to provide fair and equitable services to all levels of society<sup>[71-74]</sup>.

In general, the function of this law is to protect the legal aspects of every person or party in various areas of life. In other words, we want to provide legal protection if legal issues arise in social life. The function of law is summed up as protecting and maintaining order and tranquillity. A law dealing with medical/health problems is required for its function as a social engineering tool (controlling whether the law has been followed in accordance with its objectives). Because this legal function applies generally, it also applies to health and medical law. From a human rights perspective, the right to health is often classified as a second and third generation human right. Regarding individual health, the right to health is part of economic, social and cultural rights. When it comes to public health, it is included in the right to development. Collective rights based on solidarity, brotherhood and solidarity between people are included in the category of third generation human rights. These human rights include the right to development, the right to peace, and the right to a healthy and balanced living environment<sup>[75-78]</sup>.

Understanding the three types of human rights must not be fragmented, as this will result in quality stratification. Despite the fact that the intention is only to facilitate identification. Human rights treatment must be both universal and independent, as well as interdependent. Since health is recognized as a human right, its application can take on a variety of meanings. This is inextricably linked to the concept of health. According to Health Law Number 23 of 1992, health is a state of physical, mental, and social well-being that allows every person to

live a socially and economically productive life. This broad understanding has an impact on the perception of health as a human right [79-81].

Article 4 of the Law emphasizes that everyone has the same right to optimal health, while Article 28H of the 1945 Constitution confirms everyone's right to health care. The sentences obtaining a health degree and obtaining health services clearly have different meanings. There is a perception that obtaining a degree of health has a broader meaning than "obtaining health services," because obtaining health services is part of the right to obtain a degree of health under this law. However, it cannot be said hastily that the constitution's protection of human rights in the health sector is narrower than that regulated by Law Number 23 of 1992.

Human rights in the health sector are referred to using various terms in the health literature, such as the human right to health, the right to health, or the right to obtain optimal health. The law is concerned with the meaning of terms rather than the terms themselves. Furthermore, since the 1945 Constitution established constitutional guarantees for the right to health, correctly recognizing this right has become critical for the law. Human rights, in accordance with their dynamic development, tend to give birth to new rights or give rise to new meanings. The right to health was initially limited to medical services, but was later expanded to include various aspects of individual, community and environmental health [82-84].

The right to health as a human right is a genre that is a collection of certain rights. In general, the welfare state is an ideal development model that focuses on increasing welfare by giving the state a greater role in providing universal and comprehensive social services to its citizens. Because the state is the highest organization of several groups of people who live together in a certain area and want to have a sovereign government and prosperity refers to the happiness of society and individuals. Social happiness refers to an individual's overall happiness as a member of society. Welfare in this case refers to the welfare of society. Personal happiness is happiness that concerns the soul. An individual is the result of factors such as income, wealth, and other economic factors [85, 86].

The welfare state aims to free citizens from dependence on market mechanisms (decommodification) by making welfare a right for all citizens and to achieve this through state social policy instruments. According to the evolution of international human rights law, fulfilling the need for the right to health is the responsibility of each country's government. As a result, as explained in articles 14 to 20 of Law 36 of 2009 concerning Health, each country's government is obligated to provide the right to health to its people. Because health is an indicator of a nation's level of human welfare, it becomes a national development priority. The availability of medicines as part of public health services is a critical component of health. This is due to the fact that drugs are used to save lives and restore or maintain health.

Medicine is an important component of health services because it is required in the majority of health efforts. People are increasingly demanding high-quality and professional health services, including drug services, as public awareness and health knowledge have grown. As a result, health is the foundation for determining humanity's level. When a person lacks health, he or she becomes conditionally unequal. Without health, a person cannot exercise his other rights. Unhealthy people, by definition, have limited rights to life, cannot obtain and do decent work, do not have the right to organize, collect and express opinions, and cannot



continue to carry out their functions. In other words, it is impossible for humans to enjoy life to the fullest.

Internationally, the importance of health as a human right and a necessary condition for the fulfillment of other rights has been recognized. The right to health includes the right to live and work in a healthy environment, the right to health care, and special consideration for the health of mothers and children. According to Article 25 of the Universal Declaration of Human Rights, everyone has the right to a standard of living consistent with the health and welfare of himself and his family, including the right to food, clothing and shelter, the health and welfare of his family; health care and the right to feel safe when unemployed.

The principle of democracy which states that the government has the responsibility to protect the rights of its citizens is the main basis for the government's obligation to protect human rights.

Furthermore, the concept of the welfare state as a modern state concept led to the expansion of state autonomy. This power has the sole aim of promoting and achieving the realization of human rights. The state no longer only has to ensure that individual rights are not violated, but also has to try to enforce those rights. The state must also fulfill the right to health. The government's obligation to protect the right to health as a human right is based on international law in Article 2, Part 1 of the Convention and Article 28I, Part 4 of the 1945 Constitution, and the state, especially the government, has an obligation to protect human rights.

The right to health and the responsibility to promote, protect and activate it. Article 8 of the Human Rights Law emphasizes the government's obligations. Article 7 of the Health Law states that the government has the responsibility to implement health service initiatives that are fair and affordable for the community. According to Article 9 of the Health Law, the government is responsible for improving public health. Efforts to protect the right to health can take various forms, including prevention and treatment. Efforts to prevent this include creating a healthy environment, ensuring the availability of food and employment opportunities, as well as ensuring good housing and a healthy environment. Meanwhile, healing efforts are carried out through providing optimal medical services.

Health services include social health protection, adequate health facilities, qualified health workers, and affordable public service financing. The steps to be taken to achieve the highest level of physical and mental health are set out in Article 12 of the Convention. Provisions to reduce stillbirths and promote the healthy development of children include: Environmental and occupational health, all aspects of prevention, treatment and control of all infectious diseases, occupational diseases and other endemic diseases.

The Health Law does not regulate various government initiatives to achieve optimal health. In general, Article 10 of the Health Law regulates that health maintenance, health promotion (promotion), disease prevention (prevention), disease treatment (treatment), and health restoration (rehabilitation) approaches must be used to achieve health goals. The optimal level of health for society must be implemented in a comprehensive, integrated and sustainable manner.

Health Issues and Future Challenges As the government's health implementer, the Department of Health has launched a Healthy Indonesia campaign. It is hoped that ideal health conditions will be attained. According to Ministry of Health data, several improvements have been made in the health sector recently. Life expectancy had risen to 66

years in 2000, up from 46 years in the 1960s. The birth rate per 1000 live birth babies decreased to 45 babies who died, down from 55 babies in 1995.

In terms of health care, almost every sub-district had a community health center in 2000. It has been assigned approximately 20,000 doctors and 5,000 dentists. The number of midwives in villages has increased to 54,956 people, and 20,000 Polindes have been built with community help. Various other advancements have also been made to realize and fulfill the public's right to health as part of human rights fulfillment.

However, in addition to various accomplishments, we are also confronted with numerous challenges. The main challenge is the Indonesian people's condition, which is still in crisis, making it difficult to obtain good health services. Poverty is the number one enemy of health. This condition is exacerbated by the health trend as an industry that frequently overlooks the aspect of health as a humanitarian service. Health is an expensive commodity. Furthermore, it appears that policymakers are not yet committed to their responsibilities in terms of health. This is demonstrated by the low level of funding allocated to the health sector, both in terms of facilities and infrastructure, as well as social security for health services.

People currently have to pay a high price for good health care. Low-income people frequently do not have access to adequate health care. Several incidents demonstrate that a hospital's profit orientation can take precedence over humanity. Even in critical condition, a patient must sometimes complete various financial requirements and bureaucracy before receiving services, and the patient may die as a result.

Health services can be provided by both the private and public sectors. Private services are generally of higher quality, but they are more expensive and, in some cases, unaffordable. Meanwhile, government services are less expensive, but of lower quality. However, the principle that must be followed is that health care must remain oriented toward humanitarian services, which the government must provide. When a crisis or shortage occurs, policy makers are always faced with confusion.

However, if health is recognized as the most important foundation for the realization of human dignity and the survival of generations, then concrete policies and steps must be taken to realize the right to health as a human right. The right to health is a human right recognized by international human rights law. The International Covenant on Economic, Social, and Cultural Rights is widely recognized as the most important instrument for protecting the right to health [87-92]. This Convention establishes the highest standards of physical and mental health attainable by all people and recognizes the right to enjoy these rights. It's worth noting that Covenant places equal emphasis on mental and physical health, which is often overlooked. Aside from that, human rights are rights that are naturally and naturally attached to living creatures called humans solely because they are humans, not other creatures. This right is inherent in a human being once it is truly present. These human rights are inextricably linked to human dignity. Humans cannot live in dignity and worth without these fundamental rights. Individuals and society benefit from fulfillment and respect for human rights.

### **Limitations**

This study was also restricted to information gathered from veterans of war. Direct data or information from veterans of war will be extremely beneficial to education. The study questionnaire asks about Indonesian war veterans' understanding of the UDHR ideals and how applying them can lead to more practical outcomes and efficient solutions. It is hoped

that studies such as these will provide answers to queries about human rights in the medical field.

### **Conclusion**

The gradual realization of universal access to high-quality and affordable health facilities in the shortest possible time is an indication that the right to health is being realized. The principles of availability, affordability, acceptability, and quality must be followed in implementing the right to health. To ensure the realization of the right to health, the state must be responsible and involve all relevant stakeholders, including the general public and non-governmental organizations. These organizations must be able to increase awareness and carry out consistent monitoring and evaluation.

**Acknowledgments:** Thanks to all the veterans who participated in this research.

**Ethical Permissions:** The Research Ethics Committee of Universitas PGRI Semarang has approved all stages of the research. All research procedures were followed following the Helsinki Declaration.

**Conflicts of Interests:** There are no competing interests.

**Authors' Contribution:** Maryanto (First Author), Introduction Writer/Main Researcher (70%); Nur Azis Rohmansyah (Second Author), Methodologist, Assistant Researcher/Discussion Writer (30%).

**Funding/Support:** There is no content

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