

## Community Legal Protection in Obtaining Comprehensive and Quality Health Information and Education

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### Abstract

Based on the 7th article Law of the Republic of Indonesia Number 36/2009 on Health, everyone has the right to receive balanced and responsible health information and education. Even so, there are problems that still occur in the community such as unequal access to health information and unequal valid health education, especially in rural and coastal areas. This research aims to describe the government's responsibility and the solutions that can be done in fulfilling the right to access health information. This research was normative research with a statutory and comparative approach using primary, secondary, and tertiary legal materials. The Indonesian government has a responsibility to fulfill the health information and education right based on the 17<sup>th</sup> article of Law of the Republic of Indonesia Number 36/2009 on Health. Several strategies can be done such as sector collaboration, building information system support facilities, provision of valid health portals, and allocation of budgeting related to health information and education.

**Keywords:** health information and education; government responsibility; right to access health information and education

### Introduction

Coronavirus Disease-19 (COVID-19) is an infectious disease that was first discovered in Wuhan in 2019 and has infected various parts of the world including Indonesia (WHO, 2020). As of June 15, 2021, the number of COVID-19 cases in Indonesia reached 1,937,652 cases with 53,476 deaths (Committee for Handling COVID-19 and National Economic Recovery, 2021). Various strategies have been implemented by the government to reduce the spread of Covid-19 cases, such as education regarding

the implementation of health protocols, increasing 3T (Test, Trace, and Treatment) efforts, and also implementing vaccination policies (Ministry of National Development Planning of the Republic of Indonesia, 2021). Nevertheless, there are still obstacles to its implementation, especially related to the lack of knowledge and public awareness due to the lack of information and education obtained (Subarmiati et al., 2012). The existence of social media is also one of the factors in disseminating information that cannot be justified. This has led to the emergence of the term "infodemic", which is an abundance

of information about the pandemic on social media networks (WHO, 2020). The non-selective use of social media also leads to public exposure to misinformation and hoax information. As of October 18, 2020, the Ministry of Communication and Information has found 1197 hoaxes related to COVID-19 in Indonesia circulating on social media (Putri, 2020). The amount of false and imbalanced information with the circulation of true and clear information in the community may lead to excessive panic or a false sense of security which reduces public discipline and awareness of the spread of COVID-19 (Fillaili, 2020).

According to Article 17 of Law Number 36 of 2009 concerning Health, everyone has the right to receive balanced and responsible health information and education. In the principle of the Right to Health, the community has the right to have affordable information, both information about health, health services, patient rights, and obligations, as well as other matters related to the right to health. The public also has the right to seek, receive and share any information related to health. However, until now problems are still found in some remote areas, rural areas, and coastal areas in Indonesia. These areas still have very minimal access to health information and uneven health education, causing people in these areas to have low health literacy.

Adequate, comprehensive, and valid health information is needed so that a person can have good health literacy. The level of literacy affects a person's attitude in determining the response to the pandemic. People with good literacy tend to be better able to respond to pandemics, able to detect symptoms independently, and fluently in communicating with the medical team, so they are always ready to protect themselves. Referring to the WHO report in Health Literacy: The Solid Fact's book (2013), literacy level is the main determinant of a person's health status than income,

employment status, education level, race, or ethnicity (Ilona et al., 2013).

Low literacy has the potential to increase risky behavior and worsen health and increase high mortality rates. Health literacy will also affect making conclusions, determining decisions and actions, and influencing a person's mental model (Prasanti, 2018).

Based on a survey on receipt of COVID-19 vaccines in Indonesia conducted by the Ministry of Health, World Health Organization (WHO), and UNICEF, the information obtained by respondents regarding the COVID-19 vaccination will affect the respondent's decision to refuse or accept vaccination (Ministry of Health of the Republic of Indonesia, 2020). The existence of hoaxes circulating on social media and abundant information will certainly make it more difficult for someone to determine correct and reliable health information (Juditha, 2018).

Based on the above background, the formulation of the problem proposed in this research. First, what is the responsibility of the state in fulfilling the people's right to health information and education? Second, what are the regulations regarding the fulfillment of health information and education in other countries? Third, what strategies can be taken by the state in fulfilling the right to comprehensive and quality health information and education in Indonesia?

## **Methods**

This research was normative research with a statutory approach and comparative approach using primary, secondary, and tertiary legal materials. The statutory approach was carried out by reviewing all laws and regulations related to the legal issues being handled. While the comparative approach was an approach that was carried out by comparing legal regulations or court decisions in a country with legal regulations in other countries (can

be one or more countries), it must have the same thing. Primary legal materials came from laws and regulations including Law of the Republic of Indonesia Number 36/2009 concerning Health, Law of the Republic of Indonesia Number 14/2008 on Openness of Public Information, Government Regulation Number 46/2014 on Health Information Systems, Regulation of the Minister of Health Number 46/2017 on National E-Health Strategy. Secondary legal materials were obtained from legal articles and journals related to the right to access and health information, as well as tertiary legal materials from articles and journals related to health information. The data were analyzed and presented narratively based on the legal protection theory of Hadjon that was stated the protection of dignity and worth as well as the recognition of human rights possessed by legal subjects based on legal provisions from arbitrariness (Philipus, 1987).

## Results and Discussion

### *Community Legal Protection Related to Health Information in Indonesia*

Legal protection is the protection of dignity and worth as well as the recognition of human rights owned by legal subjects based on legal provisions. Furthermore, Hadjon classifies two forms of legal protection for the people based on the means, namely preventive and repressive protection (Philipus, 1987). Preventive protection is protection provided by the government to prevent before the infringement occurs. This is contained in the legislation to prevent a violation as well as give signs or limitations in doing something. Repressive legal protection is the final protection in the form of sanctions such as fines, imprisonment, and additional penalties given when there is a dispute or a violation has been committed. Simanjuntak formulated four elements of legal protection consisting of protection from the government

for its citizens, guarantees of legal certainty, and related to the rights of its citizens. as well as the existence of sanctions for those who violate it (Andi & Simanjuntak, 2016).

The availability of access to information and education in the health sector is the responsibility of the government as stated in Article 7 of Law of the Republic of Indonesia Number 36/2009 on Health: *“The government is responsible for the availability of access to information, education, and health service facilities to improve and maintain the degree of public health at the highest level.”* Comprehensive health information for the community must be fulfilled by the government, as well as education and information on reproductive health as stated in Article 72 point (d), education and information on adolescent health as stated in Article 137 paragraph (1), and Article 146 of the Law. Number 36 of 2009 concerning education and information on mental health.

Nevertheless, some people still find difficulties in obtaining reliable health information. According to Roos' research (2020), coastal communities have difficult access to health information, where health information is only limited to printed forms, such as leaflets or brochures that are distributed during outreach activities, people still cannot access social media or the internet so that the dissemination of health information is minimal.

In coastal areas, socialization and health education activities are also not comprehensive or only tend to target certain targets (mothers or village officials). Similar results are also found in Taufik's research (2015) where the limited health facilities in coastal areas make the information obtained by the public about health very low compared to urban communities (Taufik & Trixie, 2015). Village communities are also less able to select health information that is not necessarily true or hoax issues related to health. This is because the reach of technology and health services in rural areas

is still very minimal and classified as very far away.

Adequate, valid, and comprehensive health information and education are needed to realize effective and efficient health efforts as stated in Article 168 paragraph (1) of Law Number 36 of 2009 concerning Health. As is the case during this pandemic, valid information is very important because there is a lot of hoax information related to COVID-19 on social media, one of which is related to COVID-19 vaccination.

As for the hoax news related to the Covid-19 vaccination, among others, the Sinovac vaccine is considered to contain borax and formalin and contains Vero cells originating from African green monkeys and has not been tested for halal. In fact, the Sinovac vaccine is produced without using preservatives (borax, formalin or mercury) and is processed using an inactivated method to kill the COVID-19 virus. Meanwhile, Vero cells were used as a viral culture medium used for the virus propagation process (Anindita, 2021).

The impact or side effect of the COVID-19 vaccination is also not spared from the brunt of hoax news which states that the COVID-19 vaccine can enlarge male genitalia, can cause permanent changes in human DNA, and infertility in women, and also cause death. This was then denied by the Food and Drug Administration (BPOM) and the Alliance for Science Cornell University, which stated that the information was false (Fundrika, 2020).

In addition to hoaxes, the emerging infodemic phenomenon has also resulted in panic buying among communities, which then leads to the excessive buying behavior of basic needs, masks, and so on. Another impact of the infodemic is related to stigmatizing attitudes toward COVID-19 sufferers and even the rejection of the bodies of COVID-19 positive patients. This again emphasizes the importance of adequate, health literacy in the current COVID-19 pandemic conditions.

The rights of the community regarding adequate, valid, and comprehensive health information and education are also stated in Article 169 of Law Number 36 of 2009 which states that "*The government provides convenience for the public to gain access to health information to improve public health status*". In this case, transparency or disclosure of health information is a public right that must be fulfilled by the government. Transparency in question is the freedom of information flow, where the information received by the public must be precise, correct, and accurate as well as guaranteed access to information related to the administration of government in all fields including health (Wibawa, 2020).

Article 2 of the Law on Public Information Disclosure states that all public information must be accessible to the public. The government is obliged to immediately inform the entire community regarding the potential for transmission of a disease or pandemic such as COVID-19.

In article 10 paragraph (1) and paragraph (2) of the Law on Public Information Disclosure, it is also stated that in disseminating health information related to life-threatening matters such as the COVID-19 pandemic, it must be conveyed in an easily accessible way and in a language that is easily understood by the public. Transparency of information that must be announced and provided by the government during this pandemic can be in the form of information on the increase in the number of patients who have tested positive for COVID-19 and patients who have recovered and died, information on procedures for preventing the spread of the coronavirus and information on mitigation efforts that have been implemented taken such as government policies and so on (Tobing, 2020).

In addition to information, education related to the practice of preventing the transmission of COVID-19 must also be carried out thoroughly and affordable by

various groups of people. This ease of access to health information and education will improve public health literacy and have an impact on increasing public health status.

Indonesia has implemented repressive protection. Sanctions for the spread of hoaxes have been set in Indonesia as stated in Article 45A paragraph (1) of the Electronic Information and Transaction Law which reads: "Everyone who deliberately spreads false and misleading news that results in consumer losses in electronic transactions will be subject to a maximum imprisonment of six years and/or a maximum fine of IDR 1 billion. But unfortunately, protection in the form of prevention is still very limited. Therefore, once the hoaxes about health have been spread, it will be difficult to control.

#### *Fulfillment of the Public's Right to Health Information and Education in Other Countries*

##### a. In the United Kingdom (UK)

The National Health Service (NHS) is a public health service program in the United Kingdom that is comprehensive, universal, and free every time (NHS, 2015a). The NHS is also responsible for access to information and health for the British public, including in terms of preventive, promotive, curative, health financing, as well as information that is useful for improving public health literacy (NHS, 2015b). Public Health England and the Institute of Health Equity (2015), stated that 61% of the working-age population in the UK find it difficult to understand health information. Then NHS England has collaborated with Health Education England, NHS England, and Public Health England to support increased health literacy in the UK (NHS, 2017)

In addition, there is also a national evidence-based health literacy resource called Skilled for Health, and accessible to the public for free. The UK government also has a Health Literacy Awareness Training

program for health workers to be able to convey and disseminate health information to patients or the public properly and clearly.

Another program established by the UK government is the Sustainability and Transformation Program (STP) as an effort to support the public in obtaining broad and comprehensive health information and education. Every health facility in the UK is also required to have a tool or information sign service, which everyone can access, including people with disabilities (NHS, 2007).

Public Health England, NHS England, and the Community Health and Learning Foundation have also developed health literacy tools for health care staff and nurses. It aims to make health information much more accessible and easier to spread widely. With these tools, health staff is expected to have the confidence to communicate with patients and the public so that they can provide the right information and make it easy for the public to understand the health information.

In the program developed by the National Health Service (NHS) related to access to health information for the public, various web pages have been provided that can be accessed and conducted free questions and answers or counseling. This page provides information on every aspect of health, whether related to existing health facilities, existing health resources, child health, vaccinations, mental health, disease prevention efforts, healthy living efforts, pregnancy health, treatment, health financing, and so on ( Indonesian Student Association, 2017).

The UK government also protects access to personal data, which is regulated by the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act, and the Human Rights Act. This regulation also emphasizes that easy access to health information, ensuring the correctness of the information, and increasing good health literacy are the government's obligations as

well as the rights of the community (NHS, 2007).

Another form of seriousness that the British government is taking in ensuring valid health information for the public is by establishing a special unit to deal with online misinformation regarding the COVID-19 pandemic. This unit falls under the Cabinet Office and works closely with the Departments of Digital, Culture, Media, and Sport in dealing with everything from virus misinformation to criminal fraudsters running phishing scams (NHS, 2007). The UK government is also supporting NewsGuard and the National Center for Cybersecurity (NCSC) which launched the Coronavirus Misinformation Tracking Centre. This application will later assess the credibility of the information circulating so that the information can be proven true (Emma, 2020).

#### b. In the Netherlands

Health is a shared responsibility between the central government, local governments (municipalities), and the private sector in the Netherlands. This is regulated in The Public Health Act 2008, the Collective Public Health Prevention Act (1989), and the Gemeentelijke Geneeskundig Dienst (GGD) policy (Maarse et al, 2018). This regulation is used as a foundation in the development of health services, one of which is to bring health information closer to the public. The Dutch Healthcare Authority also protects the interests of citizens regarding the accessibility, affordability, and quality of health care and information in the Netherlands. Dutch Healthcare Authority ensures that health services, both preventive, promotive, curative, and the latest health information can be obtained by the public easily, with quality, and guaranteed (Nza, 2016).

In outreach to access health information in the Netherlands, the government collaborates with PHAROS (Dutch Expertise Center on Health Disparities) and the Dutch

Center for Healthy Living (CGL) to educate the public in the health sector, especially in the prevention of chronic diseases, drug safety, adolescent health, and so on (EuroHealthNet, 2016). In collaboration with The National Institute for Public Health and the Environment (*Rijksinstituut voor Volksgezondheid en Milieu*, RIVM), RIVM is a research institution related to the prevention and control of infectious diseases, promotion of public health and consumer safety, and environmental protection whose information is disseminated to the public as an effort increasing access and outreach of health information to the public (WHO, 2020).

The health information access policy in the Netherlands in the form of personal exchange of health information is carried out by the National Switch Point or the e-health model developed by the Dutch government, where this program is regulated by the data owner and privacy is guaranteed (ACPCC, 2020). The exchange of patient data is regulated by The Royal Dutch Medical Association (KNMG), and patients will be able to adequately access their health information.

The Netherlands also has The Netherlands Public Health Federation, a professional organization engaged in the prevention and promotion of health that aims to promote and strengthen evidence-based public health and bring health information closer to the public (KNMG, 2017).

In fulfilling the responsibility for comprehensive access to health information, the Dutch National Health Council has made efforts to deliver health information to immigrants and minority groups who have difficulty accessing health information (KNMG, 2017). The delivery of health information is carried out through special communications to ensure that these community groups can access adequate health services and information in the Netherlands.

The form of outreach support to access health information for the community is also carried out by health institutions, health service facilities, health organizations, health insurance providers, and so on in the Netherlands (KNMG, 2017). The agency always updates health information through the agency's web page and conducts health education through brochures and bulletin boards to inform the public at large.

The Dutch government also provides further education for nurses and health workers to develop health promotion skills and be able to disseminate health information to the public. In addition, the Dutch government also provides integrated access to information so that people avoid hoax news, where during this pandemic the government created a website containing all information related to Covid-19, both prevention, vaccination, number of cases, and so on (KNMG, 2017). In accelerating access to information for the public, the Netherlands also has a Gemeentelijke Geneeskundig Dienst (GGD) or local community health service which is the spearhead of delivering health information to the community so that it is more effective and efficient.

#### *The Strategies in Fulfilling Public Health Information and Education in Indonesia*

To guarantee the public's right to obtain valid and comprehensive health information, the government needs to take concrete steps to make it happen. It needs many strategies in the form of preventive protection to improve the fulfillment and equitable distribution of the right to comprehensive and valid health information, including the development of adequate infrastructure so that telecommunications can reach remote areas. Equitable and affordable telecommunication will realize the rapid and wide dissemination of information, form an integrated health information system, and adequate exchange of health information.

Good telecommunications infrastructure will make it easier for the public to access information from various sources, both electronic and social media (National Planning Agency, 2014).

The government can also provide adequate channels for the public to obtain valid health information and education. One of them is by verifying by providing a health web label or health article whose validity has been guaranteed. Like what HON (Health on the Net) did, which provided the HON Code, where this HON Code not only backs up with a hoax turnback but also provides valid article recommendations (Prayoga, 2016).

The government also needs to provide the right channel for people with disabilities, either in the form of signs or other tools that can support the dissemination of health information and be understood by people with disabilities. This is because health information and education must also cover various aspects, including disability.

The role of a science communicator is also needed in this case. The government can facilitate training for health workers so that they can convey health information and education to the public with content that is valid and can be understood by the public. Science communicators are very influential in straightening out various information and infodemics, especially during the current COVID-19 pandemic (Trollip, 2021).

Optimizing the role of health cadres in promoting health information also needs to be improved. Health cadres as community leaders in the health sector and as spearheads of health drivers in the community can be an example to improve public health status. Health cadres in disseminating health information use an approach to the community because they come from the community itself, so they can move widely and flexibly. Health information will also be more easily accepted and understood by the public. To support this, the government needs to improve the quality of health cadres

by providing counseling, training, or training which is expected to increase the knowledge and skills of health cadres. The government is also expected to be able to provide guidelines or guidelines for cadres in conveying public health information (Amelia, 2016).

In addition, the involvement of community leaders and religious leaders in promoting health information is very crucial. Community leaders and religious leaders have an important role in health promotion activities, namely as a mobilizer, catalysts, motivators, and disseminators (Said, 2011). Community leaders or religious leaders can bridge the health sector with the community so that the delivery of health information can be more accepted. Religious leaders and community leaders can also be involved as agents of change or as role models in disseminating health information (Sitorus, 2016).

The government also needs to increase the allocation of funds in the field of health information and education. This aims to guarantee the budget for the implementation of health promotion and community empowerment at the central, provincial, and district/city levels. Funding for health information and education can also be budgeted from other non-binding sources, such as village funds, Special Allocation Funds (DAK), private support, cross-ministerial and grants (Ministry of Health of the Republic of Indonesia, 2019).

## **Conclusion**

Fulfilling the public's right to valid and comprehensive health information and education is the responsibility of the government. However, many obstacles are still found in its implementation, such as the lack of access to information and the unequal distribution of valid health education, especially in rural, and coastal areas. The number of hoax news circulating in the community is also one of the government's problems in providing valid and guaranteed

information. In the UK and the Netherlands, access to health information is much more adequate where the openness and affordability of information for all parties, including those with disabilities, is guaranteed. Collaboration with the private sector is also an effort made by the British and Dutch governments in fulfilling the right to comprehensive and equitable health information. Indonesia needs a strategy to improve the fulfillment and equitable distribution of the right to health information such as cross-sectoral involvement, fulfillment of infrastructure supporting information systems, provision of valid health portals, training of health workers and health cadres as science communicators, as well as increased allocation of funding in the field of health information and education.

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