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Pdf (/images/vol8iss5/8501_Khudur_2019_E_R.pdf)

Electronic Commerce: Legal Perspective (Comparative Study)

Hussein Riyadh Khudur[a], Ali Abdulrazzaq Muslim[b], Eyad Mutshr Sayhod[c],[a,c]University of Thi-Qar \ College of Law, [b]University of Qadisiyah \ College of Fine Arte,

The advent of information technology has resulted in so-called electronic commerce, both at the level of individuals and at the corporate and government level. The electronic commerce has become significant due to numerous advantages, the most important is the comfort of carrying out the business operations. The diversification and expansion in the markets come up with several legal problems. The most serious problem is the information crime in a way that impends economic development, consequently requires providing legal protection for trade. Pages 1 to 17

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Probing the Methodology of Avicenna's Epistemic Theories

Abbas Kharabi Masouleh[a*], Mohd Zufri Mamat[b], Maisarah Hasbullah[c], [a]Department of Science and Technology Studies, Faculty of Science, University of Malaya, Kuala Lumpur, Malaysia, [b,c]Senior Lecturer. Department of Science and Technology Studies Faculty of science. University of Malaya. Kuala Lumpur, Malaysia, Email: [*a]abbas.kharabi@phil.uni-goettingen.de (mailto:saeideh.sayari@phil.uni-goettingen.de), [b]mdzufri@um.edu.my (mailto:mdzufri@um.edu.my), [c]maisara@um.edu.my (mailto:maisara@um.edu.my)

In the present research, the aim was to examine some of the metaphysical foundations of knowledge from the view point of Avicenna whose theories of knowledge were influentially echoed in the epistemic theories in the Islamic world and the next schools of thought. The main problem with the statement of current research is a critical question of whether Avicenna's metaphysical foundations are capable of forming a representative operation for our knowledge that is accurately representing the external world. If his metaphysical foundations fail to justify the fact that our knowledge represents the real world as it is, the metaphysical foundations of his epistemology, in spite of his realism, would inevitably slip into a fundamental gap between the known-object and the knower-subject. Such research on the principles of epistemology of Avicenna who is one of the pioneers of major thought stream in Islamic philosophy i.e. Peripatetic philosophy, can open up new perspectives for further systematic research on epistemic aspects in his doctrine. Pages 18 to 29

Pdf (/images/vol8iss5/8506_Sudirman_2019_E_R.pdf)

U.S. Communism Containment Policy for Indonesia: A Case Study of the 1965-1967 Attempted Coup D'état in Indonesia

Arfin Sudirman[a*], Rudsada Kaewsaeng-on[b], [a]Department of International Relations, Universitas Padjadjaran Indonesia, [b]Prince of Songkla University, Email: [*a]arfin.sudirman@unpad.ac.id (mailto:arfin.sudirman@unpad.ac.id) , [b]rudsada.k@psu.ac.th (mailto:rudsada.k@psu.ac.th)

In the context of the 1945-1991 Cold War era, the United States (U.S) communism containment foreign policy was implemented globally from Europe to Asia. The goal of this policy was to contain the world-wide expansion of communism ideology. The inability of the Asian countries to be militarily and economically self-sufficient caused the power competition by the super power countries of the Unites States and the then-Soviet Union. With regard to the US communism containment policy in the South East Asian region, the US involvement in the 1965 attempted Indonesian coup d'état appears to have been inevitable given the fact that Indonesia was in the middle of the Cold War, with the Soviet Union as their powerful rival. This paper aims to describe, analyse and further understand the US role in Indonesia during the 1965 attempted Coup d'état that eventually overthrew Sukarno's leadership. 1965 was the year in which the Cold War reached its climax and the major role of the US in executing its Indonesian communism containment policy was very visible after the G30S 1965 movement in Jakarta. Essentially, this historical event was considered as one of the most controversial and mysterious events in Indonesia's political history. Not only did Sukarno lose his power through domestic pressure, but thousands of Indonesian people lost their lives in the post-coup massacre in Java and Bali. It is argued, although there is no concrete evidence, that the U.S was the real mastermind of the 1965 'abortive' coup in Jakarta. Pages 30 to 46

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The Relationship between Mother's Knowledge, Attitudes and Beliefs to Exclusive Breastfeeding in Jeneponto District

Fairus Prihatin Idris[a*], Sukri Palutturi[b], [a]Lecturer, Public Health Faculty, Universitas Muslim Indonesia, Makassar Indonesia, [b]Professor, Faculty of Public Health Hasanuddin University, Makassar Indonesia, Email: [a*]fairus.p.idris@gmail.com (mailto:fairus.p.idris@gmail.com), [b]sukritanatoa72@gmail.com (mailto:sukritanatoa72@gmail.com)

Background: Infants who are exclusively breastfed are less likely to have diarrhoea, respiratory infections, infectious diseases and pneumonia. Exclusive Breastfeeding (EBF) can save 1 million children globally under the age of 5 years who previously died. An 80% national standard has been set by the Indonesian government to increase exclusive breastfeeding. EBF in 2013 reached 54.3% and in South Sulawesi, the lowest coverage of EBF was in Jeneponto Regency, which was 20.57% in 2012 and increased to 67.66% in 2013 with Arungkeke subdistrict recording the lowest EBF coverage in Jeneponto at 63.3%. **Materails and Methods:** The aim of this research was to determine the relationship between mother's knowledge, attitudes and belief with respect to exclusive breastfeeding in the Work Area Health Center Arungkeke, Jeneponto District. An observational analytic study with cross sectional design was conducted and 104 mothers were interviewed. Data was analyzed using Chi-Square. **Results and Discussion.** This study showed mothers do practice EBF (58,7%). There are no significant correlations between mother's knowledge, attitudes and beliefs and EBF (0,116, 0,951 and 0,966). While mothers have good knowledge about EBF they are defeated by the strong influence of family and culture and the perception that if breastmilk has not come out on the first day, prelacteal feeding should be utilized. Mothers agree that breast milk is a very good thing for their babies and while EBF is not the general habit, breastfeeding is a predominant practice. **Recommendation.** This study recommends the provision of in-depth information to mothers and families about EBF. This study also recommends consideration of cultural aspects such as the culture of using colostrum. Pages 47 to 62

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Investment Strategies of International Oil and Gas Companies

Bystryakov Alexander Yakovlevich[a], Kondratenko Nikolai Sergeevich[b], Pizengolts Vladimir Mikhailovich[c*], [a,b,c]Federal State Autonomous Educational Institution of Higher Education "Peoples' Friendship University of Russia" (RUDN University), Miklouho-Maclay str., 6. Moscow, Russia, Email: [a]bstal@yandex.ru (mailto:bstal@yandex.ru); [b]n_kondratenko@rosneft.ru (mailto:n_kondratenko@rosneft.ru); [c*]pizen@mail.ru (mailto:pizen@mail.ru)

The decline in oil prices, which began in the second half of 2014, turned out to be a protracted phenomenon and was a serious challenge for the industry. Oil and gas companies, in the leading oil-producing countries, were forced to rebuild their strategies, adapting to the new realities of the market. This article gives a brief overview and analysis of strategies used by the modern oil and gas market main players, including a description of their strengths and weaknesses. The common strategic concepts and management solutions that are specific to each of the companies separately are identified. For the purpose of this article, there are seven companies which were included in the analysis: ExxonMobil, Chevron, BP, Royal Dutch Shell, Total, Eni and Statoil. Pages 63 to 69

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Potential for Fraud of Health Service Claims to BPJS Health at Tenriawaru Public Hospital, Bone Regency, Indonesia

Sukri Palutturi[a*], Siti Rahmawati Makkurade[b], Reza Aril Ahri[c], Ade Suzana Eka Putri[d], [a]Professor, School of Public Health Hasanuddin University, Makassar Indonesia, [b]Graduate School of Public Health Muslim University of Indonesia, Makassar, Indonesia, [c]School of Public Health Muslim University of Indonesia, Makassar, Indonesia, [d]School of Public Health, Andalas University, Padang, Indonesia, Email: [a*]sukritanatoa72@gmail.com (mailto:sukritanatoa72@gmail.com), [b]ethylife@gmail.com (mailto:ethylife@gmail.com), [c]reza.ahri@gmail.com (mailto:reza.ahri@gmail.com), [d]adesuzana@gmail.com (mailto:adesuzana@gmail.com)

Background: National Health Insurance (NHI) to meet the demand for Universal Health Coverage in Indonesia is still relatively new. The potential for fraud that can harm patients and others is possible. **Objective:** The aim of this study was to obtain in-depth information about the potential fraud of health care claims to the Social Security Agency of Health (BPJS) in Tenriawaru Public Hospital of Bone regency, Indonesia. **Methods:** This type of research is qualitative with descriptive analysis. The technique for informant choice was purposive sampling. Data collection techniques included an interview, observation, and documentation. Data analysis was descriptive and validity of data used was achieved through a triangulation of data source. **Results:** The results showed that there is a potential fraud that occurrs at Tenriawaru Regional General Hospital. The fraud is caused by health care providers such as health workers and coders. There is potential fraud of 8 types: up-coding, readmissions, type of room charge, unnecessary treatment, phantom billing, keystroke mistake, service unbundling of fragmentation and cancelled service. This regulation has included elements of fraud and the types of potential fraud that occurs in primary health care and referral health. **Recommendation:** The findings of this research recommend rule development to deter potential fraud perpetrators. Pages 70 to 90

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Effects of Yangsaeng Behavior and Physical Activity Enjoyment on School Life Adaptation in High School Girl Dance Class Participation

Yang Hee Cho[a], Won Chung Chung[b*], [a]Ehwa Woman's University, South Korea, [b]Busan National University, South Korea, Email: [b*]wjj72780@naver.com (mailto:wjj72780@naver.com)

Appropriate behavior for physical health is an effective predictor for physical development during adolescent school life. This study examined the predictable relationship among Yangsaeng behavior, physical activity enjoyment and school life adaptation. Data was collected from 708 high school girls who participate in school based dance classes. Multiple regression analysis was applied to data and the results show that Yangsaeng behavior accounted for school life adaptation of 36% with the Yangsaeng morality factor (β=.356); physical activity enjoyment accounted for school life adaptation of 45% in relationship with confidence and friendship and health and beauty factors (β=.046, β=.157). Yangsaeng behavior accounted for physical activity enjoyment of 56% in morality, mind cultivation and Yangsaeng exercise factors (β=.396, β=.206, β=.202). In conclusion, Yangsaeng behavior and physical activity enjoyment predicts school life adaptation and physical activity enjoyment predicts Yangsaeng behavior in the context of school based dance classes. Consequently, Yangsaeng behavior and physical activities are effective programs that positively influence adolescent physical and mental health. Pages 91 to 104

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Evaluation on Indonesian Labour Law to Protect Migrant Labour Rights in an ASEAN Economic Community Framework

Emilia Fitriana Dewi[ab], An An Chandrawulan[b], Daniel Hendrawan[c*], Ilham Nugraha[d], [a]Faculty of Law Padjadjaran University, School of Business And Management Institut Teknologi Bandung, [b]Faculty of Law Padjadjaran University Bandung, [c]Faculty of Law Maranatha Christian University, Bandung, School of Business And Management Institut Teknologi Bandung, Email: [a]Emilia.f@sbm-itb.ac.id (mailto:Emilia.f@sbm-itb.ac.id), [b]a.chandrawulan@unpad.ac.id (mailto:a.chandrawulan@unpad.ac.id), [c*]Daniel.hendrawan@rocketmail.com (mailto:Daniel.hendrawan@rocketmail.com), [d]Ilham_nugraha@sbm-itb.ac.id (mailto:Ilham_nugraha@sbm-itb.ac.id)

Indonesia is now facing a new era of worker globalization, particularly in the regional basis of the Association of Southeast Asian Nations (ASEAN). Indonesia has been known to be one of the largest migrant worker centres in ASEAN (Thea ASEAN Consensus, 2014) and this necessitates that Indonesia ensures the protection of its national migrant workforce while receiving migrant workers from other countries since the establishment of the ASEAN Economic Community. However, the norms of migrant worker rights have not been grounded firmly in Indonesia. This paper aims to suggests how Indonesia, as a participant, should prepare for further ASEAN Economic Community implementation, particularly regarding migrant worker rights. Pages 105 to 119

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Development of an SRM-based Drive for Built-in Automotive Vacuum Cleaners

Jaehyuck Kim, Wonkwang University, Email: jaehkim@wku.ac.kr (mailto:jaehkim@wku.ac.kr)

The paper describes the design and control of a switched reluctance motor (SRM) and drive system for built-in automotive vacuum cleaners. As the popularity of outdoor activities and recreation has increased, the automobile industry has expanded technology to enhance vehicle convenience and vacuum cleaners with built-in automobiles have been introduced. The conventional DC motors in vacuum cleaning systems have several disadvantages such as maintenance cost and life of the commutator-brush structure. The SRM is a good alternative to existing DC motors due to its high-speed capability, long life, low maintenance costs and high efficiency. The prototype SRM drive is designed and built to verify its use in a built-in automotive vacuum cleaner system. Dynamic simulation is performed to determine the optimum switching angle for maximum efficiency and minimum torque ripple. Load tests, noise measurements and suction tests are also performed. Pages 120 to 130

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Foreign Investment and Social and Corporate Responsibility

Maria João Mimoso[a*], Maria do Rosário Anjos[b], [a]Portucalense University, Porto, Portugal, [b]Polythecic Institute of Maia, Maia, Portugal, Email: [a*]mjmarbitragem@gmail.com (mailto:mjmarbitragem@gmail.com), [b]rosario.anjos@socadvog.com (mailto:rosario.anjos@socadvog.com)

This study aims to highlight the problems posed by foreign investment on corporate and social responsibility. Host states sometimes find it difficult to deal with some of the effects of these investments with regard to economic, social and human rights. The phenomenon of globalization, as is well known, is a contemporary reality propelled by investment and the internationalization of companies. In emerging economies it appears that investment has produced loss in terms of some expressiveness components. This study investigates the potential violation of the most elementary human rights and the assumptions of bad environmental practices in this context. Several organizations have played a crucial and influential role in the adoption of ethical behaviour by the multinational companies that are the investment protagonists. Pages 131 to 139

Pdf (/images/vol8iss5/8514_Hendrawan_2019_E_R.pdf)

Non-Discrimination Principle in Helping ASEAN Economic Communities to Protect National Interest

Daniel Hendrawan[a*], Ni Made Ayu Geana[b], [a,b]Maranatha Christian University, Email: [*a]Daniel.hendrawan@rocketmail.com (mailto:Daniel.hendrawan@rocketmail.com), [b]geana.cahya@gmail.com (mailto:geana.cahya@gmail.com)

Challenges and dynamics of the global economy in the last decade reinforce the commitment among the ASEAN countries to strengthen economic cooperation based on the ASEAN Economic Community (AEC). AEC is the embodiment of the noble ideals of the leaders of ASEAN countries and since 2003 has worked to make ASEAN a region which is stable, prosperous, and progressive in economic growth. The efforts to integrate the ASEAN countries are not easily realized. One of the challenges faced by Indonesia is the liberalization of the investment sector and to prepare for the AEC 2015 and in the national interest, mapping the Indonesian economy and connection issues at the regional level, as well as the steps that need to be pursued systematically needs to be taken into account. Application of the principle of non-discrimination in the Law number 25 Year 2007 regarding investment is an effort to protect the interests of foreign and domestic investors with regard to national unity, an important element in the preparation of Indonesian economic integration into the AEC. Pages 140 to 149

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The Human Nature: Divinity of Man in IBN Arabi's and Shankara's Perspectives

Saeideh Sayari[a*], Mohd Zufri bin Mamat[b], Maisarah Bint Hasbullah[c], [a]University of Göttingen, Germany, [b,c]University of Malaya, Malaysia, Email: [a*]Saeideh.sayari@phil.uni-goettingen.de (mailto:Saeideh.sayari@phil.uni-goettingen.de),[b]mdzufri@um.edu.my (mailto:mdzufri@um.edu.my), [c]maisara@um.edu.my (mailto:maisara@um.edu.my)

Arabi's school of thought and Shankara's worldview have much in common. One of issue on which the two thinkers agreed is the divine nature of the human being. This paper compares the approach of the two figures in the issue through discussing and explaining the unity of Being/Reality and the identity of One Being/Reality and human nature. The concept of imago Dei in Ibn Arabi's works and the concept of Self in Vedanta will be debated. In contrast to Shanakra, for Ibn Arabi, the human self is considered as a reality and it has the stronger elements when the human being actualizes the divine attributes, especially knowledge. Pages 150 to 164

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The Influence of Reverse Logistics Innovation and Reverse Logistics Performance on Resource Commitment and Reverse Logistics Cost Savings: Automotive Industry vs Automotive Aftermarket Industry

Piyachat Burawat[a*], Chanongkorn Kuntonbutr[b], [a]Rajamangala University of Technology Thanyaburi, [b]Rajamangala University of Technology Thanyaburi, Email: [a*]piyachat_b@rmutt.ac.th (mailto:piyachat_b@rmutt.ac.th), [b]ck9595@gmail.com (mailto:bck9595@gmail.com)

The objective of this study is to examine the influence of reverse logistics innovation and reverse logistics performance on the relationship between resource commitment and reverse logistics cost savings. The investigation was assembled with the top and middle management in the Thai automotive industry and automotive aftermarket industry. A survey was conducted with 567 respondents and in-depth interview data was gathered from 55 participants. The findings revealed that there were strong positive associations between resource commitment and reverse logistics innovation, reverse logistics innovation and reverse logistics performance and reverse logistics performance and reverse logistics cost savings. Reverse logistics innovation and reverse logistics performance have a full mediating influence on associations of the structural model. In addition, the model is different across the size of firm, time of firm industry entry, category of industry and period of reverse logistics application and further, both level of path and structural model. Respecting qualitative investigation, enterprises that implement reverse a logistics program in terms of remanufacturing, refurbishing, recondition, reuse, recycle, scrap sale and disposal aim to service their customer requirements rather than seeking benefit. Successful utilizers demonstrate higher level management, financial and technological commitment as well as prioritization of strategic direction and continuous implementation. Pages 165 to 186

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A Step towards Digital Inclusion within the Thailand Digital Economy and Society Development Plan

Polawat Witoolkollachit[a], Wannasiri Bhuasiri[b], Maythapolnun Athimethphat[c], Sanya Mitaim[d*], [a,b]Office of the National Digital Economy and Society Commission, Ministry of Digital Economy and Society, Thailand, [c]Faculty of Engineering and Technology, Panyapiwat Institute of Management, Thailand, [d]Department of Electrical and Computer Engineering, Faculty of Engineering, Thammasat University, Thailand, Email: [a]polawat.w@gmail.com (mailto:polawat.w@gmail.com), [b]wannasiri.b@onde.go.th (mailto:wannasiri.b@onde.go.th), [c]maythapolnun@gmail.com (mailto:maythapolnun@gmail.com), [*d]msanya@engr.tu.ac.th (mailto:msanya@engr.tu.ac.th)

The Office of the National Digital Economy and Society Commission (ONDE), Thailand is currently undergoing research studies on digital technology for the nation's social and economic development policies. The goal is to create a quality, equitable society through digital technology according to Thailand's Digital Economy and Social Development Plan. This paper presents research methods and findings on the needs of five specific groups that are fragile and vulnerable: the disabled, the elderly, the disadvantaged and children, youth and women. The paper concludes with the presentation of action plans for digital technology development to bridge the gap in Thailand's digital divide. Pages 187 to 208

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Elements that have an Impact on the Glass Ceiling as a Competitive Factor of Family-Owned Service Sector Companies in Tijuana, B.C., Mexico

María Virginia Flores-Ortiz[a*], Alfonso Vega - López[b], Edgar Armando Chávez-Moreno[c], Ricardo Rosales[d], [a,b,c,d]Universidad Autónoma de Baja California, Email: [a*]vflores@uabc.edu.mx (mailto:vflores@uabc.edu.mx), [b]avega@uabc.edu.mx (mailto:avega@uabc.edu.mx), [c]gared74mx@uabc.edu.mx (mailto:gared74mx@uabc.edu.mx), [d]ricardorosales@uabc.edu.mx (mailto:ricardorosales@uabc.edu.mx)

The participation of women today is more representative within the organizational structure of companies, resulting in a greater participation in management positions, increasingly recognizing their effort in the workplace. For a family business, it is fundamental to adapt to the current labour market, modify its appreciations and adapt some values so that it is competitive and able to remain in the market. Therefore, it is important for a woman to progress in the family business. Management must support their growth and develop a life and career plan to give them the opportunity to ascend within the organizational hierarchy. Hence the importance of conducting this research and determining the elements that directly affect the glass ceiling of family-owned service companies in Tijuana, B.C., Mexico. To achieve the results, 135 representative surveys were carried out on the employees of the family service sector companies registered in the Mexican Business Information System (SIEM), corresponding to Tijuana, Baja California, Mexico, the research being carried out during 2016 and the first four months of 2017. Quantitative research is applied to survey conduction through questionnaires to the employees of family companies in the service sector to obtain the results. Pages 209 to 228

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A Study of Social Representations on Groups of Minorities (Evidence from LGBT)

Puzanova Zh.V.[a], Larina T.I. [b*], Peoples` Friendship University of Russia (RUDN University), Moscow, Russian Federation, Email: [a]puzanovazhv@rudn.ru (mailto:puzanovazhv@rudn.ru), [b*]larina-ti@rudn.ru (mailto:larina-ti@rudn.ru)

In the modern world sensitive theme is increasingly concerned with the attitude to certain social groups, usually minorities. In this case, classical surveys are no longer sufficient and require the addition of "soft" techniques. The article presents the results of a methodical experiment in using combination of projective methods, the method of unfinished sentences and the collage method for studying attitudes towards a sensitive topic for Russian residents - representatives of the LGBT community. The procedure and technique for implementing the experiment were described in detail. Respondents with polar points of view on the LGBT phenomenon helped us to save validity of the data. As a result, this technique can be adapted for the study of social representations about any other minority group. Pages 229 to 242

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Exclusion Measurement of Different Social Groups: Methodological Preliminary Work and Empirical Results

Narbut N.P[a], Puzanova Zh.V[b], Larina T.I.[c*], Tertyshnikova A.G[d]. Peoples` Friendship University of Russia (RUDN University), Moscow, Russian Federation, Email: [a]Narbut-np@rudn.ru (mailto:Narbut-np@rudn.ru), [b]puzanova-zhv@rudn.ru (mailto:puzanova-zhv@rudn.ru), [c*]larina-ti@rudn.ru (mailto:larina-ti@rudn.ru), [d]tertyshnikova-ag@rudn.ru

Today social exclusion is the process of displacement of a person to the periphery of public life and deprivation to participate in life as a result of poverty, lack of basic competences or discrimination. Traditionally representatives of the LGBT community, people with HIA, extremists, former prisoners, people with mental illnesses and migrants are considered to be subject to exclusion. However, social exclusion is a difficult phenomenon to measure and interpret. This article intends to perform an empirical study and measurement of the exclusion degree by using a questionnaire survey in relation to the above-mentioned groups based on three components of exclusion - moral, economic and political. As a result, we describe proprietary methodology of social exclusion measurement and present the results of Russian student social image regarding the exclusion from social life of each of the studied groups. According to the results, former prisoners are the most excluded group and elderly people the less excluded group and extremists are the most morally excluded group including drug addicts, the politically excluded, former prisoners and the economically excluded. It was found that there are several features of the manifestations of exclusion for each group and these are also described in the article. The results of the study will be of interest to sociologists working in the field of methodology, as well as specialists in the humanities who are concerned about the problem of social exclusion. Pages 243 to 262

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Sundanese Local Law Amidst the Acceleration of Technology

Anthon F. Susanto[a], Faculty of Law - Universitas Pasundan, Email: [a]anthon.susanto@unpas.ac.id/ (mailto:anthon.susanto@unpas.ac.id/%20anthon.aiki)anthon.aiki@gmail.com (mailto:anthon.aiki@gmail.com)

Local law (Adat) in Indonesia is unique (specific) and different from any other law in the world. The relation of man and nature is always bound by sacred and magic aspects of spirituality. Man, naturally, is part of the universe and is an inseparable part such as macro and micro-cosmic marriage. Any act that can incur or has purpose to destroy the ecosystem is always associated with mysticism such as plague, disaster and catastrophe. However, in this era, it is hardly found. The spiritual life changes fundamentally, particularly when people enter the digital era of life, known as the acceleration of technology. Through law of acceleration, local values transform or, it can be said, reach the phase convergent with the global change and market demand. It can be noticed from local law values shifting from “traditional spiritual” (magic) to “digital spiritual” (economic). For example, religious rites in law tradition shifted to ceremonial for a mere branding. Although performance in every aspect of life is the end, it is oriented to the economy. Magic-religious values are the characteristics of local law and are moving towards economic values to gain benefit. Acceleration (dromologi) encourages the convergency of local and global law and religious values with economic values. Through acceleration of technology and media culture, people enter the new life full of gimmicks and the shifting of awareness of local law which is magic religious to “gaming phase” known as simulacra. Pages 263 to 278

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Strengthening Tax Crime Regulation and Tax Crime Responsibility for Corporation in Indonesia

Jhon Eddy[a], Mella Ismelina Farma Rahayu[b], [a,b]Tarumanagara University – Jakarta, Email: [a]Jhoneddy38@yahoo.com (mailto:Jhoneddy38@yahoo.com), [b]mellaismelina@yahoo.com (mailto:mellaismelina@yahoo.com)

Through this paper, the authors will discuss the strengthening of tax crime regulation and tax crime responsibility for corporation in Indonesia. This topic starts from introducing the subject of tax crime, whether the tax sanction can only be imposed on each person/human or “natural resources” or the tax sanction can also be imposed on legal entity or “legal person”, as well as a discussion about the types of tax crimes which are regulated in Indonesian tax legislation. Subsequently, the authors will also discuss about the notion of tax, tax crime, the nature of tax crime sanctions, concepts and types of tax crime responsibilities theories. The discussion will cover how tax crime regulations are being practiced, the types of tax crime sanctions and which tax crime responsibilities theories are being applied in Indonesian tax legislation as well as how the application of the imposition of tax crime sanctions (for corporations) that have been in effect all this time. Finally, at the end of this paper, the authors will provide some suggestions on how to strengthen the tax crime regulations in tax legislation and amendments to the issue of tax crime responsibilities for corporations in Indonesia. Pages 279 to 293

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Arbitration as an alternative dispute resolution for land disputes based on Indonesian regulation

Deny Haspada[a], Faculty of Law, Universitas Langlangbuana, Email: [a]denmuter@yahoo.com (mailto:denmuter@yahoo.com)

Indonesia is a big country and stretches from Sabang to Merauke. Such a significantly large land area creates many disputes. Settlement of these disputes can be achieved in a variety of ways but chiefly through the courts or through alternative dispute resolution, such as arbitration. Arbitration is expected to quickly resolve land disputes, especially in light of a growing number of land disputes requiring resolution through arbitration. Pages 294 to 305

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Low-Skilled Migrant Workers in Upper North-eastern Thailand: A Study of Human Resource Underdevelopment

Phana Dullayaphut[a*], Saratid Sakulkoo[b], [a,b]Udonthani Rajabhat University, Udonthani, Thailand, Email: [a*]phana_bizdoc@yahoo.com (mailto:phana_bizdoc@yahoo.com)

More than four million regular and irregular migrant workers live in Thailand and play an important role in Thai economic structures. The objective of this research project is to investigate migrant workers in the Upper North-eastern area of Thailand. A qualitative approach is used to describe and interpret the respondents' perspectives. There were 23 (N=23) respondents for the purposes of this research. Notably, this study collected data from March to June 2014 and, during that time, Thai Army Chief Prayuth Chan-ocha had imposed Martial Law. Given this, many migrant workers had fled Thailand after rumours of a military crackdown on illegal labour had spread through the community. This impacted field work and data collection, especially the second round of interviewing. This study has implications for future research, especially in the areas of human resource development and career education development for migrant workers. Pages 306 to 324

Pdf (/images/vol8iss5/8524_Yustina_2019_E_R.pdf)

The Right to Self-Determination in Health Services and the Mandated Health Insurance Program for Universal Health Coverage

Endang Wahyati Yustina, Master of Health Law, Faculty of Law and Communication, Soegijapranata Catholic University, Semarang, Indonesia. Email: endang_wahyati@yahoo.com (mailto:endang_wahyati@yahoo.com)

The universal human right of healthy living was specifically included in the Universal Declaration of Human Rights. Various laws and regulations in Indonesia therefore guarantee of the right to health, including stipulations defined in Article 28 H paragraph (1) of the Constitution. This provision provided the basis for the regulation of the right to health as shown by Act No. 9 of 1999 on Human Rights and Act No. 36 of 2009 on Health. The right to self-determination was also listed as a basic human right that should be guaranteed in the implementation of these laws. The provision of health services as a basic social right was also established by the government through the National Health Insurance (JKN) program and the Health Insurance Organising Board (BPJS Kesehatan). The JKN program was targeted to cover all Indonesians in January 2019 by the Universal Health Coverage (UHC) program. All Indonesians, without exception, were required to be participants of the JKN program. Any individuals who refused to participate were to be administratively punished based on article 17 of the BPJS law, which stipulates that a non-participatory individual will be denied public service in the future. Currently, the JKN program has not been fully accepted by all communities or employers. The communities' rights to determine their own health service choices caused friction with their obligation to participate in the JKN program. Both were derived from human right matters in that all individuals were entitled to a healthy life, but at the same time were obliged to participate in the mandated JKN healthy living program. Pages 325 to 337

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Big-Five Personality Traits as Moderating Effects Exploring the Relationship between Job stress and Job Burnout

Yuan Liang Liao[*], Asia University Department of Business Administration, Taiwan, Email: rodliao@gmail.com (mailto:rodliao@gmail.com)

The study explores the impact of burnout by citing 'job stress' as an independent variable. A further discussion on the moderating effects of the 'Big-Five Personality Traits' is then provided. This study samples consultants and corporate lecturers using a questionnaire survey methodology. 500 participants make up the sample with 485 questionnaires received in feedback. Of this, 472 questionnaires were deemed valid with an overall valid response rate of 94%. The statistical techniques employed were item and confirmatory factor analyses. A hierarchical multiple regression analysis was performed to analyse moderating effects. In addition to the study's conclusions, recommendations are provided in terms of practical applications for future research. Pages 338 to 349

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Legal Aspects of Proportionality in Collective Brand Ownership Principles

Christian Andersen [a], Evlyne Supratman[b], Daniel Hendrawan[c*], [a,b,c]
Faculty of Law, Maranatha Christian University Email: andersen.xtian@gmail.com (mailto:andersen.xtian@gmail.com)[a], noveliadinda@gmail.com[b] (mailto:noveliadinda@gmail.comb), Daniel.hendrawan@rocketmail.com (mailto:Daniel.hendrawan@rocketmail.com)[c*]

Indonesia has the fourth largest population in the world; with such a large population, Indonesia is one of the countries with the largest market share and this must be accompanied by adequate human resources. Indonesia is also enriched with a variety of indigenous cultures originating from 1,131 tribes (according to the Central Statistics Agency data based on the 2010 census) which includes various regional languages, traditional clothing, traditional songs, traditional cuisine, traditional medicine, handicrafts, traditional architecture and much more. Micro Small Medium Enterprise (MSME) in the creative industry sector has not yet been adequately protected by legal regulation related to Intellectual Property Rights. In reference to the Law Number 20 of 2016 concerning Trademarks and Geographical Indications, in the era of global trade, the role of Brands and Geographical Indications is very important, particularly in maintaining fair business competition and protection of Micro, Small and Medium Enterprises. Brands are generally registered for ownership only by one individual or legal entity. However, because Indonesia is very much dominated by MSMEs which on the one hand have limited capital but on the other also need their rights protected, then joint ownership of brands becomes necessary. This is possible in the form of collective brand ownership. Pages 350 to 359

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The Right to Self-Determination in Health Services and the Mandated Health Insurance Program for Universal Health Coverage

Endang Wahyati Yustina, Master of Health Law, Faculty of Law and Communication, Soegijapranata Catholic University, Semarang, Indonesia. Email: endang_wahyati@yahoo.com

The universal human right of healthy living was specifically included in the Universal Declaration of Human Rights. Various laws and regulations in Indonesia therefore guarantee of the right to health, including stipulations defined in Article 28 H paragraph (1) of the Constitution. This provision provided the basis for the regulation of the right to health as shown by Act No. 9 of 1999 on Human Rights and Act No. 36 of 2009 on Health. The right to self-determination was also listed as a basic human right that should be guaranteed in the implementation of these laws. The provision of health services as a basic social right was also established by the government through the National Health Insurance (JKN) program and the Health Insurance Organising Board (BPJS Kesehatan). The JKN program was targeted to cover all Indonesians in January 2019 by the Universal Health Coverage (UHC) program. All Indonesians, without exception, were required to be participants of the JKN program. Any individuals who refused to participate were to be administratively punished based on article 17 of the BPJS law, which stipulates that a non-participatory individual will be denied public service in the future. Currently, the JKN program has not been fully accepted by all communities or employers. The communities' rights to determine their own health service choices caused friction with their obligation to participate in the JKN program. Both were derived from human right matters in that all individuals were entitled to a healthy life, but at the same time were obliged to participate in the mandated JKN healthy living program.

Keywords: The right to self-determination, the right to health care, health insurance obligations, human rights

Introduction

The right to live healthy is a basic need and fundamental human right guaranteed by the 1945 Constitution. Article 28 H verse (1) of this document states that all citizens have the right to live prosperously in the physical and mental state, to live in healthy and safe conditions, and to receive health services. The right to live in the highest degree of health is the government's responsibility. Further, article 34 verse (3) states that a "country is responsible for the decent health facilities and public facilities' provision." This stipulation indicates that the government is required to ensure all citizens receive decent health services. The government is also responsible for ensuring that health facilities can serve a qualified service. Despite this governmental requirement, however, it is also the responsibility of the people to participate in their own healthcare. Health insurance is another element of basic human rights in terms of required healthcare and is needed to fulfil basic healthcare plans for individuals. The National Health Insurance program, or Jaminan Kesehatan Nasional (JKN), is therefore held in Indonesia as one of the government's responsibilities to fulfil the rights of the citizen and to abide by the Constitution's mandate. The JKN is held nationally by using the social insurance principle. The JKN is held by the appointed institution based on law number 24 of 2011 regarding the National Social and Healthcare Security, or BPJS, which is also known as the Health Insurance Organising Board.

The mandatory nature of the JKN is implemented in the hopes that everyone can receive equal benefits by accessing the supplied health services, compliance to which will fulfil the social rights of society. Nevertheless, laws are not always conducted in reality as they have been written. Problems arise in accessing health services due to various reasons, while some individuals would rather opt out of the JKN altogether. The Universal Health Coverage stipulates that owning health insurance is an obligation in achieving basic human rights. All citizens must therefore participate in the National Health Insurance program, which is governed by the Health Insurance Organising Board. Non-participation in the JKN is punishable by law according to article 17 of BPJS Laws, which states that states administrative punishments as a warning letter, fine and/or public service withdrawal. This mandate generates issues regarding the human right of self-determination, meaning an individual's right to choose his or her own form of health insurance. Due to the Universal Health Coverage, however, such a right is denied by the mandatory JKN program which took effect in January 2019.

Methodology

This study used a socio-legal studies approach with a descriptive-analytical specification. Primary and secondary data was collected through field and library studies, and was then qualitatively analysed.

The concept of human rights and self-determination in health services

The human right is a basic or fundamental right of an individual and forms the basis for the other legal rights and responsibilities. Human rights in the field of health services can be

broken down and analysed from the phrase "human right". This phrase is entomologically formed by two words, "human" meaning a person of society, and "right" meaning correct, real, certain and required. Human rights therefore refer to the fundamental rights of humankind. Soetandyo Wignjosoebroto defines human rights as "the fundamental rights that are approved universally as the rights that stick to every human because of the nature as a human." Right is "universal" because it is part of someone's humanity regardless of skin colour, gender, age, background, culture, religion or faith. The words "stick" or "inherent" are used because these rights are owned by all individuals due to their human nature, not as a gift from the power of certain organisation, meaning that rights cannot be stole or withdrawn. Beauchamp states that "the whole point of human rights language is to transcend the limitations of cultural norms and legal structures. Human rights are possessed by being a human person, whether or not the rights are recognised in particular society. Although these rights are often interpreted as legal rights, they should be understood as universally valid moral claims" (Den Exter, 2009).

In the Republic of Indonesia, Law 12 of the year 2005 refers to the Ratification International Covenant on Civil and Political Rights. This law states that "human rights are naturally and universally inherent in human beings and thus should be protected, respected, defended and should not be ignored, reduced or stole by anyone." Further, verse (1) of article 25 of the Universal Declaration of Human Rights states that health services are one such obligation within the fulfilment of basic human rights.

The 1945 Constitution also states that health is a human right and should be upheld according to the national's goal, as written in the Preamble. Health is an important aspect in shaping human resources and to improve the tenacity and competitiveness of national development. Efforts to achieve the highest degree of health began with curing diseases and gradually transformed into continual development and optimisation of modern societal healthcare.

Law 36 of the year 2009 defines health as "a healthy condition, both physically, mentally, spiritually and socially, that allows productive living in social and economic environments." Remembering the importance of health for the nation's development, health services should be conducted by and for every individual, society and government. In the other words, the health service is a communal responsibility shared between societies, relative stakeholders and governments. The rules about human right in health service are arranged in several verses in the health constitutions, including:

- Article 4, which states that "everyone has the right to health."
- Articel 5, verse (3) which declares that "everyone has the right to independently and responsibly self-determine the health service they need." The word "everyone" in this laws means all individuals without exception, and that there should not be any discrimination in the provision of health care.
- Article 6, which states that "everyone has the right to a healthy environment".

Within the concept of human rights, the right to receive decent health services is a constitutional right for every country. This is stipulated in article 28 H verse (1) of the 1945 Constitution's mandate: "Everyone has the right to live prosperously in body and soul, having a place to live, having a healthy environment and having the right to receive health services."

This stipulates that health care is a global right for all individuals. Further, verse (1) of article 1 in Law 39 of the year 1999 states that "a set of rights that stick to humans as nature and as God's gift that should be respected, highly praised and protected by the country, its laws and its citizens for the honour and protection of humankind's prestige and dignity" (Endang, 2014).

The health service paradigm has changed its orientation to strengthen the medical relationship between doctor and patient and to consider the patient's human rights fulfilment. Two kinds of human rights exist in the healthcare field, including the right to healthcare and the right to self-determination (Crisdiono, 2007; Don, Puteh, Nasir, Ashaari, & Kawangit, 2016). The right to healthcare is also known as a fundamental social or societal right that is owned by citizens and allows them to get the best and qualified health services, as explained by the Health Constitutions. The right to self-determination is known as the individual's fundamental right to accept or decline potential healthcare services.

Principally, the right to self-determination means that everyone is guaranteed to determine the most suitable choice of health service for their own body and mind. This is a basic right sourced from the individual's fundamental right, the right of self-determination, or Right, in the Black's Law Dictionary 7th ed., means the right that consists of certain meanings, such as natural right, political right, and civil right. The right to determine one's own life has closer meaning to the concept of individual right, such as the right of private safety related to life, body, health and honour, as well as the right to an individual's freedom (Hermien, 1984; Ambikai & Ishan, 2016).

According to these explanations, it can be understood that the right to self-determination is an individual's fundamental right that is guaranteed in constitutional laws. This right should allow individuals to determine their own choice of health service, including personal selection of health insurance.

The concept of social welfare in the Health Insurance Program towards the Universal Health Coverage

According to the Constitution, social welfare has an important and fundamental role in the provision of human rights. The social welfare of individuals refers to the mechanism and assurance of fulfilling required social justice. This means that citizens' rights can be protected socially, economically and politically. Fulfilment in security and concord are also integral to the survival of Indonesia as a nation (Wing, 2008, Boniface, 2016).

In Indonesia, the chosen system is mix between tax, central and local government budgets, and social and commercial insurance systems. The ratification of Law 40 of the year 2004 regarding the National Social Welfare Insurance System, or Sistem Jaminan Sosial Nasional (SJSN), resulted in the Indonesian financing system functioning towards the social health insurance system (Ali, 2010; Yilmaz, 2017).

Appropriate management of social insurance is required to implement the constitutions's mandate. Article 34, verse (1) of the Constitution states that "The poor and destitude children shall be cared for by the state," while verse (2) states that the "State develops social insurance systems for all people, empowering the weaknesses and incapabilities that correspond to humanity's dignity." Finally, verse (3) states that "the State is responsible in serving health service facilities and decent public facilities." These provisions can be interpreted as embodiments of social welfare for society and the subsequent maintenance of social insurance.

Various legal provisions have formed the basis for the management of social insurance, one of which is health insurance. Law 40 of the year 2004 regarding the National Social Insurance System is the main constitutional rules that underlies the JKN. The management of the JKN program and the development of BPJS is the SJSN constitution's mandate. Social insurance is not only for particular group of people, but is rather the right of every citizen whether rich or poor. Article 41, verse (1) of Law 39 of the year 1999 states that "every citizen has the right to social insurance that is needed for having decent life and for personal development." The "right of social insurance" here means that every citizen should receive social insurance and subsequent health insurance according to the constitution's and the country's capabilities. Finally, article 41, verse (1) of the Constitution states that every Indonesian citizen has the right to social insurance, one of it is in the health field that everyone has the right to get a qualified health service.

As explained in the above, one of the problems in embodying social welfare is financing appropriate healthcare, dictating that health insurance is therefore held by the government. In the historical record of health insurance in Indonesia, the government has been attempting to hold various programs on health insurance by financing schemes such as Jamkesmas, Jampersal, Jamsostek, Askes and other financial models. In managing the JKN, government ratification of Law 24 from the year 2011 about BPJS followed up Law 40 years of 2004 regarding the National Social Insurance System (SJSN). This law appointed BPJS as the management board for JKN.

The National Health Insurance program, or Jaminan Kesehatan Nasional (JKN), in Indonesia is held by the social health insurance mechanism that is mandatory for all Indonesians so that everyone can be protected by insurance. This can then fulfil the basic human rights to healthcare through mandated access to supplied medical services, and can subsequently achieve social welfare for all citizens.

According to Law 2 of the year 1992, social health insurance is defined as a "mandatory social insurance program according to the law that aims to protect the social welfare." While according to the Constitutions of SJSN, article 1, number 3 states that "Social insurance is a mandatory financial collecting mechanism to provide protection from economic and social risks of the participant and/or the participant's family".

As mentioned above, the National Health Insurance is conducted by a social insurance principal. The health insurance is an assurance of health protection to ensure individuals

receive sufficient benefits to fulfil basic healthcare needs as paid by the people or by the government. The principles of social insurance are as follows:

1. Membership is mandatory, so all citizens, whether of low or high risk, healthy or sick, rich or poor, receive social risk protection.
2. The minimum need, meaning every individual is responsiple on his or her own economic insurance. Government donations should only be in amounts that cover basic needs, as social insurance employs a minimum need principle.
3. Social agency, meaning that paid insurance provides a certain standard of living for the individual. The amount of contribution should not always relate to the received donation. The adequacy principle is used in this concept, dictating that wealthy assist the poor and younger assist elder. The main aim of this concept is to distribute basic help to everyone without exception.
4. According to the constitutions,the context of program and the amount of the donation is written in a set of laws that are flexible and responsive to society's basic needs.
5. BPJS is an organisation formed under the supervision of central and local government as the state's organisers. The BPJS is not a commercial profit-oriented institution (Mukti, and Moertjahjo, 1999).

The JKN is specifically organised by Presidential Regulation number 12 of the year 2013 regarding health insurance. Article 1, number 1 states that, "The health insurance is assurance of health protection so participants get benefits to fulfil basic healthcare needs that people or government have paid for."

Article 2, number 12 in the 2013 Presidential Regulation sanctioned the participants of the health insurance as a) the Donation Receiver (PBI) of Health Insurance, and b) as non-PBI of Health Insurance. Next in article 3 is mentioned that PBI of Health Insurance refers to low income citizens and people with disabilities, whose contributions are subsidised by the government. Non-PBI is stated in Article 4, verse (1) as "the non-PBI Health Insurance mentioned in the article 2 alphabet b is the participant that is non poor group and non-disability group, consisting of: a) Salary receiver workers and their families, and b) Workers who do not receive salaries and their families, and c) non-workers and their families."

Participation in the National Health Insurance program is a step-by-step process, the first stage of which started on January 1st, 2014. This stage was aimed at less participated people, incluidng PBI Health Insurance; The Ministry of Defence's Armies; civil workers and their families, and PT Askes (Persero)'s participants and their families. The second stage involved people who had not become members of BPJS Kesehatan prior to January 1st, 2019, with the target of Universal Health Coverage. This meant that all citizens were required to become the participants of the health insurance scheme from this date, by which personal healthcare like preventive, curative and rehabilitative services were guaranteed for all individuals.

Universal Health Coverage (UHC) is a health insurance system as the part of government's efforts in providing thorough healthcare to all citizens. In 2014, WHO agreed to The Universal Health Coverage (UHC). In the 58th Geneva Assembly of 2005, the World Health Assembly (WHA) emphasised the importance of health financing systems that ensure public access to health services and subsequent protections for individuals in facing associated

economic challenges. The 58th WHA stated a resolution that sustainable health financing by Universal Health Coverage would be held by the social health insurance mechanism. The World Health Assembly also gave the recommendation for WHO to push membership countries to evaluate the impact of changes to health financing systems in connection with Universal Health Coverage. By the 58th World Health Assembly in 2005 on "Sustainable Financing, Universal Health Coverage and Social Health Insurance," a new resolution was recommended for membership countries to build sustainable health financing to ensure societies' healthcare benefits and insurance provisions.

The achievement of UHC is not the sole responsibility of the BPJS, but is rather shared between related stakeholders, including the government (Ministry of Health), health workers in professional organisations, health facilities and partners of BPJS, related parties such as medicine and medical device providers, and lastly, Indonesian society at large. Compulsory membership aims to cover the interests of all these societal levels and allow all members of society to access the benefits of the JKN program. Despite the compulsory nature of membership, implementation is adjusted to the economic capacity of the people, the government and the program's feasibility. The first wave starts with workers in the formal sector, followed by those in the informal sector as independent members, and finishing with the National Social Security System (SJSN) to be able to cover all members of society at the UHC level.

Provisions of the BPJS Act No. 24 of 2011 confirm that membership is mandatory and specify that implementation is done in stages. Article 14 of the BPJS Law states the definition of "member" as "everyone, including foreigners who work for a minimum period of 6 (six) months in Indonesia, shall be a member of the Social Security program." This article strongly affirms that the membership of the national health insurance program is mandatory for all Indonesians, including foreigners who have lived in Indonesia for a minimum period of 6 months.

Article 15 describes the obligation for employers to register themselves and their and employees, as stipulated in paragraph (1) stipulates: "Employers shall gradually register themselves and their employees as members of the BPJS in accordance with the respective Social Security program." Paragraph (2) similarly states that the "employer, in registering as referred to in paragraph (1), shall provide the complete and correct data of its organisation and its employees along with their family members to BPJS." Registrations can be conducted independently, and details of the registration process are not described in this Act but will rather be regulated in a Presidential Regulation.

Other than employers, workers and beneficiaries who are eligible to become the members of JKN, obligations exist for societal members to register themselves and their family members. Article 16, paragraph (1) states that "Every person, other than the employers, workers and beneficiaries who meet the conditions of membership in the Social Security program, must register themselves and their family members to BPJS in accordance with the respective Social Security program." The article does not specify which family members can be borne by the member, however.

As mentioned previously, any citizens who breach the above regulations are subject to administrative penalties as stipulated in Article 17, paragraph (1). The types of penalties are explained in paragraph (2) as "a written warning, fine, and/or ineligibility for certain public services." Paragraph (3) states that sanctions in the form of written warnings and fines are executed by the BPJS, while paragraph (4) explains that ineligibility for certain public service is executed by the central or local government. Such public services include the processing of business licenses, building permits and proof of ownership of land.

Based on the above explanations, it can be said that being a member of JKN is a judicial obligation set out by law. The implementing agency is the Health Insurance Organising Board, and it can be concluded that everyone without exception is required to be a member of this organisation. If a person is not signed up for health insurance with the Board, penalities may be imposed on that individual in line with Article 17 of Act No. 24 from the year 2011.

Penalties involving restricted access certain public services are enforced by public service units at government agencies, through the provincial government, or through district or municipal governments. The formulation of these penalties are directly associated with public services, indicating that mandatory membership with the JKN program is in the public's best interests. These penalties could potentially infringe upon other human rights, however; driving licenses, passports and vehicle registrations are temporary judicial provisions, meaning that such items possess expiry dates and are associated with legitimate authorities for other purposes. In other words, where the documents are not renewed, it will result in the loss of other constitutional rights for the individual.

The principle of balance between rights and responsibilities in the membership of the Health Insurance Program

The right to self-determination in the healthcare system is an individual's basic right that must be guaranteed and respected. The right to self-determination is enshrined in the United Nations International Convention and Political Rights of 1966, as emphasised in Article 1: "All people have the right of self-determination. By virtue of the right they freely determine their political status and freely pursue their economic, social and cultural development."

This right has not been fully achieved, however, due to issues surrounding health financing. Such issues contribute to a new paradigm in the healthcare industry, particularly those related to the social security system. National social security is a state program that aims to provide protection and social welfare for all Indonesian citizens. National health insurance is not only a concern of the Indonesian government, but is rather a global matter of importance.

The concept of health insurance in Indonesia is guided by the principle of social insurance, and its implementation is important to understand in terms of social security programs. The ultimate goal of the Indonesian health insurance program, based on the principles of its compulsory membership, is to improve healthcare quality and access in order to achieve the highest degree of health and enable welfare for every member of society.

The implementation of this required social security system still faces some obstacles. Despite increasing public pressure, this remains a politics-laden arena and requires ongoing funding due to the permanency of the program. The government is unlikely to fully finance this venture indefinitely, meaning that funding of the social security system must involve all stakeholders including employers, employees and government agencies. The JKN program therefore consists of two categories: 1) beneficiaries of contribution (PBI) and independent participants (non-PBI). To make national health insurance a reality, 2019 is set as the target year to meet the Universal Health Coverage goal.

Within the scope of human rights, there is an indication of conflict between right and obligation, though both discourses are equally important and must be guaranteed protection. In the concept of basic rights in health services, the right to self-determination must be respected. Appropriate fulfilment of this right includes individual choice of doctor, hospital or health care facility and type of service. Constitutional obligations to the health insurance program deny these rights of choice, however, pointing to the need for compromise or alignment between the right to self-determination and the mandatory membership with JKN. Such alignment may be possible through implementation of the following principles: the principle of mutual cooperation; nonprofit principles; principles of openness, prudence, accountability, efficiency, and effectiveness; the principle of mandatory participation; trust funds, and management of the Social Security Fund. Through these guiding principles, the implementation of JKN is expected to realise the welfare of society.

The principle of mandatory membership is intended to achieve mutual cooperation by following the concept that the strong help the vulnerable, the rich help the poor, and the healthy help the sick. This logical reasoning is stated by Ghufron and Moertjahjo in that if participation is not compulsory, it is anticipated that the members are likely those of high-risk, unhealthy or low income groups. Consequently, costs will be high, and the program may be difficult to implement. With larger and broader participation, risks can be overcome so that the addition of uncertain reserves can be reduced. However, exorbitant membership numbers may sacrifice other important values, such as transparency, participation and public service approaches. Membership capacity may therefore be adjusted to meet the capabilities of the Health Insurance Organising Board. Mandatory membership can then be pursued while also ensuring the best quality of services provided to members.

Alignment and cooperation between these aspects can thereby enable citizens to become members of the JKN program while simultaneously allowing for freedom of choice from other health insurance providers. The option of offering other such providers can benefit citizens and the Health Insurance Organising Board in equal measure, and ensures the basic human rights to healthcare and self-determination are upheld.

Conclusion and policy recommendations

Basic health rights can be seen in two perspectives, first as an individual and basic social and human right which includes the right to self-determine one's own preferred health services. Secondly, basic health should be provided to all members of society regardless of personal or

extenuating circumstances. In order to reach this goal of national health coverage, Indonesia has established a mandatory membership protocol to National Health Insurance as organised by the Health Insurance Organising Board, full implementation of which is set for the end of January 2019. This obligatory program is one policy instrument for the realisation of the basic human right to health care, along with government policies to develop social securities that can develop and distribute this health insurance.

The right to self-determination in health services is an important component of basic human rights and must therefore be upheld and respected. From the perspective of human rights, the right to health care is also called a basic social right, meaning the right of a person as a member of society to receive the best quality health service possible. The right to self-determination is also called the individual's basic right, referring to the right protected by law to approve or disapprove of what is allowed within the health sphere.

The National Health Insurance Program (JKN) in Indonesia is implemented in order to realise the right to healthcare for all citizens. According to the concept of social welfare, the JKN program will lead to comprehensive and equal welfare for the whole community. Welfare is not primarily intended for the individual, but is rather targeted to the wider community. Every person without exception is entitled to fulfill his or her basic rights as a human being, especially the right to live in physical and spiritual prosperity, as mandated in the Constitution. Through the JKN program, Indonesia, therefore aims to achieve social welfare within the health industry, with the ultimate goal of widespread services via the Universal Health Coverage (UHC) scheme. To achieve this end, all citizens are required to become JKN members by January 2019.

The above analysis demonstrates that problems pertaining to human rights in healthcare often occur, especially within the contrasting ideals of individual basic rights and social basic rights. The findings of this study suggest that the public are constrained by two competing demands: first, the issue to determine which health insurance institutions best suits an individual's health needs and financing capabilities, and second, the obligation to participate in the JKN program as a constitutional mandate for all citizens. Failure to comply with this stipulation results in administrative sanctions based on the outlined legal provisions, which in themselves hold consequences pertaining to the loss of social rights through the denial of public services. This study recommends a principle of balance between the right of self-determination and the obligatory health insurance program membership. Such balance could see every citizen becoming a member of JKN, but still being allowed the flexibility and freedom to participate in additional insurance programs or to change providers according to their own unique needs and capacities.

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2 3 4 5 6 International Journal of Innovation, Creativity and Change . 2 3 www. ijicc. 1 net Volume 8, Issue 5, 2019 325 T he Right to Self -Determination in Health Services and the M andated Health Insurance Program for Universal Health Coverage Endan g Wahyati Yustina , Master of Health Law, Faculty of Law and Communication, Soegijapranata Catholic Un iversity, Semara ng, Indonesia . Email: endang_wahyati@yahoo.com The universal human right of healthy living was specifically included in the Universal Declara tion of Human Rights. Various laws and regulations in Indonesia therefore guarantee of the right to health , including stipulations defined in Article 28 H paragraph (1) of the Constitution . This provision provided the basis for the regulation of the right to health as shown by Act N o. 9 of 1999 on Human Rights and Act N o. 36 of 2009 on Heal th. The right to self -determination was also listed as a basic human right that should be guaranteed in the implementation of th ese laws . The prov ision of h ealth services as a basi c social right was also established by the government through the National Health Insurance (JKN) program and the Health Insurance Organi sing Board (BPJS Kesehatan). Th e JKN program was target ed to cover all Indonesians in January 2019 by the Universal Health Coverage (UHC) program. All Indonesians, without excepti on, were required to