

LEGAL PROTECTION FOR VACCINE RECIPIENT CONSUMERS: PERCEPTIONS OF HEALTH AND NON-HEALTH WORKERS AFTER THE COVID-19 VACCINATION

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Abstract - The goal of Covid-19 vaccination is to decrease the spread of the virus, lower the severity and death rate caused by Covid-19, attain collective immunity within the community, and safeguard individuals from Covid-19 so that they can continue to be socially and economically productive. The research method employed is normative juridical research in conjunction with empirical research in the form of quantitative research using a survey design. Covid-19 vaccine access accelerates pandemic response. Regarding disarmament implementation, several things have happened in the field, including a) the procedure for implementing disarmament has not fully followed the health protocol, b) the procedure for withdrawing vaccination has not been carried out properly, c) there has not been a thorough socialization of vaccines to recipients. Thus research on Importance of legal protection for Indonesian vaccine recipients because of the legal protection of consumer rights.

Keywords: Legal protection, Vaccine Recipient Consumers, Health Workers, Non-Health Workers

INTRODUCTION

Prolonged COVID-19 outbreak impact on Indonesian health and economy. Efforts made to tackle challenges, including formation of vaccine development team (Presidential Decree No. 18 of 2020) and procurement/vaccination program implementation (Presidential Decree No. 99 of 2020) with collaboration from PT. Bio Farma and international institutions.

ITAGI evaluated COVID-19 vaccination and made recommendations for priority group access. Ministry of Health, with ITAGI and partner support, developed COVID-19 vaccination SOPs and roadmap. Devices, which include an instrument to assess vaccine introduction readiness, have been distributed to all provinces (VIRAT).

This effort has yielded results, so vaccination has started to be carried out in Indonesia since the end of January 2021, prioritizing health workers first and then the TNI and Police and continuing with teaching staff.

In practice, there have been complaints from the community receiving the Covid-19 vaccine as consumers over allegations of violations of their rights as consumers regulated by law so that they feel they are not legally protected. Government disregarded consumer rights under Law No. 8 of 1999 as a public servant in procuring and administering the Covid-19 vaccine to the public. Therefore, research on legal protection for consumers [1] in implementing vaccination in Indonesia is essential. The State carries out legal protection for consumers following UN General Assembly Resolutions. Acknowledgment of the importance of legal protection for consumers' rights in Indonesia:

- a. Convenient, secure, and safe purchasing experience
- b. Choice of goods/services and terms/conditions guaranteed
- c. Accurate information about goods/services
- d. Ability to voice complaints about goods/services
- e. Effective consumer advocacy
- f. Access to consumer counseling/education
- g. Fair, honest, non-discriminatory treatment
- h. Right to compensation for non-conforming/misrepresented goods/services
- i. Protection through other laws and regulations [2].

Problem Formulation

From the background above, Problem of the study is formulated:

- a. What is Understanding of consumer protection through law?
- b. Who receive vaccines from health and non-health workers?
- c. How is the implementation of consumer rights regulated by law regarding vaccination?

1. LITERATURE REVIEW

Legal protection derives from the Dutch language, specifically the theory of legal protection. The phrase "legal protection" implies that the law protects something. The human interest is something that is protected by law because the law is made by and for humans or society. Aside from this interpretation, Legal protection is linked to the role and objectives of law. Legal scholars generally agree that the role of law is to safeguard human interests.[3]

Philipus M. Hadjon distinguishes two forms of legal protection for individuals: preventive and repressive legal protection. Proactive legal protection aims to prevent disputes by directing government actions, while repressive legal protection aims to resolve conflicts, including through the judiciary. [4] Meanwhile, Rafael La Porta stated in the Journal of Financial Economics that a country's legal protection has two characteristics, namely preventive and punitive [5].

Normatively, The Law No. 8 of 1999 regarding Consumer Protection, normatively, protects consumers by regulating several consumer rights [6]. However, how is the application of this right arrangement in administering vaccines to the public. That is what is intended as preventive legal protection.

Meanwhile, for those that are repressive, is the consumer dispute resolution procedures and institutions protected consumers? According to the law, a Consumer Dispute Settlement Body (BPSK) has been established as a consumer dispute resolution institution outside the Court. Has the government given this understanding to consumers if they experience a loss due to administering the vaccine? Or have they been given access to advocacy?

Vaccines are biological substances that contain antigens from microorganisms or their parts, or substances that have been processed, in order to elicit an immune response when given to someone, they are safe and activate specific immunity against certain diseases. Vaccines contain antigens similar to those found in disease. However, Components in the immunization have been managed (diminished) to ensure the shots don't induce illness in the same way that natural antigen exposure would.

Vaccination is the administration of vaccines with the explicit intent of causing or boosting a person's immunity to a disease proactively. Hence, if they encounter the disease, they won't fall ill severely or will only experience a mild form of the disease and won't spread it further.

The ultimate aim of every vaccine is to spur the human body's immune system to combat the antigen. If re-infected, this will trigger a stronger immune response. The COVID-19 vaccine's prime objective is to curb the spread of the virus, as well as lower the incidence and fatality rate of COVID-19. By accomplishing herd immunity and safeguarding the public from the virus, social and economic productivity can be sustained.



Figure 1. Covid-19 Vaccine

The COVID-19 immunization is given by a muscle injection in the upper left limb using a disposable needle (Auto Disable Needles/ADS). According to the Director General's Edict of Disease Prevention

and Control Number HK.02.02/4/1/2021 concerning Technical Protocols for Vaccination Execution in the Context of Reducing the COVID-19 Pandemic, followings are the doses and frequency of injecting the COVID-19 vaccine:8

Table 1. Dosage and Frequency of Injecting the Covid-19 Vaccine

Platform	Pengembang Vaksin	Jumlah Dosis	Jadwal Pemberian (Hari ke-)	Cara Pemberian
Inactivated virus	Sinovac Research and Development Co., Ltd	2 (0,5 ml per dosis)	0,14	Intramuskular
Inactivated virus	Sinopharm + Beijing Institute of Biological Products	2 (0,5 ml per dosis)	0,21	Intramuskular
Viral vector (Non-replicating)	AstraZeneca + University of Oxford	1-2 (0,5 ml per dosis)	bila 2 dosis: 0,28	Intramuskular
Protein subunit	Novavax	2 (0,5 ml per dosis)	0,21	Intramuskular
RNA based vaccine	Moderna + National Institute of Allergy and Infectious Diseases (NIAID)	2 (0,5 ml per dosis)	0,28	Intramuskular
RNA based vaccine	Pfizer Inc. + BioNTech	2 (0,3 ml per dosis)	0,28	Intramuskular

2. METHODS

2.1 Types of research

The utilized research approach is a blend of normative legal study and empirical research, taking the form of quantitative research utilizing a survey format. The normative legal study aspect was executed because it relates to qualitative data analysis through statute approach to determine how consumer rights are regulated in statutory provisions based on secondary data. At the same time, quantitative research by design survey is used as a type of empirical research based on primary data obtained through the survey.

This study consists of several dimensions and indicators that function as research variables which are divided into two parts, namely indicators exogenous and variable endogenous. Variable endogenous is a dependent variable, whereas exogenous variable is an indicator born from variable endogenous. This survey is conducted to deepen the results of research conducted through a quantitative approach to find conditions of legal Protection for Vaccine Recipient Consumers: Perceptions of Health and Non-Health Workers Post-Covid-19 Vaccination empirically. The relationship pattern plan between variables in the study is outlined in the form of a diagram as follows:

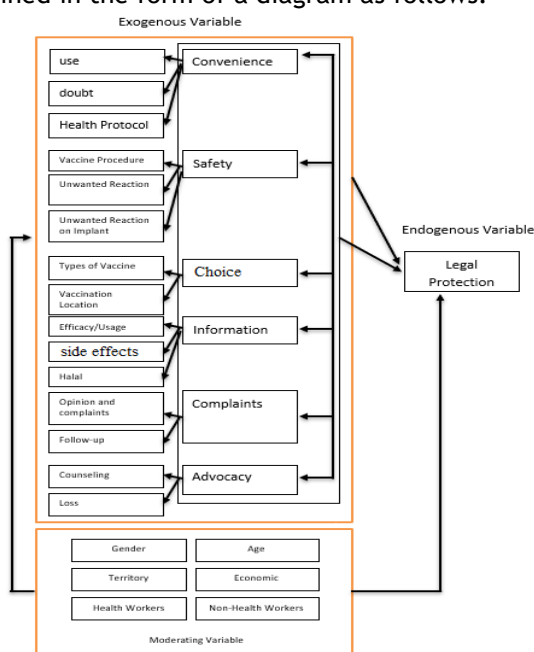


Figure 3. Exogenous variable relationship pattern with variable endogenous based on Construct Theoretical about Legal Protection for Vaccine Recipient Consumers: Perceptions of Health Workers and Non-Health Workers Post-Covid-19 Vaccination

2.2 Population, Sampling Technique, and Number of Samples

The population in this study were all Health Workers (*Nakes*) and Non-Health Workers (*Non-Nakes*) throughout Indonesia with a multistage random sampling technique. Sampling was carried out twice for trials of 200 people and research sampling of 1610 people spread throughout Indonesia.

The data collection technique used is by distributing questionnaires through a google form. The research questionnaire is outlined in 24 statements arranged with the following characteristics:

- a. Demographic data, consisting of Gender, Age, Territory, Economic, Health and non-Health Workers
- b. Variable Instrument Grid as in the following table:

Table 1: Instrument Latticework

No	Legal Protection Dimension	Indicator	Indicator
1	Convenience	Use	Feel comfortable using the vaccine
		doubt	There are concerns or doubts about the efficacy and usefulness of Vaccines
		Health protocol	Follow health protocols when vaccinating
2	Safety	Vaccine procedure	Vaccine according to the procedure: Sealed vaccine, alcohol cotton before injection, observation of side effects.
		Unwanted Reaction	feel safe getting the vaccine
		Unwanted Reaction on implant	Reaction to implants
			Implant location and implant reaction form.
			The type of implant installed and when it was installed
3	Choice	Types of Vaccine	The type of vaccine used
		Location of Vaccination	Location of vaccination
4	Information	Efficacy/Usage	comfortable at the time of being vaccinated or after being vaccinated

			feel safe getting the vaccine
			negative things or bad things related to adverse reactions of the vaccine
			Composition or kind of vaccine before you were vaccinated
		Side effects	feel worried or doubtful about the efficacy and usefulness of the vaccine after being injected
5	Complaints	Opinion and Complaints	Information to be carried out if complaints or symptoms occur after the vaccine
		Follow-up complaints to	have certain diseases feel worried before being vaccinated and convey these concerns to health workers.
			the health worker hears and follows up on the complaints that you convey
6	Advocacy	Counseling	conveyed what things you will do, if there are complaints or other symptoms after being vaccinated
		Loss	conveyed what things will you do, if there is a loss due to the use of the vaccine

2.3 Data type and Data Description

The kind of data employed in this investigation is original data obtained through hands-on research and secondary data obtained through normative juridical research.

The data used in this study were obtained through direct research. Questionnaires were distributed to respondents from all provinces in Indonesia. Obtained as many as 1610 respondents.

3. RESULTS AND DISCUSSION

Primary data are obtained through the distribution of questionnaire that made from google form and addressed to 1610 respondents. The data were analyzed based on qualitative methods and univariate analysis as well by using Binary Logistic Regression Models. As shown in following table, an illustration can be observed.

Table 1. Distribution frequency and respondent percentage based on ease

Did you feel comfortable when you were vaccinated or after being vaccinated?				
	Frequency	Percent	Valid Percent	Cumulative Percent
No	121	7.5	7.5	7.5
Yes	1489	92.5	92.5	100.0
Total	1610	100.0	100.0	

As observed in Table 1, the distribution frequency and respondent percentage based on comfort are categorized into uncomfortable and comfortable. Out of 1610 respondents, 121 or 7.5% said they felt uncomfortable being vaccinated. Meanwhile, 1489 or 92.5 respondents said they felt comfortable being vaccinated. In terms of numbers, it can be said that there was a very significant difference between respondents who felt uncomfortable being vaccinated and respondents who felt comfortable being vaccinated.

Table 2. Distribution of Frequency and Percentage of Respondents based on Safety when Injecting Vaccines

Do you feel safe getting injected with vaccines?				
	Frequency	Percent	Valid Percent	Cumulative Percent
No	84	5.2	5.2	5.2
Yes	1526	94.8	94.8	100.0
Total	1610	100.0	100.0	

As observed in Table, the distribution frequency and respondent percentage based on safety when injected the vaccines are divided into two categories, namely the unsafe category and the safe category. Of the 1610 respondents, 84 or 5.2% of respondents said that they did not feel safe when being injected with the vaccine, while 1526 or 94.8% of respondents said that they felt safe being injected with the vaccine. This shows that the vaccination process meets good safety standards and almost all respondents already understand the benefits of vaccines so that 94.8% of the total respondents said that they felt safe being injected with the vaccine.

Table 3. Distribution of Frequency and Percentage of Respondents based on Protection as Vaccine Consumers

After answering the questions above, do you feel protected as a consumer of the COVID-19 vaccine?				
	Frequency	Percent	Valid Percent	Cumulative Percent
Nothing and hesitated	237	14.7	14.7	14.7
Yes	1373	85.3	85.3	100.0
Total	1610	100.0	100.0	

As observed in Table, the distribution frequency and respondent percentage based on whether there is protection as recipients of the Covid-19 vaccine are divided into two categories, namely the protected category and the unprotected category. Of the 1610 respondents, 237 or 14.7% of respondents said that they were still unsure or did not feel protected as consumers of the Covid-19 vaccine, and 1373 or 85.3 respondents said that they already felt protected as consumers of the Covid-19 vaccine. These results indicate that in accordance with what the respondents felt and experienced before being vaccinated and at the time of being vaccinated, they had received clear information about the vaccine they received, so they felt safe and protected, this was evidenced by 85.3 respondents saying that they already feel protected.

Primary data processing through questionnaires to 1610 respondents can also be described in the following table.

Table 4.

Components in the formula							
		B.	S. E.	forest	df.	Say.	Exp (B)
Step 1	Security	.128	.082	2.455	1	.117	1.136
	Comfort	-.563	.083	46.513	1	.000	.569
	Information	.614	.097	40.440	1	.000	1.848
	Advocacy	.025	.094	.071	1	.790	1.025
	Choose	-.206	.082	6.306	1	.012	.814
	Sex	.126	.163	.605	1	.437	1.135
	Age	-.018	.055	.104	1	.748	.982
	Profession	.128	.241	.280	1	.597	1.136
	Province	-.183	.065	8.024	1	.005	.833
	Constant	2.021	.610	10.982	1	.001	7.543
a. Variable(s) entered on step 1: The REGR factor score 1 is utilized in the analysis from 1 to 6 and includes variables such as gender, age, occupation, and region.							

Table 5

Components in the formula							
		B.	S. E.	forest	df.	Say.	Exp (B)
Step 1	Security	.128	.082	2.483	1	.115	1.137
	Comfort	-.563	.083	46.447	1	.000	.569
	Choose	-.205	.082	6.265	1	.012	.814
	Listen to Opinions	.631	.074	72.855	1	.000	1.879
	Sex	.130	.162	.641	1	.423	1.139
	Age	-.018	.055	.105	1	.745	.982
	Profession	.129	.241	.286	1	.593	1.138
	Province	-.182	.064	7.951	1	.005	.834
	Constant	2.012	.609	10.928	1	.001	7.477
a. Factor(s) entered in the first step: REGR factor score 1 for analyses 1 to 4, and factors like gender, age, occupation, and region.							

Table 6

Variables in the Equation							
		B	S.E.	forest	df	Say.	Exp(B)
Step 1 ^a	Security	.128	.082	2.445	1	.118	1.136
	Comfort	-.564	.083	46.564	1	.000	.569
	Choose	-.204	.082	6.220	1	.013	.815
	Listen to Opinions	.623	.072	74.154	1	.000	1.865
	Sex	.112	.158	.502	1	.479	1.119
	Age	-.017	.055	.096	1	.756	.983
	Province	-.182	.064	8.010	1	.005	.833
	Constant	2.274	.363	39.313	1	.000	9.714
a. Variable(s) introduced in step 1: The REGR factor score 1 for analyses 1 to 4, and demographic data such as gender, age, and region.							

Table 7. Variables, N, Min, Max, Mean, and Std. Deviation

	N	Min	Max	Mean	Spread
Sex	1610	1	2	1.50	.500
Age	1610	1	6	3.77	1.574
Profession	1610	1	2	1.84	.368
Province	1610	1	5	1.53	1.147

Table 8. Variables, B, SE, Wald test, df., significant, and Exp (B)

Variables	B	S. E.	forest	df.	Say.	Exp (B)
Security	.123	.081	2.297	1	.130	1.130
Comfort	-.562	.082	47.053	1	.000	.570
Choose	-.195	.080	5.916	1	.015	.823
Listen to Opinions	.629	.072	76.560	1	.000	1.876
Province	-.180	.064	7.900	1	.005	.835
constant	2.374	.140	287.979	1	.000	10.737

3.1 Conclusions and findings of Quantitative Data Processing Results

Variables that significantly (<0.15) affect legally protected variables are Security, Convenience, Voting for Hearings, and Province.

3.2 Security Variable

The Security variable has a p-value of 0.130 ($<0.15^*$). For every increase in one respondent's security unit, respondents stated that they were legally protected 1,130 times.

3.3 Comfort variable

The comfort variable has a p-value of 0.000). Each respondent feels comfortable with the vaccine program but feels less legally protected (with every increase in the comfort variable of one unit, respondents feel protected by 0.570 times)

3.4 Freedom of choice variable

The freedom to choose variables has a p-value of 0.015. The free they are, the more they feel legally unprotected. For every one-unit increase in the freedom of choice variable, the protection is increased by 0.823 times.

3.5 Variables with Opinion

Respondents whose opinions were heard had a p-value of 0.000. Every time an increase in opinion is heard by one unit, the more they feel legally protected. His opinion was heard for every one-unit increase in the variable, and he felt legally protected by 1.876 times.

3.5.1 Attitudes towards Legal Defense for Covid-19 Vaccine Recipients by Health and Non-Health Workers

According to the study outcomes, of the 1610 survey participants, there were 259 (16.1%) health workers and 1351 (83.9%) non-health workers. There is a very significant difference in numbers between health and non-health workers, around 1:5. This difference is because the non-medical profession consists of multiple professions.



For the right to comfort as stipulated in Article 4 letter (a) UUPK, it can be seen that out of 259 health worker respondents, 238 respondents (92%) stated that they were comfortable, and only 21 respondents (8%) stated that they were uncomfortable during vaccination and after being vaccinated. Meanwhile, for non-health workers, out of 1351 respondents, 1251 respondents (93%) stated they were comfortable, and only 100 respondents (7%) stated they were uncomfortable. This means that the perception of legal protection for the right to comfort is more focused on consumers who receive vaccines for non-health workers (93%) compared to health workers (92%), even though the difference is insignificant.

For the right to information as stipulated in Article 4 letter (c) UUPK, it can be seen that out of 259 respondents from health workers, there were 213 respondents (82%) who stated that they received information on the implementation of their vaccinations and vaccines and only 46 respondents (18%) who said they had no information. Meanwhile, for non-health workers, out of 1351 respondents, 742 respondents (56%) received information, and only 609 respondents (44%) stated that they did not receive information. This means that the perception of legal protection for the right to information is more focused on consumers receiving vaccines for health workers (82%) than non-health workers (56%). This is because consumers who receive vaccines classified as health workers are required to know matters related to vaccines and their implementation because they have previously been given explanations and counseling.

Regarding legal protection, out of 259 respondents to health workers, 229 respondents (88%) stated that they were legally protected as consumers receiving vaccines, and only 30 respondents (12%) stated that they were not protected. Meanwhile, for non-health workers, from 1351 respondents, there were 1144 respondents (85%) who felt protected and only 207 respondents (15%) who felt unprotected. The indicators, as in the questionnaire, are consumer rights regulated in Article 4 UUPK, Specifically, the rights of convenience, security, information, choice, complaint, and advocacy. The gathered data reveals that the perception of healthcare workers felt they were legally protected, namely 88%, compared to non-health workers, which was only 56%.

3.5.2 Implementation of the rights of consumers getting the Covid-19 vaccine as mandated by the regulations of administering the Covid-19 immunization.

Based on research conducted through several data, Both primary and secondary data obtained related to the implementation of consumer rights concerning the COVID-19 vaccine regulated in the UUPK in the implementation of COVID-19 vaccination related to the legal protection theory presented by Philipus M. Hadjon are acknowledged, then normatively it has sufficiently protected consumers as stipulated in Article 4 UUPK so that preventive legal protection has been carried out properly at the normative level through the institutions of statutory regulations.

This is not the case with repressive legal protection. Based on processed quantitative data as primary data, it can be seen that several consumer rights get Covid-19 immunization regulated in UUPK, which need to be addressed or implemented correctly, out of 1610 respondents, especially the right to information and the right to vote were given special importance, there were 655 (40.7%) still waiting to receive information. A very significant number of the total number of respondents. This is due to the distribution of vaccines in areas that have received information other than health workers who need more in areas far from urban areas.

Likewise, with the right to vote, which is only around 15.5% of the total 1610 respondents. This was because there were no other options available then. Hence, consumers who received the vaccine had no other choice in law science known as force majeure or compelling circumstances.

Similar to the right to be heard complaints or opinions regulated in Article 4 UUPK, it can be seen that out of 1610 respondents, there were 962 respondents (59.8%) whose complaints were not heard and only 648 respondents (40.2%) whose complaints were heard.

CONCLUSION

There is a difference in the perception of law safeguard for individuals who get the Covid-19 vaccine between Health and Non- Health Workers, namely consumers who receive vaccines that are classified as non-health workers feel more legally protected concerning administering the Covid-19 vaccine

compared to consumers who receive vaccines in the health worker group. The rights of consumers who receive the Covid-19 vaccine are regulated by law. In this case, Consumer Protection Regulation in reference to immunization, has not been correctly implemented because some of the rights of consumers who receive vaccines, especially Information right, choice right, and complaint right, so that repressive legal protection has not been implemented properly in terms of implementing vaccinations to the public.

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