

The Intersection of Health Laws and Human Rights in the Context of HIV-Positive Couples

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Abstrak

Legal protection for partners of persons living with HIV (PLHIV) is the subject of this study. This study employs a form of normative juridical research that combines conceptual and statutory methodologies. A literature review was conducted to collect and analyze all legal materials utilized in this research. Deductive legal materials were employed for analysis. These are the outcomes of this research: 1) The relationship between health law and human rights in couples comprising people living with HIV (PLHIV) is reciprocal. Human rights violations frequently lead to health disruptions, and conversely, infringements upon the right to health constitute human rights violations. In the same way that health services must be universal and not discriminatory in accordance with the right to health, it is impermissible to deny access to health services to patients, including those who are partners of people living with HIV (PLHIV). 2) Legal protection for partners of persons living with HIV (PLHIV) is governed by the ICESCR, the ICCPR (Human Rights Law), and health-related legislation, including Health Law No. 17 of 2023. Human rights legislation is a reflection of societal values, specifically tolerance and nondiscrimination. Nonetheless, this legislation has yet to manifest empathy due to the absence of a concern-filled attitude towards the partners of individuals living with HIV.

Keywords: Health Law, Human Rights, PLHIV

INTRODUCTION

Indonesia adheres to the rule of law. "Indonesia is a state of law" is the explicit form of the declaration found in Article 1, paragraph 3 of the Constitution of 1945. In Article 28D, paragraph 1, of the Constitution of 1945—"Everyone has the right to recognition, guarantees, protection, and equitable legal certainty, in addition to equal treatment before the law—the provisions pertaining to the rule of law are highlighted. This means that as a rule of law (*rechstaat*), all actions, policies, and attitudes of the state apparatus and populace must be predicated on the law (Masayu et al., 2021; Tibaka & Rosdian, 2017). The law is anticipated to operate in two capacities: to implement social control and regulation; and to serve as a mechanism to shape social existence. As a system of societal oversight, the law is anticipated to safeguard the rights of individuals afflicted with HIV/AIDS in accordance with the principles of tolerance, compassion, and nondiscrimination (African, 2003; Gostin, 2010; Organization, 2017; Westra, 2012). In essence, each individual is born as a divine creation endowed with fundamental rights, including but not limited to freedom, the right to life, and protection. Regarding the right to security of every individual, paragraph 7 of the Human Rights articles states that all persons are entitled to equal protection under the law, devoid of any form of discrimination. Contrary to this statement, all individuals are entitled to equal protection against all forms of discrimination and incitement to such conduct (Vierdag, 2012; Widyawati et al., 2020; Yang, 2024)

Protecting the rights of individuals living with HIV (PLHIV) does not, in practice, entirely adhere to the principles of human rights. This condition is susceptible to the impact of healthcare professionals' conduct, particularly in hospitals, concerning the safeguarding of people living with HIV (PLHIV). Hospital personnel often exhibit discriminatory behavior towards individuals living with HIV (PLHIV). There are numerous instances in which individuals living with HIV (PLHIV) are denied treatment or do not receive adequate health care in hospitals. Hospitals deny treatment to individuals living with HIV (PLHIV) on the basis of diverse justifications, including inadequate healthcare infrastructure and other factors that indicate resistance to treatment (Loveday et al., 2024; Mutabazi et al., 2020). Conversely, the emergence of HIV/AIDS has introduced numerous novel challenges, including prejudice, ignorance, and discriminatory attitudes.

Ragil Sukoyo, an individual affiliated with the HIV AIDS Volunteer Group, acknowledged frequently accompanying persons living with HIV (PLHIV) who are subjected to discriminatory treatment by medical staff. "Even when examined, medical personnel appeared hesitant and fearful of contracting the infection, which diminished the quality of their service. "Medical personnel are apprehensive about holding patients for the sole purpose of checking their blood pressure. Medical officers also have concerns regarding the examination of patients living with HIV. Additionally, Setya Kurniawan has offered testimony by undergoing medical treatment at a hospital using DIY methods. He reported experiencing a temperature subsequent to ingesting HIV medication. Moreover, they are discriminatory, according to him, from administrative personnel to nurses. Although he was ultimately attended to, the physician administered substandard care (Grehenson, 2019)

Every nation is obligated to abstain from both direct and indirect interference with the implementation of human rights, in accordance with the obligation to respect human rights. Every nation is obligated to secure human rights by taking measures that foresee the intervention of third parties in human rights affairs (Cole, 2015; Cook, 1994; Nickel, 1987; Provost, 2002). In order to completely realize human rights, the obligation to provide guarantees also necessitates that each nation implement suitable legislation, financial management, and judicial systems, among other measures.

The author was subsequently inspired by these issues to conduct and concentrate this research on safeguarding the rights of individuals who are living with HIV. It is not intended

or interpreted that the author disregards concerns regarding the protection of society in the wake of the HIV/AIDS pandemic, which is the focus of this research. The deliberation regarding the research concentration is motivated exclusively by the concern for research efficiency. The prevalence of legal measures that offer protection for people living with HIV (PLHIV) contributes significantly to the complexity of the HIV/AIDS crisis. Fundamentally, the issue that necessitates investigation is the extent to which health law and human rights law are congruent in safeguarding individuals who are HIV-positive partners. Specifically, this pertains to the legal standards that regulate the prevention of HIV/AIDS and the institutions that take the lead in regulating the virus. Additionally, it concerns the legal culture surrounding initiatives to safeguard the rights of individuals living with HIV.

The purpose of this study is to examine, in relation to health law, the legal protection of human rights for partners of people living with HIV (PLHIV), as outlined in the problem formulation.

RESEACH METHOD

This type of research is normative legal research, according to Peter Mahmud Marzuki, normative legal research is a process of finding legal rules, legal principles, legal doctrines in order to answer the legal issues faced, with the result to be achieved is to provide a prescription regarding what should be. Based on this definition, the type of research carried out in this thesis research is normative legal research, because the researcher used library materials as the main data to analyze the case, and the author did not conduct field research (Marzuki, 2021). This research was researched using library materials (secondary materials) or library legal research which is generally aimed at: research on legal principles, research on legal systematics, research on legal synchronization, research on legal history, and research on comparative law. The approach used in this research is to use a statutory approach and a conceptual approach. These two approaches will be used to analyze the research problems that have been formulated. The statutory approach was chosen because this research will examine all statutory regulations relating to the legal issue being researched. For researchers for academic purposes, researchers need to look for the legal ratio and ontological basis for the birth of these laws and regulations. The conceptual approach departs from the views and doctrines that develop in legal science (Ali, 2021; Syahrums, 2022). By studying these views and doctrines, researchers will find ideas that give rise to legal understandings, legal concepts and legal principles that are relevant to the issue at hand. Understanding these views and doctrines is what researchers rely on in making legal arguments in solving the legal issues they face.

DISCUSSION

Legal Substances in Human Rights that Have the Potential to Protect Partners of People Living with HIV (PLHIV)

Laws are regulations that govern human existence in a given society so that its members may coexist harmoniously, peacefully, prosperously, and in harmony with the prevailing sense of justice. Laws within every human society, regardless of its level of development, are reflective of the prevailing sense of justice that is prevalent among its members.

International protection is afforded to partners of individuals living with HIV (PLHIV). This protection is delineated in statutory regulations and international conventions that address discrimination against PLHIV partners. Such protection is applicable universally and should not be disregarded. Indonesia ratified the International Covenant on Economic, Social, and Cultural Rights (ICESCR) through Law No. 11 of 2005, which is the International Covenant on Economic, Social, and Cultural Rights (Handayani, 2018; Triyana, 2015).

1. Non-Discrimination Value

The introduction to the ICESCR emphasizes the significance of non-discrimination, stating that the rights governed by this covenant are sourced from the Universal Declaration of Human Rights, particularly with regard to freedom from fear and liberty. The introduction states, "Recognizing that the ideal of free human beings enjoying freedom from fear and want, as stated in the Universal Declaration of Human Rights, can only be realized by establishing conditions in which all individuals are able to exercise their civil, political, economic, social, and cultural rights." Particularly, partners of people living with HIV (PLHIV) are protected by social, economic, and cultural liberties outlined in this Covenant. Health is governed by Article 12, which states:

- 1) All nations that are signatories to the current Covenant acknowledge that every individual is entitled to the utmost possible state of physical and mental well-being.
- 2) In pursuit of the complete realisation of this right, States parties to the present Covenant shall undertake the following measures:
 - a) Control, prevention, and treatment of all occupational diseases, including those that are infectious, endemic, or otherwise prevalent.
 - b) Establishing circumstances that ensure the provision of comprehensive medical care and services in the event of an individual's ailment.

As explicitly mentioned in the aforementioned article, the State ensures that all its citizens, including partners of individuals living with HIV (PLHIV), have the freedom to experience good mental and physical health. The following substances fall under the category of non-discriminatory:

- a) The principle of interdependence and interrelation among human rights posits that the realization of a particular right is highly contingent upon the realization of other rights. For instance, the right to obtain information and the right to obtain a high standard of health are interdependent and related in specific circumstances.
- b) The participation and contribution principle. This principle stipulates that all individuals and the community as a whole (PLHIV included) are entitled to freely engage in development activities across the political, civil, economic, social, and cultural domains.
- c) The nondiscrimination and equality principle. This principle posits that all individuals are created equal and possess intrinsic virtue in the form of dignity and respect. It is indisputable that each individual is entirely deserving of their liberties. on the basis of nationality and social origin, disability (physical or mental), age, language, religion, ethnicity, skin color, gender, Social Security status, or other status-based factors.

2. Tolerance Value

The provisions of Act No. 11 of 2005 affirm the importance of protecting human rights. The law contains a number of charges that can be categorized as giving tolerance. It can be found from the substance, i.e.: (1) the State is placed as a duty holder, which must fulfil its obligations in the implementation of human rights, both internationally and nationally, while individuals and groups of society are the right holders. (2) the State bears the obligation and responsibility to fulfil the rights of its citizens (both individual and group) guaranteed in international human rights instruments. (3) If a State is not willing or unwilling to fulfill its obligation or responsibility, at that time a biased State is said to have violated human rights or international law. If the violations are unwilling to be held accountable by the State,

the responsibility will be borne by the international community. This provision demonstrates that the values of non-discrimination have been met.

3. Value of Empathy

The value of empathy in this covenant is found in the opening section which states that ratifying countries have an obligation to promote and protect human rights. The substance of this covenant has empathetic value, because every individual is recognized for enjoying civil and political freedoms.

The Covenant states that every State is obliged to take steps to gradually achieve the realization of rights and ensure the implementation of these rights without any distinction. Developing countries, by paying attention to human rights and their national economy, can determine to what extent these countries will guarantee economic rights for foreign citizens. Based on these provisions, this covenant provides protection for partners of people living with HIV (PLHIV), namely non-discrimination, tolerance and empathy.

Indonesia ratified the International Covenant on Civil and Political Rights in 2005 (ICCPR). ICCPR is an international agreement whose text was produced by the United Nations (UN) in 1966. ICCPR came into force in 1976 after 35 countries ratified it. The substance regulated in the ICCPR is respecting human rights related to civil and political rights and requires participating States to transform this into national law.

The International Covenant on Civil and Political Rights or commonly abbreviated as ICCPR aims to confirm the main human rights in the civil and political fields contained in the UDHR so that they become legally binding provisions and their elaboration includes other related points. The Covenant consists of a preamble and articles which include 6 chapters and 53 articles.

1. Non-Discrimination Value

The principle of non-discrimination, as stated in the Covenant on Civil and Political Rights, has been effectively upheld. This content is located in the introductory part, which declares that member nations are required to advance and safeguard human rights, ensuring that all individuals possess civil and political liberties. This state can be attained if all individuals are able to fully exercise their civil and political rights, as well as their economic, social, and cultural rights.

Article 4 of Law Number 12 of 2005 pertains to the endorsement of the International Covenant on Civil and Political Rights (ICCPR). Every individual possesses the inherent entitlement to shape their own future, and it is imperative that all nations, particularly those entrusted with the administration of regions lacking self-governance, actively advocate for the realization of these rights. The implementation of this policy applies to all individuals within the geographical boundaries of the governing authority, without any form of discrimination. During a national emergency, the state has the authority to take actions that may differ from its usual commitments, as long as these actions do not result in any form of discrimination based on race, color, gender, language, religion, or social origin. The rights mentioned are commonly known as negative rights, indicating that these rights and freedoms will be upheld if the State's involvement is restricted or minimized. If the state assumes an interventionist role, it will infringe upon the rights and freedoms that it regulates.

2. Tolerance value

This Covenant can be viewed as embodying the principle of tolerance, as it grants the authority to a State, group, or individual to engage in activities or undertake

actions with the intention of undermining any of the rights or freedoms acknowledged in this Covenant. Furthermore, it is impermissible to restrict or diverge from essential human rights acknowledged or enforceable inside the State party, as per laws, treaties, rules, or practices.

The concept of tolerance is elucidated in article 2, article 3, article 4, and article 5. Article 2 of this chapter provides additional guidelines for the State parties to fulfill their commitments in upholding and ensuring the rights of every individual within their jurisdiction, without any discrimination based on factors like as race, ethnicity, religion, political affiliation, and so forth. State parties are required to furnish legal facilities and infrastructure to facilitate the development of an institution that can ensure the enforcement of this convention in the respective country.

3. Value of Empathy

The significance of empathy in this convention lies in its connection to fundamental rights pertaining to civil and political affairs. This Convention guarantees the right to life (Article 6), the right not to be tortured or treated cruelly (Article 7), the right not to be enslaved (Article 8), the right to freedom and security (Article 9), the right to receive decent treatment during the period of detention (Article 10), the right not to be detained if unable to fulfill contractual obligations (Article 11), the right to freely move and choose a place of residence (Article 12), the right to receive equal treatment before the law and the courts (Article 14), the right to be treated as a legal subject everywhere (Article 16), the right to avoid interference with everything relating to private life (Article 17), the right to freedom of thought, use of conscience and choice of religion (Article 18), right to express opinions without interference from other people (Article 19), the right to a peaceful assembly (Article 21), the right to freedom of association (Article 22), the right to marry and form a family (Article 23), the right to protect children (Article 24), citizens' rights (Article 25), minority rights (Article 27). The essence of the ICCPR is in the promotion and protection of human rights, necessitating countries to incorporate these rights into their domestic legislation. This respect encompasses a wide range of rights, including the fundamental right to life and the prohibition of slavery. The ICCPR also governs the establishment of a committee known as the Human Rights Committee. The primary responsibility of this committee is to receive reports regarding the implementation of the International Covenant on Civil and Political Rights (ICCPR) in countries that have officially ratified it. Consequently, if a country such as Indonesia breaches the ICCPR, it will face repercussions in the form of surveillance of the enforcement of this global treaty. Here is another article that specifically pertains to individuals who are in relationships with people who have HIV (PLHIV). Article 26 of the law pertains to the principle of equality before the law.

Every individual is entitled to equal treatment under the law and has the right to receive equal legal protection without any kind of discrimination. In this scenario, it is imperative for the law to explicitly forbid any kind of discrimination and ensure that all individuals are afforded equal and efficacious safeguards against discrimination based on factors such as race, color, sex, language, religion, political or other viewpoint, national or social origin, wealth, birth, or any other status. This covenant does not consider status, including the status of partners of individuals living with HIV (PLHIV). The content of legislation in the field of Human Rights can be inferred from the description provided and is presented in the table below:

Table 1. Content of Social Values in Laws in the Field of Human Rights

Nilai-Nilai Sosial	<i>Law Number 11 of 2005 concerning Ratification International Covenant on Economic, Sosial and Cultural Rights</i>		<i>Law Number 12 of 2005 concerning Ratification International Covenant on Civil and Political Rights</i>	
	Reflecting	Not Reflecting	Reflecting	Not Reflecting
Non discrimination	√		√	
Tolerance	√		√	
Empathy		√		√

Sources: Compiled from Law Number 11 of 2005 concerning Ratification *International Covenant on Economic, Sosial and Cultural Rights*

Based on this table, it can be stated that laws in the field of human rights reflect social values in the form of tolerance and non-discrimination. However, this law does not yet reflect empathy because there is no attitude that provides concern for partners of people living with HIV (PLHIV). This is because the law is not directly related to the HIV AIDS problem.

A Health Law Substance That Potentially Protects People's Couples With HIV (PLHIV)

The Health Act affects the protection of the rights of couples of people with HIV (ODHIV). This section will outline the universal values of human rights, namely non-discrimination, tolerance, and empathy in the Health Act.

1) Non Discrimination Value

The value of non-discrimination in the Health Act can be found in the provision that states that the right to health is one of the most fundamental human rights. This is somehow reflected in the People's Health Assembly PHA. Health must be placed above economic and political interests. The Charter calls upon the world community to support all efforts to implement the right to health, demands that governments and international organizations redefine, implement and ensure the implementation of policies and practices that respect the right of health, builds a public movement to force governments to incorporate health and human rights into the laws and regulations of the State and counter the exploitation of the health needs of the people to take advantage.

The value of non-discrimination can also be found in article 1, paragraph 1, which states that health is the state of well-being and body, and soul, and social that enables everyone to live a productive social and economic life. This provision indicates that the right to health is an opportunity for everyone to realize an optimal level of health for themselves and their society. Another provision in the Health Act that demonstrates the value of no discrimination is in article 4, which reads: "Everyone has a right to safe, quality, and affordable health services in order to the highest degree of health, to receive health care in accordance with the standards of health services, and to have access to health resources". This provision clearly indicates that the Health Act does not discriminate against people living with HIV AIDS.

2) Torance Value

The value of tolerance in the Health Act is found in article 5 (1) letter (a) which states that everyone is obliged to participate in the realization, maintenance, and improvement of the highest level of public health. This obligation covers individual health efforts, public health efforts and health-minded development. The values of tolerance are also found in article 5, paragraph 1, letter (c), which states that everyone has a duty to respect the rights of others in an effort to a healthy environment, both physical, biological and social. Furthermore, article 5 paragraph 1 letter (b) each person has an obligation to maintain and improve the health of others for whom he is responsible.

The above provision indicates a tolerance value in the Health Act. For women, the right to health plays a vital role in empowering women. The right to health is a human right, but despite the fact that more than 100 countries have ratified the MDGs, one of which concerns women's empowerment in areas such as education, economics and health, women around the world have not yet their rights properly. One of the fundamental human rights is the right to health, including women. This condition shows a high prevalence of HIV-positive couples. (ODHIV). This is because women's fundamental rights have not been fulfilled, although if women are empowered economically, education, and access to health care.

3) Emphatic Velue

The Republic of Indonesia's Law Number 17 of 2023 on Health upholds the principle of empathy. According to Article 6, paragraph (1), the Central Government and Regional Governments have the duty to develop, coordinate, promote, and oversee the execution of health initiatives that are of high quality, safe, efficient, fair, and economical for the community. According to Article 9, both the Central Government and Regional Governments have the responsibility of ensuring a conducive and healthy environment for the people. Moreover, Article 11 stipulates that both the Central Government and Regional Governments bear the responsibility for ensuring the availability and accessibility to Health Service Facilities, as well as Health information and education.

The significance of empathy is also evident in the organization of medical equipment, which includes instruments, apparatus, machines, and implants that do not contain drugs. These tools are utilized for the purposes of disease prevention, diagnosis, treatment, and alleviation, as well as for the care and restoration of health in individuals. Additionally, they are employed to shape structures and repair bodily functions.

The objective of utilizing these health instruments is to ascertain, remedy, alleviate, manage, restore well-being, shape structure, and enhance bodily performance. Medical devices exclusively pertain to tools or instruments, thus encompassing a restricted scope compared to medical equipment in general. Upon reviewing the aforementioned item, it is evident that there is no provision pertaining to the sterilization of healthcare equipment, particularly in relation to the prevention of HIV/AIDS transmission.

According to the given description, the information can be summarized in the following table:

Tabel 2. social values in the regulations of the legislation in the field of health

Social Values	Heath Legislation	
	Reflecting	Non-Reflecting
Non discrimination	√	
Tolerance	√	
Empty	√	

Source : Law of the Republic of Indonesia No. 17 of 2023 on Health

According to this table, it may be inferred that the Law embodies societal principles such as non-discrimination, empathy, and tolerance. Nevertheless, it is a fact that hospitals still engage in numerous practices that possess the capacity to violate the human rights of patients, including the partners of individuals living with HIV (PLHIV). The interaction between patients and health workers is characterized by a professional dynamic, where the responsibilities of health workers towards patients are often perceived as obligations stemming from a service agreement. The relationship between health workers and patients is predicated on the societal expectation that health workers have a duty to deliver healthcare, rather than being exclusively reliant on a contractual agreement between the two sides.

Conformity of Legal Substance and Behavior of Medical Personnel in Hospitals in Providing Rights Protection to Partners of People Living with HIV (PLHIV)

The current legislation pertaining to the rights of partners of individuals living with HIV (PLHIV) is not fully aligned with societal ideals, such as tolerance, empathy, and non-discrimination. The partners of people living with HIV (PLHIV) have emerged as a widespread and influential phenomenon, affecting all segments of society, including nations, communities, families, and individuals of all genders and age groups, including adults and children. This is a really significant peril that humanity is currently confronting. This is a really significant peril that humanity is currently confronting. The legal framework for safeguarding the rights of partners of individuals living with HIV (PLHIV) is broad and biased. Partners of individuals living with HIV (PLHIV) experience this in regards to the right to health. The notion of medical secrecy refers to the situation where a clinician acquires information about a patient while diagnosing or treating an ailment. These rights pertain to the realm of medicine, encompassing diseases and the health status of people. This idea of health generally pertains to highly individualized circumstances. Personal matters encompass aspects such as an individual's sexual orientation, religious beliefs, or state of health. Consequently, it is expected that a doctor, who possesses knowledge of a patient's health condition, refrains from disclosing this information to others, as it is considered confidential and the result would be its transformation into a secret.

The notion of confidentiality is crucial due to the frequent social ostracization of partners of individuals living with HIV (PLHIV), as well as the common occurrence of discrimination against sufferers in their workplace or environment. Upon receiving a diagnosis of being HIV positive, an individual's personality will be impacted, ultimately affecting their feeling of identity and security, which are fundamental aspects of their well-being. Can the principle of confidentiality be disregarded? Negative, thus, prior to utilizing the information, it is imperative to acquire permission and ensure that the consent is unambiguous and not open to interpretation.

It is imperative to have an ample supply of personal protective equipment, including aprons, boots, protective glasses, masks, gloves, and other necessary health equipment, for healthcare professionals. This is an endeavor to implement Universal Precaution. Circular Number 129 of 2013, issued by the Ministry of Health, pertains to the implementation of measures to control HIV AIDS and Sexually Transmitted Infections (STIs). This circular is specifically directed to Directors of Hospitals across Indonesia. The rules within it pertain to the inclusion of HIV and AIDS services as a core component of the services offered by Community Health Centers and Hospitals. This is in accordance with the Service standards in Hospitals, as HIV AIDS services are now considered a crucial aspect of Hospital accreditation examinations.

According to these regulations, hospitals are not allowed to reject patients who have HIV. The purpose of this is to ensure that individuals with HIV (PLHIV) are granted equal access to healthcare services, similar to other patients. If the hospital or community health center lacks adequate resources to treat patients with HIV, they can send them to other healthcare institutions that offer superior amenities. Nevertheless, the initial hospital or healthcare facility must prioritize adhering to relevant regulations in order to effectively manage the patient's serious condition. Regarding the health status of individuals diagnosed with HIV (PLHIV). If individuals who are HIV-positive see improvement in their health, the hospital or health center has the option to transfer them to another medical facility.

CONCLUSION

The legal rights of individuals with HIV (ODHIV) are governed by the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on

Civil and Political Rights (ICCPR) (which pertain to human rights laws), and are subsequently implemented in the realm of healthcare, such as through the Health Act No. 17 of 2023 on Health. Nevertheless, the Act fails to acknowledge the presence of empathy since it lacks any provision that demonstrates concern for Couples of People with HIV (ODHIV). This is because the Act is not directly pertinent to the issue of HIV/AIDS.

The Health Act already embodies social ideals of non-discrimination, empathy, and tolerance. However, it is a reality that there are numerous practices in hospitals that have the potential to infringe against the rights of patients, particularly HIV-positive partners (ODHIV), by subjecting them to discriminatory treatment. At now, individuals who are in a relationship and have HIV (ODHIV) are experiencing biased and unequal treatment. Therefore, it is necessary to enact specific laws to safeguard their rights.

Furthermore, the key to tackling discrimination in individuals with HIV (ODHIV) is to have a comprehensive understanding of HIV/AIDS, including the fact that the virus may solely be transferred through bodily fluids such as blood, reproductive fluids, and breast milk. In order to ensure safety, healthcare professionals are required to utilize personal protective equipment (PPE) that adheres to established standards when carrying out procedures involving the bodily fluids of an HIV/AIDS patient, such as drawing blood. In addition, it is crucial to preserve effective communication with those who have HIV/AIDS. An effective approach is to answer rationally and refrain from making disparaging remarks or displaying condescension.

REFERENCES

- African, S. (2003). The UNGASS Declaration of Commitment on HIV/AIDS: One Year Later. *HIV/AIDS Policy & Law Review*, 8, 1.
- Ali, Z. (2021). *Metode Penelitian Hukum*. Sinar Grafika.
- Cole, W. M. (2015). Mind the gap: State capacity and the implementation of human rights treaties. *International Organization*, 69(2), 405–441.
- Cook, R. J. (1994). State Responsibility for Violations of Women's Human Rights. *Harv. Hum. Rts. J.*, 7, 125.
- Gostin, L. O. (2010). *Public health law and ethics: a reader* (Vol. 4). Univ of California Press.
- Grehenson, G. (2019, December). *Penyintas HIV/AIDS Sering Mendapat Perlakuan Diskriminatif*. <https://Ugm.Ac.Id/Id/Berita>.
- Handayani, I. (2018). Justiciability of economic, social and cultural rights in international law and its future implementation in Indonesia. *Yustisia*, 7(3), 451–474.
- Loveday, M., Hlangu, S., Manickchund, P., Govender, T., & Furin, J. (2024). 'Not taking medications and taking medication, it was the same thing: 'Perspectives of antiretroviral therapy among people hospitalised with advanced HIV disease.
- Marzuki, P. M. (2021). *Pengantar ilmu hukum*. Prenada Media.
- Masayu, K. H., Setia, N. T. A., Setyo, W., & Iwan, P. (2021). *Philosophical Basis of Legal Regulation to Provide Legal Certainty for Certificate Holders of Building Use on Land Management Rights*.
- Mutabazi, J. C., Gray, C., Muhwava, L., Trottier, H., Ware, L. J., Norris, S., Murphy, K., Levitt, N., & Zarowsky, C. (2020). Integrating the prevention of mother-to-child transmission of HIV into primary healthcare services after AIDS denialism in South Africa: perspectives of experts and health care workers-a qualitative study. *BMC Health Services Research*, 20, 1–18.
- Nickel, J. W. (1987). *Making sense of human rights: Philosophical reflections on the universal declaration of human rights*. Univ of California Press.
- Organization, W. H. (2017). *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*. World Health Organization.
- Provost, R. (2002). *International human rights and humanitarian law* (Vol. 22). Cambridge University Press.
- Syahrum, M. (2022). *Pengantar Metodologi Penelitian Hukum: Kajian Penelitian Normatif, Empiris, Penulisan Proposal, Laporan Skripsi dan Tesis*. CV. Dotplus Publisher.

- Tibaka, L., & Rosdian, R. (2017). The Protection of human rights in Indonesian constitutional law after the amendment of the 1945 constitution of the republic of Indonesia. *FIAT JUSTISIA: Jurnal Ilmu Hukum*, 11(3), 266–288.
- Triyana, H. J. (2015). The Role of the Indonesian Constitutional Court for An Effective Economic, Social and Cultural Rights Adjudication. *Const. Rev.*, 1, 72.
- Vierdag, E. W. (2012). *The concept of discrimination in international law: with special reference to human rights*. Springer Science & Business Media.
- Westra, L. (2012). *Environmental justice and the rights of unborn and future generations: law, environmental harm and the right to health*. Routledge.
- Widyawati, A., Rasdi, R., Arifin, R., & Adiyatma, S. E. (2020). Covid-19 and Human Rights: The Capture of the Fulfilment of Rights During the Covid Outbreaks. *Unnes Law Journal*, 6(2), 259–286.
- Yang, D. W. J. (2024). Disability discrimination in the provision of health insurance: Article 25 (e) of the UN convention on the rights of persons with disabilities. *International Journal of Discrimination and the Law*, 13582291241237988.