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Determinants of Satisfaction with Outpatient Services Using National Health Insurance at the Sragen District Community Health Center, Central Java, Indonesia

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ABSTRACT

Background: Patient experience is an important determinant of satisfaction with healthcare services. This study aimed to analyze factors associated with outpatient service satisfaction among National Health Insurance users at community health centers.

Subjects and Method: A cross-sectional study was conducted among 200 outpatients enrolled in the National Health Insurance in Sragen Regency, Central Java, Indonesia. The dependent variable was service satisfaction. The independent variables were healthcare provider communication, service access, service coordination, patient engagement, physical environment, and staff responsiveness. Data were collected using a validated and reliable questionnaire. The data were analyzed using a multiple logistic regression.

Results: Healthcare provider communication (OR=2.91; 95% CI=5.75 to 59.19; p<0.001), service access (OR=2.16; 95% CI=2.96 to 25.82; p<0.001), service coordination (OR=1.32; 95% CI=1.33 to 10.68; p=0.012), patient engagement (OR=2.11; 95% CI=4.05 to 17.06; p<0.001), physical environment (OR=1.61; 95% CI=1.84 to 13.62; p=0.002), and staff responsiveness (OR=2.64; 95% CI=4.64 to 42.72; p<0.001) were positively associated with outpatient service satisfaction.

Conclusion: Healthcare provider communication, service access, service coordination, patient engagement, physical environment, and staff responsiveness were associated with outpatient satisfaction among National Health Insurance users at community health centers.

Keywords: social security, patient-reported experience, health service, satisfaction

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BACKGROUND

Patient satisfaction refers to how satisfied patients are with medical services and care, support, and facilities at the Healthcare Unit. This level of satisfaction is measured through patient satisfaction surveys. Patient satisfaction is a result of quality healthcare services. Achieving patient satisfaction is a key focus in

improving healthcare quality (Ministry of Health of Indonesia, 2021). Patients or members of the public who are satisfied with the healthcare services they receive tend to be more disciplined in following advice, remaining loyal, and adhering to previously agreed-upon treatment plans. Conversely, patients who are disappointed or dissatisfied with healthcare services tend to ignore treatment plans, fail to follow advice, and frequently change doctors or move to other healthcare facilities. One such healthcare program is the Social Security Administering Agency (Ministry of Health of Indonesia, 2021).

The National Health Insurance is a legal entity established to administer social security programs. The National Health Insurance includes the Health Social Security Administering Agency and the Employment Social Security Administering Agency. The National Health Insurance aims to ensure that every participant and/or their family members receive coverage to meet their basic needs for a good life, especially in terms of health care (Wiasa, 2022). Coverage of the National Health Insurance users in Indonesia reached 98.45% in 2024. This represents a 3.68% increase from 2023 (The National Health Insurance, 2025). In Central Java Province, the National Health Insurance coverage reached 98.77% in 2024 (Sumarwoto, 2025). Meanwhile, in Sragen Regency, the National Health coverage reached 99.15% in 2025 (Wasita, 2025).

Benefits available to the public through the National Health Insurance include healthcare services provided at government-owned or private healthcare facilities that collaborate with the National Health Insurance. In emergencies, healthcare services can be provided at healthcare facilities that do not collaborate with the National Health Insurance. Furthermore, the National Health Insurance is required to provide compensation to meet the medical needs of participants residing in areas where adequate health facilities are not yet available. Inpatient care at hospitals is provided in standard class. Furthermore, the National Health Insurance guarantees the provision of medicines and consumable medical supplies, taking into account medical necessity, availability, effectiveness, and efficiency of the drugs or consumables, in accordance with statutory regulations. In developing health services, the National Health Insurance implements a quality control system, cost control, and payment to improve the effectiveness and efficiency of health insurance and prevent misuse of health services. Furthermore, for types of services that could lead to misuse, participants are subject to co-payments (Wiasa, 2022).

Patient satisfaction is used as an indicator to assess the quality of healthcare services. Patient satisfaction with the National Health Insurance services is assessed based on their expectations regarding the service. Patients who are dissatisfied with the National Health Insurance services may have high expectations of the services provided (Ofa et al., 2023). Patients who use the National Health Insurance and those who do not use health services experience different levels of satisfaction. Patient satisfaction remains suboptimal, particularly in terms of responsiveness and empathy. The main factors of dissatisfaction are long waiting times (more than 60 minutes) and a lack of individual attention from healthcare workers. Another complaint relates to limited waiting room facilities (Ritonga et al., 2025).

Patient satisfaction with the use of the National Health Insurance services can be seen from the quality of healthcare services and the hospital's image. Cleanliness and completeness of facilities and infrastructure play a crucial role in patient satisfaction. For

example, maintaining the cleanliness of outpatient corridors and waiting rooms, expanding visitor parking areas, and repairing drainage systems to improve drainage will create a positive image for patients. Furthermore, improvements to the service flow for the National Health Insurance patients, communication in easy-to-understand language, and the availability of doctor's practice schedules in each clinic ensure patients have access to this information and ensure timely practice (Mawaddah & Hidayat, 2024).

According to Irwandi et al. (2025), several factors can influence patient satisfaction with the National Health Insurance, such as education. Adequate patient education can enable patients to make the most of the National Health Insurance services and increase their satisfaction with the healthcare they receive. Furthermore, effective communication, particularly therapeutic communication, can increase patient satisfaction with the National Health Insurance. Cleanliness of the room can also increase patient satisfaction with the National Health Insurance because it creates a sense of comfort and safety and reflects the overall quality of service. Long waiting times also decrease patient satisfaction with the National Health Insurance.

Research by Mukaromah et al. (2022) shows that patients are satisfied with the services provided. However, unavoidable dissatisfaction persists. These include inaccurate service times and procedures, lack of speed and responsiveness of staff, incompetent and unfriendly staff, lack of attention from staff, and inadequate maintenance of cleanliness, tidiness, and comfort of facilities and infrastructure. A study by Sandya & Saputra (2025) found a correlation between service quality and patient satisfaction at the National Health Insurance, where good quality service significantly increases the likelihood of patient satisfaction compared to poor quality service. Improving healthcare accessibility, including reducing the distance patients must travel, reducing waiting times, and improving the availability of facilities and medical personnel, significantly increases patient satisfaction.

A study by Astutik et al. (2020) found a significant correlation between healthcare service coordination and patient satisfaction at the National Health Insurance. Good service coordination can improve patient satisfaction. If healthcare workers perform their respective duties according to standards, they can protect themselves from legal action and, more importantly, protect clients/ patients from the risk of harm and injury. Maximizing the patient's role can help a healthcare facility achieve customer loyalty. High patient satisfaction leads to high levels of patient loyalty. Achieving patient satisfaction allows a healthcare facility to maintain its reputation and attract new patients (Utari et al., 2021).

Based on a preliminary survey conducted among 10 National Health Insurance (JKN) patients in Sragen Regency, 6 patients reported being satisfied with the services provided, while 4 reported dissatisfaction. In 2025, JKN coverage in Sragen Regency reached 99.15% of the population. Patients generally reported positive experiences, noting that healthcare workers were friendly, access to JKN-covered services was relatively good, and the service process was efficient, with minimal waiting time and uncomplicated procedures. Despite the high level of JKN coverage and generally positive patient experiences, variations in patient satisfaction may still occur due to differences in service delivery and other individual or facility-level factors. Therefore, this study aims to identify the determinants of satisfaction with outpatient services among JKN participants at community health centers (Puskesmas).

SUBJECTS AND METHOD

1. Study Design

This was a cross-sectional study conducted at six community health centers in Sragen, Central Java, from March to April 2025.

2. Population and Sample

The study population was all patients of the National Health Insurance. A sample of 200 study subjects was selected using convenience sampling.

Inclusion criteria:

a. Active National Health Insurance (JKN) participants who regularly pay their contributions by the 10th of each month;
b. Patients aged 15–70 years; and
c. Patients receiving outpatient services at the community health center (Puskesmas).

Exclusion criteria:

a. Patients presenting with emergency conditions; and
b. Patients who are unwilling to participate in the study.

3. Research Variables

The dependent variable was satisfaction of outpatient services. The independent variables were communication with healthcare professionals, access to services, service coordination, patient engagement, the physical environment of the community health center, and staff responsiveness.

4. Operational Definition of Variables

Patient satisfaction is a patient's level of feeling resulting from the performance of the healthcare services they receive after comparing them with their expectations for outpatients using the National Health Insurance at a Community Health Center.

Healthcare communication is a systematic effort to positively influence public health behavior.

Service access is the ability of each person to seek the healthcare services they need.

Service coordination is the continuous process of integrating, synchronizing, and simplifying the implementation of separate tasks to achieve goals effectively and efficiently.

Patient involvement is the patient's involvement in achieving satisfaction with healthcare services.

The physical environment of a community health center is a form of physical and material conditions that can be seen and felt by a person to facilitate the implementation of their activities.

Staff responsiveness is the attitude of staff in providing services quickly and responding to each patient requesting care.

5. Research Instruments

This study used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questionnaire which was combined to measure the level of patient service satisfaction, health worker communication, service access, service coordination, patient involvement, the physical environment of the health center, and the responsiveness of staff.

6. Data Analysis

Univariate analysis was used to describe each variable. Bivariate analysis in this study used Chi-Square. Multivariate analysis in this study used multiple logistic regression. The analysis in this study used the application SPSS.

7. Research Ethics

Research ethics issues, including informed consent, anonymity, and confidentiality, were carefully addressed throughout the research process. A research ethics approval letter was obtained from the Health Research Ethics Committee of Kusuma Husada University, Surakarta, Number 3454/UKH.L02/EC/V-/2026 on May 04, 2026.

RESULTS

1. Characteristics of Participants

A total of 200 participants were included in the study. The largest proportion were aged 26–45 years (45.5%), while most had completed secondary education (83.5%). Regarding employment status, slightly more than half of the participants were not employed (50.5%). Female participants accounted for the majority of the sample (56.5%).

Table 1. Characteristics of Study Participants (N=200)

Characteristics	n	%
Age (years)		
15–25	53	26.5
26–45	91	45.5
>45	56	28.0
Education level		
Low (no formal education–junior high school)	13	6.5
Secondary (senior high school)	167	83.5
Higher (college/university)	20	10.0
Employment status		
Employed	99	49.5
Not employed	101	50.5
Sex		
Male	87	43.5
Female	113	56.5

2. Univariate Analysis

Univariate analysis was used to determine the frequency distribution based on the characteristics of the research subjects. Table 2 shows that most of the research subjects were satisfied with the service, namely 151 (75.5%) respondents. Most of the health workers' communication was in the good category, as many as 137 (68.5%) respondents. Most of the service access was in the good category, as many as 139 (69.5%) respondents. Most of the service coordination was in the good category, as many as 146 (73.0%) respondents.

Most of the patient involvement was in the good category, as many as 137 (68.5%) respondents. Most of the physical environment of the health center was in the good category, as many as 139 (69.5%) respondents. And most of the officer's responsiveness was in the good category, as many as 143 (71.5%) respondents.

Table 2. Univariate analysis

Variables	N	%
Service Satisfaction		
Satisfied	151	75.5
Not Satisfied	49	24.5
Healthcare Worker Communication		
Good	137	68.5
Not Good	63	31.5
Service Access		
Good	139	69.5
Not Good	61	30.5
Service Coordination		
Good	146	73.0
Not Good	54	27.0
Patient Engagement		

Variables	N	%
Good	137	68.5
Not Good	63	31.5
Physical Environment of the Health Center		
Good	139	69.5
Not Good	61	30.5
Personnel Responsiveness		
Good	143	71.5
Not Good	57	28.5

3. Bivariate Analysis

Table 3 shows that good health worker communication increases satisfaction with outpatient services for the National Health Insurance users 8.31 times compared to poor health worker communication (OR=8.31, p<0.001). Good service access increases satisfaction with outpatient services for the National Health Insurance users 3.74 times compared to poor service access (OR=3.74, p<0.001).

Good service coordination increases satisfaction with outpatient services for the National Health Insurance users 4.96 times compared to poor service coordination (OR= 4.96, p<0.001). Good patient engagement increases satisfaction with outpatient services for the National Health Insurance users 8.31 times compared to poor patient engagement (OR= 8.31, p<0.001).

A good physical environment of the community health center increases satisfaction with outpatient services for the National Health Insurance users 3.74 times compared to a poor physical environment of the community health center (OR=3.74, p<0.001). Good staff responsiveness increases satisfaction with outpatient services for National Health Insurance users 6.37 times compared to poor staff responsiveness (OR=6.37, p<0.001).

Table 3. Bivariate Analysis

Variables	Service Satisfaction				OR	P
	Satisfied		Not Satisfied			
	n	%	n	%		
Healthcare Worker Communication						
Good	121	80.1	16	32.6	8.31	<0.001
Not Good	30	19.9	33	67.4		
Service Access						
Good	116	76.8	23	46.9	3.74	<0.001
Not Good	35	23.2	26	53.1		
Service Coordination						
Good	123	81.4	23	46.9	4.96	<0.001
Not Good	28	18.6	26	53.1		
Patient Engagement						
Good	121	80.1	16	32.6	8.31	<0.001
Not Good	30	19.9	33	67.4		
Physical Environment of the Health Center						
Good	116	76.8	23	46.9	3.74	<0.001
Not Good	35	23.2	26	53.1		
Personnel Responsiveness						
Good	123	81.4	20	40.8	6.37	<0.001
Not Good	28	18.6	29	59.2		

4. Multivariate analysis

The multiple logistic regression model was statistically significant (χ^2=105.074; df=5; p<0.001), indicating that the predictors included in the model were jointly associated with service satisfaction. The Nagelkerke R^2 value of 0.608 indicated that the model explained approximately 60.8% of the variation in service satisfaction. In addition, the goodness-of-fit test showed no significant difference between the observed and model-predicted values (p=0.060), indicating an adequate model fit.

Table 4. Variable in the equation

Independent Variable	OR	95% CI		p
		Lower Limit	Upper Limit	
Good health worker's communication	2.91	5.75	59.19	<0.001
Good service access	2.16	2.96	25.81	<0.001
Good service coordination	1.32	1.33	10.68	0.012
Patient engagement	2.11	4.05	17.06	<0.001
Good physical environment	1.61	1.84	13.62	0.002
Good staff responsiveness	2.64	4.64	42.72	<0.001

Table 4 shows that good health worker's communication (OR=2.91; 95% CI=5.75 to 59.19; p<0.001), easy access health service (OR=2.16; 95% CI=2.96 to 25.82; p<0.001), good service coordination (OR=1.32). 95% CI= 1.33 to 10.68; p= 0.012), patient engagement (OR = 2.11; 95% CI = 4.05 to 17.06; p <0.001), staff responsiveness (OR=2.64; 95% CI= 4.64 to 42.72; p<0.001), and good physical environment (OR= 1.61; 95% CI = 1.84 to 13.62; p = 0.002) increased patient service satisfaction.

DISCUSSION

1. The association between healthcare worker communication and service satisfaction.

There is a positive influence between healthcare worker communication and patient satisfaction. This is in line with research by Suraying et al. (2025), which showed that 79.2% of respondents rated healthcare worker communication as good, and 75.8% were satisfied with the service they received. Good communication by healthcare workers can create feelings of happiness that reduce stress in patients. Reduced stress accelerates the healing process and increases satisfaction with the service provided. Good communication by healthcare workers aligns with patient satisfaction as recipients of healthcare services.

The impact of good communication by healthcare workers can lead to patient satisfaction. When healthcare workers, as professional service providers, provide good service with a positive attitude, smile, are patient, friendly, speak in a language that is easy to understand, are willing to help sincerely, show respect, have patience, and have adequate knowledge about the patient's health condition (Detty et al., 2026). Good communication by healthcare workers is related to National Health Insurance patient service satisfaction. Good communication is essential in providing healthcare services because it allows healthcare workers to better understand patients, and vice versa. Good communication allows healthcare workers to better understand patients' characteristics. This can make patients feel more comfortable in the hospital, which impacts high patient

satisfaction with the services provided by healthcare workers (Husna et al., 2020).

Based on this, researchers concluded that healthcare worker communication is related to the National Health Insurance patient service satisfaction. Better communication by healthcare workers increases satisfaction with the services provided. Good communication can make patients feel more comfortable and encourage them to be more open about their feelings.

2. The association between health service access and service satisfaction.

There is a positive influence between service access and patient service satisfaction. In line with research conducted by Weraman 2024 concluded that increasing access to services provided will improve the quality of health services. Low service quality will make someone not want to use existing health services. So their health is not monitored and handled properly. By increasing the quality of service can have a positive impact on health, thereby increasing satisfaction with the services provided.

Access to services is carried out in the utilization of health services. The use of appropriate health services will achieve a better health status. Access to services as health services is available whenever and wherever needed by the community. Therefore, with good service access will provide satisfaction with the services provided (Idris, 2016). Access to services can be measured by the extent to which people utilize health services, the costs incurred by the community to access health services, perceived affordability, the type of vehicle used by the community to access health services, and the travel time to access health services (Dewi et al., 2024).

Based on this, researchers concluded that access to services is related to satisfaction with the National Health Insurance patient services. Better access to services provided by health workers will increase satisfaction with the services provided. Good access to services will make it easier for patients to access existing health facilities**.**

3. The association between service coordination and patient satisfaction.

There is a positive effect between service coordination and patient satisfaction. This is in line with research conducted by Astutik et al. (2020), which states that there is a significant relationship between health service coordination and National Health Insurance patient satisfaction. Good service coordination can increase patient satisfaction. If healthcare workers perform their respective duties according to standards, they can protect themselves from legal action and, more importantly, protect clients/patients from the risk of harm and injury.

A study by Nainggolan et al. (2021) also states that service coordination can significantly influence service satisfaction. Coordination is essential to create harmony between tasks and work, thus fostering satisfaction. Satisfaction can be related to positive or negative attitudes. Service coordination is carried out by aligning activities and resources between individuals and organizations. This alignment is carried out to achieve common goals effectively. Coordination aims to prevent overlap, conflict, and gaps in task implementation. Good coordination will increase satisfaction with the services provided (Jewandi et al., 2026).

Based on this, researchers concluded that service coordination is related to National Health Insurance patient satisfaction. The better the coordination of services provided by healthcare workers, the higher the satisfaction with the services provided. Good service coordination will facilitate patient access to existing healthcare facilities.

4. The association between patient engagement and service satisfaction

There is a positive correlation between patient engagement and service satisfaction. This is in line with research by Haloho & Basabih (2026), which states that patient engagement has a significant influence on satisfaction. Patient engagement plays a crucial role in creating a better experience and increasing satisfaction with healthcare services. Patient involvement in decision-making is a crucial component of healthcare services, including communication patterns between staff, care coordination, and the treatment they receive.

This contributes to a comprehensive patient experience during treatment, which in turn contributes to service satisfaction. Maximizing the patient's role can help a healthcare facility achieve customer loyalty. High patient satisfaction leads to higher levels of loyalty. Achieving patient satisfaction allows a healthcare facility to maintain its reputation and attract new patients (Utari et al., 2021).

Based on this, the researchers concluded that patient engagement is related to the National Health Insurance patient service satisfaction. Better patient engagement increases satisfaction with the services provided. Patient engagement contributes to patient comfort during medical examinations.

5. The association between physical environment and health service satisfaction

There is a positive influence between the Community Health Center's physical environment and patient service satisfaction. This aligns with research by Haloho & Basabih (2026), which states that physical comfort, such as cleanliness of Community Health Center facilities and a supportive physical environment, influences patient satisfaction. When Community Health Center facilities meet standards, patients experience greater satisfaction. Conversely, if the Community Health Center's physical environment does not meet standards, satisfaction decreases.

The Community Health Center's physical environment encompasses the facilities available. The better the facilities provided, the higher the level of patient satisfaction. The facilities in question include the availability of facilities and infrastructure such as comfortable waiting rooms, clean rooms, toilets, proper examination rooms, and adequate medical equipment. Provision of adequate facilities not only meets health standards but also provides a sense of security and comfort for patients (Asmila et al., 2025).

The physical environment of a community health center encompasses the quality of the building and its structure. This encompasses not only the physical structure of the building but also all contents, supporting equipment, and integrated infrastructure, such as the size and contents of the rooms, the exterior, interior, and the surrounding area, including hygiene and sanitation factors. Aspects measured include comfort, circulation and signage, ventilation systems, lighting, security systems, fire and other disaster prevention, water and electricity supply, sanitation, and waste management (Sriatmi & Pramana, 2022).

Based on this, the researchers concluded that the physical environment of a community health center is related to satisfaction with the National Health Insurance patient services. A better physical environment of a community health center will increase satisfaction with the services provided. A good physical environment of a community health center will make patients feel comfortable during examinations.

6. The association between staff responsiveness on service satisfaction.

There is a positive influence between staff responsiveness and patient service satisfaction. In line with research by Lampus et al. (2023), which states that staff responsiveness

influences service satisfaction. Staff responsiveness includes doctors asking patients about their complaints, doctors responding to patients' complaints, doctors allowing patients to ask questions, and staff being polite and friendly affecting the level of patient satisfaction.

The better the responsiveness of health services provided to patients, the higher the level of patient service satisfaction. Health staff responsiveness reflects the speed and alertness in meeting patient needs. Staff responsiveness to patient needs has been shown to increase satisfaction. This is because patients feel cared for and their needs are well met (Haloho & Basabih, 2026). Based on this, the researchers concluded that staff responsiveness is related to National Health Insurance patient service satisfaction. The more responsive healthcare workers are, the higher the level of satisfaction with the services provided. High levels of responsiveness make it easier for patients to undergo medical checkups.

7. The association between patient-reported experiences and satisfaction with outpatient services among national health insurance participants

All Patient-Reported Experience Measures (PREM) dimensions significantly influence satisfaction with outpatient services for Social Security Administrators at the Sragen community health center. Patient satisfaction is a condition in which consumer desires, expectations, and needs are met. A service is considered satisfactory if it meets patient expectations and needs. Patient satisfaction can be achieved through quality service from medical personnel at healthcare facilities (Karunia et al., 2022).

Patient satisfaction refers to how satisfied patients are with medical services and care, support, and facilities at the Health Service Unit. This level of satisfaction is measured through patient satisfaction survey results. Patient satisfaction is a result of quality healthcare services. Achieving patient satisfaction is a key focus in improving healthcare quality (Kemenkes RI, 2021). Patients or communities satisfied with the healthcare services they receive tend to be more disciplined in following advice, remaining loyal, and adhering to previously agreed-upon treatment plans. Conversely, patients who are disappointed or dissatisfied with healthcare services tend to ignore treatment plans, fail to follow advice, and frequently change doctors or move to other healthcare facilities. One such healthcare program is the National Health Insurance (Kemenkes RI, 2021).

Factors influencing patient service satisfaction include interpersonal behavior, professionalism, service access, the physical environment, cost, staff responsiveness, and service quality, including reliability, responsiveness, assurance, empathy, and tangibles. Furthermore, service quality factors include waiting time, communication, and professionalism. Sociodemographic factors include education, income, residence, insurance type, and patient age (Mamboh et al., 2025; Supariani et al., 2025; Kuncara et al., 2025). Other factors influencing patient satisfaction include service coordination and patient involvement (Astutik et al., 2020; Haloho & Basabih, 2026). Based on this, the researcher concluded that the PREM dimensions, which include health communication, service access, service coordination, patient involvement, the physical environment of the community health center, and good staff responsiveness, are related to to the National Health Insurance patient service satisfaction. The better the PREM dimensions, which include health communication, service access, service coordination, patient involvement, the physical environment of the community health center, and good staff responsiveness provided by

health workers, the higher the satisfaction with the services provided.

The limitations of this study were that it only used outpatients as research subjects and only examined factors such as health worker communication, service access, service coordination, patient involvement, the physical environment of the community health center, and the responsibilities of officers. The implications of this study indicate that there is an influence of health worker communication, service access, service coordination, patient involvement, the physical environment of the health center, and the responsiveness of officers on the satisfaction of outpatient services for the National Health Insurance users at the Sragen Regency Health Center. And there is an influence of all dimensions of Patient-Reported Experience Measures (PREM) on the satisfaction of outpatient services for the National Health Insurance users at the Sragen Regency Health Center.

The results of this study can be used as a guideline for the Sragen Regency government in an effort to improve the National Health Insurance services to increase the satisfaction of outpatient services for BPJS users at the Sragen Regency Health Center. The results of this study are expected to be used as an initial overview for further researchers regarding the determinants of outpatient service satisfaction of the National Health Insurance users using the Patient-Reported Experience Measures (PREM) theoretical framework.

AUTHOR CONTRIBUTION

Nur Kholish Majid made significant contributions to the conception and design of the study, data collection, data analysis, and data interpretation, as well as drafting the original manuscript. Revi Gama Hatta Novika, Setyo Sri Rahardjo, Selfi Handayani, and Anik Lestari contributed to the critical review of the manuscript and provided important intellectual input.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

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