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IMPLEMENTATION OF DECENT HEALTH SERVICES FOR DEPRIANTS AT CLASS II B BARRU REMEDIES

Abdul Rahman Nur
maman@dkn.or.id
Universitas Andi Djemma
Wahyul
wahyul@algazali.ac.id
STIA Al Gazali Barru
Rizka Jayanti
STIA Al Gazali Barru

ABSTRACT

The purpose of this study was to determine the implementation of proper health services for prisoners in the Class IIB Barru Rutan. and to find out the factors that hinder the implementation of proper health services for prisoners at the Class IIB Barru Rutan. This study used descriptive, qualitative research, as well as primary and secondary data sources. Data collection techniques were obtained through interviews, observation, documentation and analytical techniques. data through the stages of data collection, data reduction, data presentation and drawing conclusions/verification. The results showed that the implementation of proper health services for prisoners in the Class II B Barru Rutan which included communication, resources, disposition and organizational structure had not been carried out properly in accordance with the Regulation of the Minister of Law and Human Rights Number M. HH.02.UM.06.04 of 2011 on Guidelines for Health Services in the Ministry of Law and Human Rights.

Keywords: *Public Services, prisoners*



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A. INTRODUCTION

Imprisonment as the main punishment is the punishment that is most threatened against the perpetrators of crimes. Its enforcement is a relic of colonial law. With the development of thinking regarding the concept of punishment from retributive to restorative, the implementation of imprisonment must also be reviewed so that the imposition and implementation can be in accordance with human rights principles. This study examines the application of imprisonment in Indonesian criminal law, customary criminal law, and Islamic criminal law, as well as the concept of prison sentence renewal in the RKUHP, then what form of criminal reform is in accordance with restorative justice theory that can protect the human rights of convicts, victims, and society (Kania, 2015).

The government in carrying out the protection, fulfillment and enforcement as well as respect and protection of the rights of correctional inmates, has been realized by the issuance of Law Number 12 of 1995 concerning Corrections and Government Regulation of the Republic of Indonesia Number 32 of 1999 concerning Terms and Procedures for the Implementation of the Rights of Correctional Inmates has now been amended to become Government Regulation of the Republic of Indonesia Number 28 of 2006 concerning Amendments to Government Regulation Number 32 of 1999 concerning Terms and Procedures for the Implementation of the Rights of Correctional Families.

According to Law no. 12 of 1995 concerning Correctional Institutions, convicts are convicts who are serving the crime of losing their independence in correctional institutions. Furthermore Harsono said convicts were someone who had been sentenced guilty by law and had to serve punishment and Wilson said convicts were problematic human beings who were separated from society to learn to live in society properly. there is, then separated by the judge to serve the sentence (Understanding Convicts, 2012).

The correctional system not only makes convicts as objects but also subjects that are no different from other human beings at any time can make mistakes or oversights that can be subject to punishment, so they do not have to be eradicated, because what must be eradicated are factors that can be subject to criminal punishment as an effort to

awaken correctional convicts so that they regret their actions, and return them to become good citizens who obey the law, uphold moral, social and religious values so that a safe, orderly and peaceful society is achieved (Azriadi, 2011).

In the penitentiary system, convicts or penitentiary prisoners have the right to receive spiritual and physical development and are guaranteed their rights to carry out their worship, to have contact with outsiders, both family and other parties, have the right to obtain information both through print and electronic media, to obtain proper education, entitled to health services and so on.

Even though convicts have violated the law, convicts also have the rights of convicts as citizens who must be protected. And to guarantee the implementation of these rights, a Correctional Technical Implementation Unit is held which directly carries out the care, guidance and guidance of inmates of correctional facilities. Implementation of proper health services for prisoners in class IIB Barru detention center has not been carried out properly or in accordance with proper service standards. exceeding the capacity, namely 112 to 195, lack of health workers, incomplete facilities and infrastructure and lack of medicines, so that the detention center is not a place of coaching but a place to accommodate those convicted.

In general, the term Implementation in the Big Indonesian Dictionary means implementation or implementation. The term implementation is usually associated with an activity carried out to achieve a certain goal. One of the efforts to materialize in a system is implementation, because without implementation a concept will never materialize. Policy implementation is actually not just related to the mechanism for translating political decisions into routine procedures through bureaucratic channels, but more than that it concerns conflicts, decisions and who gets what from a policy. Webster's Dictionary, briefly formulates that to implement (implement) means to provide the means for carrying out (providing the means to implement something), to give practical effect to (causes an impact or effect on something). This understanding means that in order to implement something, it must be accompanied by supporting facilities which will later have an impact or effect on that something. (Bagong, 2010)

B. RESEARCH METHOD

The type of research used in this study is descriptive qualitative research. The descriptive method focuses on problems and phenomena that existed at the time the research was carried out or actual problems, then describes the facts about the problem being investigated as it is, accompanied by accurate rational interpretations. .

According to Sugiyono (2016: 14), qualitative data is data in the form of words, sentences, schemes and pictures. Qualitative data is data in the form of numbers or qualitative data that is calculated. Research Location and Time of Research To obtain the necessary data, the authors conducted research at the Class II B Barru Detention Center. July 2022 s/d September 2022.

C. RESEARCH RESULTS AND DISCUSSION

Implementation of proper health services for prisoners in Class II B Barru Detention Center To find out the implementation of proper health services for prisoners in Class IIB Barru Detention Center, researchers used several indicators, namely:

a. Communication

1) The communication that has been carried out at the Class II B Barru Detention Center regarding proper health services for prisoners is the socialization of infectious diseases.

This is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at the Class IIB Barru Detention Center, who stated that:

“Conducting health education to prisoners such as PHBS (healthy clean living behavior), communicable diseases and non-communicable diseases”

2) The obstacles in the socialization process are

This result is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at Class IIB Barru Detention Center, who stated that:

"Several times there were distractions from inmates during the Penkes process"

3) As for the prevention and control of infectious diseases.

This is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at the Class II B Barru Detention Center, who stated that:

"The process of preventing and controlling infectious diseases is carried out by initial screening for convicts. If the results are negative, it is usually seen from their condition and not from the potential environment and never using drugs will be excluded from the options, and if the results of the examination are positive we will coordinate directly with the hospital." Barru"

Then an addition from Mr. Juamin, S.Kep as a health officer at Class IIB Barru Detention Center stated that:

"The counseling method is carried out through health seminars and counseling through posters. With health education, efforts to prevent disease can be carried out.

b. Resource

1) Resources in Class IIB Barru Detention Center, namely the completeness of facilities and infrastructure for health service units.

This relates to the facilities and infrastructure in the Class IIB Barru Detention Center.

"For the needs of the room, a health service unit/polyclinic is provided, so that convicts can carry out prevention of illness, treatment, and recovery of health.

In addition to interviews with the health authorities at the detention center, the author also conducted interviews with prisoners regarding the completeness of facilities and infrastructure at the Class IIB Barru detention center health service unit.

According to the results of an interview with E, one of the prisoners stated that: "The facilities and infrastructure in the polyclinic are quite complete but toilets have not been provided in the polyclinic"

Then added by BS one of the prisoners, stated that:

"The facilities are not yet complete because some are not yet available, such as an ambulance"

2) The medical expenses for prisoners who are sick can be borne by the detention center if the prisoner does not have BPJS or the BPJS is not active.

This is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at the Class IIB Barru Detention Center, who stated that:

"First, make sure prisoners have BPJS or not, are they active or not, if they are active, they can use BPJS. But if you don't have one, you will usually look at the budget because prisoners get a budget of 25 thousand per person and the budget will be divided into 3 parts, the first is for medicine, the second is for health workers who we bring in from outside and the third is for the treatment of prisoners. So the budget can be used for hospital expenses if inmates don't have BPJS" Then an addition from Mr. Juamin, S.Kep as a health officer at Class IIB Barru Detention Center stated that:

"If there are inmates who are sick and don't have BPJS, we will coordinate directly with their families. If the family doesn't mind bearing the costs, the family can help with medical expenses"

3) The number of health workers on guard at the prison health service unit.

This is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at the Class IIB Barru Detention Center, who stated that:

"There are only 2 health officers on guard every day"

4) Availability and process of drug administration in the prison health service unit:

This is in accordance with the results of an interview with Mrs. Ni Nyoman Nanik Yuliasih, S.Kep as a health worker at the Class IIB Barru Detention Center, who stated that:

"For the completeness of medicines, nurses usually ask directly to the treasurer who buys directly from Makassar, so it is according to requests and diseases that are often suffered by prisoners. For example, if later someone needs medicine according to specific indications of the disease, we will immediately coordinate with the doctor at the Padongko Health Center or the doctor at Barru Hospital.

In addition to interviews with the health authorities at the detention center, the author also conducted interviews with prisoners regarding the availability of medicines at the Barru Class II B health service polyclinic.

This is in accordance with the results of an interview with M, one of the prisoners, who stated that:

"For the drugs are quite complete"

Then added by M and A as convicts, stating that:

"The medicine is quite complete but there are still things that haven't been provided".

Discussion

Implementation of proper health services for prisoners in the new Class IIB Detention Center

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. , and therefore must be protected, respected, maintained and may not be neglected, reduced or seized by anyone. This includes the right to health.

Health has a role in increasing the standard of living of the people, so all countries try to provide the best possible health services. This health service means any effort that is carried out individually or jointly in an organization to maintain and improve health, prevent and treat disease, and restore the health of individuals, groups or communities. Likewise with the health of convicts as citizens who have the same rights, as stated in Article 14 paragraph (1) letter (d) of Law No. 12 of 1995 concerning Corrections which states that convicts have the right to receive proper health and food services.

Prisoners as one of the small communities from marginalized communities, deserve attention. The treatment of people who are detained/imprisoned should not emphasize their separation from society, but on continuing their role as part of society. Correctional officers should be able to provide legal services in the sense of providing the maximum possible service to protect the rights related to the interests of convicts. 1995 Concerning Corrections.

a. Communication

In the context of smooth implementation of the health service program in prisons, through the Decree of the Director General of Corrections Number: E.03.PP.02.1 of 2003, minimum service standards for prisoner health services in prisons have been established as follows:

- 1) Institutionally, the existing health services are still at a simple level, namely services from doctors and clinics that are first aid in nature
- 2) Referrals of patients are carried out in moderation, depending on conditions in each prison.
- 3) Forms of promotive, preventive, curative and rehabilitative services are carried out systematically.

Based on the Regulation of the Minister of Law and Human Rights of the Republic of Indonesia Number M.HH.02.UM,06.04 of 2011 concerning Guidelines for Health Services in the Ministry of Law and Human Rights, what is meant by health services are all forms of health services or programs aimed at employees and their families and residents. Correctional Development carried out both individually and collectively within the organization. Forms of health services include:

- a. Promotive health services, is a series of health service activities that prioritize health promotion activities
- b. Preventive health service is an activity to prevent a health problem/disease
- c. Curative health services are an activity and/or series of treatment activities aimed at curing disease, reducing suffering from disease, controlling disease, or controlling disability so that the quality of sufferers can be maintained as optimally as possible.
- d. Rehabilitative health services are an activity and/or a series of activities to return former sufferers to society so that they can function again as members of society who are useful for organizing health efforts.

From the results of observations and interviews, it can be concluded that socialization about proper health services for prisoners in Class II B Barru Detention Center is still not effective because it is not in accordance with basic promotive health services, which include:

1. Communication

2. Information and education (IEC) individually or in groups
3. Personal and group counseling
4. Sanitation and personal hygiene measures
5. Prevention of NAPSA abuse
6. Health education (eg life skills education).

Based on the results of observations and interviews, it can be concluded that the prevention and control of infectious diseases in Class II B Barru Detention Center is still not effective due to the lack of health workers in Class IIB Barru Detention Center, so there are no special doctors who treat inmates with infectious diseases, even though inmates who do suffering from chronic diseases, and special diseases such as tuberculosis, HIV / AIDS and other infectious diseases must receive intensive and full health services seriousness.

Forms of Implementation of HIV/AIDS Prevention Program Activities Priority programs according to the Guidelines for Health Services, include:

1. Healthy lifestyle program;
 - a) Improving communication of information and education about HIV/AIDS;
 - b) Increase cross-sectoral collaboration to coordinate and synergize communication, information and education efforts for HIV/AIDS prevention in the community;
 - c) Improving information communication and education information communication and education and protection for employees to prevent the transmission of HIV/AIDS and participate in information communication and education campaigns for employees and their families as well as correctional inmates.
1. Harm reduction program;
2. PLWHA treatment and care programs with counseling:
 - a) Training of health workers on management of care and treatment as well as counselling;
 - b) Providing integrated health and laboratory facilities with the health service system in all provinces and districts;
 - c) Provide and carry out voluntary counseling and testing to be able to find and treat sufferers;

d) Continuously provide affordable anti-retroviral drugs and drugs for opportunistic infections.

3. Training programs;

4. Monitor the health of health workers to prevent transmission of infection from health workers to patients or vice versa;

5. Advise isolation procedures and provide consultation on infection prevention and control needed in cases that occur;

6. Infection prevention and control including waste, laundry, nutrition and others.

b. Resource

Complete and well-maintained facilities and infrastructure at Class II B Barru Detention Center include polyclinic infrastructure such as air installations, evacuation facilities during riots, information systems in the form of computers, waste installations. Infrastructure for health service units must meet service standards, security, and occupational safety and health for health services. Infrastructure must also be maintained and functioning properly.

The medical and non-medical devices available at the Barru Class IIB prison health service unit include checking vital signs, minor sets, oxygen cylinders, beds, blood tubes, tables and chairs. Non-medical people usually use alternatives such as drinking warm water, warm compresses, and various kinds of therapeutic oils for massage and massage.

According to the author, the medical and non-medical devices contained in the service unit are incomplete, because medical and non-medical equipment should be minimal for health services for doctors who should be in prison, namely tables, ambu bags, chairs, emergency kits, examination beds, reflex hammers, lighting lamp, sterile gloves, sphygmomanometer, magnifying glass, statescop, ENT kit, thermometer, catheter/mask, scales, wheelchair, oxygen cylinder, krugh (walking stick), gloves, collar neck, mask, bedpan/washcom/ washcloths, sterilizers, sneillen charts, ischihara charts, minor surgery and physiotherapeutic equipment (among other things infrared. stretching equipment).

Regarding the incompleteness of facilities and infrastructure in the health service unit of Class II B Barru Detention Center, namely the absence of medicine

rooms, dental clinics and rooms laboratories, so that inmates who have to undergo blood, urine or feces tests, the samples are taken from the Detention Center to the Padongko Health Center or Barru Hospital.

Based on the Guidelines for Health Services, a correctional institution should also provide a medicine room, laboratory and dental clinic. Dental clinics should be provided because they relate to dental health services. A laboratory room should also be provided for routine urine/blood tests, smear/sputum tests, drug tests and rapid HIV tests.








Regarding the provision of medicine at the Class IIB Barru Detention Center, it is only sufficient, based on diseases commonly suffered by inmates such as boils, hives, allergies, fever, HIV/AIDS.

Based on the health service guidelines, the form of implementing the provision of drugs and health supplies is by planning the need for medicines and health equipment for the needs of health services, the provision of which is in accordance with the government's budget and is carried out with an even distribution according to the needs of medicines and health equipment in each health service unit.

Regarding the number of medical personnel in Class II B Barru Detention Center, there are only 2 people and no doctors.

Based on the Regulation of the Minister of Law and Human Rights Number M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Services in the Ministry of Law and Human Rights, health workers should consist of medical personnel, nurses, lab analysts, pharmacist assistants, mid-nutritionists , Sanitarians and Psychologists whose numbers are adjusted to the conditions.

The process of making a permit for treatment for convicts leaving prison can be seen in the following figure:

Kegiatan	Tabel IV: Standar Operasional Prosedur (SOP) Pembuatan Surat Rawat Jalan Narapidana Di Luar Lapas					MUTU BAKU		
	Dokter	Kasubel Binaawak	Kasi Binadik	Kalapas	Staf Urusan Umum	KELENGKAPAN	WAKTU	OUTPUT
Membuat rekomendasi berobat di Luar Lapas						Buku pendaftaran dan kartu rekam medis	10 mnt	Surat rekomendasi berobat keluar lapas
Memeriksa dan meneliti surat rekomendasi						Kartu rekam medis, surat rekomendasi dokter	10 mnt	Surat rekomendasi berobat keluar lapas
Membuat surat ijin berobat ke luar lapas						Kartu rekam medis, surat rekomendasi dokter	10 mnt	Konsep surat ijin Narapidana berobat diluar lapas yang telah diparaf Kasubel
Memeriksa dan membenarkan paraf pada surat ijin berobat ke luar lapas						Kartu rekam medis, surat rekomendasi dokter dan Konsep Surat ijin Narapidana berobat diluar	10 mnt	Konsep surat ijin Narapidana berobat diluar lapas yang telah diparaf Kasi Binadik
Memeriksa dan menandatangani surat ijin keluar lapas						Kartu rekam medis, surat rekomendasi dokter dan Konsep Surat ijin Narapidana berobat diluar	15 mnt	Surat ijin Narapidana berobat diluar lapas yang sudah ditandatangani
Memberikan nomor surat dan stempel pada surat ijin Narapidana berobat keluar lapas						Surat ijin Narapidana berobat diluar Lapas	5 mnt	Surat ijin narapidana berobat diluar lapas

Data Source: Barru Class IIB Prison

Figure 1. Table of Standard Operating Procedures (SOP) for Making Outpatient Letters for Prisoners Outside Correctional Institutions

D.CONCLUSION

The implementation of proper health services for prisoners in Class IIB Barru Detention Center which includes indicators of communication, resources, disposition and bureaucratic structure has not been carried out properly in accordance with the Regulation of the Minister of Law and Human Rights Number M. HH.02.UM.06.04 Year 2011 concerning Service Guidelines Health in the Ministry of Law and Human Rights.

BIBLIOGRAPHY

Ratnaningsih, E. (2013). *Akses Layanan Kesehatan*. Jakarta: Raja Grafindo Press.
 Setyobudi, &. D. (2014). *Konsumen dan pelayanan prima*. Yogyakarta: Gava Media.

Syahrudin. (2010). *Pemenuhan Hak Asasi Warga Binaan Pemasyarakatan Dalam Melakukan Hubungan Logis Suami Istri*. Makassar: Program Pascasarjana Fakultas Hukum Universitas Hasanuddin.

Azriadi. (2011). *Tinjauan Mengenai Prinsip Pemasyarakatan Tentang Perlindungan Negara*. PADANG: Universitas Andalas.

Bagong, S. (2010). *Masalah Sosial Anak*. Jakarta: Prenadamedia Group.

Peraturan Perundang-Undangan

Undang-Undang Republik Indonesia, Nomor 12 Tahun 1995 Tentang Pemasyarakatan
Undang-Undang Nomor 39 Tahun 1999 Tentang Hak Asasi Manusia.

Undang-Undang Nomor 39 Tahun 1999 Tentang Hak Asai Manusia, pasal 9-66

Konsiderans Menimbang UU No. 36 tahun 2009 tentang Kesehatan

Peraturan Pemerintah Republik Indonesia Nomor 32 tahun 1999 Tentang Syarat dan
Tata Cara Pelaksanaan Hak Warga Binaan Pemasyarakatan

Keputusan Menteri Kehakiman Nomor: M.01-PR.07.03 Tahun 1985 Tentang
organisasi dan Tata Kerja Lembaga Pemasyarakatan

Peraturan Menteri Hukum dan HAM Nomor M.HH.02.UM.06.04 Tahun 2011
tentang Pedoman Pelayanan Kesehatan Di Lingkungan Kementerian Hukum Dan
Hak Asasi Manusia

Peraturan Menteri Hukum dan HAM RI Nomor M.HH.02.UM,06.04 Tahun 2011
Tentang Pedoman Pelayanan Kesehatan

Surat Keputusan Direktur Jenderal Pemasyarakatan Nomor : E.03.PP.02.1 Tahun 2003

Website

Kania, D. (2015). *Pidana Penjara dalam Pembaharuan Hukum Pidana Indonesia*.
Diambil kembali dari e-jurnal. <https://www.e-jurnal.com/2015/08/pidana-penjara-dalam-pembaharuan-hukum.html>. Diakses pada 13 oktober 2022

Pengertian Narapidana. (2012, 10). Diambil kembali dari psychologymania.

<https://www.psychologymania.com/2012/10/pengertian-narapidana.html>.

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