

Evaluation of Health Services in Class II Prisoned Abepura on Year 2017 Papua Province

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ABSTRACT

Background: Prisoned prisoners who were detained and lost their freedom of rights and obtained the right to health services in the Polyclinic of Class II Abepura and had never been evaluated for the existing health services.

Research Objectives: Evaluating health services in the Class II A Abepura Penitentiary of Papua Province in 2017.

Research Method: Descriptive qualitative and conducting interviews with 3 main informants and 3 supporting informants from the assisted residents as well as observing health service facilities and infrastructures at the Abepura Class II A Correctional Institution and analyzed qualitatively.

Results: Health human resources in Abepura Class II A Prison were staff for handling general illnesses and nursing. The availability of facilities and infrastructures is sufficient in nursing services and medicines. Health service funding is sourced from DIPA funds in health services for assisted citizens, and inadequate for the needs of the assisted citizens in fulfilling the personal hygiene and nutrition of the assisted citizens. While health financing works in collaboration with the Jayapura City Health Office, the Puskesmas and Abepura Hospital and Jayapura Regional Hospital. Class II A Abepura Prison partners with health centers and hospitals in health checks that cannot be served in polyclinic Health service efforts carried out in health services are satisfied but dental services and mental disorders. While other health efforts include fairly good promotive efforts, preventive measures are not optimal in meeting personal hygiene and nutrition as well as follow-up care in examinations due to the limitations of health workers.

Keywords: Evaluation, Health Service, Prisoner, Prisoned Class II A, Abepura

1. INTRODUCTION

According to the International Center for Prison studies the number of assisted citizens in the world in 2017 (6,296,179). People in prison experience a higher level of illness and 80% of illnesses are tuberculosis, hepatitis C, HIV / AIDS, mental health problems, drug use and substance use disorders. Conditions inside prison walls, such as population density and malnutrition, further aggravate the spread of disease (WHO, 2018). Disease factors are the main cause of the high mortality rate of prisoners and prisoners in prisons in Indonesia. The percentage is 47.5 percent in 2016 and 60.25 percent in 2017. The total number of deaths of prisoners and prisoners in 2016 was 120 cases, while in 2017 there were 83 cases. In 2017 the highest morbidity rate was due to respiratory problems (19.3%), combined disease (complications) 5%, diabetes mellitus (2%), leptospirosis (2%) and strokes, stomach, kidney pain, brain inflammation, cancer, epilepsy and diarrhea (7%) and unclear 20% (LBH, 2017).

Improving the health and safety of prisoners means to prove that in LAPAS it is necessary to pay attention to prisoners' health as a whole, otherwise it will create a danger for officers and prisoners because these violations will have an adverse effect. Over capacity is also one of the dilemmas that occur within the Penitentiary, as a result of the increase in the number of residents,

then the average Penitentiary in Indonesia experiences over capacity, the overcapacity that occurs will certainly result in a problem of lack of services in the health sector for prisoners within the Penitentiary. The density of residents in LAPAS has increased, resulting in rooms that should be sufficient to accommodate prisoners to be accommodated no longer, not only that, health services for the assisted residents are also not optimally implemented

Health care efforts are every activity to maintain and improve health carried out by the government and the community. This means that improving health, whether individuals, groups or communities must be sought. The effort to realize health can be seen from two aspects, namely curative healing and rehabilitative health. While improving health includes 2 aspects, namely: preventive disease (preventive) and health improvement (promotive) (RI Ministry of Health, 2015). Based on the Government Regulation of the Republic of Indonesia Number 32 of 1999 concerning the conditions and procedures for the implementation of the rights of prisoners, that health services are promotive, preventive, curative, and rehabilitative efforts in the health sector for prisoners and prisoners in prisons.

The role of the government in health services for the assisted citizens can be seen in Law No. 32 of 1999 Article 14 states that every prisoner and correctional student has the right to receive proper health services, each polyclinic and its facilities are provided and provided at least one doctor and another health worker.

Research conducted by Sumenda (2015) in Kotamobagu City Class II B Health Clinic for the implementation of health services in detention centers has not run optimally seen from the services provided to prisoners due to various factors such as lack of health workers and limited health equipment and medicines. . From the research of Hasrudin (2017) who analyzed the Implementation of Correctional Services Standards for Residents (Studies in Class II

A Kendari Penitentiary Institutions), where the implementation of standard services for prisoners in class II A Kendari Correctional Institutions has not been carried out in accordance with the provisions of statutory regulations - valid invitation.

Based on a preliminary study at the Abepura class II A penitentiary on March 6, 2018, around 673 residents were built from a capacity of 600 people and over capacity was 12%. Health problems of assisted residents in prisons in the month of 2017, the highest number of diseases recorded were ARI, Cefalgia, Observation of Febris, Arthritis and Dermatitis (2017 Clinical Prison). The number of medical personnel in the Abepura Penitentiary Institution class II A is 5 people, consisting of 1 doctor and 4 nurses. Fulfillment of health services, Directorate General of Ministry of Law and Human Rights issued Decision Number PAS-32.PK.01.07.01 of 2016 concerning clinical guidelines on health service standards for assisted citizens covering the availability of human resources, facilities, infrastructure, implementation costs and health checks. One of the findings at the Abepura Penitentiary Polyclinic.

The preliminary study in July 2018 was based on information from interview data on 8 prison staff who were treated to complain about the services they received, so that the services they received were not as expected. The complaint expressed was the response of officers who were slow in serving patients, so that the inmates had to wait around 1-2 hours to get service. Complaints in the quality of health services revealed are the lack of existing health facilities. The results of the observation, it appears that medical devices are inadequate such as scissors, nierbeken, tweezers, hecting tools, plaster and bandages which are standard tools that must be possessed by polyclinics and inadequate medicines, thus affecting the services provided to the inmates. The problems that exist from the observation that in the organizational structure there is no unit in charge of health at Kemenkumham Jayapura, so that the

obstacles experienced by officers or medical personnel to health service facilities and infrastructure are constrained in fulfilling health services to the assisted citizens. Based on this, the researcher was interested in conducting a study entitled "Evaluation of Health Services at the Papua Province Penitentiary in 2017"

2. MATERIALS AND RESEARCH

2.1. Type of Research

This type of research is qualitative descriptive research. Syaodih (2008) states that descriptive research is the most basic form of research. Aimed at natural or human engineering conditions. According to Syaodih (2008) in Pongtiku, et al (2016) that qualitative research is a study aimed at describing and analyzing phenomena, events, social activities, attitudes, beliefs, perceptions, thoughts of individuals individually and in groups ". This type of research is qualitative with a case study approach, which is a method of research conducted with the aim of describing the problem that occurs to conclude the image objectively (Swarjana, 2013).

The focus on research to understand the evaluation of health services at the Papua Province Penitentiary in 2017 reflects

the availability of human resources, facilities, infrastructure, education and training, funding and health services.

2.2. Place and Time of Research

1. Research Place

This research was conducted at Abepura Class II Correctional Institution

2. Research Time

This research was conducted in November 2018.

3. Informant

The selection of informants is done by using a snowball sampling technique, namely the selection of sampling based on the involvement of informants who know the problem clearly, can be trusted to be a good source of data and able to express opinions well and correctly (Swarjana, 2013). Informants are sources of information that knows for certain events or events related to research variables including the availability of human resources, facilities, infrastructure, education and training, funding and health services. The number of main informants obtained was 3 informants, namely 1 person Head of Class II A Abepura Prison, 1 person Kasie Binadik, 1 health officer and supporting informants of 3 assisted citizens.

3. RESULTS

Karakteristik Informan

Tabel 1. Main Informan

Inisial Informan	Age (year)	Sex	Education	Work period	Position
1 KR	48	Man	S1 law	25	Ka. Lapas claa II Abepura
2 TS	44	Man	S1 law	23	Kasie Binadik Lapas claa II Abepura
3 RT	36	Woman	D-III nurse + SKM	15	Secuarity

The main informants in this study were 5 people, of which 4 were educated in law and 1 was a health worker who was educated in D-III Nursing and a public health graduate.

The supporting informants in this study were the assisted citizens with the following data

Table 2. Supporting Informant

Inisial Informan	Age (year)	Sex	Education	Prisoned period	Time of prisoned
6 WA	27	Man	Senior high school	5	1
7 AM	29	Man	Senior high school	8	2
3 RO	33	Man	Senior high school	4	2

Supporting informants as many as 3 people were male and had undergone tenure of 1-2 years and received health services for 3 times.

2. The capacity of human resources in health services to the assisted citizens at the Penitentiary

Health human resources are the order that collects various efforts in planning, education and training and the utilization of health workers in an integrated and mutually supportive manner, in order to ensure the achievement of the highest degree of public health. As implementers of health efforts, it is necessary to have adequate human health resources in number, type and quality, and to be distributed fairly and evenly, according to the demands of health development needs. Health services for prisoners in prisons must be supported

by the availability of adequate health personnel in terms of number, type and quality that need to be adjusted to the number of prisoners being fostered, because health services in prisons without adequate health support will not work optimally.

Prisoners are entitled to the availability of health workers in prisons as confirmed by Article 14 of the Government Regulation Number 32 of 1999 concerning the Terms and Procedures for the Implementation of Guidance for Citizens who mention that; each Lapas is provided at least one doctor and another health worker.

Health services for detainees or inmates as many as 1 polyclinic are located in a prison. The number of medical personnel in the Abepura Class II A Polyclinic can be seen in table below

Table 3. Number of Workers at Abepura Class II A Correctional Institution Polyclinic in 2018

No	Profession	Number of worker	Competence worker	Oject
1.	Medical Doctor	1 person	Medical doctor	Service for general
2	Dental doctor	-		
3	Nurse	4 person	D-III Keperawatan	Service for general
4	Teeth treatment	None		
5	Nursery	None		
6	Assisten Apoteker	None		
7	Analist Laboratorium	None		
8	Psikolog	None		
9	Sanitarian	None		
10	Nuritionist	None		
11	Administrator	None		

The above data between health workers available in the Class IIA Jayapura Prison both from the Number and Classification, where the number of health workers in Abepura Class IIA Prison was dominated by nurses, amounting to four people and only one doctor.

The results of the interview show that informants, especially health workers, find it difficult to cure without going through a laboratory examination diagnosis, so that the handling of health services is given in the form of treatment and treatment of common diseases.

Table 4. Data on Prisoners in Class IIA Abepura Prisons and September 2018

No	Disease Name	Total
1	Scabies	52
	ISPA	48
2	Gastritis	26
3	Malaria	23
4	Throats infection	13
5	HIV AIDS	6
6	TB	3
7	Others	87
Number		267

The data above shows that diseases are the most a lot suffered by Prisoners in Abepura Class IIA Prison is Skin diseases or scabies as many as 52 people, diseases This scabies is an infectious disease of the skin caused by fleas and most easily infect the environment or residential rooms damp and dense and

poor personal hygiene. Data on patient visits at the Abepura Prison Polyclinic in November 2018 if averaged 8 to 9 people per day.

3. Efforts for Health Services for Assisted Citizens in Abepura Class II A Prison

Health care efforts are an order that collects various efforts to provide health services to both the community and individuals in an integrated and mutually

supportive manner to ensure the achievement of a high degree of health. These health efforts include; education (promotive), prevention (preventive), treatment (Curative) and recovery (rehabilitative) (Notoatmodjo, 2010). Based on the distribution of questionnaires to 20 inmates who had previously received health services about satisfaction with health services provided by Abepura Class II A prison can be seen in table 5.

Table 5. Satisfaction of Assisted Citizens Against Health Services

No	Satisfaction level	Answer							
		SP		P		TP		STP	
		n	%	n	%	n	%	n	%
1	How is the response of health workers with patient disease complaints	4	20	15	75	1	5	0	0
2	What about periodic health checks on assisted citizens	7	35	11	55	2	10	0	0
3	What is the response of health workers to the inmates in a sick cell room	3	15	15	75	2	10	0	0
4	How to assist health workers when referring to and being treated outside prison	5	25	14	70	1	5	0	0
5	What about the availability of drugs if sick	8	40	11	55	1	5	0	0
6	What about the administrative costs at the polyclinic	6	30	9	45	5	25	0	0
7	What about the services provided by each patient	4	20	11	55	5	25	0	0
8	What about the completeness of equipment in the polyclinic	3	15	13	65	4	20	0	0
9	What about dental services	0	0	0	0	15	75	5	25
10	How to handle the inmates who have mental disorders	0	0	0	0	17	85	3	15
11	How to handle the assisted people who experience sexually transmitted diseases	5	25	12	60	3	15	0	0
12	What about the cleanliness of the room and the equipment used	10	50	9	45	1	5	0	0
13	What about transportation provided for reference	3	15	15	75	2	10	0	0

Table 5 shows that generally the inmates are very satisfied and satisfied with the services provided, but respond to dissatisfaction and are very dissatisfied with dental services and the handling of assisted people with mental disorders. This is due to the absence of doctors and dental nurses as well as psychology doctors in the handling of prisoners who experience mental disorders or psychiatric screening. In addition, the assisted people who have mental disorders because there is no examination, so that the inmates who experience severe mental disorders will be referred to, while the other assisted people mingle with the inmates who might partially experience mental disorders. This can be risky if inmates who experience mental disorders with violent behavior that can threaten the safety of other assisted citizens.

Prisoners are entitled to the availability, access and acceptance of health service efforts at the Penal Institution as mandated in the 1945 Republic of Indonesia's Basic Law (UUD) resulting

from the amendment to the second amendment to Article 28 H paragraph (1), stating that everyone has the right to health services. in Law Number 36 of 2009 concerning Health Article 2 affirms that health is a human right and one of the elements of welfare that must be realized in accordance with the aspirations of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia, and Health development is carried out based on humanity, balance, benefits, protection, respect for rights and obligations, justice, gender and non-discrimination and religious norms, Article 4 emphasizes that everyone has the right to health, Article 5 every person has the same right to obtain access at as resources in the health sector, and Article 6 affirms that everyone has the right to obtain safe, quality and affordable health services.

4. CONCLUSION

Based on the results of the study concluded as follows:

1. Health human resources in Abepura Class II A Prison are personnel for handling general illnesses and nursing and there are no dentists, dental nurses, assistant pharmacists, laboratory analysts, psychologists, sanitarians, nutritionists and administrators.

2. Availability of facilities and infrastructures is sufficient in nursing services and medicines for the assisted citizens, but health checks cannot be carried out because there is not enough equipment available.

3. Financing health services sourced from DIPA funds in health services for assisted citizens, and inadequate for the needs of the assisted citizens in fulfilling the personal hygiene and nutrition of the assisted citizens. While health financing works in collaboration with the Jayapura City Health Office, the Puskesmas and Abepura Hospital and Jayapura Regional Hospital.

4. Class II A Abepura prisons partnered with puskesmas and hospitals in medical examinations that cannot be served at the clinic

5. Efforts to provide health services for warga assisted in health services are satisfied except dental services and mental disorders. While other health efforts include fairly good promotive efforts, preventive measures are not optimal in meeting personal hygiene and nutrition as well as follow-up care in examinations due to the limitations of health workers.

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