

## FULFILLMENT OF HEALTH CARE RIGHTS FOR PRISONERS WITH TUBERCULOSIS IN CLASS IIB MENGGALA DETENTION CENTER



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### **ABSTRACT**

*This study examines the fulfillment of healthcare rights for prisoners with tuberculosis (TB) in the Class IIB Menggala Detention Center. The background highlights the critical need for adequate healthcare services for inmates, especially those suffering from communicable diseases like TB, which poses significant health risks. The objective is to assess the current state of healthcare provision and identify barriers to effective treatment. Using qualitative research methods, data were collected through observations and discussions to evaluate the available facilities, resources, and the effectiveness of healthcare management. The findings reveal that the detention center's healthcare services are suboptimal, characterized by insufficient medical facilities, limited medication availability, and inadequate human resources. These deficiencies hinder the provision of adequate care for TB-infected inmates, underscoring the necessity for government intervention to enhance healthcare services. The study concludes that a comprehensive approach is essential to uphold the health rights of prisoners.*

**Keywords:** Healthcare Rights; Tuberculosis; Prisoners



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## INTRODUCTION

The State Detention Center has the main function as an institution or place responsible for providing services to detainees. However, in practice there is often a placement of prisoners in the State Detention Center, whereas the prisoners should be placed in the Correctional Institution. Based on Government Regulation of the Republic of Indonesia No. 27 of 1983 concerning the Implementation of the Criminal Procedure Code written in article 38 paragraph (2), it explains that the Minister may designate certain correctional institutions as detention centers. Then, with the Decree of the Minister of Justice No. M.04.UM.01.06 of 1983 concerning the Determination of Certain Correctional Institutions as State Detention Centers. Given the number of prisons that exceed their capacity, many defendants who should be transferred from detention centers to prisons to serve their sentences, but remain in detention centers until their sentences expire (Alina & RB Sularto, 2012). According to the provisions of the Standard Minimum Rules, specifically in Part II governing guiding principle No. 57, explains that imprisonment and other measures that isolate offenders from the outside community can cause suffering. These actions result in a violation of the individual's right to self-determination, as their freedom is taken away (Sirait & Wibowo, 2022).

Health plays a very important role in human life. Increased investment in health services is essentially a step towards improving welfare. Therefore, we often see posters or slogans emphasizing that "Wealth is important, but health is much more important". Thus, maintaining health should be a top priority to avoid various viruses and diseases. WHO explains that disability, disease, and deprivation in physical, mental, and social aspects are the main focus (Mamahit et al., 2022). The healthy living paradigm is fundamental for individuals and communities in changing environmental styles, habits and behaviors. This is in line with the definition of health listed according to the Law of the Republic of Indonesia No. 17 of 2023 concerning Health, which explains that Health is a state of health of a person, both physically, mentally, and socially and not just free from disease to enable him to live productively. Health is comprehensive, not only physical, but also mental and financial (Fatimah & Sulistiarini, 2018).

Health services are any activity, either carried out alone or as a component of a larger whole, aimed at improving and maintaining optimal health. Efforts to achieve health can be carried out by individuals, organizations, government agencies or non-governmental organizations (Azwar, 1996b). Services to the community are a manifestation of the responsibility and commitment of an institution. to assess whether or not services in an institution are running optimally can be done by conducting an evaluation. There are provisions in Government Regulation No. 32 of 1999 concerning Terms and Procedures for Implementing the Rights of Prisoners in Article 16 paragraph (3), it is stated that if from the results of a medical examination of prisoners an infectious or dangerous disease is found, the patient will be given special care. Special needs like this should be a concern for the authorities in making criminal law policies. The existence of prisoners with infectious diseases can indirectly pose a threat to other prisoners. When prisoners suffer from infectious diseases such as tuberculosis, HIV/AIDS, hepatitis, or other similar diseases, health workers in prisons or detention centers should provide extra services to help them. Intensive medical care and special attention is exactly what they need.

Bacterial infection is the root cause of Tuberculosis (TB). The lungs are the most common site of tuberculosis infection, however, tuberculosis can also affect other organs such as the kidneys, spine and brain. Despite many countries' efforts to control tuberculosis since 1995, the disease persists and continues to be a global public health

problem. As per the findings of the WHO, that after China and India, Indonesia has the second highest number of TB cases in the world. Indonesia was shown to improve in 2021 after ranking third with the highest number of cases in 2020. Every 33 seconds, one person in Indonesia contracts tuberculosis with an estimated 969,000 cases.

**Table 1**  
Data on Tuberculosis Patients in Indonesia

No	Year	Number of TB Patients
1	2018	570.289
2	2019	568.987
3	2020	393.323
4	2021	443.235
5	2022	661.784

Source: tbindonesia.or.id, 2024

Table 1 is the number of tuberculosis patients in Indonesia. It can be seen in the table above that tuberculosis patients in 2018 were quite large, but every year until 2021 the number of tuberculosis patients in Indonesia decreased significantly. In 2022, the number of tuberculosis patients increased again and exceeded the number of tuberculosis patients in 2018. After India and China, Indonesia has the third highest number of people living with the effects of tuberculosis in the world. There are an estimated 824,000 cases of tuberculosis in Indonesia, as stated in the Global TB Report 2021. This represents about 48% of all tuberculosis patients. Without prompt medical attention, those who contract the disease may not survive. Yet TB is a curable and avoidable disease. TB patients, especially those with TB germs in their sputum, can spread the disease. The sputum that patients expel when coughing or sneezing into the air can spread germs from one person to another. If a person is exposed to sputum containing infectious pathogens, they are likely to become infected.

In micro parasitism, viruses and bacteria multiply in the body of an infected individual, and can then be transmitted to healthy individuals who are susceptible to the disease through direct spread from the sick individual. On the other hand, macro parasitism involves a more complex life cycle, where the disease is transmitted through intermediaries. These bacteria are aerobic and are able to survive mainly in the lungs or other organs with high oxygen partial pressure. The microbial cell membranes are rich in fat, providing acid resistance but are vulnerable to ultraviolet light. Therefore, transmission mainly occurs at night (Wahyu Widodo, Siska Diah Pusporatri, 2020). The typical symptoms of pulmonary tuberculosis involve a buildup or accumulation of secretions in the upper respiratory tract. This is caused by damage to areas of the lung parenchyma by the bacteria, triggering an inflammatory reaction that results in excessive secretion production. This can make breathing difficult due to blockage of the airways, resulting in ineffective airway clearance problems.

Health care for prisoners with TB is an integral part of efforts to prevent the spread of the disease within detention centers. Preventive measures include case identification, appropriate treatment, and follow-up to prevent transmission to other prisoners and staff. In the context of TB, prevention of transmission through early detection, isolation, and effective treatment is essential. Appropriate and regular health care for TB prisoners not only helps individuals affected by the disease, but also reduces the risk of transmission within the prison environment. The fulfillment of the right to

health care is not only related to the treatment of diseases, but also to ensuring the welfare and rehabilitation of prisoners. The provision of adequate health care can also support the rehabilitation process for prisoners affected by TB disease. Prisoners who do not receive adequate health care are at high risk of transmitting their disease to the community after release (Wira et al., 2023).

In addition to treatment, it is important to have education and prevention programs in detention centers to raise awareness of TB disease. These include how the disease is transmitted and preventive measures that detainees, prisoners and staff can learn from. Collaboration between health institutions and prisons is essential to ensure that prisoners with TB have full access to the health services they need. If there are shortcomings in the fulfillment of the right to health services for prisoners in detention centers, improvements need to be made and followed up. This preventive measure aims to adjust to the needs of prisoners who may be affected by infectious diseases, especially TB. Based on public SDP statistics, there were 24,289 detainees and 48,134 prisoners in state detention centers in Indonesia as of February 29, 2024. The accumulated number of detainees and prisoners housed in detention centers throughout Indonesia is 72,423 people. Meanwhile, detention centers in Indonesia can only accommodate 34,359 people. Occupancy levels that exceed their capacity can hinder detention centers and prisons from carrying out service or guidance tasks. Even over crowded occupancy rates can cause high mortality rates for detainees or prisoners in prisons and detention centers.

The provision of optimal health services to prisoners is highly dependent on the accessibility of health facilities and infrastructure to provide the best health services to prisoners. In accordance with the provisions of the law, it is important to ensure that all individuals have the right to receive medical care. However, looking at the reality of detention centers and prisons, it is clear that the conditions envisioned by the law are very difficult to achieve, so this is seen as a challenge. Although the law indicates that conditions in detention centers should be adequate, the reality is that health facilities and infrastructure in detention centers are still inadequate. This condition can lead to various new problems in detention centers, especially regarding the decline in the level of health for detainees and prisoners.

The importance of paying attention to the fulfillment of the health rights of prisoners suffering from tuberculosis infectious diseases in Menggala Class IIB Detention Center must be recognized, given the vulnerable physical and cognitive conditions of prisoners who are exposed to the threat of health diseases that are always lurking. This situation can be worse in the midst of their limited space and freedom in obtaining the fulfillment of health rights in accordance with the standards that should be received. Based on the above problems, the researcher is interested in taking the title "Fulfillment of Health Service Rights For Prisoners With Tuberculosis Disease in Rutan Class IIB Menggala".

## LITERATURE REVIEW

In the realm of healthcare theory, the perspective offered by Levey et al. (1984) outlines that healthcare services encompass efforts by organizations, whether independently or collaboratively, aimed at maintaining and enhancing health, preventing and curing diseases, and restoring individuals, groups, and communities to a state of health. This comprehensive understanding of healthcare service underscores its multifaceted nature, where the ultimate goal is not merely to treat illness but to foster overall well-being. Azwar (1996b) further categorizes the fundamental standards of healthcare services into four distinct components: promotive, preventive, curative, and rehabilitative services.

Each of these components plays a crucial role in delivering effective healthcare within various contexts, including correctional facilities.

Promotive services, as defined in healthcare theory, refer to initiatives designed to elevate public health standards. In the context of a correctional facility, such as a detention center, promotive activities may include health education for inmates, addressing pertinent issues like the dangers of the COVID-19 pandemic, HIV transmission prevention, and the importance of adopting a clean and healthy lifestyle. Moreover, health screenings for tuberculosis (TB) aim to reduce the spread of this communicable disease among the inmate population. Such educational programs are essential as they equip detainees with valuable knowledge about health issues, fostering an environment where inmates are encouraged to prioritize their well-being even while incarcerated.

Preventive services focus on activities aimed at averting health problems before they arise. Within a correctional setting, this can involve the establishment of healthcare facilities equipped with qualified medical personnel, pharmacies, and examination rooms, alongside essential services like isolation wards for contagious diseases. Preventive measures also include distributing masks in areas affected by outbreaks and installing handwashing stations throughout the facility. These initiatives are crucial not only for safeguarding the health of inmates but also for promoting a culture of health awareness within the correctional institution, thus minimizing the risks associated with communal living.

Curative services represent the aspect of healthcare that prioritizes treatment and management of illnesses. In detention facilities, this entails the provision of medical care to inmates who are unwell. Collaborating with local hospitals facilitates the referral process for inmates requiring specialized treatment. The integration of such services ensures that inmates receive timely medical attention, thereby addressing their health issues effectively. By prioritizing curative services, correctional facilities can contribute significantly to the overall health outcomes of the incarcerated population, ensuring that individuals receive the necessary care while serving their sentences.

Rehabilitative services encompass a range of activities aimed at restoring health and well-being. In correctional settings, rehabilitative efforts may include ongoing monitoring of inmates who require additional care, with a focus on mental and psychological recovery. These services are designed to assist inmates in reintegrating into society post-release, preparing them for life beyond incarceration. Specific rehabilitative measures may involve health recovery programs for inmates suffering from infectious diseases like TB, highlighting the importance of continuous support in addressing both physical and mental health challenges faced by this population. Such efforts are vital in not only aiding recovery but also in reducing the likelihood of recidivism by promoting healthier lifestyles and choices.

The evaluation of healthcare service effectiveness is often guided by Levey and Loomba's framework, which outlines five dimensions: input, process, output, impact, and feedback. Input refers to the resources required for healthcare services, encompassing community potential, healthcare workforce, and facilities. The process involves the activities that transform inputs into desired health outcomes, while output reflects the accessibility and quality of healthcare services available to the community. The impact dimension highlights the long-term consequences of healthcare interventions, such as improved community health and reduced morbidity and mortality rates. Finally, feedback serves as a mechanism for continuous improvement, enabling healthcare providers to refine their services based on the quality of care delivered. Understanding these dimensions provides a foundational framework for assessing the healthcare



services offered within correctional facilities, particularly concerning the management of health issues like tuberculosis among inmates.

## **METHOD**

In conducting this research, a qualitative methodology was employed to explore the complexities surrounding social and humanitarian issues. The aim of qualitative research is to delve into the meanings behind individual and group behaviors, allowing for a rich description of the studied phenomenon. The research process included formulating provisional research questions and procedures, collecting data within participant settings, and employing inductive data analysis. This approach facilitated the development of partial data into cohesive themes, ultimately leading to interpretations of the data's meanings. The final stage involved compiling a report structured in a flexible manner, highlighting the depth and richness of the gathered data. The qualitative research method enabled the collection of extensive and profound information concerning the pressing issues being addressed, using various techniques such as focus groups, in-depth interviews, and participatory observations, which are essential for understanding the nuances of the subject matter.

The research design was rooted in descriptive qualitative research, which, as articulated by various scholars, focuses on investigating natural conditions of the object under study. This design allowed for a thorough examination of how health service rights are fulfilled for prisoners suffering from infectious diseases at the class IIB detention center in Menggala. It aimed to elucidate the current state of health services provided to these individuals while identifying the factors that hinder the realization of their health service rights. By emphasizing the meanings derived from the qualitative findings, this research design sought to provide detailed insights into the lived experiences of prisoners and the structural challenges they face within the healthcare system of the detention facility.

Data collection techniques played a pivotal role in this research, incorporating observation, interviews, and literature reviews. Observation involved direct engagement in the field to gather firsthand accounts of the healthcare program within the detention center. This immersive approach allowed the researcher to capture the realities of the health service delivery process. In-depth interviews were designed to elicit detailed responses from participants, focusing on their experiences and perspectives regarding health services. Additionally, literature studies involved reviewing historical documents and academic works that enriched the research context. The combination of these methods facilitated a comprehensive understanding of the phenomena under investigation, corroborating findings from interviews and observations with existing literature to enhance the credibility of the research outcomes.

Data analysis in qualitative research involves several critical steps, including data collection, reduction, presentation, and conclusion drawing. Collecting data requires a thorough and systematic approach to ensure a wealth of information is gathered, enabling a nuanced understanding of the research context. Data reduction follows, necessitating the distillation of complex information into manageable themes and patterns that highlight the most significant findings. The presentation of data often takes narrative form, providing clarity and facilitating the understanding of the observed phenomena. Finally, drawing conclusions involves synthesizing the analyzed data into coherent insights that address the research questions, ultimately yielding new findings about the fulfillment of health service rights for prisoners in the class IIB detention center in Menggala. Through these rigorous processes, the research aims to contribute valuable

knowledge to the discourse on prisoner health rights and the systemic challenges inherent in their provision.

## **RESULTS AND DISCUSSION**

### **Fulfillment of the Right to Health Services for Prisoners with TB Disease in Class IIB Menggala Detention Center**

Based on research conducted at Class IIB Detention Center in Menggala, direct observations were made on-site, complemented by interviews with various research informants, including healthcare workers and inmates suffering from tuberculosis. In analyzing the data, the researcher employed Levey Loomba's Health Service Theory, which comprises dimensions such as input, output, impact, process, and feedback, alongside Parasuraman's Service Quality Theory, which includes tangible, reliability, assurance, responsiveness, and empathy. The findings revealed significant challenges within the health service delivery system in the detention center, primarily attributed to inadequate resources and infrastructure, which hindered the effectiveness of healthcare services for inmates.

The concept of input, as outlined by Levey and Loomba, refers to the subsystems that provide necessary inputs for the operation of a system, such as a healthcare service system. In the context of the Menggala detention center, the input dimension encompasses various aspects, including the potential of the community, healthcare personnel, health facilities, and existing challenges. A significant issue identified was the insufficiency of human resources, which is critical for providing quality healthcare. The competency and professionalism of the healthcare staff directly influence the quality of care delivered to inmates. Additionally, infrastructural deficits, such as the lack of essential medications and inadequate treatment rooms, pose significant barriers to effective healthcare delivery. Inmates reported that the healthcare services did not meet their expectations, largely due to limited resources and facilities, indicating a need for systemic improvements to enhance healthcare effectiveness in the detention center.

When examining the process of healthcare delivery, the observations and interviews indicated that while several health programs had been planned, their implementation was not fully realized. Numerous barriers hindered the execution of these programs, particularly in terms of limited facilities and medications. Consequently, the programs designed by the healthcare staff at the Menggala detention center have not been entirely effective or efficient. The government must prioritize improving existing facilities to ensure that healthcare programs are executed adequately. In particular, the health services related to tuberculosis screening and treatment need to be more accessible and systematic. Currently, the initial screening involves a thorough interview process to identify symptoms, followed by coordination with nearby health centers for further testing, highlighting the critical need for better resources within the detention center to provide timely care.

Output is another critical dimension to assess the quality of healthcare services at the Menggala detention center. The research found that the services provided by healthcare personnel were lacking, primarily due to the insufficient availability of treatment rooms and medications. Such deficiencies negatively impacted the effectiveness of healthcare delivery. The success of an organization in the healthcare sector largely depends on its output, which should reflect the quality and efficacy of the services rendered. Inmates expressed concerns regarding the responsiveness of healthcare staff, particularly in addressing urgent health issues like tuberculosis. Although some inmates reported prompt and effective responses from healthcare

providers when experiencing severe symptoms, the overall perception of healthcare services remains inadequate, necessitating improvements to meet the inmates' healthcare needs more effectively.

The impact of healthcare services in the detention center was found to be suboptimal, mainly due to the persistent issues regarding human resources and facility inadequacies. The limited capacity of healthcare staff and insufficient infrastructure significantly hinder the effective delivery of services, ultimately affecting inmate health outcomes. There is a pressing need for the government to enhance the facilities available within the detention center to ensure that the health service delivery system can positively impact the inmate population. Improved healthcare services would not only contribute to reducing morbidity and mortality rates among inmates but also enhance the overall public health landscape. Strengthening collaboration between various programs and sectors, coupled with increased governmental responsibility, is crucial for achieving substantial improvements in the healthcare system within the detention center.

Lastly, the feedback mechanism within the healthcare system at the Menggala detention center indicates that the services provided by healthcare workers remain ineffective. The inadequacies in facilities and resources necessitate ongoing educational outreach for inmates regarding healthy living practices, thereby empowering them to maintain their health more effectively. The government must address the existing limitations in healthcare infrastructure to achieve the desired outcomes of the health service delivery system. As outlined by Levey and Loomba, feedback is integral to the system, influencing both the input and output dimensions. The healthcare organization's ability to meet the healthcare needs of inmates relies heavily on continuous improvement based on the feedback received. While inmates expressed gratitude for the services provided, it is clear that there is much room for enhancement to ensure a higher standard of healthcare delivery within the detention center.

The Service Quality Theory developed by Parasuraman is closely linked to the theory of health service rights, as both emphasize the importance of delivering positive experiences and meeting patient needs in healthcare contexts. The Service Quality Theory encompasses dimensions such as reliability, responsiveness, assurance, empathy, and tangibles. Each of these dimensions significantly influences patients' perceptions of the healthcare services they receive and whether those services align with expected standards. Meanwhile, the fulfillment of health service rights relates to human rights principles that guarantee every individual access to adequate healthcare without discrimination. This includes the right to safe, quality care tailored to each person's medical needs, as well as access to clear information regarding treatment options. The following discussion elaborates on these five dimensions of service quality, beginning with tangibles.

The tangible dimension of service quality encompasses the physical aspects of healthcare delivery that can be directly experienced at a facility, including the quality of the premises, medical equipment, and waiting areas. For example, the conditions of healthcare facilities in correctional settings, such as the Class IIB Prison in Menggala, reveal considerable limitations. Reports indicate that the infrastructure and medical supplies for handling communicable diseases like tuberculosis (TB) are inadequate. The absence of specialized isolation rooms for TB patients poses a significant risk, as these individuals must share space with others who may have different health issues, increasing the likelihood of disease transmission. Additionally, the pharmacy lacks essential medications, further complicating the healthcare delivery process. These



shortcomings in tangible aspects ultimately detract from the quality of healthcare services and may negatively impact patients' overall well-being.

The reliability dimension of service quality refers to the ability of healthcare providers to deliver consistent and dependable services over time. In the context of treating TB in correctional facilities, the necessity for reliable health services is paramount due to the intensive care required for such diseases. Staff members are responsible for ensuring that inmates receive high-quality health services, as demonstrated by their prompt access to medical professionals in the event of health issues. Feedback from inmates indicates that health services are functioning smoothly; they can visit the clinic for consultations with doctors and nurses who are committed to meeting their health needs. Regular medication and monitoring are provided to ensure that patients receive the necessary care consistently. This reliability not only enhances patient outcomes but also fosters trust between inmates and healthcare staff.

Responsiveness in healthcare involves the timely and accurate assistance provided by health personnel, reflecting an understanding of inmates' unique medical needs. Given the vulnerable circumstances of incarcerated individuals, the capacity for quick and effective responses to health complaints is crucial. Failure to respond promptly can lead to exacerbated health issues, potentially escalating situations that could become critical. Effective responsiveness promotes a sense of security among inmates, reinforcing their trust in the healthcare system. When inmates perceive that their health needs are being addressed promptly, it encourages compliance and enhances the overall atmosphere within the facility. The testimonies of inmates affirm that they experience swift responses from medical staff, who address their health concerns effectively and compassionately, reinforcing the importance of this dimension in service quality.

The assurance dimension pertains to the professionalism, warmth, and courtesy of healthcare staff, which are vital in building patient trust. In correctional settings, the experiences of inmates with healthcare personnel can significantly impact their perception of the quality of care received. Reports suggest that healthcare providers at the Class IIB Prison in Menggala display competence and attentiveness, which contribute positively to patient experiences. Inmates express satisfaction with the care they receive, noting the kindness and reminders from medical staff about necessary health precautions. Such assurance not only enhances patient comfort but also fosters an environment where inmates feel valued and cared for, which is essential in a correctional context where feelings of isolation can be prevalent.

Lastly, the empathy dimension involves healthcare providers' ability to offer individualized attention and demonstrate understanding toward patients' needs and concerns. In the context of the Menggala Prison, healthcare staff engage in thorough screenings and interviews to assess inmates for conditions such as TB. This proactive approach allows healthcare providers to tailor their responses and ensure that those with symptoms receive appropriate referrals for further examination and treatment. Effective communication skills and attentiveness to inmates' health complaints are critical for establishing rapport and trust, especially in environments where patients may feel vulnerable. The emphasis on empathy in healthcare services ultimately contributes to improved health outcomes and enhances inmates' overall experience within the correctional system.

### **Obstacles to Fulfillment of Health Services for People with TB Disease**

In the pursuit of fulfilling optimal health care rights for inmates at Class IIB Menggala Prison, the health staff has shown a particular concern for all detainees. However, the

reality is that the health services provided to inmates suffering from tuberculosis (TB) are not fully realized due to several underlying factors. One of the primary challenges faced by the prison is a significant shortage of medical personnel, which severely limits the quality of care that can be offered. Currently, the facility has only one doctor and one nurse, which is insufficient for managing complex medical examinations and diagnoses. Ideally, each prison should have at least two doctors and two nurses to ensure that adequate medical attention can be provided to inmates, particularly those suffering from contagious diseases. The lack of sufficient medical staff poses a critical barrier to delivering health services that meet government standards, ultimately denying inmates their right to appropriate medical care during their incarceration.

Furthermore, the prison grapples with a severe deficiency in health facilities, notably the absence of an ambulance for emergency situations. Ideally, every prison should have at least one ambulance available to transport inmates requiring urgent medical care to hospitals. Currently, those in need of emergency treatment must rely on official vehicles or private cars that are not equipped for medical emergencies. This situation not only delays critical care but also heightens health risks for the inmates. The lack of an ambulance underscores the need for proper emergency services, as the safety and well-being of inmates depend on the prompt provision of medical care. Therefore, establishing an adequate ambulance service within the prison is vital for ensuring that health services can adequately respond to emergencies.

Another significant issue hindering effective health care delivery is the inadequate supply of essential medications, particularly for treating tuberculosis. This shortage obstructs the management of contagious diseases, as the required medications are not consistently available. Ideally, inmates suffering from TB should not have to be referred to external hospitals if the prison's medical services were sufficiently equipped to handle such cases. However, due to the limited availability of medication and inadequate facilities, care within the prison remains subpar, resulting in delayed treatment. This situation highlights the urgent need to enhance healthcare services and ensure that essential medications are readily available for inmates, especially those battling infectious diseases.

The absence of designated isolation rooms for inmates with contagious diseases like tuberculosis further complicates health care delivery at Class IIB Menggala Prison. Currently, the prison only provides a general isolation room that houses inmates with various illnesses, without any segregation based on the type of disease they suffer from. This situation poses a significant risk, particularly for those with TB, as being placed in close quarters with other inmates can exacerbate their health conditions and increase the likelihood of spreading infections. The lack of appropriate isolation facilities not only jeopardizes the health of inmates suffering from TB but also hampers the overall recovery process for all inmates. Therefore, it is essential to establish dedicated isolation rooms that meet health standards for contagious disease management to ensure the safety and health of all detainees within the facility.

Lastly, Class IIB Menggala Prison faces operational budget constraints that significantly impede the delivery of optimal health services for inmates. Insufficient funding limits the prison's ability to comply with legal obligations regarding the provision of adequate medical care, including the establishment of specialized treatment areas. Consequently, the health facilities available are inadequate, undermining the overall effectiveness of health care services and hindering the fulfillment of inmates' rights in accordance with established standards. The combination of these challenges indicates a pressing need for comprehensive efforts to address the barriers faced in providing

adequate health care for inmates suffering from tuberculosis. These efforts should include improving the quantity and quality of health personnel, enhancing medical facilities and equipment, and securing additional government support to ensure that inmates receive the necessary health services and treatments in line with their rights.

## CONCLUSION AND SUGGESTION

Based on the conducted research and discussions, several conclusions can be drawn regarding the healthcare services for tuberculosis (TB) patients in Class IIB Prison of Menggala. First, the fulfillment of healthcare rights for TB-infected inmates remains suboptimal. This conclusion is evidenced by observations revealing inadequate facilities, resources, and a shortage of medications. The analysis of inputs, processes, outputs, impacts, and feedback related to healthcare service theory indicates that while health programs have been planned, their implementation has not been fully effective due to infrastructural constraints and limited human resources. Consequently, there is a pressing need for the government to focus on enhancing service quality, ensuring the availability of adequate facilities, and optimizing the healthcare delivery system to guarantee that TB-infected inmates receive appropriate care and their health rights are fulfilled.

Moreover, the provision of healthcare rights in Class IIB Prison of Menggala faces various significant challenges. These include a lack of human resources, inadequate facilities and infrastructure, ineffective management, and insufficient support from the government. Despite the obligation to provide adequate healthcare services to inmates, the actual implementation of these policies falls short of expectations, particularly for those suffering from TB. Therefore, a comprehensive effort is required to improve both the quantity and quality of healthcare personnel, ensure the provision of adequate medical facilities and equipment, and enhance management practices alongside government support. This collective approach is essential to guarantee that the basic rights of inmates are respected and fulfilled in accordance with existing laws.

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