

## IMPLEMENTATION OF HEALTHCARE SERVICES FOR VULNERABLE AND HIGH-RISK INMATES AT CLASS IIA CORRECTIONAL FACILITY IN KARAWANG



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### **ABSTRACT**

*This study aims to evaluate the implementation of health services in Class IIA Karawang Prison, specifically for vulnerable and high-risk inmates. Health services within the prison include promotive, preventive, curative, and rehabilitative aspects; however, their implementation has not been optimal due to limitations in facilities and medical personnel. The overcapacity situation at Karawang Prison further increases the risk of infectious and chronic diseases among inmates, necessitating greater attention to fulfilling their health rights. This research employs a qualitative descriptive approach, with data collected through interviews, observations, and documentation, involving vulnerable inmates, inmates with high-risk health conditions, and medical staff. The results indicate the need for improved health facilities, an increase in medical personnel, and enhanced quality of health services to ensure that inmates' health rights are met optimally according to applicable regulations.*

**Keywords:** Health Services; Service Quality; High Risk



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Published by : Program Studi Manajemen, Universitas Nusa Cendana, Kupang – Indonesia

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## INTRODUCTION

Corrections is a system designed to help prisoners restore their lives and achieve social reintegration, which is the return of individuals to society with the ability to coexist according to prevailing norms. This concept was first proposed by the Minister of Justice, Dr. Saharjo, at a conference on prison services in Lembang, West Java. The primary goal of the corrections system is to rebuild the lives of prisoners so they can positively reintegrate into society. One crucial aspect of this reintegration process is healthcare services within correctional facilities, which play an essential role in maintaining prisoners' quality of life and supporting their physical and mental recovery.

The need for healthcare services in correctional facilities is becoming increasingly urgent, considering the environment that often triggers various health issues among inmates. In Indonesia, healthcare standards for prisoners are regulated under the Director General of Corrections Decree Number PAS.32.PK.01.07.01 of 2016, which emphasizes the importance of meeting basic healthcare needs optimally. The Ministry of Law and Human Rights, through the Directorate of Health Care and Rehabilitation, is responsible for ensuring adequate healthcare facilities and medical personnel to address the vulnerable health conditions faced by inmates. This is especially important in overcapacity facilities, such as the Class IIA Correctional Facility in Karawang, which currently houses nearly double its normal capacity.



Source: Central Bureau of Statistics, Population Census 1971, Population Census 2020, and Population Projection 2045

**Figure 1**  
**Indonesia Population Projection**

Overcrowding in correctional facilities contributes to an increased risk of spreading infectious diseases, chronic illnesses, and mental health disorders among inmates. With limited resources and healthcare facilities, this situation can disrupt healthcare services, ultimately hindering the fulfillment of inmates' basic health rights. For instance, increases in respiratory diseases, hypertension, diabetes, and mental disorders have been reported in densely populated correctional institutions. Additionally, overcrowding often leads to psychosocial issues, including conflicts among inmates and heightened tension within the facility, further emphasizing the need for adequate healthcare services.

**Table 1**  
**High-Risk Disease Rates in Correctional Facilities**

No	Type of Disease	2021	2022	Presentages of Increase
1	Respiratory Diseases	29700	31900	7.4%
2	Hypertension (Stoke, Heart)	4707	5191	10.2%
3	Diabetes Melitus	1390	1573	13.1%
4	Mental Disorders	281	324	15.3%
5	Disability	360	399	10.8%

Source: Performance Report of the Directorate of Health Care and Rehabilitation, Ministry of Law and Human Rights, 2022

**Table 2**  
**High-Risk Inmate Groups in Class IIA Correctional Facility, Karawang**

No	High Risk Group Prisoners	Total
1	Respiratory Diseases	70
2	Hypertension	7
3	Diabetes Melitus	13
4	Stroke	2
5	Heart	2
Total		94

Source: Polyclinic of Class IIA Correctional Facility, Karawang, 2024

The Class IIA Correctional Facility in Karawang is an example where overcapacity has led to high-risk inmates not receiving healthcare services according to expected standards. Based on data from the Karawang Class IIA Correctional Facility Polyclinic, there are groups of inmates with special needs, such as the elderly and those with chronic illnesses, who require more intensive and ongoing healthcare services. Standardized healthcare policies and care for vulnerable inmates, including elderly, female inmates, and those with conditions such as mental disorders, hypertension, and diabetes, must be implemented more rigorously.

**Table 3**  
**Medication Stock for High-Risk Inmate Groups in Class IIA Correctional Facility, Karawang**

No	High Risk Group Prisoners	Provided medicine
1	Respiratory Diseases	Alpara Flucadex Ambroxol Tablet 30 Mg Dextral Guafenesin 100 Mg Salbutamol 2 Mg Ventolin Nebu 2.5 MgTeosal Ventolin Inhaler 0.1 Mg Oksigen Oat
2	Hypertensiin	Amlodipin 5 Mg Amlodipin 10 Mg Candesartan 8 Mg Captopril 25 Mg
3	Diabetes Melitus	Metformin Hcl 500 Mg Glibenclamid 5 Mg
4	Stroke	Citicolin 500 Mg
5	Heart	Furosemide

Source: Polyclinic of Class IIA Correctional Facility, Karawang, February 2024

This study aims to delve deeper into the implementation of healthcare services in the Karawang Class IIA Correctional Facility, particularly for vulnerable and high-risk inmates. Furthermore, this study aims to assess the quality of services provided, with the hope of providing recommendations for improving healthcare services in correctional facilities to ensure that inmates' health rights are fulfilled optimally, in accordance with applicable regulations.

## LITERATURE REVIEW

In Article 1, Clause 1 of Law Number 17 of 2023 on Health, health is defined as an individual's state of well-being, encompassing physical, mental, and social health—not merely freedom from illness—allowing them to lead a productive life. Healthcare services are thus a form of care or health program provided to staff and inmates. The implementation of healthcare services for inmates is regulated by Government Regulation No. 32 of 1999 concerning the Terms and Procedures for the Fulfillment of Rights of Correctional Inmates. Detailed standards for inmate healthcare and treatment services are outlined in the Director General of Corrections' Decree No. PAS-32.PK.01.07.01 of 2016 regarding Basic Standards for Healthcare Services in Correctional Facilities (LAPAS), Detention Centers (RUTAN), Probation Offices (BAPAS), Youth Correctional Centers (LPKA), and Child Detention Centers (LPAS).

The standards are divided into three stages: healthcare standards for newly admitted inmates, detainees, and minors in correctional facilities; ongoing healthcare standards for inmates, detainees, and minors during their stay; and healthcare standards for inmates, detainees, and minors preparing for release. Standards for healthcare and treatment of vulnerable and high-risk inmate groups are explained in the Director General of Corrections' Decree No. PAS-693.PK.01.07.01 of 2015 regarding Health and Treatment Standards for Vulnerable and High-Risk Groups (excluding TB and HIV).

According to Wykoff (cited in Sinorah, 2019), service quality is the excellence of services provided according to customer expectations. As defined by Parasuraman (cited

in Yulianto, 2018), service quality is a customer's response to the value and satisfaction received from the service. The core of service quality is the actualization of satisfying services for recipients, characterized by responsiveness, assurance, tangible evidence, empathy, and reliability. Parasuraman's more detailed explanation in Anggraini (2021) about service quality application includes indicators of service quality outlined by Hardiansyah (2011): Tangibles, Reliability, Responsiveness, Assurance, and Empathy.

## **METHOD**

In this study, the researcher will use a qualitative research approach. The research design will be a descriptive qualitative design. This design employs a descriptive qualitative approach to examine how healthcare services are implemented in correctional facilities, particularly for vulnerable and high-risk inmates, enabling the researcher to identify ways to improve healthcare services in these facilities. In this study, primary data will be obtained through interviews. The selection of research subjects will be conducted using purposive sampling techniques.

In this research, the researcher will choose informants, including two vulnerable inmates: one elderly inmate and one female inmate. Additionally, five high-risk inmates will be selected based on their health conditions: one inmate with a respiratory illness, one with hypertension, one with diabetes mellitus, one with a stroke, and one with heart disease. The research will also involve two medical personnel serving as informants regarding the implementation of healthcare services in the correctional facility, consisting of one doctor and one nurse. Furthermore, one structural official will be included, specifically the Head of the Community Guidance and Care Subsection.

Data collection techniques in this study will include interviews, observations, and documentation. Data validation will be conducted using verification methods based on J. Moleong (2017), which encompass credibility testing, transferability testing, dependability testing, and confirmability testing. The research site is located at the Class IIA Correctional Facility in Karawang, situated at Jl. Surotokunto No. 110, Warungbambu, Kec. Karawang Timur, Karawang, West Java. The research will take place according to the academic schedule set by the Polytechnic of Corrections, lasting approximately two weeks, from March 20, 2024, to April 6, 2024.

## **RESULTS AND DISCUSSION**

### **Distribution of Employees and Educational Services at Karawang Correctional Facility**

Data on employee distribution based on rank and educational level shows various levels of staff at the facility. The majority of employees are in group IIb, numbering 57 individuals, while most employees hold a high school diploma. This emphasizes the need for competency development to enhance service quality, especially for vulnerable and high-risk groups.

### **Healthcare Services for Vulnerable and High-Risk Inmates**

The Class IIA Karawang Correctional Facility has fairly complete physical facilities, although there are still some limitations, such as the absence of isolation and withdrawal rooms. The clinic within the facility includes a doctor's room, a paramedic room, and several other facilities. To meet medical needs, the facility collaborates with the Karawang Regional Hospital to address limitations in medical equipment. The polyclinic also provides various medical tools, such as minor surgical instruments, dental

equipment, infusion sets, and first aid supplies. The availability of these facilities is crucial for providing adequate healthcare services to inmates.

### **Evaluation of Healthcare Service Implementation**

Healthcare services provided are divided into promotive, preventive, curative, and rehabilitative services, each facing its own challenges:

- 1) Promotive  
This service is not running optimally, consisting only of health education and counseling without a clear regular schedule.
- 2) Preventive  
Routine examinations are conducted, such as HIV/TB screenings and environmental cleanliness checks every Friday.
- 3) Curative  
This service acts as first aid for sick inmates, although limitations in facilities and healthcare personnel require some inmates to be referred to the Karawang Regional Hospital.
- 4) Rehabilitative  
This service is not functioning optimally due to limited facilities and infrastructure, especially in the long-term health recovery of inmates with special medical conditions.

### **Initial Healthcare Services for New Inmates**

New inmates receive initial healthcare services, including general and specific examinations. Vulnerable groups, such as the elderly and those at high health risk, undergo additional examinations to identify special service needs.

### **Periodic and On-Call Healthcare Services**

Clinical examinations are conducted both actively and passively, with inmates able to receive care during working hours or through on-call schedules. Officers and health cadres are responsible for the health of inmates, including hygiene inspections.

### **Quality of Services Based on Service Quality Dimensions**

- 1) Tangible  
The clinic rooms are clean, but the limited waiting area and facilities for the elderly are noted shortcomings.
- 2) Reliability  
Service accuracy is not optimal due to the absence of a pharmacist, which leads to doctors performing medication dispensing tasks.
- 3) Responsiveness  
The clinic is quite responsive, with staff conducting patient pick-ups and rounds.
- 4) Assurance  
Staff provide services with friendliness, enhancing inmates' trust.
- 5) Empathy  
Staff demonstrate care and effective communication, helping inmates understand health procedures.

### **Healthcare Service Management**

Healthcare funding comes from DIPA and BPJS, with additional support from the local government through the Karawang Sehat program for poor inmates.

### **Monitoring dan Evaluation**

The implementation of healthcare services is monitored through direct inspections, monthly reports, and WhatsApp communication. Evaluations are conducted formally each year to ensure quality meets correctional standards.

### **CONCLUSION AND SUGGESTION**

The implementation of healthcare services for vulnerable and high-risk inmates at the Class IIA Karawang Correctional Facility includes promotive, preventive, curative, and rehabilitative efforts. Vulnerable inmates comprise women and the elderly, while high-risk inmates are those suffering from chronic diseases such as cirrhosis, mental disorders, cancer, heart disease, diabetes, hypertension, and physical disabilities. Healthcare services begin with a health examination upon the admission of new inmates, which includes screening for substance abuse, HIV, TB, and general health checks. Within the facility, inmates have access to both passive and active clinical services at the polyclinic, which collaborates with the Karawang Regional Hospital. Additionally, there is a referral mechanism for patients with emergency and planned conditions that require further treatment outside the correctional facility.

The quality of healthcare services provided is still not optimal. Although the physical facilities and medical equipment are fairly adequate, there are some shortcomings, such as the absence of isolation rooms and limited clinic space. This situation results in vulnerable and high-risk inmates not receiving fully adequate healthcare services. The polyclinic at the Class IIA Karawang Correctional Facility also faces challenges due to a shortage of medical personnel, particularly pharmacists and other specialist staff.

Improving health facilities and infrastructure at the polyclinic is crucial to fulfilling the rights of inmates, especially for vulnerable and high-risk groups. While the polyclinic already has basic facilities, there are still deficiencies such as isolation rooms for infectious diseases, withdrawal rooms, and mortuary facilities. These are necessary to ensure optimal healthcare services. Furthermore, the addition of healthcare personnel is vital, as the current number does not meet the minimum standards set. The government also needs to revisit regulations related to healthcare financing guarantees for inmates to make them more inclusive, ensuring all inmates have equal access. Enhancing the quality of promotive and rehabilitative healthcare services is also needed, including regular health education and rehabilitative support. For vulnerable and high-risk inmates, more intensive health monitoring programs and rapid access to specialized medical care are necessary. With these measures, it is hoped that healthcare services at the Class IIA Karawang Correctional Facility can become more effective and tailored to the specific needs of vulnerable and high-risk inmates.

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