



Efforts and Changes in Health Aspects to Fulfilling Child Welfare in the Child Correctional Institution

Irma Welly¹; Isbandi Rukminto Adi¹; Eva Achjani Zulfa²

¹ Department of Social Welfare Science, Faculty of Social and Political Sciences, University of Indonesia, Indonesia

² Faculty of Law, University of Indonesia, Indonesia

E-mail: irly22@gmail.com

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Abstract

Several studies have shown that physical health problems are more common among children in conflict with the law (CICL) in correction institutions than among their peers outside the institutions. The children's health issues are not just health and disease problems, but also environmental, behavioral and health service factors that directly affect their health status. The CICL health fulfillment must be completed to support behavior change in children under the guidance of the Child Correctional Institution (LPKA). The purpose of implementing the health aspect is to increase their awareness and attention to maintaining their health. The purpose of this study is to analyze the CICL welfare in LPKA Bandung, Palembang and Tangerang on health needs. This research adopts a qualitative method and type of explanatory research. This study also used purposive sampling techniques. Data collection by the researcher included in-depth interviews, observations and literature studies. The results of the study examined the health status, efforts made and access to health care of the children in conflict with the law and the presence of risk and protective factors affecting behavioral change in their health.

Keywords: *Child Welfare; Children in Conflict with the Law; Health; Risk and Protective Factors; Child Correctional Institution*

Introduction

As stated in the Convention on the Rights of the Child, the concept of full, comprehensive, and comprehensive child protection, Indonesia must fulfill the rights of all children, including CICL, without exception. LPKA is responsible for meeting the needs of CICL. The LPKA is under the Ministry of Law and Human Rights, specifically the Directorate General of Corrections. This institution as a technical implementation unit, is responsible for the guidance of correctional CICL and for providing services,

care, guidance, education, and supervision while respecting children's rights and basic principles of child handling.

Children who break the law are classified as Children in Conflict with the Law (CICL) as affirmed in Article 1 point 3 (Law on the Juvenile Criminal Justice System) that "Children in Conflict with the Law hereinafter referred to as Children are children who have reached the age of 12 (twelve) years, but not yet 18 (eighteen) years old who are suspected of committing a crime." The status of children in conflict with the law after getting a judicial decision to carry out their crimes, according to Zulfa (2011, p.24), correction is referred to as the phase of the criminal being corrected through several programs provided by correctional institutions. According to data from the Directorate General of Corrections, 2.171 CICL received guidance in LPKA in 2019 (Ditjenpas, 2019). The provinces of Banten, West Java, and South Sumatra had the highest number of child prisoners in Indonesia as of December 2019. The data stated LPKA Bandung has 109 child prisoners, LPKA Palembang has 119 child prisoners, and LPKA Tangerang has 124 child prisoners with a variety of criminal cases ranging from theft, drug abuse, fighting, sexual violence, and acts that result in death.

Children who are involved in the legal system are also involved in the child welfare system (Abbott & Barnett, 2015). Child welfare is based on the philosophical tenet that children are individuals with rights, particularly to have their needs met (Shireman, 2003, p. 55). When children are placed in correctional facilities, their well-being becomes a specific concern, especially they have complex needs. (Ungar, M., Liebenberg, L. and Ikeda, J. 2014) The state acknowledges the LPKA's role and obligation to defend children's rights by meeting needs based on these rights in Article 83 of the Juvenile Criminal Justice System Law. Child welfare also encompasses attempts to fulfill the needs of children. Every child has needs that must be fulfilled for them to grow and thrive. There are ten, according to Huttman (1981, p.200).

The fulfillment of health aspects is an essential focus in this study since good health has a large influence on children's behaviors when they are under supervision. The CICL during adolescence is an excellent time to instill the value of clean and healthy living habits. Adolescence is also a possible age to promote healthy clean living in their environment. A healthy state is wanted by all parties in LPKA, including children, parents, officers, teachers, and trainers. Health problems and behaviors that pose a health risk are more prevalent among adolescents in detention than their peers who have never been detained. (Rohan Borschmann, et.al. 2020). Early intervention and the development of protective factors and resilience can help reduce negative outcomes in children (Summersett et al., 2019). So that after completing their criminal period at LPKA, children can carry out further developmental tasks. According to Saleebey (2001, p. 65), several conditions protect children from difficulties, such as risk factors and protective factors that can push children towards growth and health.

Research Methods

This study uses a qualitative approach and the type of research used in this study is explanatory research to explain the process of individual behavior change and explore the efforts made. (Neuman, 2006, p.35) This study was conducted on boys undergoing guidance at LPKA Bandung, LPKA Palembang and LPKA Tangerang involving 22 children in conflict with the law and 3 health workers. Therefore, this study uses informant selection techniques with purposive sampling, namely selecting people who are relevant to the research sample. (Bryman, 2008, p.458)

The basis for selecting informants is those who know the characteristics of children, undergo the guidance process directly and are involved in child health maintenance in LPKA Bandung, Palembang and Tangerang. The criteria for child informants include boys aged 15 to 18 years who have had at least 3

months of guidance. This allows researchers to gain an overview of informants' self-change from the start of guidance and the process of adapting to the LPKA environment. All children who become informants are children who participate in formation as prisoners, not including detainees. Child informants who are willing to participate in the study are evidenced by signing informed consent. By interviewing these informants, it can be known how to meet the health needs of children while serving sentences in the LPKA. The data collection carried out by researchers is in-depth interviews, observations and literature studies. All data and information are further reduced in a summary to the next coding (Neuman, 2006, p.460) This research was conducted for one year, from January 2019 to January 2020.

Results

According to clinical reports from LPKA Bandung, LPKA Palembang, and LPKA Tangerang throughout 2019, problems suffered by numerous children include dermatitis, scabies, cough, digestive issues or gastritis, and diarrhea. During the guidance, most of the CICL informants at LPKA Bandung, LPKA Palembang, and LPKA Tangerang reported health issues. The children are vulnerable to disease due to a lack of knowledge and concern about personal hygiene and the environment. LPKA Bandung, LPKA Palembang, and LPKA Tangerang's efforts to improve the degree of optimal health for CICL, including the provision of polyclinics. Polyclinics as health services for CICL in the implementation of health service programs at LPKA consisting of health workers, especially doctors and nurses. There are only two nurses among the health personnel owned by LPKA Bandung. While the number of health workers at LPKA Palembang is comprised of one general practitioner, one dentist, and four nurses. Meanwhile, LPKA Tangerang employs one dentist and four nurses.

Efforts to fulfill health for children in conflict with the law have begun since the first CICL came to LPKA. The LPKA provides health services to each new CICL by completing initial examinations or health screenings. Medical examination is one of the conditions for receiving new CICL at LPKA in order to determine the history of diseases encountered by children before to admission and to avoid disease transmission. At LPKA clinics, doctors and nurses do CICL medical examinations. In addition to medical checks at clinics, these facilities also supply medicines to sick children. In the case of seriously ill children, if the LPKA is unable to treat them due to limited facilities, the child will be referred to the nearest community health center (Puskesmas) or hospital.

When experiencing health issues (illness) some child informants said that they went to the clinic for treatment, while some other children chose to postpone or even not seek treatment at the clinic. Children postpone therapy at the clinic since they do not receive direct treatment from a doctor, but the absence of doctors like at LPKA Bandung replaced by nurses. Another reason the children did not seek treatment was the inadequacy of the medicines provided by LPKA; several child informants claim that the drugs provided do not vary. Children also complained that the drugs they were given were all the same and did not alleviate their symptoms. Furthermore, children avoid seeking treatment by disregarding health problems because they are accustomed to being sick. Diseases that are often experienced by children are skin diseases. Personal hygiene, bedroom cleanliness, and clothing hygiene all have a significant impact on the skin health of children. LPKA makes efforts to ensure that children maintain personal hygiene, particularly to prevent skin diseases, by providing toiletries such as body soap and toothpaste, also for clothes washing detergent. However, due to LPKA's restricted budget, children are not always able to access these toiletries and detergents.

Health personnel, both doctors and nurses, do health checks on children at the clinic as part of providing health services. In addition, health staff visited the children in the block. Roving checks in room blocks are typically conducted in the afternoon. Nurses and doctors at LPKA Palembang and LPKA Tangerang perform these examinations regularly. The goal of the mobile examination is to deliver

medicine to sick CICL. Doctors and nurses do not provide drugs to children all at once, but rather according to the dose and time of taking the drug. The mobile examination is also used to anticipate children encountering disease occurrences at night, considering that health workers, both doctors and nurses, do not provide health services for 24 (twenty-four) hours. Furthermore, mobile examinations are performed since not all children want to check themselves when they are sick at the clinic, often, children delay until they feel disturbed by the disease and then seek treatment.

Efforts to fulfill other health aspects carried out by the three LPKA include the provision of meals to all children three times a day, namely in the morning at 07, the afternoon at 11, and the afternoon at 04. The meal menu includes, among other things, eggs, fish, and chicken to suit nutritional demands and can also be enjoyed by children. However, the sort of food served to children is not differentiated between healthy and sick children, therefore children who experience skin diseases, such as itching, are served the same side dish menu as other healthy children.

Figure 1. LPKA Tangerang provides regular and nutritious meals



The next effort provided by LPKA is the provision of sports facilities and sports activities as physical guidance. Morning exercise, football, and volleyball have all become common activities for children throughout the guidance. The sports are offered in the form of games or recreational sports and sports training. Recreational sports, such as volleyball or football, are played before school in the morning or after other guidance activities in the afternoon. Besides exercising, in the morning, some child informants at LPKA Palembang voluntarily sunbathe to avoid disease by getting morning sunlight. While sports training provided by the three LPKA, such as soccer training at LPKA Bandung, silat (martial arts) training at LPKA Palembang, and wushu training at LPKA Tangerang, each has trainers who are experts in their professions.

Figure 2. LPKA Bandung provides sports training regularly



Efforts to increase health awareness are also given to children in conflict with the law through health education from the beginning of the child's entry into LPKA. This health education aims to increase their knowledge and modify attitudes. The health education provided directly by health workers at LPKA Bandung and LPKA Tangerang is incidental when children seek treatment at the clinic.

Meanwhile, children at LPKA Palembang routinely get health education from LPKA doctor acting as counselor. The delivery of health education materials at LPKA Palembang uses sheets of paper, each of which contains categories of diseases in the form of simple writing and drawings to help children grasp the content presented by counselor. Tuberculosis, HIV, scabies, dengue fever, and respiratory tract problems were among the topics covered. In addition to providing direct health education, such as at LPKA Palembang, the three LPKA also collaborate with other health organizations or institutions to provide health education.

Figure 3. LPKA Palembang provides routine health education



The limited quantity of health workers and medicines as mentioned early is overcome by collaborating with related parties, specifically health workers, stakeholders (community health centers, ministry of health, local government), universities, and community organizations. In the absence of doctors at LPKA Bandung, children with serious illnesses are treated by doctors from the nearest community health center (Puskesmas). As for giving medicine to children, nurses at LPKA Bandung can provide medicine for minor illnesses, such as fever and minor skin diseases. In addition to the assistance of doctors, medical assistance was also received by children during visits from stakeholders.

The changes that occur in children in conflict with the law after conducting guidance activities at LPKA are developments in health aspects. The increase of consciousness and attention to one's health is the achievement of child development and health. The noticeable change is that the child looks cleaner, has healthier skin, and is rarely sick. This condition is different at the beginning of guidance, some child informants are seen rarely bathing which causes recurrent skin soreness. Other changes, children also do not delay checking themselves when sick.

Other changes due to the experience of illness suffered by children require repeated treatment until they recover. Starting from the time the child feels pain, examining at the clinic, gets treatment, and finally, the condition improvement must be followed up by maintaining personal and room hygiene. Some children who experience this condition make it a reason to change in maintaining hygiene. Changes are also made by children to eating and sleeping patterns, were previously lazy to eat and sometimes delayed eating. The children eat and sleep regularly, if previously when outside the children rarely ate while at LPKA in the afternoon they had already eaten.

Changes in behavior, particularly those related to physical activities such as sports, teach them to be disciplined. Children, especially those who participate in sports through training, understand what chores and activities they must complete before engaging in sports. Children have prepared themselves, not only with fit bodies, but also with clean socks, shoes, and sports attire. Sports in the form of training allow them to master techniques and become more confident. Furthermore, during training, children's social skills increase through teamwork. As for changes brought about by children's knowledge gained via regular health education, such as at LPKA Palembang, they know about common diseases and are taught clean lifestyles. They now have the awareness to sunbathe in the morning.

Discussion

As mentioned early, most of the CICL informants at LPKA Bandung, LPKA Palembang, and LPKA Tangerang reported health issues during the guidance. The children are exposed to disease because of a lack of knowledge and concern about personal hygiene and the environment. The child's capacity to perform tasks will be hampered by his or her illness. This disease can be induced by filthy and unhealthy living habits, which can have a negative impact on health and quality of life (Koem and Barens, 2015). Some children chose to postpone or even not seek treatment at the clinic, their reason for ignoring health problems because they are used to experiencing sick conditions. The factor of children not utilizing health services according to Lawrence Green (in Notoatmodjo 2012, p.110) is an enabling factor that includes the availability of health facilities and infrastructure or facilities in LPKA. The reason children do not seek treatment and ignore health problems because they are accustomed to the pain they experience is a predisposing factor that includes knowledge and beliefs that come from the internal individual (Adi, 2012, p.310)

Diseases that are often experienced by children are skin diseases. Efforts made by LPKA by providing body soap, toothpaste and detergent are not always obtained by children due to LPKA's limited budget. This condition illustrates the constraints faced by correctional institutions in efforts to fulfill children's health not only in the small size of facilities, health worker constraints, limited availability of special medical services, institutions also experience budget constraints (Gallagher in Elizabeth, et.al., 2016)

Based on its nature, health services in LPKA are integrated and comprehensive health care efforts that are promotive, preventive, curative and rehabilitative carried out by health workers. (Bimkemas, 2015, p.59) So good health services can be seen from the number of doctors who serve, so that public health will also be better, where health conditions are one indicator of welfare. (Adi, 2018, p.83) However, not all LPKAs have adequate facilities, according to Perry (2014) the challenges in correctional institutions are arrangements related to tight daily schedules, the need for staff to escort children for treatment, lack of parental visits, incomplete medical history, reluctance of children to seek treatment, lack of emergency care and subspecialty services, and inadequate manpower.

The physical guidance efforts provided by the three LPKA can have a positive impact on prisoners' well-being and the wider prison community (Meek, R., & Lewis, G. 2014). Children following the schedule of sports training made them disciplined and work in a team. The physical guidance in the form of sports in the form of games, such as volleyball and futsal, can be classified as recreation groups (Zastrow, 2010, p. 77), which are spontaneous, have no leaders, and are carried out by children outside of the schedule of school and other training. Meanwhile, sporting activities in the form of regular exercises performed by children in each LPKA under the supervision of coaches, such as football training at LPKA Bandung, silat training at LPKA Palembang, and wushu training at LPKA Tangerang, can be classified as recreation skill groups. This type of sports training seeks to enhance skills as well as provide entertainment. Coaches or instructors lead sports skill groups (Zastrow, 2010, p. 77).

Efforts to increase knowledge about health are also given to children in conflict with the law through health education, in line with Green (in Notoatmodjo 2012, p.110) that attitude is a predisposition that includes knowledge, values and perceptions of individuals related to the motivation of a person or group to act which is reflected in the form of attitudes. Semenza (2018) also said that physical health and a healthy lifestyle can reduce the possibility of delinquency through improving self-attitude. The delivery of health education materials at LPKA Palembang uses sheets of paper, each of which contains types of diseases in the form of simple writing and pictures in line with what was conveyed by WHO (2012, p.36) that health services in the form of delivering information can be provided using various methods. Information materials relevant to adolescent health are provided in various forms such as posters, booklets, and leaflets. The information is presented in easy-to-understand and eye-catching language. In an effort to provide health education, appropriate and interesting media are needed (Thongmuang and Kowit, 2015) This is important for ABH who do not know the health problems they are experiencing. They may receive misinformation from peers and be embarrassed to ask parents, teachers or others. So according to WHO, the success of changing adolescent behavior is determined by the selection of methods that are in accordance with the characteristics of adolescents. In addition to health education provided directly such as at LPKA Palembang, the three LPKA also cooperate with other health agencies or institutions in conducting health education. The limited number of health workers and medicines as mentioned above is overcome by coordinated services, other best practices and broad access to health and social services will help increase the resilience of individuals living under stress. (Ungar, M., Liebenberg, L. and Ikeda, J. 2014)

Changes in children's behavior are obtained from the continuous learning process and health education as one of the efforts that LPKA has made. The changes seen in children are in conflict with the law as stated by Rutter (1987) that when resources in individuals and the environment work in the face of risk to adapt, then these resources can be said to be protective. Protective factors derived from assets and strengths, arise in the context of when there is risk. (Fraser and Terzian, 2005, p. 60) Masten and Garmezy (1985 in Saleebey, 2001, p.69) convey that resilience plays a role in child development, one of which is the social support system available outside the family as a protective factor for children. When children receive support in the form of good facilities from LPKA, it becomes the basic capital for children to face risks from the environment.

Then when the child gets regular guidance activities such as health education and sports activities, the child also gets knowledge, skills and motivation, which are protective factors for the child in achieving good for his health. The active role of health workers is also a protective factor, when children enter the correctional system, officers become the main figure that children can rely on (Correct Care, 2012) with their experience and knowledge, doctors or nurses do not just carry out treatment responsibilities in the clinic. Braverman (2011) explains that the need for health facilities and services is only identified when children receive care, so the important role of doctors and other health care providers becomes a source of support for children's health.

Conclusion

This research shows that the placement of children who are in conflict with the law in LPKA requires special treatment, especially related to health aspects. Children in conflict with the law have health problems and needs, especially lack of cleanliness, and are susceptible to disease. Reasons were children's knowledge level, lack of socioeconomic conditions, and limited availability of LPKA health workers. Behavior change in children is a form of resilience in children to the risk and protective factors that affect them. Therefore, the continuity of health services provided by LPKA must be improved so that socially disadvantaged children can achieve optimal health.

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