THE FULFILLMENT OF COMPREHENSIVE CHILD RIGHTS TO HEALTH IN LPKA KARANG ASEm BALI

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Abstract

This article aimed to investigate How is The fulfillment of the right to comprehensive child rights to health in LPKA Karang Asem, Bali. The right to health is one of the rights of children that the State guarantees. The State’s obligation to ensure the fulfillment of the right to health in which is regulated in Article 44 of Law number 35 of 2014 on the Amendment of Law number 23 of 2002 on Child Protection has to be implemented. Unfortunately, however, there is a paradigm of inconsistency between regulations relating to the purpose of parenting and child coaching. Paradigm change of special protection for child in trouble with law as a protégé as regulated in Child’s Protection Law is still different from the Law Number 12 of 1995 on Correctional System. The method used in this study is a qualitative empirical juridical approach. This interdisciplinary method is useful to get a thorough description related to facts of an implementation of a policy and its social impact. The research result concludes that The fulfillment of the right to comprehensive child rights to health in LPKA is the State’s responsibility, in this case are LPKA, Local Government c.q represented by the Office of Justice and Human Rights and the Office of Health and the Central Government represented by the Ministry of Justice and Human Rights and the Ministry of Health, also society and parents.

Keywords: child’s right, right to health, protection,

A. INTRODUCTION

The right to health is one of the rights of children that the State guarantees. The State’s obligation to ensure the fulfillment of the right to health in which is regulated in Article 44 of Law number 35 of 2014 on the Amendment of Law number 23 of 2002 on the Child Protection has to be implemented. Central and local government shall provide facilities and implement a comprehensive healthcare effort for children so that they can obtain optimal health condition since they are in the womb. The provision of facilities and implementing healthcare efforts are supported by community participation. The efforts include preventive, promotive, curative and rehabilitative both on basic healthcare and referral services and a free comprehensive healthcare for poor families (Abussalam dan Adi Desasfuryanto, 2014).

Article 59 of Child Protection Act set about special protection guarantee for children as the accountability of government, local government other related government institutions’ duty.
They are obliged and responsible to provide special protection to children especially Children in conflict with law (AKH) and Children in conflict with law (Anak Berhadapan dengan Hukum/ABH). Law Number 11 of 2012 on the Juvenile Court (UU SPPA) enter special protection of ABH and AKH who are in Special Children Agency (LPKA) and Social Welfare Institution (LPKAS) (Haryati Rebyanho, 2007). Unfortunately, there is a paradigm of inconsistency between regulations relating to the purpose of parenting and child coaching. Paradigm change of special protection for ABH dan AKH as a protégé as regulated in UU SPPA is still different from the Law Number 12 of 1995 on the Correctional System (UU SP), which has not been changed. The UU SP is still familiar with the terms of Criminal Child, Civil Child, and State Child (Amanda A. Cahyaningtyas, Pudji Astuti, dan FX. Sri Sadewo, 2014: 1-9). In addition, special protection for ABH and AKH must be based on the principles inherent in children, such as: 1) protection, 2) fairness, 3) the best interest for children, 4) respect for children, and 5) avoidance of retaliation in children case settlement.

B. PROBLEM STATEMENT

This article aimed to investigate How is The fulfillment of the right to comprehensive child rights to health in LPKA Karang Asem, Bali?

C. RESEARCH METHODS

The method used in this study is a qualitative empirical juridical approach. This interdisciplinary method is useful to get a thorough description related to facts of an implementation of a policy and its social impact. The data collection technique was carried out by in-depth interview on sample of informen that were selected purposively or with special criteria determined by researcher based on the focus problem being studied. The data used in this study consisted of two types, i.e primary data, taken from real facts in form of respondent information, focus group discussion with stakeholder, and profound observation in LPKA
Karang Asem Bali, and ; secondary data , in form of library or reference data, such as legislations and scientific literature.

a) **Right to Health**

In Indonesia, children in conflict with the law and undergoing correction in correctional institution (*Lapas*) and detention house (*Rutan*) are called as a protégé of correctional institution (*andikpas*). Basically, *andikpas* are children who have the same rights as other children (Marlina, 2009: 155). Their limited freedom, since they have to corrected in prison/detention does not remove their rights, as recognized in the the United Nation Child Rights Convention ratified by the Government of Indonesia as Law Number 23 of 2002 on the Child Protection (*UUPA*) and Law Number 35 of 2014 on the Amendment of Law Number 23 of 2002 on the Child Protection (Maidin Gultom, 2014). Both *KHA* and *UUPA* emphasize 4 (four) important principles in fulfilling the rights of children, namely (Elly Sudarti, 2011):

1. non-discrimination,
2. the best interest for the child,
3. the right to live, survival and growth and development, and
4. Respect to child’s opinion

The latest Law set about the children in conflict with the law is Law Number 11 of 2012 on the Juvenile Court (*UU SPPA*) which come into effect two years after the date of issue, that is July 31, 2012 as stated in the Closing (Article 108 *UU SPPA*). It means that *UU SPPA* would come into effect since July 31, 2014.

This *UU SPPA* is in lieu of Law Number 3 of 1997 on Juvenile Court (Juvenile Court), which aims to create judiciary that fully ensure the best protection of interest of children in conflict with the law. The Juvenile Court Act is no longer considered to be appropriate to the society needs of law and has not comprehensively provide special protection to children in conflict with the law (Lilik Mulyadi, 2014).

*UU SPPA* regulates problems regarding to the placement of children who are in criminal proceedings in Special Children’s Agency (*LPKA*). The most fundamental substance of the Law
is a strict regulation dealing with Restorative Justice and Diversion which is intended to avoid and keep the children away from judicial process so that it will able to avoid stigmatization of children in conflict with the law and is expected that they can get back to their social environment naturally (Widodo, 2015).

Restorative Justice is a process of Diversion, that is, all parties involved in specific criminal acts are responsible to solve the problem and create an obligation to things better by involving the victim, children, and the community to seek solutions to restore, to reconcile, and to reassure, that are not based on retaliation (Arimbi Heroepoetri (ed.)). Diversion is a shift of settlement of children criminal court process to non-judicial process or out of court (Setya Wahyudi, 2009: 29-39).

UU SPPA define “a minor” is a child who was age 12 (twelve) but not yet the age of 18 (eighteen) and classified children in conflict with the law into 3 (three) categories, that is, perpetrator, victim and witness. Children in conflict with the law as stipulated in Article 1 paragraph 2, 4, and 5 UU SPPA:

1. Children who are perpetrators of criminal act, as article 1 paragraph 3 UU SPPA:
   “Children in conflict with the law, hereinafter called the child is a child who was age 12 (twelve) years old, but not yet the age of 18 (eighteen) years old allegedly committing crime”.

2. Children who are victims of crime (child victim), as article 1 paragraph 4 UU SPPA:
   “Children who are a victim of crime, hereinafter called child victim, is a child under 18 (eighteen) years old who suffered physical, mental, and/or economic loss caused by a criminal act”.

3. Children who become witness of crime (child witness), as article 1 paragraph 5 UU SPPA:
   “Children who become witness of crime, hereinafter referred to as witness child, is a child who has not 18 (eighteen) years old who can provide information for the purpose of investigation, prosecution, and examination before the court on a criminal case that is heard, seen and/or personally experienced”.
Basically, Children in conflict with the law can be detained and placed in LPKA. In this study, it will be emphasized on children who are placed in LPAS and in LPKA. Children who are placed in LPKA as stipulated in article 85 paragraph 1 UU SPPA:

“Children who are sentenced to prison are placed in LPKA.”

Furthermore, children who are in LPKA is stipulated in article 85 paragraphs 2 to 5, namely:

(1) Children , referred to in paragraph (1) entitled to receive coaching, mentoring, supervision, mentoring, education and training, as well as, other rights in accordance with the provision of legislation.

(2) LPKA is compulsory to provide education, skill training, coaching and the fulfillment of other rights in accordance with the provision of legislation.

(3) The social supervisor undertake social research to determine the implementation of education and awareness program as referred to in paragraph (3).

(4) Bapas will supervise the implementation of the program as referred to in paragraph (4).

While the Article 86 UU SPPA further regulates about the whereabouts of the child, that is:

(1) Children who have not completed a sentence in LPKA and have reached the age of 18 (eighteen) years old will be transferred to a youth correctional facility.

(2) In the term of a child has reached the age of 21 (twenty one) years old, but have not finished a sentence, he/she will be transferred to an adult correctional facility with attention to the sustainability of children coaching.

(3) In the absence of youth correctional facility, the head of LPKA may transfer children as referred to in paragraph (1) and (2) to an adult correctional facility based on the recommendation of the community supervisor.

According to the Article 86, children who are in LPKA, if he/she has reached the age of 18 but has not completed a sentence, he/she will be transferred to Youth Correctional Facility (LP Pemuda). Meanwhile, if children have reached the age of 21 but have not finished the sentence, he/she will be transferred to Adult Correctional Facility (LP Dewasa). If there is not any Youth Correctional Facility, the Head of LPKA may transfer the children to the Adult Correctional Facility based on the recommendation of LPKA mentor. There is not any Youth Correctional Facility in Bali, so there are still some Andikpas who are over 18 years old.

b) Rights of Children in LPKA
Juvenile Court Act (UU Pengadilan Anak) in its previous arrangement does not distinguish the category between Child Victim and Child Witness. Consequently, they do not get legal protection. It means that many criminal offenses are not resolved or even are not reported since children tend to be afraid of dealing with the criminal justice system (Tristanti, Yoyon Suryono, 2014: 113-123).

Children in conflict with the law and serving a sentence in a correctional institutions (lapas) and in detention (rutan) is called a Protégé of correctional institution (Andikpas). It is regulated in Article 1 paragraph 8 Law of The Correctional (UU Pemasyarakatan):

a. Criminal Child is a child under the court ruling out a sentence in Child Prison (LPKA) at the longest until the age of 18 (eighteen) years old.

b. State Child is a child under the court ruling is handed over to the state to be educated and placed in Child Prison (LPKA) at the longest until the age of 18 (eighteen) years old.

c. Civil Child is a child who, at the request of his/her parent or guardian, gain the court warrant to be educated in LPKA. The determination of Civil Child in LPKA, is at the longest until the age of 18(eighteen) years old.

The Article above shows that the Law of Correctional (UU Pemasyarakatan) recognize 3 (three) kinds of children, namely, Criminal Child, Civil Child and State Child. However, by the change of the Law of Court (UU Pengadilan) into the Law of Criminal Justice System of Children (UU SPPA), has shown the term of Children in conflict with the law, but the term of protégé of correctional (Andikpas) is still used. The Andikpas has the same rights as other children. According to Article 3 UU SPPA, the rights of children are follow:

a. Treated humanely while addressing the need according to their age;

b. Separated from adult;

c. Get legal aid and other assistance effectively;

d. Do recreational activity;

e. Get free from torture, punishment, or other cruel, inhuman, and degrading self and dignity treatment;

f. Not sentenced to death or life imprisonment;

g. Not arrested, detained, or imprisoned, except as the last resort and within the shortest time;

h. Obtaining justice before the objective, impartial Child court and in a trial closed to public;

i. Unpublished identity;

j. Obtain the assistance of parent/guardian and other trusted person by the child;
k. Obtaining social advocacy;
l. Obtaining their personal life;
m. Obtaining accessibility, especially for disabled child;
n. Obtaining education;
o. Obtaining health services; and
p. Acquire other rights in accordance with the provision of the legislation

In article 3 letter o of the *UU SPPA*, it is expressively stated that children are entitled to health services. This was reinforced in the explanation of Article 3 of *UU SPPA* that specifies that:

“What is meant by “the needs according to the age” include worship in accordance with his/her religion or belief, get a visit from family and/or companion/caregivers, get spiritual and physical care, get education and teaching, get health services and decent food, get reading materials, able to make complaint, and able to follow the broadcast of mass media”.

D. RESEARCH RESULT AND DISCUSSION

1. The Profile Of LPKA Karangasem

Special Children’s Agency Lembaga Pembinaan Khusus Anak (LPKA) in Karangasem was inaugurated on Wednesday, August 5, 2015. Previously known as Children correctional facility (Lapas Anak) Gianyar in Karangasem, the purpose of the change in nomenclature is as a form of care of all Indonesian to the fulfillment of the rights and protection of Indonesian children so that children in conflict with the law will still be able to grow and develop optimally (child-friendly legal).

Here is the data of protégé of correctional facility in LPKA Karangasem:

<table>
<thead>
<tr>
<th>NO</th>
<th>REGISTER</th>
<th>NAME</th>
<th>CASE</th>
<th>Length of sentence</th>
<th>EXPIRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BI/7/2015</td>
<td>I NYOMAN SUDANA</td>
<td>Article 1 81(1), Law Number</td>
<td>3 years in prison</td>
<td>September 12,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>35 of 2014 Jo. Article 65</td>
<td></td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>KUHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Case No.</td>
<td>Defendant</td>
<td>Article Reference</td>
<td>Sentence Details</td>
<td>Date of Sentence</td>
</tr>
<tr>
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</tr>
<tr>
<td>2.</td>
<td>BI/09/2015</td>
<td>ILHAM MAULANA IBRAHIM MUSTAFA</td>
<td>Article 112(1) Law Number 35 of 2009</td>
<td>3 years in prison</td>
<td>July 13, 2018</td>
</tr>
<tr>
<td>3.</td>
<td>BI/11/2015</td>
<td>I GEDE WARMADEWA</td>
<td>Article 31(2) Law Number 35 of 2014</td>
<td>2 years in prison</td>
<td>November 22, 2017</td>
</tr>
<tr>
<td>4.</td>
<td>BI/07/2015</td>
<td>YOSSE LEONARDO MANEK DASILPA</td>
<td>Article 80 par (3) Jo. Article 76c Law Number 35 of 2014</td>
<td>3 years 3 months in prison</td>
<td>Desember 14, 2018</td>
</tr>
<tr>
<td>5.</td>
<td>BI/02/2016</td>
<td>MARZUKI DAFFA AULIYA HAMID</td>
<td>Article 81 par (2) Law Number 35 of 2014</td>
<td>2 years 6 months in prison</td>
<td>June 26, 2018</td>
</tr>
<tr>
<td>6.</td>
<td>BI/03/2016</td>
<td>AAN ASRIADI</td>
<td>Article 76E Jo. Article 82 Law Number 35 of 2014 Jo. Article 64(1) KUHP</td>
<td>1 years 8 months in prison</td>
<td>December 30, 2017</td>
</tr>
<tr>
<td>7.</td>
<td>BI/04/2016</td>
<td>VALERIANUS PRIMADIKATAUS</td>
<td>Article 363(1) Number 4 and 5 Jo. Pasal 65 (1) KUHP Jo. Law Number 11 of 2012</td>
<td>1 years 3 months in prison</td>
<td>July 23 2017</td>
</tr>
<tr>
<td>8.</td>
<td>BI/05/2016</td>
<td>GEDE ANANDA JAYA</td>
<td>Article 114(1) Law Number 35 of 2009</td>
<td>1 year 4 month in prison</td>
<td>November 25, 2017</td>
</tr>
<tr>
<td>9.</td>
<td>BI/06/2016</td>
<td>OSAMA VALENTINO RAYA</td>
<td>Article 81 par (2) Law Number</td>
<td>1 year 6 month in</td>
<td>November 29, 2017</td>
</tr>
<tr>
<td>No.</td>
<td>Case No.</td>
<td>Name</td>
<td>Article(s)</td>
<td>Sentence</td>
<td>Date</td>
</tr>
<tr>
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</tr>
<tr>
<td>10.</td>
<td>Blib/02/2016</td>
<td>FIRMAN IVIAULANA</td>
<td>Article 363(1) Criminal Act and article 363(1) point 3 and 4 Criminal Act</td>
<td>6 months in prison</td>
<td>March 13, 2017</td>
</tr>
<tr>
<td>11.</td>
<td>BLIa/03/2016</td>
<td>DIONISIUS YUDIANTO WISLEY</td>
<td>Article 363(1) point 4 and 5 Criminal Act Jo. Article 65(1) Criminal Act Jo. UU Number 11 of 2012</td>
<td>1 year in prison</td>
<td>April 24, 2017</td>
</tr>
<tr>
<td>12.</td>
<td>BLIa/03/2016</td>
<td>I PUTU ABDI WIRATAMA</td>
<td>Article 363(1) point 4 and 5 Criminal Act Jo. Article 65(1) Criminal Act</td>
<td>1 year in prison</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>BLIa/04/2016</td>
<td>I GEDE SUYADI PUTRA</td>
<td>Article 363(1) 4th Criminal Act</td>
<td>5 months in prison</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>BLIa/05/2016</td>
<td>I KADEK PUTRA YULIANTARA</td>
<td>Article 363(1) 4th Criminal Act</td>
<td>5 months in prison</td>
<td></td>
</tr>
</tbody>
</table>

Source: LPKA Karangasem, Bali

2. Experiences

The prisoners of Special Children’s Agency (LPKA) Karangasem participated in the anniversary of the the 9th Bali’s Regional Children Forum (FAD), Saturday, December 26, 2016.
The chairwoman of FAD Bali, Luh Vida, explaining the reason for having celebration in LPKA Karangasem.

“We want to get closer with them and and foster our sense of caring for children in conflict with the law (ABH) because they are children and asset of the nation “ She said.

The celebration was attended by the Child Protection Agency (LPA) Bali. “ We are happy to celebrate in LPKA Karangasem since we are able to play and joking together and also provide entertainment to them,” Said the Chairman of LPKA Karangasem, Haryoto.

On the other hand, Head of Sub Division of Administration LPKA Karangasem, Dedi Wirawan, expressed his gratitude for the FAD Bali arrival. “ Thank you for having cared for the children and invite the children to play so they will not feel bored in LPKA”.

In the celebration, the children asked to join in some games, that is, guessing games, chain words, and asking-many-questions game. Guessing games consists of three team, each team consists of four children. “the game is very funny and make people laugh” Said MR, one of children in conflict with the law in LPKA Karangasem.

Problems found in LPKA Karangasem mostly derived from lack of access and supporting facilities, gender bias, and other unideal condition. Like Daffa, one of Andikpas whose toe stuck nail but cannot be funded by public health center or hospital and because he is not 17 years old he cannot apply the BPJS. Although, basically, the responsibility of referral treatment outside the LPKA is still LPKA’s responsibility. But not all the protégés of LPKA aware of their right. Gender disparity condition is still fairly bias. All LPKA protégés are boys. This is caused by the LPKA policy that girl protégés are transferred to female correctional facility, as found in correctional facility (lapas) for woman in Bali. Other problem is the over-capacity of adult correctional facility that influence the process of rehabilitation in LPKA Karangasem.. Basically, the protégés who have reached the age of 18 shall be transferred to the youth correctional facility/prison, since there is no youth prison in Karangasem so they were transferred to adult
correctional facility/prison with special monitoring during they completed the sentence. The condition of adult correctional facility that is over-capacity has made the LPKA to keep the protégés who have reached their puberty remain in LPKA. According to the head of Karangasem correctional facility, this policy was taken to protect the child protégés themselves from suffering from violence that often happen in adult correctional facility.

3. The Role Of Institution Related to The Fulfillment of The Comprehensive Rights To Health

Special children’s Agency (LPKA) is an agency or place where a child serves his/her sentence. In UU SPPA paradigm, this new agency is not merely an euphinism of correctional facility/detention (Lapas/Rutan), but it is hoped to accommodate a conception that can resolve between justice and children protection interest. The agency also introduces a new supporting facility that is Child’s Special Service Room, functions as a room to place a child during his/her 24 (twenty four) hours time of arrest.

LPKA is a place where children serve their sentence for children of 18 (eighteen) years old. LPKA are to conduct education, training, skill, coaching and fulfilling other rights in lieu of legislation. UU SPPA are to the Ministry to conduct government affair related to legal in 5 (five) years at the longest time after the UU SPPA come into effect to set up LPKA in every provinces. While the Article 104 UU SPPA orders every child correctional facility (lapas anak) to make system change into LPKA in 3 (three) years.

LPKA in the perspective of UU SPPA, is a place to conduct education, training, skill and coaching. But the presence of a child in LPKA limited time. Children are no longer in LPKA for several reason, that is:

a) Have completed their sentence
b) Children who have not completed a sentence in LPKA and have reached the age of 18 (eighteen) years old, were transferred to a youth correctional facility (article 86 paragraph 1 UU SPPA).
c) In the absence of youth correctional facility, the Head of LPKA can move/transfer LPKA children to adult correctional facility based on recommendation of the supervising community (article 86 paragraph 3 UU SPPA).

d) In term of the child has reached the age of 21 (twenty one) years old, but have not finished a sentence, child shall be transferred to an adult correctional facility with attention to sustainability children coaching (article 86 paragraph 2 UU SPPA).

e) Children who have undergone ½ (one half) of the length of coaching in LPKA and well-behaved were eligible for a parole (article 81 paragraph 4 UU SPPA).

Institution is a communication forum that coordinates institutions that provide comprehensive health services for children who need special protection in LPKA. When the protégé of correctional facility or Andiknas is sick, then he/she will be taken to Health care and Treatment Unit (UPK-P). It depends on the sickness the Andikpas suffers. Table x illustrated that the most disease suffered by Andiknas, namely:

a. If Andikpas has mild disease, he/she will be asked to meet the medical personnel in UPK-P.

b. If he/she has quite serious or chronic and contagious, usually after going to UPT-P, then the UPT-P will recommend the Head of LPKA to refer him to the Public Health Center (puskesmas). However, if it is necessary, he/she will be referred to a Hospital.

c. If the disease is considered to be acute and dangerous and infectious, he/she after examined by medical personnel in UPK-P, the UPK-P will directly recommend the Head of LPKA to refer him to the Hospital. The Andikpas patient who is taken and treated in the hospital shall be escorted by LPKA officer, and when necessary LPKA will seek help police officer.

According to the Head of LPKA Karangasem Bali and the officer of LPKA, the hospital bill attributed to the State, in this case in accordance with the cooperation agreement between the treating hospital and the LPKA.

The Head of LPKA will inform the Andikpas family. In fact, not all Andikpas parent live near LPKA, so their parents do not directly know that their child is sick. There is a shift of paradigm when child correctional facility changed into LPKA as mandated by UU SPPA that has to prepare in such a way, one of them is related with the institution.

The demand to change LPKA institution into an institution that is able to change the behavior of the Andikpas is not an easy way. Therefore, as explained above, LPKA can not fulfill the demand itself, so it must be done in cooperation with other party related to the fulfillment of
comprehensive rights to health. It can not be done by LPKA itself, so cooperation with other party is very important. Although LPKA Karangasem has made a lot of cooperation, but it just limited to legal aid and education, it has not made cooperation related to health. Here some direct or indirect cooperation done by LPKA Karangasem:

a. Cooperation related to health service.
   As explained above that when an Andiknas has a health problems, so some effort can be done, that is:
   1. Promotive Health effort
      Cooperation with various parties as an effort to fulfill promotive health effort related to KIE activities about the danger of drugs and HIV/Aids both individually and in groups.
   2. Preventive Health Effort
   3. Curative Health Effort
      Cooperation with various parties to fulfill curative health effort, if the medical personnel in UPT-K can not handle the chronic, acute or infectious deseases suffered by an Andikpas, the Head of LPKA will propose a written letter to the Public Health Center or Hospital.
   4. Rehabilitative Health Effort
      Cooperation with various medical experts and psychic/mental health expert to fulfill the rehabilitative health effort.

b. Indirect cooperation to fulfill comprehensive rights to health on judicial process. In judicial, Andikpas will go through a process start from police, then attorney and finally in the court. Bapas and lawyers have an important role in the process of settlement of problem related to child in conflict with the law. BAPAS plays a big role to help Andikpas to seek justice. This will be very helpful for Andikpas who, at that time, experience both physical and psychological helth problems (like anxiety, fear, sleeplessness, and stress). SPP paradigm requires the law enforcers to create an athmosphere and condition of child-friendly justice. For example, law enforcement officers do not wear court uniform, use language that easily understood by children, create an athmosphere court that is not intimidating and scary.

4. Programs Related To The Fulfillment Of Comprehensive Child Rights To Health In LPKA

Programs/activities related to the fulfillment of the comprehensive child rights to health at LPKA in Bali, basically, are still unable to meet the standards set in accordance with the demands in UU SPPA and Law of Children Protection. By this study, we will be able to see which programs/activities related to the fulfillment of comprehensive child rights to health in LPKA that has already been executed and needed to be upgraded. These can be seen as follows:

1) Promotive Service
What is meant by promotive service is explained in Article 1 paragraph 12 Law on Health, that is: “Promotive health service ia an activity and/or a series health service activities that give more priority on the activity of health promotion”. Promotive health effort for Andikpas in LPKA Karangasem consist of:

a) Communication, information, and education activities (KIE). The implementation of KIE activities individually or in group in organizing School Health Unit, Youth Health Care Service, and Youth Reproductive Health Education. But unfortunately, these programs has not been executed in LPKA Karangasem.

b) Counselling

c) Sanitation Monitoring and maintenance dan personal hygiene. Facts found that personal health problem has been well taken care, since the LPKA employee always gives individual task to Andikpas. Beside, adequate facilities and infrastructures support the sanitation infrastructures.

d) Drugs, Psychotropic and Additive Substance (NAPZA) abuse prevention. LPKA Karangasem is in cooperation with the Center of Education Training Character using Zhong Hua Cultural Education Centre Bhd teaching Method. Using self-problematization and self-solving approaches, this Education Center is contributing to the Education and Moral Training.

e) Regular Exercices and competition LPKA Karangasem fully encourage sport activities and football is one of sports developed there. In accordance with the FGD, playing football is the everyday activity awaited by Andikpas. Regular exercises done by Andikpas is very important, so it is expected that all Andikpas can get involved in accordance with their wishes and hobby. But, the most important thing is that the activities can restore their self confidence and they are happy if compete each other.

2) Preventive Service
Article 1 paragraph 13 Law on Health explains the preventive health service as “Preventive health care is a preventive action against a health / illness problem”. Preventive effort for Andikpas in LPKA consist of:

a) Outset Examination (screening) for new andikpas using ASSIST (Alcohol, Smoking, Substance Involvement Screening Test) instruments.

b) Periodic Screening examination for old andikpas gradually.

c) Isolation to andikpas who suffer from infectious disease.

d) Monitoring and guiding for food organizing for andikpas to meet food hygienic and sanitation requirements and andikpas’ energy and nutritional need.

e) Keeping the environment clean by setting a timetable and order to clean the environment and strictly monitored by LPKA employee.

3) Curative Services

Article 1 paragraph 14 Law of Health explains the Curative Health Service as “Curative Health Service is an activity and/or series of treatment aimed at curing disease, reducing suffering caused by disease, disease control or disability control, so that the quality of the patient can be maintained as optimal as possible”. Curative Health efforts delivered by LPKA Karangasem are:

a) Basic personal curative health service, including dental care service, based on its capacity. In general, there are 2 (two) ways to handle disease in LPKA that is by internal medical personnel of LPKA and by external medical personnel if there is andikpas patient who has serious and potentially infectious disease.

b) Specific disease treatment service, including tuberculosis, malaria, and sexually transmitted disease like HIV/AIDS.

c) Referral Service according to andikpas needs. There are 2 (two) kinds of referral services, that is, medical referral, in form of medical examination/treatment by
medical specialist, and psychosocial referral for andikpas who is a drugs addicts, risky sexual behavior, and tuna laras or person with emotional and social control disorder, et cetera.

4) Rehabilitative Service

According to article 1 number 15 the Law of Health, “Rehabilitative Service is an activity and/or series of activities to restore former patient into society so that he/she can refunct as a member of society and become useful for him/her self and for the society as optimal as possible”. Rehabilitative Service delivered by LPKA Karangasem are:

a) Physical Rehabilitation service for andikpas who experiences physical problem due to trauma or stress.

b) Menta Rehabilitation Service for andikpas who has mental and behavior problems. This service is delivered to andikpas who has psychological pressure when he/she firstly undergoes a legal process. LPKA take a step to form peer group and direct consultation with a counselor or psychologist.

c) Physical and Mental rehabilitation service to andikpas who get involved in drugs (NAPZA) abuse. This is a general rehabilitation service delivered by LPKA, using various methods. But, essentially, this service process relatively takes much time and big effort.

d) Physical and mental rehabilitation service for andikpas who has risky sexual behavior. The service is given to andikpas convicted of sexual assault. The approach taken is by intensifying useful/beneficial activities to divert traumatic and addictive of the sexual experience.

D. CLOSING

The fulfillment of the right to comprehensive child rights to health in LPKA is the State’s responsibility, in this case are LPKA, Local Government c.q represented by the Office of
Justice and Human Rights and the Office of Health and the Central Government represented by the Ministry of Justice and Human Rights and the Ministry of Health, also society and parents. Institutions which responsible to the fulfillment of comprehensive child rights to health in LPKA Karangasem need to be adjusted to the Institutions mandated by UU SPPA. However, for the fulfillment of the rights, it is important to set up cooperation with other related parties, Government, Non Profit Organization, society, and Academic. The inter-institutional cooperation will be strengthened with a Memorandum of Understanding. The shift paradigm to a more humane caring shall be a comprehensive rationale to create all aspects of children coaching facilities, from the methods of direct coaching from mentors and counselors, to facilities and infrastructures that support humane and familial atmosphere.

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