

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 Adri 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 Rebyantho, 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 correctioning 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 be 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 haven 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 (Trisanti, 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, imparisial 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 of the *UU SPPA*, it is expressly stated that children are entitled to Helth 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 :

NO	REGISTER	NAME	CASE	Length of sentence	EXPIRATION
1.	BI/7/2015	I NYOMAN SUDANA	Articlel 81(1) Law Number 35 of 2014 Jo. Article 65 KUHP	3 years in prison	September 12, 2018

2.	BI/09/2015	ILHAM MAULANA IBRAHIM MUSTAFA	Article 112(1) Law Number 35 of 2009	3 years in prison	July 13, 2018
3.	BI/11/2015	I GEDE WARMADDEWA	Article 31(2) Law Number 35 of 2014	2 years in prison	November 22, 2017
4.	BI/07/2015	YOSSE LEONARDO MANEK DASILPA	Article 80 par (3) Jo. Article 76c Law Number 35 of 2014	3 years 3 months in prison	Desember 14, 2018
5.	BI/02/2016	MARZUKI DAFFA AULIYA HAMID	Article 81 par (2) Law Number 35 of 2014	2 years 6 months in prison	June 26, 2018
6.	BI/03/2016	AAN ASRIADI	Article 76E Jo. Article 82 Law Number 35 of 2014 Jo. Article 64(1) KUHP	1 years 8 months in prison	December 30, 2017
7.	BI/04/2016	VALERIANUS PRIMADIKATAUS	Article 363(1) Number 4 and 5 Jo. Pasal 65 (1) KUHP Jo. Law Number 11 of 2012	1 years 3 months in prison	July 23 2017
8.	BI/05/2016	GEDE ANANDA JAYA	Article 114(1) Law Number 35 of 2009	1 year 4 month in prison	November 25, 2017
9.	BI/06/2016	OSAMA VALENTINO RAYA	Article 81 par (2) Law Number	1 year 6 month in	November 29, 2017

			35 of 2014	prison	
10.	Blib/02/2016	FIRMAN IVIAULANA	Article 363(1) Criminal Act and article 363(1) point 3 and 4 Criminal Act	6 months in prison	March 13, 2017
11.	BLIa/03/2016	DIONISIUS YUDIANTO WISLEY	Article 363(1) point 4 and 5 Criminal Act Jo. Article 65(1) Criminal Act Jo. UU Number 11 of 2012	1 year in prison	April 24, 2017
12.	BIIa/03/2016	I PUTU ABDI WIRATAMA	Article 363(1) point 4 and 5 Criminal Act Jo. Article 65(1) Criminal Act	1 year in prison	
13.	BIIa/04/2016	I GEDE SUYADI PUTRA	Article 363(1) 4th Criminal Act	5 months in prison	
14.	BIIa/05/2016	I KADEK PUTRA YULIANTARA	Article 363(1) 4th Criminal Act	5 months in prison	

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 euphemism 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 ar 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 patien 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 disease 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 health problems (like anxiety, fear, sleeplessness, and stress). *SPP* paradigm requires the law enforcers to create an atmosphere 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 atmosphere 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, ncluding 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) Spesific 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 refunction 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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