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Conceptualization and Problems in the Implementation of Fostered Children's Health Services to Support the Progressiveness of the Child Criminal Justice System in Tangerang Children's Penitentiary*

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Universitas Islam Negeri Syarif Hidayatullah Jakarta

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Abstract:
The existence of new thoughts rergarding on the fostering function becomes more than an entrapment, but also functioned on social rehabilitation and reintegration of prison-assisted children system that has long been known called a penal system. Protection of children in all activities is conducted to guarantee and protect their rights so they can live, grow, develop and participate optimally according to human dignity and get the protection from violence and discrimination. Although various improvements have been conducted regarding the criminal management for children in prison, such as conditional criminal punishment, parole, and special prosecution institutions, but basically the nature of the penalties and child health services still departs from the principle and the prison system. For this reason, efforts should be made to ensure that youngsters behave according to the existed norms. To achieve this goal, those efforts are required to foster, maintain and improve the welfare of children. This study uses qualitative research method with empirical-normative approach. The result of the study shows that the system of imprisonment and guidance based on Law Number 12 of 1995 concerning Penitentiary, which is accompanied by an institution "prison house", are gradually seen as a system and media that are no longer suitable to the concept of rehabilitation and social reintegration. Hence, the child prisoners cannot be directed to have an awareness for not commiting a crime, and back as a good citizen and responsible for themselves.
Keywords: Child Criminal Justice System, Fostered Children's Health Services, Tangerang

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Konseptualisasi dan Masalah dalam Implementasi Layanan Kesehatan Anak Asuh untuk Mendukung Kemajuan Sistem Peradilan Pidana Anak di Lembaga Pemasyarakatan Anak Tangerang

Abstrak:
Adanya pemikiran-pemikiran baru mengenai fungsi pembinaan yang tidak lagi sekedar penjeraan, tetapi juga merupakan suatu usaha rehabilitasi dan reintegrasi sosial terhadap anak warga binaan pemasyarakatan yang telah melahirkan suatu sistem pembinaan yang sejak lama dikenal dan dinamakan dengan sistem pemasyarakatan. Perlindungan anak dalam segala kegiatan dilakukan untuk menjamin dan melindungi anak dan hak-haknya, agar dapat hidup, tumbuh, berkembang dan berpartisipasi secara optimal sesuai dengan harkat dan martabat kemanusiaan, serta mendapat perlindungan dari kekerasan dan diskriminasi. Walaupun telah diadakan berbagai perbaikan mengenai tatanan sel-sel pemidanaan terhadap anak di lembaga pemasyarakatan, seperti pranata pidana bersyarat, pelepasan bersyarat, dan pranata khusus penuntutan, namun pada dasarnya sifat pemidanaan dan pelayanan kesehatan anak masih bertolak dari azas dan sistem pemenjaraan. Penelitian ini menggunakan metode penelitian Kualitatif dengan pendekatan normatif empiris. Hasil penelitian menyatakan bahwa sistem pemenjaraan dan pembinaan yang dilakukan berdasarkan Undang-Undang Nomor 12 tahun 1995 tentang Lembaga Pemasyarakatan, yang disertai dengan lembaga "rumah penjara" secara beransur-ansur dipandang sebagai suatu sistem dan sarana yang tidak lagi sejalan dengan konsep rehabilitasi dan reintegrasi sosial. Sehingga narapidana anak belum dapat diarahkan untuk dapat sadar agar tidak melakukan kejahatan atau tindak pidana, dan dapat kembali menjadi warga masyarakat yang baik dan bartanggungjawab bagi dirinya sendiri.
Kata Kunci: Sistem Peradilan Pidana Anak, Layanan Kesehatan Anak Asuh, Tangerang

Концептуализация и проблемы в работе службы здравоохранения по воспитанникам детских домов для поддержки прогрессивности системы уголовного правосудия несовершеннолетних преступников в детской колонии Тангеранг

Аннотация:
Существование новых мыслей, касающихся функции воспитания, которая становится не только средством устрашения, но также и попыткой социальной реабилитации и реинтеграции детей, получающих помощь в тюрьме, порождает систему сопровождения, которая давно известна и называется пенитенциарной системой. Защита детей во всех видах деятельности, направленной на то, чтобы гарантировать и защищать детей и их права, с тем чтобы они могли оптимально жить, расти, развиваться и участвовать в жизни в соответствии с достоинством человека и получить защиту от насилия и дискриминации. Хотя были сделаны различные улучшения в отношении уголовных мер для детей в тюрьмах, таких как условные преступные учреждения, условно-досрочное освобождение и специальные органы прокуратуры, но в основном характер наказаний и служб здравоохранения детей все еще отходит от принципа пенитенциарной системы. В этом исследовании применялся качественный метод исследования с эмпирическим нормативным подходом. Результаты исследования показали, что система тюремного заключения и сопровождения, основанная на Законе № 12 1995 года о Пенитенциарных Учреждениях, который сопровождался учреждением "тюремного дома", постепенно рассматривалась как система и средства, которые больше не подходят для концепции реабилитации и социальной реинтеграции. Следовательно, дети-заключенные пока не могут быть направлены к осознанию того, что они не совершат преступления и вернутся в качестве добропорядочного гражданина и будут нести ответственность за себя.
Ключевые слова: Система уголовного правосудия несовершеннолетного преступника, Служба здравоохранения по воспитанникам детских домов, Тангеранг

Introduction

Children are the hope of the nation and future leaders. They often commit acts or behaviors that can harm the community or themselves, either in the form of unlawful acts or forbidden acts for children. Crimes committed by children may be caused by several factors, including factors of economic conditions, education, and social decline, which encourage them to commit crimes (Aqsa & Isnur, 2012, p. 3). The Indonesian Child Protection Commission (*KPAI*) noted that in 2016 more than 600 children faced legal cases. On average, they are in their teens with a lower-class economic background. The National Commission for Child Protection has also managed to monitor 1000 cases, with a proportion of 950 boys and 51 girls. From the KPAI data, the age classification is at most between the ages of 13-17 years.

Children who are involved in criminal cases are dealing with the law, so this group is called as a Children in Conflict with Law (ABH). They sometimes have to go through legal processes, and frequently sentenced to confinement (revocation of independence) (Marlina, 2010, p. 15) The emergence of bad influences on criminal process in child crimes can be in the form of trauma due to the treatment of law enforcers at each stage, or in the form of stigma / bad stamp on the perpetrators, consequently, they always feared to do bad thing and expelled from school. These bad influences can be avoided if diversion is carried out. With diversion, children are avoided from the formal justice process (Manan, 2008, p. 78).

Dissatisfaction of the penal system, particularly to child crime which emphasizes the protection and rehabilitation of child offenders, gives birth to a new method, namely diversion and restorative justice (Nola, 2014, p. 17). In protecting children from the formal influence of the criminal justice system, among legal and humanitarian experts, the thought arises to make formal rules of action to remove a child who violates the law or commits a crime from the criminal justice process by providing other alternatives that are considered greater for children. According to these thoughts, the concept of diversion was born.

The emergence of Law Number 11 of 2012 concerning the Juvenile Justice System (SPPA) is becoming an answer to the complexity of the juvenile justice system problems which cannot be resolved properly in Law Number 3 of 1997 concerning Juvenile Courts. Paulus Hadi Suprapto explained that the active and dominant role in the juvenile justice system should positioned with investigators and public prosecutors, yet in the hands of judges. Unfortunately,

this has not been regulated in Law Number 3 of 1997 concerning Juvenile Courts (Siregar, 2007, p. 12).

Law Number 11 of 2012 concerning the Juvenile Criminal Justice System is aimed comprehensively to regulate the special protection of children in conflict with the law. The following is a table of the differences between Law Number 3 of 1997 concerning Juvenile Court and Law Number 11 of 2012 concerning the Juvenile Justice System (SPPA):

Table 1.1: Differences between Law No. 3/1997 and Law No. 11/2012

No	Differences	Law No. 3 of 1997	Law No. 11 of 2012
1	Diversion Arrangement	Not explicitly regulated	Expressly regulated
2	The range age of the child who can face the investigation at the court	Ages 8 (eight) years to 17 (seventeen) years old	From age 12 (twelve) to 17 (seventeen) years old
3	Possible punishment that will be imposed on children	Basic punishment: imprisonment, confinement, fines	Basic punishment: Reprimand, conditional criminal, external coaching, community service, job training, internal coaching, prison
4	Institutions that provide protection in juvenile justice	Not explicitly mentioned the institutions	LPKA, LPAS, LPKS.

Build upon the table above, there is interesting part about the different punishment that can be imposed on children in conflict with the law. In Law Number 3 of 1997 concerning juvenile court, the main crimes that can be imposed on children who are in conflict with the law, including imprisonment, confinement, and fines. Whereas in Law Number 11 Year 2012 Concerning the Criminal Justice System for Children, the principal crimes that can be imposed on children who are in conflict with the law are by getting additional punishment consisting of reprimand and conditional criminal. Conditional crimes can be in the form of external coaching, community services, job training, internal coaching, and prisons (Setiawan, 2012, p.11).

With the addition of the given basic criminal alternatives, the researchers aimed to see the readiness of the government to apply Community Service Order (CSO), especially in the health services of fostered residents in Tangerang Children's Penitentiary (LAPAS). The enforcement of Law Number 11 Year 2012 Regarding the Child Criminal Justice System (SPPA) is not

followed by technical regulations that can provide provisions for law enforcers to stake holders. Because, recently there is no government regulation governing the technical implementation of the new SPPA Law (Pramesti, 2014) The presence of Supreme Court Regulation (*Perma*) Number 4 of 2014 concerning Diversion, on the one hand deserves to be appreciated for its existence, because it functions to fill the legal vacuum, but on the other hand can be judged as a coercion for law enforcers in implementing. Its is due to the absence of infrastructure that supports the outcome of the diversion agreement. The most important problem in this study is the results of the agreement on diversion which can be in the form health service for fostered-children of LAPAS. Of many problems, the concept of children's health services is still unclear, even the infrastructure that supports is not yet available. This is what makes law enforcement officials a dilemma when passing verdicts on children who are dealing with the law in the form of community service crime (Bagong, Suyanto, & Sutinah, 2005, p. 55).

Research Method

This study applied a qualitative research method with an empirical normative approach. Normative research is used to identify legal norms related to the laws and regulations governing the handling of children in conflict with the law, especially in the services of fostered children in Children's Penitentiary (LPKA). The empirical approach is carried out to see and examine the reality of the conditions and management of the LPKA for information in its role of providing services as well as coaching for ABH. Additionally, the empirical approach is also expected to photograph LPKA management alternatives better. To sum up, this study will examine whether the services of fostered children, specifically in the health sector, have implemented Law Number 11 of 2012 concerning the Juvenile Justice System (Soekanto, 2007, p. 73).

Data are collected through literature studies and field studies. Literature study is aimed to collect and analyze legal materials – primary and secondary legal materials. While the field study is purposed to collect data in the form of opinions from related parties and conducted through interview using question and answer process in research that takes place orally –two or more people face to face listen directly to information. Interviews are conducted freely and openly using a tool in the form of a list of questions that have been prepared (as an interview guide) in accordance with the problem to be answered without closing the possibility to add other questions that are spontaneous in connection with the answers given by respondents. Data collection through

interviews is carried out merely to cross check the list of questions that have been collected / received. Interviews are only conducted with LPKA managers determined by relevant officials, referred to as informants, who represent LPKA managers. The informants of this research are the leaders or officials appointed because of their competence in managing the LPKA.

Result and Findings

Regarding on research conducted by a team at the Tangerang Children's Penitentiary. There are a number of findings: the *first* finding is in the LPKA, also has a required facility for residents, including standard room facilities equipped with toilets, religious and sports facilities, dining rooms, health facilities (clinics) with 1 a doctor and 4 nurses, psychological consultation, engineering school and engineering laboratory, and skills development center.

In terms of education, LPKA in class 1 Tangerang provides good priorities, specifically making an education as a form of fostering for prisoners. Although they are undergoing a criminal period, children can still continue school and make achievements. In addition to own a comfortable place, LPKA Tangerang also provide educational facilities such as schools in the form of elementary schools, junior high schools, vocational schools (motorcycle engineering majors) and Community Learning Centers (PKBM), all of which have special status. Various forms of supporting facilities are also provided, such as; classrooms, TU rooms, computer laboratories, libraries, as well as places of worship.

1. Problems of Child-Health Services in LPKA of Class 1 Tangerang

As mentioned in the earlier explanation, that health services have been running well in the LPKA of Tangerang Class 1, however, there are several problems in providing services that still not have solutions, both from the Ministry of Law and Human Rights of the Republic of Indonesia and even through the support systems derived from the health authorities, namely; Ministry of Health of the Republic of Indonesia specifically from the Public Health Office.

The following will describe some of the issues that deal with the problem of health services at the LPKA of Class 1 Tangerang:

a. The Absence of Support System from The Relevant Agencies

There is a lack of support system given by the Health Department and even experiencing many obstacles, especially for the assistance in fulfilling licenses. As the researchers found, currently, the LPKA class I Tangerang's clinic does not yet have an Operational License. From the legal aspect, it is clear that this condition violates the provisions and laws realted to health services (Kratcoski, 2004, p. 85).

This condition needs coordination between the two ministries which are Ministry of Law and Human Rights and Ministry of Health. Supplementary to this, it could also be an affirmative step from the Ministry of Health in improving health services particularly for LPKA which positioned in the hand of the Ministry of Law and Human Rights. This coordination is required to be fulfilled, not only in terms of legality, but also is expected to have implications for the better quality of services and facilities.

b. Do Not Possessed a General Practitioner

The existence of doctors and nurses or known as medical personnel, in a health care institution is a necessity. If it is related to services in LPKA, it must be related to several things, including; a). The required medical competencies; b). The ratio between the number of medical personnel and the number of patients (assisted-children).

In connection with the two things above, the researchers found that the LPKA does not have a general practitioner, and only has one dentist and four nurses. On the other hand, health complaints that often arise are related to the competence and expertise possessed by General Practitioners.

c. The Absence of Training to Build the Capacity of Nurses

Medical expertise is essential in the process of health services particularly in the LPKA. Since a paramedic who works in LPKA have requirements to have both general competencies and special competencies. For this reason, activities related to competency development, both general expertise and special expertise must be carried out simultaneously. Upgrading medical capabilities is as important as the service itself.

How the medical personnels can provide excellent and maximum service if the quality of expertise does not increase at all. From the findings of

the research, experts who are urged to be immediately equipped and added the medical abilities, includes; a). Training aimed at improving medical expertise in the field of handling infectious diseases; b). Training aimed at increasing medical expertise in the field of emergencies; c). Other required training.

d. Many Fostered Children Do Not Hold BPJS' Ownership

BPJS ownership of assisted children is significantly helping the treatment process, especially in such conditions that require patients to move to the General Hospital. Surpisingly, majority of fostered children still do not have BPJS. This condition is exacerbated by the different of children's origin area of LPKA of Class I Tangerang. Therefore, there are the possibility of the fostered children come from outside the area or far from the LPKA in Tangerang. In such condition, it will be hard to coordinate with the families of the children. Other conditions are also found in many children whose relationships with families are not harmonious caused by many things such as the child's own behavior (Supriyono, 2000, p. 45).

The above conditions will have implications for sick fosteredchildren for moving to the General Hospital, especially for the administratives matter such as payment and guarantees to the hospital. This has become a new problem experienced by officers at LPKA. Because, it is only becoming a problem since the existence of the BPJS program. At that time, the costs of sick fostered children were borne by the state, which gained legitimacy from the existence and enactment of the Ministerial SKB 3 in the handling of sick fostered children. After the BPJS program, the previous policy was no longer enforced by the General Hospital. Public hospitals only waive fees for children who have and handed registered as BPJS participants (Susanto, 2004, p. 48). If the target child is not registered as a participant in the BPJS, then there are two possible costs, firstly, it will be borne by the parents of the child only if the family member can be contacted; secondly, it will be charged to the LPKA budget in the case of a child whose family cannot be contacted or those who have an unharmonious relationship with their family.

This condition must quickly get a solution from the government, especially for related agencies. In reality, this problem will never occurred pnly if the related parties take preventive measures by conducting ongoing communication and coordination.

e. The Threat Of Outbreaks Has The Potential To Over Capacity

The current condition of the facilities still needs to be considered in order to become a policy for the improvement and addition of facilities needed at LPKA. Especially in certain conditions if an outbreak occurs (KLB). The potential for over capacity is very high, especially if associated with the large number of fostered children with the patterns of their intercation in the activities carried out in the LPKA, on the other hand, in fact, there are still only limited health facilities. When looking from the level of need, this overcapacity problem is not categorized as urgent, however as a preventive measure it is better to conduct intensive assessments and studies, because when the worst possibility took place, the LPKA already has solutions and preventive measures in dealing with outbreaks, with the availability of a standard room a treatment that is owned as a proper clinic.

f. Absence on having TB Checking Room and Special Paramedics

Tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis bacilli and becomes a serious health problem. Consequently, it is essential to handle Tuberculosis (TB). Seriously. As an effort to prevent and control the spread of tuberculosis, many things must be considered. One of them is the availability of a special checking room becoming an integral part of the prevention of this disease. Treatment have to be given for suspec or foster children of TB, especially MDR (Multidrug Resistant Tuberculosis) TB. Because MDR TB is kind of TB with multiple resistance and spreads very quickly and it needs for procedures to control the spread of TB. For instance, by the the development of human resources that require specific planning.

"There are 3 required things in developing human resources, namely: 1). The existence of professionalcompetent officers; 2). sufficient number of officers; 3). support system for developing the capabilities and competencies of the relevant staff.

Medical centers also have to get special attention. TB germs die quickly with direct sunlight and will survive in damp areas, therefore, it is obliged to provide a special room separate from other patients with open space that absorbs much sunlight, and avoid the use of air conditioning. "Efforts to prevent and control TB infection in the LPKA environment or health care facilities should be carried out, since it gives the high mortality rate, therefore, it is not only limited to focus on treatment issues. With the increase in insight and

knowledge of paramedics in LPKA regarding TB, it is hoped that fostered children will be free from this disease.

g. Don't Have a Medical Waste Management System

The definition of waste is the residue of a business or activity, while medical or clinical waste includes all waste products originating from health installations, research facilities, and laboratories. Hazardous and toxic waste is the residue of a business or activity that contains hazardous materials or because of their nature or concentration or amount, both directly and indirectly, that can pollute or damage the environment of humans and other living things. There are such toxics in LPKA's, "Medical Waste" can be categorized into several types, including:

> (1) Sharp object waste, is solid material that has an angle of less than 90 degrees, can cause sliced or puncture wounds, for example: Syringes; preparat glass ; Infusion set; Drug ampoules / vials, etc. (2) Infectious waste, is waste that is suspected to contain pathogens (bacteria, viruses, parasites, and fungi) in sufficient quantities to cause disease in susceptible hosts, for example: Culture and stocks of infectious agents from laboratory activities; Surgical or autopsy waste from patients suffering from infectious diseases; Waste patients suffering from infectious diseases from the isolation section; Tools or other materials that are touched by patients. (3) Pathological waste, is waste originating from human body tissues, for example: organs, fetuses and blood, vomit, sputum, urine and other bodily fluids. (4) Pharmaceutical waste, is waste containing pharmaceutical ingredients, including pharmaceutical products such as drugs, vaccines, expired serums, drug spills, etc .; or even can be foud in gloves, masks, etc. (5) Chemical waste, is waste containing chemical substances originating from diagnostic activities, maintenance of cleanliness, and administration of disinfectants, for example: formaldehyde, photographic chemicals, solvents, etc. (6) Pressurized Packaging Waste, is medical waste originating from activities in health institutions that require gas, for example: gas in tubes, carteidge and aerosol cans. (7) Heavy Metal Waste, is medical waste containing heavy metal in high concentrations included in the sub-category of hazardous waste and is usually very toxic, for example: Mercury metal waste originating from leaks of medical equipment (thermometers, blood pressure gauges) (Tangkilisan, 2005, p. 66).

The are many impacts of Waste on Health. Medical waste can contain various kinds of pathogenic microorganisms, which can come into the human body through several channels: (1) Through punctures, blisters, or sores on the skin; (2) Through the mucous membrane; (3) Through breathing and through ingestion. The presence of bacteria that are resistant to antibiotics and chemical disinfectants can increase the dangers that arise due to health service waste that is not managed properly and safely. Sharp medical waste can not only cause scratches or stab wounds, but can also infect wounds if they are contaminated with pathogens. Because of this double risk (injury and transmission of disease), sharp medical waste belongs to the very dangerous waste group. For serious viral infections such as HIV / AIDS and Hepatitis B and C, public health center / hospital staff (especially nurses) are the group most at risk of infection through injuries due to sharp medical waste. Similar risks are faced by other health service workers and implementers of waste management outside the public health center / hospital, as well as scavengers at the final waste disposal site. Some infections that spread through other media or are caused by more resistant agents can pose significant risks to patients and the community. Example: uncontrolled disposal of liquid medical waste in the care of cholera patients has a significant impact on the occurrence of cholera outbreaks.

Infection due to exposure to health service waste, causative organisms, and transmission media: (1) Gastroenteritis infection. Causative organisms, such as salmonella, shigella spp, vibrio cholera, worms. Transmission media, through feces or vomit. (2) Respiratory tract infections. Organisms causing: mycobacterium tuberculosis, streptococcus pneumonia, measles virus. The media for transmission is through inhaled secret, saliva. (3) Eye infections. Organisms causing: Herpes virus. Transmission media are eye secret. (4) Genital infection. Organisms causing: Neisseria gonorrhoeae, herpes virus. The transmission medium is through genital secret. (5) Skin Infection. Organisms causing: Streptococcus spp. The transmission medium is through pus. (6) Anthrax. Organisms causing: Bacillus anthracis. The transmission medium is through skin secret. (7) Meningitis. The causative organism is Neisseria meningitis. The media for transmission is through blood, genital secret. (8) AIDS. The causative organism is the Human Immunodeficiency Virus (HIV). The media for transmission is through blood, genital secret. (9) Dengue Fever. The causative organisms are junin, lassa, ebola and Marburg viruses. The transmission medium is through all body fluids and secret. (10) Septicemia. The causative organism is Staphylococcus spp. The media for transmission is through blood. (11) Bacteriemia. The causative organisms are Staphylococcus spp, negative coagulase, staphylococcus aureus, enterobacter, enterococcus,

klebsiella and streptococcus sp. The media for transmission is through blood. (12) Candidemia. The causative organism is Candida albicans. The media for transmission is through blood. (13) Hepatitis Virus A. The causative organism is hepatitis A. The transmission medium is through feces. (14) Hepatitis B and C viruses. The causative organisms are hepatitis B and C. Viruses are transmitted through blood and body fluids.

Pathogenic microorganisms has a limited ability to survive in the open area. This ability depends on the type of microorganism and is a way of working from its self defense against environmental conditions such as: temperature, humidity, ultraviolet irradiation, availability of organic substances, the presence of predators and so on. Examples of these microorganisms are: (1) Hepatitis Virus (B). The hepatitis B virus, is a virus that is: persistent in dry air, lives several weeks on the ground, is resistant to antiseptic exposure, holds up to 10 hours at 60 ° C, holds for 1 week on blood drops in a syringe (including the hepatitis C virus). (2) HIV virus. The HIV virus is a virus that lasts 3-7 days at ambient temperature, lasts 15 minutes at 70% ethanol, inactive at 56 ° C.

Medical Waste Management. Basically, in carrying out medical waste management it is necessary to adhere to basic principles based on international agreements, namely: (1) The "Polluter Pays" principle. This means that through the above principles, all waste producers are legally and financially responsible for using safe and environmentally friendly methods in waste management. (2) The "Precautionary" principle is a key principle that regulates the protection of health and safety through efforts to deal with it as quickly as possible with the assumption that the risk can be quite significant. (3) The "duty of care" principle for those who handle or manage hazardous waste because it is ethically responsible for applying high precautions. (4) The "proximity" principle in the handling of hazardous waste to minimize risks in removal. The principles of waste management relating to the activities of the health service unit, as stated in global immunization 2009, conveyed that in the implementation of immunization must have a sharp waste management system.

Sharp Medical Waste Management Techniques can be done by: (1) Safety Box. Alternative 1: Needles and syringes are put directly in the safety box after each injection; after being full, the safety box and its contents are sent to other health facilities that have an incinerator with a minimum combustion temperature of 1000^0C or have a carbonizer destruction tool. Alternative 2: Needles and syringes are put directly in the safety box after each injection; After being full, the safety box and its contents are planted in a watertight dug well

(silo) or needle pit that is located within the health service unit area. (2) Needle Cutter. Alternative 1: The needle is broken with a needle cutter after each injection; Pieces of needles collected in the needle collection container are put into a safety box, then proceed with the handling process as described in the handling using a safety box. Alternative 2: The needle is broken with a needle cutter after each injection; Pieces of needles collected in the needle collection container are inserted into the needle pit; Used syringes are disinfected using 5% sodium hypochlorite solution and soaked for 30 minutes, so the syringes are sterile and can be recycled. Making a needle pit can be done with concrete buis material with a diameter of 60 cm a meter length or a PVC pipe with a minimum diameter of 4 inches by 3 meters. For needle pit with 60 cm long concrete buis planted and covered with concrete material but provides a hole for inserting the needle. Whereas the needle pit with PVC pipes is planted along 2.5 meters and covered with PVC threaded hubcaps which can be opened at any time when inserting the needle. (3) Needle Burner.

Alternatives that can be carried out are: The needle is destroyed with a direct needle burner after each injection; The syringe is then processed as explained in handling with a needle cutter; The results of the destruction process with a needle burner put in a black plastic bag, because it is no longer infectious; The rest of the process with the plastic bag is immediately taken to a temporary waste disposal facility in the country. Appropriate management for medical waste management in health service units in addition to depending on good administration and organization, also requires adequate policies and funding and at the same time active participation of all parties in the service unit, for example by forming a Waste Management Team to prepare a waste management plan in a structured, systematic and intensive manner (Bagong, Suyanto, & Sutinah, 2005, p. 55).

2. Low Consciousness and Healthy Life for Fostered Children

One thing that becoming a challenge for officers of the LPKA is the problem of the awareness of fostered children towards healthy living behaviors. Especially for new foster children who can not adapt to the new environment in LPKA. As a preventive measure, officers routinely carry out counseling about healthy life, but there are still a small number of fostered children who still find it difficult to change the wrong lifestyle that they are under from their respective environments.

Hence, it is common to find a new foster-child is vulnerable to the disease compared to an old-child who are able to adapt his life in LPKA class I Tangerang. Cultivation of an understanding of healthy living behaviors is very important for prisoners, because of some monitoring carried out in various prisons, unhealthy living behavior is a cause of many negative phenomena in LPKA, ranging from dirty environment, self-health and other fostered children are built up, until on other more dangerous matters, even leading to criminal acts.

3. Criminal Arrangement of Child's Community Services in Indonesia

In general, community service orders in Indonesia are regulated in Law No. 11 of 2012 concerning the juvenile justice system. There are several articles in the law that directly mention the word "community service", including Article 10 Paragraph (2), Article 11, Article 71, Article 76, and Explanation of Article 71 of Law Number 11 of 2012. the process of imposing it, based on Law Number 11 Year 2012 Regarding the Criminal Justice System for Children (SPPA), community service criminal can be divided into two parts, namely community service which is the result of agreement diversion (action) and community service which is a conditional criminal sentence which has been imposed judge.

The imposing process of a community service act as the result of a diversion agreement is far from which was imposed in a basic crime. The imposition as the result of a diversion agreement is more focused on the deliberative mechanism involving children and their parents / guardians, victims and/or guardians, Community Guidance, and Professional Social Workers based on a restorative justice approach and carried out outside the judicial process.

The following is the progress of the Community Service Order as the result of a diversion agreement:

The Result of a Diversion Agreement

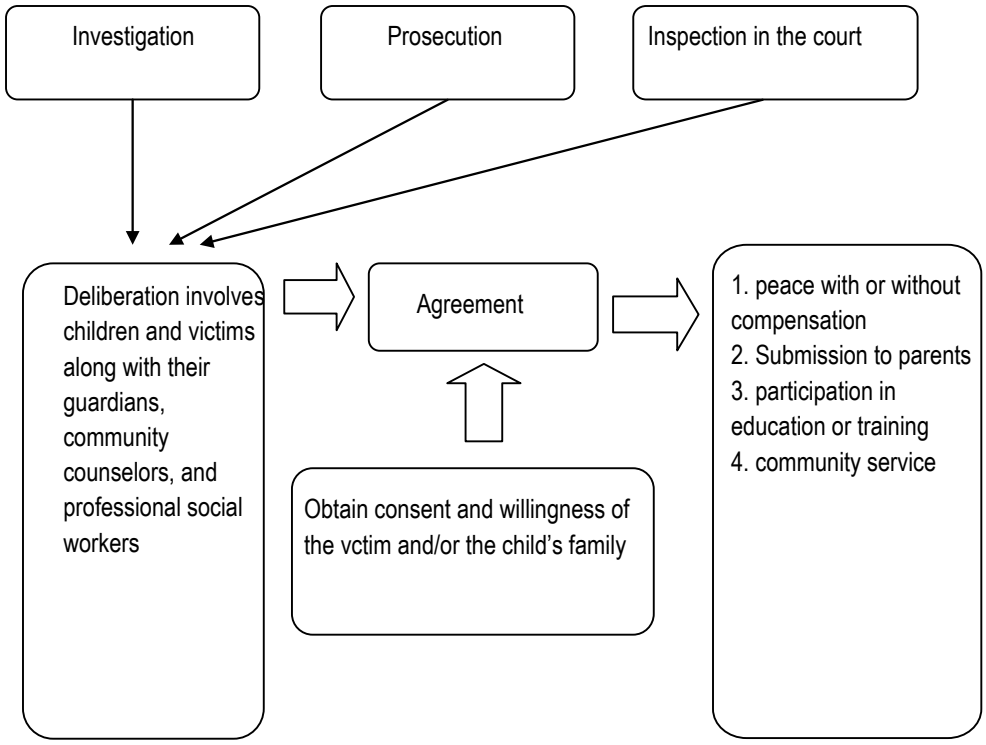

Figure 2.1: community service implementation scheme in a conditional criminal

Meanwhile, the imposition of community service crimes in a basis crime is more focused on the failure of diversion efforts in every juvenile criminal justice process, moreover, it is also based on the judge's decision. The following is the scheme for the imposition of community service crimes as the basis crime.

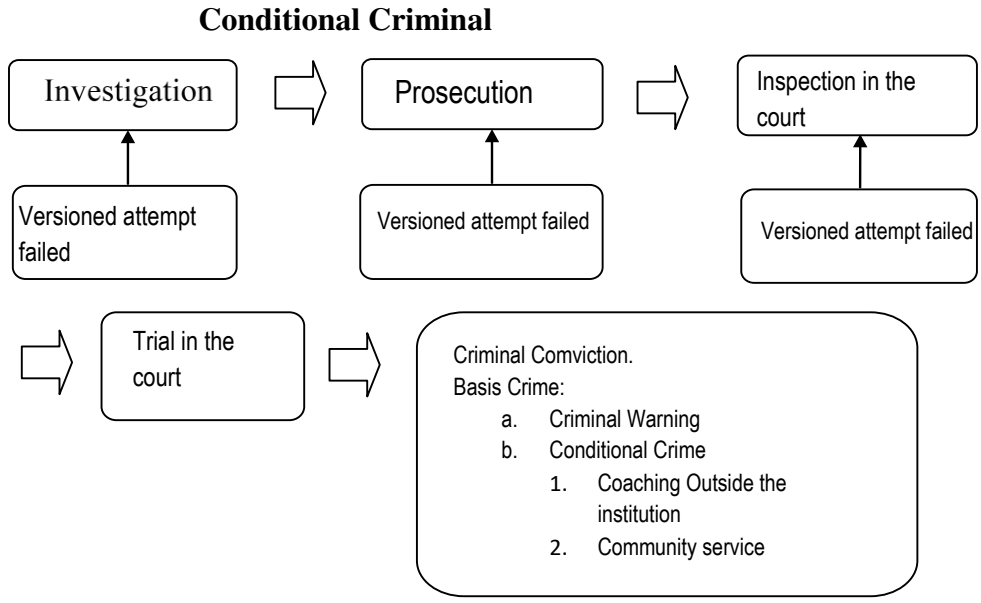

Figure 2.2: Community service implementation scheme as the basis crime

The following is a table of the differences between community service actions as the result of a diversion agreement and community service crimes that are subject to conditional crimes:

Table 2.3: Differences in the application of community services resulting from the agreement of diversion with community services which are conditional crimes

No	Differences	Community Service (as a result of diversion' agreement)	Community Service (Basis Conditional Crime)
1	Based on completion	Outside the court	Inside the court process
2	Sucject that impose	Head of the court	Judges
3	Derived from the category of criminal acts	A criminal offense threatened with imprisonment of less thatn 7 (seven) years is not a recidivist	Based on imprisonment, a minimum of 2 (two) years

4	The requirement age for children to deal with the law	Aged more that 12 (twelve) years old but less than 18 (eighteen) years old	Above 14 (fourteen) years and before 18 (eighteen) years old
5	The time period for punishment	For minor crimes, criminal offenses without victims a maximum of 3 (three) months	The minimum is 7 (seven) hours, the maximum is 120 (a hundred and twenty) hours

According to the table above, the first difference between the two type can be seen from the results of the settlement. If the act of community service which is the result of a diversion agreement, the process is outside the judiciary, while the community service crime which is the main criminal conditional, the process is within the court. The second difference can be seen from the subjects who can impose the punishment (Marlina, 2010, p. 86).

On one side, the act of community service on the first type is dropped by the head of the local court, while the second type is imposed by the judge after getting a community report from the Community Guidance (Nola, 2014, p. 33). The third difference can be seen from the origin of the crime which can lead to community service. The act of public service in the first type can only be applied to a criminal offense that has a maximum criminal threat of imprisonment for less than 7 (seven) years, a criminal action that is not a recidivist, minor crime or a crime that does not take victims. Whereas the imposition of a community service crime which is the result of a conditional principal crime can only be applied to a criminal offense that has already been sentenced to a basic prison sentence of at least 2 (two) years.

Furthermore, the fourth difference, can be seen from the age of the child that permitted to provide community service actions in the second type is a conditional principal crime. For community service actions in the first type can only be applied after the children aged 12 (twelve) years but less than 18 (eighteen) years old. Whereas for community service in the second type can only be applied after a judge's decision against a child over the age of 14 (fourteen) years. The last difference to be discussed in this paper is in the period of time serving the community. For the first type, maximum community service period is for (3) three months. While for the second type, the minimum period of community service is 7 (seven) hours and a maximum of 120 (one hundred and twenty) hours.

Based on the various types of explanations above, generally, criminal community service has been regulated in Law Number 11 of 2012 concerning the Juvenile Justice System. Technically, how was the implementation, who is the agency authorized to regulate it, then who is the authorized body

overseeing its implementation, have not been regulated in detail in an implementing regulation. Therefore, currently, President has not issued a Government Regulation to regulate the technical aspects of community service crime (Hadisuprapto, 2006, p. 77). Hence, Wilfun Afnan criticized the existing law, which in the end the law would not be effective in its implementation, because for example the judge imposed a criminal decision on community service to children in conflict with the law, while the criminal form of community service and the institution who responsible for overseeing its implementation has not been regulated in detail. In conclusion, there is no infrastructure to support the implementation of criminal services in the community.

4. Health facilities

In accordance with the mandate of Law No. 12 of 1995 Concerning Correctional Facilities as mentioned in the Government Regulation above, that every Correctional Guidance Citizens (WBP) are entitled to obtain Decent Health Services, Health Services are carried out by Detention Doctors. Health checks are carried out at least once a month and are recorded on a health card, in the event of a complaint regarding health, the doctor or health worker in the Prison must conduct an examination of the WBP.

In the case of sick prisoners who require further treatment, the doctor or health worker should give medical services outside the hospital, services in the external hospitals for detainees must obtain permission from the holding institution and the Head of Detention Center. Related to health services, the LPAK Class I Tangerang also equipped themselves with various health facilities, although it is still far from the ideal model of health care facilities in general, the facilities at the LPAK Class 1 are very helpful, especially for fostered residents. From the data, the researchers found that every day prisoners who come to complain about their health condition was an average of 6 to 10 people in the morning. Aas a result, the presence of a medical service or clinic is required in this LPAK.

Discussion

As explained earlier, it can be seen in the regulation, that health services have been running well in LPAK Class 1 Tangerang, however, in daily life there are some problems in providing services. In this section, research findings will

be discussed in relation to several unresolved issues as a problem and have no solution, both from the Ministry of Law and Human Rights of the Republic of Indonesia and system support from the health authorities, namely the Ministry of Health of the Republic of Indonesia or in this case the Health Office. related (Afnan, 2014, p 13)

The main principle is persuasive or nonpenal approach and giving to someone to correct mistakes (Kratcoski, 2004, p. 160). What is meant by "community service" is the activity of helping work in government agencies or social welfare institutions. Forms of community service such as helping the elderly, disabled, orphans in orphanages and assisting in light administration at the village office. " There are several articles in the law that directly mention the word "community service", including Article 10 Paragraph (2), Article 11, Article 71, Article 76, and Explanation of Article 71 of Law Number 11 of 2012.

Current problems that are still biased are related to the detailed implementation of community service crimes. The child is placed when the judge has imposed a punishment in community service crime. Indeed, in the explanation of the SPPA Law, it has been stated that children who were convicted of community service crimes are placed in social institutions and government institutions, but the question still is how to coordinate with these institutions, who supervises children while carrying out community service crimes (Zulfa, 2009, p. 33). In some countries, there is a special institution that oversees the implementation of criminal community services. The agency regulates its placement, how it works, and how many hours. For instance, in England there is an institution called Probation Service, in Norway there is an institution called Criminalomsorget I Frihet, then in South Africa there are independent institutions that are not part of the Department of Corrective Services, and in Malaysia there are Community Service Employees under the Ministry of Women's Development, Family, and the Community (KPKM) tasked with implementing and overseeing criminal community service.

Conclusion

Based on the research findings, the following conclusions that can be drawn are:

First; The mechanism of implementation in the health services of fostered children through the principle of legal protection of children must be in accordance with the Convention on the Rights of the Child as ratified by the government of the Republic of Indonesia with Presidential Decree Number 36

of 1990 concerning ratification of the Convention on the Rights children's rights. Moreover, the enactment of Law Number 3 of 1997 concerning juvenile court and replaced by law Number 11 of 2012 concerning the juvenile justice system is intended to protect the children who are dealing with the law. Consequently, children can meet their long-term future and provide opportunities for children to develop their identity to be independent, responsible, and useful for themselves, family, community, nation and state (Supriyono, 2000, p. 39).

Second; Constraints that are generally faced by community service institutions to meet the health of prison-assisted children, have been regulated in the general provisions of Government Regulation N0: 32 of 1999 concerning the requirements and procedures for the implementation of prisoners' fostered rights and Law Number: 11 of 2012 Concerning Criminal Justice System for Children. However, technically, how it is implemented, who is the authorized body to regulate it, then who is the authorized body overseeing its implementation, have not been regulated in detail in an implementing regulation.

Recommendation

Firstly; The non-regulation of the technical implementation of community service crimes in an implementing regulation can make the parties involved in the juvenile justice process even confused to impose the crime since there is no comprehensive rule in the implementation of the crime. Therefore, efforts to encourage the government to issue government regulations governing the implementation of Law Number 11 of 2012 concerning the Criminal Justice System for Children (SPPA) is a good step.

Secondly; Some experiences in several countries show that there is a special institution that oversees the implementation of community service crime. The agency regulates its placement, how it works, and for how long time (hours). For instance, in England there is an institution called the Probation Service. Thus, the author gives a suggestion that in Indonesia, the authority is given to the Correctional Institution (*Bapas*) or the community supervisor. *Bapas* or the social advisors in collaboration with the Ministry of Social Affairs and / or with the community will regulate the placement of the client's child, and what the way the community service works is. In the implementation, the task of supervision will be carried out by the Community Guidance, because it is in accordance with the mandate of law Number 11 of 2012 concerning the Criminal Justice System for Children.

Thirdly; When the child has been placed in social or the governmental institution, the supervision of the implementation of criminal community services is carried out by the Community Guidance. This is according to the task of the Community Guidance itself which is regulated in the SPPA Law, aimed to provide assistance, guidance, and supervision of children who are convicted of criminal offenses or subject to actions based on court decisions.

Fourthly; This community service is a crime that is not intended to give an obligation to children to work, or the crude language is "employing" children. Therefore, the ideal concept is that the criminal service of the child community is carried out in a way that the child will accompany the workers in the places where the child is placed within the period determined by the judge. Although not as a central party in doing the work, but more secondary in lightening the burden on the main subject.

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Law Number 23 of 2003 concerning Child Protection.

Law Number 3 of 1997 concerning Juvenile Courts.

Law Number 35 of 2014 Amendment to Law Number 23 of 2003 concernig Child Protection.

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