Health Situation in Indonesian Penitentiary

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The Vision of Healthy Indonesia 2010 describes society, people and nation characterized by citizens who live in healthy environment, practice healthy life style, having the ability to access high quality health services, fairly and evenly distributed, and also having the highest health degree. This vision certainly becomes the aspiration of all Indonesian people, including those who inhabit in penitentiaries and prisons. However, in reality, our penitentiaries and prisons still cannot provide healthy environment, carry out effective preventive measures and provide high quality health services. There are numerous factors affecting the health situation in penitentiaries and state prisons. One major factor is excess inhabitants. Nowadays, the number of detainees per 100,000 citizens is about 58. This number causes the prisons cannot contain the detainees. In 2004, the prison’s capacity was 68,000 persons, whilst the actual detainees reached 88,800 persons. In 2006, the government succeeded to increase prison’s capacity into 76,500 persons, but the detainees also increased considerably into 112,700 persons. The situation in major cities is typically worse. The capacity of Tangerang adolescence prison is 800 persons, but it is inhabited by 3496 persons, thus 437% of excess population. Crammed detainees, poor fresh water facilitation and inadequate food intake promote transmission of diseases such as tuberculosis, dysentery, typhoid fever, hepatitis and skin diseases. In penitentiaries located in major cities, most of the detainees are injecting drug-users. Moreover, the government has built several special penitentiaries for drug users. These special penitentiaries are rapidly full-loaded, its detainees are exceeding the capacity, and thus common penitentiaries are also loaded by drug user detainees. Injecting drug-users in Indonesia are generally still using shared needle, consequently they have risk of contracting Hepatitis C and HIV. Colleagues from Faculty of Medicine Pajajaran University, together with IMPACT, have carried out comprehensive HIV prevention measures in Banceuy prison, Bandung. As presented in this issue of IJIM, these measures include educational lectures, prevention, care support and treatment. FKUI’s AIDS special study group and Yayasan Pelita Ilmu have carried out VCT (Voluntary Counseling and Testing) on approximately 2000 detainees in Jakarta, and the HIV positive result is 26%. The result of VCT in several penitentiary such as in Bekasi, Tangerang and Jakarta ranges from 20-60%. High positive result is found in special penitentiary for drug-related detainees. The result of several VCTs that show high HIV positive number can be the starting point to encourage preventive measures, such as harm reduction and condoms usage. Furthermore, the immensity of HIV infection in detainees calls for a better assistance of care support and treatment. In contrast, there are inadequate healthcare workers, either in quantity or types of workers, for providing health assistance in penitentiary. Diagnostic tools are also inadequate. Drugs, especially for opportunistic infection, have to be equipped. Special situation faced by severely ill detainees is the difficulty to refer to hospital, due to safety issues, administration and cost. In 2006, the mortality rate in penitentiaries reached 813 persons. It was a very high number and had become a national issue. These deaths were concentrated in Jakarta, Bogor and Tangerang, and 70% of them were drugs and HIV/AIDS related. What measures can we do to improve the health degree in penitentiaries? Detainees need better living environment, fresh water facilities, adequate nutrition, basic healthcare services and better referral procedure when necessary. The number of detainees can decrease drastically if drug users are not detained or imprisoned, but are given a chance to go through rehabilitation. Better environment, good fresh water supply and adequate nutrition can improve general health status of detainees. Special activity related to controlling HIV/AIDS such as educational lectures, prevention, VCT,
CST should be enhanced, in regards of its intensity and coverage. Moreover, we shall not disregard some attempts to guarantee continuous assistance. If detainees were released, they can still access healthcare assistance, in particular HIV/AIDS, in their new domicile. For these causes, collaboration among department, government and non-governmental organization is needed, and the participation of the detainees themselves shall not be forgotten. (Samsuridjal Djauzi, Working Group on Aids, Faculty of Medicine University of Indonesia Jakarta)