

The Role of *Pusat Kesehatan Masyarakat* (*Puskesmas*) in Early Detection of Violence Against Children

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Abstract—Cases of violence against children in Indonesia are increasing year by year. In an effort to fulfill the mandate of Law No. 35 of 2014 concerning Amendments to the Child Protection Act, the Indonesian government has provided health care facilities at the basic level, namely the *Pusat Kesehatan Masyarakat (Puskesmas)* which plays a role in child protection. Early detection by *Puskesmas* through their health workers is one of the keys to reducing the incidence of violence against children because health workers are often the first person to deal with victims of violence against children due to their health problems. This study aims to determine the role of *Puskesmas* in early detection of violence against children. This study uses literature studies on documents that are closely related to the role of the health center, as well as interviews with selected respondents. The results show that the role of the *Puskesmas* in detecting violence against children early has not fully fulfilled the mandate of Law No. 35 of 2014 concerning Amendments to the Child Protection Act.

Keywords—the role of *Puskesmas*; early detection; violence against children

I. INTRODUCTION

Cases of violence against children in Indonesia are increasing year by year. The impact of globalization, technological developments, and the negative influence of mass media can result in a shift in socio-cultural values where the people are accustomed to consumptive and individual lifestyles, which results in a decline in family resilience. Poverty that has not been overcome, the low level of education of parents, the number of children in the family and natural disasters that occur is a trigger factor for an increase in acts of violence against children both physically, mentally, sexually, and neglect [1].

More specific data has been drawn in the past eight years. In 2010, the National Commission for Child Protection noted that there were 2046 reports of cases of child abuse entering. 42 percent of them were sexual crime cases or around 859 cases. In 2011, there were 2426 cases of violence against children reported to the National Commission for Child Protection. 58 percent of them are cases of sexual crime. Or around 2070 cases. In 2014, from January to September, there were 2626 cases of violence against children reported.

Approximately 237 cases of perpetrators of underage children [2]. The data is reported data while the data that are not reported is much greater.

Cases of violence against children greatly affect the health of victims, especially in children who are still in the process of growth and development, so that it will have an impact on the decline in the quality of Human Resources. This problem certainly cannot be dealt with quickly without the active role of the government and society. Victims also need material, medical, psychological and social assistance, either through the state, volunteers, community (assistance) [3].

In an effort to fulfill the mandate of Law No. 35 of 2014 concerning Amendments to the Child Protection Act, the government has provided health care facilities at the basic level, namely *Puskesmas* which play a role in protecting children.

The *Puskesmas*, hereinafter referred to as the *Puskesmas*, is a health service facility that organizes public health efforts and first-rate individual health efforts, prioritizing promotive and preventive efforts, to achieve the highest degree of public health in the area of work [4].

The *Puskesmas* as the spearhead of health services has a role in implementing health services for victims of Violence against Children. *Puskesmas* are established at the sub-district level, so that services can reach the lowest level of society [5]. Thus, it is expected that the more *Puskesmas* able to provide services, the smaller the gap between the number of cases of violence served / reported with the number of cases in the community.

Early detection by *Puskesmas* through their health workers is one of the keys to reducing the incidence of violence against children because health workers are often the first person to deal with victims of violence against children due to their health problems.

Based on the results of a journal review, it turns out that there are no studies that specifically discuss the role of *puskesmas* in the early detection of violence against children. This study aims to determine the role of *puskesmas* in early detection of violence against children.

II. METHODS

This study uses an approach with reference to legal norms, especially those relating to the role of *Puskesmas* in the early detection of violence against children. This research is descriptive, which describes various legal problems, and facts to provide data relating to the role of *Puskesmas* in the early detection of violence against children. The research data was collected by researchers with library studies, as well as interviews to obtain primary data directly. Data analysis using qualitative analysis. Field research was carried out in two health centers capable of managing cases of violence against children in the working area of the city health office in Bandung, while library research was conducted by gathering information from the internet, and books contained in the library.

III. RESULTS

Based on the study of literature studies and facts in the field the results are as follows:

In Article 44 section (1) Law No. 35 of 2014 concerning Amendments to the Child Protection Act states that the Government and Regional Government must provide facilities and conduct comprehensive health efforts for children so that every child has an optimal degree of health from the womb.

Furthermore, in section (2) Provision of facilities and implementation of comprehensive health efforts as referred to in section (1) supported by community participation. Then in section (3) Comprehensive health efforts as referred to in section (1) include promotive, preventive, curative, and rehabilitative efforts for both basic health services and referrals. Then in Article 59 section (1) it is stated that the Government, Regional Government and other state institutions are obliged and responsible to provide Special Protection to Children. then in article 59A, Special Protection for Children as referred to in Article 59 section (1) is carried out through efforts:

- Rapid handling, including treatment, and / or rehabilitation physically, psychologically, and socially, and prevention of diseases and other health problems;
- Psychosocial assistance during treatment until recovery;
- Providing social assistance for children from poor families;
- Provision of protection and assistance in every judicial process.

There are 73 *Puskesmas* in the city of Bandung. The selection or appointment of *Puskesmas* capable of managing violence against children is currently selected from the most cases, based on input from the Police and the Integrated Service Center for Women and Children Empowerment (P2TP2A). This is related to the limited allocation of the Regional Budget (APBD) and many health programs that need to be funded as well. Benchmark Health Centers are declared capable of managing violence against children if there is one medical person and one paramedic who has been trained.

Cases of violence against children are rarely found. So that the health services that are held are more promotive and preventive in nature by conducting socialization, promotion to cadres, kindergarten teachers and early childhood education which are routinely carried out at the time of new student admissions, namely in June, July, August. From there finally many cadres and teachers gave feedback to the officers. Usually victims of violence against children report their cases directly to the police, they do not want to come to the *puskesmas*. Another obstacle was when P2TP2A referred the victim to the *Puskesmas*, the officers did not stand by on the spot because there were other programs being done. The *Puskesmas* itself has formed counseling and networking, but they (victims / families of victims) do not want to be followed up, finally referred to P2TP2A which continues to the police. The application has been implemented, but the family is afraid to be followed up because the culprit is usually from a close family, and not in the *Puskesmas* target area, for the continuation / development of cases there is in P2TP2A.

Handling at the basic service level at the *Puskesmas* has not been done optimally, this is due to the limited facilities and infrastructure and trained human resources.

IV. DISCUSSION

If it is not explicitly stated in regulations, there are two possibilities:

- There is no obligation for *puskesmas* officers to handle cases of violence against children (normatively). Because it is not explicitly mentioned in the regulations.
- There will be uncertainty in carrying out tasks, even though in the scope of professional life there must be certainty in legal protection.

V. CONCLUSION

The role of *Puskesmas* in early detection of violence against children has not fully fulfilled the mandate of Law No. 35 of 2014 concerning Amendments to the Child Protection Act. It is necessary to improve the quality of Human Resources and the availability of facilities and infrastructure in *Puskesmas* for victims of violence facilitated by the Ministry of Health in accordance with the mandate of Article 44 section 1, 2 and 3 of the Child Protection Act No. 35 of 2014. In addition, there is a need for integrated socialization of *Puskesmas* Officers to the public regarding Violence against Children involving other sectors (cross-sectoral), so that cases of violence against children can be prevented as early as possible and / or detected.

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[4] Law No. 35 of 2014 concerning Amendments to the Child Protection Act.

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