

**IMPLEMENTATION OF THE RIGHT TO HEALTH SERVICES
AGAINST PERSONS WITH DISABILITIES
AT A COMMUNITY HEALTH CENTER
(PUBLIC HEALTH CENTER)**

ABSTRACT

By:

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This study aims to determine the implementation of the right to health services for persons with disabilities in the Community Health Center (Puskesmas), as well as strategies for resolving differences in the implementation of the right to health services among regulations related to persons with disabilities.

This research is an empirical juridical research in Bantul, D.I Yogyakarta. The research material was primary data taken from in-depth interviews with research subjects according to the criteria at two community health centers, and secondary data taken from legislation, law book literacy. This research was analyzed using qualitative methods and presented in the form of descriptions.

The results of implementation of the right to health services for persons with disabilities at the Sedayu I Bantul Community Health Center, especially related to facilities and infrastructure that are not suitable for safety and security for users. Another mismatch is the ergonomics of the size and layout, for example the size of the small toilet room, there is no handrail in the room. Ease of access to information is also not suitable, such as no running text, health leaflets in Braille. The existing human resources are not suitable for promotive and preventive service efforts. The special policy for health services is only SOP for Service Barriers and minimal budget allocation for activities.

The other results of implementation of the right to health services for persons with disabilities at the Sewon II Bantul Community Health Center, especially related to facilities and infrastructure, are not suitable for equitable use of space because the existing forms, functions and facilities cannot meet the needs of all users. Another mismatch is safety and security for the user. The size and layout of the room are also not ergonomically appropriate, for example the size of the small toilet room. The existing human resources are not suitable for promotive, preventive and rehabilitative service efforts. The special policy for health services is only SOP for Service Barriers and budget allocation for activities. Strategies for resolving differences in the implementation of the right to health services against regulations related to persons with disabilities are accrediting puskesmas with an adjusted element of

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Implementasi Hak Atas Layanan Kesehatan Terhadap Penyandang Disabilitas di Pusat Kesehatan Masyarakat (Puskesmas)

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Universitas Gadjah Mada, 2020 | Diunduh dari <http://etd.repository.ugm.ac.id/>

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assessment, or conducting discretion by the head of the puskesmas until there is an affirmative policy.

Keywords: persons with disabilities, right to health services, puskesmas