

# Legal Protection That Justice the Filariasis Patient in Efforts to Prevent Infectious Diseases

Nurul Ummi Rofiah<sup>1</sup>Sarsintorini Putra<sup>2</sup> Anggraeni Endah Kusumaningrum<sup>3</sup>  
<sup>1 2 3</sup> Law Faculty Of The University Of August 17, 1945, Semarang  
E-mail: nurulrofiah.nr@gmail.com

**ABSTRACT--***Legal protection can be interpreted as protection by law or protection by using institutions and legal means. The law in providing protection can be through certain ways, including by making regulations and enforcing. The number of patients with Filariasis in Indonesia is increasing every year due to the transmission of this disease that is not controlled. In 2014 there were 11,376 filariasis sufferers in Indonesia, and an increase at the end of 2018 was 14,109 sufferers. Legal protection for patients with filariasis is very important because there will be no spread of filariasis to other communities. Therefore a fair model of legal protection for filariasis patients is needed in an effort to prevent infectious diseases. Problems in research: What are the current legal protection arrangements for sufferers of infectious filariasis? The juridical normative approach. Research specifications: using analytical descriptive. Data analysis: normative analysis method Research Results: Created a new model of legal protection to reduce the spread of filariasis. Constraints and solutions: lack of public knowledge about filariasis and the dangers of filariasis, the solution is by holding intensive socialization about filariasis and the dangers of filariasis to the community.*

**Keywords:** *legal protection, filariasis patients, prevention of communicable diseases*

## I. INTRODUCTION

The 1945 Constitution of the Republic of Indonesia regulates the right of all citizens to obtain health insurance as stipulated in Article 28 H. Article 28H of the 1945 Constitution of the Republic of Indonesia is elaborated in more detail in Law Number 36 of 2009 concerning Health which aims to improve awareness, willingness, and ability to live healthy for everyone in order to realize the highest degree of public health, as an investment for the development of human resources that are socially and economically productive. This regulation is issued by the Government in tackling control of infectious diseases (emerging infection diseases). One infectious disease which is a health problem in Indonesia is filariasis or elephantiasis. Definition of Filariasis based on Minister of Health Regulation No. 94 of 2014 concerning the Implementation of Filariasis in Article 1 reads Lymphatic Filariasis, hereinafter referred to as Filariasis, is a chronic infectious disease caused by filarial worms that attack the

channels and lymph nodes. Diseases that can be transmitted by the mediation of mosquitoes as vectors. This disease is chronic (chronic) and if it does not get treatment can cause permanent disability for life, in the form of enlarged legs, arms, and genitals both women and men which has a psychological impact on patients and their families. As a result, patients can not work optimally, even their lives depend on others so that it becomes a burden on the family, community, and country.

Health services basically aim to carry out efforts to prevent and treat a disease, including medical services that are based on the basis of individual relationships between doctors and patients who need healing for their illnesses.

Based on secondary data from the Semarang City Health Office in 2017 it can be seen that the number of Filariasis Sufferers in Ex Semarang Residence is currently the most in the Demak Regency with 32 people in 2016. Then in Semarang the number of Filariasis sufferers is 27 . And Kendal Regency sufferers of Filariasis as many as 20 people. And the least is Grobogan Regency with the number of 2 people.

Regulation of the Minister of Health of the Republic of Indonesia Number 94 of 2014 concerning Filariasis Prevention in Chapter III Article 10 states that in all populations in the Endemic Filariasis region a POPM (Giving of Preventive Medicine) is mandatory, but in reality Filariasis sufferers in endemic areas are "not" given POPM so that get worse and easily transmit the disease to other people around him, as happened in Demak Regency, Pekalongan, Kendal.

There are still many problems that occur related to the legal protection of the community for sufferers of filariasis in Indonesia which results in death, disability, and poverty. This makes researchers interested in conducting a study that focuses on building a model of legal protection that is fair to Filariasis patients in the effort to prevent infectious diseases.

## II. RESEARCH METHOD

The approach used in this study is normative juridical. A normative juridical approach is an approach that is based on secondary data by examining the theories, concepts, principles of law and legislation relating to this research and primary data carried out by looking at the

reality that exists in practice in the field. The research specifications used are descriptive analytical. Research instruments or tools using questionnaires for interviews and check lists for environmental observations. Primary data collection is done by interview using a questionnaire and observation is done by observing directly to the object to be examined using a checklist on the observation sheet. Data analysis uses normative juridical analysis, i.e. analysis using statutory regulations, legal theories, legal principles and legal doctrines in accordance with the problems under study conducted with primary data in the field.

### III. FINDINGS AND DISCUSSION

In Indonesia, filariasis is commonly known as elephantiasis. Filariasis is an infectious disease caused by infections of microfilaria worms, *Wuchereria bancrofti*, *Brugia malayi*, and *Brugia timori*. Filariasis is transmitted through mosquito vectors *Anopheles*, *Culex*, *Mansonia*, *Aedes*, and *Anmigeres*. Because this disease is spread by mosquitoes, the spread of this disease becomes very fast. According to Hoedojo, a parasitologist from the Faculty of Medicine, University of Indonesia, the impact of this disease cannot be detected directly because the symptoms are gradual and chronic. The process of spread is very fast and the duration of the healing process, making this disease classified as a dangerous disease. Filariasis is found in tropical regions of Asia, Africa, Central and South America, with 120 million infected. Based on research conducted by the Ministry of Health of the Republic of Indonesia, Filariasis is found in various low-lying areas that are cloudy with thickets of forests which are generally obtained in villages outside Java-Bali. Besides being in the countryside, Filariasis is also found in urban areas.

Symptoms caused by gradual and chronic filariasis. The symptoms caused are adjusted to the incubation period of microfilariae. To find out if someone has Filariasis or not, a blood test can be done. If the blood test shows there is microfilaria in the blood, the patient can be sure to suffer from elephantiasis. Filariasis is a contagious disease caused by infection with microfilaria worms which transmitted through mosquito vectors.

Based on the four HL Blum (community behavior, environment, health services, genetic) affect the transmission of patients with filariasis except genetic factors. First, community behavior is related to the breeding of mosquitoes. The more people use (PHBS) clean and healthy life behavior, the breeding of mosquitoes can also be reduced, so that transmission of filariasis can also decrease. Second is the environment, this environment is associated with garbage, water, air, land, housing related to the endemic area of Filariasis itself. Third is health services, health services themselves consist of health workers and health facilities. This greatly

influences the treatment of Filariasis sufferers themselves as well as from the spread of Filariasis disease.

Legal protection is to provide protection for human rights (human rights) that are harmed by others and the protection is given to the community so that they can enjoy all the rights provided by law. Law Can be used to realize protection that is not only adaptive and flexible, but also predictive and anticipatory. Law is needed for those who are weak and not yet strong socially, economically and politically to obtain social justice. Legal protection is given to legal subjects in the form of instruments both preventive and repressive, both oral and written. One of the preventive forms in controlling Filariasis is one of which can be done by the government by holding a POPM in the endemic area of Filariasis and can be repeated for 5 years.

Regulation of the Minister of Health of the Republic of Indonesia Number 94 of 2014 concerning Filariasis Prevention in Chapter III Article 10 states that in all populations in the Endemic Filariasis region a POPM (Giving of Preventive Medicine) is mandatory, but in reality Filariasis sufferers in endemic areas are "not" given POPM so that get worse and easily transmit the disease to other people around him, as happened in Demak Regency, Pekalongan, Kendal.

Some existing regulations:

1. The 1945 Constitution of the Republic of Indonesia  
The 1945 Constitution of the Republic of Indonesia, Article 28H Paragraph (1) which states that every citizen has the right to health services. Every sufferer of filariasis has the right to receive treatment at a health center or first level health service.
2. Law No. 36 of 2009 concerning Health.
  - a. Based on the content of Article 56 of the Republic of Indonesia State Health Law Number 36 Year 2009 regarding Health, Everyone has the right to accept or reject part or all of the relief measures that will be given to him after receiving and understanding information about such actions in full but the right to refuse an action or therapy does not apply to patients suffering from the disease transmit the disease to the wider community. In this case, patients with filariasis must take medication because they can transmit the disease to other people.
  - b. Based on the contents of article 62 paragraph 1 of the Republic of Indonesia State Health Law Number 36 of 2009 concerning Health which states "Improved health is all forms of efforts made by the Government, regional governments, and / or the community to optimize health through counseling activities, information dissemination, or other activities to support the achievement of a healthy life. "This has done a lot of socialization and counseling on Filariasis, but public awareness of the dangers of transmission of Filariasis is still low.

- c. Based on the contents of article 62 paragraph 2 of the Republic of Indonesia State Health Law Number 36 of 2009 concerning Health that Prevention of diseases is any form of effort made by the Government, regional government, and / or the community to avoid or reduce risks, problems, and adverse impacts due to disease. The impact of this filariasis is a scourge or fear for the community, because after suffering from disability in this disease, it can not be cured again.
3. Law No. 29/2004 concerning Medical Practice. According to Article 51 paragraph (10) of Law No. 29 of 2004 concerning Medical Practice, states: "Doctors or dentists in carrying out medical practices have obligations". One of the obligations of doctors is to provide medical services in accordance with professional standards and standards of operational procedures and medical needs of patients, including patients with Filariasis.
4. Regulation of the Minister of Health of the Republic of Indonesia Number 94 Year 2014 Regarding Filariasis Control. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 94 Year 2014 Regarding Filariasis Control CHAPTER III article 3 states: "The implementation of Filariasis Countermeasures is carried out by the Government and Regional Governments involving the participation of the surrounding community". The eradication of Filariasis is the need for cooperation across sectors and the wider community.
5. Decree of the Minister of Health of the Republic of Indonesia
  - a. Decree of the Minister of Health No. 1582 / Menkes / SK / IX / 2005 concerning Guidelines for Control of Filariasis (Elephant Foot Disease). Regional-based control of elephantiasis by implementing environmental management, vector control, healing or treating patients, giving medicine to healthy people infected with filaria worms and as a source of transmission of filariasis as well as administering preventive drugs in bulk with the Filariasis elimination program.
  - b. Decree of the Minister of Health No. 893 / Menkes / SK / VIII / 2007 regarding Guidelines for the Prevention of Post-Filariasis Follow-up Treatment Incidence needs to be adjusted to the development and legal needs. In relation to the area of Filariasis endemic areas and the many targets of Filariasis POPM, the possibility of post-Filariasis follow-up from mild to severe needs to be anticipated and prevented by forming an Organization for controlling post-Filariasis follow-up events.

The failure of the implementation of the Filariasis countermeasure program in several regencies / cities in Indonesia, due to the achievement of the planned targets each year from 2010-2015 was never achieved in accordance with the target. This can be seen from the data

submitted by the Sub Directorate of Filariasis and helminthiasis, the Directorate for the Prevention and Control of Vector and Zoonotic Infectious Diseases in 2018. From these data it can be seen that the target of achieving POPM in 2010 is 56,000,000 but in its realization only 22,050.622 with a percentage of 39.38%. In 2011 the target of achieving POPM was 57,703,339 but in its realization only 21,767,979 with a percentage of 37.72%. This condition lasted until 2015 the target of achieving POPM was 52,201,655 but in its realization only 36,292,569 with a percentage of 69.52%.

From this data it can be seen that the implementation of the POPM program for countering Filariasis even though the achievement targets are lowered every year but the realization cannot be in line with the targets set by the Government at this time. This is a real illustration that at present the State is legally unable to provide protection for its citizens, especially for persons with Filariasis in Indonesia who do not get Filariasis treatment in some of the Regency / City areas.

#### IV. CONCLUSION

Regulation of the Minister of Health of the Republic of Indonesia Number 94 Year 2014 concerning Filariasis Prevention in Chapter III Article 10 states that in all populations in the Endemic Filariasis region a POPM (Giving of Preventive Medicine) is mandatory, but in reality Filariasis sufferers in endemic areas are "not" given POPM so that Filariasis sufferers are increasing.

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