QUALITY OF LIFE FOR FEMALE PRISONERS IN CORRECTIONAL FACILITY, CLASS IIB, YOGYAKARTA

Sitti Khadijah[1*], Dheska Arthyka Palifiana[2]
[1,2]Faculty of Health Sciences, Respati University of Yogyakarta

* Corresponding author: cha_midwife19@yahoo.com

ABSTRACT

Women who are serving a prison sentence will lose their personality and identity so that it can have an impact on their quality of life due to the rules and procedures of life in a correctional facility. Quality of life describes someone's emotional, social, and physical well-being including the ability to act in everyday life. This study aims to determine the quality of life for female prisoners in the correctional facility, class IIB, Yogyakarta. The type of this study was observational research applying a descriptive survey design and a cross-sectional approach. The number of samples in this study was 38 respondents taken by using the accidental sampling technique. The results showed that based on age, the majority of respondents were in the early adult category (18-40 years old), namely 65.8%. Based on the level of education, they were in the secondary education category, namely 50%. Furthermore, based on the length of prison, they were in the 1 – 5-year category, namely 57.9%. The quality of life for female prisoners was in the moderate category (63.2%) for the physical health domain, in moderate and good categories (having the same scores, namely 36.8%) for the psychological domain, in moderate category (63.2%) for the social relation domain, and in moderate category (60.5%) for the environmental domain. The conclusion is that the quality of life of female prisoners in the domains of physical health, social relation, and the environment was in the moderate category. Meanwhile, for the psychological domain, it is in the moderate and good categories.

Keyword: Quality of Life, Female Prisoners

INTRODUCTON

A person who has been found guilty by law will be fostered in the correctional facility and become prisoners for a certain amount of time (Sudirohusodo, 2020). The prisoners are a group that is vulnerable to experience a decrease in the quality of life. Their poor adaptation during the detention period resulted in a decrease in the quality of life (Adi, A.S, and Andriany, M, 2019). The criminal world is not only dominated by male but also female is often reported to have committed a crime. Therefore, those females also become prison inmates or correctional facilities. Females who enter the correctional facility and serve sentences are viewed negatively by society (Moore, Stuewig, & Tangney, 2012).

Females who serve sentence in a correctional facility will have a psychological impact because they lose their personality and identity due to the rules and procedures of living in it. This causes the prisoners to become mentally depressed therefore it will have an impact on their psychological side (Juniartha et al., 2012). The purpose of coaching in the correctional facility is to increase the prisoners' quality of life (Yulianti, M & Putri, M.A.S, 2015). The quality of

life is an individual's assessment of positive and negative aspects of life (Kinding, Booske & Remington, 2010). It is influenced by four dimensions such as dimensions of physical health, psychological health, social relations, and environment. WHO made questionnaires to measure the quality life of society called the WHO Quality of Life-BREF (WHOQOL-VREF) questionnaire (WHO, 2012).

Based on that phenomenon, the researcher is interested in conducting research regarding the quality of female prisoners' in class IIB correctional facilities in Yogyakarta.

MATERIAL AND METHODS

The research was an observational study with a descriptive survey design and a cross-sectional approach. This research was conducted in a class IIB female correctional facility in Yogyakarta. The research sample in this study were 38 respondents with accidental sampling. The data collection employed the WHOQOL BREF questionnaire. The data analysis was done quantitatively using the univariate analysis to analyze the research variable descriptively by presenting the data in the form of a frequency distribution table and narrative as an explanation of the table presented.

RESULT

Table 1 Frequency Distribution of Respondent Characteristics based on Age, Education, and Length of Detention

Respondent Characteristics	Frequency	Percentage (%)
Age		
Early Adulthood	25	65.8
Middle Adulthood	13	34.2
Total	38	100
Level of Education		
No School	2	5.3
Elementary School	2	5.3
Junior High School	19	50.0
Senior High School	15	39.5
Total	38	100
Length of Detention		
< 1 year	1	2.6
1-5 years	22	57.9
>5-10 years	8	21.1
>10 years	7	18.4
Total	38	100

The characteristics of respondents based on age were mostly in the range of early adulthood (18-40 years old) as many as 25 people (65.8%). The level of the respondents' educational background was mostly at the senior high school (secondary level) as many as 19 people (50%). Moreover, most of the respondents' length of detention was between 1-5 years as many as 22 people (57.9%).

Table 2. The Quality of Female Prisoners' Life Based on the Domain of Physical Health, Psychological, Social Relations, and Environment.

Quality of Life	Frequency	Percentage (%)
Physical Health		
Very Poor	0	0
Poor	2	5.3
Fair	24	63.2
Good	12	31.6
Very Good	0	0
Total	38	100
Psychological		
Very Poor	0	0
Poor	3	7.9
Fair	14	36.8
Good	14	36.8
Very Good	7	18.4
Total	38	100
Social Relations		
Very Poor	2	5.3
Poor	2	5.3
Fair	24	63.2
Good	9	23.7
Very Good	1	2.6
Total	38	100
Environment		
Very Poor	0	0
Poor	2	5.3
Fair	23	60.5
Good	12	31.6
Very Good	1	2.6
Total	38	100

The quality of female prisoners' life by the domain of physical health was mostly on the level of fair category as many as 24 people (63.2%), followed by 12 people (31.6%) in the good category. Based on the psychological domain, the quality of female prisoners' life was mostly in the fair and good category with the same number, namely 14 people (36.8%) respectively. Furthermore, there were 7 people (18.4%) in the very good category and none was in the very poor category.

The majority of female prisoners' life in the social relation domain was in the fair category as many as 24 people (63.2%). There were 2 people in the very poor category (5.3%) meanwhile there was 1 person (2.6%) in the very good category. Moreover, based on the environment domain, the majority of the female prisoners' life was in the fair category, 23 people (60.5%). Then, it was followed by a good category with 12 people (31.6%) and the very good category, 1 person (2.6%).

DISCUSSION

The good quality of life in the physical health domain can be achieved and maintained if the conditions are controlled regularly. The physical health domains include pain, medical therapy, fatigue, rest, activity, and work. The poor quality of life in this dimension can be prevented. The implementation of health programs in the correctional facility helps the female prisoners to improve their quality of life in this domain. Moreover, the health service in the correctional facility is reachable, so that the majority of female prisoners' health condition is in the fair category.

The psychological domains include the positive feeling, meaning of life, concentration, self-esteem, self-reflection, and the negative feeling. The support from family becomes one of the important factors in strengthening the psychological condition of the female prisoners during their detention period. It is in line with the result of their psychological domain with the majority in the good and fair category.

Furthermore, the social domain includes personal relations, social support, and sexual activity. The personal relation is individual relationships with others. The second one describes the help received by the individual from their surroundings. The latter is the description of sexual activity carried out by an individual (Sekarwiri, 2008). Even though the majority of female prisoners in this domain were in the fair category, there were still a few of them in the very good and very poor category because of the limited social interaction with each other.

The environment domains include the physical and environmental security, availability of materials and information, recreation, satisfaction with housing, and access to health service. A safe and comfortable environment becomes everyone's need. It can be characterized by the environment that can protect the residents from threats as well as a clean and quiet environment. Moreover, the good environment increases the motivation of life and leads to the quality of life improvement (Putri, 2009). The family becomes the closest social environment for the individual. Therefore, if the support from the family is at a good level, the individual's quality of life will increase (Wafroh, Herawati & Lestari, 2017).

One of the women empowerment programs that the female prisoners obtain in the correctional facility is coaching in the form of training for certain skills needed by the community to improve the quality of life. The main factor determining the individuals' quality of life is their perceptions of the gap between reality and what might happen in the future (O'Connor, 1993). It can be concluded that happiness is an essential part of determining individuals' quality of life.

CONCLUSION

Based on the above-mentioned data analysis and discussion, it can be concluded that female prisoners' quality of life in the domain of

physical health, social relations, and environment were in the fair category and the domain of psychology was in the fair and good category.

REFERENCES

Adi, A.S dan Andriany, M. (2019). *Gambaran Kualitas Hidup Warga Binaan di Sebuah Lembaga Pemasyarakatan Pria di Indonesia*. Thesis. Universitas Diponegoro.

Juniartha, I Gusti Ngurah dkk. (2012). *Hubungan antara Harga Diri (Self-Esteem) dengan Tingkat Stres Narapidana Wanita di Lapas Klas IIA Denpasar*. Ners Journal.

Kindig DA, Booske BC, Remington PL. Mobilizing action toward community health (MATCH) : Metrics, incentives, and partnerships for *population* health. The journal of the American Medical Association. 2010 July;7(4):1-2.

Moore, K., Stuewig, J., & Tangney, J.P. (2012). Jail Inmates' Perceived and *Anticipated* Stigma : Implications for Post-release Functioning Self and Identity, 12 (5), 1-21.

O'Connor, R. (1993). Issue in the Meansurement of Health Quality of Live. Center for Health Program.

Putri, A.M. (2009). Kebahagiaan dan Kualitas Hidup Penduduk Jabodetabek (Studi pada Dewasa Muda Bekerja dan Tidak Bekerja). Skripsi.

Sekarwiri. (2008). *Hubungan antara Kualitas Hidup dengan Sense of Community pada Warga DKI yang Tinggal di Daerah Rawan Banjir*. Skripsi. Fakultas Psikologi. Depok : Universitas Indonesia.

Sudirohusodo, M. (2002). *Pelaksanaan Pembinaan Narapidana di Lembaga Pemasyarakatan Magelang*. Fakultas Hukum Universitas Muhamadiyah Yogyakarta.

Wafroh, S., Herawati, & Lestari, D.R. (2017). *Dukungan Keluarga dengan Kualitas Hidup Lansia di PSTW Budi Sejahtera Banjarbaru*. Dunia Keperawatan, 4(1), 60-64.

WHO, Quality of Life (WHOQOL)-BREF, 2012

Yulianti, M & Putri, M.A.S. (2015). *Kualitas Hidup pada Narapidana di Lembaga Pemasyarakatan Klas IIA Wanita Tangerang.* Jurnal Ilmu Ekonomi dan Sosial, 4(1), 67-71.