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Fulfilling the sexual needs to increase the mental health of prisoners in penitentiary institution

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Mental health is among the crucial issues for prisoners. The length of detention affects mental health, and the lack of biological needs. Human rights regulations are closely related to the development of prisoners such as those issued by the United Nations regarding Standard Minimum Rules For The Treatment of Prisoners and the discourse on the provision of sex room has long existed, so that the government can consider providing a space for inmates to meet their sexual needs in order to avoid sexual deviations in institutions correctional. This research uses normative research methods. The provision of sex room as an effort to fulfill the sexual needs of prisoners in prisons in terms of human rights is that there are several international legal instruments and national law stipulates that prisoners must be treated with respect for their dignity and human values, including the right to personal problems and their families. © 2020 EManuscript Technologies. All rights reserved.

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FULFILLING THE SEXUAL NEEDS TO INCREASE THE MENTAL HEALTH OF PRISONERS IN PENITENTIARY INSTITUTION

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ABSTRACT

Mental health is among the crucial issues for prisoners. The length of detention affects mental health, and the lack of biological needs. Human rights regulations are closely related to the development of prisoners such as those issued by the United Nations regarding Standard Minimum Rules For The Treatment of Prisoners and the discourse on the provision of sex room has long existed, so that the government can consider providing a space for inmates to meet their sexual needs in order to avoid sexual deviations in institutions correctional. This research uses normative research methods. The provision of sex room as an effort to fulfill the sexual needs of prisoners in prisons in terms of human rights is that there are several international legal instruments and national law stipulates that prisoners must be treated with respect for their dignity and human values, including the right to personal problems and their families.

Keywords: Romance Room, Sexual Desire, Prisoners, Biological Needs, Mental Health.

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INTRODUCTION

Mental health is among the crucial issues for prisoners.^{1,2,3} The length of detention affects mental health, and the lack of biological needs.^{4,5,6} The handling of criminal acts committed by prisoners cannot be separated from the criminal justice system and the state continues to protect the inherent rights of prisoners, especially regarding Human Rights. Human rights regulations are closely related to the development of prisoners, as issued by the United Nations regarding Standard Minimum Rules for the Treatment of Prisoners. Starting from the arrangement that has been issued by the United Nations, it shows that the state still has to give the rights of prisoners as stated in the Standard Minimum Rules, even though the prisoners have been deprived of their right of freedom through the correctional institutions. Indonesia has replaced the prison into a prison system which is a colonial legacy. Related to treatment of offenders, the correctional concept of a coaching using the multilateral oriented treatment of offenders method. Correctional institutions have a very important meaning, because they change the pattern of the prison criminal system towards a correctional system, which is to provide guidance and guidance for prisoners.⁷ In guiding and fostering prisoners, it is carried out with more emphasis on reintegrating prisoners in accordance with the principles of correctional facilities.

The correctional system aims to resolve conflicts between prisoners and the community, because the criminal system has left retaliation and detention against inmates. This is seen from a philosophical aspect, so that while in the correctional facility, prisoners can improve their behavior so that they are able to reintegrate into society.⁸ The discourse on the provision of sex room has been around for a long time, so that the government can consider providing a sex room for inmates to fulfill their sexual needs in order to avoid sexual deviations in prisons.⁹ Hence, the problem identified was formulated to analyze the provision of sex room as an effort to fulfill the sexual needs of prisoners in correctional institutions in terms of human rights and biological needs to fulfil the mental health of prisoners. The approach used in this research is to use normative research methods.

SEX ROOM TO FULFILL THE SEXUAL NEEDS OF PRISONERS IN HUMAN RIGHTS PERSPECTIVES

The protection of human rights in the correctional environment is increasingly being echoed today, in line with the normativity of international human rights that must be integrated into the Indonesian national system. This directly impacts on the progress of individual protection, in this case the prisoners, during their coaching period in a correctional facility. However, things that are still subject to public discussion are related to fulfilling the rights to sexual needs of prisoners in prisons. Of course, there are many things that need to be considered in initiating a mechanism for finding the right to sexual needs of prisoners in prisons.

The study of human rights and mental health of inmate requires a comprehensive analysis of various disciplines.¹⁰⁻¹⁵ This section tries to draw concepts from psychology and law in order to become the operational basis for this research. The main theory about biological needs from the perspective of psychology is the adage created by Abraham Maslow, namely about, a hierarchy of basic human needs, into five hierarchical levels, that are physiological needs, safety needs, biological needs, self-esteem needs, and self-actualization. Although in the next explanation, Maslow stated that there is no justification that biological needs are included in the category of physiological needs, the development of contemporary psychology has proven that sexual desire in adulthood (adolescence) is the most basic need for humans.¹⁶

Several international legal instruments have stipulated that prisoners must be treated with respect for their dignity and human values, including their rights to personal and family matters. The derivative form of the right to privacy and family concerns is the right to sexual needs. In connection with these rights, there are several laws and regulations currently in effect.

First, Universal Declaration of Human Rights (UDHR), UN General Assembly Resolution No. 217 A (III) dated 10 December 1948. Article 12 stated that "no one can be arbitrarily disturbed by his personal affairs, family,

Evaluation Of Amniotic Fluid By Ultrasound In Oligohydromnia Managed By Oral Maternal Rehydration In 2nd And 3rd Trimesters In Mosul City

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Abstract

Amniotic fluid is an important component that engulfs the fetus inside the mother's womb. Oligohydramnios, means abnormally decreased in the amount of amniotic fluid It has a risk to the fetus during pregnancy, affect about 1 to 2 percent of pregnancies, iatrogenic preterm causes illness and death to the fetus before delivery. Operative deliveries are risky for both the fetus and the mother. They might cause problems due to some of the commonly known factors or Oligohydramnios association could be identified, there could be some other unknown factors that are termed "Isolated Oligohydramnios". Amniotic fluid's rate of evolution could serve as an indicator to how the fetus is growing, it can provide protection, and it helps predict the gender of the newborn. The mother should undertake a hydration therapy in order to improve her amniotic fluid and the fetus well been. Drinking good amounts of water found to be helpful in increasing the amniotic fluid volume without using any other supplements. The sonographic evaluation for all patients with oligohydramnios were reviewed to determine whether sonographically detectable fetal anomalies were present, and when these anomalies were present, how this information was used in maternal fetal management.

Keywords: sonographic, evaluation, amniotic fluid, Oligohydromnia Managed, Trimesters

INTRODUCTION

Amniotic fluid (AF) is a fluid with constant ratio of outflow (fetal swallowing and intramembrane absorption) and inflow (fetal urine and lung fluids) in the amniotic space ⁽¹⁾, Amniotic fluid volume (AFV) monitoring gives a clear idea about the wellbeing of the fetus as it provides:

1. Supportive environment for growth
2. Protection from trauma and infection
3. A medium that allows fetal movement aiding the development of musuloskeletal system
4. Prevents compressions of umbilical cord and placenta providing vascular & nutritional protection

Amniotic fluid is an important fluid for the protection of the fetus, and its deficiency (oligohydramnios) could cause misleading effects on the prediction of the gender of the newborn. Sometimes there is no clear the mother for the deficiency of the amniotic fluid wither it causes reason or the fetus, this case is called isolated oligohydramnios (IO) ⁽³⁾. The pathophysiology of IO itself is not clearly understood, but it reflects chronic or late-onset placental insufficiency. In cases of pregnancy with IO the baby should be delivered in a well maintained environment to lower the chances of morbidity due to fragility. Oligohydramnios is a case in which the amniotic fluid is decreased extremely leading to hard pregnancy; 1-2% of pregnancies in the world are Oligohydramnios ⁽⁴⁾. Sonographically, it is the mass of amniotic fluid which should be less than 5% in gestational age; Amniotic Fluid Index (AFI) ≤ 5 cm or Single Deepest Pocket of liquor (SDP) ≤ 2 cm* ⁽⁵⁾.

Oligohydramnios has been found in association with

ruptured membranous, intrauterine growth retardation, preeclampsia, post maturity, fetal demise, and renal anomalies. Diagnosis of these cases was based on sonographic findings during pregnancy ⁽⁶⁾.

Oligohydramnios is at its most between 13 and 21 weeks, and between 34 and 42 weeks ⁽⁷⁾. Due to the gradual increasing in the production of amniotic fluid in the mid-trimester ⁽⁸⁾, excessive oligohydramnios before the 22nd-24th weeks of pregnancy could occur causing mal-structuring of the lungs leading to perinatal death with a chance of 80%^(9, 10), it could also cause a delay in growth, compression-related skeletal deformities (muscle hypotrophy or joint constriction), and pregnancy loss ⁽¹⁰⁾.

1.1 Symptoms of oligohydramnios

Disorders in the fetus cause about 50% of the cases in which the AFV levels lowers at the second trimester ⁽⁷⁾, but major disorders even the fatal ones causes severe oligohydramnios by anuria. An amnioinfusion procedure makes it possible to identify the urinary tract in 26% of the cases by sonographic, and it could improve the severe decrement in AFV ^(11,12). In addition, amnioinfusion could prolong the pregnancy duration and aid in the survival of the newborn causing non-lethal disorders ⁽¹³⁾. A uteroplacental insufficiency could occur due to hypertensive (high blood pressure) in the mother or some illnesses and pathogens in any case they should all be treated as they cause reduction in oxygen and nutritional supply. Fetal regulatory mechanisms causes the fetus to seize urinating leading to troubles in growth or even death of the fetus ^(13,14). The risks associated with

Corrective Surgery for Complete Destruction of the Hepaticocholedochus Wall and Obstructive Jaundice of Benign Genesis

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ABSTRACT

The treatment of Mirizzi syndrome has attracted much attention from surgeons these days since the incidence of this syndrome is progressively increasing. An increase in the frequency of the disease can be associated with high progress in diagnosing the disease. With complete destruction of the hepaticocholedochus wall and the inability to form a biliodigestive anastomosis, in certain situations, the newly developed corrective surgery on the bile ducts, cholecystohepatic choledochoplasty, can increase the likelihood of a favorable outcome. Development and implementation of a new innovative corrective surgery with complete destruction of the wall of hepaticocholedochus with obstructive jaundice. Based on the clinical case, we trace the postsurgical period, which proceeded without complications; the drain tube from the subhepatic space was removed on the 4th day; fistulocholangiography was done on the 7th day; the diameter of the hepatocholedochus was not narrowed; the contrast freely entered the duodenum. The sutures were removed on the 9th day, the drain tube from the common bile duct was removed on the 11th day. The result is full recovery. As a result of our observations and work with clinical cases, we came to the conclusion that, although diagnostic measures have improved today, the issue of complex presurgical diagnosis of pathological changes in Mirizzi syndrome remains open. The imperfection of the diagnosis must be considered every time with surgery. The proposed option of the corrective operation of cholecystohepatic choledochoplasty with complete destruction of the hepatic choledochus wall expands the possibilities of surgical treatment of Mirizzi syndrome.

Keywords: gallstone disease; Mirizzi syndrome; cholecystohepatic choledochoplasty.

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INTRODUCTION

Mirizzi syndrome (MS) is one of the serious complications with gallstone disease, the initial morphological sign, which is compression of the proximal hepatic choledochus, culminating in either stricture formation or cholecystobiliary fistula formation. MS occurs in 0.2–5.0% of patients. From the moment of describing the first case of MS to the present day, the topic hasn't lost its relevance. More and more often MS develops as a complication of gallstone disease; this occurs when the inflammatory process spreads from the gallbladder to the bile ducts, resulting in compression or the formation of a cholecystobiliary fistula through which gallbladder calculi migrate to the main bile ducts^{1,2}.

According to Alyanov³, there has been a parallel progressive increase in the number of patients with complicated forms of cholelithiasis; such a persistent tendency persists for 5 years. With an increase in the frequency of occurrence of cholelithiasis, the number of complications such as choledocholithiasis, obstructive jaundice, cholangitis and biliary pancreatitis also increases. Among the rare complications of gallstone disease, Mirizzi syndrome occupies a special place, which develops when the inflammatory destructive process spreads from the gallbladder to the bile ducts, resulting in compression of the ducts or the formation of a cholecystobiliary fistula, through which calculi from the gallbladder migrate to the bile ducts⁴. There is a growing

tendency to the progress of biliary tract surgery and an increase in the incidence of cholelithiasis^{5,6}.

In 1948, Professor Mirizzi in his article "Syndromedelconducto Hepatico" described the syndrome and characterized it as biliary retention in the common hepatic duct, the reasons for which are the functional component and the anatomical background^{7,8}.

In 1989, Csendes, having the experience of observing MS and proceeding from the fact that various types of the syndrome are stages of one process, he introduced his own classification based on the degree of destruction of the wall of the common hepatic duct by the cholecystocholelith fistula. Type I MS is a compression of the bile duct wedged into the neck of the gallbladder or cystic duct by the bile calculus. Type II MS is a cholecystobiliary fistula, resulting from erosion of the bile duct wall by means of the bile calculus, occupying no more than one third of the circumference of the bile duct. Type III MS is a cholecystobiliary fistula, occupying up to two-thirds of the circumference of the bile duct. Type IV MS is a cholecystobiliary fistula with complete destruction of the bile duct wall and completely merging with the gall bladder, forming a single structure without any recognizable landmarks between both structures of the gall tree. In 2007, Csendes added another type to its classification, which was later supported by Beltran in 2008. This classification included Mirizzi V type syndrome, which at the same time combines cholecystoenteric fistula and another type of Mirizzi syndrome. In