

Fulfillment of Female Inmates' Right to Health Services from a Human Rights Perspective at Karawang Class IIA Correctional Institution

Sartika Dewi¹, Hernawati RAS²

Universitas Langlangbuana Bandung, Indonesia

Received: September 01, 2026

Revised: September 30, 2026

Accepted: October 02, 2026

Published: October 06, 2026

Corresponding Author:

Author Name*: Sartika Dewi

E-mail*:

21sartikadewi90@gmail.com



Abstract: *Health services based on individual needs apply to female inmates. Female inmates differ from male inmates because they have distinctive characteristics that male inmates do not share, such as the menstrual cycle, pregnancy, childbirth, and breastfeeding. Women's needs are therefore more specific, particularly with regard to health services and the realization of their right to health. This study aims to examine the fulfillment of inmates' right to health services and the factors that have prevented the optimal fulfillment of female inmates' right to health services from a human rights perspective. The study uses an empirical juridical method with socio-legal data analysis. The findings confirm that the right to health services for inmates at Karawang Class IIA Correctional Institution has been implemented through promotive, preventive, curative, and rehabilitative approaches as a form of state responsibility in guaranteeing the right to health as part of human rights. Nevertheless, the implementation of these health services is not yet fully optimal because it is still constrained by limited facilities and health personnel, inadequate availability of medicines and medical devices, overcapacity, and a living environment that may increase the risk of health problems. These conditions show that the fulfillment of the right to health cannot be measured merely by the existence of service programs, but also by the capacity of the correctional system to provide services that are effective, of good quality, continuous, and accessible to all inmates without discrimination. For female inmates in particular, services grounded in substantive equality and gender responsiveness need to be strengthened, especially in meeting reproductive health needs, which have distinct biological characteristics and special requirements.*

Keywords: *Inmates, Reproductive Rights, Correctional Institution, Women.*

INTRODUCTION

The right to health is part of the human rights that must be guaranteed for every individual, including inmates serving sentences in correctional institutions. In line with the basic principles of human rights, the state is obliged to guarantee adequate and equitable health services for all citizens without discrimination, including those within the correctional system. Law Number 22 of 2022 on Corrections mandates that inmates have the right to receive adequate health services as part

of the process of their social rehabilitation and reintegration into society.¹

In the Indonesian legal system, inmates' right to health services is regulated in various laws and regulations. Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia states that the state is responsible for providing adequate health service facilities and public service facilities, and Article 28H paragraph (1) affirms that every person has the right to obtain health services. In addition, Law

¹ Hazairin, Tujuh Serangkai tentang Hukum, Jakarta: PT Tinta Emas, 1974, hlm. 45.

Number 22 of 2022 on Corrections also provides that every inmate is entitled to adequate health care. These provisions affirm that even though a person loses their liberty as a result of a criminal sentence, their basic rights must still be guaranteed.²

Correctional institutions (*Lembaga Pemasyarakatan*, or Lapas) are established according to needs and categories of crime, ranging from Lapas with low, medium, and high levels of security (for inmates who have committed serious crimes or who pose a high risk of escape). Structurally, Lapas in Indonesia are managed by the Directorate General of Corrections under the Ministry of Law and Human Rights of the Republic of Indonesia.

The treatment of inmates on the basis of human rights refers to treatment that continues to respect and protect their basic rights as human beings even though they have been proven to have committed a criminal offence. Even when a person is sentenced to imprisonment, the state remains obliged to ensure that inmates are not subjected to cruel, inhuman, or degrading treatment.

Indonesia's commitment to human rights is stated implicitly in the Preamble to the 1945 Constitution of the Republic of Indonesia, which mandates that the state has the duty to protect the entire Indonesian nation and all of the Indonesian homeland, to advance the general welfare, and to educate the life of the nation.³ Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation. Therefore, all Indonesian citizens are entitled to health, and inmates are no exception.

The World Health Organization (WHO) has set minimum service standards to ensure the fulfillment of the right to health for inmates as

part of human rights protection. These standards aim not only to guarantee welfare and equality of health services between inmates and the general public, but also to ensure that such services are delivered humanely, fairly, and in accordance with humanitarian principles. WHO emphasizes that a person's legal status, including that of an inmate, must not be used as a reason to reduce access to basic health needs.

In Indonesia, the application of these standards still faces various challenges, ranging from budget constraints to a lack of awareness of the importance of human rights in the correctional context. Strengthening the regulation and implementation of minimum health service standards is therefore a strategic step towards realizing a more inclusive and humane correctional system.

One of the rights of inmates under Article 9 letter (d) of Law Number 22 of 2022 on Corrections is to receive health services and adequate food in accordance with nutritional needs. This is also reflected in Article 4 paragraph (1) letter (c) of Law Number 17 of 2023 on Health, which affirms that "every person has the right to obtain safe, quality, and affordable health services in order to achieve the highest attainable standard of health."

This problem urgently needs to be addressed through stronger regulation and firmer policy implementation. Such efforts must include the integration of the principle of justice into every aspect of health services so that inmates receive treatment consistent with human dignity. Strengthening the regulation of the fulfillment of inmates' right to equitable health services is thus not only a concrete manifestation of human rights protection but also an important step towards a correctional

² Bisri, Ilham, *Sistem Hukum di Indonesia: Prinsip-Prinsip dan Implementasi Hukum di Indonesia*, cetakan 1, Jakarta: PT Raja Grafindo Persada, 2005, hlm. 25.

³ I Jimmy Ashiddiqi, *Gagasan Kedaulatan Rakyat dan Pelaksanaannya di Indonesia*, Jakarta: Ikhtiar Baru Van Hope, 1994, hlm. 222.

system that is humane and oriented towards social recovery.

Human rights are a fundamental principle that must be guaranteed and protected by the state, including the rights of inmates. One of the basic rights that must be fulfilled is the right to adequate health services. The fulfillment of inmates' right to health often faces various challenges, such as limited medical facilities and health personnel, and regulations that do not yet fully accommodate the needs of inmates in a fair manner.

Several earlier studies are relevant. Ade Astika, *Tinjauan Sosiologi Hukum Terhadap Tanggung Jawab Pemenuhan Hak Pelayanan Kesehatan Narapidana dalam Lembaga Pemasyarakatan* (A Sociology of Law Review of the Responsibility to Fulfill Inmates' Right to Health Services in Correctional Institutions), Master of Laws Program, Universitas Hasanuddin, 2023, found that the responsibility to fulfill inmates' right to health services has not been carried out optimally. The fulfillment of the right to health covers the aspects of availability, accessibility, acceptability, and quality. That study also concluded that more detailed regulation of inmates' health services is needed to serve as a guideline for implementing rehabilitation programs and fulfilling the right to health. Legal factors, officials, and facilities and infrastructure are the factors that affect the discharge of this responsibility.⁴ Khairunnisa Maghfirani, *Pemenuhan Hak Pelayanan Kesehatan bagi Narapidana Wanita di Lembaga Pemasyarakatan Perempuan Kelas IIB Sigli* (Fulfillment of the Right to Health Services for Female Inmates at Sigli Class IIB Women's Correctional Institution), Faculty of Law, Universitas Syiah Kuala, 2022, found that

the right to health services for female inmates at Sigli Class IIB Women's Lapas has not been fully met. The shortcomings lie mainly in health service facilities, inpatient rooms, periodic health examinations, and accommodation relating to the needs of women and infants. Other obstacles include limited medical personnel, health facilities, and operational budget.⁵

As these earlier studies show, a number of works have discussed the fulfillment of inmates' right to health, both from the perspective of the sociology of law and in the context of health services for inmates. The present study is not directed solely at identifying the forms and practices of health services provided by correctional institutions; it also critically analyzes the extent to which human rights principles are fulfilled in the delivery of those services. The analysis covers the principles of equality, non-discrimination, availability, accessibility, acceptability, and quality of services, while taking into account the characteristics and special health needs of female inmates.

On that basis, this study seeks to contribute an understanding of the fulfillment of inmates' right to health services in which inmates are treated not merely as objects of the rehabilitation process, but as legal subjects and rights holders who retain their inherent dignity and human rights, which the state is therefore obliged to respect, protect, and fulfill.

The novelty of this study further lies in its effort to integrate normative and empirical approaches in order to identify and analyze the gap between the legal recognition of inmates' right to health and the reality of its implementation at Karawang Class IIA Lapas.

⁴ Astika, Ade. *Tinjauan Sosiologi Hukum Terhadap Tanggung Jawab Pemenuhan Hak Pelayanan Kesehatan Narapidana dalam Lembaga Pemasyarakatan*. Tesis, Program Studi Magister Ilmu Hukum, Universitas Hasanuddin, Makassar. 2023.

⁵ Maghfirani, Khairunnisa. *Pemenuhan Hak Pelayanan Kesehatan bagi Narapidana Wanita di Lembaga Pemasyarakatan Perempuan Kelas IIB Sigli*. Skripsi, Fakultas Hukum, Universitas Syiah Kuala, Banda Aceh. 2022.

Through this approach, the study is expected to make a conceptual contribution to building a standard for fulfilling female inmates' right to health that is grounded in human rights principles. Based on this background, the research problems are identified as follows:

1. How is inmates' right to health services fulfilled from a human rights perspective at Karawang Class IIA Lapas?
2. What factors affect the fulfillment of inmates' right to health services at Karawang Class IIA Lapas?

METHODOLOGY

The research methods used in this study are as follows:

1. Type of research. This is empirical juridical research, also called field research, which examines the applicable legal provisions as well as what actually happens in society.⁶ Empirical juridical research is legal research on the application or implementation of normative legal provisions *in action* in each particular legal event that occurs in society.⁷ In other words, it is research conducted on the actual or real conditions in society in order to discover the facts and data required; once the required data have been collected, the research proceeds to

the identification of the problem and ultimately to its resolution.⁸

2. Nature of the research. The study uses socio-legal research. Socio-legal research examines law not merely as norms (*law in the books*) but also in practice (*law in action*) by drawing on the theories and methods of the social sciences.⁹ The study is also descriptive; descriptive legal research is intended to provide data that are as accurate as possible about people, conditions, or other phenomena.¹⁰
3. Approach. The study uses a socio-legal (mixed) approach. Socio-legal research is an approach that positions law as a social institution, so that in its analysis law is not regarded as a rigid text but as part of a social system influenced by cultural, economic, and political factors.¹¹
4. Data sources. The data consist of primary and secondary data.
 - a. Primary data: data obtained directly from first-hand sources, collected by the researcher in the field from health personnel and officers of Karawang Class IIA Lapas.
 - b. Secondary data: data that are already available and have been processed by other parties (previously published), used to support the analysis, including textbooks, scientific journals,

⁶ Suharsimi Arikunto. *Prosedur Penelitian Suatu Pendekatan Praktek*. Jakarta: Rineka Cipta. 2012. hlm. 126.

⁷ Abdulkadir Muhammad. *Hukum dan Penelitian Hukum*. Bandung: Citra Aditya Bakti. 2004. hlm. 134.

⁸ Bambang Waluyo. *Penelitian Hukum Dalam Praktek*. Jakarta: Sinar Grafika. 2002. hlm. 15.

⁹ Sulistyowati Irianto. *Memahami Hukum dari Perspektif Socio-Legal*. Jakarta: Yayasan Obor. 2009. hlm. 34.

¹⁰ Soerjono Soekanto. *Pengantar Penelitian Hukum*. Jakrta: UI Press. 1986. hlm. 10.

¹¹ Esmi Warassih. *Pranata Hukum Sebagai Jaringan Makna*. Semarang: Badan Penerbit Universitas Diponegoro. 2011. hlm. 65.

dissertations, earlier research reports, and laws and regulations:

- i. The 1945 Constitution;
 - ii. Law Number 39 of 1999 on Human Rights;
 - iii. Law Number 22 of 2022 on Corrections;
 - iv. Law Number 17 of 2023 on Health.
5. Data collection techniques. Primary data were obtained through interviews and field documentation studies.
 6. Data analysis. The study uses socio-legal analysis (a combination of doctrinal and empirical analysis), namely descriptive-interpretive data analysis, carried out by systematically describing the data or phenomena found in the field and then interpreting them in order to draw meaning from the data.¹² Descriptive-interpretive analysis is a method that not only describes phenomena or data (descriptive) but also gives meaning, interpretation, and in-depth understanding of those data (interpretive).

RESULTS AND DISCUSSION

Fulfillment of Inmates' Right to Health Services from a Human Rights Perspective at Karawang Class IIA Lapas

Health services are various organized and systematic efforts to promote, maintain, restore, and protect the health of individuals and communities. These services aim to meet health needs covering the aspects of prevention,

treatment, care, and recovery.¹³ According to WHO, health services include all activities aimed at improving the level of health, whether carried out by professional medical personnel, organizations, or health facilities.

Law Number 17 of 2023 on Health explains that health is a state of well-being, physically, mentally, spiritually, and socially, that enables every person to live a socially and economically productive life. It also stipulates that every person has the right to obtain health services. Accordingly, every element of society, as well as individuals and families, is entitled to services for their health, and the government is responsible for planning, regulating, administering, and supervising the provision of health care so that it is equitable and affordable to the public.

The purpose of health services is to achieve a level of public health that satisfies the expectations and needs of the community through effective services delivered by providers, which will also satisfy the expectations and needs of the providers themselves, within service institutions that are run efficiently.¹⁴

The general provisions of Law Number 17 of 2023 on Health do not explicitly spell out health services in detail, but they are reflected in Article 1 paragraph (3), which provides that health services are any form of activity and/or series of service activities provided directly to individuals or the community to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative care.

Health services in Lapas can deliver the services referred to above so that the health problems that exist in Lapas can be controlled.¹⁵

a. Promotive health services

Promotive services for detainees or inmates in Lapas consist of:

¹² Sugiyono. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta. 2018. hlm. 244.

¹³ Syaifudi, Abdul Bahri. Buku Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal. Jakrta: Yayasan Bina Pustaka, 2002. hlm. 22.

¹⁴ Wulandari dan Erawati, Buku Ajar Keperawatan Anak, Yogyakarta: Pustaka Pelajar. 2016. hlm. 16.

¹⁵ Wiku Adisasmito, Sistem Hukum Kesehatan. Jakarta: Rajawali Pers. 2012. hlm. 74.

- 1) Communication, information, and education (CIE) activities, both individually and in groups.
- 2) Counselling, both individually and in small groups.
- 3) Monitoring and maintenance of sanitation and personal hygiene.
- 4) Prevention of the abuse of narcotics, psychotropics, and other addictive substances (NAPZA).
- 5) Regular sports and competitions.

Karawang Class IIA Lapas undertakes promotive health services through rehabilitation programs, namely personality development (religious, arts, and national-awareness activities) and self-reliance development (agriculture and fisheries, animal husbandry, and industry and services).¹⁶

Personality development, carried out through religious activities, arts, and national-awareness education, is relevant to promotive efforts, particularly in supporting the maintenance and improvement of inmates' mental health and psychosocial condition. Religious activities can serve as a means of shaping values, strengthening self-control, and providing psychosocial support in coping with the conditions of life in a correctional environment. Arts activities, meanwhile, give inmates space to express themselves, develop their potential and creativity, and manage their emotional state. National-awareness education can contribute to the formation of social awareness, a sense of responsibility as members of society, and readiness to interact again in social life. From a human rights perspective, the implementation of such programs reflects a recognition that inmates remain legal subjects and rights holders who have dignity and the capacity to develop, even while their liberty is restricted pursuant to a court decision. Personality development can therefore be positioned as one of the instruments for creating a correctional environment that is conducive to

maintaining inmates' mental health and psychosocial well-being.

Conceptually, however, personality development cannot automatically be equated with promotive health services. To serve a more optimal promotive function, rehabilitation activities need to be integrated with health education, improved health literacy, and psychosocial interventions that are structured and can be evaluated. Religious activities, for example, can be integrated with counselling and education on mental health and the ability to cope with psychological pressure. Arts activities can be developed as a medium for emotional expression and stress management, while national-awareness education can be linked to greater awareness of the right to health, individual responsibility for maintaining health, and the ability to make decisions concerning one's own health. Such integration is needed so that rehabilitation is not oriented solely towards moral formation and behavioural change but can also make a real contribution to improving inmates' knowledge, awareness, and ability to look after their own health.

Self-reliance development, on the other hand, through agriculture, fisheries, animal husbandry, food production, sewing, laundry, salon work, and various other skills activities, has a promotive dimension related to social, psychological, and economic aspects of health. Providing productive skills can increase inmates' self-confidence, adaptability, productivity, and independence, while equipping them to live more independently after completing their sentence. From a human rights perspective, self-reliance development is consistent with the orientation of the correctional system, which places social reintegration as one of its important goals, so that the execution of a sentence is oriented not merely towards retribution but also towards restoring the individual's capacity and readiness to become part of society again.¹⁷ The skills

¹⁶ Hasil Wawancara dengan Petugas LAPAS Kelas II A Karawang, tanggal 20 Juli 2026.

¹⁷ Muh Risnain dan Sri Karyati, Hak Asasi Manusia Perspektif Hukum Internasional dan

Hukum Nasional Indonesia. Bandung: Aditama. 2024. hlm. 16.

acquired while in Lapas can become social and economic capital that helps reduce the risk of dependency, social marginalization, and reoffending after inmates regain their freedom.

For female inmates in particular, these programs need to be developed by applying the principles of substantive equality and gender mainstreaming. Equality in corrections is not sufficiently realized by providing the same programs to male and female inmates; it must take into account the differences in the needs, conditions, experiences, and barriers faced by women. Skills such as sewing, food processing, salon work, and agricultural activities should therefore be offered as program options, not as a form of restriction based on gender constructs or stereotypes. Female inmates should have equal opportunities to develop a range of competencies, including technology, modern agriculture, entrepreneurship, financial literacy, digital marketing, and other productive skills with economic prospects. Such an approach not only strengthens the competence and economic independence of female inmates but also increases their capacity to make choices, take control of their lives, and make decisions independently after returning to society. Gender-responsive self-reliance development can thus be understood as part of the effort to realize substantive equality while strengthening the fulfillment of the rights of female inmates as subjects of human rights.

b. Preventive health services

Preventive health services for inmates and detainees in Lapas consist of:

- 1) Initial screening of new inmates or detainees. At this initial examination, information needs to be collected on personal and family identity and medical history, together with a general physical examination, a mental health examination, an examination using the ASSIST instrument (Alcohol, Smoking and Substance Involvement Screening Test), and other examinations in accordance with available capacity.

- 2) Periodic screening of existing inmates and detainees.
- 3) Isolation of inmates suffering from communicable diseases, whether new or existing inmates or detainees.
- 4) Administration of tetanus toxoid (TT) immunization and iron tablets to female juvenile inmates.
- 5) Monitoring and guidance of food provision for inmates or detainees so that it meets food hygiene and sanitation requirements as well as their energy and nutritional needs.
- 6) Prevention of communicable diseases and prevention of NAPZA abuse.
- 7) Monitoring and surveillance of the incidence of communicable diseases in Lapas.
- 8) Monitoring and maintenance of the environmental health of Lapas.

Karawang Class IIA Lapas¹⁸ has sought to provide preventive health services through the SIKOPLING program (*Edukasi, Konseling, dan Pengobatan Keliling* – Mobile Education, Counselling, and Treatment), which is carried out by going directly to the inmates' residential blocks. The program has important relevance from a human rights perspective, particularly in guaranteeing access to health services for inmates who face limitations in obtaining services at the Lapas clinic. The delivery of education, health checks, counselling, and simple treatment directly in the living environment reflects an effort to reduce barriers to access while supporting the early detection of inmates' health conditions. SIKOPLING thus not only represents an innovation in the delivery of health services but also reflects an effort to realize the principles of accessibility and equality in the fulfillment of the right to health.

These preventive efforts are reinforced by the Scabies Eradication and free Clean Laundry programs, which are directed at preventing and controlling communicable diseases in the living environment. These programs are directly linked to the fulfillment of inmates' right to a healthy and decent living

¹⁸ Op.cit., Hasil Wawancara.

environment. Based on observation and interviews, the high incidence of scabies is related to overcrowding, limited ventilation, and sanitation conditions that are not yet optimal. This shows that the fulfillment of the right to health cannot rest solely on individual medical services but must also take the environment into account as one of the determinants of health. The provision of clean laundry services, communicable disease control, environmental health monitoring, and the temporary isolation of sufferers are therefore forms of preventive intervention that not only protect individual health but also prevent the spread of disease to the inmate community.

Nevertheless, from a human rights perspective, the implementation of these preventive programs still needs to be examined in greater depth. The existence of various prevention programs indicates that the state is discharging its responsibility to fulfill the right to health, but the continued occurrence of diseases related to overcrowding, ventilation, and sanitation shows that health interventions have not yet fully addressed the structural factors that affect health. The state's obligation is thus not limited to providing medical services and disease prevention but also includes efforts to create correctional environmental conditions that support health. Preventive services therefore need to be placed within a more comprehensive approach, one that integrates interventions aimed at individuals with improvements in environmental conditions as part of the fulfillment of the right to health.

For female inmates in particular, preventive services need to be developed through a gender-responsive approach. Prevention efforts should not be directed only at communicable diseases; they must also cover reproductive health education and examinations, menstrual health, prevention of reproductive tract infections and sexually transmitted diseases, maternal health, and the fulfillment of sanitation and hygiene needs

appropriate to women's biological conditions. This approach is needed to realize substantive equality, because equality in the fulfillment of human rights does not simply mean providing identical services to all inmates, but ensuring that each individual receives services in accordance with their particular needs and conditions.¹⁹ Preventive health services at Karawang Class IIA Lapas have therefore shown a direction towards the fulfillment of the right to health, but strengthening is still needed in the aspects of accessibility, quality of services, environmental improvement, and gender responsiveness so that the right to health of female inmates can be realized more effectively and substantively.

c. Curative health services

Curative health services for inmates or detainees in Lapas consist of:

- 1) Basic individual curative health services, including dental health services, in accordance with available capacity.
- 2) Treatment services for specific diseases such as tuberculosis, malaria, reproductive tract infections, and sexually transmitted diseases, including HIV/AIDS.
- 3) Referral services in accordance with inmates' needs. Referral health services are provided according to the health problems experienced by the inmate.

The findings show that scabies, acute respiratory infections (ARI), and tuberculosis (TB) are the dominant diseases experienced by inmates at Karawang Class IIA Lapas. These findings point to the importance of curative health services in fulfilling the right to health through appropriate diagnosis, treatment, monitoring, and follow-up. The discovery of dozens of inmates diagnosed with active TB during the research period shows that curative services concern not only the recovery of individual health but also the protection of community health within the Lapas. From a

¹⁹ Deny, Setiyowati, Anggraeni. Pemenuhan Hak Kesehatan Narapidana. Banyumas: Amerta Media. 2020. hlm. 99.

human rights perspective, the status of inmate does not remove a person's right to receive health services that are adequate, timely, of good quality, and non-discriminatory.²⁰

The high prevalence of communicable diseases also points to a link between curative services and the structural conditions of corrections, especially overcrowding, limited ventilation, and sanitation that is not yet optimal. These conditions increase the risk of transmission and can impede the effectiveness of health services. Curative services therefore cannot consist merely of dispensing medicines; they must be supported by early detection, periodic examinations, treatment in accordance with standards, monitoring of therapy, isolation, and referral for those who need further care. From a human rights perspective, these conditions underline that the state's responsibility encompasses both restoring the health of individuals and protecting the health of inmates collectively.

For female inmates in particular, curative services must pay attention to specific health needs, including reproductive health disorders, reproductive tract infections, sexually transmitted diseases, menstrual disorders, pregnancy, and maternal health. Human rights-based curative services must therefore meet the principles of availability, accessibility, quality, non-discrimination, privacy, and respect for human dignity. The fulfillment of female inmates' right to health is thus measured not only by the availability of treatment for common illnesses but also by the ability of the correctional system to provide services that respond to reproductive health needs in a timely and continuous manner.

d. Rehabilitative health services

Rehabilitative services for inmates are carried out in cooperation with hospitals and relevant rehabilitation centres in the form of:

- 1) Physical rehabilitation services for inmates who have suffered physical impairment as a result of trauma and violence.

- 2) Mental rehabilitation services for inmates experiencing mental health and behavioural problems.
- 3) Physical and mental rehabilitation services for inmates involved in NAPZA abuse.
- 4) Mental rehabilitation services for inmates with risky sexual behaviour.

The health and care services of the Lapas support rehabilitation efforts based on the recommendations given by hospitals and rehabilitation centres and in accordance with available capacity. The forms of health and care services in Lapas include, among others, physical exercise, individual or group counselling, and spiritual guidance.²¹

In principle, health services give priority to promotive and preventive care. Promotive services are efforts to improve public health further, while preventive services keep people from falling ill and protect them from disease. For that reason, public health services are directed not only at treating individuals who are ill; more important still are efforts at prevention (preventive) and health improvement (promotive).

Factors Affecting the Fulfillment of Inmates' Right to Health Services at Karawang Class IIA Lapas

Health services are a basic right that correctional institutions must fulfill for every inmate. Fulfilling this right is important for maintaining quality of life, reducing the risk of communicable diseases, and complying with human rights principles. The reality in the field, however, shows that inmates experience various obstacles in accessing health services.

Government Regulation Number 99 of 2012 on the Second Amendment to Government Regulation Number 32 of 1999 on the Requirements and Procedures for Implementing the Rights of Correctional Inmates clearly sets out several health service rights of inmates under Article 14, which reads as follows:

²⁰ Op.cit., Hasil Wawancara.

²¹ Op.cit., Deny dkk.

- a. Every inmate and juvenile correctional inmate has the right to receive adequate health services.
- b. Every Lapas shall be provided with a polyclinic and its facilities, and with at least one doctor and one other health worker.

In the context of fulfilling inmates' right to health services in correctional institutions, several factors can affect inmates' experience of access to and quality of health services, namely:

a. Limited medical facilities

Limited health facilities and resources are one of the factors that hinder the optimal fulfillment of inmates' right to health services in correctional institutions. This condition is inseparable from the fact that most Lapas were not originally designed as health service facilities with comprehensive medical capacity. Limitations in facilities, health personnel, and specialist services can create a gap between the health needs of inmates and the service capacity available. From a human rights perspective, such limits on institutional capacity should not serve as grounds for reducing inmates' right to health services that are adequate, of good quality, easily accessible, and non-discriminatory.²²

b. Health human resources

Health human resources are a system that brings together various efforts in the planning, education and training, and deployment of health personnel in an integrated and mutually supportive manner in order to ensure the achievement of the highest attainable level of public health.

Health services for inmates in Lapas must be supported by a sufficient supply of health personnel in terms of number, type, and quality, adjusted to the number of inmates under supervision, because health services in Lapas will not function at their best without adequate health personnel. The health personnel available in Lapas must be sufficient in both number and type or classification, such as general practitioners, dentists, sanitarians, nutritionists, public health experts, counsellors

(psychologists, social workers, clerics), and administrative staff (recording and reporting), so that inmates in Lapas can be served properly and correctly.²³

Empirically, health services at Karawang Class IIA Lapas are supported by one doctor and two nurses, while no midwife or other health personnel are yet available to support more comprehensive health services. Moreover, the doctor is not permanently present at the Lapas but provides services on an on-call basis, whereas the nurses are the health personnel available on standby. This resource structure reveals limited service capacity, especially in responding to needs for medical examination that require the direct presence of a doctor and to health conditions that require immediate treatment.

These resource constraints have more complex implications for female inmates, given that they have specific health needs, particularly in reproductive and maternal health. The absence of a midwife and the limited presence of the doctor may impede access to antenatal examinations, the management of menstrual disorders, reproductive health services, counselling, and the handling of certain conditions that require special competence. From a human rights perspective, therefore, the fulfillment of female inmates' right to health requires strengthening health resource capacity, both by increasing the availability of health personnel and through a responsive and timely referral system. This is important to ensure that limited facilities and health personnel do not become a structural barrier to obtaining health services appropriate to the biological and reproductive needs of female inmates.

c. Supplies of medicines and medical devices

Medicines are an essential component of any health service. Moreover, because medicines have become a need for patients, patients' perception of the outcome of a health service is that they receive medicine after visiting a health facility.

²² Aris Prio Agus, *Hukum dan HAM*. Yogyakarta: Pustaka Baru. 2026. hlm. 71.

²³ Op.cit., Deny dkk., hlm. 94.

Based on the findings at Karawang Class IIA Lapas, the availability of pharmaceutical supplies is still limited to general medicines for treating basic health complaints, while specialized medicines and medical devices are not yet adequately available. This points to a gap between the health needs of inmates and the capacity of the health resources available in the Lapas. The gap has greater implications for female inmates who need specific health services, particularly in relation to menstruation, reproductive tract infections, pregnancy, and maternal health.

From a human rights perspective, limited health supplies are not merely an administrative and logistical matter; they may impede the fulfillment of the principles of availability, accessibility, quality, and non-discrimination in the right to health.²⁴ The provision of medicines and medical devices therefore needs to be matched to the health needs of inmates, including the special needs of female inmates, so that health services can be delivered optimally, equitably, and in a gender-responsive manner.

d. Overcapacity

The overcapacity currently occurring in correctional institutions, where Lapas are filled beyond their capacity, prevents rehabilitation programs for inmates from running at their best. Rehabilitation works well when inmates can take part in it in a physically and mentally healthy state. Under such conditions it is very difficult to achieve the ideal condition for inmates to be rehabilitated, because overcapacity makes the atmosphere of the Lapas uncondusive and leaves many inmates vulnerable to various diseases. Poor cleanliness in Lapas is also one of the consequences of overcapacity in correctional institutions.

Overcapacity is one of the structural problems affecting the fulfillment of the right to health and the optimal implementation of inmate rehabilitation at Karawang Class IIA

Lapas. The Lapas, which has an ideal capacity of 590 people, has to accommodate around 1,075 occupants,²⁵ so that the occupancy rate reaches approximately 182% of available capacity, an excess of around 82%. This imbalance results in limited living space, air circulation, sanitation, cleanliness, and access to health services. High density also increases vulnerability to disease transmission and adds to the burden of delivering health services and rehabilitation to inmates.

Within a human rights framework, overcapacity should not be regarded merely as an administrative or managerial problem, but as a structural condition that may impede the fulfillment of inmates' basic rights. Although inmates lose their liberty as a consequence of their sentence, the right to health, to decent living conditions, and to humane treatment remains inherent and must be respected. Overcrowding may also reduce the effectiveness of rehabilitation because of limited activity space, increased workload for officers, and limited opportunities to provide individual assistance. The state is therefore responsible for taking effective measures to control the impact of overcapacity so that the restriction of liberty does not develop into a restriction of other basic rights.

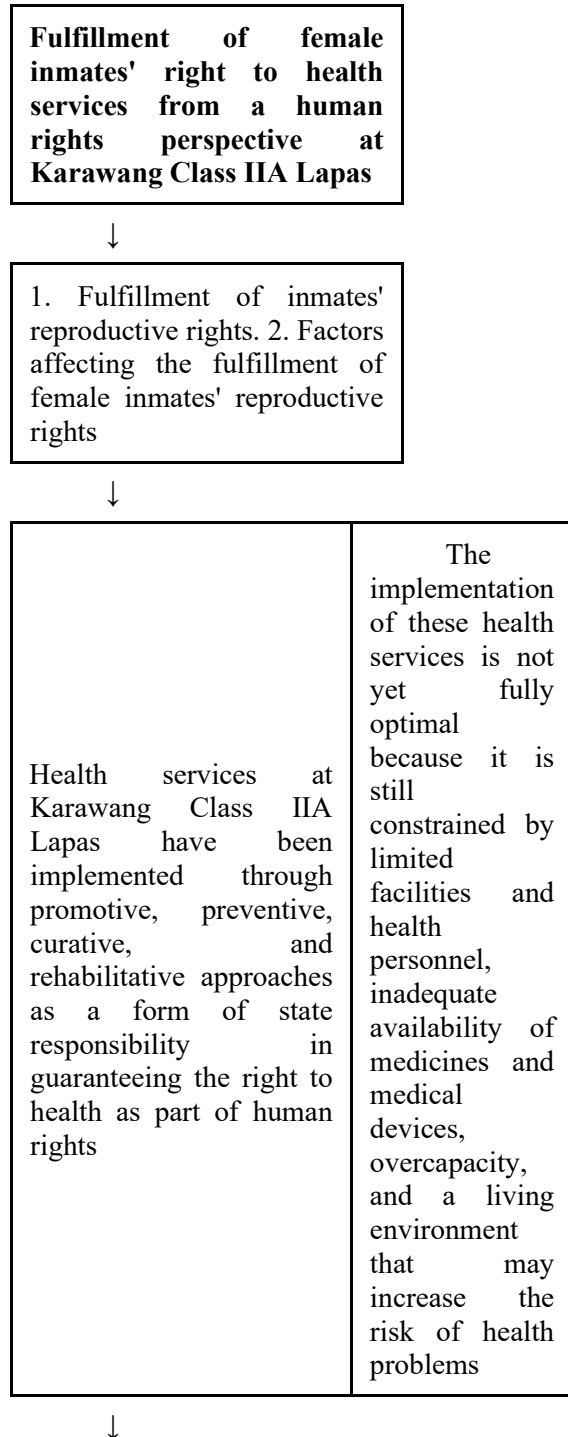
The impact of overcapacity on female inmates has its own complexity, because reproductive health needs require the support of facilities, sanitation, and space that guarantees privacy. Overcrowding may hinder the fulfillment of needs relating to menstruation, reproductive hygiene, health examinations and counselling, and services for women who are pregnant or breastfeeding. Applying the principles of substantive equality and gender mainstreaming therefore requires that the handling of overcapacity be directed not only at controlling the number of occupants but also at providing a living environment and health services capable of responding to women's

²⁴ Devi Maharani, Studi Deskriptif Pelayanan Kesehatan Warga Binaan Masyarakat di Lembaga Masyarakat Kelas II B Wonosari, Jurnal Gemwa Keadilan 9, no. 1, 2022. hlm. 21.

²⁵ <https://regional.kompas.com/read/2021/09/09/091946278/seperti-di-tangerang-lapas-karawang-juga-melebihi-kapasitas-harusnya-590?page=all>, diakses tgl 29/08/2026.

special needs. Overcapacity at Karawang Class IIA Lapas is thus a structural problem with implications for health conditions, the effectiveness of rehabilitation, and the substantive fulfillment of female inmates' right to health.

CONCEPTUAL FRAMEWORK



FULFILLMENT OF FEMALE INMATES' RIGHT TO HEALTH SERVICES

Source: researcher

CONCLUSION

Based on the findings, it can be affirmed that the right to health services for inmates at Karawang Class IIA Lapas has been implemented through promotive, preventive, curative, and rehabilitative approaches as a form of state responsibility in guaranteeing the right to health as part of human rights. Promotive services are delivered through personality and self-reliance development, which support mental health, psychosocial condition, and readiness for social reintegration; preventive services are realized through the SIKOPLING, Scabies Eradication, and Clean Laundry programs, health examinations, and communicable disease control; curative services cover examination, treatment, monitoring, and referral for various diseases, including scabies, ARI, and tuberculosis; and rehabilitative services are provided through physical exercise, counselling, spiritual guidance, and coordination with hospitals and rehabilitation centres.

Nevertheless, the implementation of these health services is not yet fully optimal because it is still constrained by limited facilities and health personnel, inadequate availability of medicines and medical devices, overcapacity, and a living environment that may increase the risk of health problems.

REFERENCE

- Abdulkadir Muhammad. Hukum dan Penelitian Hukum. Bandung: Citra Aditya Bakti. 2004.
- Aris Prio Agus. Hukum dan HAM. Yogyakarta: Pustaka Baru. 2026.
- Astika, Ade. Tinjauan Sosiologi Hukum Terhadap Tanggung Jawab Pemenuhan Hak Pelayanan Kesehatan Narapidana dalam Lembaga Pemasyarakatan. Tesis,

P-ISSN : 0000-0000 Vol.3 . No. 6, October 2026
 E-ISSN : 3031-6782
 DOI : <https://doi.org/10.61942/jhk.v3i6.675>
 Available : <https://jurnalhafasy.com/index.php/jhk>

- Program Studi Magister Ilmu Hukum, Universitas Hasanuddin, Makassar. 2023.
- Bambang Waluyo. Penelitian Hukum Dalam Praktek. Jakarta: Sinar Grafika. 2002.
- Bisri, Ilham. Sistem Hukum di Indonesia: Prinsip-Prinsip dan Implementasi Hukum di Indonesia. Cetakan 1. Jakarta: PT Raja Grafindo Persada. 2005.
- Deny, Setiyowati, Anggraeni. Pemenuhan Hak Kesehatan Narapidana. Banyumas: Amerta Media. 2020.
- Devi Maharani. Studi Deskriptif Pelayanan Kesehatan Warga Binaan Pemasyarakatan di Lembaga Pemasyarakatan Kelas II B Wonosari. Jurnal Gemwa Keadilan 9, no. 1, 2022.
- Esmi Warassih. Pranata Hukum Sebagai Jaringan Makna. Semarang: Badan Penerbit Universitas Diponegoro. 2011.
- Hasil Wawancara dengan Petugas LAPAS Kelas II A Karawang, tanggal 20 Juli 2026.
- Hazairin. Tujuh Serangkai tentang Hukum. Jakarta: PT Tinta Emas. 1974.
- <https://regional.kompas.com/read/2021/09/09/091946278/seperti-di-tangerang-lapas-karawang-juga-melebihi-kapasitas-harusnya-590?page=all>, diakses tgl 29/08/2026.
- I Jimmy Ashiddiqi. Gagasan Kedaulatan Rakyat dan Pelaksanaannya di Indonesia. Jakarta: Ikhtiar Baru Van Hope. 1994.
- Maghfirani, Khairunnisa. Pemenuhan Hak Pelayanan Kesehatan bagi Narapidana Wanita di Lembaga Pemasyarakatan Perempuan Kelas IIB Sigli. Skripsi, Fakultas Hukum, Universitas Syiah Kuala, Banda Aceh. 2022.
- Muh Risnain dan Sri Karyati. Hak Asasi Manusia Perspektif Hukum Internasional dan Hukum Nasional Indonesia. Bandung: Aditama. 2024.
- Soerjono Soekanto. Pengantar Penelitian Hukum. Jakarta: UI Press. 1986.
- Sugiyono. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta. 2018.
- Suharsimi Arikunto. Prosedur Penelitian Suatu Pendekatan Praktek. Jakarta: Rineka Cipta. 2012.
- Sulistiyowati Irianto. Memahami Hukum dari Perspektif Socio-Legal. Jakarta: Yayasan Obor. 2009.
- Syaifudi, Abdul Bahri. Buku Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal. Jakarta: Yayasan Bina Pustaka. 2002.
- Undang-Undang No. 17 Tahun 2023 tentang Kesehatan
- Undang-Undang No. 22 Tahun 2022 tentang Pemasyarakatan
- Undang-Undang No. 39 Tahun 1999 tentang Hak Asasi Manusia
- UUD 1945
- Wiku Adisasmito. Sistem Hukum Kesehatan. Jakarta: Rajawali Pers. 2012.
- Wulandari dan Erawati. Buku Ajar Keperawatan Anak. Yogyakarta: Pustaka Pelajar. 2016.