

## IMPLEMENTATION OF HEALTH SERVICES TO PRISONERS IN OVERCROWDED CONDITIONS AT CLASS IIA AMBARAWA PRISON



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### ABSTRACT

*This article discusses the implementation of health services to prisoners in overcrowded conditions at Class IIA Ambarawa prison. Health services are implemented only by one nurse, not by a doctor. This is a problem because the conditions at Ambarawa Prison are overcrowded. In addition to health human resources issues, the available health facilities are also limited. This study aims to determine how the implementation of health services to prisoners is carried out in overcrowded conditions, and what obstacles are faced in its implementation. Through an in-depth understanding of this issue, this article is expected to improve the quality of health services from the writing made. This research uses a descriptive qualitative approach to understand the phenomenon by going directly to the field, so that it can be described in detail about the conditions that occur. Data collection was carried out by interviewing 8 resource persons, through the observation process, and documentation studies. While data processing is done with NVIVO 14, so that the data received can be more trusted in its validity.*

**Keywords:** Service Health; Overcrowded; Human Resource; Facilities



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## INTRODUCTION

As part of the Criminal Justice System (CJS), Corrections is a system of punishment that has replaced the prison system. In conducting guidance to prisoners and providing care to detainees, it must be carried out in accordance with humanitarian elements based on the Pancasila. According to Adi Sujatno, the transition of the prison system to a pemasyarakatan system, there is an idea about a coaching approach (treatment approach) which is expected to protect prisoners and provide their rights to carry out their criminal sentences based on rehabilitative, corrective, educative, and integrative (Riyan et al., 2019). A common problem in prisons and detention centers is the imbalance between the number of prisoners and the available capacity, known as overcrowded. With almost all Correctional Technical Implementation Units (UPT) experiencing overcrowded conditions, it can be a sign of challenges in the correctional system that require further attention to ensure the welfare and safety of prisoners and detainees. This phenomenon is a serious problem, because overcrowded conditions can cause conditions that are not conducive, resulting in a poor environment, potentially causing security and order disturbances, and can accelerate the spread of disease in prison. This is in line with what Darwin said, that overall prisons in Indonesia experience overcapacity, which has an impact on the mental and physical health of prisoners (Darwin, 2019).

Keeping prisoners always in good physical and mental condition is one of the things that must be pursued so that they still get all the basic needs that are appropriate (Qotruna & Wibowo, 2022). Based on the Decree of the Director General of Corrections Number PAS-32.PK.01.07.01 of 2016 concerning Basic Service Standards for Health Care in Correctional Facilities, Detention Centers, Bapas, LPKA and LPAS, it is explained that there are 4 (four) forms of services applied, namely promotive health services (maintenance), preventive health services (disease prevention), curative health services (disease cure), and rehabilitative services (recovery). In Article 60 Paragraph 2 Letter A of Law Number 22 of 2022 concerning Corrections, what is meant by "health maintenance" summarizes various efforts in maintaining and improving the welfare of prisoners, including health counseling, disease prevention, basic care, special attention to vulnerable groups, prevention of infectious diseases, mental care, palliative care, environmental and sanitation maintenance, and provision of referral care.

In fulfilling health services, there are important factors that support the implementation of health services, namely from Human Resources (HR) and supporting facilities. If resources are limited, it is possible that prisoners do not get effective and efficient health services. Health care in Class IIA Ambarawa prison is becoming an increasingly complex issue, especially in overcrowded conditions, because it can create various challenges for the provision of health services. This is exacerbated by the limited conditions in Ambarawa prison, both in terms of the availability of human resources for health workers, as well as existing infrastructure. This problem needs to be reviewed because the health aspect is one of the important points in a community life. Especially in Ambarawa Class IIA Prison with overcrowded conditions, if this problem is not considered, it will result in various other problems, especially regarding the health of prisoners in Ambarawa Class IIA Prison. Things that indicate overcapacity in correctional institutions can have an impact on health service conditions that can endanger the health of prisoners (Ramayani, 2020).

## LITERATURE REVIEW

Research from Ramayani (2020) to identify obstacles in health services for detainees in overcrowded conditions and propose innovative solutions with information technology

to advance health services. The service quality theory described by Zeithaml is used by researchers to measure the quality of health service delivery to detainees. This research uses descriptive qualitative assisted by field research through interviews with sources and informants consisting of the Head of the Detention Services Section, polyclinic doctors and several detainees. The problem faced in this study is that health services in overcrowded conditions have caused existing infrastructure facilities to be inadequate with impaired nutritional intake, calories and vitamins for prisoners and detainees, which adversely affects the death rate of prisoners. The results of the study found that health services have been implemented according to regulations. Ka. Rutan Klas 1 Cipinang even formed an SOS Team to support the implementation of health services.

Research from Waqiah (2021) analyzes the implementation of health services for prisoners in fulfilling the right to health and the factors that influence it. The gaps in this study are in the factors that hinder the implementation of health services for prisoners, such as overcapacity, lack of health workers, limited budget for procurement and medicines, and difficult licensing processes. In measuring the implementation of the services provided, researchers adopted the Service Quality theory proposed by Zeithaml (2009) which emphasizes that services are considered quality if they are able to satisfy customers from various points of view. The researcher uses a descriptive qualitative method with a normative and empirical juridical approach, by analyzing the provision of human rights in prisons. The results of this study conclude that overcrowding in Cirebon Class I Correctional Facility has a negative impact on health services. Factors that hinder the implementation of health services can increase the risk of spreading disease in prison. Problem-solving efforts are needed, such as the addition of medical personnel, procurement of drugs and medical equipment, and innovation through cooperation with hospitals to send general practitioner assistance.

Research from Mirel (2022), explores how to provide health services in overcrowded conditions and the obstacles it faces. The aim was to identify the factors that influence the provision of health services and find solutions to improve the quality of health services in the penitentiary environment. Health theory that links environmental factors and health services with the provision of health services for prisoners in prisons is used to examine the actual conditions that occur. The results of this study indicate that overcrowded conditions in prisons are an inhibiting factor in the implementation of health services, especially in promotive, preventive, curative and rehabilitative aspects. There are several obstacles that hinder the provision of health services to prisoners, such as limited health service human resources, facilities, budgets, availability of drugs, and lack of awareness of prisoners in maintaining health. Thus, the prison seeks to improve by giving special attention to the implementation of health services for prisoners, including by improving the quality and quantity of human resources, completing health facilities, and partnering with related parties such as the health department, health centers, and hospitals, in this case, budget allocations also need to be carefully calculated.

Research from Faeriani (2020), aims to explore the role of health workers when providing services to WBP in detention centers, and identify obstacles faced in its implementation. In addition, it aims to recommend corrective measures that can be taken to foster the quality of health services for prisoners and detainees. The research method used is a qualitative approach with data collection through observation, interviews and literature studies. Several relevant theories were used, such as the theory of health services, the theory of cooperation between institutions, and the theory of the importance of adequate infrastructure in the implementation of health services in correctional

institutions. In this article it is concluded that health workers in detention centers are in accordance with their duties and functions. In the implementation of its services, there is a cooperation agreement between the detention center and the government. However, the role of health workers is not optimal because health workers have a medical background of nurses only, not doctors. Then regarding health facilities is insufficient. To overcome this problem, Rutan must add health workers doctors, improve infrastructure, and establish cooperation with related health agencies in the technical medical field through the Regional General Hospital (RSUD) or the nearest health center to support maximum health services.

Research from Sari (2020), on the background of health problems in adolescents, especially sexual and reproductive health. The purpose of this study was to analyze the implementation of the PKPR program at the Puskesmas to identify obstacles faced and provide input for program improvement. In this study, Donabedian theory was used to analyze service quality. The study used the Donabedia model which includes structure, process, and outcome as a framework to evaluate the quality of PKPR services. The results showed that the implementation of PKPR at the Puskesmas still encountered various obstacles, such as human resources, infrastructure, partner empowerment, and service utilization by program targets. For this reason, it is necessary to strengthen the capacity of PKPR human resources through continuous training and mentoring for puskesmas officers, improve infrastructure facilities such as special counseling rooms for adolescents so that comfort is guaranteed, the need for partnerships to increase the accountability of the PKPR program, and make efforts to empower adolescents through peer counselors to increase their participation.

Research from Rizky (2020), examines health services at Class IIA Pangkal Pinang Prison and finds out the obstacles. In this study, it not only aims to observe how the implementation and obstacles in providing health services, but to find out how Class IIA Pangkal Pinang Correctional Institution implements online-based health services through the use of the PASTI DOKTER application, and analyzes the advantages and disadvantages of using the application. The theory used by researchers is the theory of health services by Levey Lombaa. This research uses a descriptive qualitative method by observing the implementation of online health service activities in prisons, as well as conducting interviews with purposive sampling techniques that select officers and prisoners involved in the research related to the implementation of health services. This study found that the implementation of online-based health services can run smoothly, both in the implementation of services, because this application is designed simply and is easily understood by officers and prisoners. In its implementation, it is considered to be in accordance with the applicable SOPs and prison cooperation with partners in the health sector has gone well. However, on the other hand, there are still some obstacles in the implementation of health services such as the lack of medical personnel on duty, because there are only 2 (two) nurses without a doctor, facilities and infrastructure that have decreased, as well as limited budget for health services.

## **METHOD**

The method used is a qualitative method. This method was chosen because it allows researchers to understand more deeply the phenomenon under study, namely the implementation of health services to prisoners in overcrowded conditions at Ambarawa Prison. Data collection in this study was carried out by observation, interviews and document studies. This study uses primary data sources and secondary data sources, and

uses Miles and Huberman's data analysis, which has several elements, namely data reduction, data presentation and conclusion drawing.

## **RESULTS AND DISCUSSION**

### **Implementation of Health Services to Prisoners in Overcrowded Conditions**

As a government agency that has the duty and function of providing services to the community, the ambarawa prison in general in its implementation is in accordance with Article 60 paragraph (1) of Law Number 22 of 2022 concerning Corrections which states that Rutan, LPAS, Lapas, and LPKA in carrying out the functions of Service and Development provide care for Detainees, Children, Prisoners, and Prisoners. Where, the treatment as referred to in paragraph (1) includes health maintenance, rehabilitation, and fulfillment of basic needs. In providing health services, it has been implemented starting from promotive, preventive, curative and rehabilitative efforts, as stated in the Decree of the Director General of Corrections Number PAS-32.PK.01.07.01 of 2016 concerning Basic Service Standards for Health Care in Correctional Facilities, Detention Centers, Bapas, LPKA and LPAS. Thus, all prisoners in the Ambarawa prison have received their full rights in health services.

#### **a. Organization of Service**

Service organization is a service that is carried out individually or collaboratively involving resources, facilities and technology with other organizations which includes various actions to provide comprehensive and effective health services by paying attention to patient needs to improve public health. In Minister of Health Regulation Number 4 of 2019 concerning Technical Standards for Fulfillment of Basic Service Quality at Minimum Service Standards in the Health Sector in Article 1 paragraph (2) it is explained that the Minimum Service Standards in the Health sector, hereinafter referred to as SPM Health, are provisions regarding the type and quality of basic services which are mandatory government affairs that every citizen is entitled to obtain at a minimum.

In order to support its services, the Ambarawa prison cooperates with several parties with the aim of this collaboration to assist health service activities, so that the services provided can be comprehensive to Ambarawa Prison inmates. As stated in Government Regulation (PP) Number 57 of 1999 concerning Cooperation in the implementation of guidance and guidance of correctional prisoners. Collaboration is something that must be done by an organization in order to create comprehensive service conditions. In this case, the organization of health services in Ambarawa Correctional Facility collaborates with external parties such as HTE NGOs, Puskesmas, Ambarawa Regional Hospital, KPA Kabupaten and Salatiga Detention Center. This cooperation is expected to facilitate the implementation of health services in any case, both in the provision of drugs, referrals to specialists, and other health programs. So that the implementation of health services can be carried out maximally, effectively and efficiently. This is in accordance with what is revealed by (Fowler, 2000) that cooperation plays a lot of roles as a social contract as a practical solution in aid failure and as a mutually bound relationship. Given the condition of prisons that are not comparable to health workers, to meet the needs of health services for prisoners in accordance with Law Number 17 of 2023 concerning Health, which states that every individual has the right to receive safe, quality, and affordable health services, it can build cooperative relationships with related parties.



b. Scope of Activities

Scope Health service activities carried out from start to finish which include various health service programs such as disease screening, health education, health maintenance, and disease cure. Keeping prisoners healthy is important and part of the realization of human rights provided by the state. The World Health Organization (WHO) explains that healthy has a meaning that is a perfect condition that includes mental, physical, and social conditions as well as not only free from various weaknesses or diseases. In its activities, referring to the Decree of the Director General of Corrections Number PAS-32.PK.01.07.01 of 2016 concerning Basic Service Standards for Health Care in Correctional Facilities, Detention Centers, Bapas, LPKA and LPAS, it is explained that there are 4 (four) forms of services applied, namely promotive services (maintenance), preventive services (disease prevention), curative services (disease cure), and rehabilitative services (recovery).

In Promotive efforts or maintenance and improvement of health applied by nurses are carried out in various forms, such as maintaining the environment around the prison, providing clean water, health education, and improving the quality of food so that it is available in accordance with nutritional fulfillment standards. In Preventive efforts or preventing disease, the ambarawa prison polyclinic always observes or observes the condition of the prisoner's health environment by conducting periodic health checks on prisoners. Starting from the medical examination when the prisoner first enters, this includes screening for infectious diseases, mental health disorders, and so on. This health check is important because in preventing disease, the health condition of prisoners must always be monitored, therefore nurses carry out active and passive screening. Active screening is carried out by approaching inmates into the block to conduct examinations related to tuberculosis and HIV, this is a form of early detection. While passive screening, nurses conduct examinations at the polyclinic. And the last health check is carried out for prisoners who will return home, whether it is pure release, PB, CB or CMB with the aim of providing education to maintain their health, and given a warning if prisoners who will be free have a history of illness while in prison to maintain their health so as not to infect their families at home, and maintain clean and healthy living behavior.

Broadly speaking, the scope of health service activities has been carried out at 4 points of basic health care services, namely promotive, preventive, curative, and rehabilitative health services. When referring to the definition of Levey Lombaa's theory, that health services are every effort made individually or together in an organization in order to maintain and improve health, prevent and anticipate and cure diseases and restore the health condition of each individual. From this theory, the efforts made by Lapas Ambarawa in the implementation of health services have involved elements in providing health services which all have goals to be realized, namely increasing the degree of health by providing health care, preventing and curing diseases, and restoring the health of prisoners in Class IIA Ambarawa Prison.

c. Service Targets

Health services at the ambarawa prison polyclinic have been Health services at the ambarawa prison polyclinic have been implemented as a whole, this includes prisoners, officers, and retired ambarawa prison employees. In general, this health service activity is carried out by only one female nurse. Including health services

to retired ambarawa prison employees, which is an innovation from the nurse as a form of nurse affection for retirees. For the provision of services to prisoners, it can be carried out thoroughly, both services carried out to prisoners with a history of serious illness, who often visit for regular and or routine treatment, as well as prisoners who have never visited the polyclinic. Although in overcrowded conditions, services can be delivered thoroughly.

Thus, nurses in carrying out their duties are carried out responsibly and wholeheartedly, even though they are only assisted by assistants and third parties who do not routinely participate in the implementation of health services, but nurse Bu Fani always provides the best for prisoners in need, even innovating to provide periodic care to retirees which can increase the workload for her.

### **Obstacles faced in the Implementation of Health Services**

#### **a. Limited Human Resources (HR)**

The implementation of health services at the ambarawa prison polyclinic is carried out without a single permanent doctor on duty at the ambarawa prison. Health services are carried out only by a nurse who is assisted by a companion. This is certainly not in line with what is stated in the Standard Minimum Rules For Treatment of Prisoners (SMR), it is said that every correctional institution should be provided with at least one qualified health officer and have psychiatric competence to carry out medical services and diagnose prisoners who need health care. This means that in a correctional facility, there should be a general practitioner and or specialist doctor available to improve the health and welfare of the community. This is stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2014 concerning Clinics article 12 states that medical personnel at primary clinics that provide medical services consist of at least 2 (two) doctors and / or dentists as service providers.

Health workers at Class IIA Ambarawa Correctional Facility are lacking, in daily life, health services are only carried out by one nurse and assisted by assistants, this makes the services provided less than optimal. The Indonesian Medical Association (IDI) states that ideally a doctor should serve a maximum of 30 patients per day. When viewed from the conditions that occur, health services are not carried out by doctors, but nurses. This is certainly not in accordance with existing regulations, and should not occur in a prison because it is related to the rights of prisoners that must be delivered.

The imbalance of health workers with the number of prisoners in prison is very often encountered. The problems that occur in Class IIA Ambarawa Prison are similar to previous studies that discuss health services in overcrowded conditions in Indonesian prisons. Limited health human resources in the polyclinic, making the workload experienced very heavy. In addition, the licensing of actions and procurement of drugs to nurses is not as extensive as if handled by a doctor. Thus, the health services provided are definitely not optimal. Nevertheless, in dealing with patients, nurses still do so in accordance with the SOPs or procedures listed in article 14 of the Minister of Health Regulation Number 9 of 2014, namely Every health worker who works in a clinic must work in accordance with professional standards, standard operating procedures, service standards, professional ethics, respect for patient rights, and prioritize interests and safety.

b. **Limited Facilities and Infrastructure**

Infrastructure facilities have an important role in supporting services, especially in handling health, there are several actions that require supporting equipment in health checks for prisoners. As stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2014 concerning Clinics explained in article 17 paragraph (1) that the clinic must be equipped with adequate medical and non-medical equipment in accordance with the types of services provided. This consists of various kinds, ranging from work rooms, medical devices in the form of tools for health checks, actions and others, warehouses for goods, medicine cabinets and other purposes, waiting rooms, examination rooms, and waiting rooms. Article 6 paragraph 3 of the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2014 concerning Clinics explains that clinic buildings must pay attention to function, security, comfort, and convenience in providing services as well as protection of safety and health for all people including people with disabilities, children, and the elderly. The facilities that need to be owned by health and care service units in prisons and detention centers are at least the same as the facilities available at Puskesmas, such as the existence of clinical diagnostic equipment, equipment for medical actions, medical service support equipment, and infrastructure to carry out other health services. This obligation has been explicitly regulated in Article 34 paragraph 3 of the 1945 Constitution of the Republic of Indonesia, which states that the State is responsible for the provision of health care facilities.

The condition of the ambarawa prison polyclinic is in the Binadik room, which can be seen that in that room there are many work activities every day, but because there is no more available room so that part of the room must be set aside for the clinic room. The room, which is only limited by plywood, makes the workspace of the clinic and employees in the binadik room very unfavorable, especially if there is a surge in patients, in addition to the large number of patients and the absence of a waiting room, causing crowding in a location. Furthermore, regarding waste disposal, the ambarawa prison is said to be as above. The waste disposal area exists solely because of the requirements for the establishment of a private clinic, but functionally it cannot be utilized, because it is located together with the clinic area. Standard facilities in polyclinics that should be available as stated in the regulations, especially in private clinics. However, at the ambarawa prison polyclinic the conditions that occur are very limited infrastructure for health services.

## **CONCLUSION AND SUGGESTION**

The implementation of health services to prisoners in overcrowded conditions at Class IIA Ambarawa Correctional Facility has generally been running well in accordance with the Decree of the Director General of Corrections Number PAS-32.PK.01.07.01 of 2016 concerning Basic Service Standards for Health Care in Correctional Facilities, Detention Centers, Bapas, LPKA, and LPAS. In realizing the standard of the right to health services for prisoners, it has indeed been running, but it has not been fully fulfilled in accordance with existing regulations. This occurs due to constraints in terms of limited health human resources, and inadequate infrastructure needs. Nevertheless, the prison has tried to provide good services in overcrowded situations, both in promotive efforts, preventive efforts, curative efforts, and rehabilitative. However, the follow-up efforts have not been



running optimally so that the implementation of health services has not been carried out effectively as it should.

Based on the conditions at the Ambarawa Class IIA Prison, there are several suggestions that can be considered in order to overcome obstacles in the implementation of health services in the midst of overcrowded situations, namely increasing the number and quality of health human resources, training and developing the competence of health workers, developing health facilities in polyclinics, collaborating with external institutions. With improvements in the aspects of Human Resources, infrastructure or facilities, and increased collaboration, it is hoped that the implementation of health services in Class IIA Amabarawa Correctional Facility can be better and run optimally in accordance with existing regulations, despite overcrowded conditions.

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