

IMPLEMENTATION OF HEALTH SERVICE RIGHTS FOR VULNERABLE GROUPS IN CORRECTIONAL INSTITUTIONS



^{1*}Muhammad Ridhandi, ²Mitro Subroto

^{1,2}Program Studi Teknik Kemasyarakatan, Politeknik Ilmu Pemasaran – Indonesia

e-mail:

^{1*}mridhandi56@gmail.com (*corresponding author*)

²subrotomitro07@gmail.com

ABSTRACT

The purpose of writing this article is to evaluate the extent of health services for vulnerable groups in correctional institutions. The method used is a literature study, which includes a comprehensive, systematic, critical, and structured review of literature related to the research topic, such as relevant articles or scientific works and legislation related to the theme. The results of the analysis show that there are various obstacles in fulfilling health services for vulnerable group prisoners, including minimal medical facilities and infrastructure, a lack of professional health workers, limited budgets in correctional institutions, no health insurance, and a lack of moral and material support from the prisoners' families. Thus, it can be concluded that health services for vulnerable group prisoners in correctional institutions are still not optimal due to various obstacles that have not found effective and efficient solutions.

Keywords: *Services; Health; Correctional Institutions*



©2025 Copyright : Authors

Published by : Program Studi Manajemen, Universitas Nusa Cendana, Kupang – Indonesia

This is an open access article under license :

CC BY (<https://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

Human Rights (HAM) are rights inherent to every individual from birth and cannot be separated. Although these rights have been legalized in various forms, their implementation still faces many challenges and issues. In Indonesia, the state is committed to creating a just society based on Pancasila. One of the fundamental human rights is the right to health. Health is the foundation for recognizing a person's human dignity; without good health, individuals cannot enjoy other rights.

In Indonesia, every citizen has the right to quality, safe, and affordable healthcare, including those in correctional facilities (Lapas). Corrections is a part of the criminal justice system, which includes the pre-adjudication, adjudication, and post-adjudication stages (Ratu, 2023). The main goal of corrections is to rehabilitate inmates so that they can improve themselves and reintegrate into society (Wulandari, 2015). Therefore, even though they are serving a sentence, inmates are still considered citizens entitled to healthcare guarantees. The correctional system in Indonesia is based on Pancasila values and aims to rehabilitate inmates so they can reintegrate into society and actively contribute to development. This system involves collaboration between correctional officers, inmates, and the community. Corrections also function as part of law enforcement, ensuring the protection of prisoners' rights, helping them realize their mistakes, improve themselves, and avoid repeating criminal acts, so they can be accepted back into society.

Healthcare services are essential and must be provided to everyone, including inmates in correctional facilities. Within this group, vulnerable populations require special attention, such as elderly inmates, inmates with disabilities, as well as female inmates and pregnant women. According to the World Health Organization (WHO), healthcare services include all activities aimed at maintaining, improving, and restoring health

Improving the quality of healthcare services in correctional facilities has become urgent to address the complex challenges faced by inmates, especially vulnerable groups. The limited conditions in prisons, inadequate sanitation, and overcrowded populations can create an environment that is easily exposed to disease. Additionally, limited access to healthcare poses serious risks to the physical and mental health of vulnerable inmates. Elderly inmates, whose numbers are steadily increasing, often face more complex health issues, including chronic diseases, cognitive impairments, and declining physical functions. Inmates with disabilities require physical accessibility and healthcare services tailored to their needs, while pregnant inmates require special care for prenatal and postnatal needs, as well as the health of newborns.

According to data from the correctional database system in 2021, the number of vulnerable inmates, particularly the elderly, reached 4,408, or 5.5% of the total 238,000 inmates across Indonesia. The increasing number of elderly inmates has become a new focus for correctional institutions in implementing rehabilitation and healthcare programs. Meanwhile, a detiknews report in September 2022 showed that 63 female inmates were living with their babies in prison.

Issues faced by vulnerable groups, especially elderly inmates, are related to the quality of health and immunity, which can be influenced by the healthcare services provided. Female inmates and pregnant women also require improved services to ensure their health and that of their babies. The availability and quality of healthcare in prisons are often affected by prison policies, resource limitations, medical staff training, and budget cuts. As a result, the fulfillment of the right to healthcare for vulnerable groups in prisons often falls short of international health standards. If healthcare services for these

vulnerable groups are not optimized, it can negatively impact inmates' health and disrupt the rehabilitation process in prisons.

The inadequacy in healthcare services also indicates that correctional institutions have not fully implemented the mandates of Law No. 22 of 2022 on Corrections, which states that every inmate is entitled to healthcare services. Despite numerous reports of inequality and discrimination in healthcare services within prisons, there is still a lack of in-depth analysis of the root causes of these issues. Therefore, analyzing the quality of healthcare rights fulfillment for vulnerable groups in prisons is necessary to understand the challenges faced by inmates and to evaluate the policies, resources, and qualifications of the existing medical staff.

A deeper examination of the importance of healthcare quality for vulnerable groups needs to be conducted to find solutions for overcoming various existing obstacles. With a better understanding of these challenges, more effective intervention strategies and policies can be designed to ensure that the healthcare rights of vulnerable groups in prisons are recognized and equally fulfilled. This analysis is expected to serve as a foundation for policy changes and practices in prisons, supporting the creation of a safer, healthier, and more just environment for all inmates, regardless of their background or health conditions.

LITERATURE REVIEW

Healthcare availability and accessibility within correctional facilities have been significant concerns in the context of human rights and public health. Studies indicate that despite legal frameworks guaranteeing inmates' rights to healthcare, many facilities lack the essential medical infrastructure and personnel to provide adequate services. Daparhan and Misbahuddin (2024) highlight that many correctional institutions do not meet established health service standards, leading to inequities in healthcare access for inmates, particularly vulnerable groups such as the elderly and pregnant women. Moreover, a study by Khairi et al. (2023) emphasizes the impact of limited financial resources, suggesting that budget allocations are often prioritized for security and infrastructure rather than healthcare needs. The interplay between these factors significantly affects the quality and continuity of healthcare services provided to inmates, underscoring the need for comprehensive reforms in correctional healthcare systems.

The inadequacy of prenatal care for pregnant inmates, as discussed by various authors, illustrates how systemic barriers, such as insufficient medical infrastructure and a shortage of healthcare professionals, hinder effective healthcare delivery (Safitri, 2024; Damanik, 2017). Furthermore, the lack of accessibility and appropriate accommodations for inmates with disabilities can lead to significant health disparities and complications in managing chronic illnesses. These findings highlight the critical need for tailored healthcare interventions that address the specific requirements of vulnerable inmate populations.

METHOD

In this research, the author employs a qualitative research method with a literature review approach. According to Hart (1998), a literature review is a comprehensive, systematic, critical, and structured examination of literature relevant to the research topic, such as articles, scholarly works, and related legislation. In this method, the literature review is conducted meticulously to identify a strong conceptual framework, analyze previous studies related to the topic, find knowledge gaps, and gain a deep

understanding of the subject to be studied. Consequently, this approach facilitates the discovery of results that ensure the validity of the findings.

RESULTS AND DISCUSSION

Health is a fundamental human right and one of the elements of well-being that must be realized in accordance with the nation's ideals, as reflected in Pancasila and the 1945 Constitution (Risdiarto, 2017). Every effort to improve the highest attainable level of health must be based on the principles of non-discrimination, participation, and sustainability in order to build Indonesia's human resources and strengthen the nation's resilience and competitiveness in national development. Efforts to enhance the level of health as a human right must also be extended to Correctional Inmates who are serving sentences in Correctional Institutions and State Detention Centers. Correctional Inmates not only consist of men but also include vulnerable groups (such as inmates, detainees, and juvenile offenders who are women, children, and the elderly) as well as high-risk groups (such as inmates, detainees, and juvenile offenders suffering from serious illnesses like cirrhosis of the liver, severe mental disorders, cancer, heart disease, hypertension, stroke, diabetes mellitus, kidney failure, and physical disabilities).

The scope of health services and care in prisons/detention centers includes integrated and comprehensive health efforts, covering promotive, preventive, curative, and rehabilitative measures carried out by health workers (Directorate General of Corrections, 2015). These activities can also be conducted by local Health Department staff, with schedules and materials adjusted to the needs of the prison/detention center, or by inmate figures deemed capable of providing health education. To ensure equal healthcare services and care for Correctional Inmates within the Ministry of Law and Human Rights of the Republic of Indonesia, equitable health funding is also required. This means that all inmates have the same right to receive healthcare services and care.

Health funding comes from various sources, such as government funds (budget allocated to Ministries/DIPA), donations from NGOs or community organizations, and funds allocated through services like Public Health Insurance (Jamkesmas). According to Law No. 24 of 2011 concerning the Social Security Organizing Body (BPJS), the national social security system is a state program aimed at providing social protection and welfare for all citizens. Therefore, BPJS Kesehatan was established to administer the health insurance program.

Article 16 stipulates that every individual, besides employers, workers, and recipients of contribution assistance who meet the participation requirements in the Social Security program, must register themselves and their family members as participants with BPJS, according to the Social Security program they are enrolled in. They must also provide complete and accurate personal and family data to BPJS. Contribution assistance recipients must provide complete and accurate data to the government, which will forward it to BPJS. The government will pay and submit contributions on behalf of contribution assistance recipients to BPJS. The amount and method of payment of health insurance contributions are regulated in a Presidential Regulation, and healthcare costs for each inmate, detainee, and juvenile in prisons and detention centers are determined based on the current capitation calculation, which refers to calculations from BPJS Kesehatan and the Ministry of Finance Regulations.

According to applicable regulations, correctional institutions are responsible for providing guidance and protection to inmates. Life inside a prison is a consequence of the punishment imposed for violations of the law committed by inmates. Life in prison presents various challenges, including changes in lifestyle, loss of freedom, and

restrictions on certain rights. Although the rights of inmates are limited, they still retain certain rights as residents of correctional facilities. The fulfillment of health rights within correctional institutions is an obligation of the state, and failure to meet this obligation can be considered a violation of human rights. It is essential to consider the legal aspects related to healthcare services in prisons. Every form of healthcare service is always connected to the law, both in terms of the relationship between inmates and correctional officers and the regulations governing healthcare services in prisons. Therefore, healthcare services in correctional facilities are a fundamental right of every inmate that must be guaranteed by the state, including promotive, preventive, rehabilitative, and curative efforts (Directorate General of Corrections, 2015).

The government is responsible for ensuring that health facilities and services in each correctional institution are adequate and in accordance with the applicable legal framework. Prisons are institutions authorized to carry out the rehabilitation and guidance of inmates. Based on Articles 7 and 9 of the Corrections Law, inmates in correctional institutions must receive healthcare. The correctional system affirms that even though inmates are serving sentences, they must not lose their rights. Therefore, the law protects the rights of every inmate and emphasizes the responsibility of the government and correctional institutions to provide health facilities and services. Human rights must remain protected during imprisonment, even though the inmates' freedom is restricted.

The rights of inmates during their sentences are governed by the Corrections Law. Article 9 outlines 12 basic rights of inmates, including the right to worship, the right to physical and spiritual care, the right to develop personal potential, the right to healthcare and nutritious food, the right to legal assistance, the right to file complaints, the right to access reading materials and information, the right to keep up with media developments, the right to be treated humanely, and the right to social services and visitation.

In addition, there are conditional rights that inmates can obtain by meeting certain qualifications, such as the right to remission, assimilation, and leave, including conditional leave, leave to visit family, and leave before release. Articles 51 and 52 of Government Regulation No. 32 of 1999, as amended by Government Regulation No. 99 of 2012, also regulate other rights for inmates, such as political rights, the right to vote in elections, and other civil rights. These regulations mandate the Ministry of Law and Human Rights to issue several implementing regulations in the form of Decrees related to the execution of certain rights.

Healthcare services within the Ministry of Law and Human Rights are regulated by Ministerial Decrees that cover various aspects, including the availability of healthcare service units, competent healthcare human resources, the implementation of healthcare services, proper referral systems, medical equipment and medications, healthcare funding, as well as record-keeping and reporting. The Directorate General of Corrections at the Ministry of Law and Human Rights of the Republic of Indonesia has also issued Basic Healthcare Service Standards for prisons, detention centers, probation offices, juvenile correctional facilities, and juvenile social service facilities through Decree No. PAS-32.PK.01.07.01 of 2016 and Referral Healthcare Service Standards through Decree No. PAS-35.OT.02.02 of 2018. These two standards are used as operational procedures for providing healthcare services to inmates in correctional institutions.

However, in practice, there is still a frequent lack of adequate facilities, medical personnel, and access to proper medication, despite the legal guarantee of the right to health. Many prisons have health facilities that do not meet standards and often lack essential medicines. Reports from various NGOs and human rights observers indicate that

inmates do not always receive prompt and effective medical services, especially in cases of serious medical conditions or emergencies.

Starting with elderly inmates, this group faces specific challenges in healthcare services that tend to be more complex. Therefore, health facilities in correctional institutions must understand their unique needs, including chronic illnesses, vision impairments, and cognitive decline. This has led to inadequacies in meeting healthcare needs for elderly inmates, as specific care is still lacking and suitable palliative care is also minimal (Yunita et al., 2023).

Correctional inmates have the same rights to practice their religion according to their faith, receive healthcare, receive visits, and obtain proper food. Every inmate has the right to access the healthcare services provided by the correctional institution (Muriyansyah & Pratama, 2024). The government has demonstrated its attention by allocating funds from the national budget (APBN) for prisons, aimed at improving the operational efficiency of medical services in clinics and funding healthcare needs. However, challenges remain regarding the availability of healthcare facilities and medications, especially due to inconsistency in the supply of medicines and a lack of adequate medical equipment. To ensure that inmates' medical needs are met and the healthcare services provided are not significantly different from outpatient clinics outside the prison, an integrated healthcare system is needed within correctional institutions.

The current regulation regarding healthcare human resources (HR) is outlined in Law No. 17 of 2023 on Health. According to Article 1, point 4, "Health Resources" are defined as individuals actively working in the health sector, whether formally educated in the health field or not. Meanwhile, Article 1, point 7 defines healthcare personnel as anyone who dedicates themselves to the health sector based on professionalism, knowledge, and having a professional attitude, skills, and broad insight in health.

Health efforts are integrated, comprehensive, and continuous actions to maintain and improve the health status of inmates (Safitri, 2024). These efforts are usually provided through education and information about health to improve health status (promotive), prevention of diseases that may occur in the correctional institution (preventive), treatment for sick inmates (curative), as well as care and recovery for those in need (rehabilitative). Meanwhile, healthcare services include all actions in the health field aimed at inmates as correctional residents, and can be carried out either individually or in groups within an organization (Pintabar et al., 2024).

Correctional facilities have a different philosophical function from prisons, which is to prevent inhumane and discriminatory punishment (Situmorang, 2017). Considering the state's role as a protector of human rights for all Indonesian citizens, the integration between the correctional system and human rights protection is crucial. Corrections is a system designed to help offenders reform so that they can be reintegrated into society. However, if the number of inmates in correctional facilities is too high, it can lead to overcrowding issues. A comprehensive, inmate-centered healthcare system in correctional facilities has two main objectives (Studi et al., 2017). First, it aims to ensure the fulfillment of inmates' health rights, including providing adequate healthcare services, psychosocial support, comprehensive education, and equal access to healthcare services comparable to what individuals receive outside of correctional facilities.

One of the responsibilities of correctional institutions is to ensure that inmates receive proper healthcare and treatment during their detention. However, the frequent overcrowding of correctional facilities in Indonesia makes it difficult for efforts to maintain the health of inmates to be optimal and fully realized. The integration between fulfilling human rights and protecting the health of inmates must always be maintained

and implemented. A healthcare system focused on inmates also plays an important role in controlling disease transmission within correctional facilities, supporting the health and protecting the well-being of all inmates.

In situations where national correctional facilities and detention centers are overcrowded, and the number of detainees and inmates exceeds capacity, inmate healthcare becomes suboptimal, infrastructure is inadequate, and healthcare service delivery is hindered. One of the main obstacles to providing healthcare services is overcapacity. This shows that the number of inmates affects the fulfillment of their rights, including the right to food and healthcare in overcrowded correctional facilities (Dewi, 2021).

Additionally, for inmates with disabilities, those with physical or mental disabilities require accessibility and disability-friendly healthcare services. The main challenges include access to facilities, effective communication, and care tailored to their needs. Therefore, there is a lack of healthcare services for inmates with disabilities, as prison facilities are often not designed to meet the needs of individuals with disabilities, which can lead to social isolation, difficulties in personal care, and limited access to rehabilitation or education services.

Pregnant inmates are also considered a vulnerable group in correctional facilities, where they have very specific health needs (Harjono et al., 2022). Monitoring pregnancy, prenatal care, safe childbirth, and postpartum care must be closely attended to. However, monitoring and care during pregnancy in prisons are often inadequate, and a lack of medical attention during pregnancy can adversely affect the health of both the mother and the baby, potentially leading to serious complications. Various deficiencies in healthcare for this vulnerable group are influenced by several barriers, which include:

a) Lack of Medical Facilities and Infrastructure

From the outset, the facilities and infrastructure in correctional institutions are deemed insufficient, and solutions must be sought to ensure that healthcare services for vulnerable groups can be effectively delivered. Without action from the correctional facility to address these shortcomings, the provision of healthcare services for vulnerable groups will remain incomplete. To support maternal and child health, adequate care spaces, as well as equipment like ultrasound machines, baby scales, and heart rate monitors, are necessary.

b) Shortage of Professional Healthcare Workers

The limited availability of healthcare personnel in correctional facilities is a serious issue that significantly impacts healthcare delivery, especially for vulnerable groups such as elderly inmates, inmates with disabilities, and pregnant inmates. This can lead to delayed or inadequate medical treatment, worsening their health conditions, and increasing the risk of disease transmission due to poor hygiene and supervision.

c) Minimal Budget for Correctional Facilities

The limited budget for healthcare services for vulnerable groups in correctional facilities is a serious problem that directly affects the quality of life for inmates. This lack of funding impacts medication and the care of health facilities. Often, the budget is prioritized for security, infrastructure, and other basic needs, while healthcare services are considered secondary.

d) Lack of Health Insurance

Inmates in correctional facilities often lack health insurance, which has serious repercussions for their healthcare services. Inability to access healthcare services or referrals can exacerbate their health conditions. Additionally, if they need to

seek treatment outside, they may face high costs, leading to financial difficulties for themselves and their families.

e) Lack of Moral and Material Support from Families

Another serious issue is the lack of moral and material support from families, particularly for vulnerable inmate groups. Families may face economic limitations, social stigma, or a lack of understanding regarding the inmates' health conditions, making it difficult to provide the necessary support. Limited communication can also hinder moral support from families. Based on the mentioned obstacles, there are several important aspects regarding the provision or fulfillment of healthcare services according to Levey Loomba's theory. First, healthcare is considered "available" when the necessary medical services, treatment procedures, and medications are present in healthcare facilities. This includes medical infrastructure and human resources. Continuity means that care is not limited to a single visit but encompasses coordination and continuity of services over time. Second, accessibility refers to an individual's ability to obtain medical care without barriers or discrimination, encompassing geographic, financial, cultural, and physical aspects. Services are considered "fair" if the costs are appropriate for the community's financial capacity, without sacrificing other basic needs. Third, the availability of healthcare services must be within easy reach of inmates, including transportation ease and physical accessibility. Fourth, individuals must be able to obtain the necessary healthcare without facing significant barriers. Lastly, high-quality standards in healthcare encompass clinical expertise of healthcare providers, adequate infrastructure, patient safety measures, patient-centered services, friendliness, and quality communication between healthcare providers and patients.

CONCLUSION AND SUGGESTION

Despite regulations governing inmates' rights to healthcare services, such as the Basic Health Service Standards issued by the Directorate General of Corrections, implementation remains inadequate. Many correctional facilities fail to meet the established standards, both in terms of facilities and access to quality healthcare services (Daparhan & Misbahuddin, 2024).

One of the main issues faced is the limited budget allocated for healthcare services. Often, the budget is prioritized for security and infrastructure aspects, while healthcare needs are deemed secondary. This directly impacts the quality of healthcare services that can be provided to inmates, especially for those in vulnerable groups such as the elderly, disabled, and pregnant women.

Vulnerable groups, including elderly inmates and those suffering from serious illnesses, face specific challenges in accessing healthcare services. The healthcare facilities in correctional institutions are often inadequate to meet their unique needs, such as chronic illnesses and appropriate palliative care.

The fulfillment of the right to health within correctional facilities is the state's obligation. Failure to meet this right can be considered a violation of human rights. Therefore, it is essential to consider the legal aspects related to healthcare services in correctional facilities.

To achieve equitable healthcare services, involvement from various parties, including the government, non-governmental organizations, and healthcare professionals, is required. Health financing must come from diverse sources to ensure all inmates have equal rights in accessing healthcare services.

Efforts are needed to enhance the quality of healthcare services in correctional facilities, including increasing budgets, training healthcare personnel, and providing adequate facilities. Additionally, it is important to design more effective intervention strategies and policies that ensure the health rights of vulnerable groups are recognized and fulfilled equally.

Although there are regulations governing inmates' rights to healthcare services, their implementation remains inadequate. First, the limited budget allocated for healthcare services in correctional facilities is one of the primary issues. The restricted budget is often prioritized for security and infrastructure aspects, while health needs are considered secondary. This directly affects the quality of healthcare services available to inmates, particularly those in vulnerable groups such as the elderly, disabled, and pregnant women (Khairi et al., 2023).

Second, the lack of adequate medical facilities and infrastructure also poses a significant obstacle. Insufficient healthcare facilities, such as inadequate treatment rooms and a lack of necessary medical equipment, hinder correctional institutions' ability to provide quality healthcare services. Additionally, the shortage of professional healthcare personnel in correctional facilities results in suboptimal medical care, potentially worsening inmates' health conditions.

Third, the absence of health insurance for inmates also contributes to difficulties in accessing healthcare services. Without insurance, inmates often cannot receive the necessary care, and if referred to external healthcare facilities, they may face high costs, adding a financial burden on them and their families (Damanik, 2017)

Fourth, the lack of moral and material support from inmates' families is another factor exacerbating the situation. Many families experience economic limitations, social stigma, or a lack of understanding regarding the inmates' health conditions, making it challenging to provide the necessary support. Limited communication between inmates and their families also hinders the moral support that could help improve inmates' well-being.

REFERENCES

- Bella, S. R. (2024). Pelaksanaan Program Posyandu Lanjut Usia(Lansia)Di Desa Siberakun Kecamatan BenaiKabupaten Kuantan Singingi. *Juhan Perak*, Vol. 5 No., 925–938.
- Damanik, J. (2017). Pekerjaan Sosial. In Direktorat Pembinaan Sekolah Menengah Kejuruan.
- Daparhan, F., & Misbahuddin, F. A. (2024). Meningkatkan Efektivitas Lembaga Pemasyarakatan sebagai Bagian dari Penegakan Hukum di Indonesia. *2(3)*, 210–219.
- Dewi, E. A. (2021). Pemenuhan Hak-Hak Narapidana Di Lembaga Pemasyarakatan Kelas II A Sidoarjo Yang Mengalami Over Capacity (Kelebihan Kapasitas) Berkaitan Dengan Hak Mendapatkan Makanan Dan Kesehatan. *Ilmu Hukum, Fakultas Ilmu Sosial Dan Hukum, Universitas Negeri Surabaya*, 5–24.
- Direktorat Jenderal Pemasyarakatan. (2015). Bagi Kelompok Rentan Dan Risiko Tinggi (Selain TB & HIV) Direktorat Jenderal Pemasyarakatan Kementerian Hukum Dan Ham RI. *Direktorak Jendral Pemasyarakatan*, 1–106.
- Harjono, E., L. Batubara, A., Situmorang, M. C., Radityo, M., Wibowo, A., & Deviari, S. (2022). Perlindungan Hukum Terhadap Ibu Dan Anak Usia 0-3 Tahun Di Lembaga Pemasyarakatan Legal Protection For Mothers And Children Aged 0-3 Years In Correctional Institutions. *Jurnal Lemhannas RI*, *10(4)*, 25–40.
- Khairi, A., Abduh, T., & Said, M. (2023). Analisis Manajemen Pelayanan Warga Binaan Pemasyarakatan Masa Pandemi Covid 19 Pada Kantor Rumah Tahanan Negara

- Kelas Iib Pinrang. *Indonesian Journal of Business and Management*, 6(1), 15–22.
<https://doi.org/10.35965/jbm.v6i1.3868>
- Muriyansyah, A., & Chatias Pratama, R. (2024). Penerapan Pelaksanaan Sistem Database Masyarakat Dalam Pemenuhan Hak-Hak Warga Binaan di Rumah Tahanan Negara Banda Aceh. *Unmuha Law Journal*, 1(1), 18–31.
- Pintabar, A. J., Rafianti, F., & Saragih, Y. M. (2024). Implementasi Sistem Pelayanan Kesehatan Terhadap Pemenuhan Hak Kesehatan Bagi Warga Binaan Masyarakat. *Jurnal Usm Law Review*, 7(1), 475.
<https://doi.org/10.26623/julr.v7i1.8996>
- Ratu, M. (2023). Telaah Peran Pembimbing Masyarakat Dalam Implementasi Konsep Restorative Justice Menurut Undang – Undang Masyarakat Nomor 22 Tahun 2022. *COMSERVA: Jurnal Penelitian Dan Pengabdian Masyarakat*, 3(5), 1862–1873. <https://doi.org/10.59141/comserva.v3i5.982>
- Risdiarto, D. (2017). Perlindungan Terhadap Kelompok Minoritas Di Indonesia Dalam. *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional*, 6(1), 125–142.
[http://www.hukumonline.com/berita/baca/lt574e8e59757a1/ini-catatan-komnas-ham-terhadap-](http://www.hukumonline.com/berita/baca/lt574e8e59757a1/ini-catatan-komnas-ham-terhadap)
- Situmorang, D. M. (2017). Penerapan Hak-Hak Narapidana Di Lembaga Masyarakat Kelas I A Tanjung Gusta, Sumatera Utara Ditinjau Dari Perspektif Hak Asasi Manusia. *Jurnal Penelitian Hukum De Jure*, 17(2), 249.
<https://doi.org/10.30641/dejure.2017.v17.249-263>
- Studi, P., Hukum, I., & Syari, F. (2017). Pembinaan bagi Anak Didik Masyarakat Pelaku Kejahatan Seksual di Lembaga Masyarakat Anak (LPA) Kelas II A Kutoarjo Jawa Tengah Ahmad Bahiej 6(2), 213–248.
- Wulandari, S. (2015). Fungsi Sistem Masyarakat Dalam Merehabilitasi Dan Mereintegrasi Sosial Warga Binaan Masyarakat. *Serat Acitya – Jurnal Ilmiah UNTAG Semarang*, 4(Vol 4, No 2 (2015), 87–94.
- Yunita, I., Sari, tari kumala, Fazira, A. W., Hasri, A., Asghari, M. F., Rahayu, F., Ramadhan, G., Putr, W., Fazhillah, N., & Putri, M. (2023). Krepa: Kreativitas Pada Abdimas. *Krepa: Kreativitas Pada Abdimas*, 1(3), 35–45.