

EFFORTS TO OPTIMIZE HEALTH SERVICES FOR ELDERLY PRISONERS AT TULUNGAGUNG CLASS IIB CORRECTIONAL INSTITUTION



^{1*}Dimas Aditiya Pratama, ²Budi Priyatmono, ³Ali Muhammad, ⁴Umar Anwar

^{1,2,3,4}Program Studi Bimbingan Kemasyarakatan, Politeknik Pengayoman – Indonesia

e-mail:

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

² budi.prym@gmail.com

³ alimuhammad32@gmail.com

⁴ umar.harun12@gmail.com

ABSTRACT

The elderly inmate population at Class IIB Correctional Facility (Lapas) in Tulungagung continues to grow, demanding the optimization of adaptive and comprehensive healthcare services. This study aims to analyze efforts to optimize healthcare services, identify key challenges, and formulate innovative solutions to fulfill the basic rights of elderly inmates. A qualitative descriptive method was employed, utilizing in-depth interviews with correctional officers, medical personnel, and elderly inmates. The findings reveal that efforts to optimize healthcare services have been implemented through regular medical visits, designated housing blocks for elderly inmates, the application of specialized Standard Operating Procedures (Dilan and Milia), and collaborations with the local Health Office and referral hospitals. However, several major obstacles persist, including a limited number of medical personnel (only one doctor and one nurse for the entire inmate population), restricted availability of medications, inadequate elderly-friendly facilities, and a manual medical record system. Family involvement also plays a significant role in accelerating the recovery process of elderly inmates. This study further recommends an innovative initiative called SEKOCI (Rapid Response Health System for Elderly Inmates), aimed at enhancing emergency healthcare response through the installation of emergency buttons in elderly housing blocks. Other strategic recommendations include increasing human resources, digitalizing health records, and strengthening multi-sectoral collaboration. The results of this research are expected to serve as a reference for correctional policy, ensuring that healthcare service optimization for elderly inmates aligns with the principles of justice, humanism, and accountability.

Keywords: *Inmate Characteristics; Narcotics Inmates; Deviant Behavior*

INTRODUCTION

The aging population has become a global issue that is gaining increasing attention, especially in countries with a significant increase in the proportion of elderly citizens. This demographic phenomenon has the potential to have a long-term impact on the economy, both in terms of fiscal capacity and economic stability. For example, Indonesia faces challenges in dealing with its aging population, particularly in providing an adequate support system. This condition puts additional pressure on the state budget, especially in the areas of social security and health care for the elderly. In addition, the increase in the elderly population also affects the efficiency of social development and service programs, which overall increases the need for innovation in demographic and economic policies. Addressing an aging population requires an integrated strategy to ensure the welfare of the elderly without placing an excessive burden on the country's economy (Atalla, 2024).

Based on data from sdppublik.ditjenpas.go.id, the number of elderly prisoners in Indonesia has increased from 2020 to 2024. In 2020, the number of elderly prisoners was recorded at 540 people. This figure increased by 13.33% to 612 people in 2021. Data from 2023 shows that the number of elderly prisoners reached 740 people, an increase of 20.92% compared to 2021. Then, in 2024, the number increased again to 843 people, an increase of 13.92% compared to 2023. Overall, from 2020 to 2024, the number of elderly prisoners increased by 56.11%, indicating a significant upward trend in the elderly prisoner population in Indonesia. This figure continues to increase every year, reflecting demographic changes within correctional institutions (Sinaga, 2020).

At the Tulungagung Class IIB Correctional Institution, more than 3.07% of inmates are classified as elderly. Most of them face various serious health problems, with the majority suffering from chronic diseases such as hypertension, diabetes, and mobility disorders that limit their daily activities. This condition shows that the elderly prison population requires special attention, especially in terms of adequate health services, access to medicines, and elderly-friendly facilities to support their welfare while serving their sentences.

The basic principle of the Indonesian correctional system is humanism, meaning that prisoners must be rehabilitated, not merely punished. This concept refers to Law No. 22 of 2022 on Corrections, which emphasizes rehabilitation as the main objective. Therefore, health services for elderly prisoners are part of their basic rights that must be fulfilled. This principle also reflects a paradigm shift from a purely repressive prison system to a correctional system that is more oriented towards guidance and social reintegration. In the context of elderly prisoners, this philosophy is even more relevant. Elderly people in prison not only face punishment, but also physical and psychological limitations that require special attention. Therefore, fulfilling their rights in the form of adequate health services is a manifestation of the humanitarian values upheld in the modern criminal justice system.

The lack of optimization of health services at the Tulungagung Class IIB Prison has a serious impact on the welfare of elderly prisoners. The lack of routine health checks, limited access to medicines, and the lack of health facilities suitable for the needs of the elderly cause their health conditions to deteriorate. This has the potential to slow down the rehabilitation process and increase the mortality rate in prisons. In addition, an environment that does not support the special needs of the elderly, such as poor accessibility and a lack of psychosocial programs, makes them vulnerable to stress and depression.

As part of the criminal justice system, prisons have a responsibility to ensure that all prisoners, including the elderly, receive their basic rights, including adequate health

services. Regulations governing this are contained in Law No. 22 of 2022 concerning Corrections and Government Regulation No. 32 of 1999 concerning the procedures for implementing the rights of correctional inmates. From a regulatory perspective, elderly prisoners also have special rights as stipulated in Indonesian Minister of Law and Human Rights Regulation No. 32 of 2018, which regulates their rights to fair treatment, safety guarantees, and health services appropriate to their condition. Unfortunately, the implementation of this policy is still far from optimal, especially in terms of budget constraints, inadequate health facilities, and a lack of medical personnel with expertise in geriatrics.

Based on Law No. 13 of 1998, people are categorized as elderly when they reach the age of 60. At this stage, the elderly experience a decline in physical function and require special attention in order to live a dignified life. To support these needs, the government provides easier access to health services, social assistance, and social protection. In Indonesia, health services provided by the government must be accessible to all citizens in a planned manner. In this context, medical protection also covers prisoners. In the criminal justice system, it is not only the rights of victims that are of concern, but also the rights of perpetrators of criminal acts that must be guaranteed and taken into account (Suhartini, 2019).

Health services in prisons, especially for the elderly, still face various obstacles. Tulungagung Class IIB Prison needs a more systematic strategy to optimize health services for elderly prisoners, including increasing the number of medical personnel, providing special care rooms for the elderly, and more comprehensive health rehabilitation programs. Without significant improvements, the human rights of elderly prisoners will continue to be neglected, resulting in an increase in morbidity and mortality rates in prisons. Therefore, this study will analyze the optimization of health services for elderly prisoners at the Class IIB Tulungagung Correctional Institution.

LITERATURE REVIEW

The Concept of Elderly People

Elderly prisoners are individuals who have entered the final stage of life, characterized by a decline in bodily functions and other organs. According to the World Health Organization (WHO), humans are classified as elderly when they reach the age of 65. Meanwhile, based on Law No. 22 of 2022 concerning Corrections, elderly people are defined as individuals aged 60 years and above.

During their imprisonment, elderly prisoners experience limitations on their freedom, including their movement, as a result of the criminal acts they have committed. Referring to Minister of Law and Human Rights Regulation No. 32 of 2018, the guidance and special care for elderly prisoners needs to be improved and cannot be the same as for other prisoners. This is due to their physical condition and specific needs, which require more optimal health services. Therefore, fulfilling the right to health services for elderly prisoners will be a crucial factor in the correctional system.

Correctional Institution

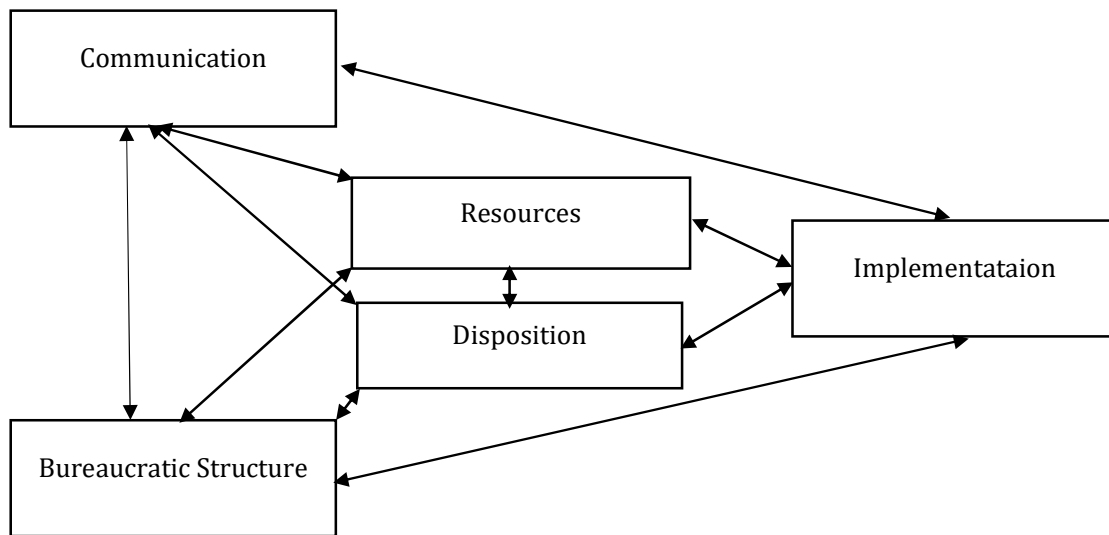
Articles 1 and 2 of Law No. 22 of 2022 concerning Corrections explain that prisons are institutions tasked with enforcing the law, particularly in fulfilling the rights of inmates. According to Sudarto, the concept of correctional services can be equated with resocialization, where the rehabilitation process of prisoners is adapted to the culture and social values that apply in Indonesian society. Although the definition of the term is not very essential, what is more important are the principles and methods of guidance applied

to prisoners. Meanwhile, Roeslan Saleh defines resocialization as an approach aimed at supporting prisoners so that they can be accepted by society with good behavior and avoid repeating crimes.

Based on the various views that have been put forward, it can be concluded that the correctional and criminal justice systems have changed significantly over time. In its early stages of development, the criminal justice system placed more emphasis on retribution and deterrence. However, in its development, this system has shifted towards a more humanistic approach with a focus on guidance, service, and the fulfillment of the rights of inmates based on Law No. 22 of 2022 concerning Corrections. The goal is for prisoners to undergo effective rehabilitation and be fully accepted by society.

Edward III's Policy Implementation Theory

According to Edward III, policy implementation is the stage between policy formulation and the consequences or effects of the policy on the target group it affects. If a policy is not appropriate for reducing the problems that are the policy's targets, then the policy may fail even if it is implemented very well. Even a brilliant policy that is implemented poorly is likely to fail to achieve its objectives. Policies that are implemented carry the risk of failure. According to Hogwood and Gunn, policy failure can be divided into two categories: non-implementation and unsuccessful implementation.



Source: Author Managed, 2025

Figure 1
Edward III Implementation Model

Theory of Public Service

According to the KBBI, the term service has three main meanings, namely: (1) everything related to the manner or process of serving; (2) efforts to meet the needs of others in exchange for certain rewards or compensation; and (3) conveniences provided in the context of goods or services transactions. Meanwhile, Litjan Poltak Sinambela et al. (2011) define public service as the process of providing services to individuals or groups of people who need an institution, carried out based on established procedures and regulations. A similar definition is put forward by Hardiyansyah (2011), who explains that

public services are a form of service that covers the needs of the community and organizations with reference to applicable regulations and is oriented towards the satisfaction of service recipients.

Health Services for Elderly Prisoners in Correctional Institutions

The rights of prisoners to medical services are regulated by a number of legal provisions, including Law No. 22 of 2022 concerning Corrections. Articles 60(1) and (2) stipulate that every prisoner shall receive adequate medical services and health care during their prison term. In addition, Articles 61(1) and (2) state that prisoners who are elderly or have disabilities are entitled to special treatment in accordance with their needs within the correctional institution.

Medical services for elderly prisoners are regulated in Permenku HAM No. 32 of 2018. This regulation sets standards for the treatment of elderly prisoners, particularly in the provision of health services aimed at maintaining their physical and social health. These services are designed to ensure that elderly prisoners continue to receive appropriate treatment during their prison term.

Elderly prisoners require special treatment tailored to their physical condition and health. Therefore, the medical services available in correctional institutions have certain limitations in handling complex medical cases. If necessary, medical personnel at correctional institutions can refer elderly prisoners to local government hospitals for further treatment. In this referral process, correctional institutions are responsible for providing assistance and supervision to ensure that elderly prisoners receive appropriate treatment based on their needs.

METHOD

This research method uses a qualitative descriptive approach to describe in depth the health care conditions for elderly prisoners in Tulungagung Class IIB Prison. Data were obtained through in-depth interviews with the Head of the Care Subdivision, special health care unit officers, and elderly prisoners, and were supported by documentation and secondary data from literature and official documents. Informants were selected purposively, considering their involvement and experience in health services at the prison.

Data validity was tested through triangulation of sources, methods, and theories, while data analysis used the Miles and Huberman model, which includes data reduction, data presentation, and conclusion drawing and verification. This research was conducted through the stages of preparation, data collection, analysis, and report writing, with a structured schedule to ensure that the results were valid, credible, and could provide practical recommendations for improving health services for elderly prisoners.

RESULT AND DISCUSSION

Analysis of Health Service Optimization for Elderly Prisoners in Tulungagung Class IIB Correctional Institution

The optimization of health services for elderly prisoners at the Tulungagung Class IIB Correctional Institution is carried out through close synergy and coordination between the prison and various relevant health agencies.

1) Communication

The implementation of communication in health services for elderly prisoners at Tulungagung Class IIB Prison is carried out through a tiered and structured communication pattern, starting from doctors and medical personnel to nurses, then to

the Head of Nursing, continued to the Head of Education and Training, and finally to the Head of the Prison. In addition to internal communication, there is synergy with the Health Office and hospitals in the form of counseling, medication, and health coaching. Regular health counseling is also an effective channel of communication for conveying information and receiving complaints from elderly prisoners. The mobile doctor program (dokling) and counterlink strengthen direct communication with vulnerable groups.

Health information is also conveyed regularly through morning assemblies and announcements by officials. Family involvement is an important aspect, both in coordinating medication and providing psychological support, which greatly influences the recovery of inmates. This communication is reinforced through MoUs and cooperation agreements with external agencies, ensuring that health coordination is formal and sustainable. Thus, intensive, open communication involving various parties is the key to the successful implementation of health services for elderly inmates in the prison.

2) Resources

Healthcare conditions at Tulungagung Class IIB Prison show that limited resources, particularly medicines, medical personnel, and budgets, are major obstacles to policy implementation. To overcome this, the prison has implemented efficiency measures through coordination with prisoners' families, who are often asked to help procure medicines from outside the prison in accordance with doctors' prescriptions. If families are unable to do so, inmates are referred to hospitals to obtain external support.

Medication deliveries from families are strictly monitored. Medicines that enter the prison are first recorded and must be checked at the clinic. The amount is limited to a maximum of two strips and is only given when there are medical complaints to prevent abuse. In addition to involving families, the prison also collaborates with external agencies. The Health Office and hospitals provide assistance in the form of counseling, provision of medicines, and health guidance, especially for infectious diseases. This helps reduce the impact of budget and medicine stock limitations.

From the inmates' perspective, most feel that their basic medication needs are still being met, despite adjustments due to stricter regulations. Basic medical equipment is available, although there is none specifically designed for the elderly, and some equipment is damaged. Overall, healthcare services continue to operate, albeit not optimally, with the main strategy being family collaboration and cooperation with external agencies.

3) Disposition

The disposition aspect in the implementation of health services at Tulungagung Class IIB Prison shows a positive attitude, commitment, and high motivation from the officers. This is reflected in the cooperation between health and security officers in running the Healthy Prison program, routine hygiene checks, and fair attention to the needs of the elderly without discrimination. Elderly inmates feel a humanistic and responsive approach, such as regular visits to their rooms, services without time restrictions, prompt handling of medical complaints, and preventive health socialization.

In addition to fulfilling physical needs, emotional aspects are also taken into account through friendly and familial interactions. Based on Edward III's Policy Implementation Theory, this disposition reflects empathy, initiative, and commitment on the part of policy implementers in providing health services, including prioritizing vulnerable groups as a form of affirmative action in upholding their right to health.

4) Bureaucratic Structure

The interview results show that Tulungagung Class IIB Prison has developed an adaptive bureaucratic structure in health services, especially for elderly and disabled prisoners, through an innovation in Standard Operating Procedures (SOP) called SOP Controlling Dilan and Milia. These SOPs are a form of internal initiative that runs outside of formal duties and functions, but are still actively implemented to this day. In their implementation, elderly prisoners with physical limitations are treated as part of a vulnerable group, so that the services provided to them refer to the specific provisions in the SOP for vulnerable groups.

This is reinforced by the statement that the implementation of the SOP remains based on the regulations of the Ministry of Health, even though further technical medical aspects are explained by authorized health officials. In the perspective of Edward III's Policy Implementation Theory, the bureaucratic structure plays an important role in ensuring that policies can be implemented effectively through clear workflows, procedures, and authorities. The existence of the Controlling Dilan and Milia SOP reflects the flexibility of the bureaucratic structure in prisons, which is capable of developing innovative micro-policies to fill gaps or limitations in central regulations, while also responding to the needs of vulnerable groups.

A bureaucratic structure that allows for additional operational policies such as this demonstrates the organization's ability to adapt in order to improve service quality. However, successful implementation still requires alignment with national policies and coordinated support from all levels of the bureaucracy so that the SOP does not merely become an administrative document, but is actually implemented consistently and oriented towards fulfilling the basic rights of inmates.

5) Public Service

The interview results show that elderly inmates are a vulnerable group that receives priority service and special attention at the Tulungagung Class IIB Prison. This is evidenced by the policy of separating their living quarters from other inmates, namely by placing elderly inmates specifically in Block B14. This separation is not without reason, but rather as a form of recognition of the physical and psychological conditions of the elderly, who tend to be more vulnerable and require more serious treatment than inmates of productive age. In addition to housing, priority is also given in terms of access to services, including health services and routine monitoring. This effort demonstrates institutional awareness of the special needs of the elderly and reflects a bias towards groups that require more protection within the correctional system.

The elderly are said to be visited more often by clinic staff to inquire about their health complaints directly. In addition, they also receive special attention in the form of additional nutrition, which shows that there is differentiation in services based on the level of vulnerability. This treatment reflects the prison's awareness of the specific needs of the elderly, as well as efforts to provide protection and fulfill the right to health proportionally for vulnerable groups in the correctional environment

6) Health Services for Elderly Prisoners

Health services for elderly prisoners at the Tulungagung Class IIB Correctional Facility are implemented routinely and structured through simple procedures, weekly visits by doctors and nurses to residential blocks, and health socialization. Officers actively provide information and direct prisoners to the clinic, although the frequency of visits has changed from once a week to once every two weeks.

Accountability is maintained by manual recording through medical records and monthly reporting to the Regional Office and the Directorate General of Corrections, although the recording system is still unstructured, potentially causing monitoring problems. Overall, health services in this prison run quite optimally with the support of intensive communication, the disposition of dedicated officers, and supportive resource management and bureaucracy, so that the special needs of the elderly can be met based on the principles of effectiveness, efficiency, justice and accountability.

Analysis of Constraints in Optimizing Health Services for Elderly Prisoners at the Tulungagung Class IIB Correctional Institution

1) Limited Medicines and Medical Facilities

The limited budget leads to a shortage of special medicines and medical facilities suitable for the needs of the elderly. This has an impact on the limited choice of optimal treatment and care for elderly prisoners. The main obstacle lies not only in the budget, but also in the limited human resources that affect the quality and coverage of health services. There is no specific budget allocated for medical needs in these prisons. Therefore, they have to outsmart the situation by proposing procurement and establishing coordination with external parties such as the Health Office to meet health service needs. This condition shows that limited resources, both financial and personnel, are the main challenge in optimizing health services for prisoners.

2) Limited Medical Personnel and Supervision

The results show that limited medical personnel and supervision are one of the main obstacles in optimizing health services for elderly prisoners at the Tulungagung Class IIB Penitentiary. Based on information from Dr. Ahmad and Danang Eka Bintara, currently the prison only has one general practitioner and one nurse who must serve all prisoners, including elderly prisoners who are classified as vulnerable groups. The absence of other health workers such as dentists, midwives, or nutritionists exacerbates this condition, as not all medical needs can be addressed thoroughly. On the other hand, supervision of prisoners' behavior in taking drugs is also still minimal. As explained by Mei Runawati, there are cases of misuse of drugs, especially antibiotics, which are consumed all at once without following the established rules, even though the information on use has been clearly written. This limited supervision shows that the limited number of health workers not only affects the capacity of services, but also the control and continuous health education for prisoners, especially the elderly who need more intensive attention.

3) Unstructured Health Recording System

The results show that until now there has been no structured system in the management of health services at the Tulungagung Class IIB Penitentiary. This indicates that there are still weaknesses in the aspects of administrative management and governance, especially in recording, reporting, and coordinating health services as a whole. The absence of a structured system can hinder the effectiveness and efficiency of services, because there is no standardized mechanism that regulates the flow of services, division of tasks, and operational standards. This condition can also lead to a lack of accountability and difficulties in evaluating or improving services on an ongoing basis, especially for vulnerable groups such as elderly prisoners who require consistent and planned health services.

4) Risk of Drug Abuse by Prisoners Drug management at the Tulungagung Class IIB Penitentiary requires special attention and caution, especially to prevent drug abuse by prisoners. One of the obstacles faced is the consumption of drugs, such as the antibiotic amoxicillin, which is not in accordance with the rules of use set by medical officers. Mei Runawati explained that even though the rules for taking medication were clearly written, some prisoners continued to consume the entire drug at once without paying attention to the proper dosage. This shows weaknesses in supervision and patient understanding of the importance of medication compliance. Therefore, there needs to be strict supervision of the drug dispensing and consumption process, in order to avoid irregularities that could endanger the health of prisoners and undermine the effectiveness of the treatment program. This problem is an additional challenge in optimizing health services, especially in the midst of limited medical personnel who are not proportional to the number of prisoners who must be served.

CONCLUSION AND SUGGESTION

Based on the results of the discussion, it can be concluded that the Tulungagung Class IIB Correctional Facility has tried to provide health services that are quite responsive to the needs of elderly prisoners. These efforts can be seen from the prioritization of services, the separation of elderly housing in Block B14, and regular visits by health workers to residential rooms.

In addition, the implementation of innovative Standard Operating Procedures (SOPs) such as SOP Dilan and Milia shows the institution's commitment to protecting vulnerable groups. The services provided are humanist in nature with effective communication between medical personnel and prisoners, and supported by a bureaucratic system that is quite organized even though it is still manual.

The elderly are also positioned as a priority group in the provision of health information, counseling, and regular monitoring by the prison clinic. However, there are a number of serious obstacles, especially budget limitations that impact on the availability of medicines, the lack of medical human resources with only one doctor and one nurse for all prisoners, and weak supervision of drug consumption which has the potential to cause abuse. The unstructured digital recording and reporting system also weakens accountability, while the absence of specialized health personnel such as dentists and psychiatrists hampers comprehensive services, especially for the elderly with more complex health conditions.

Based on the results of the study, UPT is advised to improve health services for elderly prisoners by adding medical personnel, expanding the availability of drugs, and improving elderly-friendly infrastructure. The implementation of the Dilan and Milia SOPs needs to be consistently monitored, supported by regular training on geriatrics, drug management, and empathic communication. In addition, a digital-based health information system needs to be developed to strengthen accountability, and collaboration with health offices, hospitals, and NGOs should be optimized to cover internal limitations. For future researchers, it is recommended to develop an integrated service model for the elderly that includes geriatric, psychosocial, and rehabilitation aspects.

Evaluation of the effectiveness of the Dilan and Milia SOPs needs to be carried out empirically, accompanied by comparative studies between prisons to find the best practices. Research can also explore forms of multisectoral cooperation and mapping the training needs of medical personnel to improve human resource capacity and the quality of elderly health services in prisons.

REFERENCES

- Atalla, A. E. (2024). Optimalisasi Pelayanan Kesehatan Terhadap Warga Binaan Pemasyarakatan Lanjut Usia Di Lembaga Pemasyarakatan Kelas IIB Wonosari. *Journal Ius Constitutum*, 1(1).
- Badan Pusat Statistik. (2024). *Statistik Penduduk Lanjut Usia 2024*. Badan Pusat Statistik.
- Barry, L. C., Adams, K. B., & Zaugg, D. (2020). *the Health Care Workers Who Care for Them*. 1–18. <https://doi.org/10.1080/08952841.2019.1593771>.Health
- Djamhari, E. A., Ramdlaningrum, H., Layyinah, A., Chrisnahutama, A., & Prasetya, D. (2021). *Kondisi kesejahteraan lansia dan perlindungan sosial lansia di Indonesia*.
- Fadilah, A., & Anwar, U. (2022). Analisis Strategi Pembinaan Bagi Narapidana Lanjut Usia Di Lapas Kelas IIA Bengkulu. *Jurnal Pendidikan Kewarganegaraan Undiksha*, 10(2).
- Irfansyah, A. N., & Subroto, M. (2023). Metode Pembinaan Dan Perlakuan Khusus Terhadap Narapidana Lanjut Usia Guna Meningkatkan Kesejahteraan Dan Kesehatan Di Lembaga Pemasyarakatan. *Jurnal Komunikasi Hukum (JKH)*, 9(2).
- Magfirah, W. Y., Mulyani, M., & Fadhila, M. (2021). Guilty Feeling Narapidana Kategori Residivis Studi Kasus di Lembaga Pemasyarakatan Kelas II A Banjarmasin. *Jurnal Al-Husna*, 2(3).
- Rinaldi, F. (2022). Proses Bekerjanya Sistem Peradilan Pidana Dalam Memberikan Kepastian Hukum Dan Keadilan. *Jurnal Hukum Respublica*, 21(2).
- Sinaga, M. R. E. (2020). Efektivitas Intervensi Depresi Pada Lansia: Systematic Review. *Jurnal Keperawatan Jiwa*, 8(4).
- Siregar, G. H. L., & Subroto, M. (2021). Analisis Pelayanan Kesehatan Terhadap Warga Binaan Lansia Di Lembaga Pemasyarakatan. *Gema Keadilan*, 8(3).
- Suhartini, E. (2019). *Hukum kesehatan bagi tahanan dan warga binaan pemasyarakatan di Indonesia*.
- Suryadi, A. R., & Anwar, U. (2022). Optimalisasi Pemberian Hak Pelayanankesehatan Bagi Narapidana Dalam Keadaan Overcrowded Di Lembaga Pemasyarakatan Kelas I Semarang. *Jurnal Ilmiah Ilmu Pendidikan Dan Sosial*, 11(2).
- Wulandari, N. L. R. M., Karyati, S., & Sukarmo, I. G. (2023). Pemenuhan Hak Narapidana Lanjut Usia Dikaitkan Dengan Permenkumham Nomor 32 Tahun 2018 Tentang Perlakuan Terhadap Tahanan dan Narapidana Lanjut Usia di Lembaga Pemasyarakatan Perempuan Kelas III Mataram. *Unizar Recht Journal*, 2(1).