Research Horizon

ISSN: 2808-0696 (p), 2807-9531 (e)

Research Horizon
Volume: 06
Issue: 04
Year: 2026
Page: 2057-2066

Citation:
Afnisa, V. N., & Prayuti, Y. (2026). Legal implementation of prisoners' health rights under Law Number 22 of 2022 on Corrections. *Research Horizon*, *6*(4), 2057-2066.

Article History:
Received: July 26, 2026
Revised: August 14, 2026
Accepted: August 23, 2026
Online since: August 25, 2026

Legal Implementation of Prisoners' Health Rights under Law Number 22 of 2022 on Corrections

Villa Nifsayanti Afnisa[1*], Yuyut Prayuti[1]

[1] Department of Law, Faculty of Law, Universitas Islam Nusantara, Bandung, Indonesia

[*] *Corresponding author: Villa Nifsayanti Afnisa (villa21.nifsayanti@gmail.com)*

Abstract

The fulfillment of prisoners' health rights constitutes an integral part of human rights protection as guaranteed under Law Number 22 of 2022 on Corrections. Although these rights have been normatively regulated in a comprehensive manner, their implementation at the level of correctional institutions still faces various challenges. This study analyzes the implementation of prisoners' health rights at Class IIB Raha Detention Center and identifies the factors influencing its effectiveness. This research employs an empirical juridical approach with a qualitative method, utilizing data collection techniques such as interviews, observations, and document analysis. The findings indicate that the fulfillment of health rights has been implemented. However, it has not yet reached an optimal level due to structural factors such as overcrowding, limited medical personnel, and inadequate healthcare facilities. These conditions result in healthcare services that tend to be reactive rather than preventive and fail to meet ideal service standards. This study concludes that the implementation of Law Number 22 of 2022 in fulfilling prisoners' health rights remains largely formalistic and has not yet achieved substantive effectiveness. Therefore, structural reforms and strengthened institutional capacity are required to ensure the optimal fulfillment of prisoners' health rights.

Keywords

Correctional System, Healthcare Services, Overcrowding, Prisoners' Health Rights.

1. Introduction

Human rights are inherent, inalienable entitlements attached to every individual from birth and form an essential part of human dignity. The process of recognizing and codifying these rights has evolved through a long historical struggle, yet differences in interpretation continue to generate practical problems in their implementation. Grounded in the values of Pancasila, the Unitary State of the Republic of Indonesia is constitutionally committed to building a just and prosperous society (Aswandi & Roisah, 2019). This commitment is reinforced by Article 28H paragraph (1) of the 1945 Constitution, which guarantees every person the right to a physically and mentally prosperous life, a decent living environment, and access to health services (Soerjono, 2020).

Within the criminal justice system, the State Detention Center (*Rumah Tahanan Negara/Rutan*) functions as a technical unit under the Directorate General of Corrections, serving as a temporary detention facility for suspects and defendants during investigation, trial, or pending a court decision with permanent legal force. Beyond securing the judicial process, the *Rutan* also carries an initial coaching function intended to guide detainees away from repeated unlawful conduct. Because detainees are stripped only of their liberty and not of their other fundamental rights, health services remain a non-negotiable component of their human rights protection. Article 9 letter d of Law Number 22 of 2022 concerning Corrections explicitly guarantees prisoners the right to adequate health services and nutritionally proper food, while Government Regulation Number 32 of 1999, as amended by Government Regulation Number 28 of 2006, establishes the obligation to provide appropriate healthcare services for prisoners (Yuliartini & Mangku, 2023; Zamzani & Esthi, 2023).

Empirical studies across Indonesia consistently show that this normative framework is difficult to realize in practice. Chronic overcrowding has been identified as a structural cause of inadequate correctional health services nationwide, driven by rising crime rates, prolonged pretrial detention, and limited use of non-custodial alternatives (Abdillah, 2021; Wijaya & Wibowo, 2021). Institutional responses, ranging from behavioral coaching programs to facility management reforms, have been proposed to mitigate these effects, yet implementation remains uneven across correctional units (Bramada & Wibowo, 2022; Amin & Oktavia, 2024). Related research further shows that overcapacity directly undermines the fulfillment of inmates' health and nutrition rights. Nurrahman (2022) and Wijaya and Rahman (2021) found that medical staff ratios often fail to keep pace with the growth of the inmate population. Telaumbanua (2020) emphasized that the availability of trained health personnel remains a decisive factor in service quality, while Perkasa (2020) found that coaching-based strategies alone are insufficient without addressing capacity constraints. Broader national data also indicate that access to health protection remains uneven across vulnerable populations in Indonesia, reinforcing concerns about equitable service delivery for closed and dependent populations such as detainees (Probandari et al., 2025).

This national pattern is mirrored at the Class IIB Raha State Detention Center, where preliminary observations reveal cells housing an average of eighteen occupants, heightening the risk of communicable disease transmission. The shortage of medical personnel relative to the detainee population has forced health administrative staff to assist directly in clinical duties, despite the availability of basic inpatient and infusion facilities. This condition illustrates a broader case documented elsewhere in Indonesian corrections, where overcapacity ratios have been reported at alarming levels and shown to directly compromise rehabilitation and service standards (Wani et al., 2024).

This gap between normative guarantees and field reality suggests that the fulfillment of detainees' health rights remains largely a matter of formal recognition rather than substantive practice, raising the legal question of why implementation continues to fall short despite an adequate regulatory basis. To answer this question, this study is analyzed through Friedman's legal system theory, which examines effectiveness through the interrelation of legal structure, legal substance, and legal culture, and Soerjono theory of legal effectiveness, which attributes the success of law enforcement to five interrelated factors: the law itself, law enforcement officials, supporting facilities, the community, and legal culture (Friedman, 1975; Soerjono, 2020).

These two theories were selected because they jointly connect normative legal guarantees with the empirical conditions of their implementation, allowing this study to explain not only whether health rights are fulfilled, but why the existing legal structure, resources, and institutional culture fail to translate regulation into practice as health status is integral to an efficient and humane justice system, promotive, preventive, curative, and rehabilitative efforts must be pursued systematically. This study aims to analyze the implementation of prisoners' health rights fulfillment at Class IIB Raha Detention Center and to identify the factors influencing its effectiveness.

2. Methods

This study uses a normative juridical research design, supported by empirical data, to examine the fulfillment of inmates' health rights at Class IIB Raha Prison. Normative juridical research focuses on legal norms derived from legislation, jurisprudence, and legal doctrine. The Use of Normative Juridical Methods in Proving the Truth in Legal Research explains that normative legal research establishes legal truth of analyzing applicable norms, principles, and legal systems (Wiraguna, 2024). Accordingly, the normative approach is used as the main basis for analyzing inmates' health rights under Law Number 22 of 2022 concerning Corrections (Zainuddin & Karina, 2023). While empirical data are used to examine its implementation in practice and identify gaps between *das sollen* and *das sein*, consistent with Soekanto's view of empirical legal research as the study of law in society (law in action) (Soekanto, 2014).

The research applies statute, conceptual, and sociological approaches. The statute approach examines relevant regulations, including Law Number 22 of 2022 concerning Corrections, Law Number 17 of 2023 concerning Health, and related implementing regulations. The conceptual approach analyzes legal concepts and principles underlying the fulfillment of health rights, while the sociological approach examines their implementation at Class IIB Raha Prison and compares normative requirements with actual service conditions.

The study collects primary empirical data through semi-structured, in-depth interviews with three groups of purposively selected informants: the Head of Class IIB Raha Prison, health workers, and inmates. Selection is based on authority, competence, and direct experience with correctional health services, with the number of informants determined until information saturation is achieved. The Head of the Prison provides information on institutional policies, budget constraints, and external health coordination; health workers address medical facilities, routine examinations, medicines, and emergency services; while inmates describe their experiences in accessing health services, food, medicines, and healthcare under overcapacity conditions. Secondary legal materials are obtained through library research and include primary legal materials such as the 1945 Constitution, Law Number 22 of 2022, Law Number 17 of 2023, Government Regulation Number 32 of 1999, and Government Regulation Number 28 of 2006, as well as secondary materials such as books and legal literature. Data validity is ensured through source

and methodological triangulation by comparing interview findings among informant groups and with legislation, documents, and relevant literature. Given that inmates are a vulnerable population, interviews are conducted after institutional permission and informed consent, with voluntary participation, confidentiality, anonymity, and the right to withdraw maintained throughout the research process.

3. Results and Discussion

3.1. Overview of the Fulfillment of Prisoners' Health Rights

Using the empirical juridical approach in this study, the study obtained data through interviews, observations, and document review at the Class IIB Raha State Prison. The results of the study show that normatively, the fulfillment of health rights for inmates has been carried out in accordance with the provisions of Law Number 22 of 2022 concerning Corrections. This is evident in the basic health services provided by the detention center, such as initial health checks for new prisoners, treatment for minor illnesses, and referral mechanisms to advanced health facilities when needed. These findings were obtained from interviews with health officers and workers and strengthened through direct observation of health service practices in the prison environment.

Table 1. Occupancy Conditions of Class IIB Raha Detention Center

No.	Remarks	Number (People)
1	Detention Capacity	210
2	Inmate	229
3	Home	81
4	Innate Children	1
5	Total Occupants	311
6	Overcrowded	102

However, based on the results of field observations and empirical data analysis, it is shown that the implementation of the fulfillment of the right to health is still not running optimally. This can be seen from the housing conditions as presented in Table 1, where the ideal capacity of the prison of 210 people must accommodate a total of 311 residents, consisting of 229 inmates, 81 prisoners, and 1 congenital child. Thus, the facility had an excess capacity of 102 people, or about 48% above ideal capacity. This condition directly affects the quality of the residential environment, including sanitation, space density, and the risk of spreading infectious diseases. The observation results show that the level of occupancy has implications for the limited space of movement of the inmates and the increased health risks, which ultimately affect the effectiveness of the health services provided.

Table 2. Facilities and Health Workers in the Class IIB Raha Prison

No.	Components	Quantity
1	Clinic Room	1
2	Doctor	1
3	Nurse	4
4	Health Data Processor	5

Furthermore, based on documentation data and interviews summarized in Table 2, it is known that the Class IIB Raha Detention Center has one clinic room. Although the facilities meet the standards, interview results show that the number of health workers remains very limited: only 1 doctor and 4 nurses serve all residents of the detention center. This condition shows that there is an imbalance between the needs of health services and the availability of human resources. In addition, the existence of 5 health data processing personnel focuses more on administrative tasks,

so that do not directly increase the medical service capacity. Based on this analysis, the limitation of human resources is one of the main factors that hinder the optimization of the fulfillment of the health rights of the inmates (Noor, 2023).

Thus, based on the results of qualitative analysis of interviews, observations, and documentation data, it can be concluded that the fulfillment of health rights in the Class IIB Raha Detention Center has been normatively implemented. However, it has not been optimally effective in practice. This is due to structural factors such as overcapacity, limited human resources, and the high burden of disease in the prison environment. These findings show that there is a gap between legal norms and implementation in the field, thus reinforcing the argument that the effectiveness of laws is not only determined by the existence of regulations, but also by the readiness of the structures and supporting systems in their implementation (Bramada & Wibowo, 2022).

However, empirical findings show that implementation remains minimal and does not meet ideal health service standards. The condition of the prison is overcapacity, limited health facilities, and a lack of medical personnel. This condition is in line with the findings of other studies that state that health services in correctional institutions are often only reactive, not preventive or promotive (Setiawan & Wibowo, 2021). From the perspective of human rights theory, this condition shows that the fulfillment of health rights is still at the formal level of compliance, which is simply fulfilling normative obligations without ensuring optimal quality and accessibility of services

3.2. Analysis of Implementation Inhibiting Factors

To explain this phenomenon, this study applies policy implementation theory and legal system theory. The findings show that the fulfillment of prisoners' health rights is mainly hindered by overcapacity and limited resources, which restrict the availability and quality of health services. Policy implementation theory explains that legal provisions require adequate resources and institutional capacity to be effectively implemented, while legal system theory highlights the role of legal substance, institutions, and legal culture. These findings indicate that the interaction between regulatory requirements, institutional capacity, and available resources contributes to the gap between legal guarantees and the actual fulfillment of prisoners' health rights, providing a theoretical contribution to understanding health-rights implementation in correctional institutions (Noor, 2023).

Overcapacity is the dominant factor that significantly affects the quality of health services in correctional settings. Overcrowding occurs when the number of inmates of prisons exceeds the predetermined ideal capacity, thus putting pressure on the entire service system, including health services. In the context of Class IIB Raha Detention Center, the condition of excess capacity that reaches around 48% above the ideal capacity indicates a serious imbalance between the number of occupants and the capacity of available facilities. This situation affects not only the physical aspects of the residence but also the health of the inmates (Simpson et al., 2019).

The increasing number of inhabitants in confined spaces leads to a decline in the quality of environmental sanitation, such as limited access to clean water, inadequate bathing and toilet facilities, and poor air circulation. These conditions create an environment conducive to the spread of infectious diseases, especially airborne diseases such as Tuberculosis (TB), as well as skin diseases and other infections (Kim et al., 2022; Rahma & Prayuti, 2025). In dense residential conditions, interactions between residents become very intense, thus accelerating disease transmission and increasing the risk of outbreaks in the detention center. Recent research shows that overcrowding significantly increases the risk of infectious diseases and worsens the health conditions of prisoners, especially in developing countries with limited resources (Aon et al., 2025).

In addition, overcrowding also limits access to health services. With a high number of residents and limited medical personnel, health services cannot meet demand. This causes longer waiting times for services, limitations in routine examinations, and less optimal handling of chronic and infectious disease cases. Under certain conditions, medical personnel are more likely to provide reactive (curative) services than preventive, so disease prevention efforts are less than optimal (Cloud et al., 2023). Correctional systems with high levels of overcrowding tend to experience a systemic decline in the quality of health services (Aon et al., 2025).

From a public health perspective, overcrowding in correctional institutions can be categorized as a major risk factor that has the potential to trigger a health crisis. Research shows that overcrowding has a direct correlation with increased morbidity rates, mental health disorders, and decreased quality of life for inmates. In fact, in the post-COVID-19 pandemic context, overcrowding is one of the main factors that accelerate the spread of disease in closed environments such as prisons (Mohan & Ayyavoo, 2026) Furthermore, from a legal perspective, this condition of overcapacity reflects a discrepancy between the legal norms that guarantee health rights and the reality of their implementation. Although Law Number 22 of 2022 clearly regulates the health rights of prisoners, overcrowding is a structural factor that hinders the effective fulfillment of these rights. Thus, overcrowding is not only a technical problem, but also an indicator of the system's failure to guarantee human rights in the correctional environment. Based on this description, it can be concluded that overcapacity is a key factor that affects the low quality of health services in prisons. Therefore, efforts to handle overcrowding through policies to reduce occupancy, optimize housing capacity, and improve facilities and health workers are strategic steps needed to realize the optimal fulfillment of prisoners' health rights (Tyana & Kurnianingsih, 2025).

Limited resources, both medical personnel and health facilities, are the main structural obstacles in fulfilling the health rights of the inmates. In the Class IIB Raha Detention Center, the limited number of health workers of 1 doctor and 4 nurses to serve more than 300 residents shows the disparity between the need for services and the available capacity. This condition has an impact on limited routine checkups, less than optimal disease management, and lack of preventive efforts. In addition, even though there are clinic rooms and health workers, the limitations of supporting facilities still limit the quality of services. From the perspective of legal system theory, this shows that the substance of the law that has been good is not balanced by adequate structures and means, so that the implementation becomes ineffective. In line with that, research shows that limited manpower and health facilities in correctional institutions correlate with low access to services and increased health risks for inmates (Amabel & Subroto, 2022). Therefore, strengthening resources is key in improving the effectiveness of fulfilling health rights in the correctional environment.

Based on the results of the analysis, this study proposes that the higher the level of overcapacity and the lower the availability of resources, the lower the level of effectiveness of fulfilling prisoners' health rights of prisoners. This proposition shows a systemic relationship between the structural conditions of correctional institutions and the quality of implementation of the right to health, where pressures from housing density and resource limitations directly affect inmates' access to, quality of, and sustainability of health services (Widha & Kusmiyanti, 2025).

The predictive implications of these findings confirm that without comprehensive structural reforms, especially in overcapacity control and increasing the availability of health personnel and facilities, the implementation of Law Number 22 of 2022 has the potential to remain at a symbolic level. This means that although regulations have guaranteed prisoners' health rights, these rights have not been fully realized in practice (Zamzani & Esthi, 2023). Furthermore, this study indicates the need for a

paradigm shift in the correctional system, from a security-based approach to a human rights-based approach. In this paradigm, prisoner health is no longer seen as an additional aspect, but rather as an integral part of the process of fostering and protecting human rights. Thus, the fulfillment of the right to health must be placed as the top priority in the implementation of a fair and welfare-oriented correctional system (Harry et al., 2025).

This research makes a theoretical contribution by emphasizing that in the context of the correctional system, the effectiveness of the law is not solely determined by the quality of the substance of the norms regulated in laws and regulations, but is also greatly influenced by the readiness of the legal structure and culture that supports its implementation. These findings reinforce the view in legal system theory that the success of a regulation depends on a balance between aspects of legal substance, structure, and culture. In the case of fulfilling the health rights of prisoners, although legal norms have been formulated progressively through Law Number 22 of 2022, their effectiveness remains limited if they are not supported by adequate institutional capacity and a legal culture oriented towards the protection of human rights (Flora & Erawati, 2023).

Thus, this study shows that normative juridical approaches alone are not enough to explain the complexity of the phenomenon of fulfilling the health rights of prisoners. A more integrative approach is needed, combining juridical, empirical, and sociological analysis in order to understand how law works in practice. This approach allows the identification of structural and social factors that affect the effectiveness of legal implementation, which are often beyond the reach of normative analysis alone (Noor, 2023).

In addition, this research also opens up space for the development of more contextual theories of law implementation, especially in closed environments such as correctional institutions that have unique characteristics, such as limited space, high institutional control, and vulnerability of their resident populations. In this context, the effectiveness of the law depends not only on adherence to norms but also on the system's ability to adapt to existing empirical conditions (Harry et al., 2025). Therefore, this research contributes to enriching the study of correctional law by offering the perspective that legal implementation must be understood as a dynamic and multidimensional process, which requires synergy between regulations, institutional capacity, and human rights-based approaches.

4. Conclusion

This study concludes that the fulfillment of inmates' health rights at Class IIB Raha State Prison is normatively regulated under Law Number 22 of 2022 concerning Corrections, but its implementation has not yet achieved substantive effectiveness. The findings indicate that comprehensive legal provisions alone are insufficient without adequate institutional capacity. Overcapacity is the main obstacle, affecting residential conditions, sanitation, space availability, and the risk of infectious diseases, while also limiting the effectiveness of health services. In addition, limited health personnel and facilities constitute significant structural constraints. The availability of only 1 doctor and 4 nurses to serve more than 300 inmates illustrates the gap between service needs and institutional capacity, particularly in routine examinations, disease management, and preventive care.

The findings have important practical and policy implications, indicating the need to strengthen correctional health capacity through effective overcapacity control, increased medical personnel, improved health facilities, and stronger coordination with external health providers. The correctional system should also move beyond a predominantly security-oriented approach toward a human rights-based approach that positions health as an integral component of rehabilitation and correctional services.

This study has several limitations, particularly its focus on a single correctional institution and reliance on qualitative empirical data, which may limit the generalizability of the findings to other correctional facilities. In addition, the study does not quantitatively measure the relationship between overcrowding, resource limitations, and health outcomes. Future research should therefore employ comparative studies across correctional institutions and integrate legal, public health, and public policy perspectives. Mixed-methods research could also provide stronger evidence for developing a measurable and context-specific model for the effective fulfillment of inmates' health rights.

References

Abdillah, M. F. (2021). Kendala serta penanggulangan yang dilakukan di lembaga pemasyarakatan di seluruh Indonesia dalam hal over kapasitas. *NUSANTARA: Jurnal Ilmu Pengetahuan Sosial*, *8*(4), 532–538. https://doi.org/10.31604/jips.v8i4.2021.532-538.

Amabel, R. M., & Subroto, M. (2022). Pemberian hak pelayanan kesehatan bagi narapidana dalam keadaan overcrowded di lembaga pemasyarakatan. *Jurnal Komunikasi Hukum (JKH)*, *8*(2), 920-926. https://doi.org/10.23887/jkh.v8i2.59557.

Amin, K., & Oktavia, M. O. (2024). Pengelolaan lembaga pemasyarakatan oleh perusahaan swasta di Indonesia studi perbandingan dengan negara Amerika Serikat. *UNES Law Review*, *6*(3), 8135–8146. https://doi.org/10.31933/unesrev.v6i3.1688.

Aon, M., Oberconz, S., & Brasholt, M. (2025). The association between health and prison overcrowding, a scoping review. *BMC Public Health*, *25*(1), 22-38. https://doi.org/10.1186/s12889-025-23340-9.

Aswandi, B., & Roisah, K. (2019). Negara hukum dan demokrasi pancasila dalam kaitannya dengan hak asasi manusia (HAM). *Jurnal Pembangunan Hukum Indonesia*, *1*(1), 128-145. https://doi.org/10.14710/jphi.v1i1.128-145.

Bramada, R. J., & Wibowo, P. (2022). Upaya penanggulangan dampak over kapasitas di lembaga pemasyarakatan Kelas IIB Arga Makmur. *Jurnal Pendidikan Kewarganegaraan Undiksha*, *10*(1), 1-11. https://doi.org/10.23887/jpku.v10i1.42698.

Cloud, D. H., Garcia-Grossman, I. R., Armstrong, A., & Williams, B. (2023). Public health and prisons: priorities in the age of mass incarceration. *Annual Review of Public Health*, *44*(1), 407-428. https://doi.org/10.1146/annurev-publhealth-071521-034016.

Flora, H. S., & Erawati, R. D. (2023). The orientation and implications of new criminal code: An analysis of lawrence friedman's legal system. *Jurnal IUS Kajian Hukum Dan Keadilan*, *11*(1), 113-125. https://doi.org/10.29303/ius.v11i1.1169.

Friedman, L. M. (1975). *The legal system: A social science perspective*. London: Russell Sage Foundation.

Harry, J. P. M., Herlina, M., & Jusnizar, S. (2025). Implementation of the rights of correctional inmates according to law number 22 of 2022 concerning corrections. *Journal of Legal and Cultural Analytic: PT Formosa Cendekia Global*, *4*(1), 247-262. https://doi.org/10.55927/jlca.v4i1.13835.

Kim, H., Hughes, E., Cavanagh, A., Norris, E., Gao, A., Bondy, S. J., ... & Kouyoumdjian, F. G. (2022). The health impacts of the COVID-19 pandemic on adults who experience imprisonment globally: A mixed-methods systematic review. *Plos One*, *17*(5), 268-286. https://doi.org/10.1371/journal.pone.0268866.

Mohan, S., & Ayyavoo, K. (2026). Correctional health care in India: A narrative review on contemporary penal practices and institutional challenges. *Journal of Correctional Health Care*, *32*(2), 113-122. https://doi.org/10.1177/10783458261436616.

Noor, A. (2023). Socio-legal research: Integration of normative and empirical juridical research in legal research. *Jurnal Ilmiah Dunia Hukum*, *7*(2), 94-110.

Nurrahman, A. (2022). Analisis pemenuhan hak atas pelayanan kesehatan dan makanan layak bagi narapidana di lembaga pemasyarakatan. *Nomos: Jurnal Penelitian Ilmu Hukum*, *2*(3), 104-111. https://doi.org/10.56393/nomos.v1i5.598.

Perkasa, R. A. P. (2020). Optimalisasi pembinaan narapidana dalam upaya mengurangi overcapacity lembaga pemasyarakatan. *Wajah Hukum*, *4*(1), 108–115. https://doi.org/10.33087/wjh.v4i1.175.

Probandari, A., Kuper, H., & Banks, L. M. (2025). Health insurance coverage, healthcare use, and financial protection amongst people with disabilities in Indonesia: analysis of the 2021 National Socioeconomic Survey. *The Lancet Regional Health-Southeast Asia*, *39*(6), 80-94. https://doi.org/10.1016/j.lansea.2025.100631.

Rahma, A., & Prayuti, Y. (2025). Legal implications of Law Number 17 of 2023 on Health for SOPs and risk management in hospitals. *Research Horizon*, *5*(6), 2977–2986. https://doi.org/10.54518/rh.5.6.2025.894.

Setiawan, K. M. Y. B., & Wibowo, P. (2021). Standart pelayanan kesehatan di rutan kelas i depok terhadap pemenuhan hak warga binaan pemasyarakatan. *Al Iman: Jurnal Keislaman dan Kemasyarakatan*, *5*(1), 104-124.

Simpson, P. L., Simpson, M., Adily, A., Grant, L., & Butler, T. (2019). Prison cell spatial density and infectious and communicable diseases: a systematic review. *BMJ Open*, *9*(7), 268-276. https://doi.org/10.1136/bmjopen-2018-026806.

Soekanto, S. (2014). *Pengantar penelitian hukum*. Depok: UI Press.

Soerjono, S. (2020). *Efektivitas hukum dalam pembangunan nasional*. Jakarta: Rajawali Press.

Telaumbanua, R. F. (2020). Peran tenaga kesehatan dalam melaksanakan pelayanan kesehatan WBP Rutan. *Jurnal Ilmiah Kesehatan Sandi Husada*, *9*(1), 205–212. https://doi.org/10.35816/jiskh.v10i2.247.

Tyana, I. N., & Kurnianingsih, M. (2025). The impact of prison overcrowding on the rights and well-being of inmates in Indonesia: A legal perspective. *Jurnal Al-Hakim: Jurnal Ilmiah Mahasiswa, Studi Syariah, Hukum dan Filantropi*, *6*(3), 67-80. https://doi.org/10.22515/jurnalalhakim.v7i1.11363.

Wani, A. W. R., Tallo, D. D., & Amalo, H. (2024). Analisis yuridis dampak overcapacity lembaga pemasyarakatan terhadap pembinaan warga Lapas ditinjau dari Undang-Undang Nomor 22 Tahun 2022 tentang Pemasyarakatan (Studi kasus Lapas Kelas II B Ende). *Mahkamah: Jurnal Riset Ilmu Hukum*, *1*(4), 193–206. https://doi.org/10.62383/mahkamah.v1i4.209.

Widha, A. A., & Kusmiyanti, K. (2025). Tenaga kesehatan, kapasitas, anggaran serta sarana dan prasarana sebagai hambatan utama pelayanan kesehatan bagi narapidana di lembaga pemasyarakatan. *Jurnal Penelitian Kesehatan*, *16*(3), 822-828. https://doi.org/10.33846/sf16339.

Wijaya, M. A., & Wibowo, P. (2021). Strategi menangani over kapasitas di lembaga pemasyarakatan di Indonesia. *Jurnal Justitia: Jurnal Ilmu Hukum dan Humaniora*, *8*(2), 111-117. https://doi.org/10.31604/justitia.v8i2.111-117.

Wijaya, T. S., & Rahman, M. A. M. (2021). Pemenuhan hak mendapatkan pelayanan kesehatan bagi narapidana (Studi di lembaga pemasyarakatan kelas II A Curup). *Jurnal Komunikasi Hukum (JKH)*, *7*(1), 124–134. https://doi.org/10.23887/jkh.v7i1.31462.

Wiraguna, S. A. (2024). Metode normatif dan empiris dalam penelitian hukum: Studi eksploratif di Indonesia. *Public Sphere: Jurnal Sosial Politik, Pemerintahan dan Hukum*, *3*(3), 1-10. https://doi.org/10.59818/jps.v3i3.1390.

Yuliartini, N. P. R., & Mangku, D. G. S. (2023). Penerapan Pasal 9 Huruf (D) Undang-Undang Nomor 22 Tahun 2022 terkait hak pelayanan kesehatan dan makanan yang layak di lapas Kelas Ii B Singaraja. *Jurnal Ilmu Hukum Sui Generis*, *3*(2), 126-136.

Zainuddin, M., & Karina, A. D. (2023). Penggunaan metode yuridis normatif dalam membuktikan kebenaran pada penelitian hukum. *Smart Law Journal*, *2*(2), 114-123.

Zamzani, S. P., & Esthi, A. (2023). Implementasi pemenuhan hak pelayanan kesehatan bagi narapidana di lembaga pemasyarakatan Kelas I Surabaya. *Jurnal Hukum dan Keadilan*, *1*(1), 53-67. https://doi.org/10.55499/judiciary.v12i2.178.

Acknowledgment
We gratefully acknowledge the contributions of individuals who supported the completion of this article.

Funding Information
This research did not receive any funding.

Conflict of Interest Statement
The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement
Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement
The data that support the findings of this study are available from the corresponding author upon reasonable request.