

Research Article

Legal Protection of Prisoners' Right to Health Care Under Law Number 22 of 2022 on Corrections: Normative Analysis and Implementation Challenges

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Abstract: The right to health is a fundamental human right that remains inherent to prisoners. This study aims to examine the legal protection of prisoners' right to health care as regulated in Law Number 22 of 2022 on Corrections, as well as its implementation in correctional institutions. The research uses a normative juridical method with statutory and conceptual approaches. The findings show that Law Number 22 of 2022 formally guarantees prisoners' access to health services, including mental health care and special protection for vulnerable groups such as women, the elderly, and persons with disabilities. Key provisions in Articles 10, 11, 12, and 14 establish the state's obligation to provide adequate health services equivalent to community standards. However, in practice, the realization of this right faces several obstacles including: (1) overcapacity of correctional facilities exceeding 180% of ideal capacity, (2) limited medical personnel with many institutions lacking permanent doctors, (3) inadequate health facilities and medicine supplies, (4) complicated referral procedures causing delays in emergency treatment, and (5) insufficient budget allocation. Strengthening technical regulations, improving infrastructure, enhancing cross-sectoral collaboration, and implementing effective oversight mechanisms are essential to ensure effective protection of prisoners' health rights as mandated by the constitution and international human rights standards.

Keywords: Health Services; Human Rights; Law Number 22 of 2022; Legal Protection; Prisoners' Rights

1. Introduction

Indonesia guarantees the fundamental rights of every citizen, including the right to adequate health services. This principle applies not only to the general public but also encompasses prisoners serving sentences in correctional institutions. As a vulnerable group, prisoners face high risks of various physical and mental health disorders due to overcrowded prison conditions, unhygienic environments, and limited access to quality health services. Therefore, the state has both legal and moral responsibility to ensure the fulfilment of health rights for correctional inmates.

The right to health is part of human rights guaranteed by the constitution and various national legal instruments, including for prisoners (Vidyartha et al., 2024). Law Number 22 of 2022 on Corrections affirms that prisoners are entitled to adequate health services during their imprisonment. However, in practice, the fulfilment of this right often faces various obstacles in the field.

One of the main problems is the limitation of facilities and medical personnel in correctional institutions (Fauziah & Sulistyanta, 2022). In East Java Province, this problem is clearly visible, particularly in several correctional institutions experiencing overcapacity and resource limitations. For instance, at the Class I Correctional Institution in Surabaya (Lapas Porong), health services have not operated optimally due to the imbalanced ratio of health workers to the number of prisoners.

Similar conditions occur at Class IIA Correctional Institution Sidoarjo, where limitations in medical personnel, lack of medicines, and the absence of permanent doctors become obstacles in guaranteeing prisoners' health rights. Health services are often emergency or

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reactive in nature, without a sustainable, integrated health service system (Utami & Kurniawan, 2020). These conditions indicate a gap between legal provisions guaranteeing prisoners' health rights and the reality of implementation in the field. Therefore, an in-depth study on the protection of prisoners' rights to health care under Law Number 22 of 2022 on Corrections is needed to identify existing obstacles and formulate appropriate solutions to address them.

This research aims to: (1) analyse the form of legal protection for prisoners' rights to health care as regulated in Law Number 22 of 2022 on Corrections, and (2) identify and analyse the obstacles faced in implementing health care protection for prisoners in correctional institutions. This study contributes to the development of legal science, particularly in the field of correctional law and human rights, by enriching the study of prisoners' health service rights protection under applicable laws and regulations.

2. Literature Review

Prisoners' Right to Health Services in Human Rights Perspective

The right to health services for prisoners is one of the fundamental aspects of fulfilling human rights that must be guaranteed by the state. As emphasised by various international human rights instruments, including the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, every individual, including prisoners, is entitled to humane treatment and access to adequate health services without discrimination (Sari, 2023). This principle is crucial because prisoners are a vulnerable group who often face higher health risks due to detention conditions, such as overcrowded environments, lack of sanitation, and minimal access to quality medical facilities.

In the context of corrections, health services are not merely the provision of medicine or medical treatment when sick, but also include preventive efforts, periodic health monitoring, and special treatment for prisoners with chronic diseases or mental disorders. The provision of comprehensive and sustainable health services is a manifestation of respect for human dignity that must be maintained in every correctional process. Failure to provide these health rights has the potential to cause serious human rights violations that not only harm prisoners but also impact the social conditions and security of correctional institutions in general.

The principle of non-discrimination in health services for prisoners requires that they be treated equally with the general public. Prisoners' access to health must be free from all forms of discrimination, whether based on legal status, gender, age, or certain disease conditions (Hartono, 2023). This becomes the basis for the state to ensure that prisoners do not experience treatment that demeans their human dignity.

Health Rights Protection in Law Number 22 of 2022

Law Number 22 of 2022 on Corrections is the latest legal foundation that comprehensively regulates the protection of prisoners' rights, particularly in the aspect of health services. This Law affirms that every prisoner is entitled to adequate health services as part of fulfilling their fundamental rights during imprisonment. The provisions in this Law guarantee that correctional institutions must provide equal and quality access to health services, including treatment, routine health examinations, and special care for prisoners who need it (Prasetyo, 2024).

The implementation of Law Number 22 of 2022 in the context of prisoners' health services must be supported by strict supervision from various parties, including independent supervisory bodies (Anggraeni, 2023). This supervision is important to ensure that prisoners' health rights are not only regulated normatively but also realised properly in daily practice. There is also a need to increase coordination between the Ministry of Immigration and Corrections, Health Services, and health facilities outside prisons to provide optimal health services for prisoners.

Obstacles to Health Services in Correctional Institutions

Health services in correctional institutions still face various serious obstacles that impact the fulfilment of prisoners' rights. One of the main obstacles is the budget and health facility limitations within prisons. In many cases, prisons do not have adequate clinics, lack medicines, and have insufficient medical personnel. Most prisons in Indonesia do not have permanent doctors and only rely on periodic medical visits from community health centres or the nearest hospitals (Utami, 2023). This causes health services to be reactive rather than preventive, resulting in many disease cases being handled late.

Overcapacity conditions also worsen health service situations. The number of prisoners far exceeding the ideal capacity makes sanitation facilities inadequate and accelerates the spread of infectious diseases such as tuberculosis, hepatitis, and HIV/AIDS. It was found that overcrowded detention rooms with minimal ventilation significantly contribute to the high incidence of respiratory diseases among prisoners (Fitriana, 2022). Additionally, the lack of access to clean water and environmental cleanliness in prisons causes an increased risk of skin diseases and other infections.

3. Research Methods

This research employs a normative juridical approach, which is legal research conducted by examining primary and secondary legal materials. This approach is used to analyse laws and regulations, legal principles, and doctrines relevant to the protection of prisoners' rights to health care.

The research uses a statutory approach (statute approach) and a conceptual approach. The statutory approach is used to examine relevant regulations, particularly Law Number 22 of 2022 on Corrections and its implementing regulations. The conceptual approach is used to understand the concept of protecting prisoners' rights to health care, including human rights principles and correctional law theories underlying such protection.

Primary legal materials include Law Number 22 of 2022 on Corrections, Law Number 39 of 1999 on Human Rights, Government Regulation Number 32 of 1999 on Requirements and Procedures for Implementing Corrections, and Minister of Law and Human Rights Regulation Number 21 of 2022 on Minimum Service Standards in Corrections. Secondary legal materials consist of literature in the form of books, scientific journals, legal articles, and expert opinions relevant to the discussion. Data analysis is conducted qualitatively by interpreting and constructing legal arguments based on collected legal materials to systematically and logically answer the research questions.

4. Results and Discussion

Forms of Legal Protection Under Law Number 22 of 2022

The right to health is one of the fundamental human rights that cannot be revoked under any circumstances, including when a person is serving a sentence in a correctional institution. In Indonesia's legal system and international law, the right to health is recognised as an inherent right of every individual, regardless of their legal, social, economic, or political status. Thus, prisoners as citizens still have the right to adequate and humane health services.

Internationally, recognition of prisoners' health rights has been regulated in several important instruments. One of them is the United Nations Standard Minimum Rules for the Treatment of Prisoners, or known as the Mandela Rules, which affirms that prisoners are entitled to the same standard of health services as the general public. Article 24 of the Mandela Rules states that "prisoners should enjoy the same standards of health care that are available in the community and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status." This indicates that the state may not restrict health services merely because someone is serving a criminal sentence.

In the national context, Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia explicitly states that "Everyone has the right to live prosperously physically and spiritually, to reside, and to get a good and healthy living environment and is entitled to health services." This provision applies universally without exception, including to prisoners serving sentences in correctional institutions. Additionally, Law Number 39 of 1999 on Human Rights, particularly Article 9 paragraph (2), states that "Everyone has the right to live, maintain life and improve their standard of living." This article reinforces that the right to health is part of the right to live and maintain that life itself.

Law Number 22 of 2022 on Corrections is the latest legal foundation regulating the correctional system in Indonesia, replacing Law Number 12 of 1995. The birth of this law is a legislative effort by the state to align correctional law with the development of human rights values, including strengthening prisoners' rights, one of which is the right to health care.

Article 10, paragraph (1) states that every correctional inmate is entitled to obtain health services and adequate food. The phrase "entitled to obtain" reflects the state's full recognition that prisoners' health rights cannot be ignored. This article becomes the legal umbrella for implementing health services in correctional institutions and obligates the government to meet prisoners' medical needs. Furthermore, Article 11 explains that health services provided must be equal to the standards applicable to the general public, without discrimination. Article

12 regulates the qualifications of health service providers, where health services for prisoners must be provided by professional medical personnel and may collaborate with government or private health service facilities with official permits. Article 14 also mentions that correctional administration must guarantee prisoners' rights to obtain social and health services, including for prisoners with special needs such as disabilities or pregnant women.

The scope of health services in correctional institutions includes: (a) Primary Health Care - basic health services such as general examinations, minor wound care, treatment for infectious diseases, and handling of non-communicable diseases; (b) Referral Health Services - referral to hospitals or advanced health facilities when conditions cannot be handled within the prison; (c) Periodic Health Examinations - routine examinations to detect potential diseases early; (d) Mental Health Services - psychological counseling, group therapy, and psychiatric interventions for prisoners with mental disorders; (e) Reproductive Health and Special Care for Female Prisoners - pregnancy examinations, nutrition for pregnant mothers, safe deliveries, and baby care; and (f) Health Services for Persons with Disabilities and Elderly - services considering their special conditions with assistive devices and accessibility.

Implementation Challenges and Obstacles

Although Law Number 22 of 2022 on Corrections has provided normative guarantees for prisoners' rights to health services, its implementation in the field still faces various complex obstacles. These obstacles are not only technical but also structural and systemic, causing a gap between legal norms and empirical reality in correctional institutions.

First, overcapacity of prisons and detention centres is one of the most fundamental problems directly impacting health services. Many correctional institutions in Indonesia are occupied beyond their intended capacity. According to data from the Directorate General of Corrections, the occupancy rate of national correctional institutions reaches more than 180% of ideal capacity. This situation causes health facilities and infrastructure to be disproportionate to the number of prisoners to be served, resulting in drastically reduced service quality.

Second, the shortage of medical personnel is a serious obstacle to fulfilling health services. Not all prisons have permanent doctors or nurses available every day. Some prisons only rely on weekly or monthly doctor visits, and some even have no medical personnel at all and only depend on correctional officers without medical expertise. This causes delays in disease treatment and increases the risk of complications or death due to diseases that could actually be prevented.

Third, limited facilities and medicines remain a significant challenge. Many prison clinics do not have inpatient rooms, diagnostic equipment, or even adequate medicine storage. Medicine stocks often do not meet prisoners' needs, especially for those suffering from chronic diseases such as diabetes, hypertension, or HIV/AIDS. The lack of facilities also makes it difficult to handle infectious diseases that require special isolation rooms.

Fourth, complicated referral procedures often constrain prisoners needing further treatment at outside hospitals. Processing exit permits from prison, limited escort, and security concerns often become reasons for delayed referral processes. As a result, many prisoners are late in receiving adequate medical care, sometimes even resulting in death. Fifth, budget limitations and a lack of government priority for prisoners' health services cause prisons to be unable to provide optimal facilities and health services. Sixth, minimal external supervision from independent institutions such as Komnas HAM, the Ombudsman, and civil society organisations limits the effectiveness of oversight over the implementation of health rights protection.

Recommended Improvements

Facing various problems in implementing prisoners' rights to health services, comprehensive, systematic, and sustainable improvement efforts are needed. These improvements should address not only technical service aspects but also policy, budgeting, and work culture levels in correctional institutions. The following recommendations are proposed:

- a. **Strengthening Technical Regulations:** More detailed implementing regulations need to be developed, such as the Minister of Law and Human Rights Regulations that technically regulate minimum health service standards in prisons, including periodic health examination protocols, emergency referral mechanisms, infectious disease handling, and prisoners' mental health treatment.
- b. **Increasing Budget and Health Facilities:** The government needs to increase funding allocation for health services in prisons, including procurement of medicines, medical equipment, and construction of adequate health facilities. Each prison should ideally have

- a health clinic with basic inpatient rooms, simple diagnostic equipment, and proper consultation rooms.
- c. **Recruitment and Training of Medical Personnel:** The government must ensure equitable distribution of doctors and nurses to all prisons in Indonesia, including in remote areas. Special training for health workers assigned to prisons is important so they understand the dynamics of correctional environments and ethics in treating prisoner patients.
 - d. **Utilisation of Health Technology:** Digitalisation of health services can be a solution to access limitations. The government can implement telemedicine services in prisons, especially in areas without specialist doctors, allowing prisoners to consult directly with doctors through scheduled and secure video networks.
 - e. **Cross-Sectoral and Institutional Collaboration:** Prisons need to establish closer cooperation with Health Services, public hospitals, community health centres, universities, and NGOs. This collaboration can help provide additional medical personnel, health education, and mental health programs. Memoranda of Understanding between institutions should serve as the legal basis for structured and sustainable cooperation.
 - f. **Strengthening Oversight and Complaint Mechanisms:** It is important to strengthen independent supervision mechanisms by Komnas HAM, the Ombudsman, and civil society organisations. Additionally, prisons must provide safe and confidential internal complaint channels for prisoners who wish to report health rights violations.

5. Conclusion

Law Number 22 of 2022 on Corrections has provided a strong normative foundation for the protection of prisoners' rights to health care. Key provisions in Articles 10, 11, 12, and 14 guarantee that prisoners are entitled to health services equivalent to standards applicable to the general public, without discrimination. The law reflects a paradigm shift from retributive to rehabilitative and restorative approaches, recognising that health rights are non-derogable rights that cannot be reduced under any circumstances.

However, there remains a significant gap between normative provisions and implementation reality. The main obstacles include: (1) overcapacity exceeding 180% of ideal capacity; (2) shortage of permanent medical personnel; (3) inadequate health facilities and medicine supplies; (4) complicated and time-consuming referral procedures; (5) limited budget allocation; and (6) minimal external oversight. These obstacles are not merely technical but structural and systemic in nature.

To ensure effective implementation of prisoners' health rights protection, several measures are recommended: strengthening technical regulations through ministerial decrees, increasing the budget and health infrastructure, ensuring equitable distribution and training of medical personnel, implementing telemedicine services, enhancing cross-sectoral collaboration, and strengthening independent oversight mechanisms. The implementation of prisoners' health rights is not only a legal obligation but also a moral responsibility of the state as the guardian of human values. A just state treats all its citizens equally, including those who have made mistakes and are serving their sentences.

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References

- Anggraeni, D., & Susanti, R. (2023). Implementasi Undang-Undang Pemasyarakatan dalam perlindungan kesehatan narapidana di Indonesia. *Jurnal Hukum dan Kesehatan*.
- Fauziyah, D. S., & Sulistyanta. (2022). Pelaksanaan hak pelayanan kesehatan bagi narapidana yang terjangkit COVID-19 di Lembaga Pemasyarakatan Kelas II A Kendal. *Diponegoro Law Journal*.
- Fitriana, M., & Setiawan, M. (2022). Overcrowding dan dampaknya terhadap kesehatan narapidana di Indonesia. *Jurnal Pemasyarakatan dan Kesehatan Publik*.
- Hartono, Y. (2023). Perlindungan hak asasi narapidana dalam standar internasional. *Jurnal HAM dan Kebijakan Publik*.
- Lisa, Y. P., & Hadi, A. (2024). Pemenuhan hak atas pelayanan kesehatan bagi narapidana di Rumah Tahanan Negara Kelas IIB Kota Jantho. *Jurnal Ilmiah Mahasiswa Fakultas Hukum Universitas Syiah Kuala*, 8(1), 70-79.
- Nasution, A., & Tarigan, H. (2023). Birokrasi dan hak kesehatan narapidana: Analisis hambatan administratif dalam layanan medis di lapas. *Jurnal Hukum dan HAM*.
- Nurhidayat, A., & Sulistyowati, E. (2021). Pelaksanaan hak kesehatan narapidana di Indonesia: Antara regulasi dan realitas. *Jurnal Hukum dan Keadilan*.
- Prasetyo, B. (2024). Analisis perlindungan hak kesehatan narapidana dalam UU Nomor 22 Tahun 2022. *Jurnal Pemasyarakatan*.
- Rachmawati, I., & Dewi, T. (2020). Hambatan koordinasi antarlembaga dalam pelayanan medis untuk warga binaan. *Journal Administrasi Hukum*.
- Sari, D. R., & Nugroho, A. (2023). Hak kesehatan narapidana dalam sistem pemasyarakatan di Indonesia. *Jurnal Hukum dan HAM*.
- Sihombing, R., & Zainuddin, A. (2022). Analisis kekurangan tenaga medis dalam pelayanan kesehatan narapidana di lembaga pemasyarakatan. *Jurnal Pemasyarakatan dan Hak Asasi Manusia*.
- Susanti, R., & Wibowo, A. (2023). Perlindungan hak kesehatan narapidana dalam perspektif HAM. *Jurnal Hukum dan Keadilan*, 13(2), 245-260.
- Utami, D., & Widodo, R. (2023). Analisis kendala pelayanan kesehatan di lembaga pemasyarakatan: Studi kasus di Lapas Klas IIA. *Jurnal Ilmu Hukum dan Kesehatan*.
- Utami, P. C., & Kurniawan, D. (2020). Pelayanan kesehatan berbasis TI dalam proses pemenuhan hak-hak tahanan dan narapidana. *Syntax Literate: Jurnal Ilmiah Indonesia*, 5(11), 1395. <https://doi.org/10.36418/syntax-literate.v5i11.1721>
- Vidyartha, I. P. A., Damayanti, G. A. R., & Sukarmo, I. G. (2024). Pemenuhan hak atas kesehatan bagi narapidana di lembaga pemasyarakatan terbuka Kelas IIB Lombok Tengah. *Unizar Recht Journal (URJ)*, 3(1), 56-63. <https://doi.org/10.36679/urj.v3i1.169>