



The Impact of *Overcapacity* on the Fulfillment of Prisoners' Rights to Health Services in Class I Malang Prison Institutions

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Article	Abstract
Keywords: Impact of Overcapacity; Right to Health Care	<i>Overcapacity is a condition where the number of prisoners exceeds the available capacity. The problem of overcapacity is a serious issue related to human rights, because the condition of overcapacity certainly causes the living conditions of prisoners to be inappropriate, in a situation of overcapacity the prison has a very limited space for movement so that in a narrow room increases the risk of health problems that will quickly spread between prisoners. The problem of overcapacity was studied to find out in fact how the impact of overcapacity on the fulfillment of the right to obtain health services for prisoners at the Class I Correctional Institution in Malang, along with knowing what are the obstacles in fulfilling the right to obtain health services for prisoners. The research method uses empirical legal research or sociological juridical with a qualitative approach as a writing guide. The results of this study concluded that the impact of overcapacity on the fulfillment of health services for prisoners, one of which is related to the general health services of the inpatient unit, not all prisoners with indications of serious illness will be hospitalized due to insufficient space, the lack of this has resulted in the emergence of obstacles in the fulfillment of health services, namely the lack of complete facilities and infrastructure, human resources in the form of medical personnel and the lack of awareness of prisoners to maintain environmental hygiene which has an impact on the health of prisoners.</i>

INTRODUCTION

Overcapacity is a condition where the number of inmates in a correctional institution exceeds the available capacity, this almost happens in all correctional institutions with the obstacle of facilities that are not enough to accommodate the large number of inmates that occurs because the number of crimes or criminal acts in Indonesia is rampant, so that it becomes the biggest threat to the sense of security of people who

live with changes in social values. The capacity of each correctional institution varies greatly according to the area of the building occupied, but in reality the number of inmates far exceeds the capacity of the capacity owned. The problem of *overcapacity* is a serious issue related to Human Rights (HAM), because the condition of *overcapacity* certainly causes the living conditions of the inmates to be unworthy, in an *overcapacity situation* the prison has very limited space to move so that it is difficult to maintain personal privacy, the high number of inmates in a narrow room increases the risk of ill-treatment or abuse by fellow inmates or prison officers to health problems that will quickly spread between inmates because the narrowness of the room occupied is not comparable to the number of inmates.

Human rights in "Article 1 number 1 of Law No. 39 of 1999 concerning Human Rights, it is stated that Human Rights are a set of rights inherent in the nature and existence of humans as creatures of God Almighty and are His gifts that must be respected, upheld and protected by the state, law, Government, and every person for the honor and protection of human dignity and honor" (Undang-Undang Nomor 39 Tahun 1999 Tentang Hak Asasi Manusia, n.d.). So it is the same as prisoners who also have human rights, but for this case, prisoners who are serving a period of detention or a sentence does not mean that they lose all their rights as humans, but they still have their own rights that must be guaranteed during their arrest or sentence, it's just that they lose their right to freedom.

The rights of prisoners themselves are stated in "Law No. 22 of 2022 concerning Corrections, including the rights of prisoners to receive adequate food and health services according to nutritional needs as stated in Article 9 letter d of Law No. 22 of 2022" (Undang-Undang Nomor 22 Tahun 2022 Tentang Pemasyarakatan, n.d.). Health services in correctional institutions should be able to meet the needs of prisoners, but in fact it is still found that there is a lack of health services provided by correctional institutions due to *overcapacity*. Inadequate conditions in correctional institutions can be a risk factor for various infectious and non-infectious diseases.

overcapacity situation makes the fulfillment of prisoners' rights not optimal, especially in the fulfillment of the right to receive health services. The East Java region itself has several correctional institutions that have exceeded capacity, the most *overcapacity correctional institution* according to the Correctional Information Data System is the Class I Malang Correctional Institution, as evidenced by the following data:(*Sistem Database Pemasyarakatan Publik* , 2023).

Table 1.1 1on Overcapacity Occupants in the Last Year 2023 in East Java

No	Technical Implementation Unit of Correctional Institutions Throughout East Java	Capacity	Total Occupants	<i>Overcapacity</i>
1.	Class I Malang Penitentiary	1.282	2,892	1,518
2.	Class I Surabaya Penitentiary	1,050	1,485	374
3.	Class II A Penitentiary Sidoarjo	388	1,250	854
4.	Class II A Madiun Youth Correctional Institution	854	1,229	215
5.	Class I Madiun Penitentiary	535	1.191	638

The data shows that Class I Malang Penitentiary has exceeded the capacity provided. So that the conditions in it are not conducive and the increasing number of health problems with the number of residents increasing every day. This study focuses on efforts to fulfill the rights of prisoners regarding obtaining health services.

METHOD

This study uses empirical legal research or sociological juridical research. Empirical legal research is legal research using data taken directly from the community (Fajar & Achmad, 2022). The research approach uses a qualitative approach to analyze research results and produce analytical descriptive data. (Fajar & Achmad, 2022). Data collection uses primary and secondary data types. Primary data is obtained directly from the results of empirical research through interviews. Secondary data is obtained from literature research, libraries, or library materials related to the problem or material of the researcher. Data collection techniques use 2 (two), namely interviews, observations. Data analysis techniques use qualitative data analysis with 3 (three) techniques, namely data reduction, data presentation, and drawing conclusions.

RESULTS AND DISCUSSION

1. Impact of Fulfillment of the Right to Obtain Health Services for Prisoners in Class I Malang Penitentiary

Class I Malang Penitentiary which was previously called a prison, has now undergone a paradigm shift by including a pattern of guidance for prisoners. The principles of treatment of prisoners have changed from a prison system containing revenge that is no longer in accordance with independence based on Pancasila, but now it has changed into a correctional system based on Pancasila and characterized by rehabilitation, corrective, educative, and reintegrative with the aim that prisoners realize their mistakes, do not repeat criminal acts again and can return to being responsible citizens for themselves, their families, and society and are useful for their nation and country (Sujatno, 2003). This correctional system

is based on Pancasila and the spirit of protection, which is protected not only by the community but also by prisoners. According to Sujatno in the pattern of prisoner guidance that correctional is a process of prisoner guidance which is often called *the Therapeutics Process*, namely guiding prisoners in the sense of healing someone who has lost his life due to certain weaknesses (Sujatno, 2003). The criminalization system also gave birth to a system of guidance for lawbreakers known as the correctional system (Sujatno, 2003).

Fulfillment of prisoners' rights, one of which is to obtain health services as regulated in Article 9 letter d of Law No. 22 of 2022 concerning Corrections which states that "obtaining health services and adequate food according to nutritional needs". This right to health services is provided by the state for prisoners in the Class 1 Malang Penitentiary. Health services according to Prof. Dr. Soekidjo Notoatmojo are of the opinion that health services are part of the health service system with the main objective of preventing and improving health (Nugraheni dkk., 2018). Therefore, every prisoner in the Class I Malang Penitentiary has the right to obtain adequate health services so that a polyclinic must be provided by providing facilities and infrastructure, along with medical personnel.

The clinic at Class I Malang Penitentiary operates from Monday to Saturday. The operating hours of the clinic at Class I Malang Penitentiary are Monday to Thursday from 07.30 to 14.30 WIB, Friday from 07.30 to 11.30 WIB, and Saturday from 07.30 to 12.00 WIB, inmates who are sick outside of working hours and holidays health services are carried out by nurses on duty at that time and general practitioners through *on-call*. Nurses on duty during shifts have 3 (three) shifts, namely the morning *shift from* 06.00 to 13.00 WIB, the afternoon *shift from* 13.00 to 19.00 WIB, and the night *shift from* 19.00 to 06.00 WIB. Services at the Class I Malang Correctional Institution Polyclinic do not comply with those mandated in Chapter III of the Implementation of Health Services of the Regulation of the Minister of Law and Human Rights Number M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Services within the Ministry of Law and Human Rights, stating that the types of services also include emergency unit services, but the Correctional Institution Polyclinic does not have emergency unit services so that prisoners who experience emergency conditions will be referred to the hospital. Prisoners who want to seek treatment are not limited by quota restrictions but must register with health cadres one day before undergoing treatment. Meanwhile, if someone suddenly falls ill at that time and needs serious treatment but has not registered, they will be allowed to seek treatment at that time without registering the day before. So that the services provided to prisoners in one day, it is not known how many prisoners visited the polyclinic for treatment because they do not have a daily archive of visitors to the polyclinic for treatment,

even though this archiving is very important in order to know how many prisoners visited the polyclinic for treatment that day.

Inmates in the Class I Malang Correctional Institution Polyclinic make more visits to the outpatient unit general health services than to dental health services and special services. Inmates who are treated in general health services mostly suffer from skin and respiratory diseases. Inmates who have been diagnosed as only needing treatment will be given outpatient services that are given medicine directly, or if diagnosed as needing intensive care will be given inpatient services. Inmates who are hospitalized will be classified based on the disease they are suffering from, including communicable diseases or non-communicable diseases. Inmates in inpatient services will be fed 3 times a day which will be delivered by the kitchen, and medicine will be stored in the pharmacist's room to avoid drug abuse by inmates so that inpatients who are hospitalized when it is time to take medicine will be given directly by the nurse every morning and evening. Inmates who are hospitalized are not checked by a doctor every day, further checks are carried out if there are further symptoms that arise due to limited medical personnel.

The purpose of health services in Class I Malang Penitentiary is in the vision and mission. The vision of Class I Malang Penitentiary is to realize a Class I Malang Penitentiary polyclinic that is able to provide comprehensive, quality and fair services to prisoners. While the mission of Class I Malang Penitentiary is;

1. Providing health services that include promotive, preventive, curative and rehabilitative activities to prisoners.
2. Organizing quality health services in a professional manner. Class I Malang Penitentiary has 3 (three) types of services, namely general health services consisting of outpatient and inpatient services, dental health services, and special services including TB services, HIV/AIDS services, and mental health services. Inmates who are seriously ill with special treatment such as having to undergo dialysis or laboratory checks, then the Class I Malang Penitentiary will provide a referral letter to the hospital because Class I Malang Penitentiary does not have complete facilities and is still classified as a clinic, not a hospital.
3. Improving the quality of human resources in the health sector of the Class I Malang Prison Polyclinic. Fulfillment of health services for prisoners also has the right to receive proper health services so that in the Class I Malang Penitentiary, health workers are provided consisting of 1 (one) doctor in charge of the clinic and also a general practitioner, 1 (one) doctor in charge as a dentist, 5 (five) nurses consisting of 2 (two) *non-shift nurses* and 3 (three) *shift nurses*, 1 (one) pharmacist, and 3 (three) administrative staff. However, examinations in general health services are often only carried out by nurses

who are assisted by health tamping. The lack of medical personnel on duty and the large number of prisoners seeking treatment often also tamping also helps in checking blood pressure, but this check is not checked by all prisoners, only prisoners with a history of certain diseases are checked further, if there is no history then only a question and answer counseling is carried out for 5 minutes. In Chapter III of the Implementation of Health Services, Regulation of the Minister of Law and Human Rights Number M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Services in the Ministry of Law and Human Rights, it is also stated that medical personnel in the service unit should also have laboratory analysis, nutrition experts, sanitarians, and psychologists, but in Class I Malang Penitentiary does not yet have medical personnel in the service unit. Health services in the basic requirements must be available and continuous, which means that all health services needed are available and are not difficult for prisoners to find, therefore if there are prisoners who are sick in the moderate to severe disease category, referrals will be made to hospitals outside the Class I Malang Penitentiary.

4. Improving cross-sector cooperation in the field of health services. Class I Malang Penitentiary has made an MOU (cooperation agreement) with the health office and community health centers, and for the fulfillment of medicines and medical devices, it is still cooperating with pharmacies owned by private companies. So that medicines are one of the largest expenditures because they are still cooperating with private pharmacies, not people's pharmacies that have been managed by BUMN, so the price of these medicines and medical devices is still expensive and requires large costs, this is also related to the *overcapacity situation* which results in increased operational costs at the Class I Malang Penitentiary Polyclinic.

Health services must be easily accessible in terms of cost, in an interview with Mrs. Ayu as a Nurse at the Class I Malang Penitentiary, she stated that "there is no charge for prisoners who seek treatment at the clinic or prisoners who are referred to the hospital, the costs will be attempted using BPJS but if the prisoner does not have BPJS then the state budget will be used to pay for referral treatment, but before using the state budget, prisoners who do not have BPJS will be educated and notified the family concerned to take care of BPJS". However, this statement contradicts the statement of one of the prisoners who received treatment with the pseudonym Syarif Abidin when interviewed by the researcher, who stated that "I have dry diabetes and tuberculosis, ma'am, at that time I was so bad that I asked for a referral and was rushed to the Bhayangkara Hospital, for the cost of treatment that I know, coincidentally my family also told me that all the treatment costs are independent, ma'am, the family pays but the money is

given through the prison". This made one of the prisoners named Syarif Abidin no longer seek referral treatment to the hospital due to cost constraints. In Article 24 number 6 of Government Regulation No. 58 of 1999 concerning the Conditions and Procedures for the Implementation of the Authority, Duties, and Responsibilities of Prisoner Care, states that the cost of health care in hospitals should be borne by the state. This is in contrast to the facts on the ground which state that prisoners who are referred to hospitals still pay for the referral treatment costs independently.

The health services available at the Class I Malang Penitentiary are easily accessible to the clinic location because they are located in the area of the Class I Malang Penitentiary, where the Class I Malang Penitentiary is located in the middle of the city so that the distribution of health facilities such as medical devices, medicines are easily accessible by private pharmacies that collaborate with the Class I Malang Penitentiary to be sent every mid-month to the Class I Malang Penitentiary clinic. The results of the researcher's interview with Mrs. Ayu as a nurse at the Class I Malang Penitentiary, said that "the fulfillment of drug procurement is carried out by pharmacists, but pharmacists in this prison are not ASN yet, and the procurement of drugs is related to the budget, so our party only submits drugs, consumables every mid-month ". The researcher also conducted an interview with Mrs. Endah as a pharmacist at the Class I Malang Penitentiary, stating that "for the budget for medicines it is around 31 million per year and medical devices around 15 million per year that I know, for the medicines it is only the same because most of the prisoners in this prison have itchy skin, coughs, and colds". With that, the treatment issued each month is relatively expensive, but the treatment of giving medicines is only given for 3 days, so this treatment does not run effectively because within these 3 days the prisoners do not immediately recover, and must return for treatment again at the Class I Malang Penitentiary Polyclinic, which results in the queue every day will remain crowded, the waiting time due to *overcapacity* can extend the waiting time for examinations, treatments, or actions. This budget is the most important thing to fulfill the fulfillment of health services, but such a budget is intended for all health services for prisoners in the Class I Malang Penitentiary, the budget is known to be for medicines and medical devices, for costs such as referrals the researcher does not know how much is spent each year. So the minimal budget received is not sufficient to fulfill the health service rights of prisoners at the Class I Malang Penitentiary.

Health services must also be of high quality with the intention of showing the level of perfection of health services provided can satisfy service users by implementing them in accordance with the code of ethics and established standards (Nugraheni Hermien dkk., 2019). Class I Malang Penitentiary also tries to improve health services for prisoners. Based on an interview with Mrs. Ayu as

a nurse at Class I Malang Penitentiary, it was said that "we have improved health services for residents, one of which is that we visit them to provide communication, education, information (KIE), and provide training to prisoners who become health cadres and health attendants". This was also reinforced by one of the health cadres who was an informant during the interview who said "yes, miss, it's true that if you become a health cadre and health attendant, there is prior training or you are taught by nurses and doctors in this prison, because we are the ones who check every day for anyone who wants to seek treatment and ensure that prisoners are really sick, then becoming a health cadre and health attendant must also be more concerned with sick prisoners". These health cadres are prisoners who are on duty in each block with the responsibility to check the health of prisoners who want to seek treatment. Meanwhile, health officers only have specific duties in the prison health polyclinic.

Class I Malang Penitentiary must provide adequate facilities, these facilities consist of facilities and infrastructure. Facilities and infrastructure also include the fulfillment of the right to obtain health services because they have an important role in supporting health services and maintenance, with the existence of facilities and infrastructure as a support for health services to be able to run more efficiently and ensure the availability of facilities needed to treat prisoners and maintain health. The infrastructure in Class I Malang Penitentiary consists of a general clinic, dental clinic, administration room, drug room, action room, inpatient room consisting of 2 (two) non-communicable disease inpatient rooms, and 3 (three) infectious disease inpatient rooms, toilets. Facilities in Class I Malang Penitentiary consist of a set of examination tools, medical equipment, minor surgical equipment, and non-medical equipment. The results of the researcher's interview with Mrs. Ayu as a nurse at the Class I Malang Penitentiary, stated that "related to medical care has been carried out as optimally as possible but to provide adequate facilities is not optimal because the facilities are not like the outpatient clinics outside, so if there is a worsening condition of the sick prisoner will be immediately referred to the hospital outside because in this prison it is only a clinic class not a hospital ". This was also reinforced by Mr. Phermadi as a Dentist at the Class I Malang Penitentiary, stating that "dental health equipment should be renewed and used as a backup if something is damaged but for now it is enough". The medical equipment for dental health services that are used are indeed rusty, rusty medical equipment can trigger tetanus. Experts from *the University of Illinois Urbana Champaign* assure that rust that enters the body through rusty medical equipment will not have a major direct negative impact on health as long as the rust is in small doses. However, even though it is still in small doses, it is better not to take risks by using equipment that is not rusty.

Class I Malang Correctional Clinic will continue to improve administrative order in health services, the purpose of which is to archive data on prisoners who are being treated, and the history of the prisoners' illnesses will be tidied up in administrative order. In an interview with Mrs. Ayu as a nurse, she said that "regarding administrative order, it has been implemented because every month there must be a report that must be sent to the health service and the regional office of the Ministry of Law and Human Rights". Although the administration is orderly based on observations in the field, it is often difficult to find patient data, this is because the polyclinic still uses manual medical cards whose placement is still not neat and does not match the code on the card given so that searching for medical cards is less efficient. This is also reinforced by the statement of a health cadre when interviewed saying that "prisoners who are being treated are listed one day in advance because to find their medical cards which are stored in the general clinic room, and it often happens that the medical cards are not found or misplaced so that just looking for them takes quite a long time". Class I Malang Penitentiary has experienced a health-related incident that befell prisoners that caused prisoners to die. The incident that had an impact on this health problem occurred in 2016 when there was an outbreak of leptospirosis, this outbreak was caused by rat urine that contaminated the well at Class I Malang Penitentiary, causing 240 prisoners to test positive for leptospirosis and 2 prisoners to die. This was confirmed by the researcher again to Mrs. Khanti as an administrative staff at Class I Malang Penitentiary who had worked for a long time and in the year of the incident knew about it, she said that "it is true that the incident was an outbreak caused by rat urine, this disease is called leptospirosis which caused prisoners to test positive for the disease and 2 prisoners to die, at the time of the incident the prison immediately contacted the health service along with the regional office for food and water inspection. One week the rat traps were set, the rats that were alive or dead would be examined by the laboratory. The health service must include chlorine every month in preventive measures. Prisoners who were affected by the outbreak were immediately given an infusion and hospitalized, but some continued to be referred." From this case, it appears that the Class I Malang Penitentiary has not been able to maintain environmental cleanliness optimally, considering the unhealthy and unclean lifestyle of prisoners and the behavior of prisoners who carelessly drink water to save on living costs in the Class I Malang Penitentiary. In January 2024, there were 2 prisoners who died due to respiratory illnesses, and heart and blood vessel diseases. The chronology of the 2 prisoners, researchers were only able to obtain one chronology of the prisoner who died from respiratory illness, but this chronology was obtained from one of the health workers interviewed by the researcher that the prisoner had been sick since the evening but was not immediately referred to the hospital, only rushed to the

general health service for inpatient care to be referred the next day, but this did not produce good results because before the referral was made, the prisoner had died in the morning. This is certainly one of the factors in the lack of responsiveness of the polyclinic in responding to emergencies.

Prisoners who die in Class I Malang Penitentiary, of course have the responsibility to contact the family of the deceased prisoner, the Penitentiary will take care of the attachments such as:

- 1) Photocopy of health examination report
- 2) Photocopy of check card
- 3) Photocopy of death notification letter to family
- 4) Photocopy of the death certificate from the relevant hospital doctor (usually Malang Penitentiary refers many prisoners to RSSA Malang)
- 5) Photocopy of the minutes of the handover of the body from the Class I Malang Penitentiary to the family
- 6) Photocopy of the statement of no claim
- 7) Health care history
- 8) News of the appointment of the research team (this is a collaboration between doctors and security). This letter is attached if the prisoner in question dies due to suicide.
- 9) Research team minutes
- 10) Photocopy of minutes of handover of goods

The attachments above are attachments that will be handled by the Class I Malang Penitentiary if a prisoner dies.

In 2023, there was 1 (one) prisoner who died due to suicide, the prisoner committed suicide due to stress due to family problems so he decided to commit suicide. The detailed chronology of the prisoner who committed suicide cannot be explored further because the death certificate of the prisoner's chronology is private. If the suicide case is like this, the Class I Malang Penitentiary will call the police to conduct a post-mortem to prove to the family that the prisoner really committed suicide. Prisoners who die in the hospital, the hospital will immediately contact the Class I Malang Penitentiary and their families. If the prisoner dies, the Class I Malang Penitentiary will contact the detaining party and the family of the prisoner concerned. Based on the researcher's interview with Mr. Zulfikar as Head of Care Section, it was stated that "prisoners who die will be taken to the deceased's house by the Class I Malang Penitentiary, then the Penitentiary will be given condolence money, the nominal amount is not large but sufficient for their needs". In Article 26 paragraph 3 of Government Regulation No. 58 of 1999 concerning Government Regulation on the Conditions and Procedures for the Implementation of Authority, Duties, and Responsibilities for the Care of Prisoners, it is stated that all funeral costs as referred to in paragraph (1) are borne

by the state. However, it is not clearly known who will bear the costs of prisoners who die because the results of the interview only mention condolence money for the needs of the prisoner's family.

2. Obstacles in Fulfilling Obtaining Health Services for Prisoners in Class I Malang Penitentiary

In implementing health services in Class I Malang Penitentiary, of course, it does not run smoothly, there are certainly obstacles in the implementation of fulfilling health services for prisoners in Class I Malang Penitentiary. In accordance with the theory of legal effectiveness according to Soerjono Soekanto, one of the functions of law, both as a rule and as an attitude or behavior is to consider human behavior, the problem of the influence of law is not only limited to the emergence of obedience or compliance with the law but includes the total effect of the law on attitudes or behaviors, both positive and negative. In order for the law to be effective, law enforcement officers are needed to enforce the sanctions. A sanction can be actualized to the community in the form of power (*compliance*), with these conditions indicating an indicator that the law is effective (Soekanto Soerjono, 2017). The inhibiting factors that influence the effectiveness of the law in this study include:

1) Human Resources

This human resource barrier factor is included in the law enforcement factor, human resources in the form of medical personnel as law enforcement officers who have the responsibility to carry out their duties in carrying out care and coaching, so that this coaching process runs with healthy prisoner conditions, and creates a conducive situation, so health is the main factor for prisoners to be able to carry out coaching. However, the number of medical personnel at the Class I Malang Correctional Institution, which is 8 (eight) people, is considered less than ideal when compared to the number of prisoners which reaches 2,892 prisoners. Based on the results of the interview with Mrs. Ayu as a nurse, she stated that the number of doctors and medical personnel in this prison is not ideal because based on the calculation of the workload using a special application from the Ministry of Health (Ministry of Health) which is based on how many visits, then at this time the medical personnel are less than ideal. Based on the calculation of the special application of the Ministry of Health, the Class I Malang Correctional Institution Polyclinic should need 3 (three) general practitioners, 2 (two) dentists, and 8 (eight) to 9 (nine) nurses. The addition of medical personnel has of course been submitted to the personnel bureau to increase the number of medical personnel on duty, because medical personnel at the Class I Malang Penitentiary have ASN status, so the addition of medical personnel is

through the personnel bureau, but this has not been fulfilled. So this human resource constraint is caused by the *overcapacity* that occurs at the Class I Malang Penitentiary

The lack of medical personnel is also caused by *overcapacity* where the comparison between the number of prisoners entering is not comparable to the number of prisoners leaving, so that *overcapacity* results in inefficient human resources due to the imbalance between medical personnel and the number of prisoners that is not balanced. Health services are also not running optimally because many people seek treatment, so treatment is carried out quickly due to the lack of medical personnel (doctors) so that the examinations carried out only ask what complaints are experienced/felt by prisoners without checking the condition of the body as a whole. This causes the burden on medical personnel to experience an increase in workload which affects the quality of service and satisfaction of prisoners for treatment at the Class I Malang Correctional Institution Polyclinic.

2) Facilities and infrastructure

These infrastructure and facilities barriers are included as supporting facilities and infrastructure factors for law enforcement. Facilities and infrastructure as supporting facilities to support the implementation of health service fulfillment activities in Class I Malang Penitentiary. This obstacle is also caused by *overcapacity conditions* that affect the availability of health facilities and infrastructure. Supporting facilities can be simply formulated as a means to achieve goals, if physical facilities are not met then it is impossible for law enforcement to achieve its goals. The certainty and speed of case resolution depend on the supporting facilities available in the fields of prevention and eradication of the spread of diseases in Class I Malang Penitentiary.

Based on the results of the interview with Mr. Phermadi as a Dentist, he stated that the facilities in this polyclinic are not well structured or uneven, such as the dental service room is less than ideal due to lack of air circulation, the narrow room area so it is less than ideal. The polyclinic at the Class I Malang Penitentiary only utilizes the existing room because it is not specially designed like a polyclinic, while building a polyclinic with a special design requires a lot of money and is a problem in itself. The problem of infrastructure regarding health waste at the Class I Malang Penitentiary still does not have its own place, the waste is only disposed of in a warehouse that is simply piled up together and mixed so that it is not well organized. This health waste is certainly one of the factors that can cause various dangers to the environment and human health, therefore it is important to manage health waste properly so as not to cause health and environmental

risks. The Water Installation at the Class I Malang Penitentiary has also not been properly regulated because the disposal of blood and phlegm from TB disease and health waste that does not have its own drainage channel, thus causing water pollution. The drug storage space is not ideal because the room is not wide enough and the room temperature is unstable because there is no air conditioning (AC), which makes the stored drugs vulnerable to damage.

3) Lack of Prisoner Awareness of Health and Hygiene

The inhibiting factors related to the lack of awareness of prisoners regarding the importance of maintaining health and cleanliness are included in the legal culture factor where the norms and values in the Class I Malang Penitentiary do not support the importance of maintaining environmental cleanliness and health so that prisoners are not encouraged to maintain cleanliness and health. Lack of communication, information, and education from medical personnel regarding the importance of maintaining cleanliness and health causes prisoners to not have sufficient awareness of knowledge about it, therefore the bad habits of prisoners will not maintain cleanliness around the environment and the *overcapacity factor* that makes prisoners by carrying out activities in crowded living spaces and living spaces that are not cleaned every day makes the transmission of disease between prisoners will be rapid.

CONCLUSION

The implementation of health services for prisoners in Class I Malang Penitentiary has not been optimal due to the absence of an emergency service unit so that prisoners in emergency situations must be referred to the hospital. The medical personnel on duty are also affected by the *overcapacity situation*, resulting in inefficient use of human resources and increasing the workload on medical personnel so that the quality of health services can be affected suboptimally, the *overcapacity situation* also extends the waiting time for examinations, treatments, and minor surgery, resulting in poor service. *Overcapacity* also causes cost problems because it increases operational costs in terms of fulfilling the purchase of medicines and medical devices that still cooperate with pharmacies owned by private companies which are still relatively expensive compared to people's pharmacies managed by BUMN.

The obstacles faced in the implementation of health service provision at the Class I Malang Correctional Institution Polyclinic are related to the lack of human resources in the form of medical personnel on duty, seen from the number of prisoners who *are overcapacity* reaching 2,892 prisoners is not comparable to the number of medical personnel on duty. The second obstacle concerns inadequate facilities and infrastructure such as the absence of a special water installation to dispose of medical waste such as blood or others so that environmental pollution is vulnerable which

causes the rapid spread of disease through water and incomplete facilities such as the absence of a laboratory and general emergency unit services so that prisoners who need these services do not get quick access so that referrals are made to hospitals outside the Class I Malang Correctional Institution Polyclinic, however, this referral service still requires a long process so that it is not responsive in handling the referral prisoner process. The third obstacle concerns the lack of awareness of prisoners in maintaining health and the environment so that the transmission of disease between prisoners will be rapid, and the lack of communication, information, and education makes prisoners not aware of the knowledge in maintaining cleanliness and health.

Suggestion

The Ministry of Law and Human Rights should conduct stricter supervision so that the fulfillment of health services at the Class I Malang Penitentiary is more optimal. The criminal justice system in the first stage should have implemented the *Restorative Justice Principle*, so that the number of prisoners in all Penitentiaries, especially the Class I Malang Penitentiary, does not experience overcapacity.

The health services for prisoners in the Class I Malang Penitentiary, the most important thing is that they must be immediately fulfilled and optimized by the personnel bureau regarding the medical personnel whose number must be increased. Optimization of the number of facilities and infrastructure must be increased, especially in the health waste disposal installation facilities and air conditioning installations must be given more attention because they are related to the impact on environmental health and the health of prisoners in order to obtain optimal health services in accordance with the provisions in Article 9 letter d of Law No. 22 of 2022 concerning Corrections in terms of health services. Prisoners' awareness must be increased again regarding maintaining cleanliness which will have a negative impact on the health of prisoners, so that the condition of the Class I Malang Penitentiary will be clean and have a good impact on the health of prisoners. Increasing prisoners' awareness of health and cleanliness is a very important aspect to consider, by providing routine education to all prisoners, not just health cadres, and effective health programs in helping to increase prisoners' awareness of health and cleanliness.

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