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HEALTHCARE SERVICES FOR FEMALE INMATES A SIYASAH TANFIZIYAH ANALYSIS

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Abstract

Healthcare is a fundamental human right that must be guaranteed to every individual, including those serving criminal sentences in correctional institutions. Indonesian legislation recognizes the right to healthcare for all individuals, yet healthcare services for female inmates continue to face substantial challenges, particularly in addressing gender-specific health needs. This study examines the implementation of healthcare services for female inmates through the analytical framework of Siyasah Tanfiziyah, emphasizing the state's responsibility to protect the right to health. The research employed a qualitative empirical legal approach. Data were collected through in-depth interviews, field observations, and document analysis at a women's correctional institution in Indonesia. The findings indicate that healthcare services remain below the standards established by national regulations because of shortages of healthcare personnel, inadequate medical facilities, limited financial resources, overcrowding, and the absence of comprehensive reproductive and mental healthcare services. The Siyasah Tanfiziyah analysis demonstrates deficiencies in governmental responsibilities related to planning, implementation, and supervision. These deficiencies undermine the principle of *ḥifẓ al-nafs* (the protection of life) as one of the fundamental objectives of Islamic law. Strengthening institutional capacity, improving healthcare governance, and integrating statutory obligations with Islamic principles of public administration are essential to ensuring equitable healthcare services for female inmates.

Kata Kunci: *Healthcare Services, Female Inmates, Correctional Institution, Siyasah Tanfiziyah, Right to Health*

INTRODUCTION

Healthcare constitutes a fundamental human right that must be guaranteed without discrimination, including for individuals serving criminal sentences in correctional institutions. The deprivation of liberty does not eliminate the right to obtain adequate healthcare because imprisonment restricts physical freedom rather than human dignity. National and international legal instruments recognize the state's obligation to provide healthcare services that are equivalent to those available to the general population. The fulfillment of this obligation represents an essential component of correctional administration and reflects the state's commitment to protecting fundamental human rights (Van Hout, 2023).

Female inmates require healthcare services that differ from those provided to the general prison population because of their specific biological and reproductive health needs. Menstrual health, pregnancy, childbirth, postpartum care, breastfeeding, reproductive disorders, and mental health require comprehensive medical services supported by qualified healthcare personnel and appropriate facilities. Failure to accommodate these needs may

expose female inmates to preventable health risks and undermine their physical and psychological well-being during incarceration (Subroto, 2025).

Indonesian legislation has established a comprehensive legal framework governing the right to healthcare for correctional inmates. The Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, and Law Number 22 of 2022 concerning Corrections collectively affirm that every inmate retains the right to receive proper healthcare services throughout the period of imprisonment. These legal guarantees demonstrate the state's responsibility to ensure that correctional institutions provide accessible, adequate, and non-discriminatory healthcare services. Practical implementation, however, frequently falls short of these legal standards. Previous studies have reported persistent problems, including shortages of healthcare personnel, inadequate medical facilities, overcrowding, limited healthcare budgets, and insufficient reproductive healthcare services for female inmates. These conditions reduce the quality of healthcare delivery and increase the vulnerability of female inmates to communicable diseases, chronic illnesses, and reproductive health complications (Fathonah, 2023).

Existing studies have primarily examined healthcare services for inmates from the perspectives of human rights, public health, correctional administration, and positive law. Limited attention has been devoted to examining governmental responsibility for healthcare provision through the framework of Siyasah Tanfiziyah, which emphasizes executive responsibility in implementing public policies for the protection of society. This limitation indicates the need for a more comprehensive analysis integrating statutory obligations with Islamic political jurisprudence. Siyasah Tanfiziyah regards governmental authority as a trust that must be exercised to promote justice, public welfare, and the protection of fundamental rights. The protection of life (ḥifẓ al-nafs) represents one of the principal objectives of Islamic law and establishes healthcare as a governmental obligation rather than merely an administrative service. Healthcare services provided within correctional institutions therefore constitute an important indicator of governmental accountability in fulfilling both legal and ethical responsibilities (Adhari, 2025).

This study analyzes the implementation of healthcare services for female inmates using the analytical framework of Siyasah Tanfiziyah. The study seeks to evaluate the extent to which healthcare services have fulfilled statutory requirements while assessing governmental responsibility for protecting the right to health within correctional institutions. The findings are expected to contribute to the development of correctional policy and enrich scholarly discussions concerning healthcare governance within the framework of Islamic political jurisprudence.

METHODS

This study adopted an empirical legal approach using a qualitative research design to examine healthcare services provided to female inmates in a correctional institution. Examination focused on the implementation of statutory provisions governing the right to healthcare and their application in institutional practice. The research site was a women's correctional institution in Indonesia. Purposive sampling was applied to select participants based on their responsibilities and direct involvement in healthcare service delivery. Research

participants included the Head of the Correctional Institution, the Head of the Inmate Development Section, correctional officers, healthcare personnel, and female inmates.

In-depth interviews, field observations, and document analysis generated the research data. Interviews explored healthcare service implementation, institutional challenges, and policy practices. Field observations examined healthcare facilities, service procedures, and institutional conditions. Document analysis covered statutory regulations, institutional records, and official reports to strengthen the empirical findings. An interactive qualitative analysis guided data interpretation through data reduction, data display, and conclusion drawing. Evaluation emphasized patterns of healthcare service implementation using Siyasah Tanfiziyah as the analytical framework. Source triangulation enhanced data credibility by comparing information obtained from interviews, observations, and documentary evidence.

RESULTS AND DISCUSSION

Implementation of Healthcare Services for Female Inmates

Healthcare services constitute an essential component of the correctional system because the protection of health remains a fundamental right that is not extinguished by the loss of personal liberty. Imprisonment limits freedom of movement but does not diminish the inherent dignity or legal status of inmates as rights holders. Indonesian correctional policy recognizes healthcare as an integral element of rehabilitation, requiring correctional institutions to ensure equal access to preventive, promotive, curative, and rehabilitative healthcare services. Law Number 17 of 2023 concerning Health and Law Number 22 of 2022 concerning Corrections establish the legal obligation of the state to provide adequate healthcare for all inmates without discrimination. Equal access to healthcare contributes not only to the protection of physical well-being but also to the successful implementation of correctional objectives by enabling inmates to participate effectively in educational, vocational, social, and religious rehabilitation programs. Healthcare services therefore represent both a legal obligation and an indispensable prerequisite for achieving the humanitarian objectives of the correctional system (Van Hout, 2023).

Female inmates require healthcare services that differ substantially from those provided to the general correctional population because women possess unique biological and reproductive health needs throughout different stages of life. Menstrual health management, pregnancy, childbirth, postpartum recovery, breastfeeding, reproductive tract disorders, cervical cancer screening, family planning services, and mental health support require specialized healthcare interventions supported by qualified medical personnel and appropriate facilities. Correctional institutions therefore carry a greater responsibility in ensuring that female inmates receive healthcare that responds to gender-specific needs while maintaining equality before the law. Comprehensive healthcare should include routine medical examinations, reproductive health education, nutritional support, disease prevention, psychological counselling, and timely referrals to external healthcare facilities whenever advanced medical treatment becomes necessary. Comprehensive healthcare delivery strengthens both individual well-being and institutional capacity by reducing health risks that may interfere with rehabilitation and social reintegration (Gharagozloo et al., 2025).

The effectiveness of healthcare services for female inmates also depends on the availability of institutional support that ensures the continuity and quality of medical care. Adequate healthcare facilities, sufficient medical personnel, regular health screening, and integrated referral systems contribute significantly to improving health outcomes among incarcerated women. Collaboration between correctional institutions and public healthcare providers further enables female inmates to access specialized medical treatment that cannot be provided within correctional facilities. Strengthening institutional healthcare capacity therefore not only fulfills statutory obligations but also promotes equitable healthcare delivery, reduces preventable health risks, and supports successful rehabilitation throughout the period of incarceration (Plugge et al., 2020).

Implementation of healthcare services depends upon several institutional factors that facilitate effective service delivery within correctional institutions. National legislation provides a comprehensive legal framework governing inmates' right to healthcare and establishes clear responsibilities for correctional authorities. Institutional cooperation with public hospitals, community health centres, and government healthcare agencies expands access to medical treatment beyond the correctional environment whenever specialized services cannot be provided internally. Availability of healthcare personnel, continuous medical supplies, health information systems, and administrative support further contribute to the effectiveness of healthcare programs. Institutional commitment toward protecting inmates' health also encourages the development of preventive healthcare initiatives, health promotion activities, and routine medical monitoring. Strong collaboration among correctional administrators, healthcare professionals, and public health institutions creates an integrated healthcare system capable of responding to both routine medical needs and emergency situations (Agbaria et al., 2025).

Institutional challenges continue to influence the quality and effectiveness of healthcare services provided within correctional institutions. Limited healthcare personnel frequently increase workloads and reduce opportunities for continuous medical monitoring. Restricted financial resources may affect the availability of medicines, medical equipment, laboratory examinations, and specialized healthcare programs. Correctional facilities experiencing overcrowding often encounter additional difficulties related to sanitation, communicable disease prevention, environmental hygiene, and equitable healthcare access. Female inmates may also experience barriers in obtaining comprehensive reproductive healthcare when institutional infrastructure has not fully accommodated gender-specific healthcare needs. Administrative procedures associated with referrals, security arrangements, and coordination between correctional institutions and external healthcare providers may further influence service efficiency. Continuous institutional improvement therefore remains necessary to ensure that healthcare services satisfy statutory standards and effectively protect inmates' right to health (McLeod et al., 2025).

Implementation of healthcare services ultimately reflects the broader commitment of the correctional system to uphold human dignity and constitutional rights. Healthcare should not be regarded merely as a supporting administrative function but as an essential component of correctional governance that directly influences rehabilitation outcomes and

institutional accountability. Effective healthcare services require legal certainty, institutional commitment, professional healthcare management, and sustainable public policy capable of responding to evolving healthcare needs within correctional settings. Comprehensive implementation strengthens public confidence in the correctional system while promoting equitable treatment for all inmates regardless of their legal status. Analytical evaluation of healthcare implementation also provides an appropriate foundation for examining governmental responsibility through the perspective of Siyasah Tanfiziyah, which emphasizes justice, public welfare, and the protection of fundamental human rights within public administration (Alhasan, 2024).

Government Responsibility for Healthcare Services under Siyasah Tanfiziyah

Siyasah Tanfiziyah establishes executive authority as an institutional responsibility entrusted with implementing public policies that protect individual rights and promote public welfare. Islamic political jurisprudence regards governmental authority as a trust (amānah) requiring every public policy to achieve justice, legal certainty, and social welfare. Healthcare services therefore extend beyond administrative obligations because they represent a constitutional and moral responsibility of the state. Correctional institutions operate as governmental agencies responsible for implementing healthcare policies that ensure equal access to medical services for every inmate. Healthcare provision for female inmates consequently reflects the practical realization of governmental accountability within the framework of Islamic governance. Institutional commitment to protecting health demonstrates the state's obligation to uphold justice while safeguarding human dignity regardless of an individual's legal status (Aprelia et al., 2023).

Protection of life (ḥifẓ al-nafs) occupies a central position within the objectives of Islamic law (Maqāṣid al-Sharīʿah). Preservation of human life requires governments to establish policies capable of preventing disease, reducing health risks, and ensuring access to appropriate medical treatment for every member of society. Female inmates remain entitled to healthcare because criminal punishment restricts liberty rather than fundamental human rights (Putra et al., 2026). Healthcare services addressing reproductive health, pregnancy, childbirth, breastfeeding, mental health, and chronic illnesses therefore represent practical manifestations of ḥifẓ al-nafs. Government institutions bear responsibility for creating healthcare systems that prevent avoidable suffering while maintaining the physical and psychological well-being of correctional populations. Public administration grounded in Islamic legal principles recognizes healthcare as an essential instrument for preserving human life and achieving broader social welfare (Bunyamin, 2025).

Governmental responsibility within Siyasah Tanfiziyah encompasses three interconnected functions consisting of policy planning, policy implementation, and institutional supervision. Effective planning determines healthcare priorities, allocates financial resources, develops institutional infrastructure, and prepares qualified healthcare personnel capable of responding to diverse medical needs. Policy implementation requires correctional institutions to provide accessible healthcare services through professional healthcare management supported by adequate facilities and operational procedures. Institutional supervision ensures accountability by evaluating service quality, monitoring

policy implementation, identifying administrative weaknesses, and introducing continuous improvements. Effective coordination among governmental agencies further strengthens healthcare governance by integrating correctional institutions with public hospitals, community healthcare centres, and national healthcare programs. Comprehensive execution of these governmental functions reinforces public trust while strengthening legal protection for vulnerable populations within correctional institutions (Putri Diana et al., 2025).

Justice represents another fundamental principle guiding healthcare governance under Siyasah Tanfiziyah. Equal treatment does not necessarily require identical services because justice acknowledges different needs experienced by different groups within society. Female inmates possess biological and reproductive characteristics requiring specialized healthcare policies that differ from services generally provided to male inmates. Equitable healthcare therefore requires governments to allocate appropriate resources capable of addressing gender-specific healthcare needs without creating discriminatory practices. Public policy emphasizing fairness also strengthens institutional legitimacy because healthcare services become responsive to the actual medical conditions experienced by correctional populations. Healthcare governance guided by justice simultaneously promotes public welfare (maṣlaḥah) through the protection of individual rights and the reduction of preventable health inequalities (Humaira et al., 2023).

Healthcare services evaluated through the analytical framework of Siyasah Tanfiziyah demonstrate that governmental responsibility extends beyond regulatory compliance toward the realization of substantive justice and human welfare. Legal provisions concerning inmates' right to healthcare acquire practical significance only when supported by effective institutional implementation, sufficient public resources, and sustainable governmental commitment (Rosyidi & Mahmuji, 2024). Healthcare governance reflecting Islamic political jurisprudence encourages correctional institutions to strengthen institutional capacity while integrating humanitarian values into public administration. Comprehensive implementation of these principles contributes to protecting human dignity, preserving life, and achieving the broader objectives of the correctional system. Analytical integration between Indonesian positive law and Siyasah Tanfiziyah therefore offers a comprehensive framework for developing healthcare policies capable of protecting the constitutional and humanitarian rights of female inmates (Asti et al., 2023).

CONCLUSION

Healthcare services for female inmates represent an essential component of the correctional system because the right to health remains a fundamental human right that must be protected regardless of legal status. Effective implementation requires comprehensive healthcare supported by qualified personnel, adequate facilities, sustainable institutional capacity, and policies that address the specific healthcare needs of women. Siyasah Tanfiziyah reinforces this responsibility by emphasizing that governmental authority carries both legal and moral obligations to uphold justice, protect life (*ḥifẓ al-nafs*), and promote public welfare through equitable healthcare services. Integration of Indonesian statutory regulations with the principles of Siyasah Tanfiziyah provides a comprehensive framework for strengthening

correctional healthcare governance while encouraging the development of gender-responsive policies that better protect the health rights of female inmates.

REFERENCES

Bartlett, A., & Hollins, S. (2018). *Challenges and mental health needs of women in prison*. The British Journal of Psychiatry, 212(3), 134–136.

Kamali, M. H. (2019). *The objectives of Shariah and the protection of human welfare*. Islam and Civilisational Renewal, 10(2), 187–205.

Permatasari, C., Soekorini, N., & Cornelis, V. I. (2026). Legal protection of prisoners' right to health care under Law Number 22 of 2022 on Corrections: Normative analysis and implementation challenges. *International Journal of Law and Society*, 3(1). https://doi.org/10.62951/ijls.v3i1.850

Van Hout, M. C., Fleißner, S., & Stöver, H. (2022). Women's right to health in detention: United Nations Committee observations since the adoption of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules). *Journal of Human Rights Practice*, 15(1), 138–156.

Agbaria, Q., Zayyad, M., Abu Hamad, B., & Shadmi, E. (2025). Health care in prison systems: Challenges, access, and equity for incarcerated populations. *BMC Health Services Research*, 25, 62.

Alhasan, A. A. (2024). Incarcerated women's right to health: International standards and legal protection. *De Jure Law Journal*, 16(2), 145–160.

Gharagozloo, M., Moridi, M., Alimardi, M., & Behboodi Moghadam, Z. (2025). Reproductive health needs of incarcerated women in developed countries: A mixed-method systematic review. *European Journal of Medical Research*, 30(1), 200.

McLeod, K., Douglas, H., & Williams, B. (2025). Improving healthcare delivery in correctional settings: Challenges and opportunities. *The Lancet Regional Health – Americas*, 37, 100942.

Aprelia, R., Nurhayati, A., Santoso, R., & Zaharah, R. (2023). *Implementation of Religious Services Policy for the Elderly in South Sumatera: Analysis of Fiqh Siyāsah Tanfidẓiyah*. As-Siyasi: Journal of Constitutional Law, 3(2), 239–253.

Asti, M. J., dkk. (2023). *An Actualization of Hifdz Al-Nafs Theory in Sentencing: Protection of Prisoners' Right to Healthcare*. Al-Daulah: Jurnal Hukum dan Perundangan Islam.

Bunyamin, B. (2025). *The Role of Maqāṣid Al-Syarīʿah in Ensuring Justice and Effectiveness of the Indonesian Correctional System*. Jurnal Syariah.

Humaira, A., dkk. (2023). *Actualization of the Maqāsid al-Shari'ah in Indonesia: Protection of Prisoners' Fundamental Rights*. Jurnal Fuaduna, 8(2).

Putri Diana, Nurhayati, A., & Santoso, R. (2025). *Analysis of Fiqh Siyasah Tanfidziyah on the Implementation of Waste Reduction Policy in West Lampung*. Pranata Hukum, 20(1), 49–64.

Putra, F., Amalia, S., & Salim, M. A. (2026). *Perlindungan Jiwa (Hifẓ al-Nafs) dalam Perspektif Aswaja dan Implikasinya terhadap Pelayanan Kesehatan*. *Health & Medical Sciences, 3*(2), 1–13.

Rosyidi, M., & Mahmuji. (2024). *Penerapan Fiqih Siyasah dalam Ketatanegaraan Indonesia*. Awig-Awig: Jurnal Ilmu Pendidikan dan Ilmu Hukum, 4(1), 65–76.

Plugge, E., Douglas, N., & Fitzpatrick, R. (2020). *The health of women in prison: Study findings and implications for healthcare provision*. International Journal of Prisoner Health, 16(4), 381–394.