



## Legal Protection and the Implementation of Rights of Pregnant Women in Detention: A Case Study of the Class IIA Women's Correctional Facility in Medan, Indonesia

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### ABSTRACT

*This study investigates the legal protection and implementation of rights for pregnant women in detention at the Class IIA Women's Correctional Facility in Medan, Indonesia. Although Indonesian correctional law and human rights instruments provide normative guarantees, their realization is constrained by structural and institutional challenges. Using an empirical juridical approach and qualitative case study design, data were collected through semi-structured interviews with key prison staff, direct observation, and analysis of relevant legal and policy documents, including the Directorate General of Corrections' Basic Health Service Standards. Findings indicate that while basic healthcare, medical referrals, nutritional support, and partial psychosocial services are available, their effectiveness is limited by the absence of obstetric specialists, lack of dedicated housing for pregnant detainees, budget constraints, and insufficient continuous psychosocial support. This highlights a gap between formal legal guarantees and substantive protection, demonstrating that formal equality alone cannot address the differentiated needs of pregnant detainees. Policy recommendations include measurable operational standards, intersectoral integration with local healthcare services, gender- and human rights-based staff training, and performance-oriented evaluation. The study contributes to socio-legal scholarship by emphasizing that effective protection of vulnerable groups depends on both normative frameworks and institutional capacity oriented toward human-centered justice.*

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## 1. Introduction

The protection of the fundamental rights of persons deprived of liberty constitutes a core obligation of the modern constitutional state.<sup>1</sup> Imprisonment inevitably restricts certain civil and political freedoms, yet it does not nullify the inherent dignity and non-derogable rights of detainees.<sup>2</sup> These rights include, at a minimum, access to healthcare, bodily integrity, and humane treatment in accordance with constitutional and international standards.<sup>3</sup> Within correctional systems worldwide, women detainees are recognized as a structurally vulnerable group due to their biological and social conditions.<sup>4</sup> Pregnant women in detention represent an even more sensitive category, requiring enhanced legal and institutional safeguards. Such safeguards are essential not only to protect maternal well-being but also to ensure fetal health and long-term developmental outcomes.<sup>5</sup>

In Indonesia, the transition from a punitive prison model to a rehabilitative correctional system since 1964 reflects a normative commitment to human dignity and social reintegration.<sup>6</sup> This transformation positions correctional institutions (Lembaga Pemasyarakatan) as more than mere instruments of confinement.<sup>7</sup> Instead, they function as key mechanisms through which the state fulfills its constitutional responsibility to protect human rights.<sup>8</sup> This obligation is grounded in Article 28D (1) of the 1945 Constitution, which guarantees equal legal protection, legal certainty, and equality before the law. These constitutional principles are operationalized through Law No. 22 of 2022 on Corrections, which explicitly emphasizes rehabilitation, humane treatment, and special protection for vulnerable detainees, including women and pregnant prisoners. Accordingly, the state

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<sup>1</sup> Jumriani Nawawi, Irfan Amir, and Muljan, "Problematika Gagasan Larangan Mantan Napi Korupsi Menjadi Calon Anggota Legislatif," *Al-Adalah: Jurnal Hukum Dan Politik Islam* 3, no. 2 (2019): 141–55.

<sup>2</sup> Jupri, "Pemberian Hak Remisi Bagi Narapidana Narkotika Berstatus Justice Collaborator," *Jurnal Al-Adalah: Jurnal Hukum Dan Politik Islam* 5, no. 1 (2020): 79–99, <https://doi.org/https://doi.org/10.35673/ajmpi.v5i1.611>.

<sup>3</sup> Mulyadi Alrianto, Asriadi Zainuddin, and Lilis Pramukti, "Challenges and Implementation of Human Rights in the Personality Development of Elderly Prisoners," *Al Adalah: Jurnal Hukum Dan Politik Islam* 9, no. 2 (2024): 157–74.

<sup>4</sup> T Kumtanat and S Rungreangkulkij, "Women Behind Bars: A Qualitative Study of Gender-Sensitive Health Care Experiences in a Model Prison in Northeastern Thailand," *Pacific Rim International Journal of Nursing Research* 30, no. 1 (2026): 135–49, <https://doi.org/10.60099/prijnr.2026.276773>.

<sup>5</sup> B Baker, "Improving Care for Incarcerated Pregnant Women: Policy Implications for Advancing Maternal and Child Health," *Nursing Outlook* 74, no. 1 (2026), <https://doi.org/10.1016/j.outlook.2025.102608>.

<sup>6</sup> Hamja, "PEMBARUAN KEBIJAKAN PEMIDANAAN DALAM RANGKA MENGATASI FAKTOR PENYEBAB OVERCROWDING LEMBAGA PEMASYARAKATAN DI INDONESIA," *Masalah-Masalah Hukum* 53, no. 3 (2024): 261–70.

<sup>7</sup> Baker, "Improving Care for Incarcerated Pregnant Women: Policy Implications for Advancing Maternal and Child Health."

<sup>8</sup> Darmawati, "Pembaharuan Model Penilaian Pembinaan Narapidana Residivis Berbasis Teknologi," *Al-Adalah: Jurnal Hukum Dan Politik Islam* 7, no. 1 (2022): 74–93, <https://doi.org/10.35673/ajhpi.v7i1.1682>.

bears a positive duty to ensure that restrictions on liberty do not disproportionately undermine the essential rights of pregnant women in detention.<sup>9</sup>

Beyond the Corrections Law, Indonesia has developed complementary regulations and technical guidelines governing health services for female detainees. These instruments, issued by the Ministry of Law and Human Rights in coordination with the Ministry of Health, establish minimum standards for prenatal care, nutrition, and medical supervision.<sup>10</sup> They also regulate referral mechanisms to external hospitals when prison medical facilities are insufficient. In principle, this regulatory framework aligns with international norms such as the UN Bangkok Rules on the treatment of women prisoners.<sup>11</sup> Nevertheless, the effectiveness of these legal guarantees ultimately depends on institutional capacity and implementation at the facility level.<sup>12</sup>

Gender-sensitive correctional governance is particularly critical in the management of female detainees. Women experience biological processes that require specialized institutional responses, including menstrual health management, prenatal care, and childbirth assistance. Additionally, postnatal care, breastfeeding support, and adequate hygiene facilities must be integrated into correctional policies.<sup>13</sup> Failure to accommodate these needs may constitute indirect discrimination and a violation of the right to health. Such neglect may also amount to a breach of the broader principle of respect for human dignity. International human rights standards, especially the UN Bangkok Rules, explicitly call for differentiated protection for women in detention to achieve substantive equality.<sup>14</sup>

The significance of this issue is further underscored by national trends in the female prison population. According to data from the Ministry of Law and Human Rights as of June 2025, the number of female detainees and prisoners increased by 7.35 per cent since the beginning of the year, reaching a total of 14,050 individuals. Among them, 71 women were pregnant, 90 were breastfeeding, 42 were persons with disabilities, and 121 children

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<sup>9</sup> Anis Widyawati et al., “The Urgency of Supervision Institutions in Implementing Prisoners’ Rights as an Effort to Restructure Criminal Execution Laws,” *Jambura Law Review* 7, no. 01 (2025): 127–51, <https://doi.org/10.33756/jlr.v7i1.27595>.

<sup>10</sup> “Keputusan Direktur Jendral Pemasyarakatan Kementerian Hukum Dan Hak Asasi Manusia Republik Indonesia Nomor PAS-32.PK.01.07.01 Tahun 2016 Tentang Standar Pelayanan Dasar Perawatan Kesehatan Di LAPAS, RUTAN, BAPAS, LPKA Dan LPAS,” *KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA REPUBLIK INDONESIA*, 2016.

<sup>11</sup> M C Van Hout and J Wessels, “Human Rights and the Invisible Nature of Incarcerated Women in Post-Apartheid South Africa: Prison System Progress in Adopting the Bangkok Rules,” *International Journal of Prisoner Health* 18, no. 3 (2022): 300–315, <https://doi.org/10.1108/IJPH-05-2021-0045>.

<sup>12</sup> R Lines, “The Right to Health of Prisoners in International Human Rights Law,” in *International Journal of Prisoner Health*, vol. 4, 2008, 3–53, <https://doi.org/10.1080/17449200701862145>.

<sup>13</sup> I Chuldun, F Rokhman, and W Widiyanto, “Women Between Jail: A Discourse of Women Protection on Indonesia Correctional Act,” *Journal of Law and Legal Reform* 5, no. 2 (2024): 839–68, <https://doi.org/10.15294/jllr.v5i2.13067>.

<sup>14</sup> Lines, “The Right to Health of Prisoners in International Human Rights Law.”

were living with their mothers in correctional facilities or detention centres, of whom 56 were born within these institutions.<sup>15</sup> These figures indicate that the need for reproductive health protection, maternal care, and support for mothers and children in custodial settings is not merely incidental, but constitutes a structural challenge in the governance of Indonesia's penitentiary system.

Despite the existence of clear constitutional, statutory, and regulatory guarantees, the practical realization of detainees' rights remains uneven. In many correctional facilities, there exists a persistent gap between legal standards and institutional practice. This gap is shaped by structural factors such as limited budgets, inadequate infrastructure, and shortages of medical personnel.<sup>16</sup> Administrative discretion at the facility level further complicates consistent rights implementation. Competing institutional priorities, including security and overcrowding management, often overshadow healthcare considerations.<sup>17</sup> Consequently, pregnant detainees are particularly vulnerable to rights deficiencies within resource-constrained correctional environments.

These structural challenges are clearly observable in the Class IIA Women's Correctional Facility in Medan. During the 2023–2024 period, at least two pregnant women were serving criminal sentences in this institution. Their presence generated heightened responsibilities for continuous medical monitoring, nutritional support, and referral to external hospitals when needed. However, preliminary field observations reveal persistent limitations in healthcare staffing and medical facilities.<sup>18</sup> Logistical constraints further hinder the provision of specialized obstetric services within the prison. These conditions raise serious concerns regarding the adequacy and consistency of rights implementation in practice.

Existing scholarship has extensively discussed the rights of pregnant women in detention from doctrinal and public health perspectives.<sup>19</sup> Many studies, however, rely primarily on normative analysis or secondary data. As a result, there remains limited empirical understanding of how legal protections operate in daily correctional administration. In particular, few studies examine how Law No. 22 of 2022 and related

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<sup>15</sup> "Perkuat Layanan Kesehatan , Ditjenpas Gelar Konstek Standar Kesehatan Di Lapas Dan Rutan Perempuan," *Https://Www.Ditjenpas.Go.Id*, 2025, <https://www.ditjenpas.go.id/perkuat-layanan-kesehatan-ditjenpas-gelar-konstek-standar-kesehatan-di-lapas-dan-rutan-perempuan> .

<sup>16</sup> Angkasa, "DEPRIVATION OF INMATES IN CONDUCTING IMPRISONMENT AND GUIDANCE IN PENITENTIARY ON VICTIMOLOGY PERSPECTIVE," *Journal of Indonesian Legal Studies* 5, no. 1 (2020): 53–74, <https://doi.org/10.15294/jils.v5i1.38520>.

<sup>17</sup> R L Barberet, *Women, Crime and Criminal Justice: A Global Enquiry*, *Women, Crime and Criminal Justice: A Global Enquiry*, 2014, <https://doi.org/10.4324/9780203726440>.

<sup>18</sup> Angkasa, "DEPRIVATION OF INMATES IN CONDUCTING IMPRISONMENT AND GUIDANCE IN PENITENTIARY ON VICTIMOLOGY PERSPECTIVE."

<sup>19</sup> Chuldun, Rokhman, and Widiyanto, "Women Between Jail:A Discourse of Women Protection on Indonesia Correctional Act"; A Rahmah et al., "The Health of Female Prisoners in Indonesia," *International Journal of Prisoner Health* 10, no. 4 (2014): 252–61, <https://doi.org/10.1108/IJPH-08-2013-0038>.

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health regulations are translated into routine practices within Indonesian women's prisons. This study seeks to fill this gap through an empirical juridical approach and a case study methodology. It therefore contributes both theoretically and practically to debates on law in action, implementation governance, and substantive equality.

This study analyzes the implementation of legal protections for pregnant women in detention at the Class IIA Women's Correctional Facility in Medan. It first examines the degree of alignment between Law No. 22 of 2022, health regulations, and institutional practices. Second, it identifies structural and administrative factors influencing implementation outcomes. Third, it evaluates the implications of these dynamics for human rights protection in correctional settings. The study situates local empirical findings within broader theoretical debates on gender-sensitive governance and substantive equality. Ultimately, it offers evidence-based recommendations for regulatory reform and institutional improvement.

## 2. Legal Material and Methods

This study employs an empirical juridical research design to analyze the implementation of legal protection and the fulfillment of the rights of pregnant women in detention during the execution of criminal sentences. This approach integrates doctrinal legal analysis with qualitative field inquiry in order to examine both the formal content of applicable legal norms (law in books) and their practical realization within correctional institutions (law in action). A qualitative case study strategy was adopted, focusing on the Class IIA Women's Correctional Facility in Medan as a bounded institutional setting in which the interaction between legal standards, administrative capacity, and service delivery can be examined in depth. The unit of analysis encompasses institutional practices related to maternal healthcare provision, nutritional support, medical supervision, and administrative procedures affecting pregnant detainees. This design enables a contextualized assessment of implementation dynamics, resource constraints, and administrative discretion at the facility level, thereby capturing the practical dimensions of rights realization in a correctional environment.

Data were collected through triangulation of primary and secondary sources. Primary data were obtained through semi-structured interviews with key institutional informants directly involved in health data management and service delivery at the facility, including the health data officer of the Class IIA Women's Correctional Facility in Medan, as well as direct non-participant observation of healthcare infrastructure and daily operational conditions relevant to maternal care. Secondary data consisted of documentary analysis of relevant legal instruments and policy frameworks, including Government Regulation No. 32 of 1999 on the Terms and Procedures for the Implementation of the Rights of Correctional Inmates and Law No. 22 of 2022 on Corrections, alongside related regulations on detainee healthcare standards and women's rights in the criminal justice system. Data analysis followed a qualitative thematic-descriptive procedure in which

interview transcripts, observation notes, and legal documents were systematically coded and analytically compared to identify patterns of compliance, implementation gaps, and institutional constraints. This triangulation approach strengthens methodological rigor, enhances credibility, and ensures the reliability of the study's conclusions.

### 3. Results and Discussion

#### 3.1. Normative Framework for the Protection of Pregnant Women in Detention and the Implementation Gap

The Indonesian correctional legal system normatively situates respect for human dignity, health, and welfare as foundational principles in the execution of criminal sanctions, including for women in biologically vulnerable conditions such as pregnancy.<sup>20</sup> Women deprived of liberty retain their fundamental rights, particularly the rights to health, bodily integrity, and humane treatment, which cannot be extinguished solely due to their legal status as detainees or prisoners.<sup>21</sup> This commitment is reflected in Government Regulation No. 32 of 1999 on the Terms and Procedures for the Implementation of the Rights of Correctional Inmates, which guarantees access to adequate healthcare, proper nutrition, humane treatment, and special attention for groups with specific needs.<sup>22</sup> This normative orientation is further reinforced by Law No. 22 of 2022 on Corrections, which redefines correctional institutions not merely as sites of punishment but as rehabilitative institutions responsible for upholding human rights. Collectively, these instruments signify a shift from a punitive paradigm toward a rights-based, health-oriented, and dignity-centered correctional model.

At the international level, this framework aligns with the United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules), which mandate gender-responsive healthcare, prenatal and postnatal care, adequate nutrition, and protection from degrading or inhumane treatment.<sup>23</sup> These standards recognize pregnant women in detention as a particularly vulnerable group requiring differentiated treatment to achieve substantive equality rather than mere formal equality.<sup>24</sup> Indonesia's ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) through Law No. 7 of 1984 further obliges the state to ensure the protection of women's rights throughout all stages of the criminal justice

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<sup>20</sup> D M Iklima Salsabil and I W P Pratomo, "Human Rights Guarantee for Prisoners in the Perspective of Correctional System in Indonesia," *Lex Scientia Law Review* 1, no. 1 (2017): 33–40, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175103046&partnerID=40&md5=3da1e4c9fe8f6da2b1e9c29b5ae7f2a3>.

<sup>21</sup> Rahmah et al., "The Health of Female Prisoners in Indonesia."

<sup>22</sup> Alrianto, Zainuddin, and Pramukti, "Challenges and Implementation of Human Rights in the Personality Development of Elderly Prisoners."

<sup>23</sup> Barberet, *Women, Crime and Criminal Justice: A Global Enquiry*.

<sup>24</sup> A Mackay, "The Relevance of the United Nations Mandela Rules for Australian Prisons," *Alternative Law Journal* 42, no. 4 (2017): 279–85, <https://doi.org/10.1177/1037969X17732706>.

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process,<sup>25</sup> including during sentence execution in correctional facilities. Thus, there is a clear normative coherence between international human rights standards and Indonesia's domestic legal framework regarding the protection of pregnant women in detention.

At the operational level, the Ministry of Law and Human Rights, through the Directorate General of Corrections, has established the Basic Standards for Health Care Services in Prisons, Detention Centers, and Correctional Institutions (Director General of Corrections Decree No. PAS-32.PK.01.07.01/2016), which specifically regulates Maternal Health Services for Pregnant Detainees. This standard requires early identification of pregnant women in detention, scheduling of regular clinic visits, monitoring of maternal and fetal health, provision of vitamins and immunizations, systematic recording in maternal and child health books, and advance planning for childbirth.<sup>26</sup> Importantly, it adopts the K4 antenatal care indicator, which mandates at least four integrated antenatal check-ups up to the third trimester, supported by basic medical equipment such as a midwife kit, blood pressure monitor, weighing scale, essential medicines, and the availability of qualified doctors and midwives.<sup>27</sup> In principle, this framework provides a measurable benchmark for assessing the state's compliance with maternal healthcare obligations in correctional settings.

However, despite these normative and operational provisions, Indonesia's regulatory framework remains largely general and programmatic, limiting its effectiveness in guaranteeing substantive rights protection. Government Regulation No. 32 of 1999 does not specify minimum standards regarding the ratio of obstetric specialists, the quality of maternity facilities within prisons, or clear emergency referral mechanisms to external hospitals. Similarly, while the 2016 Directorate General standards define minimum antenatal coverage (K4) and basic infrastructure, they do not establish binding performance indicators, independent monitoring mechanisms, or legal sanctions for non-compliance. This regulatory ambiguity expands administrative discretion at the facility level and weakens legal accountability for the fulfillment of pregnant detainees' health rights.

Consequently, this situation generates a significant implementation gap between normative commitments and practical realization. In many cases, legal protection operates primarily at a procedural level ensuring that services are nominally "available" without guaranteeing their quality, continuity, or adequacy relative to the medical risks of pregnancy. As a result, the actual fulfillment of rights largely depends on local institutional capacity, availability of medical personnel, and budgetary support rather than on

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<sup>25</sup> Indi Nuroini et al., "Legal Review of the Implementation of Human Rights in Handling Cases of Violence Against Women," *Al Adalah: Jurnal Hukum Dan Politik Islam* 10, no. 1 (2025): 184–200, <https://doi.org/10.54957/jolas.v4i6.643.4>.

<sup>26</sup> "Keputusan Direktur Jendral Pemasarakatan Kementerian Hukum Dan Hak Asasi Manusia Republik Indonesia Nomor PAS-32.PK.01.07.01 Tahun 2016 Tentang Standar Pelayanan Dasar Perawatan Kesehatan Di LAPAS, RUTAN, BAPAS, LPKA Dan LPAS," 46.

<sup>27</sup> "Keputusan Direktur Jendral Pemasarakatan Kementerian Hukum Dan Hak Asasi Manusia Republik Indonesia Nomor PAS-32.PK.01.07.01 Tahun 2016 Tentang Standar Pelayanan Dasar Perawatan Kesehatan Di LAPAS, RUTAN, BAPAS, LPKA Dan LPAS," 46.

standardized national legal obligations. This gap underscores the necessity of empirical investigation into practices at the Class IIA Women's Correctional Facility in Medan during 2023–2024, particularly to assess whether the K4 antenatal standard and related maternal healthcare obligations were effectively implemented in practice.

### 3.2. Institutional Practices and Structural Constraints at the Medan Class IIA Women's Correctional Facility

Empirical findings based on field observations and in-depth interviews with health officers and incarcerated women indicate that the Medan Class IIA Women's Correctional Facility has made tangible efforts to provide basic health services for pregnant detainees. Routine medical check-ups are conducted by in-house medical personnel, including monitoring of blood pressure, body weight, and general maternal health conditions. In cases requiring further medical attention, the facility refers pregnant inmates to external hospitals such as Bandung General Hospital and Royal Prima Hospital particularly when complications arise or as childbirth approaches.<sup>28</sup> These practices reflect a degree of institutional awareness of the state's obligation to safeguard maternal and fetal well-being, consistent with national legal commitments and international standards.

Nevertheless, the availability of such services does not automatically ensure quality, continuity, or comprehensiveness of care. The absence of an obstetrics specialist within the facility results in heavy reliance on external healthcare institutions, which in practice creates administrative bottlenecks, transportation limitations, and potential delays in medical intervention. Internal medical staff predominantly perform basic monitoring rather than comprehensive prenatal management, indicating that care remains largely reactive rather than preventive. This dependency on external referrals underscores a structural gap between normative commitments and operational capacity.

Nutritional provision for pregnant inmates also faces significant constraints.<sup>29</sup> Although additional food supplements such as milk and eggs are provided based on medical recommendations, these measures fall short of nationally recommended nutritional standards for pregnant women. Budgetary and logistical limitations often hinder adequate dietary fulfillment, compelling some inmates to rely on family support or external assistance.<sup>30</sup> This situation risks generating unequal protection among detainees and undermines the principle of non-discrimination in the fulfillment of health rights.

From an infrastructural perspective, the facility lacks dedicated housing for pregnant women. They continue to be placed in general residential blocks alongside other inmates, despite efforts by officers to assign relatively safer and more comfortable spaces. Overcrowding, limited room availability, and sanitation conditions that are not fully adapted to the needs of pregnancy exacerbate both physical and psychological health risks.

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<sup>28</sup> **Sophia Harahap**, "Interview with Mr. Pesta Agus Apriadi, Officer at the Class IIA Women's Correctional Facility," June 2, 2025.

<sup>29</sup> R J Shlafer et al., "Best Practices for Nutrition Care of Pregnant Women in Prison," *Journal of Correctional Health Care* 23, no. 3 (2017): 297–304, <https://doi.org/10.1177/1078345817716567>.

<sup>30</sup> **Sophia Harahap**, "Interview with Mr. Pesta Agus Apriadi, Officer at the Class IIA Women's Correctional Facility," June 2, 2025

These conditions illustrate how structural limitations impede the realization of gender-responsive detention standards.

Psychological services and counseling for pregnant detainees remain insufficient due to the limited number of professional counselors and psychologists. While some religious and rehabilitative programs exist, they are not systematically integrated into maternal care.<sup>31</sup> Given that pregnancy within a carceral environment heightens vulnerability to stress, anxiety, and mental strain, the lack of structured psychosocial support represents a critical shortcoming in rights-based detention management.

Institutionally, these findings reflect the characteristics of street-level bureaucracy, in which frontline officers exercise considerable discretion in translating abstract legal norms into practical action. Implementation is largely shaped by operational pragmatism and resource scarcity rather than by clearly articulated and enforceable human rights standards. Consequently, legal protection tends to remain at the level of minimal compliance rather than substantive rights fulfillment, thereby reinforcing the implementation gap identified in Section 3.1

### 3.3. Rights Protection, Gender Justice, and Policy Implications

The combined normative and empirical findings indicate that a formal equality approach in the treatment of detainees has proven insufficient to secure substantive justice for pregnant women in detention. Indonesian correctional law anchored in Law No. 12 of 1995 on Corrections, Law No. 39 of 1999 on Human Rights, and further operationalized through the Directorate General of Corrections' 2016 Basic Standards for Health Services (including the K4 integrated antenatal care standard) recognizes the state's obligation to provide health services, adequate nutrition, and humane treatment for all inmates.<sup>32</sup> These guarantees are reinforced by Indonesia's commitments under CEDAW, the Mandela Rules, and the Bangkok Rules, which require gender-responsive healthcare, specialized prenatal and postnatal care, and protection of pregnant detainees as a particularly vulnerable group.<sup>33</sup> Normatively, therefore, Indonesia has established a reasonably coherent rights framework that aligns with international human rights standards.

However, empirical evidence from the Class IIA Women's Correctional Facility in Medan demonstrates that legal protection largely remains formal rather than transformative. While basic healthcare services such as routine antenatal monitoring and referrals to external hospitals are available, the quality, continuity, and institutional preparedness of services fall short of what the right to health requires under the

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<sup>31</sup> Rahmah et al., "The Health of Female Prisoners in Indonesia."

<sup>32</sup> E Suhartini, "Legal Perspective of Medical Care System for Prisoners and Detainees," in *International Journal of Civil Engineering and Technology*, vol. 8, 2017, 406–12, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029896509&partnerID=40&md5=dd19458932156d55b216ec19be883a0a>.

<sup>33</sup> Rahmah et al., "The Health of Female Prisoners in Indonesia."

availability, accessibility, acceptability, and quality (AAAQ) framework.<sup>34</sup> The absence of in-house obstetric specialists, limited maternal nutrition budgets, lack of dedicated maternity housing, and minimal psychological support reveal that implementation is shaped more by administrative pragmatism and resource scarcity than by a rights-based governance model. From a vulnerability theory perspective, pregnancy amplifies institutional dependency; when correctional systems are not structurally designed with gender sensitivity, they risk reproducing rather than mitigating structural inequities.

These findings carry significant policy implications. First, Indonesia requires clearer, binding technical standards that translate broad legal guarantees into measurable operational benchmarks covering minimum antenatal care frequency, maternal nutrition adequacy, specialist medical access, and maternity-friendly infrastructure. Second, inter-institutional coordination between correctional facilities and regional health systems must shift from ad hoc referrals to structured, sustainable medical partnerships. Third, human resource capacity within correctional institutions should be strengthened through mandatory gender- and rights-based training for staff, including health and security personnel. Finally, oversight mechanisms should move beyond administrative compliance toward impact-based evaluation of service quality and detainee well-being.

Theoretically, this study contributes to scholarship on vulnerable populations within penal governance by demonstrating that effective rights protection depends not only on normative completeness but also on regulatory precision, institutional capacity, and policy orientation. The case of Medan illustrates that protecting pregnant detainees is fundamentally a matter of legal governance and social justice rather than merely a technical issue of correctional administration. Consequently, realizing the rights of pregnant women in detention requires a structural recalibration of correctional policy—one that prioritizes gender-responsive care, institutional accountability, and substantive equality over procedural uniformity.

#### **4. Conclusion (bold, 12 pt)**

This study demonstrates that, from a normative perspective, the Indonesian legal system provides a relatively comprehensive framework for safeguarding the rights of pregnant women in detention, through both correctional regulations and human rights instruments. Principles of respect for human dignity, the right to health, and special treatment for vulnerable groups have been internalized in various statutory provisions, including the Correctional Law, the Human Rights Law, and the basic health service standards issued by the Directorate General of Corrections. However, these normative provisions remain broadly formulated and are not fully operationalized through measurable

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<sup>34</sup> Chuldun, Rokhman, and Widiyanto, "Women Between Jail: A Discourse of Women Protection on Indonesia Correctional Act"; A Widyawati et al., "Optimizing Oversight: Developing an Ideal Framework for Supervision Prisoners' Rights Allocation," *Indonesian Journal of Criminal Law Studies* 9, no. 2 (2024): 185–206, <https://doi.org/10.15294/ijcls.v9i2.50313>.

technical standards or effective oversight mechanisms, thereby allowing variations in institutional implementation.

Empirical findings at the Class IIA Women's Correctional Facility in Medan indicate that basic healthcare services, medical referral mechanisms, nutritional supplementation, and partial psychosocial support have been provided. Nonetheless, the effectiveness of rights protection remains constrained by structural limitations, including the absence of specialized obstetricians, lack of dedicated housing for pregnant detainees, limited budgets, and insufficient continuous psychosocial services. From a gender justice and human rights perspective, a formal equality approach is insufficient to ensure substantive protection; proportional and humane differential treatment is necessary to accommodate biological needs, health risks, and psychosocial vulnerabilities. Policy implications include the urgent need to strengthen operational standards for healthcare services in correctional facilities, enhance intersectoral integration with local health systems, build staff capacity grounded in gender and human rights perspectives, and implement evaluation mechanisms that focus on service quality and outcomes. Academically, this study contributes to the socio-legal discourse on the protection of vulnerable groups within penal systems, emphasizing that the effectiveness of legal safeguards is determined not only by normative design but also by institutional capacity and public policy orientation in ensuring tangible, sustainable, and human-centered rights protection.

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