

IMPLEMENTATION OF THE DETAINEE AND INMATE CARE FUNCTION AT THE BARRU CLASS IIB DETENTION CENTER IN THE PERSPECTIVE OF LAW NUMBER 22 OF 2022

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Received : 01 October 2025

Published : 25 November 2025

Revised : 10 October 2025

DOI : <https://doi.org/10.54443/morfaiv5i6.4510>

Accepted : 15 November 2025

Publish Link : <https://radjapublika.com/index.php/MORFAI/article/view/4510>

Abstract

This study examines the implementation of the care function for detainees and prisoners at the Class IIB Barru Detention Center based on the provisions of Law Number 22 of 2022 concerning Corrections. The analysis focuses on three main aspects: the fulfillment of basic rights in the form of health and nutritional needs, rehabilitation programs, and protection for vulnerable groups. The results show that the detention center has attempted to carry out its care function through basic health services, food distribution, and coaching activities, although various structural limitations limit the quality of services. Significant overcapacity conditions impact the level of environmental health, the effectiveness of rehabilitation programs, and meeting the special needs of inmates, especially those with disabilities and chronic illnesses. Limited infrastructure and the number of health workers and correctional officers exacerbate challenges in health maintenance and management of residential space. The study's conclusion confirms that the implementation of care has not fully met the mandate of the law due to high pressure on detention capacity. Therefore, improvements in facilities, strengthening human resources, and ongoing policy support are needed to optimally implement humanitarian principles in correctional facilities.

Keywords: *Treatment of Prisoners in Correctional Institutions*

Background

Pancasila affirms the dignity of every human being, including those serving sentences in correctional institutions. The values of just and civilized humanity and the ideals of social justice recognize prisoners as individuals who still have the right to humane treatment.¹ This basic principle is in line with the constitutional guarantees in the 1945 Constitution which contains provisions regarding respect for human rights without exception, as stated in articles that affirm the protection of dignity, the right to a sense of security, and legal certainty for every citizen.² This normative foundation demonstrates that convict status does not negate inherent fundamental rights, except for freedom of movement, which is restricted by court order. The state remains obligated to ensure that individuals serving sentences are treated humanely in accordance with national and international standards recognized by Indonesia. The principle of respecting human rights in correctional institutions is strengthened through various national legal instruments, including Law Number 39 of 1999 concerning Human Rights, which emphasizes the state's obligation to protect every individual from inhumane treatment, torture, neglect, and discriminatory actions, including against those in detention.³ This provision aligns closely

¹Saputra, F. (2020). The Role of Correctional Institutions in the Criminal Law Enforcement Process in Connection with the Purpose of Punishment. REUSAM Journal of Legal Studies, 8(1), 1. <https://doi.org/10.29103/reusam.v8i1.2604>

²Pujayanti, LPV, Nugrahayu, ZZ, Rahim, EI, Muhtar, MH, & Yassine, C. (2024, February 26). Indonesia's Constitutional Court: Bastion of law enforcement and protector of human rights in the reform era. Jurnal Pamator: Scientific Journal of Trunojoyo University, 17(1), 35-49.

³Biantoro, AC (2021). OPTIMIZING PRISONER GUIDANCE AS AN EFFORT TO FULFILL HUMAN RIGHTS (HAM) IN PREVENTING RECIDIVITY IN TENGGARONG CLASS IIA CORRECTIONAL INSTITUTION. Journal of Law (Journal of Legal Studies), 1(2), 847-860. Retrieved from <http://ejurnal.untag-smd.ac.id/index.php/DD/article/download/5507/5193>

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with Indonesia's international commitments through global declarations and agreements such as the UDHR, ICCPR, and the Nelson Mandela Rules, which establish minimum standards for the treatment of prisoners. These standards require the state to fulfill the rights to health, physical and mental protection, basic needs, and a safe environment. Harmonizing national norms with international standards emphasizes that the correctional system must function not only as a means of executing criminals but also as an institution that upholds humanitarian values.

Fundamental changes in the correctional system are evident in the enactment of Law Number 22 of 2022, which repositions the paradigm of guidance, treatment, and social reintegration in a more comprehensive manner. This new legal framework regulates the function of corrections as a series of services, guidance, mentoring, security, observation, and treatment. The affirmation of the treatment function reflects the understanding that corrections not only performs punitive functions but also ensures the physical, mental, and social recovery of detainees and prisoners.⁴ The regulations provide clear guidance on health care, adequate food provision, medical services, rehabilitation, and protection from all forms of violence. Provisions regarding special needs groups demonstrate sensitivity to the vulnerability of individuals, including children, women with reproductive needs, people with chronic illnesses, people with disabilities, and the elderly. Special treatment for the children of female prisoners, including the right to live with their mothers until a certain age, demonstrates attention to child development and family functioning.

The law's explanation of state detention centers emphasizes their primary role as detention centers for suspects or defendants undergoing legal proceedings. While detention is the core function of detention centers, the dynamics of correctional institutions in Indonesia have expanded their functions. Overcrowding and limited space in many prisons force inmates to be placed in detention centers, requiring them to perform the function of caring for inmates, even though they are not structurally designed for such. This situation presents unique challenges, as detention centers must ensure that inmates' basic rights are met, even though their institutional design and facilities are primarily geared toward detainees. This dual role of detention centers necessitates in-depth analysis to ensure that the care function operates in accordance with the mandate of the law and human rights principles.

The Class IIB Barru Detention Center serves as a concrete example of how institutional burdens increase due to the imbalance between inmates and available capacity. Its location in Barru Regency makes it the only correctional facility in the region, requiring all detainees and the majority of prisoners to be housed there. Data shows that the number of inmates has reached 280, consisting of 22 detainees and 258 convicts, far exceeding the capacity of 106. This situation not only illustrates the problem of overcrowding but also demonstrates how the detention center must adapt its functions to provide adequate care. Overcrowding increases health risks, degrades the quality of the living environment, and increases the potential for security disturbances and psychological distress for inmates. This complexity demands a more systematic and adaptive care strategy to ensure that inmates' basic rights are protected.

Providing care amidst limitations requires a thorough understanding of health needs, nutritional needs, access to medical services, and recovery-oriented rehabilitation mechanisms. The Barru Detention Center must ensure that every inmate receives standardized services, including monitoring for infectious diseases, access to emergency services, and monitoring the condition of vulnerable groups. The presence of a large number of inmates increases the workload of officers, so the effectiveness of care depends heavily on human resource capacity, facility availability, and internal management systems. The imbalance between the number of inmates and the size of the detention center makes it difficult to implement ideal care, requiring an in-depth analysis to examine the extent to which care functions are being implemented and the obstacles that arise from regulatory, structural, and factual perspectives.

The Barru Detention Center faces the reality that basic services must be provided despite extremely limited physical space and resources. The successful implementation of its care function depends on the detention center's ability to navigate structural constraints while adhering to the principles of modern, rehabilitative correctional systems. The greatest challenge lies not only in overcrowding but also in ensuring respect for human dignity remains present in every aspect of care. This background analysis serves as a basis for assessing whether the care function at the Barru Detention Center aligns with the mandate of Law Number 22 of 2022 and the human rights principles that underpin correctional systems.

⁴Prasetyo, RB, Waskita, R, Rafsanjani, JI, & Anggayudha, ZH (2023). Zero Overstaying: New Hope Following the Enactment of Law Number 22 of 2022 Concerning Corrections. *Scientific Journal of Legal Policy*, 17(2), 111-134. <https://doi.org/10.30641/kebijakan.2023.v17.111-134>

Formulation of the problem

1. How is the implementation of the care function for detainees and prisoners according to Law No. 22 of 2022 at the Barru Class IIB Detention Center?
2. What are the obstacles in the process of implementing the care function at Barru Class IIB Detention Center?

Research methods

The research approach used is normative juridical based on the analysis of various provisions of laws and regulations, legal theory, and concepts related to the implementation of the care function in the Class IIB Barru Detention Center. This normative study utilizes key regulations such as Law Number 22 of 2022 concerning Corrections, Government Regulation Number 58 of 1999, Government Regulation Number 99 of 2012, and Regulation of the Minister of Law and Human Rights Number 7 of 2022 as the basis for evaluating the implementation of the care function in the correctional environment. The research was conducted at the Class IIB Barru Detention Center located on Jalan AP Pettarani, Coppo, Barru District, Barru Regency as the sole site for collecting field data related to inmate service and care activities.

The research data includes primary and secondary data from the field and literature. Primary data was obtained through government regulations governing the rights of inmates. Legal literature, previous research archives, journals, and media articles served as supporting sources, helping to strengthen the analysis and understanding of the issues studied. Both types of data broaden the research perspective, resulting in a more comprehensive picture of the implementation of care in detention centers. Data collection was conducted through a literature review, which involved searching and reviewing relevant literature and legal documents. Editing processes were used to check the completeness and accuracy of the data, allowing any deficiencies to be addressed through verification with relevant sources. Systematization was used to organize the data according to topic, while classification was applied to group the data based on research themes.

Data analysis was conducted qualitatively through a process that continued throughout the research. Primary data obtained from the field were examined for completeness and then systematically organized for ease of analysis. Secondary data from various literature sources were collected to strengthen the construction of arguments. The analysis stage began with data reduction, which is the process of simplifying and selecting important data relevant to the research focus. The reduced information was then presented in a systematic description to allow for conclusions to be drawn. Verification was conducted at the final stage to ensure that the conclusions drawn truly reflect the research results and answer the research objectives. This continuous analysis process ensured that data obtained from the field and literature were processed accurately and produced valid and scientifically accountable findings.

Discussion

1. Implementation of the Care Function for Detainees and Inmates According to Law No. 22 of 2022 at the Barru Class IIB Detention Center

The implementation of the care function for detainees and prisoners at the Class IIB Barru Detention Center, according to Law Number 22 of 2022, demonstrates complex dynamics when normative demands must be met amidst limited facilities and capacity. The law establishes care as one of the primary functions of correctional institutions, encompassing health maintenance, meeting basic needs, and physical and mental rehabilitation. This binding legal norm establishes high standards for humane treatment of all correctional inmates. The Barru Detention Center faces the reality that the number of inmates has reached three times its ideal capacity, requiring extra efforts to ensure compliance with the law while upholding humanitarian principles. Healthcare delivery is a central part of care. Prison clinics are the first point of contact for prisoners seeking medical examinations, whether for minor conditions or illnesses requiring follow-up. Limited healthcare staff must care for hundreds of inmates living in overcrowded spaces, so service processes are strictly structured to ensure every complaint is addressed.⁵ Infectious disease monitoring requires serious attention because inadequate housing conditions pose a high risk of infection spread. Medication provision is carried out through strict oversight mechanisms to ensure safe use. All of these activities take place within limited clinic space, requiring

⁵Fitri, E., & Wahyudhi, D. (2023). Mechanism for granting remission to corrupt convicts based on Law Number 22 of 2022 concerning Corrections. PAMPAS Journal of Criminal Law, 4(2), 201-212. <https://doi.org/10.22437/pampas.v4i2.26990>

staff to prioritize while adhering to the principle of equitable service.⁶ Meeting nutritional needs is a crucial part of the detention center's responsibilities. Meals are provided three times a day according to government-established calorie standards. Daily menus are designed to meet basic nutritional needs using food available within the budget system.⁷ Food processing takes place in a kitchen that must operate quickly because the number of food recipients far exceeds the kitchen's capacity. This situation demands efficient work organization to ensure safe and timely food distribution. Cleanliness is monitored daily to prevent contamination. These efforts are undertaken under limited resources and the pressure of overcapacity, which worsens the quality of the kitchen environment and food distribution channels.

Rehabilitation programs within the care setting are also being implemented, albeit under less than optimal conditions. Spiritual activities, personality counseling, health education, and several other developmental activities are carried out in shifts because the activity space is insufficient to accommodate all residents. Rehabilitation programs require a conducive environment for residents to participate effectively, but crowded living conditions often require shortened or limited activities.⁸ Nevertheless, coaching activities are still provided because they have a positive influence on the mental and moral condition of residents and support the reintegrative goals of correctional institutions. Services for vulnerable groups are another aspect requiring intensive attention. Female residents are housed in separate blocks to ensure safety and comfort. Persons with disabilities are assisted through special supervision in their daily activities. Those with chronic illnesses are regularly examined to monitor their health progress. Elderly residents are given more attentive treatment to their physical condition. All of these efforts are carried out without the support of ideal specialized facilities as stipulated by law, requiring staff to utilize existing resources adaptively to ensure protection for vulnerable groups is maintained.

While not always found in large numbers, children living with incarcerated mothers still require strict protection mechanisms. Children are placed with their mothers in safer rooms and provided with supplementary food as directed by health workers. The highly overcrowded detention centers make it difficult to accommodate children in a fully adequate environment. Playrooms, educational facilities, and appropriate developmental spaces are often not readily available. Officers must ensure that the residential environment remains safe from potential violence or other disturbances that could threaten the children's well-being and health. Overcrowding in prisons has direct consequences for the overall care function. Overcrowding makes sanitation a serious issue that requires strict management, as unhygienic environments can trigger various diseases.⁹ Clean water must be provided to ensure the daily needs of all residents are met. Cleaning of the housing blocks is carried out through scheduled assignments for inmates under the supervision of staff. This situation demonstrates that care extends beyond medical services or food provision, but also encompasses maintaining a healthy and suitable environment for residents' daily lives. The role of staff is crucial for ensuring continuity of care. High work pressure due to the imbalance between the number of residents and staff makes responding quickly a challenge. Good communication between staff and residents helps expedite complaint resolution and minimizes conflict.¹⁰ Continuous monitoring is carried out to ensure residents' basic needs are met. Ongoing staff training is essential to increase their capacity. Coordination with local community health centers helps strengthen health services, particularly for regular checkups and the management of special cases. Conditions at the Barru Detention Center demonstrate that care delivery is taking place amidst unavoidable structural limitations. Legal norms provide comprehensive and ideal standards, while the reality of detention centers often falls short of meeting all of these indicators. Nevertheless, adaptation efforts continue through strengthening internal management, reorganizing spaces, and inter-agency collaboration.¹¹ The involvement of

⁶Situmorang, VH (2019). Correctional Institutions as Part of Law Enforcement. *Scientific Journal of Legal Policy*, 13(1), 85–98. <https://doi.org/10.30641/kebijakan.2019.v13.85-98>

⁷Nurrahman, A. (2022). Analysis of the Fulfillment of Rights to Health Services and Adequate Food for Prisoners in Correctional Institutions. *Nomos Journal of Legal Research*, 2(3), 104–111. <https://doi.org/10.56393/nomos.v1i5.598>

⁸Jamilah, A., & Disemadi, HS (2020). Community service: a policy to address prison overcrowding. *IUS Journal of Law and Justice Studies*, 8(1), 26. <https://doi.org/10.29303/ius.v8i1.726>

⁹Yahya, A. (2023). Restorative justice approach in criminal law enforcement. *Jurnal JURISTIC*, 4(01), 29. <https://doi.org/10.56444/jrs.v4i1.3904>

¹⁰Ashshiddiqi, F., & Subroto, M. (2023). Psychological Conditions of Narcotics Convicts in the Kudus Class IIB State Detention Center. *JIIP - Scientific Journal of Educational Sciences*, 6(5), 3037–3040. <https://doi.org/10.54371/jiip.v6i5.1996>

¹¹Aris, A., Paluaran, D., Makmur, AF, Aprilia, E., & Darmawansah, S. (2023). Increasing Legal Awareness for Prisoners at the Barru Class IIB State Detention Center. *Amsir Community Service Journal*, 1(1), 32–35. <https://doi.org/10.62861/acsj.v1i2.324>

inmates in cleaning and kitchen activities helps lighten the burden on staff while increasing residents' sense of responsibility towards the residential environment. Studies of care delivery indicate that the greatest challenge lies in the capacity burden, which exceeds the physical capacity of detention facilities. This situation impacts the quality of healthcare services, food provision, rehabilitation, management of vulnerable groups, and environmental maintenance. Limited healthcare facilities, the lack of dedicated space, and a shortage of medical personnel significantly impact the effectiveness of care functions. Every care activity must be carefully managed to adhere to legally mandated principles, even in conditions that are far from ideal.

A comprehensive evaluation of this situation indicates that the need for infrastructure improvements is urgent. Expanding housing space, increasing clinical capacity, adding more health workers, and providing special facilities for vulnerable groups are all part of the long-term improvement strategy. At the national policy level, reducing the burden on prisons through redistributing inmates or building new correctional facilities is a strategic step to ensure the rights of prisoners and detainees are adequately met. The implementation of treatment at the Barru Detention Center provides a clear illustration of the gap between normative concepts in the law and the operational realities faced on the ground. The principle of humane treatment remains the primary orientation despite various limitations. The efforts of detention center officials demonstrate a commitment to safeguarding the basic rights of inmates. This analysis demonstrates that the correctional system requires stronger policy support so that the humanitarian message of Law Number 22 of 2022 can be truly felt by all inmates.

2. Obstacles in the Process of Implementing the Care Function at the Barru Class IIB Detention Center

Obstacles to the implementation of care functions at the Class IIB Barru Detention Center emerge as a series of interrelated and intertwined issues involving structural factors, facility availability, human resource capacity, inmate dynamics, and administrative pressures. Each of these obstacles does not stand alone but rather forms a pattern of problems that impact the quality of care services that should fulfill the mandate of Law Number 22 of 2022 concerning Corrections. The Barru Detention Center faces conditions that are far from ideal capacity, resulting in the implementation of care functions under intense pressure.¹² An examination of these barriers is necessary to understand the extent of the gap between normative standards of care and the operational realities faced by staff and residents. The first obstacle stems from extreme overcrowding. A living space that should accommodate 106 people is now being occupied by 280. This situation creates significant physical and psychological stress for both residents and staff. Overcrowding results in limited movement, poor ventilation, suboptimal air circulation, and a lack of privacy. This environment is highly susceptible to infectious diseases, prolonged stress, and potential conflict between residents. Every step of care becomes more difficult because the crowded environment makes staff movement inefficient, food distribution hampered, health checks disrupted, and routine monitoring takes longer. Overcrowding also leads to the emergence of living blocks that must accommodate more people than is comfortable, making overlapping beds or residents using the floor as a resting place unavoidable realities. Another obstacle relates to inadequate healthcare facilities for the inmate population. Detention centers serve as medical service centers, but the space, equipment, and available healthcare personnel are severely limited compared to the number of people requiring services.¹³ These conditions prevent healthcare services from meeting ideal standards. Medication availability often depends on the budget, so when demand increases dramatically due to overcrowding, drug stocks quickly run low. Illnesses requiring more serious treatment must be referred to healthcare facilities outside the detention center, but the referral process requires strict security procedures, often leading to delays. Transportation barriers, coordination with hospitals, and limited escorts further complicate the problem.¹⁴ Healthcare workers must work extra hard to cover staff shortages while facing high risks of disease exposure due to intense contact with hundreds of residents. Food provision is another difficult issue to avoid. The prison kitchen operates at maximum capacity every day to meet the three meals a day requirement for inmates, whose numbers far exceed the ideal capacity.

¹²Pasaribu, N. a. M., & Prasetyo, NR (2025). REGULATION COUNSELING FOR DETAINEES AND CONVICTS IN CLASS IIB DETENTION CENTER IN BALIKPAPAN. Journal Central Publisher, 2(2), 1574-1579.<https://doi.org/10.60145/jcp.v2i2.341>

¹³Subandi, S., Praptomojati, A., Madhina, I., Hardi, NF, Ahmad, MA, & Wuryansari, R. (2022). IMPLEMENTATION OF MENTAL HEALTH SERVICE PROGRAM FOR COMMUNITY INMATES (WBP) IN COMMUNITY INSTITUTIONS. Journal of Community Service, 8(2), 94.<https://doi.org/10.22146/jpkm.54166>

¹⁴Telaumbanua, RF (2020). The Role of Health Workers in Implementing Health Services for Prison Inmates. SANDI HUSADA SCIENTIFIC HEALTH JOURNAL, 11(1), 205-212.<https://doi.org/10.35816/jiskh.v11i1.247>

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Challenges arise when kitchen space is inadequate to hygienically process large quantities of food.¹⁵ Available equipment is not designed to handle high loads, increasing the risk of damage. Kitchen staff must utilize inmate labor to expedite food processing and distribution, but supervision becomes more challenging because the kitchen is a security-sensitive area. Disruptions in food supplies due to late delivery from vendors or budgetary issues can also reduce food quality. Food prepared in large quantities can potentially lose nutritional value if the processing process fails to pay attention to ingredient quality, equipment hygiene, or storage practices.¹⁶

Obstacles to maintenance implementation are also evident in the limited sanitation facilities. Toilets that are inadequate for the number of residents create long queues and unhygienic conditions. Clean water is a basic necessity, but high usage rates mean the water supply runs out relatively quickly, especially during certain hours. Environmental cleanliness is greatly influenced by resident discipline, while overcrowding causes trash to accumulate more quickly and strong odors to emerge. This situation increases the potential for health problems such as skin infections, digestive problems, and diseases caused by the damp environment. Staff must monitor cleanliness and train residents to carry out rotating cleaning duties, although not all inmates are equally disciplined. Another obstacle is the limited space for rehabilitation and rehabilitation activities. The law stipulates that treatment encompasses not only health and basic needs, but also mental and social recovery. Barru Detention Center lacks a large hall or multi-purpose room sufficient to accommodate all inmates in rehabilitation activities. Religious activities, counseling, outreach, and personality development must be scheduled in shifts and conducted in small groups. The limited number of counselors, resulting in limited personal interaction between counselors and inmates. This hinders the rehabilitation process, which should help inmates develop self-awareness, emotional control, and readiness for social reintegration.

Services for vulnerable groups such as people with disabilities, women, people with chronic illnesses, and the elderly face particular challenges. Detention centers lack facilities fully designed for disability, such as wheelchair ramps or dedicated restrooms. Inmates with chronic illnesses often require regular medical checkups, but limited healthcare staffing delays monitoring.¹⁷ Women need safer and more comfortable spaces, but women's spaces are severely limited and often fall short of ideal standards. Elderly people who require extra care are hard to meet due to limited staff and inadequate prison conditions. Administrative barriers also impact the delivery of care. Lengthy procedures for obtaining medical referral permits, budget delays, procurement mechanisms that sometimes do not meet urgent needs, and the burden of administrative reporting that consumes significant staff time are separate problems. Correctional officers must manage basic services while also juggling record-keeping, reporting, data entry, and other administrative requirements. This administrative burden reduces staff time for direct supervision or building effective communication with inmates. Human resources are also a crucial obstacle.

The number of staff is disproportionate to the number of residents, making supervision and service significantly more challenging. The high workload impacts staff's physical and mental stamina. Fatigue can lead to suboptimal service delivery or negligence. The necessary training for staff to handle residents with diverse personalities is not always available, so staff's ability to handle mental health issues, aggressive emotions, or vulnerable residents is suboptimal. Interactions between staff and residents require careful attention to avoid conflict.¹⁸ In a crowded atmosphere, the risk of friction between residents and between residents and officers increases, so officers must have good communication and situation control skills. Security challenges pose another challenge. Overcrowding increases the risk of violations such as fighting over sleeping space, pressure from senior residents, the circulation of prohibited items, or conflicts between residents. Overcrowded environments make control and supervision more difficult. Staff must conduct more frequent

¹⁵Primawardani, Y. (2017). Physical Care Related to the Provision of Food and Drink for Inmates in Correctional Institutions Reviewed from a Human Rights Approach. *Scientific Journal of Legal Policy*, 11(2), 159-179. <https://doi.org/10.30641/kebijakan.2017.v11.159-179>

¹⁶Azizah, QN, & Subagiyo, A. (2018). DESCRIPTIVE HYGIENE SANITATION OF FOOD MANAGEMENT IN CLASS IIB CORRECTIONAL INSTITUTIONS OF CILACAP REGENCY IN 2017. *Keslingmas Bulletin*, 37(4), 475-481. <https://doi.org/10.31983/keslingmas.v37i4.3799>

¹⁷Irawan, A, & Widodo, YY (2024). Accessibility of Prisoners with Disabilities (Case Study at Surakarta Class I Detention Center). *Indonesian Journal of Islamic Jurisprudence, Economic and Legal Theory.*, 2(3), 1321-1330. <https://doi.org/10.62976/ijijel.v2i3.650>

¹⁸Rahardjo, MM, & Anwar, U. (2022). Efforts to Improve Prisoner Skills as a Form of Independence Development at Class IIB Banjarnegara Detention Center. *Indonesian Journal of Social Science Education (IJSSE)*, 4(2), 114. <https://doi.org/10.29300/ijssse.v4i2.6634>

room raids, inspect belongings, and monitor daily activities. The tensions created by overcrowding trigger collective stress, which can easily lead to riots. Conflict management must be carried out quickly and appropriately to prevent escalation into more serious situations. These security challenges impact the implementation of care because staff must divide their focus between providing services and preventing security disturbances.¹⁹ Barriers to inter-agency coordination are also a significant issue. Detention centers require collaboration with community health centers (Puskesmas), regional hospitals, social services, and other agencies related to health services, handling vulnerable groups, and rehabilitation activities. This coordination is sometimes hampered by bureaucracy, differing policies, or limited facilities at partner agencies. When inmates require urgent medical referrals, the referral process often has to wait for the availability of escorts or specific administrative approvals. This situation hinders prompt service delivery, potentially threatening inmates' health. Physical environmental constraints also play a significant role. Older prison buildings do not fully support the needs of modern correctional facilities. Inflexible structures make it difficult to rearrange rooms. Poor ventilation, uneven lighting, and building materials that do not support inmate comfort are issues that impact maintenance. Renovation efforts are often hampered by budget constraints, resulting in patchwork repairs that fail to address core issues. Limited sleeping facilities force some inmates to share space or use makeshift beds. An unsupportive physical environment directly impacts inmates' health and complicates treatment.²⁰

Another equally important barrier is the psychological factors of inmates. Overcrowding, distance from family, long prison sentences, or emotional pressure can trigger stress and behavioral changes. Inmates with vulnerable mental health conditions require specialized care, while prison officers are not always equipped with professional counseling training. Collective stress easily spreads in crowded environments, affecting the overall atmosphere of the prison. This psychological barrier impacts the effectiveness of development and rehabilitation programs because unstable mental conditions make it difficult for inmates to focus on activities. Officers often encounter inmates with sudden emotional changes that require tactful and patient handling. Informatics barriers are also rarely addressed but impact care. Incompletely integrated data management systems hinder optimal health data collection, special needs documentation, and medical record archiving. Data inaccuracies can hinder decision-making or delay services. The use of more modern information technology is essential to assist with monitoring, data collection, and service acceleration, but budget and equipment limitations hinder the development of such systems.

All of these obstacles demonstrate that the implementation of the care function at the Class IIB Barru Detention Center is under immense pressure. The ideals proposed by Law Number 22 of 2022 face significant challenges when applied to a correctional environment that falls short of capacity standards. Care efforts require synergy between physical facilities, human resources, budgets, policies, and inter-agency coordination. These obstacles cannot be overcome by the detention center alone but require the full support of the central government, local governments, law enforcement agencies, health institutions, and the community. The need for improved facilities, additional medical and correctional staff, improvements to residential spaces, construction of rehabilitation rooms, enhanced sanitation, and the use of information technology are strategic steps to mitigate these obstacles. Strengthening policies that prioritize inmate redistribution, the construction of new detention centers, and reforming the pretrial detention system can help reduce the burden on prisons in the long term. These obstacles must be understood as part of the structural reality of Indonesian correctional systems, requiring serious attention to ensure that care functions operate in accordance with humanitarian principles and the mandate of the law.

Conclusion

The implementation of the care function at the Class IIB Barru Detention Center according to Law Number 22 of 2022 shows that efforts to fulfill the basic rights of detainees and prisoners have been carried out through the provision of health services, fulfillment of nutritional needs, rehabilitation activities, and protection for vulnerable groups, but all of these processes are carried out in conditions that are far from ideal due to overcapacity, limited facilities, a lack of health workers and supervisors, and various other structural obstacles that complicate the implementation of care standards as stipulated by law; this condition shows that the implementation of legal norms has not been fully achieved

¹⁹Wibowo, P. (2020). The Importance of Mitigating the Risk of Overcrowding in Prisons and Detention Centers in Indonesia. *Scientific Journal of Legal Policy*, 14(2), 263–283. <https://doi.org/10.30641/kebijakan.2020.v14.263-283>

²⁰Nugroho, OC (2017). The Role of Correctional Institutions in the Juvenile Criminal Justice System Reviewed from a Human Rights Perspective. *HAM Journal*, 8(2), 161. <https://doi.org/10.30641/ham.2017.8.161-174>

due to the pressure of excessive detention capacity and inadequate facilities, so that the implementation of care takes place adaptively and full of compromise, while the obstacles that arise ranging from limited health services, sanitation, rehabilitation rooms, to the dynamics of security and psychology of residents require comprehensive improvements in both aspects of policy, infrastructure, and correctional management so that the care function can be carried out in accordance with humanitarian principles and the mandate of the modern correctional system.

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