



Special Treatment of Inmates with HIV/AIDS in Correctional Institutions

Daniel Jakobson^{1*}, Atikah Rahmi²

Magister Ilmu Hukum Universitas Muhammadiyah Sumatera Utara

Corresponding Author: Daniel Jakobson: danieljuntak547@gmail.com

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ABSTRACT

Inmates with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) are a vulnerable group that requires special treatment while undergoing coaching in correctional institutions. Although Law Number 22 of 2022 concerning Corrections and Law Number 17 of 2023 concerning Health have guaranteed the right to health services for every inmate, their implementation still faces various legal and institutional issues. This study aims to analyze the legal arrangements regarding the development and handling of prisoners with HIV/AIDS, identify obstacles faced in their implementation, and formulate a more comprehensive handling model in the Indonesian penitentiary system. This research uses normative legal research methods with laws and regulations, conceptual, and case approaches. Legal materials are obtained through literature studies and analyzed qualitatively using systematic and teleological interpretation. The results of the study show that the treatment of prisoners with HIV/AIDS has not been carried out optimally due to the lack of uniform operational standards, limited facilities and health workers, conditions of overcapacity of correctional institutions, weak coordination between agencies, and stigma and discrimination. This research offers a reconstruction of a special handling model that integrates the principles of corrections, health services, and human rights protection through strengthening regulations, building institutional capacity, and developing sustainable health service standards. The model is expected to be able to provide legal certainty while ensuring the fulfillment of the right to health for prisoners with HIV/AIDS in an effective and non-discriminatory manner.

INTRODUCTION

Correctional institutions are an integral part of the criminal justice system that not only function as a place for criminal execution, but also as institutions responsible for ensuring respect for human rights, social rehabilitation, and the development of prisoners. The paradigm of penitentiary that has developed in Indonesia places prisoners as subjects who still have basic rights, including the right to receive proper health services without discrimination. Consequently, the state is obliged to ensure that every inmate receives health protection in accordance with his or her medical condition, including for inmates living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (Ervan Efendi, 2024).

HIV/AIDS is still one of the public health problems that requires serious attention, especially in closed environments such as correctional institutions. Housing density, limited health facilities, high mobility of residents, and the existence of risk groups cause correctional institutions to have a higher level of vulnerability to the spread of infectious diseases than the general public. In addition, inmates with HIV/AIDS not only face medical problems, but also experience stigma, discrimination, and limited access to sustainable health services. This condition has the potential to hamper the coaching process while increasing the risk of violations of the right to health guaranteed in the national legal system and international human rights instruments (Richard Chandra Adam, Amad Sudiro, 2025).

Changes in correctional policy through Law Number 22 of 2022 concerning Corrections have strengthened the orientation of correctional services that emphasize the protection of prisoners' rights, guidance oriented to social reintegration, and the implementation of health services as part of the fulfillment of the basic rights of inmates. On the other hand, Law Number 17 of 2023 concerning Health affirms the state's obligation to provide equal health services to everyone without discrimination, including groups under state control. However, the two regulations have not yet regulated in detail the mechanism for special treatment of prisoners with HIV/AIDS, especially related to health service standards, management of transmission risks, protection of health status confidentiality, continuity of antiretroviral therapy (ARV), and coordination between correctional institutions and health service facilities (Supardi Supardi, Hanuring Ayu Ardhani Putri, 2026).

These problems show that the handling of prisoners with HIV/AIDS cannot be understood solely as a health problem, but also as a legal issue of correctional administration, human rights protection, and public service governance. On the one hand, correctional institutions have an obligation to maintain the health of all inmates and prevent the spread of infectious diseases. On the other hand, the policies implemented must not cause discriminatory treatment, exclusion, or restriction of rights that do not have a clear legal basis. The balance between protecting public health in correctional settings and respecting the dignity of prisoners is a challenge that still requires a more comprehensive arrangement.

A number of previous studies have generally addressed HIV/AIDS in correctional institutions from the perspective of public health, epidemiology, risky behaviors, effectiveness of prevention programs, or the implementation of antiretroviral therapy services. Other studies have examined the fulfillment of prisoners' rights to health in general without paying special attention to the legal construction that governs the handling of prisoners with HIV/AIDS. Thus, studies that specifically analyze the adequacy of legal regulation, the authority of correctional institutions, and special handling models that are able to integrate aspects of health, human rights, and correctional goals are still relatively limited.

Based on these gaps, this study offers a novelty in the form of a reconstruction of a model of special treatment for prisoners with HIV/AIDS based on the integration of correctional principles, the right to health, and the protection of human rights. This approach is directed to build policy formulations that not only ensure the continuity of health services and therapy for prisoners with HIV/AIDS, but also provide legal certainty for correctional officers in carrying out the functions of coaching, supervising, and preventing disease transmission in a proportionate and non-discriminatory manner.

This study aims to analyze the legal arrangements regarding the handling of prisoners with HIV/AIDS in correctional institutions, identify various problems that arise in their implementation, and formulate a special handling model that is more responsive to the protection of prisoners' rights, the effectiveness of correctional administration, and the fulfillment of the right to health in the Indonesian legal system.

THEORETICAL REVIEW

Correctional Theory

Correctional theory is a theory that is the philosophical basis for the implementation of the correctional system in Indonesia. This theory places prisoners not as objects of retribution, but as subjects who must be fostered in order to be able to improve themselves, realize their mistakes, and return to their social functions as members of society. The concept was born as a critique of the *retributive system* and replaced it with a coaching approach that emphasizes respect for human dignity, rehabilitation, and social reintegration (Panjaitan, 2025).

According to Sahardjo, punishment should not be interpreted as a form of retribution against the perpetrators of criminal acts, but must be directed to a coaching process that upholds human values. The state still has an obligation to protect the basic rights of prisoners during their sentences, including the right to health services, humane treatment, education, personality development, and opportunities to reintegrate with society. Therefore, the implementation of correctional facilities must create a balance between the interests of law enforcement, community protection, and respect for the human rights of prisoners.

From the perspective of correctional theory, prisoners with HIV/AIDS cannot be treated solely as individuals serving sentences, but also as inmates with special health needs. These conditions require continuous health services, access to antiretroviral therapy (ARV), protection from stigma and discrimination, and

coaching tailored to their medical conditions. Thus, the theory of corrections is used in this study to analyze whether the policy of handling prisoners with HIV/AIDS is in line with the goals of correctional services as regulated in the Indonesian legal system (Rumadan, 2013).

Legal Protection Theory

Legal protection theory explains that law has the main function of providing guarantees for the recognition, respect, and protection of everyone's rights from actions that are contrary to the law. Legal protection is realized through the establishment of norms that provide legal certainty, justice, and a settlement mechanism in the event of a violation of rights. In a state of law, any government action that affects a person's rights must be based on legitimate authority, carried out through proper procedures, and still respect human rights principles (Hadjon, 1987).

According to Philipus M. Hadjon, legal protection consists of preventive legal protection and repressive legal protection. Preventive protection aims to prevent rights violations through the establishment of norms, procedures, and monitoring mechanisms that provide legal certainty for the community. Meanwhile, repressive protection is provided through dispute resolution and restoration of rights if violations have occurred. These two forms of protection are important instruments in realizing the implementation of government based on the principles of legality, justice, and respect for human rights.

In the context of this study, legal protection theory is used to analyze the extent to which the regulation regarding the handling of prisoners with HIV/AIDS has provided protection for the right to health, the right to access decent medical services, the right to confidentiality of health conditions, and the right to be free from discriminatory treatment while serving a sentence. This theory is also the basis for evaluating the responsibility of the state and correctional institutions in providing effective, sustainable, and harmonized health services in line with the principles of corrections and human rights.

METHODOLOGY

This study applies a *normative legal research* method that focuses on the analysis of legal arrangements regarding the handling of prisoners with HIV/AIDS in correctional institutions. This study views law as a system of norms composed of laws and regulations, legal principles, doctrines, and interrelated legal concepts in regulating the implementation of correctional services and the fulfillment of the right to health services for inmates. Therefore, the research is directed to identify, assess, and evaluate the alignment and adequacy of legal norms that govern state responsibility, the authority of correctional institutions, and the protection of the rights of prisoners with HIV/AIDS based on the applicable positive legal framework (Marzuki, 2022).

RESULTS AND DISCUSSION

Special Coaching for Inmates Suffering from HIV/AIDS

The Indonesian penitentiary system places coaching as the main goal of the implementation of prison sentences. In contrast to the prison system which is oriented towards retaliation, the correctional system emphasizes the coaching process so that inmates are able to improve themselves, realize their mistakes, and return to function as members of society after completing their sentence. Therefore, each coaching program must be tailored to the characteristics and needs of inmates, including inmates suffering from Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Different health conditions require the state to provide special treatment without eliminating the rights and obligations of prisoners as correctional assisted citizens (Joni Depisa, 2025).

Law Number 22 of 2022 concerning Corrections emphasizes that the development of prisoners is part of the implementation of correctional services which is carried out based on respect for human dignity, protection of human rights, and the principles of rehabilitation and social reintegration. In this context, prisoners with HIV/AIDS still have the right to receive health services, personality development, independence coaching, and the opportunity to participate in all correctional programs as long as their health conditions allow. Thus, status as a person with HIV/AIDS cannot be used as an excuse to reduce the rights of correctional facilities or become the basis for discriminatory treatment in correctional institutions (Siregar, 2025).

Coaching for inmates with HIV/AIDS requires a different approach than coaching inmates in general. These differences are not intended as a form of preferential treatment, but as an application of the principle of *substantive equality*, namely providing services tailored to the medical and psychosocial needs of each individual in order to get equal opportunities in undergoing the coaching process. Therefore, the coaching program must integrate health, psychological, social, and spiritual aspects as a unit that supports each other in the success of prisoner rehabilitation.

The first aspect that must be of concern is sustainable health services. Inmates with HIV/AIDS need regular health check-ups, access to antiretroviral therapy (ARV), monitoring of disease progression, and handling of opportunistic infections that may arise during their sentences. The continuity of therapy is a very decisive factor because discontinuation of treatment has the potential to increase drug resistance, worsen the health condition of the inmates, and increase the risk of disease transmission. Therefore, correctional institutions must build effective coordination with hospitals, health centers, and referral health facilities to ensure the continuity of medical services.

Psychological assistance is an important part of special coaching. A diagnosis of HIV/AIDS often causes psychological distress in the form of anxiety, depression, guilt, and loss of confidence. These conditions can affect the participation of inmates in coaching programs and hinder the process of social reintegration after release. Therefore, psychological counseling, religious assistance, and social support need to be provided on an ongoing basis to help

inmates accept their health conditions, increase adherence to treatment, and build motivation to live a better life.

Coaching must also be directed at the elimination of stigma and discrimination in the correctional institution. In practice, prisoners with HIV/AIDS still face different treatment, both from fellow inmates and correctional officers, due to a lack of understanding of the mechanisms of HIV transmission. This stigma can lead to social exclusion, restriction of access to coaching activities, and even violations of the right to confidentiality of health conditions. In fact, the principle of correctional services requires that every inmate is treated equally while still paying attention to the special needs they have. Therefore, health education and capacity building of officers regarding HIV/AIDS are an integral part of the coaching system.

The next aspect is the development of self-reliance through skills training and work capacity development. Inmates with HIV/AIDS still have the right to participate in job training, education, and productive activities programs in accordance with their health conditions. The program not only aims to improve economic capabilities after release, but also strengthens confidence and prepares for the process of social reintegration. Adjustments to the type of coaching activities must be made based on the recommendations of health workers without reducing the opportunity for inmates to benefit from the correctional program.

According to the author, coaching for inmates with HIV/AIDS should no longer be understood as limited to the provision of health services, but as an integrated coaching model that integrates medical services, psychosocial rehabilitation, health education, personality development, independence development, and human rights protection. This approach is more in line with the goals of the correctional system that is oriented towards social recovery and reintegration rather than simply the execution of prison sentences.

Special coaching for prisoners with HIV/AIDS must be carried out through an individualized, sustainable, and human rights-based approach. The success of coaching is not only measured by the inmates' compliance with the rules of the correctional institution, but also by the fulfillment of the right to health, improved quality of life, the success of medical therapy, and the readiness of inmates to return to participate productively in society after completing their sentence.

Obstacles in the process of special treatment of inmates infected with HIV/AIDS

The implementation of special treatment for inmates infected with HIV/AIDS in correctional institutions is part of the state's responsibility in fulfilling the right to health while realizing the goals of the correctional system. Although various provisions of laws and regulations have recognized the right of prisoners to obtain proper health services, their implementation still faces various normative, institutional, and technical obstacles. These obstacles not only affect the quality of health services, but also have an impact on the effectiveness of coaching, human rights protection, and the success of the social reintegration process of prisoners after completing their sentences (Donni Sinurat, Fitria Ramadhani Siregar, 2025).

Based on the results of the analysis of the legal arrangements and the implementation of the correctional system in Indonesia, there are several main obstacles in the special handling of prisoners infected with HIV/AIDS, namely the following:

1. There is no optimal arrangement regarding the mechanism for special treatment of prisoners with HIV/AIDS. Although Law Number 22 of 2022 concerning Corrections and Law Number 17 of 2023 concerning Health have guaranteed the right of prisoners to obtain health services, the two regulations have not regulated in detail the operational standards for handling HIV/AIDS in correctional institutions. The vacancy in these regulations includes health examination procedures, the sustainability of antiretroviral therapy (ARV), the protection of health status confidentiality, medical referral mechanisms, and the coordination of health services with related agencies. As a result, the implementation of health services still varies between correctional institutions and has not provided uniform legal certainty.
2. Overcrowding conditions in correctional institutions. The high number of inmates in correctional institutions causes limited housing, sanitation, ventilation, and health facilities. These conditions increase the risk of spreading infectious diseases, make it difficult to monitor the health of inmates on a regular basis, and hinder the implementation of medical examinations, counseling, and therapies that require continuous supervision.
3. Limited human resources and health service facilities. Not all correctional institutions have competent health workers in handling HIV/AIDS or adequate medical facilities. These limitations cause laboratory examinations, therapy monitoring, and treatment of disease complications often have to be carried out through referrals to hospitals outside correctional institutions, thus potentially hindering the continuity of health services.
4. There is still stigma and discrimination against prisoners with HIV/AIDS. The lack of understanding about HIV/AIDS still causes discriminatory treatment, both from fellow inmates and correctional officers. These forms of discrimination can be in the form of social exclusion, restrictions on participation in coaching programs, or violations of the confidentiality of health conditions. This situation has an impact on the psychological condition of the inmates, decreases adherence to therapy, and reduces the effectiveness of the coaching process.
5. There is not optimal coordination between agencies in the implementation of health services. The handling of prisoners with HIV/AIDS requires synergy between correctional institutions, health offices, referral hospitals, health centers, and other related agencies. However, coordination regarding medical services, distribution of antiretroviral drugs, exchange of health data, and follow-up of services after the release of prisoners still face various administrative obstacles so that the continuity of services has not run optimally.
6. There is no provision of a coaching model that is integrated with the health needs of inmates with HIV/AIDS. Coaching programs in correctional institutions are generally still general and have not been adjusted to the health

conditions of inmates living with HIV/AIDS. In fact, this group requires coaching that integrates health services, psychological counseling, therapy compliance education, skills training that is appropriate to physical conditions, and social reintegration preparations that pay attention to the sustainability of treatment after release. The absence of an integrated coaching model causes the goals of the correctional system to not be realized optimally for prisoners with HIV/AIDS.

According to the author, these various obstacles show that the problem of handling prisoners with HIV/AIDS is not solely caused by the limitations of health facilities, but also by the lack of a correctional governance system that is able to integrate legal, health, and human rights aspects. Treatment that is only oriented to the medical aspect without being followed by strengthening regulations, increasing institutional capacity, protecting the rights of prisoners, and coordination between sectors will not be able to produce effective and sustainable services.

Addressing these obstacles requires policy reform that not only strengthens the standards of health services in correctional institutions, but also builds special handling mechanisms based on the principles of non-discrimination, continuity of therapy, protection of human rights, and synergy between correctional institutions and the national health service system. Such an approach is expected to ensure the fulfillment of the right to health of prisoners with HIV/AIDS while supporting the success of correctional goals oriented towards rehabilitation and social reintegration.

CONCLUSIONS AND RECOMMENDATIONS

Special treatment of prisoners with HIV/AIDS is an integral part of the implementation of the correctional system that is oriented towards respect for human rights, protection of the right to health, and the success of the process of social development and reintegration. Based on Law Number 22 of 2022 concerning Corrections and Law Number 17 of 2023 concerning Health, the state has an obligation to ensure proper health services for every inmate without discrimination. Therefore, coaching for prisoners with HIV/AIDS is not enough to be carried out through medical services alone, but must be carried out comprehensively through an approach that integrates health therapy, psychosocial assistance, personality development, independence coaching, and protection of prisoners' rights during their sentences.

This study found that the implementation of special treatment for prisoners with HIV/AIDS still faces various obstacles, including the lack of optimal arrangements regarding special treatment mechanisms, conditions of overcapacity of correctional institutions, limited health workers and medical facilities, stigma and discrimination, weak coordination between agencies, and the unavailability of a coaching model that is integrated with the health needs of inmates. These various obstacles show that the existing legal arrangements are not fully able to provide legal certainty and uniform service standards in the implementation of health services in correctional institutions.

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