Jurnal Pembangunan Hukum Indonesia
Vol.7, No.3, 2025, 445– 468

Program Magister Hukum, Fakultas Hukum,
Universitas Diponegoro

Research Article

Evaluating the Fulfillment of Health Rights for Persons with Disabilities in Jakarta's Community Health Centers

Lusy Liany[1*], Endang Purwaningsih[2], Basrowi[3], Phillip G Queroda[4], Farhan Putra Iskandar[5]
[1,2,5]Faculty of Law, Universitas YARSI, Indonesia
[3]Master of Management, Postgraduate Program, Universitas Bina Bangsa, Indonesia
[4]College of Teacher Education, Pangasinan State University, Philipines
***lusy.liany@yarsi.ac.id**

ABSTRACT

Access to equitable health services is a priority in guaranteeing human rights, especially for persons with disabilities, which is implemented in the primary health service systems of developing countries. Although there is a comprehensive legal framework, structural and institutional barriers are essential in the fulfillment of inclusive health services. This study provides an analysis of the obstacles and implementation of the fulfillment of health rights of persons with disabilities at the Jatinegara Kaum Health Center. Puskesmas are at the forefront of providing health services, in line with the goals of Law Number 8 of 2016. The Jatinegara Kaum Health Center is the object of research because there is the highest population of people with disabilities in DKI Jakarta. The research was conducted by combining a legal framework with empirical data in the form of interviews, field observations, and document analysis, to evaluate systemic health service delivery practices. This study found a gap in the fulfillment of health rights with positive legal regulations that apply. Obstacles include limited infrastructure, limited medicines, supporting equipment, and lack of competence of medical personnel and the involvement of families of people with disabilities. This research provides recommendations for improving inclusive health facilities, the competence of health workers through special training, maximum allocation of funds, and cross-sectoral collaboration, in order to fulfill the health rights of persons with disabilities in a comprehensive and comprehensive manner.

Keywords: Rights; Disability; Health; Community Health Center; Jakarta.

A. INTRODUCTION

The State of the Republic of Indonesia as a sovereign individual, consists of the rule of law who has the obligation to protect, uphold, and realize human rights. The normative realization of human rights in Indonesia has been regulated in articles 28A to 28J of the 1945 Constitution of the Republic of Indonesia, as a constitutional basis (Mahfud, Djohan & Malik, 2024). Human rights are inherent from the birth of human beings (natural rights), apply universal principles, and cannot be revoked by anyone (inalienable) (Abdillah et al., 2025). Humans who have disabilities who are included in the vulnerable group must be ensured to be able to fulfill their rights, especially the right to health, because people with disabilities are vulnerable to difficulties in accessing health services, considering the shortcomings they have. (Bergman & Martin, 2025). The right to health is regulated normatively in Law Number 8 of 2016 concerning Persons with Disabilities *jo*. Law

Number 36 of 2009 concerning Health. However, in fact, there are still inequality in the realization of health rights for people with disabilities, especially in East Jakarta.

Positive law alone cannot guarantee its implementation, where public service institutions in the health sector are obliged to balance the readiness of its implementation (Hardinanto et al., 2024). The disparity in the number of people with disabilities with the readiness of health services is reflected in the difficulty of access to health facilities, the readiness of health mechanisms, and untrained health workers (Hanum & Zaman, 2024). Therefore, a policy reformulation based on field data is needed, in order to fulfill the rights of persons with disabilities in a fair and dignified manner (Firkin, Obrusnikova & Koch, 2024).

Difficulties in accessing health services for people with disabilities have a wide impact, in addition to having an impact on their physical limitations (Kusumawati, Sasmini & Firdausy, 2024), Another impact is on psychological health, social status, and the quality of life of people with disabilities (Mitra et al., 2017). This impact is expanded by giving social stigma from the community (Nguyen et al., 2024), people with disabilities are considered as a burden that has inherent aspects (Laritmas & Rosidi, 2024). Therefore, improving the quality of equal health services for persons with disabilities is necessary for the fulfillment of justice based on substantive human rights (Wardana, Rahayu & Sukirno, 2024)

This research is based on the theoretical foundation of the state of law/*Rechtsstaat* (Van Heumen et al., 2025), where it is emphasized that the guarantee of the fulfillment of human rights is a condition of the state with the principle of the rule of law (Wagner et al., 2025). The foundation of the theory positions that health services are part of the state's obligation to maintain non-derogable rights (Abustan, 2024), the fulfillment of which is obligatory and inseparable (Umucu, 2025). In social justice theory, the provision of health services must meet adaptive justice for people with disabilities (Stokes, Waldron & Stam, 2025). Inclusion social theory is used to examine the epistemology of health service readiness for people with disabilities (Simpson et al., 2025), where persons with disabilities are seen as active legal subjects who receive equal services (Natalis, Sembiring & Handayani, 2025).

Normatively (*das Sollen*) (Fibrianti et al., 2023), regulatory framework already meets equality in the provision of health services (Farida et al., 2025). Conversely, the empirical reality (*das sein*) (Dumako & Trisista, 2024) there have been inequalities in service provision caused by unprepared infrastructure, lack of disability support tools, lack of competence of health workers, and incomplete data collection of people with disabilities in the National Health Insurance (JKN). So that there is an inequality of *das sollen* and *das sein* (Purwadi et al., 2024).

The lack of perfection of political policies is influenced by the disintegration of data spread

across various institutions (Handayani & Suparno, 2023), So that it has an impact on the formulation of health policies that are not based on empirical data (Ramdhan, 2024). The low understanding of health workers on the needs of people with disabilities has an impact on unstandardized and unadaptive health services (Rahmawati, Rahayu & Sukirno, 2023). Previous research has found that there are difficulties in accessing health services for people with disabilities (Sanders et al., 2024), reflected in bureaucratic difficulties in registration at JKN (Schmidt et al., 2025), rendahnya kompetensi tenaga kesehatan (Selick et al., 2026), low empathy for people with disabilities (Wibowo, 2024). Empirical data show that there is a need for equalization of health services for people with disabilities (Pita et al., 2023), to increase inclusivity in the provision of health services to persons with disabilities (Propiona, 2023).

This study aims to evaluate focused health services at the Jatinegara Kaum Health Center, which has a function as a primary health service institution. This study aims to analyze integrative evaluation of infrastructure, administrative mechanisms, and testimonials from patients of the Jatinegara Kaum Health Center. Previous research has analyzed the support of families of people with disabilities and the promotion of inclusivity carried out by health workers. Previous studies have focused on the evaluation of health centers at the national or provincial level, which exclude inequality in the provision of primary health services. This research focuses on Puskemas as the forefront of providing health services to the community, especially people with disabilities. This research aims to overcome inequality in the provision of health services to people with disabilities. This research was conducted by reviewing the literature as secondary data and combining empirical methodologies, to increase the inclusiveness of health services to people with disabilities.

The majority of the research that has been carried out is conducting evaluative studies at the national or provincial level, so research has not been conducted on the provision of primary health services. Inequality in health centers must be considered, as the main guard in providing health services to the community. Based on empirical data, this research will fill inequalities and enrich references in the formulation of inclusive health policies.

Tabel 1. Estimates of Persons with Disabilities and Potential Disparities in National Health Insurance Coverage in Jakarta

Province/Administrative City	Estimated Number of Persons with Disabilities	Notes on JKN/BPJS Kesehatan (National Health Insurance)
DKI Jakarta	56.649 individuals	Household economic

		constraints preclude the ability to pay for independent premium schemes.
East Jakarta	17. 240 (Highest concentration of persons with disabilities in DKI)	A portion of the population remains unregistered for JKN, particularly those encountering economic, informational, or administrative barriers.
West Jakarta	11.807	Non-registration is largely driven by the perception that routine care is unnecessary for current health conditions. Additionally, geographic location imposes structural limitations on access to healthcare services and JKN registration facilities.
South Jakarta	11.583	
North Jakarta	9.478	
Central Jakarta	6.316	
Kepulauan Seribu	225	

Source: (Department of Empowerment, Child Protection, and Population Control of DKI Jakarta Province, 2024)

The Department of Empowerment, Child Protection, and Population Control of the Province of Jakarta (2024) stated that there are more than 32,000 people with disabilities, the majority of whom are in East Jakarta. Most of the data has not been registered with the National Health Insurance (JKN) or BPJS Kesehatan due to economic constraints, not knowing about the program, or being constrained in the administrative process. So it is reflected that there is a continuous inequality in the goals of the central government and in what happens in the field, which is affected at the Puskesmas level.

The outreach of the JKN program is only structural, not comprehensive to the individual level (Department of Empowerment, Child Protection, and Population Control of DKI Jakarta Province, 2024). Therefore, this study aims to provide a comprehensive analysis of the provision of health services to people with disabilities, especially at the Jatinegara Kaum Health Center, and provide constructive recommendations to improve quality. This research is aimed at strengthening the role of local governments in the formulation of health policies that give priority to people with disabilities who prioritize the principle of inclusivity.

B. RESEARCH METHODS

This study uses an empirical legal research method (Efendi & Rijadi, 2023), which focuses on evaluating the implementation of positive legal regulations in the practice of providing health services. This study aims to provide an analysis of the services provided at the Jatinegara Kaum Health Center and Jatinegara Kaum Village, which is based on article 12 of Law Number 8 of 2016 concerning Persons with Disabilities. This

study uses primary data obtained from field research by interviewing health officers and service managers at the Jatinegara Kaum Health Center and Village, as well as people with disabilities in the area. As complementary data, the researcher conducted direct observation of service facilities, patient registration mechanisms, and the availability of disability facilities, which were juxtaposed with analysis of Standard Operating Procedure (SOP) documents, activity reports, patient visit data, and census data of persons with disabilities. An empirical approach (Ramlan & Perdana, 2024) is used to present facts about the provision of services to persons with disabilities. This research was carried out in five stages. The first stage is the submission of permits to relevant stakeholders, namely the Puskemas and Jatinegara Kaum Village, as well as determining resource persons and the preparation of interview guidelines, with the theme of indicators of inclusivity in the provision of health services. The second stage is to observe the physical infrastructure, patient registration mechanisms and clinical examinations, and comprehensive face-to-face interviews with key resource persons aimed at exploring experiences, perceptions, and barriers related to health service delivery. The third stage is to triangulate the data to find substantive truths obtained from the comparison of interviews, observations, and administrative documentation. The fourth stage is to analyze the data with reductionist methodology, thematic categorization, and conclusion formulation tailored to positive legal regulations and practical implementation. The fifth stage is to prepare a report on the results of the research to provide constructive evaluative recommendations on the problems that occur in the Puskesmas and Jatinegara Kaum Village. The purpose of the evaluation is to improve the quality of health service delivery and its inclusiveness. Qualitative research was prepared to research and answer problems for people with disabilities in Puskesmas and Jatinegara Kaum Villages, which was complemented by quantification of statistical data.

C. RESULTS AND DISCUSSION

1. The Fulfillment of Health Rights for Persons with Disabilities at Community Health Centers

Patient rights are the main human rights as the right to the self-determination paradigm (National Commission on Human Rights of the Republic of Indonesia, 2020). This principle is an individual freedom to determine his or her destiny, which is in line with the right to personal security related to life, bodily integrity, health, dignity, and personal freedom (Abustan, 2023), which includes the rights to security, comfort, and safety as the main pillar in providing protection to patients (Delfina & Syofyan, 2022).

Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia stipulates that everyone has the right to have a

prosperous life physically and spiritually, to have a good and healthy place to live, and to obtain health services. Then Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia stipulates that the state has a responsibility in the provision of health services and public services (Farida, Prabandari & Rahayu, 2020).

The Convention on the Rights of Persons with Disabilities (CRPD) stipulates that persons with disabilities have the right to receive health services on an equal basis with other citizens (Angelakopoulos et al., 2025). Article 25 of the CRPD stipulates that every country is obliged to ensure that persons with disabilities are equal in enjoying health services, and are free from discrimination that degrades their disability (Cavaggioni et al., 2025). CRPD emphasizes that people with disabilities are not justified when there are restrictions or differences in the provision of health services, which include preventive, promotional, curative, and rehabilitative aspects (Burke et al., 2024). Therefore, equality in the provision of health services is a legal responsibility that is binding on Indonesia and other countries that have ratified the CRPD (Iswandari, 2022).

Additionally, the scope of the Convention on the Rights of Persons with Disabilities (CRPD) is expanded with the use of an inclusive paradigm, in the provision of health services (Krahn, Walker & Correa-De-Araujo, 2015). According to Gumienny and Lew-Koralewicz (2025), The state is obliged to provide extensive information and technology that supports the needs of individuals (Hale et al., 2024). So that improving physical infrastructure is not the only provision of health services (Hotez et al., 2024), so it is necessary to reformulate policies, budget allocation, and increase human resources, to improve the quality of comprehensive health service provision (Jacinto et al., 2024).

The content in the CRPD regarding the provision of equivalent health services, in line with Law Number 8 of 2016 concerning Persons with Disabilities (Sukmana, 2016). The regulatory framework is a normative foundation that has implications for the legal protection provided by persons with disabilities (Raharjo, 2016). Comprehensive legal protection of the health rights of persons with disabilities is an obligation, constitutional, national, and international (Retnawati, Widajanti, & Nugrahaeni, 2014). Therefore, policies regarding national health that are integrative to persons with disabilities must be adjusted to the principles contained in the CRPD, to ensure legal protection in providing inclusive, fair, and socially just health services (Havercamp & Bonardi, 2022). Then there will be harmony between positive legal regulations and health practices, so that there is equality for all citizens who enjoy their health rights equally (Ardiyantini, 2021).

Article 12 of Law Number 8 of 2016 about people with disabilities clearly states their health rights. These rights include: (1) accessible information and communication within healthcare

services; (2) equality and opportunity in accessing health resources; (3) safe, high-quality, and affordable healthcare; (4) autonomy in responsibly determining necessary health services; (5) necessary assistive health devices; (6) quality treatment with minimal side effects; (7) protection from medical experimentation; and (8) protection in health research involving human subjects. Article 12 stipulates that with a comprehensive regulatory framework, it should be able to fulfil all health rights of persons with disabilities.

Every patient has the right to get access to health information at the Jatinegara Kaum Health Center. So that when there is a problem, patients can report and will be responded to by health workers at the Jatinegara Kaum Health Center in a proactive, friendly, and solution-oriented manner.

Equality is provided to people with disabilities and other general patients. The reality is that patients with people with disabilities need more attention as a result of their limitations. Although health workers at health centers have paid more attention, it is necessary to follow the development of infrastructure in health centers, especially to provide comfort, security, and safety to people with disabilities, especially with people with blindness, in order to get special infrastructure to be able to facilitate their mobility in health centers.

The government is obliged to provide guarantees for every patient to get equal, quality, and affordable health services. Health services are provided regardless of the status of the patient, so that patients with disabilities and other general patients receive the same treatment. Equality of services is applied in various aspects, namely in the registration process, examination and treatment, to compliance with procedures for the provision of health services.

The patient registration process must apply uniformity of procedures in verifying patient identity and administrative procedures. Health workers who are on duty in the registration section are prohibited from discriminating against patients with disabilities. Services must be provided equally and non-discriminatory.

Patients with disabilities are required to receive the same treatment as other general patients in getting examination and treatment, as well as getting medical measures in accordance with medical procedures (Adi, 2010). Examination and treatment of patients with disabilities and other general patients, provided by the same health care workers and provided without discrimination. Patients with disabilities are prohibited from being granted exemptions without a clear medical reason, so as to receive equal services and without discriminatory restrictions.

Compliance with health service delivery procedures is a top priority. Procedures related to the administration of medicines, referrals, health education to patients, and mandatory medical procedures based on the applicable Standard Operating Procedure (SOP). Health workers are

obliged to uphold professionalism and provide equal services, especially to patients with disabilities.

The right to individual decisions in obtaining health benefits must be given by the health center. Every patient has the right to get health services according to their wishes. This right is granted without exception, including to patients with disabilities.

Every health center must have infrastructure that supports the needs of patients, especially patients with disabilities. The infrastructure need is a wheelchair, which can be used unconditionally to support the mobility of patients in need. The procurement of wheelchairs is a sign of inclusivity in the provision of health services, especially to patients with disabilities. Regarding other supporting infrastructure, including hearing aids, vision aids, and there is no special waiting room for patients with disabilities.

Every patient must have access to quality medicines with low side effects. Every patient has the right to get the best and equal service from the pharmaceutical products he receives. Positive legal regulations have provided a regulatory framework to prioritize the quality of pharmaceuticals provided, including procurement, distribution, storage, administration of drugs, and supervision from competent health personnel. But in reality, health centers only provide makeshift pharmaceutical services, and there are medicines that have quality inconsistencies.

Patients have the right to be assured of safety from unauthorized medical experiments, especially to patients with disabilities. Every patient is entitled to medical Treatment in accordance with a lawful medical procedure. Patients have the right to be guaranteed protection from arbitrary medical actions, so as to avoid malpractice. The guarantee of protection is extended to the rights of patients who must be avoided from research that makes humans the object of their research. Puskesmas are obliged to maintain the confidentiality of information from patients who have been examined by the puskesmas, especially patients with disabilities. So that the patient's personal data is protected, and free from the possibility of being used as an object of research.

The Jatinegara Kaum Health Center has committed to providing information to patients equally, general patients and patients with disabilities have been guaranteed equal access to health information. The Jatinegara Kaum Health Center has obstacles related to the limited supporting infrastructure for patients with disabilities. Patients with sensory disabilities (blind, deaf) are advised to seek treatment at the health center accompanied by their families.

The provision of health services is still often inequitable and uneven in each region. Every health center should be obliged to provide disability-friendly infrastructure which includes ramps, handrails, easily accessible toilets, and comfortable waiting areas (Purnomosidi, 2017).

Infrastructure inequality causes patients with disabilities to have difficulty in their mobility at the health center. Patients with physical limitations have difficulty climbing stairs and patients with disabilities who are blind have difficulty accessing service counters (Mumpuni, Sesya, & Zainudin, 2017). Competent health workers have a role to be obliged to support the provision of the best health services (Pawestri, 2017). Health workers need to receive special training to accommodate health services, especially to patients with disabilities (Kusumaningrum, 2016), Special training is provided to develop communication, empathy, and medical knowledge skills, specifically aimed at patients with disabilities.

2. Challenges in Fulfilling the Right to Health for Persons with Disabilities at Community Health Centers

Modern legal framework in the welfare state paradigm (Susiana & Wardah, 2019), The state has an obligation to ensure the fulfillment of all constitutional rights (Wardhani, Noho, & Natalis, 2022). The state is obliged to provide comprehensive and optimal public services (Wardhani et al., 2023), implications in government actions in public affairs become intensive (Warsono et al., 2023), and implications for the intensification of the principle of administrative discretion in the execution of government functions (Pinilih & Rahmansyah, 2023).

Obstacles will arise in the fulfillment of health rights. The government has a responsibility to ensure the fulfillment of the best health services and is non-discriminatory (Widianingsih et al., 2022). The fulfillment of health rights will be influenced by the fulfillment of health insurance which may not necessarily be able to meet the individual needs of every citizen (Miceli et al., 2025), Gaps in the provision of health services in each region (Miner et al., 2024), a gap that causes vulnerable groups such as citizens in remote, outermost, and disadvantaged areas, who cannot enjoy health services such as in big cities (Mendoza et al., 2023), and to citizens with limitations in the form of people with disabilities who are hampered to be able to access health services that have been considered inclusive (Moronski et al., 2025).

Comparative studies using cross-country comparison methods can be used to find holistic problem-solving solutions (Shakespeare, Ndagire & Seketi, 2021). Cross-country comparative studies can be used to examine policy determinations in the provision of health services for citizens with disabilities strategically, fulfilling the principles of good governance, and formulating solutions (Doody et al., 2025). This study can be used in providing solutive recommendations for the formulation of solutive and useful policies in the provision of health services in all health centers in Indonesia.

Table 2. Comparative Analysis of Disability Healthcare Standards and Lessons for Indonesia

Country	Legal Framework for Disability Healthcare	Implementation in Primary Care Facilities	Support Mechanisms	Implications for Indonesia
Indonesia	Law No. 8 of 2016 (Guarantees non-discriminatory health rights)	Implementation remains suboptimal; characterized by deficits in infrastructure, assistive devices, and human resources.	Data registration systems and socialization/dissemination efforts remain ineffective.	Urgent necessity for rigorous regulatory enforcement, dedicated budgetary allocation, and enhancement of human resource competencies.
Japan	Basic Act for Persons with Disabilities (2011)	Primary clinics provide assistive devices, sign language interpretation, and mobility support services.	Integrated financing mechanisms between local and national governments.	Integration of healthcare services, rehabilitation, and social security systems.
Australia	National Disability Insurance Scheme (NDIS)	Primary care providers are mandated to implement disability inclusion plans.	Disability patient data is synchronized within a national digital health system.	Critical importance of system-based data collection and mandatory service standards.
South Korea	Act on the Welfare of Persons with Disabilities	Community health centers provide dedicated spaces for specialized disability services.	Healthcare personnel undergo mandatory training in disability-sensitive care.	Inclusion training as a prerequisite for medical professional certification.
Thailand	Persons with Disabilities Empowerment Act	Establishment of "Disability Corners" within primary health facilities.	Implementation of fast-track service lanes for persons with disabilities.	Significance of designated service areas and priority pathways for access.

Source: (Government of the Republic of Indonesia, 2016); (Government of Japan, 2011); (Australian Government, 2013); (Ministry of Health and Welfare of the Republic of Korea, 2007); (Royal Thai Government, 2007).

The comparative data study states that Indonesia already has a legal framework regarding the provision of health services for persons with disabilities in Law Number 8 of 2016 (Kristiana & Widayanti, 2017). However, in reality, the provision of health services at health centers needs to be intensively improved. Supporting infrastructure for patients with disabilities at health centers has not been able to meet the individual needs of patients with disabilities, such as assistive device facilities, competent health workers, and limited access to special facilities for people with disabilities (Nikmah & Heriyanto, 2022). The mechanism for patient registration in health centers and access to information is still not able to meet the individual needs of patients with disabilities (Pratiwi, 2023), so that it has an impact on administrators from health service providers who do not have the awareness to be able to meet the needs of patients (Is, 2021). Indonesia has an obligation to ensure an improvement in the provision of friendly health services for patients with disabilities, so that it is comprehensively accessible, which is equipped with comprehensive law enforcement instruments (Renggong, 2021), Increased distribution of funds, as well as the provision of training to health workers (Kridasasmita et al., 2020).

Japan has the Basic Act for Persons with Disabilities (2011), which is the basis for the provision of standardized health services (Jeong, 2025). Primary health care clinics are required to have disability support infrastructure and sign language interpreters, which are specifically for patients with disabilities (Kaitz & Ray, 2023). The government is obliged to ensure the sustainability of improving health services at the national and regional levels, which are allocated in various financial resources (Kennedy, 2020). Indonesia is obliged to integrate health services by integrating the rehabilitation system and social security, which is aimed at ensuring that patients with disabilities can receive intensive health care and meet their individual daily needs

The National Disability Insurance Scheme (NDIS) in Australia provides an indicator of the guarantee of adequate health service fulfillment in accordance with its standards, which is in accordance with the costs to be incurred (Gilmer et al., 2012; Krahn, Walker & Correa-De-Araujo, 2015). Linear with a positive legal regulatory framework that provides guarantees to be able to implement the Disability Inclusion Plan (Armitage & Nellums, 2020). A national digital infrastructure should be integrated with comprehensive data on patients with disabilities (Reed et al., 2020), which aims to facilitate the screening and fulfillment of individual needs of all patients with disabilities (Clemente et al., 2022). Integrative data management carried out by Australia can be used as a reference to improve the provision of health services in Indonesia, as a solution to be able to improve the quality of service delivery in Indonesia that meets the individual needs of patients with disabilities.

The Disability Welfare Act (Emerson et al., 2011) in line with the Act on the Welfare of Persons with Disabilities implemented by South Korea, which has been standardized, where primary health service centers have service spaces dedicated to patients with disabilities, accompanied by disability-friendly support infrastructure (Latifiani et al., 2022). Health workers must be specially qualified to be able to provide disability-friendly health services, which can meet individual needs regarding physical, sensory and cognitive needs (Savage et al., 2023). South Korea can be used as a comparison by Indonesia regarding the need for standardization of disability-friendly health workers. This is intended to ensure an improvement in the human resource sector, not just infrastructure, to support the improvement of intensive health service delivery.

Thailand has standards in providing health services based on normative through the Persons with Disabilities Empowerment Act (Rotarou & Sakellariou, 2019), where Thailand requires to have a special service room for patients with disabilities (Tama & Astutik, 2022), Providing fast track for people with disabilities provides a non-discriminatory disability-friendly guarantee (Sakellariou & Rotarou, 2017). Thailand can be used as a reference by Indonesia to be able to hold a special service room and fast track specifically for patients with disabilities, to meet the needs of patients with disabilities who have physical limitations.

The Jatinegara Kaum Health Center has special challenges for patients with disabilities who come for treatment without a companion to help them with their limitations (Sonia, 2024), even though every citizen, including patients with disabilities, has the right to be guaranteed to receive dignified health services (Amalia & Rahayu, 2021), which is in accordance with the purpose of Law Number 8 of 2016 concerning Persons with Disabilities.

The Jatinegara Kaum Health Center can achieve the optimal goals of the objectives of Law Number 8 of 2016 accompanied by a participatory health service delivery mechanism. The preparation of Standard Operating Procedures (SOPs) can be assisted by the disability community, so that the preparation can meet the individual needs of patients with disabilities. The involvement of the community who enjoy the service directly can provide recommendations in policy formulation, and can provide evaluation of the policies that have been prepared for the purpose of constructive health center policies (Syahputra & Munandar, 2021). So it is hoped that the formulation of policies for the provision of health services will be appropriate and equal for all aspects of society.

The regional policy implemented by the Health Office, which is in charge of the Jatinegara Kaum Health Center, is authorized to conduct periodic audits of all health centers under it, including the Jatinegara Kaum Health Center, in order to ensure the fulfillment of equal and

inclusive health services (Purinami, Apsari, & Mulyana, 2018). It can also be equipped with an easily accessible complaint mechanism, in order to maintain the fulfillment of appropriate and inclusive health service delivery.

The implementation of inclusivity in the provision of health services at the Jatinegara Kaum Health Center can be a role model for other regional health centers in providing health services. Continuous audits and innovations can be a reference for the development of disability-friendly healthcare delivery (Sirait & Cahyaningtyas, 2019). So that it will create opportunities for systematic change, synergy of national policies, increasing human resources in the health sector, improving health facilities, and comprehensive community participation.

Budget allocation limitations are structural barriers (Kennedy, 2020), Puskesmas are expected to be able to meet the complex individual needs of the community, while being limited by budget allocation (Utami et al., 2019). These barriers will have an impact on the low ability to create disability-friendly health facilities. The allocation of funds for health is only prioritized for immunization, improved nutrition, and handling infectious disease control, so that the improvement of inclusive health service delivery is often ignored.

The accuracy of data on patients with disabilities will pose obstacles in the formulation and evaluation of health service delivery policies. Data on the physical limitations of people with disabilities will obscure the needs that must be met by health centers, such as the procurement of physiotherapy equipment, hearing aids, and other examination facilities. The Standard Operating Procedure (SOP) is only prepared for the general needs of patients, without considering the special needs of patients with disabilities, so that there is a waiver of inclusivity in the provision of health services.

Limited collaboration with communities with disabilities can be an institutional barrier. Collaboration with the Disability Community is fundamental in the provision of collaborative health services, in improving services, providing input for human resource training, and strengthening the advocacy function in order to meet the individual needs of patients with disabilities (Purwanti & Wekke, 2018). Cross-sector collaboration is needed to meet the needs of patients with disabilities as a whole. The involvement of the Social Affairs Office, the disability community, and the general public is expected to meet the individual needs of patients with disabilities as a whole.

Regulatory barriers are caused by the lack of technical guidelines on the delivery of inclusive health services at the regional level. This gap causes a gap in the provision of inclusive health services between regions. Cross-sector solutions are needed that can provide assurance of equal and useful health service delivery. So that the goals set out in Law Number 8 of 2016

concerning persons with disabilities can be achieved.

D. CONCLUSION

The Jatinegara Kaum Health Center has a promise and commitment to be able to meet the holistic needs of patients with disabilities. However, the reality is that the fulfillment of health rights regulated in Law Number 8 of 2016 concerning Persons with Disabilities has not been fulfilled. According to empirical data, the Jatinegara Kaum Health Center has a gap in disability support infrastructure, the absence of hearing aids, walking sticks, and the absence of a special waiting room for people with disabilities, accompanied by limited competence of health workers. So that the principle of inclusivity in the provision of health services at the Jatinegara Kaum Health Center has not been fulfilled.

The need to provide inclusive health services for patients with disabilities needs to be supported by improving health facilities, infrastructure, and transparency in access to health service information. The provision of inclusive health services for patients with disabilities needs to be supported by substantive policy formulation, up to guidelines for the development of Standard Operating Procedures (SOPs), budget allocation, and cross-sector collaboration. So it is hoped that the improvement in the provision of health services can be fulfilled holistically, which includes aspects of improving physical infrastructure, strengthening legal instruments, implementing legal policies, and improving the competence of health workers that are carried out regularly.

REFERENCES

JOURNALS

Abdillah, A., Widianingsih, I., Buchari, R. A., & Nurasa, H. (2025). Inclusive Resilience in Indonesia: Case of Disability Anticipation Within Inclusive Development. *Discover Social Science and Health, 5*(40). https://doi.org/10.1007/s44155-025-00190-9

Adi, P. (2010). Kebijakan Formulasi Hukum Pidana Dalam Rangka Penanggulangan Tindak Pidana Malpraktik Kedokteran. *Law Reform, 6*(1), 83-96. https://doi.org/10.14710/lr.v6i1.12481

Angelakopoulos, N., Boedi, R. M., Polukhin, N., Zolotenkova, G., Kumagai, A., & Balla, S. B. (2025). Exploring Global Demographics Of Professionals In Forensic Odontology: A Pilot Study. *Forensic Science, Medicine, and Pathology, 7*(10). DOI:10.1007/s12024-025-00983-z

Ardiyantini, R. D. (2021). Implementasi Program Jaminan Kesehatan Khusus Terpadu dalam upaya perlindungan dan pemenuhan hak kesehatan penyandang disabilitas. *Journal of Social Development Studies, 2*(1),67–79. https://doi.org/10.22146/jsds.104068

Armitage, R., & Nellums, L. B. (2020). The COVID-19 response must be disability

inclusive. *The Lancet Public Health, 5*(5). https://doi.org/10.1016/S2468-2667(20)30076-1

Bergman, M., & Martin, A. (2025). Injectable contraceptive use in women with intellectual disability: Narrative review and service evaluation. *BJPsych Open, 11*(5), https://doi.org/10.1192/bjo.2025.786

Burke, E. A., Carroll, R., O'Dwyer, M., Walsh, J. B., McCallion, P., & McCarron, M. (2024). Ageing, osteoporosis and intellectual disability; risks differ, and diagnosis can be missed. *British Journal of Learning Disabilities, 52*(3), 562–576. https://doi.org/10.1111/bld.12598

Cavaggioni, L., Formenti, D., Castiglioni, P., Ardigò, L. P., & Merati, G. (2025). Perceptual-vision training as a strategy for healthy aging in adults with intellectual disability: A study protocol. *Frontiers in Psychology, 16*. https://doi.org/10.3389/fpsyg.2025.1526826

Clemente, K. A. P., da Silva, S. V., Vieira, G. I., de Bortoli, M. C., Toma, T. S., Ramos, V. D., & de Brito, C. M. M. (2022). Barriers to the access of people with disabilities to health services: a scoping review. *Revista de Saude Publica, 56*. https://doi.org/10.11606/s1518-8787.2022056003893

Doody, O., Cithambaram, K., Ryan, J., Ryan, R., Conway, M., & Corby, D. (2025). Indicators for intellectual disability where no formal diagnosis exists but nursing knowledge demonstrates grounds for a formal assessment: A scoping review. *Healthcare, 13*(13),1489.https://doi.org/10.3390/healthcare13131489

Dumako, A. R., & Trisista, R. G. M. (2024). Government policy in ensuring accessibility and legal protection of health rights for persons with disabilities. *Jurnal Reformasi Hukum, 28*(2), 142-152. https://doi.org/10.46257/jrh.v28i2.1070

Emerson, E., Madden, R., Graham, H., Llewellyn, G., Hatton, C., Robertson, J., & Roberts, H. (2011). The health of disabled people and the social determinants of health. *Public Health,125*(3),145–147. https://doi.org/10.1016/j.puhe.2010.11.003

Farida, E., Prabandari, A. P., & Rahayu, R. (2020). International human rights instruments and indonesian legal protection for persons with disabilities. *Indian Journal of Forensic Medicine and Toxicology, 14*(4),4482-4486. https://doi.org/10.37506/ijfmt.v14i4.12347

Farida, E., Rahayu, R., Mahfud, M. A., Wibawa, K. C. S., & Ilmy, N. A. (2025). State responsibility and victim protection: An evaluation of non-judicial measures for human rights violations in Indonesia. *Cadernos de Dereito Actual, 2025*(27), 75–109.http://www.cadernosdedereitoactual.es/index.php/cadernos/article/view/1325

Fibrianti, N., Santoso, B., Setyowati, R., & Rindyawati, Y. (2023). Legal Culture and

Legal Consciousness of Consumers: The Influence on Regulation and Enforcement of Consumer Protection Laws. *Journal of Indonesian Legal Studies, 8*(2), 1267-1310. https://doi.org/10.15294/jils.v8i2.69336

Firkin, C. J., Obrusnikova, I., & Koch, L. C. (2024). Quantifying physical activity and sedentary behavior in adults with intellectual disability: A scoping review of assessment methodologies. *Healthcare, 12*(19),1912.https://doi.org/10.3390/healthcare12191912

Gilmer, T. P., O'Connor, P. J., Sperl-Hillen, J. M., Rush, W. A., Johnson, P. E., Amundson, G. H., Asche, S. E., & Ekstrom, H. L. (2012). Cost-effectiveness of an electronic medical record-based clinical decision support system. *Health Services Research, 47*(6),2137–2158. https://doi.org/10.1111/j.1475-6773.2012.01427.x

Gumienny, B., & Lew-Koralewicz, A. (2025). Health from the perspective of adolescents with intellectual disabilities: Report from Poland. *Journal of Applied Research in Intellectual Disabilities, 38*(5), 70119. https://doi.org/10.1111/jar.70119

Purwadi, H., Lukitasari, D., Mayastuti, A., Abd Aziz, H., & Cahyaningtyas, I. (2024). Regulatory Framework on Compensation for the Restoration of Victims of Sexual Violence. *Law Reform, 20*(2), 383-407. https://doi.org/10.14710/lr.v20i2.58181

Hale, E. W., Taylor, A., Elton, M., Honsbruch, M., Rosenberg, C. R., & Sanders, J. S. (2024). Integrating vocational supports into a transition clinic: A pilot program. *Health Care Transitions, 2*. https://doi.org/10.1016/j.hctj.2024.100048

Handayani, E., & Suparno, S. (2023). The Role of Customary Law in The Governance of Sustainable Agrarian Culture In Local Communities. *Corporate Law and Governance Review, 5*(1), 29-37. https://doi.org/10.22495/clgrv5i1p3

Hanum, W. N., & Zaman, M. N. U. (2024). Existence of Human Rights Protection in Land and Mining Conflicts: Evidence from Indonesia. *Journal of Law, Environmental and Justice, 2*(3), 285-306. https://doi.org/10.62264/jlej.v2i3.107

Hardinanto, A., Arief, B. N., Setiyono, J., Fernando, Z. J., & Sabrina, N. (2024). Critical Analysis of Living Law Formulation in Law No. 1 of 2023 Concerning the Criminal Code: Towards Law Reform to Realize Justice with the Spirit of Pancasila. *Journal of Law and Legal Reform, 5*(3), 1029-1066.https://doi.org/10.15294/jllr.v5i3.13923

Havercamp, S. M., & Bonardi, A. (2022). Special issue introduction: Addressing healthcare inequities in intellectual disability and developmental disabilities. *Intellectual and Developmental Disabilities, 60*(6), 449–

452. https://doi.org/10.1352/1934-9556-60.6.449

Hotez, E., Pan, M., Jackson, N., Rava, J., Wisk, L. E., Lei, Y., Schickedanz, A., & Kuo, A. A. (2024). Health and well-being at the transition to adulthood among individuals with disabilities: An analysis of the Panel Study of Income Dynamics. *Journal of Adolescent Health, 74*(5), 964–970. https://doi.org/10.1016/j.jadohealth.2023.12.011

Iswandari, H. D. (2022). Reconceptualizing legal arrangement on the doctor–patient relationship in mental health services. *Law Reform,18*(1),116-130. https://doi.org/10.14710/lr.v18i1.44711

Jacinto, M., Monteiro, D., Coelho, L., Diz, S., Matos, R., Amaro, N., & Antunes, R. (2024). The effects of a 24-week exercise intervention and detraining on individuals with intellectual and developmental disabilities. *Physikalische Medizin, Rehabilitationsmedizin, Kurortmedizin*. https://doi.org/10.1055/a-2460-6671

Jeong, J. U. (2025). Aging unequally: Functional age disparities between developmental and non-developmental disabilities. *Healthcare, 13*(19),2412.https://doi.org/10.3390/healthcare13192412

Kaitz, J., & Ray, S. (2023). Providers' perspectives on women's healthcare disparities and barriers. *Journal of Progressive Human Services, 34*(2), 168–182.https://doi.org/10.1080/10428232.2023.2173476

Kennedy, R. (2020). Legal discourse on manpower during COVID-19 outbreak. *Law Reform,16*(1),70-86. https://doi.org/10.14710/lr.v16i1.30306

Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). People with disabilities: Health disparities and unmet health care needs. *American Journal of Public Health, 105*(S2).https://doi.org/10.2105/AJPH.2014.302182

Kridasaksana, D., Santoso, B., Roisah, K., & Natalis, A. (2020). Menstrual leave from a health law perspective in Indonesia. *Pakistan Journal of Medical and Health Sciences,14*(4),1592-1594. https://scholar.undip.ac.id/en/publications/menstrual-leave-from-a-health-law-perspective-in-indonesia/

Kristiana, I. F., & Widayanti, C. G. (2017). Teachers' attitude and expectation on inclusive education for children with disability: A frontier study in Semarang, Central Java, Indonesia. *Advanced Science Letters, 23*(4), 3504-3506. https://doi.org/10.1166/asl.2017.9149

Kusumaningrum, A. E. (2016). Tinjauan yuridis hak dan kewajiban pasien sebagai konsumen dalam pelayanan medis. *Supremasi Hukum, 2*(1). https://doi.org/10.14421/sh.v2i1.1899

Kusumawati, E. D., Sasmini, & Firdausy, A. G. (2024). Achieving fair and equal access to vaccination for persons with disabilities in Indonesia: A lesson learned from the vaccination programme in the COVID-19 outbreak. *The Journal of Southeast Asian Human Rights, 8*(2). https://doi.org/10.19184/jseahr.v8i2.35534

Latifiani, D., Yusriadi, Y., Sarono, A., Al Fikry, A. H., & Cholis, M. N. (2022). Reconstruction of E-Court Legal Culture in Civil Law Enforcement. *Journal of Indonesian Legal Studies,7*(2),409-448. https://doi.org/10.15294/jils.v7i2.59993

Mahfud, M. A., Djohan, N. H., & Malik, M. F. (2024). Constitutionality of Simultaneous Extension and Renewal of Land Rights. *Jurnal IUS Kajian Hukum dan Keadilan, 12*(1),159-176. https://doi.org/10.29303/ius.v12i1.1360

Mendoza, O., Thakur, A., Niel, U., Thomson, K., Lunsky, Y., & Bobbette, N. (2023). Project ECHO-AIDD: Recommendations for care of adults with intellectual and developmental disabilities. *Advances in Mental Health and Intellectual Disabilities, 17*(4), 292–309. https://doi.org/10.1108/AMHID-06-2023-0019

Miceli, A., Lucassen, L., Rinaldi, R., Van Ooteghem, N., Walter, D., Perau, M., Kahwaji, C., Mayart, A., & Batselé, E. (2025). "What matters, doctor?" A qualitative and inclusive study of the experience of mainstream healthcare among people with intellectual disabilities in Belgium. *Journal of Applied Research in Intellectual Disabilities, 38*(1). https://doi.org/10.1111/jar.70020

Miner, D. C., Ailey, S. H., Thompson, R. A., Squires, A., Adarlo, A., & Brown, H. (2024). "We have met the enemy and it is us": Healthcare professionals as the barrier to health equity for people with intellectual and developmental disability. *Research in Nursing & Health, 47*(3), 269–273. https://doi.org/10.1002/nur.22376

Mitra, S., Palmer, M., Kim, H., Mont, D., & Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and Health Journal, 10*(4),475–484. https://doi.org/10.1016/j.dhjo.2017.04.007

Moronski, L., Chittams, J. L., Lake, E. T., & McHugh, M. D. (2025). Association of nurse work environment, staffing, and skill mix with length of stay for patients with intellectual and developmental disabilities. *Medical Care, 63*(9), 672–678. https://doi.org/10.1097/MLR.0000000000002168

Nadiffa, W., & Saebani, B. A. (2024). Perbandingan Yuridis Empiris Dengan Yuridis Normatif Dalam Ilmu Sosiologi. Causa: *Jurnal Hukum Dan Kewarganegaraan, 9*(2), 41–50. https://doi.org/10.3783/causa.v9i2.8263

Natalis, A., Sembiring, A. F., & Handayani, E. (2025). From rejection to recognition: Human rights, morality, and the future of Marijuana policy in Indonesia. *International Journal of Drug Policy, 140*. https://doi.org/10.1016/j.drugpo.2025.104817

Nguyen, T. V., Bigler, C., Sony, K. C., & Amacker, M. (2024). Towards an agenda of action and research for making health systems disability inclusive. *The Lancet Regional Health, Western Pacific, 39*, 100–114. https://doi.org/10.1016/j.lanwpc.2024.100219

Nikmah, T., & Heriyanto (2022). Pengalaman Informasi Penyandang Disabilitas Netra pada Penggunaan Audiobook sebagai Sumber Informasi. *Record and Library Journal,8*(2),327-334. https://doi.org/10.20473/rlj.V8-I2.2022.327-334

Amalia, A. N, & Rahayu, R. (2021). Environmental Management and Protection Based on the Green Constitution Concept. *Jurnal IUS Kajian Hukum dan Keadilan, 9*(3),597-619. https://doi.org/10.29303/ius.v9i3.944

Pawestri, A. (2017). Hak penyandang disabilitas dalam perspektif HAM internasional dan HAM nasional. Era Hukum: *Jurnal Ilmiah Ilmu Hukum, 15*(1), 1–15. https://doi.org/10.24912/era%20hukum.v15i1.670

Pinilih, S. A. G., & Rahmansyah, A. (2023). Climate Change and Environmental Justice in Constitutional Law. *IOP Conference Series: Earth and Environmental Science, 1270*(1). https://doi.org/10.1088/1755-1315/1270/1/012024

Pita, Y., Bigler, C., Sony, K. C., & Amacker, M. (2023). The right to health: An examination of health care access for women with disability in Nepal. *SSM – Qualitative Research in Health,3*,1–13. https://doi.org/10.1016/j.ssmqr.2023.100099

Pracilio, A., Wilson, N. J., Tumanggor, R. D., & Cashin, A. (2024). Indonesian nurses' awareness and application of reasonable adjustments when caring for people with intellectual disability and/or autism. *International Nursing Review, 71*(4), 1005-1014. https://doi.org/10.1111/inr.12959

Pratiwi, M. (2023). Aksesibilitas perempuan disabilitas dalam pemenuhan hak kesehatan seksual dan reproduksi. *Malahayati Nursing Journal, 5*(1), 184–195. https://doi.org/10.33024/manuju.v5i1.7994

Propiona, J. K. (2023). Has inclusive health access in Jakarta's public health center been fulfilled? *Jurnal Administrasi Kesehatan Indonesia, 11*(2), 311–321. https://doi.org/10.20473/jaki.v11i2.2023.311-321

Purinami, G., Apsari, N. C., & Mulyana, N. (2018). Penyandang disabilitas dalam dunia kerja. *Focus: Jurnal Pekerjaan Sosial, 1*(3), 234–

244.https://doi.org/10.24198/focus.v1i3.20499

Purnomosidi, A. (2017). Konsep perlindungan hak konstitusional penyandang disabilitas di Indonesia. *Refleksi Hukum: Jurnal Ilmu Hukum,1*(2),161–174. https://doi.org/10.24246/jrh.2017.v1.i2.p161-174

Purwanti, A., & Wekke, I. S. (2018). Scholten's open system and Rahardjo's progressive of law: Law making and implementation. *Opcion, 34*(Special Issue 16), 846-857. https://scholar.undip.ac.id/en/publications/scholtens-open-system-and-rahardjos-progressive-of-law-law-making/

Rahmawati, E., Rahayu, E. W. P., & Sukirno, S. (2023). State Actors in Agrarian Conflicts: A Judicial Review in Rule of Law Perspective. *Journal of Southeast Asian Human Rights, 7*(2), 276-298. https://doi.org/10.19184/jseahr.v7i2.43798

Ramdhan, F. Z. (2024). Posyandu jiwa: Accessibility and acceptability of persons with mental disabilities in rural communities. *Indonesian Journal of Disability Studies, 11*(2), 265-275. DOI: 10.21776/ub.ijds.2024.11.2.5

Reed, N. S., Meijerink, A., O'Neil, J., & Wang, N. (2020). Hearing disability and access to healthcare during the COVID-19 pandemic. *Health & Social Care in the Community, 28*(6),2233–2240. https://doi.org/10.1111/hsc.13172

Retnawati, S. A., Widajanti, L., & Nugrahaeni, S. A. (2014). The Effect of Training by Simulation Method on Cadres to the Successfulness of Diversity Food Application (a Study in Kecamatan Trawas Kabupaten Mojokerto). *Jurnal Manajemen Kesehatan Indonesia, 2*(2), 122-128. https://doi.org/10.14710/jmki.2.3.2014.%25p

Rotarou, E. S., & Sakellariou, D. (2019). Inequalities in access to healthcare for people with disabilities in Chile: The limits of universal health coverage. International *Journal for Equity in Health, 18*(1), 1–12. https://doi.org/10.1186/s12939-019-1096-1

Sakellariou, D., & Rotarou, E. S. (2017). Access to healthcare for disabled people: A systematic review. *PLoS ONE, 12*(8). https://doi.org/10.1371/journal.pone.0184990

Sanders, J. S., Mabry, M., Scarbro, S., & Filley, C. M. (2024). New frontier: The first year of an adult neurodevelopmental disabilities clinic. *Cognitive and Behavioral Neurology, 37*(2),73–81. https://doi.org/10.1097/WNN.0000000000000362

Savage, M. N., Clark, T. A., Baffoe, E., Candelaria, A. E., Aneke, L., Gonzalez, R., Al Enizi, A., Anguita-Otero, M., Edwards-Adams, K., Grandberry, L., & Reed, S. (2023). Technology-based physical health interventions for adults with intellectual disability: A scoping review. *Journal of*

Developmental and Physical Disabilities, 36(5),757–792. https://doi.org/10.1007/s10882-023-09939-z

Schmidt, E. K., Lee, M. S., Chen, L. E., Riddle, I., Jones, J. L., Arias, A., Goode, T. D., & Coffield, C. N. (2025). National goals on health equity's recommendations for disability competent healthcare. *Inclusion, 13*(3),203–213. https://doi.org/10.1352/2326-6988-13.3.203

Selick, A., Bernier, S. L., Bobbette, N., Cardiff, K., & Lunsky, Y. (2026). Direct support professional perspectives on the value of virtual healthcare for adults with intellectual and developmental disabilities: Trends over four years. *Disability and Health Journal, 19*(1).https://doi.org/10.1016/j.dhjo.2025.101961

Shakespeare, T., Ndagire, F., & Seketi, Q. (2021). Triple jeopardy: Disabled people and the COVID-19 pandemic. *The Lancet, 397*(10284),1331–1333. https://doi.org/10.1016/S0140-6736(21)00625-5

Simpson, A., Smith, J., Yates, M., Barden, H., Gorton, C., & Templeton, M. (2025). Key insights from a rapid review of nondental procedural sedation clinical practice guidelines for adults with intellectual and developmental disability. *Journal of Evidence-Based Medicine, 18*(1), 70003. https://doi.org/10.1111/jebm.70003

Sirait, T. Y., & Cahyaningtyas, I. (2019). Restorative Justice Approach in the Settlement of Children's Cases in Indonesia. *Legality: Jurnal Ilmiah Hukum, 27*(2),232-241. https://doi.org/10.22219/jihl.v27i2.10160

Sonia, M. (2024). A critical reflection on fight against the current COVID-19 pandemic: A short review on public health concern and responsibilities. *Asian Journal of Nursing Education and Research, 14*(2), 137–140. https://doi.org/10.52711/2349-2996

Stokes, J. E., Waldron, D. A., & Stam, E. J. (2025). Loneliness among adults aging with intellectual and developmental disabilities: The importance of living situation. *The Gerontologist,65*(4). https://doi.org/10.1093/geront/gnaf031

Sukmana, O. (2016). Konsep dan desain negara kesejahteraan (Welfare State). *Sospol; Jurnal Sospol, 2*(1), 103–115. https://doi.org/10.22219/sospol.v2i1.4759

Susiana, S., & Wardah, W. (2019). Pemenuhan hak penyandang disabilitas dalam mendapatkan pekerjaan di BUMN. *Law Reform,15*(2),187–198. https://doi.org/10.14710/lr.v15i2.23356

Syahputra, A. R., & Munandar, A. I. (2021). The Hike in BPJS Kesehatan's Premiums based on The principle of Justice in Service Regulation of Healthcare Insurance. *Law Reform,17*(1),1-12. https://doi.org/10.14710/lr.v17i1.37548

Tama, T. D., & Astutik, E. (2022). Physical inactivity and chronic diseases among disabled adults in Indonesia. *Journal of public health in Africa, 13*(Suppl 2), 2421. https://doi.org/10.4081/jphia.2022.2421

Umucu, E., Vernon, A. A., Pan, D., Qin, S., Solis, G., Campa, R., & Lee, B. (2025). Health inequities among persons with disabilities: a global scoping review. *Frontiers in public health,13*.https://doi.org/10.3389/fpubh.2025.1538519

Utami, N. S., Prasetyoningsih, N., Hidayat, A., Huda, N., Suteki, S., Saraswati, R., & Budiono, A. (2019). Equality of the political rights of people with mental disorders (PWMD) in general elections. *Indian Journal of Forensic Medicine and Toxicology,13*(4),1571-1575. https://doi.org/10.5958/0973-9130.2019.00527.9

Van Heumen, L., DuBois, L., Burke, M. M., Swanson, S., Demissie, S., Cobb, A., & Krueger, C. (2025). Setting national goals for health equity for adults with intellectual and developmental disabilities across the life course. *Inclusion, 13*(3), 151–162. https://doi.org/10.1352/2326-6988-13.3.151

Wagner, T., Herscovici, A. R., Fuchs, A., Kabas, S., Hilbert, M., König, L. M., Unseld, M., & Zeilinger, E. L. (2025). Towards inclusive colorectal cancer screening: Experiences and needs of adults with intellectual disabilities. *Cancer Medicine, 14*(17), 71212. https://doi.org/10.1002/cam4.71212

Wardana, K. A., Rahayu, & Sukirno, S. (2024). Redefining Indonesia's Blasphemy Law In The Digital Age: A Human Rights Perspective. *Diponegoro Law Review, 9*(1), 19-35.https://doi.org/10.14710/dilrev.9.1.2024.19-35

Wardhani, L. T. A. L., Minarto, W. S., Maharani, V., & Zharfan, A. (2023). Examining Policy Aspects of Food Waste in Indonesia. *IOP Conference Series: Earth and Environmental Science, 1270*(1). https://doi.org/10.1088/1755-1315/1270/1/012022

Wardhani, L. T. A. L., Noho, M. D. H., & Natalis, A. (2022). The adoption of various legal systems in Indonesia: an effort to initiate the prismatic Mixed Legal Systems. *Cogent Social Sciences, 8*(1). https://doi.org/10.1080/23311886.2022.2104710

Warsono, H., Amaliyah, A., Putranti, I. R., & Iannone, A. (2023). Indonesia government sets back: The rule of law, collaborative governance and human right challenges during COVID-19. *Law Reform, 19*(2), 174-196.https://doi.org/10.14710/lr.v19i2.53734

Wibowo, W. (2024). Mitigating gaps in Indonesia's social health insurance: Strategies for fulfilling the right to health for disabled persons. *Journal of Infrastructure, Policy and Development, 8*(1), 4922. https://doi.org/10.24294/jipd.v8i1.4922

Widianingsih, I., Abdillah, A., Buchari, R. A., & Nurasa, H. (2022). Health accessibility for persons with disabilities in primary health centers in Indonesia. *Disability & Society, 37*(4),621–638. https://doi.org/10.1080/09687599.2021.1887362

Ramlan, T. E., & Perdana, S. (2024). *Metode Penelitian Hukum dan Pembuatan*. Medan: Karya Ilmiah, Format Publishing & Umsu Press.

Renggong, R. (2021). *Hak Asasi Manusia dalam Perspektif Hukum Nasional*. Jakarta: Prenada Media.

BOOKS

Abustan, R. (2023). *Hak Asasi Manusia*. Jakarta: Rajawali Press.

Abustan, R. (2024). *Hukum Konstitusi, Negara dan Demokrasi*. Jakarta: Rajawali Press.

Delfina, G., & Syofyan, Y. (2022). *Hukum dan Hak Asasi Manusia*. Jakarta: Rajagrafindo Persada.

Department of Empowerment, Child Protection, and Population Control of DKI Jakarta Province. (2024). *Disability profile in DKI Jakarta: Based on the 2024 One-Door Family Data Collection results using Carik Jakarta*. Jakarta: Family Data and Information Center Unit.

Efendi, J., & Rijadi, P. (2023). *Metode Penelitian Hukum Normatif dan Empiris*. Jakarta: Divisi Kencana.

Is, M. S. (2021). *Hukum Hak Asasi Manusia*. Jakarta: Divisi Kencana.

Laritmas, S., & Rosidi, A. (2024). *Teori Negara Hukum*. Jakarta: Prenada Media.

Raharjo, S. T. (2016). *Kerentanan & Disabilitas: Kumpulan Tulisan*. Bandung: Unpad Press.

REGULATIONS AND LEGISLATION

Government of the Republic of Indonesia. (1945). The 1945 Constitution of the Republic of Indonesia.

Government of the Republic of Indonesia. (2016). Law No. 8 of 2016 on Persons with Disabilities.

Government of Japan. (2011). Basic Act for Persons with Disabilities (Act No. 84 of 1970, Amendment 2011). Tokyo: Cabinet Office.

Australian Government. (2013). National Disability Insurance Scheme Act 2013. Canberra: Federal Register of Legislation.

Ministry of Health and Welfare of the Republic of Korea. (2007). Act on the Welfare of Persons with Disabilities (No. 14224). Seoul: Government of the Republic of Korea.

Royal Thai Government. (2007). Persons with Disabilities Empowerment Act B.E. 2550 (Amended B.E. 2556). Bangkok: Ministry of Social Development and Human Security.

ONLINE SOURCE

National Commission on Human Rights of the Republic of Indonesia. (2020). Study on the fulfilment of the right to health for vulnerable groups in Indonesia. Retrieved from https://www.researchgate.net/publication/381652110_Kajian_Pemenuhan_Hak_Atas_Kesehatan_bagi_Kelompok_Rentan_di_Indonesia