

Research Article

Lack of Health Services Results in the Death of A Newborn Child in Senawang Village, Sumbawa

Nunung Futrianti¹, Lahmuddin Zuhri^{2*}, Hanuring Ayu³

¹⁻²Univeritas Samawa, Jl. Bypass Sering, Kerato, Kec. Unter Iwes, Kabupaten Sumbawa, Nusa Tenggara Barat, Indonesia 84316

³ Universitas Islam Batik Surakarta, Jl. Agus Salim No.10, Sondakan, Kec. Laweyan, Kota Surakarta, Jawa Tengah, Indonesia 57147

* Corresponding Author : lahmuddinzuhri79@gmail.com

Abstract: The right to health services for residents of Senawang Village and evaluating the legal protection mechanisms that can be taken by residents of Senawang Village due to the lack of health services, the type of research used is empirical legal research. The approach method used is a sociological approach and a legislative approach, the type of data is primary data, secondary data and tertiary data. While the data collection techniques are in the form of interviews, literature, and documentation. Finally, with the analysis of the data obtained from this study, it can be concluded that the fulfillment of the right to a healthy life is a basic right that must be guaranteed, because health is part of the primary needs of every human being, which is clearly regulated in Article 28 H paragraph (1) of the 1945 Constitution and Law of the Republic of Indonesia Number 17 of 2023. However, the reality in the field shows that the implementation and implementation of these various policies is still far from expectations. This shows a gap between the ideal regulations on paper and their implementation in real life. Therefore, synergy between infrastructure policies and health services is crucial because without concrete improvements in the infrastructure sector, the goal of realizing equitable, fair, and high-quality access to health services for all Indonesians will be difficult to achieve.

Keywords: Criminal Law; Document Falsification; Land Registration; Title Document; Village Head.

1. Introduction

Health is part of human rights as regulated in Article 28H paragraph (1) of the 1945 Constitution, which states that " every individual has the right to live a prosperous life, both physically and mentally, to have a decent place to live, to enjoy a clean and healthy environment, and to obtain health services . " (1945 Constitution)

In this context, the state has a responsibility to ensure the right to health is fulfilled by providing adequate and equitable health facilities and services. This is also emphasized in Law Number 17 of 2023 concerning Health, which emphasizes that basic health services must be equitably available and accessible to all, including those in remote areas.

Article 6 paragraph (1) of Law Number 17 of 2023 concerning Health states that "the government is responsible for designing planning, establishing regulations, implementing, guiding, and supervising the implementation of health services, so that these services can be accessed fairly and equally by all levels of society." (Law No. 17 of 2023)

The state has an obligation to provide healthcare facilities and ensure access to healthcare services for all citizens, both at the national and regional levels. Through national health insurance programs such as the Social Security Administration (BPJS), the government strives to expand access to healthcare services for all levels of society. However, in its implementation, several obstacles remain that hinder the fulfillment of citizens' right to health. The disparity in access to healthcare services between urban and rural areas, as well as the limited facilities and medical personnel in remote areas, pose significant challenges for the government.

Received: July 18, 2025

Revised: July 29, 2025

Accepted: August 12, 2025

Published: August 30, 2025

Curr. Ver.: August 30, 2025



Copyright: © 2025 by the authors.
Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>)

The assignment of health workers to remote areas is a strategic issue in the public health sector due to its unique challenges that impact the quality of health services. Remote areas, typically located far from city centers and with difficult access, often face serious constraints related to the limited number and availability of health workers. This condition results in suboptimal health services and has implications for public health levels that are relatively lower than those in urban areas. To address these issues, policies for assigning health workers to remote areas have been implemented, both nationally and internationally, as a potential solution. However, the implementation of this policy is not without various obstacles. The reality on the ground still shows significant disparities in the distribution of health services in Indonesia, particularly in rural areas. One example is the village of Senawang.

Senawang Village is one of the villages located in the Orong Telu District, Sumbawa Regency, West Nusa Tenggara Province (NTB). This village is classified as a remote area with a distance of approximately 80 kilometers from the city center. Administratively, Senawang Village consists of five hamlets, namely Harapan Jaya Hamlet with a population of 206 people and 64 families (KK), Beru Hamlet with 186 people and 51 families, Gunung Karya Hamlet with 197 people and 57 families, Senawang B Hamlet with 370 people and 111 families, and Senawang A Hamlet with 359 people and 104 families. The majority of the population in this village work as farmers with the main products being corn, rice, and green beans.

In Senawang Village, there are no regulations that specifically regulate the standards of health workers, both in terms of quantity, competence, and distribution. This causes an imbalance in the availability of health workers who do not meet standards and reduce the quality of health services in this village. The people of Senawang Village do not receive optimal health services, which can lead to increased morbidity, slow disease management, and low levels of public trust in the available health services. In fact, there are no health workers or village midwives stationed in the village, either permanently or temporarily. As a result, the people of Senawang Village do not have access to adequate basic health services. This village is one of the areas that has great potential in supporting the development and improvement of public health levels. However, in reality, there are still various obstacles related to health workers in this village, one of the problems that arises is the lack of clear regulations regarding health workers and their qualifications.

The availability of competent and appropriately qualified healthcare workers is a key factor in ensuring quality services. However, this is not effectively implemented due to a lack of clear regulations and several other factors that contribute to poor access to healthcare workers, including inadequate road infrastructure, networks, clean water, and equipment. Consequently, they struggle to address various health issues in the community, particularly in emergencies or cases requiring specialized medical attention.

This condition is further exacerbated by the distance of Senawang village to the city center which reaches 80 kilometers with very limited road infrastructure and difficult to pass by vehicles, this makes people who need health services have to face high risks just to reach health facilities. The impact of minimal health services and poor infrastructure in Senawang Village has claimed victims, one of the tragic cases that occurred was the death of a newborn child due to delays in getting medical help. The mother had to be carried manually on a stretcher from Senawang A Hamlet to Senawang B Hamlet, limited health facilities and a lack of medical personnel at that time meant that the newborn child could not be saved. (Gonsaga 2024).

Given these conditions, this study aims to analyze in depth the consequences that arise if the state fails to fulfill the right to health services for its citizens, as well as explore the legal protection mechanisms available to citizens who are harmed. This research has a crucial role in strengthening the legal basis for upholding the right to health as an integral part of human rights. Therefore, this research has a high urgency in contributing to academic discourse and public policy. Regarding the governance of Health Workers in Indonesia through a case study approach in Senawang Village, this study not only provides a theoretical overview but also offers a social theory-based analysis that can serve as a reference for policymakers and stakeholders in determining the direction of policies related to Health Workers in the future.

2. Proposed Method

This research uses empirical legal research. This research focuses on the study of law in real-world practice. In other words, empirical legal research focuses on how legal provisions are implemented, enforced, and function in society. (Rijadi 2016)

The Approach Method used in this research is the Sociological Approach (sociology approach) The sociological approach is an approach whose discussion is based on social phenomena in society. One of the cases that occurred was the impact of minimal health services and poor infrastructure in Senawang Village which has claimed victims, one of the tragic cases that occurred was the death of a newborn child due to delays in getting medical help. The mother had to be carried manually from Senawang Hamlet A to Senawang Hamlet B, limited health facilities and the lack of medical personnel at that time caused the newborn child to not be able to be saved. And the statutory approach (statute approach) is applied by examining all laws and regulations directly related to the issue being studied, so that a clear and systematic legal basis is obtained. This approach allows researchers to evaluate the consistency and conformity between applicable legal provisions and the facts that appear in the field. (Efendi 2020)

The data used in this study consists of primary and secondary data. Primary data includes relevant laws and regulations, while secondary data includes literature, articles, and previous research related to this topic. Data collection techniques used were document analysis and literature review, which assisted in gathering information related to legal regulations and implementation in the field.

Primary data is data collected directly from primary sources. This data collection process is conducted through interviews with informants to obtain information relevant to the research focus, as well as through direct observation and recording in the field. (Rahayu 2019)

Data analysis is the activity of examining various forms of data from research components, such as notes, documents, and recordings. The data analysis process aims to process data to produce useful information that can be used as a basis for decision-making to resolve research problems. Analysis is performed by examining each piece of data in depth and then connecting it with other relevant data to reach comprehensive conclusions.

3. Results and Discussion

The Right to Health Services for Residents of Senawang A Hamlet, Senawang Village, Orong Telu District

Senawang Village is located in Orong Telu District, Sumbawa Regency, West Nusa Tenggara (NTB) Province, about 80 kilometers from the city, including a remote village. This village consists of five hamlets: Harapan Jaya Hamlet with 206 people and 64 families, Beru Hamlet with 186 people and 51 families, Gunung Karya Hamlet with 197 people and 57 families, Senawang B Hamlet with 370 people and 111 families, and Senawang A Hamlet with 359 people and 104 families. The main livelihood of the population is dominated by the agricultural sector, especially as farmers of corn, rice and green beans, considering the village's position in the highlands.

In Senawang Village, there are no specific regulations governing health worker standards, whether regarding the number, competence, or distribution. This results in the availability of health workers not meeting standards, resulting in a decline in the quality of village health services and an increase in morbidity.

This has resulted in increased morbidity, slow disease management, and low public trust in available health services. There are even no health workers or midwives stationed in the village, either permanently or temporarily. Consequently, the Senawang community has not yet received access to adequate health services. This village is one of the villages with great potential for public health development. However, in reality, various obstacles remain related to health workers in this village, one of which is the lack of clear regulations regarding health workers and their qualifications.

The availability of competent and appropriately qualified healthcare workers is a key factor in ensuring quality services. However, this is not effectively implemented due to a lack of clear regulations and several other factors that contribute to poor access to healthcare workers, including inadequate road infrastructure, networks, clean water, and equipment. Consequently, they struggle to address various health issues in the community, particularly in emergencies or cases requiring specialized medical attention.

This condition is further exacerbated by the distance of Senawang village to the city center which reaches 80 kilometers with very limited road infrastructure and difficult to pass by vehicles, this makes people who need health services have to face high risks just to reach health facilities. The impact of minimal health services and poor infrastructure in Senawang Village has claimed victims, one of the tragic cases that occurred was the death of a newborn child due to delays in getting medical help. The mother had to be carried manually on a stretcher from Senawang A Hamlet to Senawang B Hamlet, limited health facilities and a lack of medical personnel at that time meant that the newborn child could not be saved.

Right to Access to Health

Residents of Senawang A Hamlet, Senawang Village, have the right to access the nearest health facilities, such as community health centers (Puskesmas) or village health posts (PKD), to obtain basic health services. The right to access fair and quality health services is essential, as it is directly related to the right to life. To maintain survival, every individual requires adequate health services. Therefore, access to health is seen as a key element in the social protection system, because without good health, a person cannot live their life optimally. (Dewayanti 2025)

The Right to Quality Medical Services

Residents of Senawang A Hamlet, Senawang Village have the right to receive health services that meet professional standards and guarantee safety, effectiveness, and efficiency. This provision is in line with Law Number 17 of 2023 concerning "Health which emphasizes the government's responsibility in realizing optimal public health standards." Article 47 of the law states "that health efforts are carried out in an integrated, comprehensive, and sustainable manner through promotive, preventive, curative, and rehabilitative approaches." Furthermore, Article 48 paragraph (1) explains "that these health efforts are implemented through various activities, including health services, traditional health services, health improvement and disease prevention, healing and health recovery, reproductive health, family planning, school health, sports health, health services during disasters, blood services, and dental and oral health." (Hidayat 2025)

Right to Information

Everyone has the right to receive clear and complete information regarding their health condition and to receive effective and efficient services to prevent physical or material harm. Patients are also guaranteed the right to privacy and confidentiality regarding their illness, including their medical data. Furthermore, patients have the right to receive an explanation regarding the diagnosis, medical procedures, the purpose of the treatment, available alternatives, risks and potential complications, and estimated treatment costs. Furthermore, patients have the right to express their consent or refusal to any medical procedure performed by a healthcare professional.

Right to Protection of Patient Rights

Article 32 of the Hospital Law affirms a number of patient rights. These rights include obtaining information regarding patient rights and obligations, receiving humane, fair, honest, and discrimination-free services, and receiving quality healthcare services in accordance with professional standards and operational procedures. Furthermore, patients have the right to receive effective and efficient services to avoid physical or material harm. This law also guarantees the right to privacy and confidentiality regarding the patient's illness and medical data. Furthermore, patients have the right to receive an explanation regarding the diagnosis, procedures and objectives of medical procedures, available alternatives, risks and possible complications, prognosis, and estimated treatment costs. Patients also have the right to consent to or refuse medical procedures performed by healthcare professionals.

The Right to Maternal and Child Health

The right to health services and protection for mothers and children in Indonesia is part of the basic rights guaranteed in the 1945 Constitution of the Republic of Indonesia. Article 28H of the 1945 Constitution states that "everyone has the right to live in physical and spiritual prosperity, to have a place to live, to have a good and healthy living environment, and to receive health services." Furthermore, Article 34 paragraph (3) states that "the state bears the responsibility to provide adequate health service facilities and public facilities for the community." (Sudarajat 2023)

Citizens' Rights to Health According to Human Rights

Human Rights (HAM) are fundamental rights inherent in every individual from birth, not granted by the state or other people, but rather as a natural consequence of being born as a human being. From a religious perspective, these rights are seen as a gift from God Almighty, which can only be revoked by Him. The concept of human rights was introduced

internationally by Franklin D. Roosevelt through the Universal Declaration of Human Rights in 1948. In Indonesia, the understanding of human rights emphasizes the balance between basic rights and obligations. However, human rights remain universal because they contain fundamental human values and cannot be violated by anyone under any circumstances. (Mafakir 2025)

In the Indonesian legal system, regulations regarding Human Rights (HAM) are contained in various written legal sources. First, through the constitution, namely the 1945 Constitution of the Republic of Indonesia. Second, through the Decree of the People's Consultative Assembly (Tap MPR). Third, in Law Number 39 of 1999 concerning Human Rights. Fourth, through various implementing regulations, such as presidential decrees and other regulations. All of these regulations are formulated to guarantee and enforce the fulfillment of human rights. According to Law Number 39 of 1999, human rights are rights inherent in every human being as a creature of God Almighty, which are a gift from God and therefore must be respected, upheld, and protected by law and the state to maintain human honor and dignity .

History of the Birth of the Right to Health

The concept of Human Rights (HAM) has developed through three stages, which are then grouped into three generations. The first generation includes civil and political rights, known as *de klassieke grondrechten* (classical basic rights). These rights are negative because they emphasize individual freedom from various forms of prohibition or intervention (freedom from). Furthermore, the second generation includes economic, social, and cultural rights, known as *de sociale grondrechten* (basic social rights). These rights are positive because they demand fulfillment and protection by the state (right to). The third generation , known as solidarity rights , emphasizes collective rights for the welfare of society, including the right to development . (Widjajah 2024).

The right to health can be categorized into two generations of human rights. First, it falls under second-generation human rights when it relates to individual health, as this right is part of economic, social, and cultural rights. Second, it falls under third-generation human rights when it relates to collective public health, which is closely related to the right to development. According to Muladi, third-generation human rights are granted to human groups based on the principles of solidarity and brotherhood. These rights include the right to development, the right to peace, and the right to welfare, including in the health sector. The history of human rights development itself began with the issuance of the Magna Charta on July 15, 1215, an agreement between King Henry I of England and the nobles (Barons), which aimed to uphold justice and guarantee the rights of the nobility by placing the supremacy of law above the power of the ruler.

The Magna Carta became the basis for the establishment of a constitutional monarchy, with key principles including: the king's authority must be limited; human rights are superior to the king's sovereignty; important state decisions, including taxation, must be approved by the nobility; and no free citizen may be detained, confiscated, or exiled except in accordance with law. Subsequently, on July 4, 1776, the United States established the Virginia Bill of Rights as a charter of human rights, which was later incorporated into the first ten amendments to the U.S. Constitution in 1787. Around the same period, the French Revolution on July 17, 1789, resulted in the Declaration of the Rights of Man and of the Citizen, which recognized the civil and political rights of citizens in relation to government. At that time, the focus of human rights was more political and civil, although property rights as economic rights were also recognized.

John Locke emphasized three fundamental rights inherent in every individual: the right to life, the right to liberty, and the right to property. He argued that a person's private life belongs to him alone, including the work produced by that life. With the emergence of the welfare state, the state's role in guaranteeing public interests related to human rights began to expand, including the right to health. The right to health began to develop in the 19th century, particularly during the Industrial Revolution in England, when economic rights, such as social security and the right to work, became a primary concern. Developments in medical and health sciences prompted the British government to implement public health reforms through a policy known as the Sanitary Revolution, marking the recognition of health as an integral part of human rights.

Human Rights in Health

Health is one of the most important basic human needs; it is often said that health is not everything, but without health, everything is meaningless. Health is included in human rights and is part of the welfare that must be realized in accordance with the ideals of the Indonesian nation, as reflected in the Preamble to the 1945 Constitution and Pancasila. Among Indonesian health experts, the idea is growing that health is part of human rights that is protected by law . (Jafar 2025)

Protection of the right to health through legislation is expected to increase the state and government's attention to health development, thereby gradually improving the health of the Indonesian people. Constitutional guarantees of the right to health have existed since 1949, during the enactment of the Constitution of the Republic of Indonesia (RIS). Article 40 of the RIS Constitution stipulated that the authorities must make every effort to advance public hygiene and public health.

After Indonesia returned to its unitary state status and the enactment of the 1950 Provisional Constitution (UUDS 1950), the provisions of Article 40 of the RIS Constitution were reinstated in Article 42 of the UUDS 1950. In 1948, the United Nations (UN) ratified the Universal Declaration of Human Rights , which regulates human rights, including the right to health. Article 25 of the document states that everyone has the right to a standard of living that ensures the health and well-being of themselves and their families, including the needs for food, clothing, housing, and health services. In line with this, the World Health Organization (WHO) in 1948 emphasized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being," meaning that achieving the highest possible level of health is a basic right of every individual. The term used is "fundamental rights." The view of the right to health as part of human rights continues to evolve, both in the context of national and international law.

International law has developed various instruments concerning Human Rights (HAM), one of which is the International Covenant on Economic, Social, and Cultural Rights which was ratified in 1966. Article 12 paragraph 1 of the covenant affirms that every individual has the right to enjoy the highest attainable standard of physical and mental health. At the national level, Law Number 23 of 1992 Article 4 states that everyone has the same right to obtain the maximum level of health. Through the second amendment to the 1945 Constitution, health was officially established as part of human rights. Article 28H paragraph (1) affirms that everyone has the right to live in physical and spiritual prosperity, to have a place to live, to have a good and healthy living environment, and to receive health services. The inclusion of this right in the 1945 Constitution reflects a significant change in thinking regarding the protection of the right to health in Indonesia.

Health is no longer considered merely a personal matter or a gift from God without state involvement. Health is now viewed as a legally protected right within the framework of Human Rights, including the right to health guaranteed by the 1945 Constitution, as a manifestation of the state's responsibility and political commitment. This view emphasizes the legal aspects of the state, not merely political demands or societal expectations. This is related to the need for a clear definition and boundaries of the right to health, as legal certainty depends heavily on these boundaries. Without clear boundaries, it is difficult to determine the scope of the state's responsibilities as stipulated in the 1945 Constitution .

Citizens' Rights to Health According to Islamic Law

In essence, children are a gift from God Almighty to parents. It's called a gift because not all married couples have children, even after a long time together. Along with this gift, God instills a sense of love in the hearts of parents for their children. This love motivates and serves as a foundation for parents to educate, care for, protect, and care for their children's well-being, ensuring their rights are fulfilled and they are protected from violence and discrimination. (Yusnadi 2023)

Furthermore, children are seen as a trust or trust from Allah to their parents. As a trust, children are obligated to receive proper care and protection, including education and care. Parents who fulfill this trust well will receive rewards from Allah, while negligence can lead to sin if the child experiences harm or loss. Parents are obligated to fulfill their children's rights to support their development, cultivate noble character, and instill Islamic principles.

Children are not only important assets for families, communities, and nations, but also owners of the future. Therefore, children need to be guided and educated holistically, encompassing physical, mental, spiritual, moral, and intellectual aspects. As a reflection of the nation's civilization and the future successors to the previous generation, children must be

prepared to become a generation that is intellectually and spiritually intelligent and possesses superior qualities.

Child Protection in Islam

The essence of child protection in Islam is reflected in parental love, which is manifested through the fulfillment of children's basic rights and protection from violence and discrimination. Thus, child protection means channeling God's love to parents by meeting all of their children's needs, so they can live, grow, and develop optimally, while being protected from acts of violence or injustice that violate children's rights as a divine trust.

Love and fulfillment of children's basic rights can be achieved if they grow up healthy, both physically and within an intact family environment. However, if a child faces an abnormal situation, such as being orphaned, experiencing a physical or mental disorder, being neglected due to poverty, disaster, political or economic crisis, or being a victim of violence, the child requires special protection and care. This condition is known as the right to special protection for children.

Children's Rights in Islamic Law

Fulfillment of children's basic rights is an integral part of the implementation of human rights. In an Islamic perspective, children's human rights are a gift from Allah that must be guaranteed, protected and fulfilled by parents, family, society, government and the state. Thus, the responsibility for fulfilling children's rights does not only lie with parents, but also involves the entire social environment. In Islam, there are five types of human rights or *maqasid al-shari'ah*, namely: *hifz al-din* (protection of religion), *hifz al-nafs* (protection of the soul), *hifz al-nasl* (protection of descendants), *hifz al-aql* (protection of reason), and *hifz al-mal* (protection of property).

Right to Maintain Religion (hifz al-din)

Maintaining religious rights in Islam is called *hifz al-din*. The responsibility for safeguarding the religious beliefs of a newborn child rests with both parents. The child will follow the religion of their parents until they are mature enough to choose their own faith. the religion he has followed since birth or choosing the religion that is best for him.

The hadith, "It is the parents who make a child a Jew, a Christian, or a Zoroastrian" (Narrated by Bukhari and Muslim), emphasizes the important role of parents in shaping a child's religion and behavior. Parents have a significant influence on a child's morals, as children tend to imitate their behavior. If parents uphold Allah's teachings and uphold good morals, their children will grow up with similar morals. Conversely, if parents behave badly and ignore religious teachings, their children will likely adopt these negative traits. The Prophet Muhammad (peace be upon him) also said, "Every child is born in a state of *fitrah*," emphasizing that the formation of a child's morals and beliefs is greatly influenced by their environment and parental education.

Right to Preserve Nasab/Descendants hifz al-nasl

The right to maintain one's lineage in Islam is reflected through the concept of maintaining the honor of children. The child's honor is guaranteed by recognition of his identity as the child of his biological parents. Therefore, adoption of a child must not eliminate the origins of the offspring. Allah says: "(Call them (the adopted children) by (using) the name of their father... (QS al-Ahzab: 5).

Based on this verse, maintaining a child's lineage in Islam encompasses several aspects. First, to protect the child's rights and dignity, the identity of the biological father may not be changed even if the child is adopted. Second, the child's rights and honor are also related to psychological aspects, as unclear lineage can lead to problems in the child's personal development. Furthermore, this relates to the rules of *muharram*; if a child's lineage is unclear, potential legal issues with marriage can arise. Therefore, in the best interests of the child, providing a birth certificate is a legal obligation in Islam.

The Right to Health Care (hifz al-nafs)

Maintaining children's health is an obligation, encompassing physical and mental health so that children can grow normally without experiencing disease. This effort should begin while the child is still in the womb, with parents—especially the mother—playing a primary role in maintaining the child's health. In Islam, this right is also protected, as Islam prohibits murder and actions that harm life. As Allah says in Surah Al-Maidah, verse 32, killing one human being without a valid reason is considered like killing all of humanity, while preserving the life of one person is tantamount to preserving all of humanity. (Santoso 2019)

Citizens' Rights According to Positive Law

Positive law is the legal rules that apply in a country and can differ from one country to another, depending on the constitution and the source of its creation. In Indonesia, positive law is realized through legislation, the constitution of which has undergone several amendments. After independence, the 1945 Constitution was in effect for approximately 4 years (August 18, 1945–December 27, 1949), then replaced by the RIS Constitution for approximately 8 months (December 27, 1949–August 17, 1950), then replaced by the Provisional Constitution of 1950, and finally through the Decree of July 5, 1959, the 1945 Constitution was reinstated. These three constitutions have differences from each other.

The original 1945 Constitution contained only 7 articles related to human rights (articles 27, 28, 29, 30, 31, 33, and 34), while the RIS Constitution and the 1950 Provisional Constitution detailed human rights more fully, with around 30 articles, with 9 articles in line with the Universal Declaration of Human Rights. According to Ahadian, the limited regulation of human rights in the 1945 Constitution was due to the discussion being carried out during the spirit of independence from Dutch colonialism, so the founders of the nation were reluctant to include Western concepts, including human rights. Despite the debate, a consensus was finally reached to include human rights in the constitution to limit the power of the ruler.

The Preamble to the 1945 Constitution served as a source of inspiration for the regulation of human rights in the body of the 1945 Constitution and other laws and regulations as positive law. The first and second paragraphs reflect the recognition of freedom and justice, while the third and fourth paragraphs emphasize equality in the political, economic, legal, social, and cultural fields. Although the substance of human rights in the Preamble to the 1945 Constitution is quite broad, the elaboration in the body was initially still limited. Therefore, through MPR Decree No. XVII/1998 and the second amendment to the 1945 Constitution (articles 28–28J), human rights were outlined in more detail, including the obligations of citizens.

From the amendments to the 1945 Constitution, MPR Decree Number XVII/1998, and other laws and regulations, it can be concluded that human rights include: a) The right to live, maintain and improve one's standard of living. b) The right to have a family and continue one's lineage through a legal marriage. c) The right to develop oneself. d) Right to justice. e) The right to liberty/freedom. f) Right to freedom of information. g) Security rights. h) Welfare rights

The regulation of human rights in legislation as positive law aims to: a) Provide protection so that human rights are not violated by the government or other parties. b) Limiting the power of the ruler so that he does not act arbitrarily. c) Guaranteeing the survival, freedom and development of humans and society.

In this context, positive law, through statutory regulations, also regulates the fundamental obligations of every individual. These obligations include: obeying statutory regulations and written laws; respecting international human rights law recognized by Indonesia; participating in national defense efforts; respecting the human rights of others; adhering to moral, ethical, and orderly norms of social, national, and state life; and adhering to the limits established by law.

The regulation of human rights (HAM) and their fundamental obligations in positive law aims to maintain a balance between rights and responsibilities. While every individual has fundamental rights, they are also obligated to respect and uphold the rights of others. In other words, in exercising their rights, no one may ignore or violate the rights of others. To actualize human rights, every individual must be able to exercise their rights while fulfilling their obligations, although currently the implementation of human rights is not fully guaranteed.

Furthermore, positive law establishes the government's obligations and responsibilities to respect, protect, uphold, and advance human rights in accordance with Law Number 39 of 1999, other laws and regulations, and international law recognized by Indonesia. The government's obligations include implementing effective measures in the legal, political, economic, socio-cultural, and defense and security sectors.

The rights of citizens according to the 1945 Constitution are: Equality of position in government law. The right to decent work and a decent living. Rights in efforts to defend the country. The right to associate and assemble. The right to express opinions verbally and in writing, including typing. The right to obtain equal opportunities in government. The right to participate in national defense and security efforts. The right to receive education. The rights of the poor and those who will be neglected are maintained by the residents

Citizens' rights are also regulated through various laws and regulations, including the rights of individuals and groups to express opinions as part of the right to democracy (Article 2 paragraph 1 of Law Number 9 of 1998), the right to elect representatives in the MPR, DPR, or DPRD, the right to be elected as a representative, the right to do business, the right to receive good treatment, the right to receive legal aid, the right to choose a place of residence, the right to legal certainty, the right to receive government services, the right to utilize legal means, and the right to receive protection from threats of violence and torture.

On the other hand, citizens also have obligations as stipulated in the 1945 Constitution, including obeying the law and the government, participating in national defense, and participating in defense and security. Other obligations stipulated in laws and regulations include paying taxes, respecting fellow citizens, responding to summonses from law enforcement officers, preserving the environment, maintaining national unity, and maintaining public facilities. The implementation of citizens' rights and obligations is greatly influenced by three main factors: the laws and regulations themselves, state administrators, and public legal awareness. If any of these factors are weak, the achievement of human rights and the implementation of citizens' rights and obligations cannot proceed optimally.

Legal Actions That Can Be Taken by Residents of Senawang A Hamlet, Senawang Village Due to Limited Access to Health Services

Based on the results of interviews with the victim, Mrs. Susi Wulandari conveyed the chronology of the tragic events in Senawang A Hamlet, Senawang Village, Orong Telu District, Sumbawa Regency, on March 29, 2024, which clearly illustrates the problem of access to health services in remote areas. A resident named Susi Wulandari, a 23-year-old woman who was heavily pregnant, experienced an emergency delivery. However, due to limited infrastructure and the lack of adequate road access for medical vehicles such as ambulances, the evacuation process was carried out manually by residents using makeshift tools such as bamboo and sarongs. This process covered a distance of approximately 3 (three) kilometers and took more than an hour. Upon arrival at the main road, the patient was picked up by the Mobile Health Center and taken to the Orong Telu Health Center in Sebeok Village. Based on the results of the medical team's observations, the patient's condition was declared to be in an emergency condition that could not be handled at the first-level facility. The patient was then referred to the Sumbawa Regional General Hospital (RSUD) for further treatment. Delays in medical treatment due to distance and limited facilities caused serious complications in the delivery process.

Mrs. Susi's baby was pronounced dead after birth. Medical reports determined the primary cause of death was severe neonatal asphyxia, a condition in which a baby is unable to breathe spontaneously and effectively after birth. In this case, the fetus was in an oblique (transverse) position, and a large amount of amniotic fluid was released, which entered the baby's airways and caused fatal respiratory distress.

The baby's body was then taken to the family's hometown in Pungka Village for burial. This incident is clear evidence of a violation of the right to health services that should be guaranteed to every citizen. This is in accordance with Article 28H paragraph (1) of the 1945 Constitution and Article 14 paragraph (1) of Law Number 17 of 2023 concerning Health, which states that everyone has the right to receive safe, quality, and affordable health services.

The tragedy that befell Susi Wulandari's family is a stark reflection of the unequal distribution of health services in remote areas. Senawang Village, as part of a region classified as difficult to reach, still lacks proper road access and adequate health facilities. This incident also reflects the state's suboptimal responsibility in guaranteeing its citizens' constitutional rights to health. Thus, this incident demonstrates the crucial role of the state, through both the central and regional governments, in strengthening health service infrastructure, particularly in the 3T (underdeveloped, frontier, and outermost) regions. Concrete steps such as providing closer health facilities, adequate road access, and improving human health resources from local communities need to be taken immediately to fulfill the right to health for all citizens without geographical discrimination.

Based on the case of Senawang Village residents who did not receive the health services they deserve, there are several legal bases that can be used as a reference for taking legal action. The right to health is a constitutional right guaranteed by the 1945 Constitution and related laws and regulations. Protection of the right to health is regulated in Article 28H paragraph (1) of the 1945 Constitution, which states that everyone has the right to live in physical and spiritual prosperity, to have a place to live, to have a good and healthy living environment, and to receive health services. In addition, Law Number 17 of 2023 concerning Health, Article 4, emphasizes that everyone has the right to receive safe, quality, and affordable health

services. The same Article 5 of Law Number 17 of 2023 also explains the government's responsibility to realize, maintain, and improve the level of public health.

It can be concluded that residents of Senawang Village who do not receive health services according to the provisions have the right to seek legal protection based on Law Number 17 of 2023. Article 438 paragraphs (1) and (2) state that the head of a health service facility, medical personnel, and/or health workers who do not provide first aid to patients in an emergency, as regulated in Article 174 and Article 275 paragraph (1), can be sentenced to a maximum of 2 years in prison or a maximum fine of IDR 200,000,000.00. If this negligence results in disability or death, the head of the health facility can be sentenced to a maximum of 10 years in prison or a maximum fine of IDR 2,000,000,000.00.

One of the factors hampering health services is the severely damaged condition of road infrastructure. This is also regulated in Law of the Republic of Indonesia Number 22 of 2009 concerning Road Traffic and Transportation, which explains that "traffic includes the movement of vehicles and people in road traffic space." Article 4 emphasizes that this law aims to foster and organize road traffic and transportation so that it is safe, secure, orderly, and smooth. (Law of the Republic of Indonesia Number 22 of 2009).

In terms of regulations, both those governing health services and traffic and road transportation, the government has actually drafted quite sound and clear regulations. However, the reality on the ground shows that the implementation of these policies still falls short of expectations. Many people in rural areas still struggle to access public facilities.

Health problems due to damaged or inadequate road access, resulting in delays in receiving timely medical treatment. This demonstrates the gap between ideal regulations on paper and their implementation in practice. Furthermore, poor road infrastructure directly impacts the distribution of medical equipment and medicines, as well as the mobility of health workers to remote areas. Ambulances, which should be vital in responding to emergencies, often cannot reach patients in a timely manner due to damaged or impassable roads. Furthermore, health workers assigned to remote areas often face logistical challenges, leading to decreased morale and decreased service quality.

This situation is further exacerbated by the limited budget allocation in some regions for improving road infrastructure, particularly those connecting health service centers such as community health centers (Puskesmas) and hospitals to remote villages. As a result, people in these areas remain vulnerable, unable to access prompt and adequate health services. In the long term, this situation could widen health disparities between regions and lead to increased mortality due to delayed medical treatment. Therefore, synergy between infrastructure policies and health services is crucial. The central and regional governments must make infrastructure development, particularly roads connecting to health facilities, a strategic priority integrated with the national health development plan. Without concrete improvements in the infrastructure sector, the goal of achieving equitable, fair, and quality access to health services for all Indonesians will be difficult to achieve.

4. Conclusions

Based on the research results, it can be concluded that the fulfillment of the right to a healthy life is a basic right that must be guaranteed, because health is a primary need for every human being. A healthy physical and mental condition allows everyone to carry out activities and work optimally. Health is a crucial aspect in achieving a prosperous life and is included in the basic right to health services. From the perspective of fulfilling citizens' basic rights to health, the government is obliged to provide adequate access for all citizens to obtain proper and optimal health services. This is a form of respect, protection, and fulfillment of state obligations through the implementation of human rights norms related to the right to health. The recommendation that can be given to the Sumbawa Regency Government is that synergy between infrastructure policies and health services is crucial. The central and regional governments must make infrastructure development, especially connecting roads to health facilities, a strategic priority integrated with the national health development plan. Without concrete improvements in the infrastructure sector, the goal of realizing equitable, fair, and quality access to health services for all Indonesians will be difficult to achieve. Therefore, it is very important for village and regional governments to immediately make concrete improvements starting with road infrastructure. To the Village Government to pay more attention to health in the Village by activating postu, and providing special village funds for the health sector.

References

Books

- Afifah, N., Wiwik, & Paruntu, D. N. (2015). Legal protection of citizens' health rights based on Law No. 24 of 2011 concerning the Social Security Administration Agency. *Mimbar Keadilan*, 1–22.
- Djulaeka, & Rahayu, D. (2019). *Textbook of Legal Research Methods*. Scopindo Media Pustaka.
- Effendi, J., & Ibrahim, J. (2020). *Legal research methods* (p. 132). Kencana.
- Hadjon, P. M., et al. (n.d.). *Introduction to Indonesian administrative law* (p. 294).
- Khariza, H. A. (2015). National health insurance program: A descriptive study of factors that may influence the successful implementation of the national health insurance program. *Public Policy and Management*, 1–20.
- Kurniati, A., & Efendi, F. (2012). *Study of health human resources in Indonesia* (p. 3). Salemba Medika.
- Santoso, T. (2019). *Islamic criminal law* (p. 101).
- Suharto, E. (2020). *Building a society empowering the people: A strategic study of social welfare development and social work*. Refika Aditama.

Legislation

Law No. 17 of 2023.

Law No. 22 of 2009.

Regulation of the Minister of Health of the Republic of Indonesia No. 6 of 2024 concerning technical standards for fulfilling minimum health service standards.

The 1945 Constitution of the Republic of Indonesia.

Journals & Articles

- Dewayanti, I. (n.d.). Social protection of the right to access health services for persons with disabilities. <https://jurnal.uns.ac.id/hpe/article/view/69100>
- Gustiana, S., & Gonsaga AE, A. (2024, April 3). The body of the mother's baby who was carried on a cloth stretcher was forced to be buried far from her hometown. *9:30 WIB*.
- Jafar, M. (2025, July 8). Health law reviewed from the perspective of human rights protection. <https://www.ejournal.warmadewa.ac.id/index.php/jubinhum>, p. 956.
- Mafakir, M. M. (2025, July 7). Citizens' right to health services in human rights. <https://doi.org/10.31219/osf.io/ygmsj>
- Widjajah, G. (n.d.). Historical analysis of the changes to the Indonesian health law, its impact and implications. <https://wikep.net/index.php/JUKESAH/article/view/112/109>.