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# A JURIDICAL ANALYSIS OF HOSPITAL REFUSAL OF BADUY INDIGENOUS PATIENTS FOR THE ABSENCE OF A NATIONAL IDENTIFICATION NUMBER (NIK)

**Emirza Nur Wicaksono[1]*, Asenda Hella Purwaninda[2]**
[1,2] Universitas Terbuka, Indonesia
*052984038@ecampus.ut.ac.id

## Abstract

This study aims to provide a juridical analysis of the refusal of medical treatment to a Baduy patient by a hospital on the grounds of lacking a National Identification Number (NIK), examined within the framework of Indonesia's prevailing legal regulations. This phenomenon reflects a tension between administrative obligations within the public service system and the universal human right to health. The research employs a normative legal method, utilizing both the statute approach and the conceptual approach. The data sources consist of primary, secondary, and tertiary legal materials, which are analyzed qualitatively through interpretation and synchronization of relevant legal norms. The findings indicate that the hospital's refusal to treat a patient without an NIK contradicts the provisions of Law No. 17 of 2023 on Health, Law No. 39 of 1999 on Human Rights, and the principle of recognition of customary law communities as stipulated in Law No. 6 of 2014 on Villages. Although Law No. 24 of 2013 on Civil Registration requires the possession of an NIK as an official identity, such a requirement cannot be used to justify the denial of access to constitutionally guaranteed health services. This study underscores the necessity of legal harmonization and the implementation of affirmative policies to ensure the rights of indigenous communities to non-discriminatory access to health services.

**Keywords:** *Right to health; indigenous peoples; Baduy community; civil registration; administrative discrimination*

## INTRODUCTION

Within the framework of Indonesia's healthcare system, access to medical institutions serves as a key indicator of the effectiveness of the state's guarantee of basic rights for all citizens, including indigenous communities. In practice, however, concerns persist that certain groups particularly indigenous peoples such as the Baduy community in Banten continue to face structural barriers to healthcare access. One such barrier is the reported refusal of hospital services to Baduy individuals who lack a National Identification Number (NIK). This situation calls for a thorough juridical examination of existing regulations governing the recognition of indigenous peoples, population administration, and the realization of the right to non-discriminatory healthcare services (Nurjaya, 2023; Kartiko Utami et al., 2024).

Normatively, several legal instruments provide the relevant framework. First, Law No. 39 of 1999 on Human Rights guarantees that all persons are entitled to equal treatment before the law without discrimination. Consequently, the denial of healthcare services due to the absence of an NIK for indigenous individuals raises significant human rights concerns. Second, Law No. 24 of 2013 amending Law No. 23 of 2006 on Population Administration regulates demographic data, the issuance of NIKs and civil registration documents, and ensures that administrative procedures remain non-discriminatory and accessible. Third, Law No. 6 of 2014 on Villages recognizes and respects customary law communities and their traditional rights, insofar as they remain viable and consistent with national principles. Fourth, while the text of Law No. 17 of 2023 on Health may not explicitly regulate indigenous communities, its relevance to public health and human rights protection necessitates its inclusion in any comprehensive legal analysis.

Despite the existence of these regulations, significant implementation gaps remain, particularly concerning indigenous groups like the Baduy. For example, the national civil registration system requires an NIK and supporting documents to access public services. However, many indigenous communities are not fully integrated into this system due to geographic, social, or cultural factors, leaving them without official identification (Naurah et al., 2024). When healthcare institutions deny treatment on these grounds, critical questions arise: Does such action align with the principles of non-discrimination and recognition of indigenous peoples? Do population administration regulations inadvertently exclude or hinder these groups? And has the hospital, as a public institution tasked with upholding human rights, acted in accordance with existing legal norms?

In early November 2025, Indonesia was shaken by news of a hospital in Jakarta refusing treatment to a Baduy man who had been injured during a robbery in Central Jakarta. The patient was denied care on the grounds of lacking an identification card and was referred to another hospital nearby. Unable to find the referred facility, he returned to the initial hospital, where his wounds were merely bandaged without proper medical treatment. Such denial of healthcare violates the principle of patient safety as enshrined in Law No. 44 of 2009 on Hospitals. Article 13(k) mandates hospitals to implement patient safety systems, while Article 29(1)(f) explicitly requires hospitals to provide safe and non-discriminatory services prioritizing patient welfare (Detik.com, 2025).

This case illustrates a stark gap between the existence of regulatory guarantees and their implementation for indigenous communities such as the Baduy. While the population administration system mandates the possession of an NIK, many indigenous individuals remain outside this framework. Consequently, when access to healthcare is denied on this basis, the practice warrants scrutiny under the principles of equality and indigenous recognition. Furthermore, it raises questions about whether population administration policies, in practice, exclude indigenous peoples and whether healthcare institutions, as public entities, have fulfilled their legal obligations to protect human rights.

Previous studies have provided relevant context for this issue. Research by Sihabudin et al. (2023) and Kartiko Utami (2024) explored the governance of the Baduy customary community in Kanekes Village, demonstrating the continued strength of traditional institutions in maintaining social order. Nurjaya (2023) analyzed the empowerment of customary law communities under Law No. 6/2014, finding that despite normative recognition, practical barriers persist in realizing indigenous rights. Similarly, Mayasiana Nur Aini (2025) revealed that the implementation of Law No. 24/2013 still faces internal and external challenges, even in issuing basic documents like birth certificates suggesting that access to civil documentation remains uneven. Nevertheless, few studies have explicitly linked the denial of healthcare services to indigenous peoples due to the absence of an NIK with the broader legal framework of indigenous recognition, population administration, and human rights.

The novelty of this research lies in its integrative analysis of multiple regulatory instruments namely Law No. 39/1999 (Human Rights), Law No. 24/2013 (Population Administration), Law No. 6/2014 (Villages), and, where applicable, Law No. 17/2023 (Health) within a unified juridical framework addressing the refusal of healthcare services to a Baduy patient. This study not only examines the technical aspects of population administration but also delves into the recognition of indigenous peoples and the protection of human rights within public healthcare contexts. Accordingly, it offers a holistic approach that connects administrative regulation with public service policy and indigenous rights protection.

The urgency of this research is threefold. First, from a social justice perspective, the systemic exclusion of indigenous groups like the Baduy from healthcare services due to the absence of an NIK constitutes a potential violation of the right to equitable and non-discriminatory healthcare. Second, from a public policy and administrative standpoint, this study exposes structural barriers within Indonesia's population administration system that impede access to essential services, transforming the issue from one of documentation into one of fundamental citizenship rights. Third, amid ongoing national efforts to promote inclusion, empower indigenous peoples, and strengthen universal healthcare, understanding these obstacles and identifying legal solutions becomes crucial for policy reform and practical implementation. Against this backdrop, the present study seeks to analyze the relevant juridical foundations of the Baduy hospital refusal case, examine the gap between regulation and social reality, and formulate policy recommendations to ensure equitable healthcare access for indigenous communities both legally and in practice.

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## RESEARCH METHOD

This study employs a normative legal research method, utilizing both the statutory and conceptual approaches. The statutory approach is implemented through an examination of relevant legal instruments, including Law No. 17 of 2023 on Health, Law No. 39 of 1999 on Human Rights, Law No. 6 of 2014 on Villages, and Law No. 24 of 2013 on Civil Registration. Through this approach, the study seeks to understand the legal norms governing the rights of indigenous peoples, the state's obligations in population administration, and the guarantee of non-discriminatory access to healthcare services. Meanwhile, the conceptual approach is applied to explore theoretical foundations related to human rights, recognition of indigenous communities, non-discriminatory public service, and the right to health as part of social and economic rights. This approach allows the researcher to systematically interpret legal principles in order to derive their juridical meaning within the context of the relationship between state administrative obligations and the constitutional rights of indigenous peoples. The research relies on secondary data comprising primary, secondary, and tertiary legal materials. Primary legal materials include relevant statutes and court decisions, while secondary materials are derived from scholarly literature, academic journals, textbooks, and legal experts' opinions concerning indigenous rights and access to public services. Tertiary materials consist of legal dictionaries, encyclopedias, and other supporting documents that provide additional conceptual clarity and legal context (Marzuki, P. M., 2021).

Data collection was conducted through library research by reviewing official and academic sources such as the government legal portal (peraturan.go.id), university law journals, and academic repositories. All legal materials were analyzed qualitatively using content analysis and legal interpretation methods. The analysis involved identifying and classifying legal norms governing the recognition of indigenous peoples, the right to health services, and civil registration, followed by a systematic examination of their interrelations to detect potential normative conflicts or legal gaps that contribute to the denial of healthcare services for indigenous individuals without a National Identification Number (NIK). The findings are presented descriptively and analytically, depicting the prevailing legal framework and evaluating its consistency with the principles of justice and human rights. Through this process, the study aims to produce juridical arguments that can serve as a foundation for policy recommendations and legal reform initiatives to enhance the protection of indigenous peoples' rights in accessing public healthcare services (Marzuki, P. M., 2021).

## RESULT AND DISCUSSION

### Legal Framework on the Right to Health Services for Indigenous Communities under Law No. 17 of 2023 on Health and Law No. 39 of 1999 on Human Rights

The right to health constitutes a fundamental human right guaranteed by the Indonesian Constitution and further elaborated through various legislative instruments. In the context of indigenous communities such as the Baduy people, this right assumes a dual dimension: as an individual right to receive healthcare services without discrimination, and as a collective right to preserve their unique socio-cultural systems in relation to health and public services. The legal regulation of indigenous peoples' right to health services can be normatively traced through Law No. 17 of 2023 on Health and Law No. 39 of 1999 on Human Rights (Nugroho et al., 2023; Mita Devi, 2024).

From a juridical perspective, Law No. 17 of 2023 on Health reinforces that health is a fundamental human right that must be guaranteed by the state. The law emphasizes the principle of *equity* in access to healthcare, meaning that discrimination based on ethnicity, religion, race, social class, or administrative status is prohibited. This regulation positions the state as the primary duty-bearer responsible for ensuring equitable and comprehensive healthcare services, as reflected in Article 4, which stipulates that every person has the right to safe, high-quality, and affordable health services (Nugroho et al., 2023). Accordingly, indigenous peoples who lack a National Identification Number (NIK) should still be entitled to receive healthcare services without exception, as the absence of administrative documentation cannot be used to deny a citizen's fundamental right to health.

Furthermore, the 2023 Health Law explicitly acknowledges indigenous peoples as legal subjects with distinctive socio-cultural characteristics. Article 157 mandates that the government must respect and accommodate local wisdom in the provision of healthcare services in indigenous regions. This provision affirms the recognition of traditional health systems, values, and practices as integral components of the national healthcare system

(Naurah et al., 2024). Consequently, the right to healthcare for indigenous communities extends beyond access to hospitals or modern medical institutions; it also encompasses the protection of their right to maintain traditional health practices consistent with their cultural beliefs.

Meanwhile, Law No. 39 of 1999 on Human Rights provides a more fundamental normative foundation. Article 9(3) states that everyone has the right to healthcare services. This right is universal and not contingent upon one's administrative or residency status. Article 3 further reinforces the principles of non-discrimination and equality before the law, implying that any differential treatment resulting in the deprivation of this right including denial of healthcare constitutes a human rights violation (Rayhan et al., 2025). Therefore, when a hospital refuses treatment to a Baduy patient due to the absence of an NIK, such an act can be legally classified as discriminatory and inconsistent with Law No. 39 of 1999. When interpreted systematically, the two laws create a complementary legal framework: Law No. 39 of 1999 provides the philosophical and juridical foundation for the right to health as a human right, while Law No. 17 of 2023 operationalizes this right within the national healthcare system. Within this framework, the state bears the obligation to *respect*, *protect*, and *fulfill* the right to health universally, including for indigenous peoples who remain unregistered administratively.

In practice, however, a legal gap persists between normative provisions and their implementation. The requirement under Law No. 24 of 2013 on Civil Registration, which mandates the use of an NIK as a prerequisite for accessing public services, often results in administrative exclusion for indigenous groups who choose to live traditionally without population documentation (Jamal & Guntara, 2023). In this context, the hospital's refusal to treat a Baduy patient exemplifies systemic failure in harmonizing interrelated regulations. Administrative provisions should not override the substantive rights of indigenous peoples to healthcare, as guaranteed under the Health and Human Rights Laws.

Additionally, Law No. 6 of 2014 on Villages provides explicit recognition of customary law communities as entities possessing original rights, including the authority to manage social affairs and basic services within their territories. Article 103(a) affirms that the recognition of customary law communities includes their right to organize and manage their community interests (Nurjaya, 2023). This implies that the state is obligated to facilitate mechanisms that enable indigenous peoples to access healthcare without losing their cultural identity or being forced to conform to administrative systems incompatible with their values.

From a legal standpoint, therefore, the refusal of healthcare services to Baduy patients lacking an NIK contravenes both the spirit and substance of Law No. 17 of 2023 and Law No. 39 of 1999. The norms enshrined in these statutes are imperative rather than declarative, establishing the absolute obligation of the state and healthcare institutions to provide services irrespective of administrative status. Consequently, denying healthcare to indigenous peoples constitutes not only an administrative violation but also a breach of human rights recognized under both national and international law.

The juridical implications of these findings highlight the need for regulatory harmonization across sectors particularly among health law, human rights law, and population administration law to ensure comprehensive legal protection for indigenous communities. The government should establish administrative exemptions or affirmative mechanisms that guarantee the right to health based on constitutional and statutory recognition of citizenship, rather than on possession of an NIK.

## Forms of Legal Recognition and Protection for Indigenous Peoples, Particularly the Baduy Community, under Law No. 6 of 2014 on Villages and Law No. 24 of 2013 on Civil Registration

The recognition and protection of customary law communities constitute an integral part of Indonesia's national legal system, which is grounded in the principles of social justice and respect for cultural diversity. In the case of indigenous groups such as the Baduy people in Lebak Regency, Banten, the issue of legal recognition and protection extends beyond mere acknowledgment of their existence as socio-cultural entities. It also directly relates to the fulfillment of their fundamental rights as citizens, including access to public and healthcare services (Sari et al., 2023). To understand the forms of such recognition and protection, it is essential to examine two key legal instruments: Law No. 6 of 2014 on Villages (*Undang-Undang Desa*) and Law No. 24 of 2013 on Civil Registration (*Administrasi Kependudukan*).

Normatively, Law No. 6 of 2014 on Villages affirms that the state recognizes and respects the existence of customary law communities (*masyarakat hukum adat*) and their traditional rights, as long as they remain viable, aligned with societal development, and consistent with the principles of the Unitary State of the Republic of Indonesia. This constitutional mandate, derived from Article 18B(2) of the 1945 Constitution, is operationalized through Articles 97 to 111 of the Village Law. These provisions stipulate that customary villages (*desa adat*), also known as customary law villages (*desa hukum adat*), possess the authority to govern and manage community interests based on original rights and local traditions. This recognition is not merely declarative but constitutive in nature, granting legal legitimacy to indigenous communities to manage governance, natural resources, and basic services according to their values and social order (Nurjaya, 2023).

In the context of the Baduy, who are administratively located within Kanekes Village, the Village Law serves as the legal foundation for recognizing their traditional leadership structures, such as the *puun* (spiritual leader) and *jaro* (village head), as part of the local governance system. This recognition has been concretized through the establishment of Kanekes as a Customary Village (*Desa Adat*), formalized under Lebak Regency Regional Regulation No. 32 of 2001 on the Protection of Baduy Customary Land Rights. This regulation demonstrates formal legal recognition that strengthens the Baduy community's status as a legal subject with autonomous authority over their traditional way of life. Nevertheless, despite formal recognition, the Baduy community still faces difficulties accessing basic rights outside their customary territory—particularly healthcare services—due to an administrative system that remains insufficiently adaptive to their traditional lifestyle (Sihabudin et al., 2023).

These limitations become more apparent when viewed through the lens of Law No. 24 of 2013 on Civil Registration, which establishes the legal basis for individual identity documentation for all Indonesian citizens. The law explicitly mandates that every resident must possess a National Identification Number (NIK) as their official identity, required for accessing public services, including healthcare. Although Article 5(1) of the law guarantees equal rights in civil registration without discrimination, its implementation often results in the exclusion of indigenous communities that are not fully integrated into the state's administrative system (Jamal et al., 2023; Mayasiana Nur Aini et al., 2025).

For the Baduy, administrative challenges arise primarily because members of the *Baduy Dalam* (Inner Baduy) community consciously abstain from participation in modern governance and administrative processes, adhering to their traditional principles of non-interference with external systems. Consequently, many do not possess an NIK or other civil registration documents. Since the NIK functions as a prerequisite for accessing hospitals, national health insurance (BPJS Kesehatan), and social protection programs, the absence of such documentation places them at a structural disadvantage. This situation illustrates a *normative tension* between the recognition of customary autonomy under the Village Law and the universal administrative requirements under the Civil Registration Law (Kartiko Utami et al., 2024).

Theoretically, the two laws are not inherently contradictory but lack harmonization in implementation. The Village Law legitimizes the existence and rights of indigenous communities, while the Civil Registration Law requires all citizens to possess administrative identity as proof of legal existence before the state. The absence of harmonization between these two frameworks creates a *legal gap* that directly affects the realization of indigenous rights (Jamal et al., 2023; Sihabudin et al., 2023; Kartiko Utami et al., 2024). In the case of the hospital's refusal to treat a Baduy patient due to the absence of an NIK, the failure lies not in the lack of legal recognition but in the weak integration between the norms of customary recognition and administrative law. The Civil Registration Law actually provides a degree of accommodation for indigenous populations through Article 83A, which authorizes local governments to conduct population registration using special procedures for communities facing administrative limitations. However, implementation remains minimal and has not effectively reached isolated indigenous groups such as the Baduy. Consequently, in the context of public service delivery, indigenous peoples are often positioned as "unregistered residents," even though they are legally recognized as part of the Indonesian nation.

From a juridical perspective, the ideal model of legal protection for indigenous communities must extend beyond mere recognition of existence, as provided by the Village Law, to include affirmative arrangements within the population administration system as mandated by the Civil Registration Law. The state bears the obligation to ensure that indigenous peoples' rights to legal identity are fulfilled without compromising their cultural values. In this regard, local governments play a strategic role in adapting population registration mechanisms to indigenous socio-cultural contexts through measures such as customary assistance programs, territory-based community identification, and collaboration with traditional institutions.

In conclusion, the forms of recognition and legal protection for indigenous communities under the Village Law and the Civil Registration Law exist normatively but remain ineffective in implementation. The recognition granted by the Village Law provides the foundation for legal existence, while the Civil Registration Law should serve as an instrument of legal protection through administrative identity assurance. When these legal instruments are not harmonized, indigenous rights including the right to health as stipulated in Law No. 17 of 2023 on Health and Law No. 39 of 1999 on Human Rights are at risk of violation. Therefore, an integrative policy framework is urgently needed to bridge the gap between customary recognition and state administration, ensuring that indigenous communities such as the Baduy can access public and healthcare services without relinquishing their identity or cultural values.

### Juridical Analysis of Hospital Refusal to Treat Baduy Patients Lacking a National Identification Number (NIK) under Indonesian Law

The refusal of hospitals to treat patients who lack a National Identification Number (NIK), particularly when involving indigenous communities such as the Baduy, represents a complex legal issue situated at the intersection of administrative obligations and the fulfillment of human rights. From a juridical perspective, such refusal must be analyzed through the principles enshrined in several key legal instruments—namely, Law No. 17 of 2023 on Health, Law No. 39 of 1999 on Human Rights, Law No. 6 of 2014 on Villages, and Law No. 24 of 2013 on Civil Registration. This analysis is essential to determine the extent to which such actions align with or contravene the legal duties imposed upon hospitals as providers of public health services.

Normatively, Law No. 17 of 2023 on Health affirms that health is a fundamental human right guaranteed by the state. Article 4 of the Law stipulates that every person is entitled to safe, high-quality, and affordable healthcare services without discrimination. Furthermore, Article 5(1) emphasizes the government's obligation to ensure the equitable distribution of healthcare facilities across Indonesia. Consequently, hospitals, as part of the national health service infrastructure, bear a legal duty to provide treatment to all patients without distinction based on social, economic, or administrative status. Refusing to treat Baduy patients solely on the grounds of lacking an NIK constitutes a breach of this legal duty and violates the principles of *non-discrimination* and *equity in health services* that form the foundation of Indonesia's national health system (Saraswati & Hufron, 2024).

From the perspective of human rights, as regulated under Law No. 39 of 1999 on Human Rights, the denial of healthcare access similarly constitutes a violation of citizens' fundamental rights. Article 9(3) of the Law explicitly provides that everyone has the right to healthcare services, a right that is inherent and cannot be diminished for any reason, including administrative shortcomings. Moreover, Article 3(2) establishes the principle of equality before the law and the right to recognition, protection, and fair treatment without discrimination (Soelistyowati, 2024). On this basis, hospital refusal to treat Baduy patients solely because they lack an NIK can be legally categorized as a breach of the right to equal protection under the law and the right to health, both of which are integral components of the human rights framework protected by the state.

While Law No. 24 of 2013 on Civil Registration indeed mandates that the NIK serves as a unique identifier for every Indonesian citizen and forms the basis for accessing public services, including healthcare, it also embeds principles of equality and non-discrimination in administrative services. Article 5(2) of the Law requires the government to provide civil registration services in an accessible and non-discriminatory manner. Article 83A further stipulates that residents who lack administrative documents must nevertheless be recognized and protected by the state, with local governments authorized to employ special registration procedures for communities facing administrative constraints, including indigenous peoples

(Efendi & Rizqi, 2022). Thus, from an administrative law standpoint, the absence of an NIK cannot be considered a valid legal justification to deny access to essential public services particularly healthcare, which is intrinsically linked to the right to life.

In terms of indigenous recognition, Law No. 6 of 2014 on Villages provides a robust legal foundation for acknowledging the existence and rights of customary law communities. Articles 97 and 109 affirm that customary villages (*desa adat*) possess the authority to regulate and manage community affairs based on original rights and local customs. In the context of the Baduy, this recognition implies state acknowledgment of their socio-cultural systems and traditional governance structures, which operate independently from the modern administrative framework. Therefore, state institutions including hospitals are legally and ethically obliged to adapt service mechanisms to ensure accessibility for indigenous communities without negating their cultural identity (Sari et al., 2023; Mayasiana Nur Aini et al., 2025). The refusal to treat Baduy patients, therefore, not only violates the principle of *recognition* (*rekognisi*) under the Village Law but also reflects a failure by the state to uphold its protective duties toward legally acknowledged indigenous communities.

From a juridical standpoint, the refusal of healthcare services on administrative grounds constitutes an *unlawful act by a public authority* (*onrechtmatige overheidsdaad*). According to general principles of administrative law, all public service providers must adhere to the *principles of good governance* (*asas-asas umum pemerintahan yang baik*), which include the principles of non-discrimination and legal certainty. Denying medical care without lawful justification contravenes these principles and may result in both administrative and civil liability (Saraswati & Hufron, 2024). Ethically, such conduct also violates the Indonesian Medical Code of Ethics (*Kode Etik Kedokteran Indonesia* / KODEKI), which obliges physicians to provide medical assistance to any patient irrespective of social or administrative background.

From a constitutional perspective, Article 28H(1) of the 1945 Constitution of the Republic of Indonesia guarantees that every individual has the right to live in physical and spiritual well-being, to have a place to live, and to obtain healthcare services. This provision forms a strong constitutional foundation for the right to health, which cannot be restricted by technical administrative policies. Therefore, when a hospital refuses treatment to a Baduy patient due to the absence of an NIK, the act not only violates sectoral laws but also undermines the constitutional principles of a *rechtsstaat* (state based on the rule of law), where human rights occupy the highest normative hierarchy.

In conclusion, from a juridical perspective, the refusal by a hospital to treat Baduy patients lacking an NIK constitutes a violation of legal obligations under the Health Law, the Human Rights Law, the Village Law, and the Civil Registration Law. Such refusal reflects the state's failure to realize the principles of justice and equality in public service delivery and highlights the existing regulatory disharmony between the civil registration system and the legal protection of indigenous rights. Therefore, corrective and affirmative legal measures are required such as implementing *local identity verification* mechanisms for indigenous communities and harmonizing intersectoral regulations to ensure that the universal principle of the right to health can be realized without administrative barriers. Only through such integrated measures can the state fully uphold its constitutional mandate to guarantee healthcare rights for all citizens, including indigenous groups like the Baduy, who continue to preserve their traditional wisdom and cultural autonomy.

## Legal Implications and Efforts to Guarantee Indigenous Peoples' Right to Healthcare without Administrative Discrimination

The legal implications arising from the denial of healthcare services to indigenous peoples such as the case of the Baduy community being refused hospital treatment due to the absence of a National Identification Number (NIK) illustrate a tangible disharmony between substantive and administrative legal norms. Substantively, Indonesia's legal framework comprising Law No. 17 of 2023 on Health, Law No. 39 of 1999 on Human Rights, Law No. 6 of 2014 on Villages, and Law No. 24 of 2013 on Civil Registration provides a strong legal guarantee that every citizen has the right to healthcare without discrimination. Administratively, however, bureaucratic mechanisms that require possession of an NIK as a prerequisite for accessing public services often pose barriers for indigenous groups who are not yet fully registered within the national civil registration system.

From the perspective of health law, refusal to provide medical treatment to indigenous communities constitutes a violation of the legal obligations of hospitals and the government. Article 4 of Law No. 17 of 2023 explicitly affirms that every person has the right to safe, high-quality, and affordable healthcare services without discrimination. This provision is imperative in nature and cannot be narrowly interpreted on administrative grounds. The legal implication is that any act of refusing treatment including cases based on the absence of an NIK can be classified as a violation of the right to health and may give rise to legal liability for the healthcare provider. Within the framework of administrative law, such an act can be qualified as an *unlawful act by a public authority* (*onrechtmatige overheidsdaad*), potentially resulting in administrative sanctions, disciplinary measures, or civil lawsuits from aggrieved parties (Naurah et al., 2024; Saraswati & Hufron, 2024).

From a human rights perspective, such refusal violates the principle of non-discrimination as stipulated in Articles 3 and 9(3) of Law No. 39 of 1999 on Human Rights, which guarantee equal recognition and protection before the law as well as the right to healthcare without discrimination. The state bears a tripartite obligation in the fulfillment of human rights to respect, to protect, and to fulfill (Rayhan et al., 2025). Accordingly, the state is not only prohibited from engaging in discriminatory practices but also obligated to prevent discrimination by other actors, including public institutions such as hospitals. A failure to uphold this obligation constitutes a form of *structural human rights violation*, where the right of indigenous communities to health and life is obstructed by the state's own regulatory framework and administrative practices.

Legal implications also extend to the sphere of indigenous recognition and protection as regulated under Law No. 6 of 2014 on Villages. This law explicitly acknowledges the existence of customary law communities (*masyarakat hukum adat*) and their inherent rights. Articles 97 and 109 stipulate the state's duty to protect, empower, and recognize local wisdom in village governance. Thus, the denial of healthcare services to legally recognized indigenous communities constitutes a breach of the *recognition principle* enshrined in the Village Law (Sihabudin et al., 2023). In the case of the Baduy formally recognized through the establishment of *Desa Adat Kanekes* refusal of healthcare on administrative grounds reflects a failure by the state to uphold its own legal recognition of indigenous existence.

Meanwhile, Law No. 24 of 2013 on Civil Registration, often used as justification for administrative refusal, actually embodies protective principles for unregistered populations. Article 5(2) affirms that all residents are entitled to civil registration services without discrimination. Furthermore, Article 83A authorizes local governments to conduct special registration for communities with administrative limitations, including indigenous groups (Efendi & Rizqi, 2022). This provision provides a legal basis for administrative flexibility in accommodating sociocultural contexts such as that of the Baduy. Therefore, if hospitals continue to deny healthcare solely on the basis of lacking an NIK without pursuing alternative solutions, such actions lack legal legitimacy and contravene the protective intent of the Civil Registration Law itself.

To guarantee indigenous peoples' right to healthcare without administrative discrimination, structural and systemic legal and policy reforms are required. From a regulatory standpoint, harmonization between the Health Law, Human Rights Law, Village Law, and Civil Registration Law is essential to eliminate overlapping norms that result in administrative exclusion. Such harmonization must reinforce the principle that the right to health is *absolute* and cannot be nullified by administrative provisions. Moreover, the government should issue implementing regulations or technical guidelines establishing mechanisms for healthcare access by indigenous populations lacking civil documents for instance, through *local identity verification* based on customary village recognition or official certification by customary authorities.

Another key effort involves strengthening the role of local governments and customary institutions in indigenous population data collection. Local administrations should implement inclusive, participatory registration programs that engage customary leaders and village institutions. Such culturally sensitive approaches would allow for adaptive population data collection without violating traditional principles, particularly in communities like the *Baduy Dalam*. Additionally, inter-agency coordination among the Ministry of Home Affairs, Ministry of Health, and the National Human Rights Commission (Komnas HAM) is crucial to establish an integrated protection mechanism ensuring indigenous peoples' access to public services (Sari et al., 2023).

The violation of healthcare rights for indigenous peoples also has potential legal consequences for public service institutions. Under the principle of *state responsibility*, both central and regional governments may be held accountable for negligence in ensuring healthcare access for indigenous communities. For hospitals, non-compliance with service obligations may result in administrative sanctions, revocation of operating licenses, or even legal liability if such refusal leads to loss or violation of the right to life (Saraswati & Hufron, 2024).

In conclusion, the legal implications of denying healthcare services to indigenous communities extend beyond administrative violations they represent infringements upon constitutional principles, human rights norms, and social justice foundations. Efforts to guarantee the healthcare rights of indigenous peoples without administrative discrimination must prioritize affirmative policy measures, regulatory harmonization, and the development of legal protection mechanisms grounded in customary recognition. Only through a justice-oriented and culturally sensitive legal system can the state truly fulfill its constitutional mandate to ensure equitable health rights for all citizens, including indigenous communities such as the Baduy, who continue to preserve their traditional values and way of life.

## CONCLUSION

Based on the juridical analysis of the refusal of medical treatment to members of the Baduy Indigenous community due to the absence of a National Identification Number (NIK), it can be concluded that such an action contradicts the fundamental principles and legal norms in force in Indonesia. Substantively, Law No. 17 of 2023 on Health and Law No. 39 of 1999 on Human Rights guarantee every individual's right to access healthcare services without discrimination. Likewise, Law No. 6 of 2014 on Villages provides legal recognition of the existence of indigenous communities, including their right to maintain their traditional social systems and customary practices. Furthermore, Law No. 24 of 2013 on Civil Registration also embodies the principles of protection and non-discrimination in the administration of population data. Therefore, the refusal of healthcare services on the basis of the absence of an NIK lacks a valid legal foundation and reflects a clear disharmony between administrative norms and fundamental human rights norms.

To ensure the fulfillment of indigenous peoples' rights to healthcare without administrative discrimination, concrete juridical and policy measures are necessary. The central and regional governments must harmonize regulations across health law, civil registration law, and indigenous recognition law to prevent overlapping or conflicting norms that disadvantage indigenous communities. In addition, affirmative policies should be implemented through culturally sensitive mechanisms, such as health service access based on customary recognition using verification letters from traditional or village authorities for individuals who do not yet possess an NIK as a form of temporary protection while strengthening inclusive civil registration systems.

Furthermore, collaboration between local governments, customary institutions, and public service agencies must be reinforced to ensure that indigenous peoples can exercise their constitutional right to health without sacrificing their cultural identity. Through such efforts, the integration of administrative justice and social justice can be effectively realized within the implementation of public service governance in Indonesia.

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