



**JLPH:**  
**Journal of Law, Politic  
and Humanities**

<https://dinastires.org/JLPH>    [dinasti.info@gmail.com](mailto:dinasti.info@gmail.com)    +62 811 7404 455

DOI: <https://doi.org/10.38035/jlph.v5i5>  
<https://creativecommons.org/licenses/by/4.0/>

E-ISSN: 2962-2816  
P-ISSN: 2747-1985

## Political Law of Inpatient Regulation for Patients in the Social Security Law

Hawreyvian Rianda Seputra<sup>1</sup>, Imam Ropii<sup>2</sup>.

<sup>1</sup>Wisnuwardhana University, Malang; [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)

<sup>2</sup>Wisnuwardhana University, Malang; [ropii@wisnuwardhana.ac.id](mailto:ropii@wisnuwardhana.ac.id)

Corresponding Author: [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)<sup>1</sup>

**Abstract:** This study aims to analyze the form of legal politics that underlies the regulation of patient hospitalization in the social security system in Indonesia, as well as the extent to which the regulation reflects the principle of social justice for all citizens. The approach used is normative juridical with descriptive-qualitative research type, which examines legal norms through literature study and analyzed based on the theory of legal politics and social justice. Data were obtained from primary legal sources such as relevant laws and regulations, as well as secondary sources in the form of scientific literature, journals, and policy documents. The results show that the regulation of patient hospitalization in Law Number 40 of 2004 concerning the National Social Security System and its derivative regulations reflects the state's efforts to ensure equal access to health services for the entire population, regardless of economic status. The solidarity-based and non-profit social security system makes hospitalization services the right of every participant, including the poor and vulnerable groups. However, implementation in the field still faces challenges in the form of limited facilities, imbalances in services between regions, and gaps in service quality between treatment classes. The Standard Inpatient Class Scheme (KRIS) that is being developed is a corrective step to realize more equitable services and reduce inequality between participants. The political law in this arrangement shows that the state does not only regulate normatively, but also seeks to realize the principle of social justice substantively through inclusive health service policies.

**Keyword:** Legal Politics, Hospitalization, Social Security.

## INTRODUCTION

Health services are one of the basic needs of the community that must be guaranteed by the state. The guarantee of health services not only concerns accessibility, but also includes aspects of quality and justice in obtaining services (Hanafiah, 2019). The state is obliged to ensure that every citizen receives health protection through a fair, equitable and sustainable system. In a state of law, the fulfillment of the right to health cannot be separated from the role of law as an instrument to create social justice, including in the regulation of the social security system. Law functions not only as a technical administrative regulatory tool, but also as a

reflection of the values of social justice and protection of vulnerable groups of society (Utami & Sunarsi, 2020).

The transformation of the social security system in Indonesia experienced significant developments along with the birth of Law Number 40 of 2004 concerning the National Social Security System. This system is then operationalized through the Social Security Organizing Agency (BPJS) based on Law Number 24 of 2011. These two laws became the main foundation for the implementation of the National Health Insurance (JKN) that applies to all citizens. This system promises comprehensive health services including outpatient and inpatient care, the implementation of which is financed by the state through a contribution scheme. Expectations of achieving fair and equitable health insurance emerged with the implementation of this system nationwide. However, the reality on the ground shows various problems, especially in the aspect of inpatient services, such as limited facilities, discrimination in service classes, and overlapping technical policies (Sarpin, 2020).

Access to inpatient services in the social security system is often in the spotlight because it is directly related to the community's urgent need for intensive treatment. Public complaints about different standards of facilities and services between JKN participants and general patients continue to emerge. These issues not only address the technical aspects of service delivery, but also reflect a disconnect between the social justice values promoted by the social security system and its implementation practices. The gap between regulation and practice opens up space to examine how legal politics work in shaping and influencing technical arrangements related to hospitalization (Ardiansah & Oktapani, 2020).

The determination of hospitalization service policies in social security schemes certainly cannot be separated from the political interests of state law. Legal arrangements are not neutral, but are the result of a tug of war between various interests, both from the state, social security organizing agencies, health care institutions, and the community. Legal politics is an important frame to understand the direction of state policy in formulating legal norms governing health services. It also concerns how the state balances between budget efficiency, system sustainability, and protection of citizens' rights to decent health services.

Based on the background description above, this study aims to analyze the legal politics of patient hospitalization arrangements in the Social Security Law, examine the dynamics of regulation and implementation, and examine the extent to which the policy is able to reflect the principles of social justice for health insurance participants.

## **METODE**

This research uses a normative juridical approach that focuses on analyzing legislation, legal doctrine, and legal principles relating to the regulation of hospitalization in the social security system in Indonesia. The normative juridical approach allows researchers to systematically examine various legal norms contained in Law Number 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning BPJS, as well as the accompanying technical regulations. This type of research is descriptive analytical, which describes and analyzes the applicable legal policy to be critically evaluated from a legal political perspective.

Data collection is conducted through two main techniques, namely literature study and documentation. Literature study includes searching for relevant literature such as books, law journals, scientific articles, and previous scientific works that discuss legal politics, social security, and health services. Documentation focused on collecting secondary data sourced from laws and regulations, decisions of relevant institutions, and other official documents that

support the discussion in this study. Primary legal sources such as laws, government regulations, and implementing regulations became the main data, while secondary and tertiary legal sources served as a complement in building a comprehensive legal analysis framework.

Data analysis was conducted qualitatively, through the process of interpreting the content of legal documents and literature that had been collected. The data was analyzed using a descriptive-analytical method to describe the content of the norms and assess their consistency with the principles of social justice and the political direction of state law. This analysis process involves identifying legal issues in the applicable regulations, mapping implementation problems, and evaluating the tendency of state legal policy in regulating inpatient services for social security participants. The results of this analysis are expected to provide a complete picture of the direction and character of legal politics in regulating health insurance in Indonesia.

## **RESULTS AND DISCUSSION**

### **The Political Form of Law Underlying Patient Hospitalization Arrangements in the Social Security System in Indonesia**

Legal politics is a process that reflects the will of the state in determining the direction, substance, and form of the law to be enacted. It does not stand neutral, but is always influenced by the dynamics of power, ideology, and socio-economic interests that develop at a certain time (Fitriah, 2019). In the health sector, legal politics becomes the basic footing that determines how the state positions health as a basic right of citizens as well as part of national development policy. When the state chooses to make health part of the national social security system, the decision has gone through a long debate about the extent to which the state should be present in ensuring the welfare of its people. Political law, in this case, acts as a normative policy direction that confirms that the state not only acts as a regulator, but also as an organizer and guarantor of access to health services, including hospitalization as a form of advanced health services that are curative and rehabilitative in nature (Hidayat & Bachtiar, 2024).

Hospitalization services cannot be separated from the basic health needs of the community, especially for groups of people who experience serious medical conditions. The legal politics of hospitalization arrangements in the social security system is formed from the state's perspective on the relationship between social welfare and the state's function as a protector of the people. Countries that adopt a social welfare approach (welfare state) tend to establish legal politics that provide comprehensive protection to the community through strong state intervention in the provision of public services, including health services. In this framework, inpatient services are not seen as private services, but rather as a citizen's right that must be guaranteed fair access and quality. The state's choice to include hospitalization services within the scope of the social security system reflects a legal political stance that prioritizes the state's social responsibility and commitment to distributive justice (Pratiwi et al., 2018).

Another aspect of legal politics in hospitalization arrangements is the emphasis on equity and reducing disparities in access to health services. High social and economic disparities in society are often reflected in unequal access to health services, including hospitalization. Legal politics that favor equity will seek to remove these structural barriers, either through the elimination of direct costs for patients, the provision of health care facilities in remote areas, to the strengthening of minimum service standard regulations. In this context, legal politics plays a role in shaping a system that is not only legally-formally fair, but also substantively. This means that it is not enough for legal arrangements to only regulate administrative procedures,

but must also be able to answer social problems that hinder people's access to their basic rights, especially the right to adequate and equal health (Abdun Nadhif, 2023).

The political and legal dynamics of hospitalization arrangements are also influenced by global and international pressures to strengthen national social protection systems. The universal health coverage (UHC) discourse encouraged by international organizations such as WHO has encouraged many countries, including Indonesia, to build a comprehensive and integrated health social security system. This pressure has also influenced the direction of national policies in formulating health insurance schemes, including the regulation of inpatient services as part of basic health services that must be guaranteed by the state. However, adaptation to these global pressures is not passive. National legal politics remains the main determinant in choosing legal instruments, institutional models, and service coverage that are appropriate to the social, cultural, and economic conditions in the country. The state must be able to balance between global aspirations and domestic realities in shaping an effective social security system (Afifah & Paruntu, 2015).

The regulation of inpatient services in the social security system was ultimately born from a complex political-legal struggle between state ideology, international pressure, community needs, and the capacity of state administration. The decision to make hospitalization part of the rights guaranteed by the state through the social security system is a manifestation of legal politics that places health as an instrument of public welfare, not just a market-based service. In the midst of various implementation challenges and limited resources, legal politics remains the foundation that directs how the state responds to the needs of its citizens in a sustainable manner. This form of legal politics emphasizes that the law is not just a tool to regulate, but also a mirror of the state's ideological choices in building a more just and humane social structure (Mahmud, 2020).

The regulation of hospitalization in the social security system in Indonesia is juridically based on Law Number 40 of 2004 concerning the National Social Security System (SJSN) as the main footing. This law affirms that every citizen has the right to obtain social protection to meet the basic needs of a decent life. Article 19 paragraph (1) states that health insurance is organized to ensure that participants obtain health care benefits and protection in meeting basic health needs. One form of health care is inpatient services, which are part of curative and rehabilitative services. This provision represents the state's commitment to ensuring comprehensive health services, not only at the promotive and preventive levels, but also up to the stage of intensive care in health facilities.

The existence of Law No. 24/2011 on the Social Security Organizing Agency (BPJS) provides an institutional structure that strengthens the implementation of health services in SJSN. BPJS Kesehatan is a public legal entity tasked with organizing a national health insurance program. Article 11 of the BPJS Law assigns BPJS Kesehatan to provide health service benefits covering all types of services, including outpatient care, first-level inpatient care, referrals, and advanced inpatient services at referral hospitals. The determination of inpatient services as part of the national health insurance coverage is regulated more technically in Presidential Regulation No. 82/2018 on Health Insurance. This regulation emphasizes that inpatient services, both at first-level health facilities and referrals, are guaranteed by BPJS Kesehatan in accordance with medical indications and the needs of participants.

The existing legal structure shows that hospitalization is not only an additional service option, but an integral part of the participants' rights guaranteed by the state. Presidential Regulation No. 82/2018 Article 47 and Article 48 detail the types of inpatient services that are guaranteed, including non-intensive, intensive, and special care inpatient care. Administrative

and medical requirements have been firmly established to ensure that the services provided are targeted, efficient, and not abused. In addition, provisions regarding treatment classes, such as the standard class and BPJS inpatient class, are also legal instruments to regulate the proportion of services based on ability and the principle of justice. This policy shows the state's efforts through its legal instruments to balance the right to quality services with the sustainability of the social security system.

The validity of these regulations is also supported by supervision and evaluation from other state institutions such as the National Social Security Council (DJSN), which was established based on the mandate of the SJSN Law. DJSN has a strategic role in providing policy recommendations to the government, including evaluation of the implementation of inpatient services organized by BPJS. This oversight function strengthens aspects of accountability and transparency in the implementation of health social security. Legal instruments governing reporting, auditing, and responsibility for inpatient services further demonstrate that the state wants a system that is orderly, efficient, and upholds the rights of participants without ignoring the sustainability of social security funds as common property.

Until now, the inpatient management system in social security continues to undergo adjustments, including through the policy of implementing the Standard Inpatient Class (KRIS) which will replace the class 1, 2, and 3 system. This policy is reflected in Presidential Regulation Number 59 of 2024 which is a revision of Presidential Regulation 82 of 2018. The implementation of KRIS is part of the government's legal politics to create fairer and more equal inpatient services, without differentiating the quality of service based on contributions. This transformation shows that state regulation is not static, but continues to evolve according to the needs of society and the challenges of the social security system. The legal politics of hospitalization arrangements through existing laws and regulations reflect the state's efforts to design a social protection system that is not only normatively legal, but also socially responsive and structurally inclusive.

### **Implementation Constraints of Patient Hospitalization Arrangements Under the Social Security Act**

The implementation of patient hospitalization arrangements under the Social Security Law faces a number of structural constraints stemming from limited health care infrastructure. There is still an imbalance in the distribution of hospitals and inpatient facilities in various parts of Indonesia, especially between urban and rural areas. Type C and D hospitals that are the mainstay in remote areas often do not have sufficient bed capacity, specialized medical personnel, and supporting facilities to optimally serve inpatients. This inequality has a direct impact on the ability of the social security system to realize the principle of equity in services. Although regulations have regulated the right to hospitalization nationally, the reality on the ground shows that access to these services is not uniform and still depends on the existence of physical facilities and health human resources (Riasari, 2022).

Administrative and bureaucratic constraints are also significant barriers to the implementation of inpatient services. The claims process between hospitals and BPJS Kesehatan often experiences delays due to convoluted verification, differences in perceptions regarding the appropriateness of medical actions, and gaps between hospital service standards and the criteria stipulated in the insurance system. These conditions pose a risk of overlapping responsibilities between service providers and insurers, leaving patients at a disadvantage due to potential service delays or access restrictions. The mandatory tiered referral system also often

makes it difficult for hospitalized patients who need quick action, but are hampered by a long and rigid administrative process (Ilmi et al., 2021).

Funding is a crucial factor that influences the effectiveness of hospitalization implementation in social security schemes. The imbalance between the income of participant contributions and the burden of service costs borne by BPJS Kesehatan has led to recurring financial deficits. This condition forces BPJS Kesehatan to make efficiencies, including limiting the benefits of inpatient services based on very strict medical indications. On the other hand, hospitals as service provider partners feel burdened by INA-CBGs (Indonesian Case-Based Groups) tariffs that do not always reflect the real cost of services. This tension shows that the inpatient financing system still does not reflect the principle of mutual benefit between participants, insurance providers, and health service facilities (Yuditia et al., 2021).

Regulatory uncertainty also adds to the complexity of implementation constraints. Policy changes, such as the discourse on the elimination of classes 1, 2, and 3 towards the Standard Inpatient Class (KRIS), create technical uncertainty in its implementation. Hospitals need a lot of time and money to make adjustments to facilities, including standardization of inpatient room facilities and medical personnel. Meanwhile, BPJS participants have not received adequate socialization regarding the changes in benefits and service mechanisms that they will receive. This lack of clarity has created concerns among the public about the possibility of declining service quality, or even increasing costs beyond the social security coverage that has been promised by the state (Puswitasari, 2022).

The implementation of inpatient care is also closely related to supervision and control of service quality. Supervision of hospital service quality standards remains uneven and weak at the regional level. BPJS participants' complaint mechanisms for inpatient services are often ineffective due to weak follow-up from relevant parties. As a result, discriminatory practices against social security patients, such as restrictions on medicine, room choice, or medical treatment, still occur frequently in the field. The imbalance of power between participants and service providers puts participants in an unequal position in enjoying their rights. Legal politics contained in formal regulations require strengthening of implementation and supervision mechanisms so that the objectives of social protection through hospitalization can actually be realized in real practice.

### **Level of Reflection of Social Justice Principles in Patient Hospitalization Arrangements**

The regulation of inpatient care under Indonesia's social security system is designed to ensure that all citizens, regardless of their economic or social background, have equal access to proper healthcare services. This concept is rooted in the principle of social justice as stated in Pancasila and the 1945 Constitution, which positions the welfare of all people as the nation's goal. The national health insurance adopts a system of social solidarity, where economically capable participants help finance those who are less able through a cross-subsidy mechanism. This system reflects the government's effort to build an inclusive and non-discriminatory healthcare structure, ensuring that fundamental needs such as inpatient care are evenly accessible. This principle of justice is not only interpreted as formal equality but also as the provision of special treatment for vulnerable groups so they may enjoy the same standard of services (Kurniawati et al., 2021).

The design of the BPJS Health scheme allows all participants to benefit from inpatient services, ranging from primary care facilities to referral hospitals. These benefits are not determined solely by the amount of contributions but rather by medical necessity and participants' rights. This illustrates the government's effort to create a system that is non-elitist

and open to all segments of society. Although participants are divided by contribution segments, including contribution assistance recipients (PBI), salaried employees (PPU), and independent participants, the right to inpatient services is essentially the same. This guarantee is not exclusive or restricted by the ability to pay directly, but rather is a constitutional right supported by collectively managed social security funds. This concept reinforces the principle of distributive justice, where healthcare services are provided based on need rather than socioeconomic status (Fitria et al., 2024).

The reality of implementation on the ground shows that inpatient care arrangements have significantly benefited the poor and vulnerable groups who previously lacked access to quality healthcare. Before the enactment of national social security, these groups tended to rely on basic healthcare facilities or alternative treatments that lacked medical standardization. The presence of BPJS Health has fundamentally changed this condition, enabling people from all walks of life to receive inpatient care, surgery, and further treatments that were previously financially inaccessible. Access to inpatient care is no longer determined by direct payment capacity but by membership status and objective medical needs. This paradigm shift reflects the government's commitment to eliminating the healthcare gap that has long hindered social justice (Prayoga et al., 2023).

While several implementation challenges remain, normatively and structurally, the regulation of inpatient care reflects a fundamental principle of social justice. The Standard Inpatient Class (KRIS) scheme, designed to replace the previous class 1, 2, and 3 system, indicates a policy direction that is more equitable and fair. All participants are expected to receive inpatient care with equal facilities, eliminating class-based distinctions that lead to differences in service quality. This policy aims to align cost efficiency with service equity to prevent discriminatory treatment among participants who pay different contribution amounts. The implementation of KRIS marks a progressive step in reinforcing the principle of substantive justice within the social security system, where participant satisfaction is no longer determined by economic status, but by uniform service standards (Sitepu, 2024).

The functions of supervision and accountability within the social security system also serve as crucial instruments in upholding the principle of social justice. The presence of institutions such as the National Social Security Council (DJSN) and the Indonesian Ombudsman provides avenues for participants to report violations or injustices in the implementation of inpatient care services. These mechanisms strengthen the position of citizens within the system, ensuring that any infringement on participants' rights can be addressed institutionally. The availability of access to information, regular evaluations, and community involvement in oversight reflects the state's commitment not only to establishing justice norms in a legal-formal sense but also to building a system that is responsive to the real dynamics and needs of society. This comprehensive regulation embodies a legal-political framework that is grounded not merely in regulatory legality, but in the realization of social justice values in the administration of social security, particularly in the provision of inpatient care services.

## CONCLUSION

The regulation of inpatient care in the Social Security Law reflects the state's legal-political orientation toward social protection and the fulfillment of citizens' constitutional rights to fair and equitable healthcare services. The national health insurance system, administered through BPJS Health, is designed based on the principles of social justice, solidarity, and non-profit orientation, aiming to ensure access to inpatient services without discrimination based on social or economic status. Although the system normatively fulfills the principles of justice, its

implementation still faces various challenges such as infrastructure disparities, limited funding, regulatory uncertainties, and weak quality control mechanisms. In this context, legal policy should not stop at the establishment of norms but must also focus on strengthening the implementation system to ensure that the ideal goals of social security can be effectively realized in society.

## REFERENCES

- Abdun Nadhif. (2023). Perlindungan Hukum Pasien Bpjs Kesehatan Atas Pelayanan Kesehatan Rumah Sakit Berdasarkan Undang-Undang Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial. *Doktrin: Jurnal Dunia Ilmu Hukum Dan Politik*, 1(1).
- Afifah, W., & Paruntu, D. N. (2015). Perlindungan Hukum Hak Kesehatan Warga Negara Berdasarkan Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial. *Mimbar Keadilan*.
- Ardiansah, A., & Oktapani, S. (2020). Politik Hukum Pemenuhan Hak Atas Kesehatan Rakyat Indonesia Berdasarkan UU SJSN Dan UU BPJS. *Jurnal IUS Kajian Hukum Dan Keadilan*, 8(1).
- Fitria, A. D., Salwa, F., Khairani, K., Ujung, S. R., & Purba, S. H. (2024). Studi Literature Perlindungan Hukum Bagi Pasien BPJS Dalam Pelayanan Kesehatan Di Rumah Sakit. *Indonesian Journal of Health Science*, 4(3).
- Fitriah, F. (2019). Perlindungan Hukum Terhadap Pasien Peserta Badan Penyelenggara Jaminan Sosial dalam Mendapatkan Pelayanan Kesehatan. *Solusi*, 17(3).
- Hanafiah, M. (2019). Pertanggungjawaban Hukum Badan Penyelenggara Jaminan Sosial (BPJS) Ditinjau dari Unsur Kualitas Pelayanan Kesehatan pada Pasien Peserta Jaminan Kesehatan Nasional (JKN). *Aktualita (Jurnal Hukum)*, 2(1).
- Hidayat, D., & Bachtiar, A. (2024). Analisis Manajemen Kendali Biaya Pelayanan Rawat Inap Pasien BPJS Kesehatan. *Syntax Idea*, 6(4).
- Ilmi, M. H., Pujiarti, N., & Sari, A. R. (2021). Literature Review: Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Rawat Inap di Rumah Sakit. *Jurnal Publikasi Kesehatan Masyarakat Indonesia*, 8(1).
- Kurniawati, G., Jaya, C., Andikashwari, S., Hendrartini, Y., Dwi Ardyanto, T., Iskandar, K., Muttaqien, M., Hidayat, S., Tsalatshita, R., & Bismantara, H. (2021). Kesiapan Penerapan Pelayanan Kelas Standar Rawat Inap dan Persepsi Pemangku Kepentingan. *Jurnal Jaminan Kesehatan Nasional*, 1(1).
- Mahmud, A. N. (2020). Kepuasan Pasien: Pengaruh Kualitas Layanan Terhadap Kepuasan Pasien Rawat Inap. *Voice of Midwifery*, 10(2).
- Pratiwi, E. R., Syahbandir, M., & Yahya, A. (2018). Perlindungan Hukum Terhadap Hak Asasi Pasien Pengguna Badan Penyelenggara Jaminan Sosial Kelas 3. *Syiah Kuala Law Journal*, 1(1).
- Prayoga, F., Fifik Wiryani, & Nasser. (2023). Tanggung Jawab Hukum Rumah Sakit Dalam Pelayanan Kesehatan. *Jurnal Hukum To-Ra : Hukum Untuk Mengatur Dan Melindungi Masyarakat*, 9(3).
- Puswitasari, A. (2022). Perlindungan Hukum Terhadap Pasien sebagai Konsumen Jasa Pelayanan Kesehatan (JKN) Rumah Sakit. *JURNAL HUKUM, POLITIK DAN ILMU SOSIAL*, 1(2).
- Riasari, R. H. (2022). Penerapan Prinsip Kesetaraan dalam Pemberian Hak Bagi Peserta BPJS Kesehatan Berdasarkan Peraturan Presiden Nomor 82 Tahun 2018 tentang Jaminan Kesehatan. *Jurnal Supremasi*.
- Sarpin, A., Dewi Anggraini,. (2020). Respon Pasien Pengguna Badan Penyelenggaraan Jaminan Sosial (BPJS) Kesehatan Rawat Inap pada Pelayanan Puskesmas Poasia Kota Kendari. *Welvaart : Jurnal Ilmu Kesejahteraan Sosial*, 1(1).

- Sitepu, D. C. (2024). Determinan Kepuasan Pasien Rawat Inap Peserta Jaminan Kesehatan Nasional di RSUD Dr. Djoelham Binjai: Determinants of Inpatient Satisfaction among National Health Insurance Participants at RSUD Dr. Djoelham Binjai. *Jurnal Kedokteran Ibnu Nafis*, 13(2).
- Utami, R., & Sunarsi, D. (2020). Tinjauan Yuridis Penyelenggaraan Fasilitas Kesehatan Nasional kepada Pekerja oleh Badan Penyelenggaraan Jaminan Sosial. *SUPREMASI Jurnal Hukum*, 3(1). <https://doi.org/10.36441/supremasi.v3i1.126>
- Yuditia, A., Hidayat, Y., & Achmad, S. (2021). Pelaksanaan Jaminan Kesehatan Nasional oleh BPJS Berdasarkan Undang-Undang No. 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional. *Jurnal Magister Ilmu Hukum*, 6(1).