



UNDERSTANDING *ADAT* LAW NORMS RESISTANCE TO THE PROHIBITION OF *PASUNG*: LEGAL AND SOCIAL CHALLENGES IN KAPANEWON GIRISUBO, GUNUNG KIDUL

Rimawati

Universitas Gadjah Mada, Indonesia, E-mail: rimawati@ugm.ac.id

Submitted: February 13, 2025; Reviewed: March 10, 2025; Accepted: July 23, 2025
DOI: 10.25041/cepalo.v9no2.3803

Abstract

The practice of pasung (physical restraint/shackling) of individuals with mental disorders remains prevalent in rural Indonesia, particularly in Kapanewon Girisubo, Gunungkidul, despite its prohibition under Law No. 17 of 2023 on Health and Yogyakarta Governor Regulation No. 81 of 2014. This persistence is driven by entrenched adat (customary) norms, social stigma, economic limitations, and inadequate mental health infrastructure. This study analyzes the interaction between adat law and national legal frameworks in regulating the prohibition of pasung, using a socio-legal approach to explore the dynamics of legal pluralism in mental health governance. Findings show that while national law prohibits pasung, local communities often legitimize it through traditional beliefs and in response to the absence of accessible care. The study concludes that bridging the gap between adat and state law requires culturally sensitive legal strategies and stronger government commitment to expanding mental health services.

Keywords: *Adat law; Human rights; Legal pluralism; Mental health; and Pasung prohibition.*

A. Introduction

Mental health is a vital component of overall well-being, equally important as physical health.¹ As defined by the World Health Organization (WHO)², health is “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”³ Good mental health enables individuals to realize their potential, cope with everyday stresses, work productively, and contribute to society. However, mental health disorders remain a significant global concern, affecting an estimated 450 million people. It is projected that one in four individuals will experience a mental disorder during their lifetime.⁴

¹ WHO. *Basic Documents*. 43rd Edition. Geneva: World Health Organization. 2001.

² WHO. *Mental Health Action Plan 2013 - 2020*. Geneva: World Health Organization. 2013.

³ Dumilah Ayuningtyas et al, 2018, "Analysis of the Mental Health Situation in Communities in Indonesia and its Countermeasure Strategy", *Journal of Public Health Sciences*, March 2018, 9(1):1-10, DOI: <https://doi.org/10.26553/jikm.2018.9.1.1-10>

⁴ WHO. *Prevention of Mental Disorders, Effective Intervention and Policy Options (Summary Report)*. Geneva:

India reports the highest number of depressive disorder cases (56.7 million or 4.5% of the population), while the Maldives reports the lowest (12,739 cases or 3.7%). Indonesia records approximately 9.2 million cases, also accounting for 3.7% of the population (WHO Asia Pacific region/WHO SEARO).⁵

Despite this burden, mental health remains inadequately addressed in Indonesia's healthcare system. Many provinces lack dedicated mental health facilities, and the country faces a shortage of mental health professionals.⁶⁷ Infrastructure limitations and fragmented integration of mental health into broader health programs hinder access to proper care, despite Indonesia's commitment to achieving the Sustainable Development Goals (SDGs).

A stark example of these systemic gaps is the continued practice of *pasung*—the physical restraint or confinement of individuals with mental illness⁸, often through shackling with wooden logs or tree trunks.⁹¹⁰¹¹ This practice is most prevalent in rural areas lacking mental health services, where those perceived as dangerous or disruptive are isolated from the community. *Pasung* reflects broader challenges in mental health care access, stigma, and the need for sustained, systemic reform.¹²

Article 28G(2) of the 1945 Constitution of the Republic of Indonesia affirms that every individual has the right to be free from torture or degrading treatment and the right to seek political asylum. Accordingly, based on Article 42, the practice of *pasung*—the physical restraint of individuals with mental illness—constitutes a violation of human rights. It inflicts both physical and psychological suffering, depriving individuals of their liberty.¹³

In response, the Indonesian Ministry of Health launched the Indonesia Bebas *Pasung* (*Pasung-Free Indonesia*) movement in 2010, officially recognizing *pasung* as incompatible with mental health care and a breach of human rights.¹⁴¹⁵ Despite this initiative, the 2018 Basic Health Research (*Riskesdas*) reported that 14.3% of Indonesians with severe mental illness had experienced confinement¹⁶.

The Special Region of Yogyakarta (DIY) was identified as the province with the highest prevalence of mental health issues. In 2023, the Yogyakarta Health Office recorded 12,784 individuals with mental disorders (ODGJ) out of a population of 3.59 million. Bantul Regency reported the highest number of cases (3,327), followed by Yogyakarta City (3,468), Sleman

World Health Organization in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht. 2004.

⁵ WHO. *Depression and Other Common Mental Disorders. Global Health Estimates*. Geneva: World Health Organization. 2017.

⁶ Laila, N. H., Mahkota, R., Shivalli, S., Bantas, K., & Krianto, T. (2019). Factors associated with *pasung* (physical restraint and confinement) of schizophrenia patients in Bogor regency, West Java Province, Indonesia 2017. *BMC psychiatry*, 19(1), 162. <https://doi.org/10.1186/s12888-019-2138-z>

⁷ Puteh, I., Marthoenis, M. & Minas, H. "Aceh Free Pasung: Releasing The Mentally Ill From Physical Restraint." *Int J Ment Health Syst* 5, 10 (2011). <https://doi.org/10.1186/1752-4458-5-10>

⁸ Kamus Besar Bahasa Indonesia (KBBI), 2024, "meaning of the word *pasung*".

⁹ Hidayat, Muhamad Taufik, Candice Oster, Eimear Muir-Cochrane, and Sharon Lawn, 2023. "Indonesia free from *pasung*: a policy analysis", *International Journal of Mental Health Systems*(1), 17. <https://doi.org/10.1186/s13033-023-00579-6>

¹⁰ Broch HB. The Villagers' Reactions Towards Craziness: An Indonesian Example. *Transcultural Psychiatry*. 2001;38(3):275-305. doi:10.1177/136346150103800301

¹¹ Minas, H. and Diatri, H. (2008). "Pasung: Physical Restraint And Confinement Of The Mentally Ill In The Community." *International Journal of Mental Health Systems*, 2(1), 8. <https://doi.org/10.1186/1752-4458-2-8>

¹² Broch, H. B. (2001). "The Villagers' reactions Towards Craziness: An Indonesian Example". *Transcultural Psychiatry*, 38(3), 275-305. <https://doi.org/10.1177/136346150103800301>

¹³ Drew, N., Funk, M., Tang, S., Lamichhane, J., Chavez, E. A., Katontoka, S., ... & Saraceno, B. (2011). *Human Rights Violations Of People With Mental And Psychosocial Disabilities: An Unresolved Global Crisis*. The Lancet, 378(9803), 1664-1675. [https://doi.org/10.1016/s0140-6736\(11\)61458-x](https://doi.org/10.1016/s0140-6736(11)61458-x)

¹⁴ Hunt AJ, Guth RE-Y, Setiyawati D. Evaluating the Indonesia Free *Pasung* Movement: Understanding continuing use of restraint of the mentally ill in rural Java. *Transcultural Psychiatry*. 2023;60(3):552-565. doi:10.1177/13634615211009626

¹⁵ Hidayat, M.T., Oster, C., Muir-Cochrane, E. *et al*. "Indonesia Free From *Pasung*: A Policy Analysis." *Int J Ment Health Syst* 17, 12 (2023). <https://doi.org/10.1186/s13033-023-00579-6>

¹⁶ Directorate of Health Services, Ministry of Health Data Center, 2018.

(2,988), Kulon Progo (1,618), and Gunungkidul (1,483). Gunungkidul, in particular, is noted for having the highest suicide rate in Indonesia, with 30 cases of suicide by hanging recorded in 2023¹⁷.

To address *pasung*, the DIY Government enacted Governor Regulation No. 81/2014. However, research by Yanasari revealed the persistence of *pasung* despite this regulation. Seven cases were reported in one district (Kapanewon) alone, which is served by 29 health centers. The Girisubo Health Center accounted for one of these cases. Notably, the center has seen a consistent rise in outpatient visits for schizophrenia, from 169 in 2019 to 232 in 2023, indicating both a growing need for mental health services and the urgency of eliminating *pasung* practices through systemic improvements.

Kapanewon Girisubo, located in Gunungkidul Regency, is a fully rural area characterized by hilly limestone terrain. The majority of its population are impoverished farmers and fishermen, making it one of the poorest regions in the Special Region of Yogyakarta (DIY). As the easternmost primary healthcare service (*Puskesmas*) in Yogyakarta, Girisubo faces significant geographic and infrastructural barriers, including limited access to the regency and provincial capitals, and to Ghrasia Mental Hospital—the only mental health referral center in Yogyakarta—located approximately 100 kilometers away. The area suffers from underdeveloped transportation, communication, and healthcare facilities. Additionally, community knowledge about mental health remains low, stigma against individuals with mental disorders (ODGJ) is widespread, and depression rates are high.¹⁸

Reports from the Ministry of Health and organizations such as Human Rights Watch identify Gunungkidul as having one of the highest *pasung* (shackling) rates in Indonesia. Despite rehabilitation initiatives and mental health programs, data from the Yogyakarta Health Office in 2022 show that dozens of *pasung* cases persist in the district. The government's Stop *Pasung* Movement has yet to fully eliminate the practice, particularly in remote regions like Girisubo, where awareness of ODGJ rights and humane treatment remains limited.

The practice of *pasung* is internationally recognized as a human rights violation. Within Indonesian society, *adat* (customary) law remains a living and evolving legal tradition. One of its fundamental characteristics is adaptability—*adat* practices that conflict with state (positive) law are expected to fade and give way to new norms. This study examines whether such *adat* law principles have been reflected in the regulatory framework prohibiting *pasung*, particularly in DIY Governor Regulation No. 81 of 2014.

Accordingly, this study formulates two central research questions: How is the prohibition of *pasung* for individuals with mental disorders (ODGJ) regulated within the Indonesian legal system following the enactment of Law No. 17 of 2023 on Health and DIY Governor Regulation No. 81 of 2014? To what extent have *adat* law norms been adopted in regulating the prohibition of *pasung* in Girisubo, Gunungkidul?

This study is a prescriptive, empirical legal research project that conceptualizes law as an embodiment of truth and justice.¹⁹ It employs a socio-legal approach²⁰, examining how legal norms function within the community of Kapanewon Girisubo, Gunungkidul, particularly in relation to the prohibition of *pasung* (shackling) under the Indonesian Health Law and DIY Governor Regulation No. 81 of 2014. The study explores the practical implications of these legal instruments and their enforcement in local contexts.²²

¹⁷ Pebri Yanasari, 2019, "Implementation of Governor Regulation (Pergub) DIY Number 81 of 2014", *Thesis*, Master of Law Science, Faculty of Law UGM.

¹⁸ Baklien, B., Marthoenis, M., Aceh, A. R., & Thurston, M. (2023). *Pasung: A qualitative study of shackling family members with mental illness in Indonesia*. *Transcultural psychiatry*, 60(3), 566–576. <https://doi.org/10.1177/13634615221135254>

¹⁹ Soerjono Soekanto, 2010, *Introduction to Legal Research*, UI Press, Jakarta, pp. 21

²⁰ Peter Mahmud Marzuki, 2006, *Legal Research (Revised Edition)*, Kencana Prenada Media Group, Jakarta, pp. 22

²¹ Sudikno Mertokusumo, *Knowing Law An Introduction* (Yogyakarta: Liberty, 2008):32

²² I Made Pasek Diantha, 2016, *Normative Legal Research Methodology in Justifying Legal Theory*, Prenada Media Group, Jakarta, pp. 36

The research begins with a normative legal analysis using a statute approach and a conceptual approach to examine the legal framework surrounding the prohibition of *pasung*. The study emphasizes the importance of imperative, a priori norms that must be obeyed or enforced to effectively eliminate or at least reduce the practice of *pasung*.²³ To bridge theory and practice, the study applies both the functional method and the law in context method, which are deemed most appropriate for assessing the legislative process and real-life enforcement of anti-*pasung* regulations, considering the socio-cultural realities where the law operates. A legislative approach is employed to analyze the formulation and enforcement of laws prohibiting *pasung* in Indonesia. The study relies on secondary data, including primary legal materials (statutes, regulations, official documents), secondary legal materials (legal commentaries, journal articles, books), and tertiary legal materials (legal dictionaries and encyclopedias).²⁴ Data collection was conducted through document studies. In line with Sri Mamudji's view that social science research is influenced by both positivist and phenomenological paradigms²⁵, this study adopts a qualitative analytical method using deductive logic to interpret the collected data. Primary data were obtained from the field in Kapanewon Girisubo using purposive sampling to ensure the selection of relevant and information-rich participants. Respondents were categorized into three key groups.²⁶ (1) Families of Individuals with Mental Disorders (ODGJ) who have practiced or experienced *pasung*, to understand their motivations, experiences with mental health services, and socio-economic challenges, (2) Traditional and Community Leaders, whose influence on local customs and values is essential in understanding the role of *adat* (customary) law in shaping perceptions of mental illness and *pasung* and (3) Law Enforcement and Regulatory Stakeholders, including local police, members of Commission D of the Gunungkidul Regional People's Representative Council (DPRD), and health officials tasked with implementing Governor Regulation No. 81/2014. Primary data collection methods included in-depth interviews and direct observation. All primary and secondary data were analyzed using qualitative methods to construct a comprehensive understanding of the interplay between legal norms, *adat* practices, and the ongoing efforts to eradicate *pasung*.

B. Discussion

1. Regulation of the Prohibition of Confinement in stocks for patients with Mental Disorders (ODGJ) in the Indonesian Legal System After the Enactment of Law Number 17 of 2023 concerning Health and DIY Governor Regulation Number 81 of 2014

a. The Prohibition of *Pasung* in Law Number 17 of 2023 Concerning Health

Law No. 17 of 2023 provides a more comprehensive framework for the protection of the right to health, including for individuals with mental disorders (ODGJ). Several key provisions directly address the prohibition of *pasung* (shackling):

1) Right to Adequate Health Services

The law guarantees every individual, including ODGJ, the right to humane, high-quality, and non-discriminatory health services. This includes proper treatment, care, and rehabilitation.

²³ Mark Van Hoecke, 2015, "Methodology of Comparative Legal Research, Law and Method," Boom juridisch (n.d.).

²⁴ Maria S.W. Sumardjono, 2014, Lecture Materials: Legal Research Methodology, Gadjah Mada University, Yogyakarta, pp. 13

²⁵ Sri Mamudji, et al., 2005, Legal Research and Writing Methods, University of Indonesia Faculty of Law Publishing Agency, Jakarta, pp. 64

²⁶ Mukti Fajar and Yulianto Achmad, 2010, *Dualism of Empirical and Normative Legal Research*, Student Library, Yogyakarta, pp. 69

2) Elimination of Stigma and Discrimination

The law emphasizes the need to eliminate stigma and discrimination against ODGJ. It urges the public to view ODGJ not as a threat but as patients in need of medical and psychosocial support.

3) Prohibition of Shackling

4) *Pasung* is explicitly prohibited and recognized as a form of violence and a violation of human rights. The law underscores that shackling contradicts the principles of modern, ethical, and rights-based health care.

5) Government Responsibility

Both central and regional governments are mandated to ensure the availability of adequate mental health services, including infrastructure, education, and public awareness campaigns to prevent *pasung* practices.

In alignment with international law, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD), Indonesia is obliged to uphold the principle of non-discrimination and to guarantee access to comprehensive, humane mental health services for persons with psychosocial disabilities..²⁷²⁸ Shackling violates these principles, and Law No. 17 of 2023 affirms Indonesia's commitment to its international obligations.

The law requires affirmative state action, including:

- a) Developing and expanding regional mental health facilities;
- b) Providing rehabilitation programs focused on the recovery of ODGJ;
- c) Educating communities on mental health care and the harms of shackling.

Therefore, *pasung* constitutes not only a violation of individual rights but also a manifestation of state failure in fulfilling the constitutional and international obligation to provide dignified health services.²⁹

b. Regulation of the Governor of Yogyakarta Number 81 of 2014 Concerning Management of People with Mental Disorders

The Special Region of Yogyakarta (DIY) is one of the regions in Indonesia that strictly regulates the prohibition of *pasung*. DIY Governor Regulation No. 81/2014 is the regulation that becomes the legal basis for handling ODGJ in the region, with several important provisions:

1) Prohibition of Shackling

The regulation categorically prohibits the practice of *pasung* as a method of handling ODGJ. It mandates local governments, including village authorities, to ensure the eradication of shackling practices—particularly in vulnerable and remote areas such as Kapanewon Girisubo.

2) Integrated Approach

ODGJ management must involve a coordinated, multi-sectoral response. Stakeholders include the health and social affairs offices, security forces, and non-governmental organizations (NGOs). Village administrations are required to report ODGJ cases to facilitate timely intervention and care.

3) Health and Rehabilitation Facilities

²⁷ Irmansyah, Irman, Y A Prasetyo, and Harry Minas, 2009. "Human rights of persons with mental illness in indonesia: more than legislation is needed", International Journal of Mental Health Systems(1), 3. <https://doi.org/10.1186/1752-4458-3-14>

²⁸ Pols, H., Wibisono, S. (2017). *Psychiatry and Mental Health Care in Indonesia from Colonial to Modern Times*. In: Minas, H., Lewis, M. (eds) *Mental Health in Asia and the Pacific. International and Cultural Psychology*. Springer, Boston, MA. https://doi.org/10.1007/978-1-4899-7999-5_14

²⁹ Minas, H. "Mental Health And Human Rights: Never Waste A Serious Crisis." *Int J Ment Health Syst* 3, 12 (2009). <https://doi.org/10.1186/1752-4458-3-12>

DIY has established mental health care facilities, including specialized hospitals, and implemented community-based rehabilitation programs aimed at reintegrating ODGJ into society.

4) Increasing Public Awareness

The regulation promotes public education campaigns to combat stigma, foster a more accurate understanding of mental illness, and eliminate inhumane practices such as shackling.

Although this Governor Regulation sets a progressive local precedent in addressing *pasung*, it lacks explicit provisions for sanctions against violations. In contrast, Law No. 17 of 2023 provides a stronger national legal framework that not only reinforces the prohibition of *pasung* but also mandates criminal or administrative sanctions for violators. Thus, the Pergub operates as a complementary instrument that elaborates on the practical implementation of national legislation at the regional level.

c. Implications after the enactment of Law Number 17 Year 2023

Article 28H(1) of the 1945 Constitution guarantees the right of every citizen to access proper health services. Individuals with mental disorders (ODGJ), as equal rights-holders, are entitled to the same protection under the law and human rights frameworks. The prohibition of *pasung* (shackling) constitutes part of the broader effort to safeguard the basic rights of ODGJ—specifically, the right to humane treatment in accordance with professional health standards.

Further support is found in Article 9 of Law No. 39 of 1999 on Human Rights, which upholds the right of every individual to live, sustain life, and improve their standard of living. *Pasung*, as a practice that restricts freedom and denies access to appropriate medical care, directly violates these principles.

Law No. 17 of 2023 on Health represents a significant legislative advancement, reinforcing the Indonesian government's commitment to protecting the right to health for all, including ODGJ. The law explicitly categorizes *pasung* as a form of violence and a violation of human dignity, placing legal obligations on both central and regional governments to eliminate the practice and develop adequate mental health infrastructure. Importantly, it underscores that *pasung* is incompatible with human rights and modern health service standards, thereby rendering it an unlawful act.

The passing of Law No. 17 of 2023 on Health has several positive impacts in the context of prohibiting *pasung*, including:

a) Strengthening the Legal Aspects of the *Pasung* Prohibition

The law provides a clear and enforceable legal foundation for banning *pasung* nationwide, ensuring uniform application beyond regional initiatives like those in the Special Region of Yogyakarta (DIY).

b) Strengthening the "Indonesia Free of *Pasung*" Program

c) Initially launched by the Ministry of Health in 2010, this program gains renewed legitimacy and implementation momentum through the statutory backing of Law No. 17/2023, including clearer policy direction and budget allocation.

d) Improving the Quality of Mental Health Services

The law obliges central and regional governments to enhance mental health service quality by expanding access to specialized care, integrating rehabilitation into the national health system, and reducing dependency on coercive practices like *pasung*.

e) Law Enforcement and Sanctions

The law introduces administrative sanctions for regional governments that fail to address *pasung* effectively. It also provides for criminal sanctions against individuals or institutions found responsible for shackling ODGJ.

Although the regulations are clear, several challenges remain in implementing the ban on *pasung*, including:³⁰³¹

- 1) Limited Mental Health Facilities
In some regions, mental health facilities are still inadequate, resulting in ODGJ patients not getting the treatment they need, which then triggers *pasung*.³²
- 2) Stigma and Public Awareness
Despite continuous socialization, many people still view *pasung* as a practical solution to deal with ODGJ who are considered dangerous.³³³⁴
- 3) Inter-Agency Coordination
Handling ODGJ requires good cross-sectoral coordination between the central and regional governments, health agencies, social agencies, and security forces. If this coordination does not go well, cases of shackling may continue to occur.

2. The Practice of Prohibition of Confinement of People with Mental Disorders (ODGJ) in Kapanewon Girisubo, Gunung Kidul

a. The Practice of Confinement of People with Mental Disorders (ODGJ) in Kapanewon Girisubo, Gunung Kidul

Based on interviews with the community in Kapanewon Girisubo, there are several factors that influence the continuation of the practice of shackling (*pasung*):³⁵

1) Economic factors

Many families cannot afford to pay for mental health care at a health facility.

Economic hardship remains the primary reason families continue to resort to *pasung*. Interviews with families in Girisubo Sub-district (AS, JK, ALM, MON) indicate that limited financial capacity prevents them from accessing mental health care facilities.³⁶ The high costs associated with psychiatric consultations, medication, and transportation—especially considering the distance to mental health institutions—place an unsustainable burden on low-income families. Consequently, *pasung* emerges as a "practical" alternative for families lacking both financial resources and state support. This condition demonstrates the ineffective implementation of Article 6 of Law No. 17/2023, which guarantees affordable and equitable health services for all, including ODGJ. The absence of targeted financial aid or subsidies for mental health treatment further exacerbates the problem, effectively marginalizing economically disadvantaged groups from accessing proper care.

2) Limited facilities

³⁰ Ulya Z. (2019). Coercion (*pasung*) and people with a mental disorder in Indonesia: Bioethics and health law. *International journal of law and psychiatry*, 66, 101477. <https://doi.org/10.1016/j.ijlp.2019.101477>

³¹ Laila, N. H., Mahkota, R., Krianto, T., & Shivalli, S. (2018). Perceptions about *pasung* (physical restraint and confinement) of schizophrenia patients: a qualitative study among family members and other key stakeholders in Bogor Regency, West Java Province, Indonesia 2017. *International journal of mental health systems*, 12, 35. <https://doi.org/10.1186/s13033-018-0216-0>

³² Daulima, N. H. C. (2018). "Preventing *Pasung* by mentally ill patients' families. *Enfermeria Clinica*, 28(1), 256–259. [https://doi.org/10.1016/S1130-8621\(18\)30079-2](https://doi.org/10.1016/S1130-8621(18)30079-2)

³³ Hartini, N., Fardana, N. A., Ariana, A. D., Wardana, N. D. (2018). "Stigma Toward People With Mental Health Problems In Indonesia." *Psychology Research and Behavior Management*, 11, 535–541. <https://doi.org/10.2147/PRBM.S175251>

³⁴ Ottewell, N. (2016). "Stigma Against Mental Illness: Perspectives of Mental Health Service Users." *Mental Health & Prevention*, 4(3–4), 115–123. <https://doi.org/10.1016/j.mhp.2016.10.001>

³⁵ Primary Data, interviewing with respondents: AS, JK, ALM, and MON, August 23th, 2024.

³⁶ Primary Data, interviewing with respondents: AS, JK, ALM, and MON, August 23th, 2024.

Kapanewon Girisubo, located in the remote areas of Gunungkidul District, suffers from severely limited access to mental health facilities. The nearest specialized institutions, such as RSJ Ghrasia and mental health-equipped *Puskesmas*, are located at significant distances, complicating patient mobility due to a lack of public transportation. This infrastructural gap was consistently cited in interviews as a major impediment to seeking proper care. As a result, families often choose to isolate and confine ODGJ at home. This situation represents a direct violation of the Health Law, which mandates the state to ensure the availability and accessibility of health services, particularly in rural or disadvantaged areas. The lack of local mental health infrastructure and reliable transportation reinforces dependence on informal, and often inhumane, responses to mental illness.

3) Community stigma

The deeply rooted stigma surrounding mental illness in Girisubo significantly contributes to the normalization of *pasung*. ODGJ are often viewed as dangerous, shameful, or a source of embarrassment for families and communities.³⁷³⁸ Interviews reveal that confinement is seen as a method of protection—both for the individual and the community—stemming from widespread misconceptions linking mental illness to supernatural causes such as possession or curses. This stigma reflects a broader failure in legal and public education: the rights of ODGJ as protected by Law No. 39/1999 on Human Rights and the UN Convention on the Rights of Persons with Disabilities (CRPD), ratified through Law No. 19/2011, are largely unknown or disregarded at the grassroots level.³⁹ The lack of legal literacy and awareness campaigns perpetuates a social environment that is neither empathetic nor supportive of medical interventions for mental health, allowing *pasung* to persist as a socially tolerated practice.

4) Limited Government Intervention Programs

While the central and regional governments have introduced programs such as Gerakan Stop Pemasungan, their implementation in Girisubo remains inadequate. Interviews with health officers highlight critical shortages of mental health professionals and the absence of sustainable interventions. Released ODGJ often return to confinement due to a lack of follow-up services and continued care. These shortcomings contravene the state's legal obligations under the Health Law, which requires the provision of ongoing rehabilitation services and the development of an integrated mental health care system. The discontinuity of care and lack of structured support mechanisms reinforce the cycle of *pasung*, as families perceive no viable long-term solutions for managing mental illness.

The findings of this study reveal that mental health services in Gunungkidul Regency continue to encounter significant structural and regulatory challenges, particularly in meeting the minimum service standards (SPM) at the level of primary healthcare (*Puskesmas*). Despite the fact that the number of individuals classified as Persons with Psychosocial Disabilities (Orang dengan Disabilitas Psikososial/ODDP) reached 1,653 in 2024, and that 80–90% of them had reportedly received medical treatment, this progress has not been matched by the

³⁷ Crowe, A., Averett, P., & Glass, J. S. (2016). *Mental illness stigma, psychological resilience, and help seeking: What are the relationships?* *Mental Health & Prevention*, 4(2), 63–68. <https://doi.org/10.1016/j.mhp.2015.12.001>

³⁸ Smith, V., Reddy, J., Foster, K., Asbury, E. T., & Brooks, J. (2011). Public perceptions, knowledge and stigma towards people with schizophrenia. *Journal of Public Mental Health*, 10 (1), 45–56. <https://doi.org/10.1108/17465721111134547>

³⁹ Wulandari IAP, Daulima NHC, Wardani IY. "The Fight Against Stigma In The Recovery Process Of Post-Pasung Mentally Ill Patients." *Enfermeria Clinica*, 2019. DOI: 10.1016/j.enfcli.2019.04.037.

availability of clinical psychology services as mandated by the Indonesian Ministry of Health.⁴⁰ This reflects a persistent gap between national policy directives and local implementation capacity, especially with regard to human resources for mental health services.⁴¹

The primary issue identified is the absence of clinical psychologists in primary healthcare, driven by two main factors:

1) Budget Constraints

The local government has not allocated specific funding for the recruitment of clinical psychologists, indicating that mental health has yet to be prioritized in regional health budget planning, despite its growing urgency.

2) Lack of Previous Technical Regulatory Frameworks

3) Before the issuance of Ministry of Health Regulation No. 19 of 2024 on primary healthcare, there was no robust legal foundation for local governments to include clinical psychologists as essential health personnel. Consequently, mental health professionals were not incorporated into human resource planning at the primary care level. This regulatory gap constrained local authorities' ability to act, despite their expressed commitment to enhancing mental health services.

A turning point occurred with the enactment of Ministry of Health Regulation No. 19 of 2024, which mandates the inclusion of clinical psychologists as core personnel in primary healthcare facilities. In response, the Gunungkidul District Health Office is currently conducting a job analysis to support the planned addition of psychologists to its workforce. This initiative signals a realignment of local policies with national directives and supports long-term program sustainability—consistent with policy alignment strategies advocated in public health sector reform.

Another notable development is the support from the local legislature, particularly the Chair of Commission D of the Gunungkidul Regional House of Representatives (DPRD), who emphasized health as a priority sector and advocated for expanded access to clinical psychology services.⁴² Such political backing is instrumental in strengthening the capacity of local governments in budgeting, oversight, and policy advocacy.

b. Conflict between *Adat* Law and National Law

The continued use of *pasung*—physically restraining individuals with mental illness—in rural Indonesian communities governed by *adat* (customary) law reflects a persistent conflict between national legal standards and local cultural norms. Although *pasung* is prohibited by national and international human rights frameworks, it endures due to cultural beliefs, social norms, and limited access to mental health services.

In *adat*-based communities, *pasung* is often seen not as violence but as a necessary or compassionate act in the absence of alternatives. Local norms often override national legal principles, as illustrated in interviews from Kapanewon Girisubo, Gunungkidul. One respondent, AS, described his family's use of *pasung* as “terpaksa” (compelled) due to aggressive behavior and the lack of nearby mental health facilities. Another, MON, justified the practice with the approval of community elders, viewing it as a collective duty to prevent harm.

These accounts reveal a shared belief that individuals with mental illness pose a threat to communal safety, legitimizing *pasung* as a protective measure. A traditional leader

⁴⁰ Primary Data, interviewing with respondents: Ismono, S.SI.T, M.Kes, Head of the Gunungkidul Health Office, April 21th, 2025.

⁴¹ Annual Report of Health Program, Gunung Kidul District Health Office, 2024.

⁴² Primary Data, interviewing with respondents: Heri Purwanto, Chair of Commission D of the Gunungkidul Regional House of Representatives (DPRD), April 21th, 2025.

confirmed that *adat* law permits *pasung*, especially when other methods are seen as ineffective. This communal validation often outweighs national legal prohibitions.⁴³

In such contexts, *adat* authority dominates. Mental health decisions are typically made with input from traditional healers or elders rather than medical professionals, who are viewed as less accessible and culturally distant. Respondents noted that *adat* dictates physical containment of disruptive behavior to maintain social harmony, relegating national law to a secondary role.⁴⁴

Even when families acknowledge that *pasung* conflicts with modern medical and legal standards, they defend it as an obligation under *adat*.⁴⁵ This highlights the challenge of legal pluralism in Indonesia, where state law—such as Law No. 17/2023 on Health, which bans *pasung*—coexists uneasily with customary norms.⁴⁶

The persistence of *pasung* reflects not only legal non-compliance but also a deeper cultural and structural disconnect. Without culturally grounded interventions and integration between public health systems and local practices, national efforts to eliminate *pasung* and uphold human rights may fail to reach affected communities.

3. The adoption of *Adat Law Norms* in the regulation of the prohibition of *pasung* in the community in Kapanewon Girisubo, Gunung Kidul

a. The Cultural Foundations of *Adat Law* and Community Perceptions of Mental Illness

Indonesia's legal system operates within a pluralistic framework that includes statutory law (*wetgeving*), religious law, and *adat* (customary) law. In rural areas like Girisubo, Gunungkidul, *adat* law continues to influence community responses to individuals with mental disorders (ODGJ). While national law prohibits *pasung* (physical confinement), *adat* norms often legitimize it as a protective measure for both the individual and the community.⁴⁷

Adat law is grounded in unwritten norms that prioritize communal harmony and social order over individual autonomy. Drawing on the theoretical foundations of Cornelis van Vollenhoven and B. Ter Haar, *adat* law emphasizes collective ethics aimed at maintaining societal balance.⁴⁸ In Girisubo, this principle underpins the continued acceptance of *pasung*. As one village elder explained, “People with mental disorders are not restrained out of hatred, but to prevent self-harm or harm to others—a form of care within the community.”⁴⁹

Mental illness is often interpreted through spiritual or supernatural frameworks, such as ancestral curses, sorcery, or spirit possession.⁵⁰ Consequently, traditional healers (*dukun*) are considered the primary source of treatment, while biomedical approaches are often distrusted.⁵¹ As respondent YN stated, “The shaman said he is possessed, so we brought him back and tied him for his own good.”⁵²

⁴³ Primary Data, interviewing with respondents AS, August 23th, 2024

⁴⁴ Primary Data, interviewing with respondents MON, August 23th, 2024

⁴⁵ Primary Data, interviewing with respondents: AS and MON, August 23th, 2024

⁴⁶ Primary Data, interview with respondent: DYO, traditional leader, August 23th, 2024

⁴⁷ Ulya Z., (2019), “Coercion (*Pasung*) And People With A Mental Disorder In Indonesia: Bioethics And Health Law”, *International Journal of Law and Psychiatry*, Vo. 66, Sep-Dec 2019, <https://doi.org/10.1016/j.ijlp.2019.101477>

⁴⁸ Cornelis van Vollenhoven, *The Adat Law of the Netherlands Indies* (Leiden: E.J. Brill, 1909); B. Ter Haar, *Adat Law in Indonesia* (The Hague: W. van Hoeve, 1948).

⁴⁹ Primary Data, interview with respondent: HYT, village elder, August 23th, 2024

⁵⁰ Koentjaraningrat, *Manusia dan Kebudayaan di Indonesia* (Jakarta: Djambatan, 2004), 89

⁵¹ Primary Data, interview with respondent: YN, traditional healer, August 23th, 2024

⁵² Primary Data, interviewing with respondent: ALM, August 23th, 2024

b. Legal Pluralism and Resistance to State Law

Although Law No. 17/2023 on Health and Yogyakarta Governor Regulation No. 81/2014 prohibit *pasung*, these laws are often perceived by rural communities as externally imposed and culturally misaligned. This reflects John Griffiths' theory of legal pluralism, which holds that where state law lacks legitimacy or cultural relevance, local normative systems may dominate.

In Girisubo, residents frequently resist formal mental health policies in favor of *adat*-based practices. As noted by interviewee JK, families who choose not to restrain individuals with mental disorders are often blamed when harmful incidents occur.⁵³

This resistance is further reinforced by the lack of accessible and trusted mental health services. In such contexts, traditional knowledge systems and communal norms retain authority. Informal social sanctions—such as blame or ostracism—often exert greater influence on behavior than formal legal consequences, perpetuating the preference for *adat* over state law.⁵⁴

c. Toward Harmonization: Cultural Sensitivity and Normative Transition

Addressing the normative dissonance between *adat* law and national mental health law requires a culturally sensitive legal implementation strategy.⁵⁵ Harmonization should not aim to eliminate *adat* law but to integrate its values into rights-based health policies. This involves engaging spiritual leaders and community elders in public education, policy dialogue, and the contextualization of mental health care within culturally meaningful frameworks. As noted by Ida Rochmawati, community compliance is more likely when village leaders actively endorse and participate in proposed solutions.⁵⁶

The transition from *adat*-based confinement to rights-based care is inherently gradual. Legal norms must first gain social legitimacy through trust-building, dialogue, and the provision of culturally acceptable mental health alternatives. While the Indonesian government has incorporated *adat* norms in several regulations on indigenous rights, such efforts are largely absent in the context of *pasung*.^{57,58}

A culturally sensitive approach would entail collaboration between health authorities and traditional leaders to design locally appropriate interventions. For example, anti-*pasung* campaigns could be framed using familiar cultural and spiritual narratives while introducing biomedical concepts in ways that resonate with local beliefs.⁵⁹

In theory, legal harmonization can bridge *adat* and formal law through adaptive dialogue. Enforcement of mental health laws, such as Law No. 17/2023, should not rely solely on coercive legal mechanisms but instead seek alignment with *adat* norms where possible. In Girisubo, this could involve communicating legal standards using culturally grounded language and values.

However, *adat* norms regarding the confinement of ODGJ are deeply ingrained and often linked to community identity. The adoption of new norms is slow and may face resistance if perceived as culturally incompatible. In *adat* systems, social sanctions often outweigh formal

⁵³ Primary Data, interviewing with respondent: JK, August 23th, 2024

⁵⁴ Primary Data, interviewing with respondent: JK, August 23th, 2024

⁵⁵ Franz von Benda-Beckmann, Keebet von Benda-Beckmann, and Anne Griffiths, *The Power of Law in a Transnational World* (New York: Berghahn Books, 2009). 21

⁵⁶ Primary Data, interviewing with respondent: dr. Ida Rochmawati, M.Sc., Sp.KJ, A psychologist, consultant, and medical doctor at Wonosari Regional General Hospital (RSUD Wonosari), April 21th, 2025

⁵⁷ Huckshorn, K. A. (2005). "Re-designing state mental health policy to prevent the use of seclusion and restraint." *Administration and Policy in Mental Health and Mental Health Services Research*, 33(4), 482-491. <https://doi.org/10.1007/s10488-005-0011-5>

⁵⁸ Iswandono, E., Zuhud, E. A. M., Hikmat, A., & Kosmaryandi, N. (2015). "Integrating Local Culture Into Forest Conservation: A Case Study of The Manggarai Tribe In Ruteng Mountains, Indonesia." *Jurnal Manajemen Hutan Tropika [Journal of Tropical Forest Management]*, 21(2), 55–64. <https://doi.org/10.7226/jtfm.21.2.55>

⁵⁹ Eka, A. R., Daulima, N. H. C., & Susanti, H. (2022). "The Role of Informal Leader in Restraint and Confining People with Mental Health Issues in Manggarai, Indonesia." *European Journal of Mental Health*, 17(1), 25–36. <https://doi.org/10.5708/EJMH/17.2022.1.3>

legal consequences. Families who refrain from restraining ODGJ may be seen as neglecting communal order, reinforcing the legitimacy of *pasung* and entrenching *adat* norms further.

C. Conclusion

This study identifies two key findings that highlight the normative and structural complexities surrounding the prohibition of *pasung* (physical restraint or confinement) of individuals with mental disorders (ODGJ) in Indonesia. First, the enactment of Law No. 17 of 2023 on Health, alongside regional instruments such as Yogyakarta Governor Regulation No. 81 of 2014, marks a significant normative shift: *pasung* is now legally recognized as a form of violence and a human rights violation. The novelty lies not only in its formal prohibition but in the state's affirmative obligation to ensure accessible, adequate, and culturally appropriate mental health services. This reframes *pasung* as a legal failure of the state—no longer just a medical or ethical concern, but a breach of enforceable rights under national and international law. Second, the persistence of *pasung* in communities like Kapanewon Girisubo reveals a deeper conflict between state and *adat* (customary) law. This study finds that resistance to formal law reflects not defiance, but alternative legitimacy structures in which *pasung* is viewed as a socially protective measure amid limited trust in state services. Eliminating *pasung* thus requires more than top-down legal enforcement. A transitional model of legal harmonization is needed—one that engages traditional leaders, embeds mental health care in local values, and gradually shifts communal norms from within. These findings show that prohibiting *pasung* involves more than legal reform; it requires strengthening mental health infrastructure and transforming legal consciousness within Indonesia's plural legal framework.

References

Book

- Benda-Beckmann, Franz von, Keebet von Benda-Beckmann, and Anne Griffiths, 2009, *The Power of Law in a Transnational World*, Berghahn Books, New York.
- Maria S.W. Sumardjono, 2014, *Lecture Materials: Legal Research Methodology*, Gadjah Mada University, Yogyakarta.
- Mark Van Hoecke, 2015, "Methodology of Comparative Legal Research, Law and Method," Boom juridisch (n.d.).
- Marzuki, Peter Mahmud, 2006, *Legal Research (Revised Edition)*, Kencana Prenada Media Group, Jakarta.
- Mertokusumo, Sudikno, 2008, *Knowing Law An Introduction*, Liberty, Yogyakarta.
- Kamus Besar Bahasa Indonesia (KBBI), 2024, "meaning of the word *pasung*"
- Koentjaraningrat, 2004, *Manusia dan Kebudayaan di Indonesia*, Djambatan, Jakarta.
- Mamudji, Sri et al., 2005, *Legal Research and Writing Methods*, University of Indonesia Faculty of Law Publishing Agency, Jakarta.
- Mukti Fajar and Yulianto Achmad, 2010, *Dualism of Empirical and Normative Legal Research*, Student Library, Yogyakarta.
- Pasek Diantha, I Made, 2016, *Normative Legal Research Methodology in Justifying Legal Theory*, Prenada Media Group, Jakarta.
- Soekanto, Soerjono, 2010, *Introduction to Legal Research*, UI Press, Jakarta.
- Ter Haar, B., 1948, *Adat Law in Indonesia*, W. van Hoeve, The Hague.
- Vollenhoven, Cornelis van, 1909, *The Adat Law of the Netherlands Indies*, E.J. Brill, Leiden.

Journal Articles

- Ayuningtyas, Dumilah et al, 2018, "Analysis of the Mental Health Situation in Communities in Indonesia and its Countermeasure Strategy", *Journal of Public Health Sciences*, March 2018, 9(1), DOI: <https://doi.org/10.26553/jikm.2018.9.1.1-10>
- Baklien, B., Marthoenis, M., Aceh, A. R., & Thurston, M. (2023). "Pasung: A qualitative study of shackling family members with mental illness in Indonesia." *Transcultural psychiatry*, 60(3), 566–576. <https://doi.org/10.1177/13634615221135254>
- Broch HB. "The Villagers' Reactions Towards Crazy: An Indonesian Example." *Transcultural Psychiatry*. 2001;38(3). <https://doi.org/10.1177/136346150103800301>
- Crowe, A., Averett, P., & Glass, J. S. (2016). *Mental illness stigma, psychological resilience, and help seeking: What are the relationships?* *Mental Health & Prevention*, 4(2), 63–68. <https://doi.org/10.1016/j.mhp.2015.12.001>
- Daulima, N. H. C. (2018). "Preventing Pasung by mentally ill patients' families." *Enfermería Clínica*, 28(1), 256–259. [https://doi.org/10.1016/S1130-8621\(18\)30079-2](https://doi.org/10.1016/S1130-8621(18)30079-2)
- Drew, N., Funk, M., Tang, S., Lamichhane, J., Chavez, E. A., Katontoka, S., ... & Saraceno, B. (2011). *Human Rights Violations of People With Mental And Psychosocial Disabilities: An Unresolved Global Crisis*. The Lancet, 378(9803), 1664-1675. [https://doi.org/10.1016/s0140-6736\(11\)61458-x](https://doi.org/10.1016/s0140-6736(11)61458-x)
- Eka, A. R., Daulima, N. H. C., & Susanti, H. (2022). "The Role of Informal Leader in Restraint and Confining People with Mental Health Issues in Manggarai, Indonesia." *European Journal of Mental Health*, 17(1), 25–36. <https://doi.org/10.5708/EJMH/17.2022.1.3>
- Ginneken, N., Maheedhariah, M. S., Ghani, S., Ramakrishna, J., Raja, A., & Patel, V. (2017). "Human Resources And Models Of Mental Healthcare Integration Into Primary And Community Care In India: Case Studies of 72 Programmes". *PLOS ONE*, 12(6), e178954. <https://doi.org/10.1371/journal.pone.0178954>
- Hartini, N., Fardana, N. A., Ariana, A. D., Wardana, N. D. (2018). "Stigma Toward People With Mental Health Problems In Indonesia." *Psychology Research and Behavior Management*, 11, 535–541. <https://doi.org/10.2147/PRBM.S175251>
- Hidayat, Muhamad Taufik, Candice Oster, Eimear Muir-Cochrane, and Sharon Lawn, 2023. "Indonesia Free From Pasung: A Policy Analysis", *International Journal of Mental Health Systems* (1), 17. <https://doi.org/10.1186/s13033-023-00579-6>
- Huckshorn, K. A. (2005). "Re-Designing State Mental Health Policy To Prevent The Use of Seclusion And Restraint." *Administration and Policy in Mental Health and Mental Health Services Research*, 33(4), 482-491. <https://doi.org/10.1007/s10488-005-0011-5>
- Hunt AJ, Guth RE-Y, Setiyawati D. "Evaluating The Indonesia Free Pasung Movement: Understanding Continuing Use of Restraint of The Mentally Ill In Rural Java." *Transcultural Psychiatry*. 2023; 60 (3). <https://doi.org/10.1177/13634615211009626>
- Irmansyah, Irman, Y A Prasetyo, and Harry Minas, 2009. "Human rights of persons with mental illness in indonesia: more than legislation is needed", *International Journal of Mental Health Systems* (1). <https://doi.org/10.1186/1752-4458-3-14>
- Iswandono, E., Zuhud, E. A. M., Hikmat, A., & Kosmaryandi, N. (2015). "Integrating Local Culture Into Forest Conservation: A Case Study of The Manggarai Tribe In Ruteng Mountains, Indonesia." *Jurnal Manajemen Hutan Tropika [Journal of Tropical Forest Management]*, 21(2), 55–64. <https://doi.org/10.7226/jtftm.21.2.55>
- Minas, H. and Diatri, H. (2008). "Pasung: Physical Restraint And Confinement Of The Mentally Ill In The Community." *International Journal of Mental Health Systems*, 2(1), 8. <https://doi.org/10.1186/1752-4458-2-8>
- Minas, H. "Mental Health And Human Rights: Never Waste A Serious Crisis." *Int J Ment Health Syst* 3, 12 (2009). <https://doi.org/10.1186/1752-4458-3-12>

- Laila, N. H., Mahkota, R., Shivalli, S., Bantas, K., & Krianto, T. (2019). Factors associated with *pasung* (physical restraint and confinement) of schizophrenia patients in Bogor regency, West Java Province, Indonesia 2017. *BMC psychiatry*, 19(1), 162. <https://doi.org/10.1186/s12888-019-2138-z>
- Ottewell, N. (2016). "Stigma Against Mental Illness: Perspectives of Mental Health Service Users." *Mental Health & Prevention*, 4 (3–4), 115–123. <https://doi.org/10.1016/j.mhp.2016.10.001>
- Pols, H., Wibisono, S. (2017). *Psychiatry and Mental Health Care in Indonesia from Colonial to Modern Times*. In: Minas, H., Lewis, M. (eds) *Mental Health in Asia and the Pacific. International and Cultural Psychology*. Springer, Boston, MA. https://doi.org/10.1007/978-1-4899-7999-5_14
- Puteh, I., Marthoenis, M. & Minas, H. "Aceh Free Pasung: Releasing The Mentally Ill From Physical Restraint." *Int J Ment Health Syst* 5, 10 (2011). <https://doi.org/10.1186/1752-4458-5-10>
- Smith, V., Reddy, J., Foster, K., Asbury, E. T., & Brooks, J. (2011). "Public Perceptions, Knowledge And Stigma Towards People With Schizophrenia". *Journal of Public Mental Health*, 10 (1), 45–56. <https://doi.org/10.1108/17465721111134547>
- Ulya Z. (2019). "Coercion (*Pasung*) And People With A Mental Disorder In Indonesia: Bioethics And Health Law". *International journal of law and psychiatry*, vol. 66, 101477. <https://doi.org/10.1016/j.ijlp.2019.101477>
- Wulandari IAP, Daulima NHC, Wardani IY. "The Fight Against Stigma In The Recovery Process Of Post-Pasung Mentally Ill Patients." *Enfermeria Clinica*, 2019. <http://doi.org/10.1016/j.enfcli.2019.04.037>

Thesis or Disertations

- Pebri Yanasari, 2019, "Implementation of Governor Regulation (Pergub) DIY Number 81 of 2014", *Thesis*, Master of Law Science, Faculty of Law UGM.

Legal Documents

- Indonesia. The 1945 Constitution of The Republik Indonesia.
- Indonesia. Law Number 39 of 1999 concerning Human Rights.
- Indonesia. Law Number 17 of 2023 concerning Health.
- Indonesia. Governor Regulation of Special Region of Yogyakarta Number 81 of 2014 on the handling of *pasung*.
- Indonesia. Ministry of Health Regulation Number 19 of 2024 on Minimum Health Primary Healthcare.

Other Documents

- Annual Report of Health Program, Gunung Kidul District Health Office, 2024.
- Directorate of Health Services, Ministry of Health Data Center, 2018.
- WHO. *Prevention of Mental Disorders, Effective Intervention and Policy Options (Summary Report)*. Geneva: World Health Organization in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht. 2004.
- WHO. *Depression and Other Common Mental Disorders. Global Health Estimates*. Geneva: World Health Organization. 2017.
- WHO. *Mental Health Action Plan 2013 - 2020*. Geneva: World Health Organization. 2013.
- WHO. *Basic Documents*. 43rd Edition. Geneva: World Health Organization. 2001.