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Exploring the mental and reproductive health of women deprived of liberty

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Abstract

The health and well-being of incarcerated individuals, particularly women, were deemed crucial topics that warranted thorough investigation, given the disparities in accessing reproductive healthcare services despite constitutional rights. This study aimed to explore reproductive healthcare needs, services, and disparities among incarcerated women, with a specific focus on routine screenings, menstruation-related concerns, prenatal and postpartum care, contraception, and sexually transmitted infections. One-on-one interviews were carried out with thirty (30) incarcerated women aged 18-45. Data collected were processed through transcription and thematic analysis. The findings from these interviews revealed several recurring themes that shed light on the challenges faced by incarcerated women. These included the detrimental impact of stress on menstrual health, insufficient reproductive health education, the restrictive nature of policies affecting reproductive rights, limited access to menstrual hygiene products, dissatisfaction with visitation policies, and inadequate healthcare services, coupled with difficulties in obtaining necessary medical assistance. The study underscores the urgent need for addressing these disparities through a multifaceted approach. This approach includes advocating for policy reforms aimed at improving access to healthcare services, implementing comprehensive reproductive health education programs within correctional facilities, and ensuring equitable distribution of menstrual hygiene products. By addressing these challenges in a holistic manner, it is believed that the well-being and dignity of incarcerated women can be significantly enhanced, thereby contributing to the promotion of health equity within correctional facilities.

Keywords: Access to healthcare services; Gender disparities; Incarcerated women; Menstrual hygiene; Nursing interventions; Policy reforms

1. Introduction

The health of those deprived of liberty was a serious matter that must be thoroughly investigated. Giving time to get to know the status of people in different forms of correctional facilities presents specific issues to their overall well-being. People deprived of liberty (PDL) are at a heightened risk of contracting infectious diseases as they bear an unbalanced burden of sexually transmitted disease, including four to five times the prevalence of Human Immunodeficiency Virus (HIV) compared to the general community [1]. Despite having serious issues with their reproductive health, women deprived of liberty (WDL) receive inadequate care for reproductive health care [2]. Human Development Report [3], WDL are restricted globally for their rights as women and mandate spouse approval before granting them access to family planning and contraceptives.

There was a noticeable rise in concern regarding the accessibility and condition of reproductive healthcare for the detained women, despite the implementation of constitutional rights to healthcare among the detainees, and this can also be observed in the Philippines [4]. Investigating their reproductive health would draw attention to the probable inequities and injustices that exist within the criminal justice system for further improvement. Implying public health in the condition of imprisoned women had a direct influence on their communities in reducing the incidence of sexually

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transmitted illnesses and unwanted births, which was highly beneficial among incarcerated women's families and communities, especially in countries with limited resources like the Philippines [5].

The incarceration rate in the Philippines was about 200 per 100,000 citizens in 2019 [6]. The studies on People Deprived of Liberty's Health, the reproductive welfare of women deprived of liberty is still unexplored thoroughly in the Philippines. The research intends to determine the reproductive health status and mental health status of women deprived of liberty within reproductive age and pregnant to provide an assistance intervention to cope with reproductive needs while inside the facilities and knowledge support when integrating back to society. The research assessed the deprivation of reproductive health needs associated with disturbed mental health status among women in correctional through the reproductive health necessities, services and welfare accommodation among incarcerated women.

This study aims to assess Persons Deprived of Liberty for their reproductive healthcare including their routine screening, menstruation-related concerns, prenatal and postpartum care, contraception and sexually transmitted infection, given that they were limited in the Philippine setting. Ensuring that the quality healthcare was still given to all incarcerated women, the study place emphasis on the reproductive as well as mental health of women deprived of liberty.

2. Material and Methods

2.1. Qualitative – Phenomenological Method

The utilizes qualitative approach using a descriptive-phenomenological method to explore and interpret the experiences of incarcerated women regarding health conditions within the City Jail [7]. This design is used to acquire an in-depth understanding of the health conditions and needs of the specified incarcerated women associated with their certain experiences and description by conducting the personal interviews. These would reveal subjectivity of the experience and uncover the complexity of gender-related phenomena. Researchers can gain a more authentic perspective on the data collected by employing a design that encourages participants to be candid and set aside any preconceived assumptions or biases.

2.2. Individual In-Depth Interview

A total of thirty (30) participants were gained by the study. The study focuses on incarcerated women who were within the reproductive age of 18 to 45 that may or may not have a partner but not exceeding one. They may have or have not children and experience a normal cycle of menstruation inside the facilities. The participants should not have any underlying gynecologic disorders and take hormonal pills that alter the normal menstrual cycle. The participants were also mentally aware and coherent in discussing their own reproductive status. Upon conducting interviews, researchers ensure that all participants fully understand the purpose of the study, its potentially sensitive nature, and the results. Participants must be informed that their participation was voluntary and that they could withdraw their participation at any time without any consequences. Given the stigma and potential backlash that participants may face within the prison community, maintaining participant confidentiality was of paramount importance. Ensuring anonymity by using pseudonyms and securing data storage would help protect participants' identities.

Interviews were conducted in a safe and private environment, either within the prison facility or in a designated room outside the prison. Researchers take an empathetic approach to create a comfortable atmosphere in which participants feel safe to share their experiences. Active listening, open-mindedness, and open questions led to deeper answers.

2.3. Thematic Analysis

Researchers meticulously categorize and analyze qualitative data, such as interview transcripts or field notes, to deconstruct, code, and explore common connections using the thematic analysis approach [8]. By analyzing data within a broader context, researchers can contextualize respondents' perspectives collectively. This approach facilitates the organization of information, establishment of relationships between key categories and subcategories, and identification of overarching trends in the data [8, 9]. This method is valuable for gaining insights into the subjective experiences, perspectives, and interpretations of individuals or groups. Researchers systematically examine a dataset to uncover recurring patterns of meaning by categorizing and analyzing qualitative data like interview transcripts or field notes.

3. Results and Discussion

The organized themes and the patterns that emerged from them formed the basis for further exploring the study's results. By relating each theme to pertinent literature and research, an in-depth discussion was carried out to assess their consistency with the theme.

3.1. Stress and Menstrual Cycle

The responses provided by the person deprived of liberty (PDL) indicate a significant amount of stress and emotional strain they are experiencing due to various factors, including separation from family, concerns about their children's well-being, anxiety about visitation rights, and past traumatic experiences such as rape and abortion. Stress has been consistently linked to disruptions in the menstrual cycle and reproductive health, including irregular menstruation, amenorrhea (absence of menstruation), and dysmenorrhea (painful menstruation). The PDL's history of irregular menstruation prior to incarceration, exacerbated by stressors within the facility such as lack of rest due to frequent headcounts and emotional distress from family issues, further supports the connection between stress and menstrual irregularities. Additionally, the PDL's account of experiencing normal menstruation upon entering the facility followed by prolonged absence of menstruation during periods of heightened stress provides additional evidence of the impact of stress on their reproductive health. Overall, the consistent presence of stressors and their correlation with menstrual irregularities in the PDL's narrative strongly suggests that stress is a significant contributing factor to their reproductive health issues.

Stress could affect the biochemical process of the menstrual cycle of a woman, as it affects the endocrine system and may lead to hormonal balance [10]. Elevated cortisol levels can suppress the secretion of gonadotropin-releasing hormone (GnRH) from the hypothalamus [11]. Stress can inhibit the luteinizing hormone surge necessary for triggering ovulation; it also disrupts the normal patterns of estrogen and progesterone secretion [12]. Persistent stress and hormonal imbalances can lead to anovulation, the lack or absence of ovulation, Stress induced hormonal disruptions can also reduce fertility [13]. Increased symptoms of stress can exacerbate symptoms of Premenstrual Syndrome (PMS) including mood swings, tender breasts, food cravings, fatigue, irritability, depression and Premenstrual Dysphoric Disorder (PMDD) that is like PMS but is more serious, causes severe irritability, depression or anxiety [14].

Female s frequently struggles with mental health issues stemming from past traumas and their specific experiences as women in prison. Unfortunately, the prison system often worsens these problems by failing to address their trauma and mental health concerns effectively [15]. Menstrual irregularities are among the health conditions that can worsen when a prisoner has limited access to healthcare services. Stress's negative impact on menstruation health may be exacerbated by inadequate access to gynecological care and menstrual hygiene products [16].

3.2. Desire for Intimacy, Privacy and Love Behind Bars

Conjugal visitation has been shown to be beneficial to prisoners' mental health and family relationships. Denying these rights to people who have been deprived of their liberty can lead to feelings of isolation, loneliness and a lack of emotional support, which can have a negative impact on their whole life, including reproductive health. It may also be discriminatory, as it disproportionately affects women compared to men in the prison system. Advocacy efforts should focus on challenging these policies and advocating for reforms that prioritize the physical and mental wellness of women who are in prison. The lack of conjugal visitation for people deprived of liberty represents a significant barrier to their reproductive health and rights. Addressing this issue requires a multi-faceted approach that involves legal advocacy, policy reform, and efforts to improve access to reproductive healthcare services within the prison system.

Prisoners in correctional institutions struggle with limited space, which can impact their mental well-being [17]. This issue is worsened by the failure to meet basic human needs, including the need for love and belonging. Furthermore, it may also be discriminatory since both male and females have reproductive rights. In one study, Kajawo, 2021 [18] highlights that most prisoners, both male and female, support the introduction of conjugal visits. They believe that such visits can contribute to rehabilitation, reintegration, and family preservation, while also potentially reducing issues such as homosexuality, sexual assaults, and violence within prisons.

It is shown that demonstrated that oxytocin plays a crucial role in fostering social bonds and reducing stress levels. In the absence of regular social interaction, particularly intimate connections facilitated by conjugal visitation, oxytocin release may be significantly reduced [19]. This reduction in oxytocin levels can contribute to feelings of isolation, loneliness, and heightened stress among s. A study found that feelings of loneliness, alienation, and social isolation can stem from unfulfilled desires for a sense of belonging. Hence, feeling like you belong acts as a shield against loneliness and as the basis for connecting with others. The biological mechanisms involved in social bonding and stress regulation

may be disturbed by the absence of conjugal visitation in correctional settings [20]. Alterations in the vaginal microbiota brought on by sexual activity. Avoiding sexual activity might lower your chance of contracting some STIs, but it can also change the balance of vaginal flora, which could cause infections, dryness, or pain in your vagina [21]. Women's mental health and sexual frequency are positively correlated. Higher frequency of sexual activity was associated with improved psychological outcomes for women, including decreased symptoms of anxiety and depression [22].

3.3. Healthcare Services of Women Deprived of Liberty

The concerning inadequate healthcare service in the correctional facilities presents significant challenges to ensuring the well-being of incarcerated women's reproductive and mental health. According to the statements of the respondents, the correctional facility provides doctor and OB-GYN visitation but often due to medical missions initiated by some medical institution. The visit only lasts for a brief amount of time and only occasionally, which is not enough to address all the medical concerns. The medical attention provided by the correctional nurses and health aid is not enough to address their concerns. The correctional institutions also prioritize only immediate or emergent cases above frequent visits. Medical examinations such as pap smear and breast examination are also occasionally. There is also a petition or request from the s pertaining to the requisition of stay-in OB-GYN or doctor inside the facility to address general health concerns among incarcerated women especially pregnant. Due to limited access to regular doctor visitation, medical consultation and examination become selective only for chosen s disregarding others for health concerns.

Prisons generally serve clinically and economically vulnerable people that had limited availability of health care prior to imprisonment. Jail provides both a health care opportunity for a disadvantaged group and a chance at education for locals [23]. Primary care clinicians have an important role in people's well-being and healthcare usage, in both society as a whole and in prison settings, because they are frequently the primary medical professionals that individuals turn to [24]. Outpatient treatments in penal facilities are provided by physicians under contract. When a person in the facility contracts a sickness, sustains an accident, or gives birth, they should be treated inside the jail first. If the person is very ill or in critical condition, he or she will be moved to a clinic for secure and monitored care. The correctional always prioritized the emergency cases over frequent medical cases due to strict protocol of release therefore, they need first to issue a court order. The limitations are one factor of the absence of clinical doctors inside the facility because of inadequate medical resources and restricted medical actions such as transferring of patients during emergency cases. Physicians working in prisons also report problems caused by the negative effects of incarceration and the nature of the prison system that compromises the health of patients [25]. This limits the health benefits provided by doctors and midwives. There is inadequate monitoring and federal guidelines for women's reproductive health care during pregnancy.

3.4. Emotional Challenges and Coping Mechanisms

The responses also highlight the emotional and relational challenges she faces due to incarceration, which can have significant implications for her mental and reproductive health. Despite understanding the reasons behind the limited visitation from her family and the restrictions imposed by the facility, she experiences feelings of sadness, loneliness, and financial stress. These emotional and financial stressors, compounded by the absence of conjugal visitation and limited communication with her partner, can contribute to psychological distress and potentially disrupt her menstrual health and overall well-being. The PDL's utilize various coping mechanisms while in the institution, including participation in livelihood programs like bead making, engaging in activities such as board games, Zumba, and ALS classes. Coping mechanisms also include binge eating, keeping busy with different activities, praying to Allah, discussing issues with fellow s, watching movies, sleeping, and crying. Communication with friends, prayers, and participation in programs like Women's Month help alleviate feelings of loneliness and distract them from problems.

Long-term sexual abstinence in women can have complicated and multifaceted physiological repercussions that are determined by age, general health, hormone levels, and individual variances. Regular sexual activity can stimulate estrogen production, which plays a crucial role in maintaining vaginal health, bone density and overall well-being [26]. Sexual Activity can influence testosterone levels in women, which are important for libido, muscle mass, and bone density [27]. On the other Hand, lack of sexual activity can lead to decreased vaginal lubrication and increased risk of vaginal dryness and atrophy [28]. Having sex frequently is linked to better relationship satisfaction and general wellbeing. However, frequency alone is not a reliable indicator of relationship pleasure, rather, the quality of the sexual relationship and emotional connection are more significant factors [29].

Managing stressful conditions, both internal and external, through the mobilization of ideas and behaviors is known as coping. The term is used to describe purposeful and intentional actions, in contrast to "defense mechanisms" that are instinctual or unconscious reactions meant to reduce or cope with stress [30]. Furthermore, the behavioral and physiological efforts used to control stressful events are referred to as coping mechanisms [31]. The ability to handle

stress can result in either positive or negative effects. Both the amygdala and the medial prefrontal cortex (mpFC) play a crucial role in behaviors related to stress. The medial prefrontal cortex (mpFC) plays a crucial role in regulating the amygdala's response to emotionally significant stimuli. Although coping mechanisms can help in the short or long term, relying heavily on coping mechanisms like watching movies, binge eating, sleeping, or crying may become maladaptive, leading to long-term negative consequences.

Studies have shown excessive reliance on these coping strategies to adverse health outcomes such as obesity, sleep disturbances, and worsening of mental health conditions [30] coping mechanisms like this may form as a way of escapism potentially avoiding the need to confront and address underlying issues [32] and depending heavily on this coping mechanisms may restrict the individual's ability to adaptively respond to various stressors [33]. Over Reliance on coping mechanisms that involve distraction or avoidance, such as watching movies or engaging in activities solely for entertainment, may result in the suppression of underlying emotions. Research suggests that emotional suppression can lead to increased stress levels and psychological distress [34]. Depending solely on a narrow range of coping mechanisms, such as praying or talking with s may limit the PDL's ability to develop a diverse set of coping skills. This lack of skill diversity can impede effective stress management in the long term [35].

4. Conclusion

In correctional facilities, stress, access to healthcare, and reproductive rights all overlap, highlighting structural issues. Due to a lack of access to healthcare, stress throws off menstrual cycles and aggravates health problems for women who are confined. Feminine hygiene access restrictions and other policies that limit conjugal visits sustain inequality and disregard the needs of women. Though it encounters obstacles including personnel shortages and security concerns, extending visiting hours promotes mental health and family bonds. Healthcare delivery is hampered by legal and logistical barriers, despite the goal of medical missions being to close gaps. It is important to emphasize the need for a variety of coping skills and holistic healthcare methods, as coping strategies and sexual activity have an impact on both mental and physical health. Addressing these intricate difficulties and defending the rights of prisoners to healthcare and dignity require cooperation amongst stakeholders and administrative reform.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

The present research work does not contain any studies performed on animal/human subjects by any of the authors

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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