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Wellness Behind The Walls: A Critical Analysis Of Women Prisoner's Health Status

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Abstract

Women prisoners face serious health problems due to difficult lives before jail, poor prison conditions, and limited healthcare access. As the number of women in prisons grows, their health has become an important issue in criminology and public health. This study reviews reports and research from 2014 to 2024 to understand these challenges.

The study indicates that institutional negligence, gender-insensitive policies, and social stigma adversely affect the health of incarcerated women. It underscores disparities in jail healthcare related to nationality, income, and geographic location. The research highlights the significance of gender-sensitive healthcare in prisons and the necessity of health support for women post-release.

Keyword: *Healthcare Facilities; Prison conditions; Prison reforms; Women Prisoners.*

Introduction

Women prisoners have more specific health problems than men prisoners (Van at.el, 2009). Most women prisoners have gender-specific health difficulties, such as reproductive health and trauma. Imprisonment often causes health disparities that affect both the mental and physical health of women prisoners (Owen et al., 2017). Additionally, many female prisoners are from low-income families, which makes it more difficult for them to get proper medical care (Skarupski et al., 2018). Female inmates frequently experience various forms of mistreatment in prison, which significantly contributes to the development of serious health issues (Covington, 2007). According to Belknap et al. (2016), many women claim that their medical requirements are ignored because of the stigma associated with being a woman and incarcerated. Substandard prison conditions and inadequate treatment worsen female inmate's physical and mental health problems (Mignon, 2016; White et al., 2018).

Examining the healthcare requirements of female detainees is essential to understanding the overall well-being of women housed in prisons. Comprehending the unique challenges encountered by women in correctional facilities, such as previous trauma, access to medical services, and the lasting effects of Incarceration on their overall wellness, requires a thorough and multifaceted strategy to tackle these health issues effectively.

Literature Review

An essential research component is the review of relevant literature and studies, which provides necessary information regarding the subject matter. It helps to find and understand the present, the past, and the present literature of study in an investigation that is being planned. This literature review aims to look at different studies that focus on the problems women in prison encounter.

Women in Prison

The rising global female incarceration rate poses many issues, including inadequate healthcare (Geitona & Milioni, 2016). In developing nations, prison overcrowding often results in the decline of inmates' physical and mental health. According to the WHO, women in prison need particular care (Bergh et al., 2011).

Family and Social Support Systems

Maintaining social support networks and family relationships is crucial to the mental health and rehabilitation of women prisoners. Regularly visiting family members has demonstrated a reduction in stress and depression levels among women inmates (De Claire, 2017). However, prison rules often hinder women in jail from maintaining contact with their children, potentially causing long-term harm to both the mother and the child (Poehlmann, 2005). To address this issue, we must modify visitation rules and parenting programs in jails to make them family-friendly.

Vocational and Educational Facilities

Vocational and Educational Facilities are essential to the rehabilitation and reintegration of women prisoners. The lack of formal education among many female inmates has a detrimental effect on their prospects after release (Lewis, 2019). Programs emphasizing literacy, skill development, and job readiness have been demonstrated to lower recidivism rates and enhance general well-being. The necessity for comprehensive prison education strategies is highlighted because access to these programs is frequently uneven (Ismail et al., 2021).

Research Method

The study aims to analyse women prisoners' health status by examining secondary data related to the health status of women prisoners. Secondary data includes research journals, national and international policies, and reports and records from non-governmental organizations. The sociology and public health research paradigm highlight structural determinants, gender-specific concerns, and social factors such as socioeconomic status and past trauma. The research employs comprehensive source assessment instead of original data gathering. Content analysis and thematic classification were used to discern service delivery and policy implementation inconsistencies. This study highlights fundamental deficiencies in correctional healthcare, impacting policy reform and execution.

Result and Findings

The prison environment is characterized by violence and tension, resulting in various psychological among prisoners, such as restlessness, stress, anxiety, etc. (Teasdale, Daigle, Hawk, and Daquin, 2016). Most of the women prisoners enter prison with a history of health problems that are not sufficiently handled throughout their Incarceration, resulting in significant deterioration of their health (Alves, Maia, and Teixeira, 2016).

Access to Medical Care Services

Access to medical care in prisons remains a significant challenge. Various obstacles to getting effective health care adversely affect women's physical health and emotional well-being and the recovery prospects of women prisoners (Wallace & Wang, 2020; Van Hout & Mhlaga-Gunda, 2018). Research indicates that many prisons lack health care and adequate staff, resulting in delays in treatment and an increase in morbidity rates (Marshall, Simpson, and Stevens, 2018). In addition, women prisoners often report a stigma and discrimination of health care providers, which can dissuade them from requesting care (Johnson et al., 2015).

In many cases, women have limited access to healthcare facilities before their Incarceration, which is why prison is an essential opportunity for intervention. However, the quality and adequacy of women's healthcare services in prison are still uncertain (Ahmed et al., 2016; Ismail et al., 2021). Approximately 95% of Swedish female inmates had used prison medical services, according to Augsburger et al. (2022). However, many of

these inmates still reported unmet health needs, especially in mental health care. In India, about 647 out of 1,178 of the nationwide authorized prison medical staff positions were filled in 2018, and 72 were women (Yadav, 2018). The lack of facilities, medical staff, and funding to provide quality healthcare services is one of the many obstacles faced by female inmates seeking medical care. It's common to ignore mental health issues.

Mental health problems

The studies indicate a significantly higher prevalence of psychiatric disorders in women prisoners compared to men (Bartlett and Hollins, 2018). Around 73% of women in prisons have trouble with a state of mental health (Fazel et al., 2016). Women prisoners typically suffer from domestic and sexual abuse, which affects their mental health, and the custodial environment, like congestion, lack of solitude, and limited social support networks, increases mental health problems (Goomany and Dickinson, 2015; Green et al., 2016; Stürup-toft et al., 2018). All these situations contribute to the onset of diseases such as posttraumatic stress disorder (PTSD) and depression (Green et al., 2016). Mignon (2016) stresses that the very conditions of Incarceration can contribute to depression and anxiety in women, particularly those with previous mental health problems.

Most women in prisons do not undergo sufficient mental health screening, resulting in untreated disorders that might deteriorate with time (Martin et al., 2018). Trauma-informed care in prison is necessary to meet these demands, which acknowledges the effects of trauma on psychological well-being (Jewkes et al., 2019). Mental health issues significantly impact public health security and the well-being of women prisoners. According to Tyler et al. (2019), having more than one mental health problem at the same time can make people more likely to commit crimes again, which keeps them in jail and hurts women who are often the primary caregivers. Bebbington et al. (2017) corroborate this assertion by demonstrating a robust correlation between the prevalence of severe mental disorders and repeat offenses. The prevalence of mental health problems in prisoner women is alarming and highlights the urgent need for targeted interventions. Even though correctional health services are closely monitored, female convicts' mental health needs are not met (Baranyi et al., 2019). Many social variables affect mental health in jail women, and stigma prevents them from getting care (Bartlett & Hollins, 2018). Prisons lack psychological support, leaving a deficit in mental health care (Al-Rousan et al., 2017).

The Kaur 2021 study at Mandoli Jail, New Delhi, discovered alarming mental health data for jailed women. Of the women studied, 87.8% felt discomfort, 73.3% depression, 77.78% anxiety, and 82.22% somatization. These data show how poor mental health care, overcrowding, and social isolation affect women prisoners' mental health. According to Yoon et al. (2017), good psychological therapy can significantly enhance a prisoner's mental health. These therapies are not adopted in jail healthcare systems due to financial and staff limitations (Haesen et al., 2019). Baranyi et al. (2022) stress that studying how socioeconomic variables affect detained women's mental health is crucial to solving these problems. Neglecting mental health diagnosis and treatment impairs recovery and provides poor care (Martin et al., 2016). Mental health concerns among jailed women must be addressed from all angles to address their prevalence, causes, and effects. Mental health awareness, treatment access, and post-incarceration care are crucial. To end the cycle of Incarceration for women in jail, mental health services must be improved.

Reproductive health

Prenatal and postnatal care, menstrual health management, and contraception are challenging to provide in female prisons. Many prisons cannot afford these vital services (Iversen et al., 2015). Inmate women have trouble getting contraception and reproductive healthcare, which compounds these issues (Belknap, Lynch, & DeHart, 2016). Prison healthcare deprivation worsens social inequality and disproportionately affects marginalized groups (Arpa, 2017). Stigma, regulatory constraints, and insufficient healthcare infrastructure make reproductive health services harder to access. Incarcerated women have more menstruation abnormalities, pregnancy difficulties, and STDs (Mignon, 2016; Sufrin et al., 2019). Due to maternity care barriers, repeat offenders have higher health inequalities than the general population (Payter et al., 2019). Lack of medical services throughout pregnancy and postpartum can harm mother and child (Bard et al., 2016; Kotlar, 2015). Pregnancy in prison causes isolation, anxiety, and childcare fears (Kirubarajan et al., 2022; Bronson & Sufrin, 2019).

Prison healthcare workers generally judge female detainees morally (Rosenthal & Lobel, 2020). They have less access to reproductive healthcare due to stigma. Many prisons practice "medical neglect" by disregarding

preventive care and only treating emergencies (Saxena et al., 2014). Prison women may suffer long-term health issues without sufficient reproductive care (Bagnall et al., 2015). Reproductive health treatment for inmates is often inadequate, and there is no legislation protecting their medical rights. Enhancing reproductive healthcare for women in jail requires comprehensive healthcare standards that include gynaecological care, prenatal treatments, and trauma-informed therapy for survivors of abuse (Iversen et al., 2015; Harner, 2015). Educating prison and medical staff to recognize and address their biases against jailed women may reduce stigma and improve care (Lowdermilk et al., 2019).

Reproductive health education empowers women in jail by providing familiar and accessible health information and assistance (Borschmann et al., 2020). Supportive correctional environments improve female offenders' mental health and resilience (Goomany & Dickinson, 2015). Reproductive health challenges in prison require stigma reduction, healthcare access, and legislative changes. Without these changes, incarcerated women will still have discriminatory reproductive health problems. Implementing reproductive healthcare in jail enhances overall health and lowers healthcare disparities for women in jail and society (Barnert et al., 2016; Meyer et al., 2017).

Post-Release Challenges

Imprisonment harms women's health. Reintegration is difficult for many women due to the stigma of jail, especially in reestablishing relationships with family and communities. (Begun, Early, and Hodge, 2016). Mental and physical health problems significantly impact the reintegration results, and studies show that poor health during this period can increase the probability of recurrence (Link, Ward, and Stansfield, 2019).

A major study found significant barriers to mental health, substance abuse treatment, health services, and social reintegration for women. Trauma, poor health care, and decreased reproduction rights can also establish a cycle of disadvantage that is hard to break (Kinner & Young, 2018). According to Stanton et al. (2016), many mental health conditions persist for a long time after release, and they are common among women prisoners. As a result, mental health conditions often exacerbate the difficulties of social integration. It could be difficult for women feeling anxious and lonely to get the help and care they need (Johnson et al., 2015). Consequently, professionals face challenges in effectively integrating treatment and resources, as highlighted by the need for post-complete assistance (Johnson et al., 2015).

Drug misuse is a significant worry for women reintegrating following imprisonment. After release, women with substance use disorders often lack treatment, which increases recurrence (Edwards et al., 2022). Bradley (2017) stresses the importance of transition in recovery. Without help, many women may revert to old habits. Community stigma and discrimination make it hard for women to get customized rehabilitation treatments (Korzh, 2022). Health services remain a significant barrier for women leaving prison. Many ex-prisoners experience "medical homelessness," with irregular access to care and difficulty obtaining health services (Abbott et al., 2017). In qualitative research, Vail et al. (2017) found that recently released convicts often don't know about their health resources, preventing them from receiving necessary medical care. Women prisoners' ethnic and linguistic variety complicates their access to services (Mehta et al., 2023). Social reintegration comes with hurdles. According to Stöver and Mukasheva (2023), cultural attitudes might further alienate women, making support networks difficult. Workplace discrimination and stigmatizing accommodations make the transition from prison to community life difficult (Emmanuel & Kumar, 2014). Montgomery (2021) discusses how these factors collectively prevent a woman from successfully reintegrating, often perpetuating recurrence cycles. Women who get out of jail have a lot of problems, like health problems, drug abuse, getting medical care, and fitting back into society. To overcome these many-layered obstacles, health policies, community programs, and efforts tailored to the needs of women who have served time in jail are needed. Only through a global reform can the disadvantage faced by the prisoner women be interrupted.

Implementation of programs and processing policies

Institutional and resource-related studies have shown that implementing good health initiatives and policies for women prisoners is challenging. Systemic barriers, including the structural limits of prison health systems, are evident in the lack of integration between mental health and the treatments for the use of substances, as indicated by Johnson et al. (2015). This population's peculiar healthcare demands, especially regarding health issues and perinatal mental health, are a significant concern (Bard, Knight, and Pluggia, 2016; Mignon, 2016). These discrepancies often involve inadequate care for women who often experience disorders that occur, thus exacerbating their vulnerability to health.

Resource allocation inefficiencies hamper jail health policies. The global paucity of prison health governance data, according to McLeod et al. (2020), adds to health inequities among inmates. A shortage of qualified medical staff and key medical equipment neglects important health issues like hepatitis C, a highly transmissible disease (Akiyama et al., 2021). Due to financial restrictions and structural inefficiencies, prison authorities prioritize general health and safety initiatives for prisoners above specialized healthcare for women prisoners (McLeod et al., 2020). Budgetary constraints, political hurdles, cultural insensitivity, and structural resource limitations restrict gender-responsive healthcare programs (Van Hout & Mhlanga-Gunda, 2018; Shavit et al., 2017). Poorly planned health programs often exacerbate existing hurdles (Jewkes et al., 2019).

To improve the prison healthcare system, especially for incarcerated women, prison health systems must undergo comprehensive reforms to ensure equal access to medical, dental, and reproductive healthcare services (Skarpski et al., 2018). The establishment of a comprehensive framework that prioritizes informed trauma therapy and medical treatments catered to the unique gender needs of jailed women is necessary to improve their health outcomes and advance their general well-being. Programs and evidence-based policies that especially address the health needs of women incarcerated must be put into place.

Discussion

The result shows that women prisoners suffer a complex web of emotional and physical health issues formed by severe circumstances and inadequate medical treatment. Tyler et al. (2019) highlight the high levels of anxiousness, sadness, and posttraumatic stress disorder in female prisoners compared to male prisoners. About 75% of prisoners suffer from mental health problems, sometimes worse by trauma and drug use (Nowotny et al., 2014; Reingle Gonzalez & Connell, 2014). Marshall et al. (2018) highlight that inmates suffering from severe mental illnesses and substance abuse face significant obstacles in obtaining effective and coordinated care. Due to congestion, violence, and poor housing, the prison environment also harms the mental and physical health of prisoners (Fazel et al., 2016). Incarceration can worsen the conditions of women prisoners, separate women from social networks, and increase despair (Goomany & Dickinson, 2015). Women prisoners often face hurdles in accessing the right healthcare services (Johnson et al., 2015; Kouyumdjian et al., 2016; Bartlett & Hollins, 2018). Women's health is complex; many exit prison without a plan or resources for ongoing therapy (Fazel et al., 2016). For example, pregnant prisoners often receive insufficient care and monitoring, which can harm the fetus as well as the mother (Bard et al., 2016). In prison institutions, access to healthcare services is severely limited. Physical health issues are as concerning, and many women incarcerated experience ailments that are treatable and preventive yet go untreated. Systemic reform to address the need for proper physical and psychological healthcare facilities for women prisoners. The systemic shift in prison is required to improve the atmosphere and offer enough medical facilities to cater to women's needs (Jakobowitz et al., 2017). Enhancing the well-being of female prisoners requires robust funding and accessibility for mental health services alongside physical health initiatives. To overcome these challenges, we must acknowledge them and enhance health outcomes.

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