



Pregnant Self-Care During Incarceration: The Perspective of Correctional Health Workers

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Abstract. The preliminary study addresses a critical issue concerning the limited access to pregnancy self-care for incarcerated pregnant women due to systemic restrictions within prisons. This study aims to identify gaps in pregnant prisoners' self-care practices from the perspective of healthcare workers within the prison system. The study was conducted at the Women Correctional Institution Class II Semarang between January and March 2023, and it utilized a combination of interviews, document analysis, and observation to collect data. The study's findings highlight several key points, which are the limited engagement in taking care of themselves during pregnancy; the perceived indifference of the healthcare workers; the low motivations indicate by being lazy in taking care of their pregnancy; the distrust of the healthcare workers because of previous negative experiences; and low awareness and independence caused by lack of resources on information of the importance of pregnancy self-care.

Keywords: pregnancy, self-care, incarceration, prison.

1 Introduction

The maternal mortality rate (MMR) continues to be a worldwide concern. Indonesia has made substantial advancements in the last two decades by improving access to healthcare facilities and the quality of services [1]. However, achieving these goals will be impossible unless expectant mothers actively participate in self-care during pregnancy. Active engagement in pregnancy self-care can effectively reduce complications during this period. By actively practicing self-care during pregnancy, pregnant women will gain a better understanding of their vulnerabilities, potential health risks, and possible consequences that may arise throughout their pregnancy [2]. If a pregnant woman can effectively manage the factors that impact her health, she can assume control of her pregnancy care [3] This involves ensuring adequate nutrition, taking essential supplements, participating in physical activity, effectively handling stress, and regularly attending antenatal care visits [4] and making informed decisions based on received health information [5].

This phenomenon is not applicable to marginalized social groups characterized by isolation and separation [6]. The literature discusses the prevalence of neglected self-

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care within this population, frequently observed in prisons [7]. Prison inmates frequently encounter significant psychological distress, resulting in feelings of hopelessness as a consequence of the punitive measures imposed upon them. This frequently results in heightened levels of stress, which in turn prompts individuals to exhibit resistance against their current conditions. Furthermore, the exacerbation of this disease can be even more pronounced if the individual in question is a pregnant prisoner [8].

Healthcare professionals in prisons play a crucial and indispensable role in the implementation of novel policies and programs, with a special emphasis on providing comprehensive care for pregnant women who are detained. The individuals in question engage in frequent and substantial interactions with incarcerated individuals, both within prisons and during their transportation to medical facilities, with the primary objective of safeguarding their security and overall welfare. As a result, healthcare professionals at prisons possess knowledge regarding the ways in which incarcerated individuals engage in self-care during pregnancy, as well as their associated obstacles [9]. Several previous studies have brought attention to a range of issues related to pregnancy in prisons. These include the specific needs and requirements of pregnant women who are incarcerated [10], the experiences of pregnancy while in prison [11]–[13], the mental health implications [14], [15], the role of correction officers [9], [16], the provision of healthcare services within prisons [17]–[20], individualized support [21], and the empowerment of women after their release from detention [22]. The primary objective of this preliminary study is to discern deficiencies in self-care behaviors among incarcerated pregnant women, as perceived by healthcare professionals operating within prisons.

2 Methods

The present study employed a qualitative descriptive methodology, focusing on the self-care practices of pregnant inmates as perceived by healthcare professionals working within prisons. The research was carried out in the Women Correctional Institution Class II Semarang from January to March 2023. The study employed semi-structured interviews as a method of data collection, specifically targeting healthcare professionals. In addition to document analysis and observation, data collecting was conducted. The acquired data was subsequently subjected to analysis through the process of data reduction, followed by data display, and ultimately, conclusion drafting. The validity of the data was assessed through the examination of methodological triangulation and the verification of references.

3 Results

The study's findings emphasize several important points: a) self-care limitations during pregnancy, b) health workers' indifference, c) motivation for pregnancy self-care, d) the distrust of health workers, and e) awareness and independence in pregnancy care.

3.1 Self-care Limitation during Pregnancy

Since the arrival of pregnant prisoners, they have lost certain freedoms, including the ability to receive family support during pregnancy. Outside of prison, pregnant prisoners are accompanied by a prison staff member and a healthcare worker for their medical check-ups.

“When they undergo examinations at the hospital, they will be accompanied by a correction officer and a healthcare professional; I will be present in the examination room, but I will administer medication myself, so a guard will accompany them.”

The satisfaction of physiological requirements pertaining to exercise, relaxation, and dietary intake is constrained. Pregnant convicts have their nutritional needs met within prisons through a process of evaluating their individual requirements and subsequently supplying them with additional food provisions. Furthermore, incarcerated individuals who are pregnant are provided with additional nourishment via specialized initiatives. Nevertheless, there is a lack of emphasis on the provision of programs specifically tailored to promote physical activity during pregnancy. According to the jail officials, there is a lack of specialized pregnancy programs available for incarcerated individuals. Furthermore, it should be noted that the current policies do not include specific provisions for pregnancy workouts within prisons. However, it is worth mentioning that pregnant inmates are afforded the opportunity to engage in group exercise programs that are regularly organized by the prison on a weekly basis. The primary factor contributing to this issue is the constrained financial resources specifically designated for incarcerated individuals who are pregnant.

“Depending on budgetary constraints, the provision of additional sustenance is an annual program that occurs every three or six months. We do not offer pregnancy classes for expectant prisoners, so they can participate in once-weekly group exercise sessions.”

3.2 Health Workers' Indifference

The pregnant inmates of Semarang Women's Correctional Institution exhibit a range of backgrounds, encompassing their reproductive histories and grounds for incarceration, hence resulting in distinct requirements for each detainee. The intervention provided for pregnant convicts adheres to the established protocol set forth by the central government.

“Pregnant inmates receive ANC services according to established protocol, without being treated differently from other pregnant women.”

Pregnancies characterized by drug use necessitate heightened vigilance owing to the associated hazards, encompassing problems during pregnancy, impaired fetal growth and development, detachment of the placenta, premature labor, and fetal demise. The sudden cessation of drug usage can lead to significant discomfort, including symptoms such as nausea, vomiting, muscle soreness, dehydration, diarrhea, and sleeplessness. These discomforts can further exacerbate the discomfort experienced

during pregnancy [23], [24]. Pregnant individuals who engage in drug use have challenges while attempting to receive recovery services due to the potential risks posed to their pregnancy.

“Because pregnant convicts are not rehabilitated, ANC treatments are often thorough for pregnant prisoners who are drug users and undergo rehabilitation after giving birth. They wait till after birth because we are worried about potential pregnancy hazards.”

Healthcare workers in prison tend to view pregnant prisoners as objects rather than individuals, failing to prioritize the unique health needs of pregnant women. They argue that health workers should focus on activities that benefit people and cannot be compromised for the needs of a single person unless it is an emergency. For instance, during the pandemic, there was a government mandate to prioritize mass Covid-19 vaccinations, leading to changes in the visit schedule.

“If the schedule permits and there are urgent priorities, we prioritize the majority’s requirements. We prioritize activities that benefit a large number of people, such as the recent mass vaccination of COVID, and we reschedule it.”

3.3 Motivation for Pregnancy Self-care

Pregnant incarcerated individuals are frequently seen as exhibiting diminished drive to attend to their prenatal needs. Within the period of detainment, each incarcerated individual who is pregnant is provided with educational sessions conducted by a midwife, which take place within the course of antenatal care (ANC) examinations. In addition to this, each incarcerated pregnant individual is also furnished with a literature resource commonly referred to as the ‘pink’ book. Nevertheless, health professionals assert that incarcerated pregnant women are stigmatized as being indolent. Prison inmates often express a desire to receive visitors or be provided with numerous services, although they frequently fail to actively pursue these opportunities.

“They’re slothful. We have asked the detainees to bring their medication to the clinic, but they have refused, so we must deliver it directly to their cells.”

In addition to being lazy, pregnant prisoners are also perceived as indifferent towards their pregnancy. Undergoing ANC is crucial, but these prisoners often ignore the recommended timing for these check-ups. Continuous reminders and calls are necessary to ensure that an examination takes place.

“Even though the pink book specifies the need for repeated pregnancy checkups, if we don’t contact them, they won’t show up. Some even refuse to come when summoned, so we must examine them in their cell.”

3.4 The Distrust of Health Workers

The finding indicates that health workers encounter distrust from prisoners regarding their provided treatment. Prisoners resist taking prescribed medication from health

workers because they believe that the medication given by prison authorities worsens their condition and poses potential harm to their unborn child. Health workers perceive this refusal as a lack of trust in their ability.

"One expectant WBP was diagnosed with a UTI. When she visited the clinic, we administered medication for a UTI. When we examined her cell, however, the medication was unopened and untouched under her pillow. She responded that she was concerned that the medication would harm her unborn child, despite our assurances that it was safe for expectant women.."

Distrust is also evident in the WBP's reluctance to disclose important information, such as their medical history, present condition, and related concerns. One inmate admitted that this was their first pregnancy. However, during the initial examination, irregularities were detected, leading health workers to suspect this was not the first pregnancy. Health workers must corroborate this information with the family to establish its veracity.

" They are unwilling to communicate openly with us. During our initial examination, one patient had a surgical incision. When questioned, they stated that it was the result of an appendectomy. However, upon further investigation, we requested the family to provide the pink book from home, and only then did we learn that this was their second pregnancy, the first child having been delivered via caesarean section."

Distrust manifests in daily interactions, as prisoners share more openly with external parties and cellmates than with prison staff. They express themselves more freely and recount more stories. Prison health workers believe this behavior stems from their fear that divulging information to them may result in harsher sentencing while in prison.

"They exhibit a preference for confiding in BNN, where they tend to be more open in sharing their stories, seemingly apprehensive that sharing with us could negatively impact their sentence."

3.5 Awareness and Independence in Pregnancy Self-care

The awareness and independence of pregnancy care greatly depend on the pregnant prisoner's knowledge. During prison, inmates receive health education during each ANC examination. However, there is no specific assistance for pregnant prisoners, neither from the prison nor external parties. There are no targeted activities to enhance the knowledge and skills of pregnant inmates.

"The ANC examination is followed by health education, but we do not receive outside counselling and there are no pregnancy classes available."

Access to information outside of the examinations is quite limited. Prisoners cannot freely browse the internet, as they have to follow established procedures and time restrictions. Nevertheless, prisoners use this opportunity to connect with their family and friends.

"Since the pandemic, prisoners have been granted internet access, mostly for making video calls with their families."

Although the prison authorities believe that the provided information is sufficient for pregnancy care, it has been proven that the prisoners are not compliant. Non-compliance is evident in their failure to consume the vitamins and supplements healthcare workers provide.

"When we conduct cell inspections, we often find that the medicine is kept under the pillow and not taken at all."

The issue of non-compliance among pregnant prisoners in relation to prenatal care, including the failure to consume provided vitamins and supplements, is a concern that should be addressed comprehensively. Implementing a comprehensive strategy that targets the underlying factors contributing to non-compliance and customizes interventions to cater to the unique requirements of incarcerated pregnant individuals has the potential to boost rates of adherence and, in turn, promote the overall health and welfare of both maternal and neonatal populations. The aforementioned strategy places emphasis on the comprehensive well-being of incarcerated pregnant individuals, acknowledging their distinct situations and the significance of prenatal healthcare in promoting favorable results for all parties involved.

4 Discussion

Ensuring adequate self-care during pregnancy is imperative for incarcerated women, as it is for pregnant individuals in general. Nevertheless, incarcerated individuals have a multitude of challenges [25]. Pregnant incarcerated individuals constitute a marginalized demographic within correctional facilities. Pregnancy is a complex physiological and psychological state that necessitates careful consideration and prioritization. The distinct justifications for the confinement of women who have the potential for childbearing require the implementation of specific measures [16]. Government initiatives have been established with the aim of addressing the need of incarcerated pregnant individuals [9]. The practice of autonomous pregnancy care is suboptimal.

Upon entering prison, incarcerated individuals experience a deprivation of various liberties, one of which pertains to the provision of sufficient prenatal healthcare [7]. Hence, detained individuals necessitate assistance in order to enhance their pregnancy outcomes. Despite the prevailing discourse surrounding the provision of basic requirements within prisons, it is important to acknowledge that there exist inherent constraints in accessing certain essential necessities as a result of the existing institutional framework [12]. The need of providing support to incarcerated pregnant women is frequently disregarded. Similar to individuals in general, pregnant women should not be deprived of the necessity for communal assistance.

The findings of a comprehensive assessment of relevant research indicate that external support interventions have a substantial influence on pregnant women and their families. Several scholarly sources indicate that emotional support holds equal importance to financial support. The presence of social support is crucial for incarcer-

ated individuals to effectively negotiate various challenges encountered during their period of confinement, particularly in light of the separation they experience from their loved ones [10]. The presence of constrained financial resources specifically designated for pregnant women is an additional factor that contributes to the difficulties in providing adequate primary pregnancy care. Several case studies undertaken in Indonesian prisons have revealed that the provision of prison services remains restricted in terms of nutrition, cell amenities resulting in overcrowding, and budgetary constraints [26]. The reasons for each prisoner's detention vary, which affects their self-protection [27]. This, in turn, impacts their behavior while in detention. Furthermore, inconsistent treatment from the prison system is another factor affecting their attitude.

Previous studies have shown a strained relationship between the duties of care and guarding prisoners. Health workers often maintain distance from prisoners due to their role as prison officers [11]. A pilot project conducted in prisons has shown that individual assistance from pregnancy to postpartum is sufficient in aiding inmates to have a positive pregnancy experience while in prison [21]. The condition of pregnant prisoners should motivate them to adopt healthy behaviors. However, stigmatization, discrimination, lawsuits, and the possibility of losing custody significantly influence prisoners' motivation to engage in pregnancy care [28]. Addressing the unique needs of pregnant prisoners in a correctional setting requires a sensitive and holistic approach that acknowledges their vulnerabilities and the various challenges they face. By promoting a collaborative and supportive environment, it is possible to improve their overall pregnancy experience and ensure their well-being.

5 Conclusion

Despite being allocated a substantial budget and possessing appropriate facilities and infrastructure, the government program has been ineffective in incentivizing pregnant inmates to actively participate in practices related to self-care during pregnancy. The primary challenges that were observed encompassed a deficiency of emotional support, drive, and information. By adopting a multifaceted approach that addresses emotional, motivational, and knowledge-related barriers, it is possible to improve the engagement of pregnant inmates in self-care practices during pregnancy. The involvement of external support entities can provide a crucial layer of care and support to ensure better outcomes for both the pregnant inmates and their infants. This approach prioritizes the holistic well-being of pregnant inmates, recognizing their unique challenges and the importance of prenatal care in promoting positive health outcomes. To progress, it is imperative to engage external entities in order to furnish inmates with the requisite emotional support and augment their knowledge and competencies.

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Reference

1. Tikmani, S.S.; Ali S.A.; Saleema, S.; Bann, C.M; Mwenechanyac, M.; Carlo, W.A.; Figueroa, L.; Garcés, A.L.; Krens, N.F.; Patel, A.; Hibberd, P.; Goudar, S.S.; Derman, R.J.; Aziz, A.; et al. Trends of Antenatal Care during Pregnancy in Low- and Middle-income Countries: Findings from The Global Network Maternal and Newborn Health Registry. *Semin. Perinatol.* 2019, 43.
2. Solhi, M.; Abbasi, K.; Azar, F. E. F.; and Hosseini, A. Effect of Health Literacy Education on Self-Care in Pregnant Women: A Randomized Controlled Clinical Trial. *Int. J. Community Based Nurs Midwifery*, 2019, 7, 2–12 doi: 10.30476/IJCBNM.2019.40841.
3. Houshmandpour, M.; Mahmoodi, Z.; Lotfi, R.; Tehranizadeh, M.; and Kabir, K. The Effect of Midwife-Oriented Group Counseling, Based on Orem's Model on Self-Care and Empowerment, in Primiparous Women: A Clinical Trial. *Shiraz E-Medical J.* 2019, 203. doi: 10.5812/SEMJ.70685.
4. Nurhasanah, R.; Masrul, M.; Malini, H.; and Tarawan, V.M. A Structure Equation Model Examining Self-care Behavior toward Pregnancy-related Complication and Their Associated Factors among Women in Indonesia," *Maced. J. Med. Sci.* 2023, 25, 1047–1052. <https://oamjms.eu/index.php/mjms/article/view/5109/5129>.
5. Mcclair, T. High Impact Practices—Encouraging Empowerment and Self-care through Participatory Women's groups and Group Antenatal Care: Supporting Women to be at the Center of Their Own Care as Active Participants. *Hypertensive Disorders in Pregnancy Brief.* 2020.
6. Masjoudi, M.; Aslani, A.; Khazaeian, S.; and Fathnezhad-Kasemi, A. Explaining The Experience of Prenatal Care and Investigating The Association between Psychological Factors with Self-care in Pregnant women during COVID-19 pandemic: a mixed method study protocol. *Reprod. Health*, 2020, 17.
7. Chatterjee, D.; Chatterjee, S.C.; and Bhattacharyya, T. Exploring Self-care Abilities among Women in Prisons of West Bengal, India. *Int. J. Prison. Health*, 2020, 16.
8. Lepper, L.; Trivedi, S.; and Anakwe, A. Effectiveness of a Prison-Based Healthy Pregnancy Curriculum Delivered to Pregnant Inmates: A Pilot Study. *J Correct Health Care*, 2018, 243-252. doi: 10.1177/1078345818782988.
9. Pendleton, V.; Saunders, J. B.; and Shlafer, R. Corrections Officers' Knowledge and Perspectives of Maternal and Child Health Policies and Programs for Pregnant Women in Prison. *Heal. Justice*, 2020. 8.
10. Alirezaei, S and Roudsari, R. L. The Needs of Incarcerated Pregnant Women: A Systematic Review of Literature. *Int J Community Based Nurs Midwifery*, 2022, 10, 2–17.
11. Abbott, L. J.; Scott, T.; Thomas, H. and Weston, K. Pregnancy and Childbirth in English Prisons: Institutional Ignominy and The Pains of Imprisonment. *Sociol. Health Illn.*, 2020, 42.

12. Baldwin, A.; Sobolewska, A.; and Capper, K. Pregnant in Prison: An Integrative Literature Review. *Women and Birth*, 2020, 33, 41–50.
13. Friedman, S. H.; Kaempf, A.; and Kauffman, S. The Realities of Pregnancy and Mothering While Incarcerated. *J Am Acad Psychiatry Law*, 2020, 48.
14. Dolan, R.; Hann, M.; Edge, D.; and Shaw, J. Pregnancy in Prison, Mental Health and Admission to Prison Mother and Baby Units. *J. Forens. Psychiatry Psychol.*, 2019, 30.
15. Nair, S.; McGreevy, J.E.; Hutchinson-Colas, J.; Turock, H.; Chervenak, F., Bachmann, G., NJ on Women's Reentry-Health Subcommittee. Pregnancy in Incarcerated Women: Need for National Legislation to Standardize Care. *J. Perinat. Med.*, 2021, 49.
16. Suarez, A. "I Wish I Could Hold Your Hand": Inconsistent Interactions Between Pregnant Women and Prison Officers. *J. Correct. Heal. Care*, 2021, 27, 23–29.
17. Besney, J. D.; Angel, C.; Pyne, D.; Martell, R.; Keenan, L. and Ahmed, R. Addressing Women's Unmet Health Care Needs in a Canadian Remand Center: Catalyst for Improved Health? *J. Correct. Heal. Care*, 2018, 24.
18. Mhlanga-Gunda, R.; Kewley, S.; Chivandikwa, N. and Van Hout, M. C. Prison Conditions and Standards of Health Care for Women and Their Children Incarcerated in Zimbabwean Prisons. *Int. J. Prison. Health*, 2020, 16, 319–336. doi: 10.1108/IJPH-11-2019-0063.
19. King, Z.; Kramer, C.; Latkin, C.; and Sufrin, C. Access to Treatment for Pregnant Incarcerated People with Opioid Use Disorder: Perspectives from Community Opioid Treatment Providers. *J. Subst. Abuse Treat.*, 2021, 26, p. 108338. doi: 10.1016/J.JSAT.2021.108338.
20. Grassley, J. S.; Ward, M.; and Shelton, K. Partnership Between a Health System and a Correctional Center to Normalize Birth for Incarcerated Women. *Nurs. Womens. Health*, 2019, 23, 433–439.
21. Shlafer, R.; Davis, L.; Hindt, L.; and Pendleton, V. The Benefits of Doula Support for Women Who Are Pregnant in Prison and Their Newborns. *Child. with Incarcer. Mothers Sep. Loss, Reun.*, 2021, 33–48.
22. Townsend, T. G.; Kramer, K.; and Hendy, G. A. Empowering incarcerated parents of color and their families using community-based participatory research. Springer International Publishing, 2019.
23. Martins, F.; Oppolzer, D.; Santos, C.; Barroso, M.; and Gallardo, E. Opioid Use in Pregnant Women and Neonatal Abstinence Syndrome—A Review of the Literature. *Toxics*, 2019, 7.
24. Peeler, M.; Fiscella, K.; Terplan, M. and Sufrin, C. Best Practices for Pregnant Incarcerated Women with Opioid Use Disorder. *J. Correct. Heal. Care*, 2019, 25, 4–14.
25. Maruca, A.; Dion, K.; Zucker, D.; and Kozuch, T. "Significance of Self-Care Management as Persons Prepare to Reintegrate Into the Community," *J. Forensic Nurs.*, 2021, 17, 107–114.
26. Purwadi, H.; Kusumawati, E.D.; Mayastuti, A.; and Suprobowati, G.D. Inadequate Criminal Policies as Threats to the Best Interests of Children Residing in Prisons with their Mothers. *Int. J. Child. Rights*, 2023.
27. de Medeiros, A. B.; dos S. Silva, G. W.; Lopes, T. R. G.; Leite de Carvalho, J. B.; Caravaca-Morera, J. A.; and Nunes de Miranda, F. A. Social Representations of Motherhood for Women Deprived of Liberty in The Female Prison System. *Cien. Saude Colet.*, 2022, 27.
28. Weber, A.; Miskle, B.; Lynch, A.; Arndt, S.; and Acion, L. Substance Use in Pregnancy: Identifying Stigma and Improving Care. *Subst. Abuse Rehabil.*, 2022, 105–121.

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