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REVIEW

Health Problems of Female Prisoners and the Supportive Role of Public Health Nursing: A Review

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ABSTRACT

This review aims to examine the health profiles of female prisoners, who experience more prevalent and unique health issues compared to the general population and male prisoners. Specifically, it focuses on mental health problems, chronic diseases, infectious diseases, and reproductive health issues that negatively impact the quality of life of female inmates. The review also aims to highlight the inadequacies in prison healthcare services and their effect on the overall health status of female prisoners. A comprehensive literature review was conducted, focusing on studies related to the health challenges of female prisoners, both globally and in Turkey. The review also explored healthcare service accessibility, delivery challenges, and the role of public health nursing in improving these services for incarcerated women. The findings reveal that female prisoners face significant mental health issues, chronic and infectious diseases, and reproductive health concerns. These health problems are exacerbated by insufficient healthcare services in prisons, leading to deteriorating overall health among this population. Public health nurses can play a crucial role in addressing these issues through integrated and gender-sensitive health interventions. The health needs of female prisoners require a more nuanced understanding, and there is an urgent need to improve healthcare services within prison settings. Developing comprehensive and integrated approaches to address the unique health issues of female inmates will contribute significantly to both individual and public health outcomes.

Introduction

It is estimated that approximately 700,000 women are incarcerated worldwide (Walmsley, 2015). Despite the often-overlooked status of female prisoners' health within the criminal justice system, the importance of prison health has been increasingly recognized in recent years as a crucial public health issue (Ramaswamy & Freudenberg, 2022). This trend underscores the need for more research into the health needs of incarcerated women and the importance of raising awareness around these issues. In this context, enhancing the quality of healthcare services in prisons emerges as a significant priority.

Female inmates face a wide range of complex health challenges due to prison conditions. Moreover, the predominantly male-centered approach to prison management fails to address the high-sensitivity requirements women have in areas such as privacy, nutrition, hygiene, and access to exercise facilities. Key health concerns for incarcerated women include chronic diseases, mental health disorders, substance use problems, infectious diseases, and reproductive health issues (UNODC, 2009). Physical and mental health issues, substance dependency, and various infectious diseases

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occur more frequently and intensely in female prisoners compared to male inmates and the general population (UNODC, 2009; Sánchez-Roig & Coll-Cámara, 2016; Aktaş, 2019; Ismail et al., 2021).

Given the social disadvantages and serious health issues among prisoners, access to quality healthcare services is critically important (Ismail et al., 2021). This need becomes even more urgent for female inmates, who experience more frequent and specific health problems compared to male inmates, placing additional pressure on prison healthcare services. Studies indicate that female prisoners generally enter prisons with poor physical and mental health, which often deteriorates further due to the conditions and experiences of imprisonment (van den Bergh et al., 2011; Harner & Riley, 2013). This highlights the unavoidable need to improve healthcare services tailored to the needs of female prisoners.

The health profiles of female inmates reflect the quality and accessibility of healthcare services within the prison system and provide essential guidance for improving overall health outcomes. Improvements in areas such as chronic diseases, mental health issues, infectious diseases, substance use disorders, and reproductive health are critical to enhancing the quality of life for incarcerated women. This review aims to identify the health problems faced by female prisoners, promote a better understanding of their health conditions, and support the provision of necessary healthcare services.

Methods

In this review, the existing literature on the health profiles and health issues of female inmates within the prison environment has been examined. The literature review focuses on studies addressing key health issues, including mental health, infectious diseases, reproductive health, and chronic illnesses. During data collection, articles published in internationally indexed journals, reports, and public health-focused resources were utilized. Selected studies examined the factors affecting the health status of female inmates and the extent to which prison healthcare services address these issues. Additionally, studies exploring the roles of public health nursing in caring for female inmates in prison settings were included in the review.

Common Health Issues Among Female Inmates

Chronic Diseases

Female inmates face complex and chronic health problems before, during, and after incarceration (UNODC, 2009; van den Bergh et al., 2011; Harner & Riley, 2013; Sánchez-Roig & Coll-Cámara, 2016; Jaquier & Vuille, 2017; Aktaş, 2019; Ismail et al., 2021). Approximately 65% of female inmates are reported to have a chronic illness (Binswanger et al., 2009; Harzke & Pruitt, 2018). Research in the literature shows that female inmates frequently suffer from hypertension, liver disease, asthma, and cardiovascular disease (Carbonnaux et al., 2013; Bai et al., 2015). One study found rates of diabetes at 7.8%, cardiovascular disease at 18.0%, asthma at 34.4%, COPD at 2.4%, kidney disease at 1.3%, and liver disease at 10.8% among female inmates (Bai et al., 2014). Another study reported rates of asthma at 47.2%, hypertension at 22.5%, diabetes at 9.1%, and kidney disease at 3.2% among this population (CDC, 2021). Furthermore, CDC data from 2012 indicate that respiratory diseases, diabetes, kidney disease, and liver disease are more prevalent among inmates compared to the general population (Bautista-Arredondo et al., 2015). Obesity prevalence is also notable, with rates among female inmates reaching 33.8%, compared to 9.5% in male inmates (Beaudry et al., 2020).

In conclusion, a better understanding and targeted interventions are needed to address the health issues of female inmates. Improving the quality of healthcare services in prisons is a crucial step towards achieving better health outcomes for female inmates. Additionally, the prison system should be enhanced to address gender-based differences and the specific needs of female inmates.

Infectious Diseases

The risk of infectious disease transmission is high in prisons, with diseases such as HIV/AIDS, hepatitis B, and hepatitis C being more prevalent among female inmates compared to the general population (do Nascimento et al., 2020; Dolan et al., 2016). This increased prevalence is linked to factors such as insufficient health education and high-risk sexual behavior. Female inmates are particularly vulnerable to infectious diseases due to high-risk behaviors, overcrowded conditions, delays in diagnosis and treatment, limited access to clean water, inadequate sanitation, and lack of harm reduction measures like condoms, sterile tattooing equipment, and syringes. These factors contribute to the spread of infectious diseases among female inmates, which can also lead to epidemics in the general population (Ndeffo-Mbah et al., 2018).

The global HIV prevalence among inmates is estimated at 3.8%, with an even higher rate among female inmates (Beaudry et al., 2020). Hepatitis B and hepatitis C are also common among female inmates, with hepatitis C prevalence reported at 16.1% (Beaudry et al., 2020). Another study found that HIV prevalence among female inmates was 0.7%, syphilis at 2.0% (Anti-TP+/VDRL+), hepatitis B at 2.8% (HBcAb) and 0.15% (HBsAg), and hepatitis C at 3.2% (Beaudry et al., 2020). Tuberculosis is another serious health concern in prisons and is prevalent among female inmates; one study reported that tuberculosis prevalence is higher among inmates compared to the general population (Beaudry et al., 2020).

The high prevalence of infectious diseases among female inmates underscores the need for effective strategies to control these diseases. Dynamic modeling studies suggest that prison-based screening and treatment strategies can be highly effective in reducing the burden of these diseases (Awofeso, 2010; Sufrin, 2014). Recognizing prisons as reservoirs for infectious

diseases emphasizes the need for comprehensive disease control approaches. Prisons can serve as a reservoir for infectious diseases within the general population, highlighting the urgent need for evidence-based public health policies for disease control in prisons. Prison-based screening and treatment strategies are shown to be effective in reducing the spread of diseases such as HIV, tuberculosis, and HCV among both inmates and the wider community (Kennedy et al., 2016).

In conclusion, the prevalence of infectious diseases among female inmates clearly indicates the need for comprehensive public health interventions for disease control. Therefore, implementing effective screening and treatment strategies for infectious diseases in prisons is of vital importance. These interventions will play a critical role in preventing the spread of infectious diseases not only among inmates but also within the general population.

Reproductive and Sexual Health

Addressing the specific health needs of female inmates in prisons is crucial for both human rights and healthcare services. According to the Kyiv Declaration, prisons must meet the needs associated with women's unique conditions, such as pregnancy and menstruation. Between 6% and 10% of female inmates are pregnant, with approximately 600 pregnant women in UK prisons each year, resulting in around 100 births (Meyer et al., 2014; Fedock & Covington, 2017). Pregnant inmates often face challenges such as low educational attainment, poor nutrition, domestic violence, psychological issues, substance abuse, and experiences of sexual and physical abuse (Bell et al., 2004; Sufrin, 2017). They also struggle with poverty, poor health, lack of protection from family and friends, and isolation (CDC, 2018). These demographic and health-related factors create special care needs for pregnant women in prison (Kramer et al., 2023). However, access to routine prenatal care in prisons is limited, impeding the provision of services that address these specific needs (Hayes et al., 2020).

Approximately 75% of female inmates are under the age of 45, a demographic that has distinct reproductive health needs. This underscores the importance of comprehensive reproductive health services in prisons, which should include family planning, prenatal and postnatal care, delivery services, and safe abortion access. The literature emphasizes the need for these services to be delivered holistically to improve the health of incarcerated women and minimize reproductive health risks (Jones et al., 2021). Incarceration often restricts access to contraception and abortion, provides substandard prenatal and postpartum care, and violates basic principles of reproductive justice (van den Bergh et al., 2011).

In conclusion, policy reforms should aim to standardize and expand the scope and quality of reproductive health services for female inmates. These services should include comprehensive prenatal, delivery, and postnatal care; access to abortion and contraception; menstruation management; cervical and breast cancer screening, diagnosis, and treatment; and the collection of pregnancy data. Additionally, it is essential to support policies that promote parenting in safety and dignity through education and supervision, and that strengthen community health and economic infrastructure as alternatives to incarceration. Supporting parenting skills, facilitating communication and reunification with loved ones, and promoting rehabilitation are vital for reducing recidivism and supporting reintegration into society.

Mental Health Issues

Mental health issues are prominent among the health problems faced by female inmates (UNODC, 2009). These problems can arise both as a cause and a consequence of incarceration (Harner & Riley, 2013; Edwards et al., 2021). Female inmates commonly experience a range of mental health issues, from depression to post-traumatic stress disorder (PTSD), often stemming from experiences of violence and abuse (Karlsson & Zielinski, 2018). Upon entry into prison, between 77% and 90% of female inmates report a history of emotional, physical, or sexual abuse (Fazel et al., 2016). Such traumatic experiences contribute to mental health challenges like PTSD, depression, anxiety, and suicidal tendencies (Fazel et al., 2016; Tyler et al., 2019). Additionally, the prevalence of mental disorders is reported to be higher in prisons than in the general population and among male inmates, with higher rates of psychotic disorders, major depressive disorder, substance use disorders, and suicide attempts (Prins, 2014). Among female inmates, 54.8% are found to have personality disorders compared to 12.2% in the general population. Anxiety symptoms are observed in 36.2% of female inmates, while the rate is 6.7% in the general population. Mood disorders affect 24.5% of female inmates, and PTSD symptoms are present in 16.4% (Fazel & Seewald, 2012; Opitz-Welke et al., 2016). The prevalence of psychosis is 3.6% in male inmates and 3.9% in female inmates, while major depression is seen in 10.2% of male inmates and 14.1% of female inmates (Bronson et al., 2017). A study in Germany reported that the suicide rate among female inmates between 2000 and 2013 was 53.5 per 100,000 (Fazel et al., 2017).

Prisons must develop specialized programs and policies to address the mental health needs of female inmates. Individualized treatment and support services should be provided to address the widespread mental disorders among female inmates. Additionally, it is essential to train prison staff on mental health issues to increase their awareness and sensitivity. Addressing the mental health needs of female inmates and supporting rehabilitation processes within prison environments are expected to positively contribute to the overall health of society and facilitate the reintegration of inmates into the community.

Substance Use Disorder

Substance Use Disorder (SUD) is a prevalent issue among female inmates, with severe implications on both individual and societal levels. Bronson et al. 2017, report that a significant proportion of female inmates meet the

criteria for SUD (Begun et al., 2011). Studies indicate that many female inmates have a history of SUD, which increases the likelihood of recidivism post-incarceration (Fazel et al., 2006; Begun et al., 2011; Bello et al., 2020). The global rise in the number of female inmates is closely linked to the incarceration of women, often for non-violent offenses, with substance-related offenses being the most common reason (Fazel et al., 2016; Tyler et al., 2019). Female inmates are disproportionately more likely to suffer from SUD compared to male inmates and women in the general population (Fazel et al., 2016; Carvalho et al., 2020). A systematic review found that 51% of women entering prison have a drug use disorder, whereas this rate is 30% among men (Carvalho et al., 2020). Fazel et al. (2006) conducted a systematic review covering 13 studies with data from 7,563 inmates and found that the prevalence of alcohol use disorder in prisons ranges from 18-30% in men and 10-24% in women. The prevalence of substance use disorder, however, was 10-48% in men and 30-60% in women (Akgün & Tezel, 2017).

In a study by Bello et al. (2020) analyzing gender trends in substance use over an 18-year period from 1998 to 2016, women were found to prefer heroin (36.4% women vs. 22.0% men) and stimulants (38.0% women vs. 19.6% men) more frequently than men. In contrast, men were more inclined to use alcohol (49.0% men vs. 29.1% women) and marijuana (48.7% men vs. 33.6% women). Although the overall prevalence of prescription drug use was low (8.0%), women showed a significantly higher preference for this category, with twice the rate compared to men (12.9% women vs. 6.2% men) (Ministry of Public Health, 2018).

In summary, substance use disorder among female inmates is a complex and widespread issue. Effective intervention programs require gender-sensitive and personalized approaches. Future program designs must better address the unique challenges faced by women transitioning from prison back to society.

Role and Responsibilities of Public Health Nurses

Female inmates are considered one of the most vulnerable groups in society, often facing complex, interconnected health and social issues upon incarceration. The increasing number of female inmates signals a growing public health concern. It is reported that most female inmates have low levels of education, face employment challenges, and generally come from low socioeconomic backgrounds, which severely limits their access to healthcare services (Fazel et al., 2016; Hayes et al., 2016; Rungreangkulkij et al., 2016). These women encounter various barriers in accessing healthcare both during their incarceration and after their release, including inadequate healthcare services, social stigma, and limited financial resources (Fazel et al., 2016). Additionally, staff shortages, limited access to specialized health services, and disruptions in continuity of care are significant obstacles (Conklin, 2010). Female inmates often rely on nurses as their first point of contact for healthcare services in prisons (Consejo General de Colegios Oficiales de Enfermería en España, 2020). Prison nurses play a crucial role in providing essential primary healthcare to female inmates and are a fundamental part of the primary healthcare system (Barbosa et al., 2019).

Public health nursing duties encompass early diagnosis and treatment, health protection, and educational activities aimed at promoting behavior change to improve health (Salmond & Echevarria, 2017). According to the American Nurses Association, the care services provided by nurses in correctional facilities should fall within the scope of primary healthcare (PHC), which includes monitoring, health care, education, counseling, and empowering individuals to take responsibility for their own health (Barbosa et al., 2019). In 2019, the Spanish General Nursing Committee defined correctional nurses as professionals with advanced practices, specialized training, adherence to bioethical principles, and evidence-based service delivery (Brooke, 2023).). The committee further identified the responsibilities of correctional nurses as improving, protecting, and promoting the health of inmates, as well as planning, implementing, and evaluating nursing care to prevent illness and disability in correctional facilities (Brooke, 2023).

Public health nurses are a key part of the healthcare team in prisons. The prison environment provides nurses with unique opportunities to actively demonstrate their role in healthcare service delivery (Allender et al., 2013). Nurses fulfill multifaceted roles, including assessing and managing the physical, mental, emotional, spiritual and social needs of individuals, providing care, counseling, organizing health education, collaborating with other institutions, making clinical decisions, advocating, and supporting rehabilitation (Iriarte-Roteta et al., 2020). To fulfill these roles effectively, correctional facility nurses must possess public health skills related to primary care nursing, including assessing, monitoring, and promoting the health needs of individuals (Roscoe et al., 2023). Since inmates will eventually reintegrate into society, correctional nurses play a “bridging” role in guiding and encouraging inmates toward healthy lifestyle choices during their incarceration (UNODC, 2009).

In conclusion, the health issues of female inmates are a critical component of the criminal justice system and the broader public health framework. Enhancing policies and practices in this area is essential for addressing the healthcare needs of female inmates and reducing health disparities in society. Gender-sensitive and trauma-informed healthcare services for female inmates can improve their health and facilitate their reintegration into society. Improving access to healthcare services for female inmates is a significant step toward societal health and justice.

Conclusion

Female inmates face specific health issues within prison conditions. The most common mental health problems include depression, post-traumatic stress disorder (PTSD), and anxiety disorders, exacerbated by pre-incarceration trauma and the adverse effects of

prison conditions. Infectious diseases, particularly HIV, Hepatitis B, and Hepatitis C, are prevalent in prison settings, where limited healthcare services make disease control challenging. Access to reproductive health services is restricted, leaving pregnant inmates without adequate care. Chronic illnesses such as hypertension, diabetes, and asthma are also commonly seen among female inmates. This review demonstrates that prison healthcare services fall short of meeting the health needs of female inmates, highlighting the need for more comprehensive and integrated healthcare services targeting this population.

The health profiles of female inmates reflect the quality and accessibility of healthcare services within the prison system and serve as essential guides for improving their overall health status. Enhancements in managing chronic illnesses, mental health issues, infectious diseases, and reproductive health can significantly improve female inmates' quality of life.

Meeting the health and social service needs of female inmates should be a priority for prison administrations and relevant institutions, warranting further research and policy development. Strategies aimed at improving the health and well-being of female inmates should be incorporated within broader public health and justice system improvements. Such strategies are vital for enhancing the health and well-being of female inmates and underscore the need for steps to improve the quality of healthcare services within prisons.

Declarations

Acknowledgments

Not applicable.

Conflict of Interest

The authors declare no conflicts of interest.

Ethics Statement

No ethical approval was obtained due to the nature of this study.

Informed Consent

Not applicable.

Author Contributions

Conceptualization: BT, NG; Methodology: BT, NG; Literature search: BT; Writing – original draft preparation: BT, NG; Writing – review & editing: BT, NG; Supervision: BT, NG

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Data Availability

The data used to support the findings of this study can be made available upon request to the corresponding author.

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