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KALINGA SA PIITAN: EXPLORING REPRODUCTIVE HEALTH NEEDS AND SERVICE ACCESS AMONG WOMEN DEPRIVED OF LIBERTY

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ABSTRACT

Conducted from August 2025 to May 2026, this study explored the reproductive health needs and healthcare access of women deprived of liberty (WDL) in a correctional facility in Pampanga, Philippines. Using a qualitative descriptive design, eleven (11) participants were selected through purposive sampling. Data were collected through semi-structured interviews and analyzed using Braun and Clarke's (2006) thematic analysis. Six themes emerged: Healthcare Services, Challenges, Expressing and Communicating Needs, Provision of Reproductive Healthcare, Factors Influencing Reproductive Healthcare, and Coping Strategies. Findings revealed that participants had access to consultations, medications, hygiene supplies, and hospital referrals; however, they also experienced limited resources, inconsistent availability of reproductive health supplies, delays in healthcare services, and limited preventive screening. Reproductive health concerns were often communicated indirectly through dormitory leaders, fellow detainees, assigned representatives, advisers, or family members. Healthcare provision was primarily symptom-based and influenced by resource limitations, administrative procedures, staff support, external assistance, and barriers to disclosing concerns. Participants addressed unmet needs through peer support, self-advocacy, resource sharing, family assistance, and personal resilience. The study highlights the need to strengthen gender-responsive healthcare services, improve resource allocation and communication pathways, and ensure timely, accessible, and equitable reproductive healthcare for WDL.

Keywords: *women deprived of liberty, reproductive health, healthcare access, correctional healthcare, communication, coping strategies*

INTRODUCTION

Women deprived of liberty (WDL) are a vulnerable population who may experience difficulties accessing appropriate reproductive and maternal healthcare while incarcerated. Their healthcare needs may include menstrual hygiene, family planning, prenatal and postnatal care, and other reproductive health services. Inadequate access to these services may affect their health, safety, and overall well-being (Orongan et al., 2025). Maternal health concerns among incarcerated women also highlight the importance of appropriate healthcare during pregnancy and childbirth (Shlafer et al., 2020).

Reproductive healthcare is an essential component of health and well-being, particularly for women with specific reproductive and maternal health needs. However, women in correctional facilities may encounter challenges in obtaining timely and appropriate care due to institutional limitations and restricted access to healthcare services. The American College of Obstetricians and Gynecologists (ACOG, 2021) emphasizes the importance of providing reproductive healthcare to incarcerated pregnant, postpartum, and non-pregnant individuals. Studies have also documented the experiences of incarcerated pregnant women and the challenges they encounter when accessing prenatal care and other reproductive health services (Alirezaei & Latifnejad Roudsari, 2022). Similarly, women in correctional settings have reported concerns regarding the availability and accessibility of reproductive healthcare (Liauw et al., 2021).

In the Philippine context, women deprived of liberty may face additional challenges in accessing reproductive and maternal healthcare within correctional facilities. Research involving incarcerated women in the Philippines has explored their experiences of pregnancy and the challenges associated with receiving appropriate care while detained (Nieva Jr., 2024). These concerns highlight the need to understand the reproductive health needs of WDL and the factors influencing their access to healthcare services. International research has likewise emphasized the importance of addressing barriers to reproductive healthcare and ensuring that women in prison receive appropriate and equitable services (Dabrowski & Milne, 2022). Research has also examined how incarcerated women experience and navigate reproductive healthcare within correctional settings (Liauw et al., 2021).

Despite these challenges, WDL demonstrate different forms of resilience in managing unmet healthcare needs. Previous studies have identified peer support, self-advocacy, faith, emotional resilience, and assistance from others as important coping mechanisms (Orongan et al., 2025). These strategies demonstrate how women attempt to manage their health needs despite limitations within correctional healthcare systems.

However, existing research remains limited in the Philippine context, particularly regarding the broader reproductive health experiences of women confined in provincial correctional facilities. Much of the available literature focuses on specific institutional or maternal healthcare concerns, leaving gaps in understanding women's perceptions of healthcare adequacy, communication of reproductive health needs, barriers to healthcare access, and coping experiences during incarceration.

In response to this gap, the present study explored the reproductive health needs and access to healthcare services among WDL in a correctional facility in Pampanga, Philippines. Specifically, it examined the reproductive healthcare services perceived as necessary by WDL, their reproductive health concerns, how they communicate these concerns, how healthcare needs are addressed, the factors influencing healthcare provision, and the coping strategies used when their healthcare needs are not fully met. By examining these experiences from the participants' perspectives, the study sought to contribute to the development of gender-responsive and equitable reproductive healthcare practices within correctional settings.

Women deprived of liberty (WDL) are a vulnerable population with reproductive health needs that may be inadequately addressed within correctional settings. Incarceration can intensify existing vulnerabilities because women may experience restricted access to healthcare, limited resources, overcrowding, and institutional procedures that affect their ability to obtain timely medical attention. These conditions are particularly important for women who are pregnant or have existing reproductive health concerns. Maternal and neonatal outcomes may also be affected when appropriate care is not consistently available during incarceration (Shlafer et al., 2020). In the Philippine setting, WDL have been reported to experience concerns related to both reproductive and mental health, demonstrating the importance of healthcare services that are responsive to their specific needs (Orongan et al., 2025).

Reproductive and maternal health concerns among WDL include pregnancy-related needs, menstrual health, reproductive infections, family planning, and psychological concerns associated with reproductive experiences. These concerns may become more difficult to manage when women enter correctional facilities with pre-existing socioeconomic and health vulnerabilities. Pregnant WDL may experience anxiety, uncertainty, and difficulties obtaining appropriate prenatal care because of institutional restrictions and limited resources (Alirezaei & Latifnejad Roudsari, 2022). In addition, pregnancy and motherhood within detention may affect women's autonomy and their ability to participate in decisions concerning their healthcare (Nieva Jr., 2024).

The reproductive health needs of WDL extend beyond pregnancy. Menstrual hygiene is an important component of reproductive health and dignity, yet WDL may experience inadequate access to sanitary products and appropriate facilities. A qualitative study among women in an urban prison in Uganda found that limitations in menstrual hygiene resources affected women's experiences and practices while incarcerated (Nabwire et al., 2023). Similarly, reproductive healthcare in correctional facilities may be affected by difficulties accessing preventive services, reproductive health information, and appropriate treatment (Liauw et al., 2021). These concerns demonstrate that

reproductive healthcare for WDL should address both routine and pregnancy-related needs rather than focusing only on emergency conditions.

Comprehensive reproductive healthcare is necessary to protect the health and dignity of WDL. These services include prenatal and postnatal care, reproductive health education, menstrual hygiene management, family planning, screening, treatment of reproductive health conditions, and access to appropriate healthcare professionals. However, access to these services may vary according to the resources and healthcare systems available within correctional facilities. In the Philippines, WDL have been reported to experience limitations in accessing reproductive and mental healthcare services (Orongan et al., 2025).

Pregnant women require particularly consistent healthcare because inadequate prenatal services may place both the mother and fetus at risk. Experiences of incarcerated pregnant women have included concerns regarding insufficient prenatal resources, restricted access to healthcare providers, and institutional conditions that complicate pregnancy management (Alirezaei & Latifnejad Roudsari, 2022). Philippine research similarly indicates that pregnant women in detention may experience limited institutional support and reduced autonomy in managing pregnancy-related healthcare needs (Nieva Jr., 2024). These findings emphasize the importance of ensuring continuity of care throughout pregnancy and the postpartum period.

Reproductive healthcare should also consider women's psychological well-being. Experiences of pregnancy, motherhood, separation from children, and incarceration may create emotional difficulties. Postpartum mothers deprived of liberty may experience isolation and emotional challenges associated with separation and custodial conditions (Cunanan et al., 2024). Therefore, reproductive healthcare services should incorporate emotional support alongside physical and preventive care.

Effective communication is essential for WDL to access reproductive healthcare. Women may need to communicate symptoms, request consultations, report menstrual or pregnancy-related concerns, and seek referrals for specialized treatment. However, communication may be complicated by institutional procedures, limited healthcare personnel, security restrictions, and concerns regarding confidentiality. Women in prison have reported difficulties obtaining reproductive healthcare because of barriers within correctional healthcare systems (Liauw et al., 2021).

Formal healthcare pathways may not always provide timely responses, resulting in women relying on informal sources of assistance. Peer networks can provide information and emotional support when institutional resources are limited. Women in correctional settings may also depend on fellow inmates to obtain information concerning reproductive healthcare and reproductive rights (Dabrowski & Milne, 2022). Although these informal strategies may help women navigate the system, they cannot replace confidential and professional healthcare communication.

Privacy and autonomy are also important aspects of communicating reproductive health needs. Women may hesitate to disclose sensitive concerns when they fear

judgment, lack confidentiality, or have limited control over healthcare decisions. Among pregnant women in a Philippine detention facility, obtaining appropriate prenatal care may require communication and negotiation with prison personnel (Nieva Jr., 2024). This highlights the need for healthcare environments where WDL can safely express their concerns and participate in decisions regarding their health.

Healthcare delivery among WDL is influenced by institutional, environmental, and individual factors. Institutional factors include limited medical personnel, inadequate supplies, restricted access to outside hospitals, overcrowding, and administrative procedures. These conditions may result in delays or interruptions in reproductive healthcare. In Philippine correctional facilities, limitations in available resources have been associated with challenges in addressing the reproductive and mental health needs of WDL (Orongan et al., 2025).

The physical and organizational conditions of correctional facilities may also affect the quality of healthcare. Overcrowding and insufficient privacy can make reproductive health consultations difficult, particularly when women need to discuss sensitive concerns. Pregnant women may experience additional challenges when institutional restrictions interfere with prenatal care and healthcare decision-making (Alirezaei & Latifnejad Roudsari, 2022).

Individual factors may further influence healthcare utilization. Fear, stigma, limited health knowledge, previous experiences with healthcare, and lack of social support can affect whether women communicate their concerns or seek available services. Women may also experience reduced autonomy over reproductive decisions while incarcerated (Nieva Jr., 2024). Thus, improving healthcare delivery requires attention not only to institutional resources but also to women's experiences, perceptions, and ability to participate in their own healthcare.

Despite limitations in reproductive healthcare, WDL develop strategies to manage their health concerns and the emotional challenges of incarceration. Peer support is one strategy that allows women to share information, experiences, and emotional assistance. Informal peer networks have been identified as a source of support for WDL experiencing reproductive and mental health challenges (Orongan et al., 2025). Among postpartum mothers deprived of liberty, companionship from other women may help reduce feelings of isolation and provide emotional support during difficult experiences (Cunanan et al., 2024).

Self-advocacy is another important coping strategy. Women may actively communicate their healthcare needs, request medical attention, and negotiate with correctional personnel when services are difficult to obtain. Pregnant women in Philippine detention settings have demonstrated this form of self-advocacy when attempting to secure prenatal care (Nieva Jr., 2024). This suggests that WDL are not merely passive recipients of healthcare but may actively find ways to address gaps in the system.

Emotional and spiritual resilience may also help women cope with reproductive health challenges and incarceration. Postpartum mothers deprived of liberty have

described ways of coping with emotional difficulties through faith, prayer, and maintaining hope (Cunanan et al., 2024). These strategies provide emotional strength while women navigate separation, institutional restrictions, and uncertainty concerning their health and family relationships.

The reviewed literature demonstrates that reproductive healthcare among WDL involves interconnected concerns related to reproductive and maternal health, availability of healthcare services, communication of health needs, healthcare delivery, institutional barriers, and coping strategies. Existing evidence indicates that WDL may experience limitations in preventive care, reproductive health resources, prenatal services, communication, and healthcare autonomy. At the same time, women demonstrate resilience through peer support, self-advocacy, and emotional or spiritual coping.

Although international research has documented reproductive healthcare experiences in correctional settings, Philippine-based evidence remains comparatively limited. Existing Philippine studies have provided important insights into reproductive health and pregnancy experiences among WDL, particularly regarding institutional limitations and women's efforts to obtain healthcare (Nieva Jr., 2024). Research has also highlighted the mental and reproductive health concerns experienced by WDL in the Philippine context (Orongan et al., 2025). However, further localized research is needed to understand how women experience and communicate their reproductive health needs within specific correctional facilities.

Therefore, the study sought to contribute to this gap by exploring the reproductive health needs and healthcare experiences of WDL in a correctional facility in Pampanga, Philippines. By examining their healthcare experiences, challenges, communication of needs, factors affecting healthcare delivery, and coping strategies, the study may provide evidence that can support more gender-responsive, accessible, and rights-based reproductive healthcare services for women deprived of liberty.

Research Questions

This study aimed to explore the reproductive health needs and services for women deprived of liberty at a correctional facility and to examine the factors that influence their access to healthcare services within the facility.

Specifically, the researchers aimed to address the following questions:

1. What reproductive healthcare services do women deprived of liberty perceive as necessary during incarceration in a correctional facility?
2. What reproductive healthcare concerns do women deprived of liberty experience during incarceration in a correctional facility?
3. How do women deprived of liberty communicate their reproductive healthcare concerns during incarceration in a correctional facility?
4. How do correctional facilities address the reproductive healthcare needs of women deprived of liberty during incarceration?

5. What factors influence the provision of reproductive healthcare services for women deprived of liberty during incarceration in a correctional facility?
6. What coping strategies do women deprived of liberty utilize to manage unmet reproductive healthcare needs during incarceration in a correctional facility?

METHODOLOGY

Research Design

The study employed a qualitative descriptive research design to explore the reproductive health needs and healthcare experiences of women deprived of liberty (WDL) in a correctional facility in Pampanga, Philippines. This approach was appropriate because it allowed the researchers to obtain detailed descriptions of the participants' experiences, concerns, and perspectives regarding reproductive healthcare. The study focused on their access to reproductive health services, challenges encountered, communication of health concerns, and coping strategies.

Locale of the Study

The study was conducted in a correctional facility in Pampanga, Philippines. The interviews were held in a private and secure area within the facility to protect the participants' confidentiality and encourage them to openly share their reproductive health needs and healthcare experiences.

Participants and Sampling Method

The study involved eleven (11) women deprived of liberty, aged 18 to 49 years old, who were currently confined in a correctional facility in Pampanga, Philippines. The researchers employed purposive sampling to select participants who met the established inclusion criteria and could provide relevant information about the study's objectives. Purposive sampling involves intentionally selecting participants based on characteristics relevant to the research (Campbell et al., 2020).

Participants were required to have been confined for at least three months. The study included women who were pregnant while incarcerated and those who had given birth while staying in the facility. Women who had been newly admitted for less than three months, were scheduled for a court hearing during data collection, had a high-risk pregnancy, or were experiencing medical instability were excluded from the study. This sampling method allowed the researchers to gather relevant accounts of the participants' reproductive health needs, healthcare experiences, challenges, and access to services within the correctional facility.

Research Instrument

The researchers used a semi-structured interview guide as the primary research instrument. The guide was developed according to the objectives of the study and

consisted of sections covering the purpose of the research, participants' background information, and their reproductive healthcare experiences. The main interview questions focused on six areas: essential reproductive health services; reproductive health concerns and challenges; expression and communication of health experiences; quality and availability of healthcare services; institutional policies, practices, and healthcare providers' attitudes; and coping strategies and support systems. Open-ended questions allowed participants to describe their experiences and perspectives in their own words.

Data Collection Procedures

Before data collection, the researchers secured the necessary approvals from the appropriate academic and government institutions and coordinated with the Jail Warden and Jail Nurse regarding the conduct and schedule of the interviews. The researchers then oriented the participants regarding the purpose of the study, procedures, and their rights as participants. Informed consent was obtained before the interviews began. Data were gathered through face-to-face semi-structured interviews conducted in a private and secure area. Each interview lasted approximately 30 to 45 minutes and was conducted in English or Filipino, depending on the participant's preference. With permission, interviews were audio-recorded and subsequently transcribed verbatim for analysis.

Data Analysis

The researchers used Thematic Analysis to systematically identify and interpret recurring patterns within the qualitative data (Braun & Clarke, 2006). The process began with familiarization, wherein the researchers repeatedly read the interview transcripts to understand the participants' responses. Initial codes were then generated through line-by-line coding using both in vivo and descriptive coding. Similar codes were grouped to develop initial themes, which were reviewed and refined to ensure that they accurately represented the participants' experiences and aligned with the research objectives. The final themes were synthesized to provide an overall interpretation of the participants' reproductive health experiences and needs. The trustworthiness of the findings was supported through the criteria of credibility, dependability, confirmability, and transferability proposed by Lincoln and Guba (1985).

RESULTS

Table 1
Demographics

Participants	Profile	
	Sex	**Age (in years)**
P1	F	45

P2	F	29
P3	F	41
P4	F	35
P5	F	40
P6	F	22
P7	F	30
P8	F	30
P9	F	26
P10	F	34
P11	F	49

Table 1 displays the demographic profile of the eleven participants (P1–P11), all of whom were female, indicating a homogeneous group in terms of sex. Their ages ranged from 22 to 49 years, representing a varied reproductive age group and reflecting different stages of reproductive life.

Table 2
Healthcare Services

Themes	Subthemes	Number of Responses
Reproductive Health Care Services	Scheduled Check-ups and Consultations	7
	Maternal Monitoring and Hospital Referral	3
Provision of Hygiene and Menstrual Health Supplies	Distribution of Hygiene Kits (napkins, soap, towels, toiletries)	6
	Donation-Based Supplies	4

I. Reproductive Health Care Services. Participants generally have access to reproductive healthcare services within the facility, particularly scheduled check-ups, consultations, reproductive health monitoring, and hospital referrals. However, they described these services as highly structured, often depending on institutional schedules, coordination with healthcare personnel, and external referrals for specialized care.

Scheduled Check-ups and Consultations. Participants reported the availability of scheduled check-ups and consultations within the facility, although their frequency varied from weekly to monthly or during medical missions. Personnel inside the facility also conducted regular rounds, provided consultations and

medications, and assisted with their medical concerns. However, access generally depended on specific schedules and institutional processes.

Maternal Monitoring and Hospital Referral. Participants mentioned that reproductive health monitoring was available for their health concerns. They also reported that healthcare personnel scheduled hospital visits, provided transportation, and accompanied them to the hospital when necessary.

II. Provision of Hygiene and Menstrual Health Supplies. Several participants highlighted the importance of access to hygiene and menstrual health supplies in maintaining their cleanliness, dignity, and reproductive well-being while they are inside the facility. They also reported receiving hygiene kits through donations. Although these essential items were mostly available to them, many still relied on buying them themselves and receiving donations to meet their needs.

Distribution of Hygiene Kits (napkins, soap, towels, toiletries). Receiving hygiene kits which contain sanitary napkins, soap, toothpaste, towels, and shampoo was reported by the participants. These essential supplies were provided to the facility through donations, family visits, and activities. Some supplies were also purchased when donations were not available.

Donation-Based Supplies. Hygiene and menstrual supplies were provided through donations, especially during holidays, special activities, and visits from external groups. However, these donations were not regular and depended on the availability of donors, making them a valuable but inconsistent source of support.

Table 3
Challenges

Themes	Subthemes	Number of Responses
Reproductive, Physical and Psychosocial Health Problems	Menstrual and Gynecologic Concerns	6
	Infectious and Other Medical Conditions	2
	Emotional and relational concerns among female detainees	4
Limited and Delayed Access to Reproductive Healthcare Services	Limited Availability	6
	Administrative Delays and Restrictions	1

III. Reproductive, Physical and Psychosocial Health Problems. Participants experienced various reproductive health concerns during incarceration, particularly menstrual irregularities, gynecologic conditions, infections, and emotional distress. These

concerns often involved pain and discomfort, highlighting the challenges they faced in managing their reproductive health.

Menstrual and Gynecologic Concerns. Participants reported various menstrual and gynecologic concerns, including irregular menstruation, severe menstrual pain, heavy bleeding, PCOS, ovarian cysts, and breast-related health issues. These experiences were often associated with recurring pain and discomfort.

Infectious and Other Medical Conditions. Participants reported experiencing urinary tract and genital infections, including UTI and boils in the genital area.

Emotional and Relational Concerns Among Female Detainees. Participants expressed emotional distress and concern after witnessing fellow detainees experience serious illnesses, reproductive health problems, and even death. These experiences increased their awareness of health risks and contributed to emotional and psychological burden while in confinement.

IV. Limited and Delayed Access to Reproductive Healthcare Services. Participants reported inadequate access to reproductive healthcare services and supplies, including inconsistent menstrual hygiene materials, limited preventive care, and delays in medical evaluation.

Limited Availability. Participants reported limited and inconsistent access to menstrual hygiene supplies, with some experiencing shortages and relying on basic alternatives such as soap. Preventive reproductive health services, including Pap smears and breast examinations, were also limited or unavailable, with some participants reporting that Pap smears were only conducted once a year.

Administrative Delays and Restrictions. Participants reported that medical evaluations and diagnostic tests were often delayed until symptoms became severe.

Table 4

Expressing and Communication of Needs

Themes	Subthemes	Number of Responses
Indirect Communication of Reproductive Health Concerns	Communication Through Other People	8
	Withholding and Emergency Disclosure	6

V. Indirect Communication of Reproductive Health Concerns. The findings showed that WDL often communicated their reproductive health concerns indirectly due to structural, interpersonal, and personal barriers within the correctional setting.

Communication Through Other People. Participants usually communicated their reproductive health concerns through intermediaries such as dorm leaders, assigned representatives, fellow detainees, advisors, and family members. Rather than directly approaching healthcare personnel, they relied on these individuals to relay their concerns, showing that indirect communication was a common practice within the facility.

Withholding and Emergency Disclosure. Withholding reproductive health concerns or only disclosing them when symptoms became severe were reported by the participants. Factors that discouraged them from openly discussing sensitive health issues included feelings of embarrassment, discomfort, lack of privacy, and the presence of male staff. Some of them also felt that reporting their concerns would not result in meaningful assistance.

Table 5
Provision of Reproductive Healthcare

Themes	Subthemes	Number of Responses
Provision of Basic In-Facility Healthcare Services and Medical Support	Symptom-Based Reproductive and Health Check-ups	6
	Access to Medications	3
Use of External Referral Systems for Specialized Treatment	Hospital Referrals for Specialized Conditions	3
	Court Order–Based Transfer System	6

VI. Provision of Basic In-Facility Healthcare Services and Medical Support. Participants reported that reproductive healthcare services are provided within the facility through symptom-based consultations and the provision of medications when reproductive health concerns are identified. These services are mainly accessed when WDL report symptoms or conditions related to reproductive health.

Symptom-Based Reproductive and Health Check-ups. Participants reported that check-ups are available when they experience symptoms or health concerns. However, the consultations are mainly symptom-based rather than routine preventive screening.

Access to Medications. Participants reported receiving medications based on their health needs and availability. Medicines may be provided by the facility or through donations

VII. Use of External Referral Systems for Specialized Treatment. Participants reported the use of external referral systems for specialized medical care, including hospital consultations and transfer procedures for more serious conditions. These referrals were facilitated through structured administrative processes, often requiring formal approval such as a court order.

Hospital Referrals for Specialized Conditions. Participants reported being referred to an external hospital, particularly JBLMGH, when they require medical evaluation, reproductive healthcare, or specialized treatment that cannot be provided inside the facility.

Court Order-Based Transfer System. Hospital transfers for serious conditions require a formal administrative process, including obtaining a court order before the participant can be transported to an external hospital.

Table 6
Factors Influencing Reproductive Healthcare

Themes	Subthemes	Number of Responses
Resource and System Limitations in Healthcare Delivery	Insufficient Resources and External Dependence	7
	Inefficient and Delayed Healthcare Service Delivery	5
Staff and External Support Influence on Care Provision	Staff Support in Healthcare Delivery	3
	External Support Systems for Care Access	3
Barriers and Challenges in Reporting Health Concerns	Emotional and Personal Barriers to Disclosure	4
	Communication and Interaction Barriers with Staff	6

VIII. Resource and System Limitations in Healthcare Delivery. The findings revealed that the delivery of reproductive healthcare services among women deprived of liberty (WDL) is significantly influenced by limitations in resources and systemic constraints within the facility. Participants highlighted concerns regarding insufficient supplies and reliance on external support, as well as delays and inefficiencies in accessing healthcare services.

Insufficient Resources and External Dependence. Participants reported that supplies and basic healthcare resources are sometimes not enough, leading them to depend on visitors, donations, or financial assistance from others.

Inefficient and Delayed Healthcare Service Delivery. Participants experienced waiting and delays before receiving healthcare. The availability of care may depend on consultation requests, the number of detainees and the facility's processes.

IX. Staff and External Support Influence on Care Provision. The findings further revealed that both internal staff and external support systems play a crucial role in facilitating access to reproductive healthcare services. While staff were generally perceived as supportive, external sources such as visitors and donors significantly supplemented healthcare needs.

Staff Support in Healthcare Delivery. Participants generally viewed the staff and jail guards as supportive, caring, attentive, and responsible in providing healthcare assistance.

External Support Systems for Care Access. Visitors and people from outside the facility provide important assistance, including supplies and other necessities. Participants also share or receive resources through other detainees' visitors.

X. Barriers and Challenges in Reporting Health Concerns. The findings also identified various barriers that hinder WDL from effectively reporting their reproductive health concerns. These challenges are shaped by emotional, personal, and communication-related factors.

Emotional and Personal Barriers to Disclosure. Feelings of embarrassment, discomfort, fear of negative responses, and privacy concerns can make participants hesitant to disclose reproductive health concerns.

Communication and Interaction Barriers with Staff in Reporting Health. Participants often find it difficult to directly approach staff, particularly male personnel. Instead, they communicate through cell leaders, fellow detainees, assigned representatives, or other intermediaries.

Table 7
Coping Strategies

Themes	Subthemes	Number of Responses
Emotional and Psychological Coping Strategies	Management of Emotional Strain	4
	Self-comfort Measures	1
Peer-Based Support Systems	Mutual support among inmates	4
	Sharing of available resources	5

Financial and Resource-Based Coping Mechanisms	Inmate Income-Generating Activities	4
	Monetary Borrowing Practices	3
	Family Support Dependence	3

XI. Emotional and Psychological Coping Strategies. Participants reported emotional and psychological ways of coping in response to unmet healthcare needs and the challenges experienced during incarceration. These responses reflect how individuals manage distress internally when immediate support or solutions are limited.

Management of Emotional Strain. Participants cope with difficult situations by enduring their circumstances, praying, waiting and seeking support from fellow detainees when immediate solutions are unavailable.

Self-Comfort Measures. Participants may use simple self-care measures, such as drinking lukewarm water, to relieve discomfort when immediate medical assistance is unavailable.

XII. Peer-Based Support Systems. Participants described reliance on fellow inmates as a key source of emotional and practical support within the facility. These responses reflect shared experiences, cooperation, and collective ways of coping with daily difficulties in confinement.

Mutual support Among Inmates. Participants rely on one another for emotional and practical support. They describe their cellmates as united and family-like, especially when facing difficulties.

Sharing of Available Resources. Participants cope with limited resources by sharing food, goods, and supplies, helping one another, and combining purchases to reduce expenses.

XIII. Financial and Resource-Based Coping Mechanisms. Participants reported coping strategies involving earning, borrowing, and relying on family support to meet daily and healthcare-related needs. These responses reflect practical ways of addressing limited resources during incarceration.

Inmate Income-Generating Activities. Some participants engage in informal work such as laundry, sewing, cleaning, and substitute work to earn small amounts of money for their needs.

Monetary Borrowing Practices. When resources are insufficient, participants borrow money or items, ask assistance from companions, or join purchases with others.

Family Support Dependence. Some participants depend on family members, particularly spouses or siblings, for financial assistance and other support, although this support may be irregular or limited

DISCUSSION

The findings of the study provide an understanding of the reproductive health experiences of women deprived of liberty (WDL) in a correctional facility in Pampanga, Philippines. Across the six areas examined, the participants described a healthcare system in which basic services were available but were affected by limitations in resources, communication, institutional procedures, and access to external care. The findings further showed that women developed personal and social strategies to manage unmet needs. These results suggest that reproductive healthcare in correctional settings involves not only the availability of services but also the timeliness, consistency, accessibility, and acceptability of those services.

Research Question 1 – Healthcare Services Available to Women Deprived of Liberty

The findings revealed that WDL had access to basic reproductive, maternal, and hygiene-related healthcare services, including scheduled consultations, medical check-ups, medications, prenatal monitoring, hospital referrals, and hygiene supplies. However, participants described these services as limited and inconsistently available because healthcare delivery depended on medical schedules, institutional procedures, donations, and external assistance. This indicates that the presence of healthcare services within the facility does not necessarily mean that women can access all services whenever they are needed. The findings also suggest that healthcare delivery was predominantly reactive. Participants commonly received consultations and medications when symptoms or health concerns were already present, while preventive reproductive health services such as regular screening were less consistently available. This finding is consistent with Shlafer et al. (2020) and McLeod et al. (2025), who identified limitations in preventive reproductive healthcare among WDL. Liauw et al. (2021) likewise described reproductive healthcare in correctional settings as fragmented and sometimes dependent on external healthcare systems. Therefore, reproductive healthcare for WDL should extend beyond responding to immediate symptoms and should include continuous preventive and health-promoting services.

Research Question 2 – Reproductive, Physical, and Psychosocial Health Challenges

The participants experienced a range of reproductive, physical, and psychosocial concerns during incarceration. These included menstrual irregularities, severe menstrual pain, abnormal bleeding, ovarian cysts, PCOS, urinary and genital infections, and other reproductive health conditions. Emotional distress and psychological burden were also reported, particularly when participants witnessed other detainees experience serious illness or death.

These findings demonstrate that reproductive health concerns among WDL are diverse and may require continuous assessment rather than occasional treatment. Limited preventive screening and inconsistent access to hygiene supplies may contribute to difficulties in identifying and managing conditions at an earlier stage. Gharagozloo et al. (2025) similarly emphasized the reproductive health needs of WDL and identified the importance of addressing healthcare limitations within correctional environments. In addition, inadequate hygiene resources and overcrowded conditions may increase vulnerability to infection and discomfort.

The psychosocial concerns identified in the study also demonstrate that reproductive healthcare should not be limited to physical symptoms. Experiences involving illness, separation, confinement, and uncertainty may affect emotional well-being. Cunanan et al. (2024) reported emotional challenges among postpartum mothers deprived of liberty, particularly in relation to separation and custodial conditions. Thus, reproductive healthcare should consider both physical and psychosocial needs.

Research Question 3 – Communication of Reproductive and Maternal Health Concerns

Communication emerged as an important factor affecting healthcare access. Participants frequently communicated reproductive health concerns indirectly through dorm leaders, fellow detainees, assigned representatives, advisors, or family members. Some participants also reported withholding concerns or disclosing them only when symptoms became severe. Embarrassment, lack of privacy, fear of judgment, discomfort in communicating with male personnel, and perceptions that reporting would not result in adequate assistance contributed to this pattern.

` This finding suggests that the accessibility of healthcare depends partly on whether women feel safe and comfortable communicating sensitive concerns. O'Connor et al. (2023) identified stigma and lack of privacy as barriers to the disclosure of health concerns among WDL, while Liauw et al. (2021) reported that women in detention may feel uncomfortable or unheard when discussing reproductive healthcare needs.

Although peer and intermediary communication may help women navigate the healthcare system, it may also create limitations because sensitive information can be delayed, incomplete, or communicated without the privacy expected in professional healthcare interactions. Therefore, correctional healthcare systems should provide communication pathways that allow women to directly and confidentially report reproductive health concerns. Creating a respectful and nonjudgmental environment may encourage earlier disclosure and help prevent delays in assessment and treatment.

Research Question 4 – Provision and Delivery of Reproductive and Maternal Healthcare

The findings showed that reproductive healthcare was mainly delivered through symptom-based consultations, basic health assessments, medications, and referrals for conditions requiring specialized treatment. This arrangement allowed participants to

receive immediate assistance for some health concerns, but it also demonstrated limitations in continuity and preventive care.

Participants who required specialized treatment were referred to external hospitals, including JBLMGH. However, external referrals were subject to administrative procedures, including institutional approval and court orders for certain transfers. These requirements may contribute to delays, particularly when healthcare needs become urgent. Bellass et al. (2022) described correctional healthcare as largely service-responsive rather than preventive, while Kramer et al. (2025) emphasized how dependence on external resources and unstable supply systems can affect continuity of healthcare.

Therefore, having a referral system is important, but the effectiveness of the system depends on how quickly and consistently women can be transferred and treated. A healthcare system should ensure that administrative requirements do not unnecessarily interfere with timely medical care, particularly when reproductive or maternal health conditions require immediate attention.

Research Question 5 – Factors Influencing Access to Reproductive and Maternal Healthcare

Several factors influenced participants' access to healthcare, particularly limited resources, delayed services, inconsistent schedules, dependence on donations, and administrative procedures. Participants reported that healthcare and hygiene supplies were sometimes insufficient, leading them to depend on visitors, donors, family members, or other detainees. Although staff were generally perceived as supportive, resource limitations affected the consistency of healthcare delivery.

This finding highlights the difference between staff support and system capacity. Supportive healthcare personnel may assist participants within the limits of the available resources, but individual efforts cannot fully compensate for shortages in supplies, personnel, or referral resources. Paynter et al. (2025) identified resource scarcity and overcrowding as important factors affecting healthcare inequities in correctional facilities. Orongan et al. (2025) also emphasized delays and system inefficiencies affecting healthcare among WDL.

Dependence on donations and family support may also create differences in access among participants. Women with regular family or external support may have additional sources of hygiene supplies and financial assistance, while those without such support may have fewer alternatives. This suggests the importance of ensuring that essential reproductive healthcare supplies are consistently provided by the institution rather than relying primarily on external assistance.

Research Question 6 – Coping Strategies of Women Deprived of Liberty

Despite the challenges they experienced, participants demonstrated different coping strategies. These included emotional endurance, prayer, acceptance, self-care

practices, peer support, sharing of resources, borrowing money or supplies, income-generating activities, and assistance from family members. Peer support was particularly important because participants provided emotional reassurance and practical assistance to one another.

Stearns and Yang (2021) similarly identified peer support as an important coping mechanism among women in jail. The findings indicate that WDL are active in finding ways to manage their health concerns despite limitations within the correctional environment. However, coping strategies should not be interpreted as evidence that institutional gaps are adequately addressed. Reliance on prayer, peer assistance, borrowing, or self-care may help women manage immediate difficulties, but these strategies cannot replace professional healthcare, preventive services, adequate supplies, or timely treatment.

Overall, the findings demonstrate that reproductive healthcare experiences among WDL are shaped by the interaction of healthcare availability, institutional procedures, communication, resources, staff support, and social networks. While basic healthcare services are available, limitations in continuity, preventive care, supplies, privacy, communication, and timely referral remain important concerns. The findings therefore emphasize the importance of a comprehensive and gender-responsive healthcare approach that provides not only treatment when symptoms occur but also preventive care, adequate resources, confidential communication, timely referrals, and respectful healthcare. Strengthening these areas may help ensure that women deprived of liberty receive reproductive healthcare that responds to their actual needs while preserving their dignity and well-being during incarceration.

Conclusions

This qualitative descriptive study explored the reproductive health needs and access to healthcare services among eleven women deprived of liberty (WDL) in a correctional facility in Pampanga, Philippines. Through semi-structured interviews and thematic analysis, the study examined the reproductive healthcare services available to the participants, the reproductive and psychosocial health concerns they experienced, how they communicated their healthcare needs, how these needs were addressed within the facility, the factors influencing the provision of reproductive healthcare, and the coping strategies they utilized when their needs were not fully met. The findings were organized into six major areas: healthcare services, reproductive health challenges, expressing and communicating healthcare needs, provision of reproductive healthcare, factors influencing reproductive healthcare, and coping strategies.

The findings first revealed that participants had access to several basic healthcare services, including scheduled consultations, medications, hygiene and menstrual health supplies, and referrals to external hospitals when necessary. However, although these services were available, participants' experiences showed that access was not always consistent or timely. Limited resources, inadequate supplies, institutional procedures, and dependence on external support affected the delivery of healthcare services. These

circumstances suggest that the availability of healthcare services does not necessarily guarantee that reproductive health needs will be adequately and promptly addressed.

In addition to limitations in healthcare access, participants experienced various reproductive and psychosocial health concerns. These included menstrual irregularities, severe dysmenorrhea, urinary tract infections, reproductive health conditions, and emotional distress. These experiences demonstrate that WDL require healthcare that goes beyond the management of immediate symptoms. Their needs include preventive care, appropriate treatment, menstrual health support, maternal healthcare when applicable, and attention to their emotional and psychological well-being.

Communication also emerged as an important aspect of the participants' healthcare experiences. Several participants found it difficult to directly communicate sensitive reproductive health concerns to healthcare personnel. Instead, they sometimes relied on fellow detainees, cell leaders, family members, or other trusted individuals to relay their concerns. Feelings of embarrassment, concerns regarding privacy, discomfort when communicating with male personnel, and perceptions that staff could not provide adequate assistance contributed to this indirect form of communication. These findings indicate that effective reproductive healthcare requires not only the availability of services but also an environment in which women feel safe, respected, and comfortable discussing sensitive health concerns.

Furthermore, the provision of reproductive healthcare was influenced by several institutional and resource-related factors. Limited medical resources, delayed referrals, insufficient menstrual hygiene supplies, and procedural requirements created challenges in obtaining timely care. Despite these difficulties, participants demonstrated resilience in managing their health concerns. They relied on emotional endurance, prayer, self-care practices, peer support, sharing of resources, financial assistance, and family support. These coping strategies reflect the participants' ability to adapt to difficult circumstances; however, such resilience should not be viewed as a substitute for adequate and accessible healthcare services.

Taken together, the findings demonstrate that the reproductive health experiences of WDL are shaped by the interaction of individual needs, communication practices, available resources, institutional procedures, and social support. While the correctional facility provides basic healthcare services, gaps in resources, continuity, communication, and timely access remain important concerns. The study therefore emphasizes the need for a comprehensive, accessible, timely, gender-responsive, and respectful reproductive healthcare system that recognizes the specific needs and circumstances of women deprived of liberty. Ensuring such care is important not only for addressing their physical health concerns but also for protecting their dignity, emotional well-being, and overall quality of life while in custody.

Recommendations

In view of these findings, several recommendations are proposed. Women deprived of liberty should be encouraged and supported to communicate their

reproductive health concerns promptly to healthcare personnel or trusted representatives and to participate in available reproductive health education and support programs. Nursing administrators and healthcare personnel should strengthen the consistent provision of reproductive healthcare services, essential medications, menstrual hygiene supplies, preventive screenings, and appropriate referrals. They should also promote privacy, respectful communication, and a nonjudgmental environment where women can discuss sensitive reproductive and maternal health concerns comfortably.

Similarly, correctional facility administrators should strengthen gender-responsive healthcare programs and improve coordination with referral hospitals and other healthcare institutions to minimize delays in treatment and specialized care. Adequate resources should be allocated to ensure the continuous availability of essential reproductive health supplies and services. Nursing education should also give greater attention to the healthcare needs of vulnerable populations, including WDL, by incorporating gender-responsive care, effective communication, reproductive health, and human rights into appropriate learning experiences.

Furthermore, government agencies and relevant healthcare institutions are encouraged to strengthen partnerships with correctional facilities to support reproductive and maternal healthcare programs, preventive services, health education, and referral systems. Finally, future researchers may conduct similar studies in other correctional facilities and with broader populations to further examine the reproductive health experiences of WDL. Future research may also focus on specific concerns such as menstrual health, pregnancy, postpartum care, contraception, sexually transmitted infections, and psychological well-being.

Overall, this study highlights that improving reproductive healthcare among women deprived of liberty requires more than simply making healthcare services available. It requires a coordinated system that ensures timely access, adequate resources, effective communication, privacy, continuity of care, and respect for women’s dignity. Addressing these areas may contribute to a more responsive and equitable correctional healthcare system and help ensure that women deprived of liberty continue to receive the reproductive healthcare they need throughout their incarceration.

Compliance with Ethical Standards

The study followed established ethical principles to protect the rights, safety, privacy, and welfare of the participants. Ethical clearance was obtained from the University of the Assumption Research Ethics Board, and the necessary approval from the correctional facility administration was secured before data collection.

Informed Consent Process

Before the interviews, participants were informed about the purpose and objectives of the study, procedures involved, possible risks and benefits, and their rights. Participation was voluntary, and participants could decline to answer questions or

withdraw from the study at any time without penalty. Each interview lasted approximately 30 to 45 minutes, and permission was obtained before audio recording.

Risk and Inconveniences

The study involved minimal risk; however, participants might experience emotional discomfort when discussing sensitive reproductive health experiences. To minimize this risk, interviews were conducted privately and respectfully. Participants were allowed to skip questions or discontinue the interview at any time without consequences.

Privacy, Confidentiality, and Data Management

Participants' information was kept confidential in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173) and institutional ethical guidelines. Participants were assigned codes such as P1, P2, and P3 instead of using their names, and identifying information was removed during transcription. Audio recordings, and transcripts were stored in password-protected electronic files, while physical documents were secured in a locked cabinet. Only authorized researchers had access to the data. The information will be retained for two years following the completion of the study. After the two-year retention period, digital files will be permanently deleted, while physical documents will be shredded to ensure proper disposal and prevent unauthorized access.

Conflict of Interest

The researchers declared that there were no conflicts of interest associated with the study. No personal, professional, or financial relationships influenced the study's design, data collection, analysis, interpretation, or reporting. The research was conducted independently and solely for academic purposes to maintain objectivity, transparency, and research integrity.

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