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# Reproductive wellbeing in a Philippine women's prison: Lived experiences, institutional barriers, and social networks

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# Outline

- Why focus on women's reproductive health in prison?
- What is the Philippine situation?
- How were data collected and analysed?
- What are the impacts of imprisonment on their reproductive health?

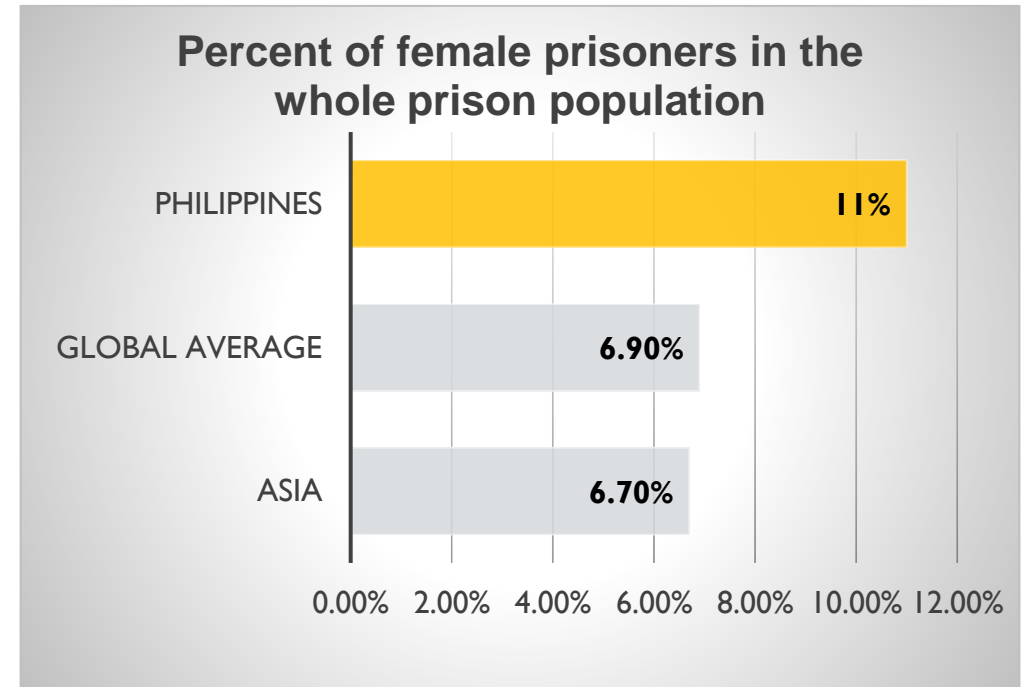


Photo by PH Correctional Institution for Women

# Why focus on women's reproductive health in prison?

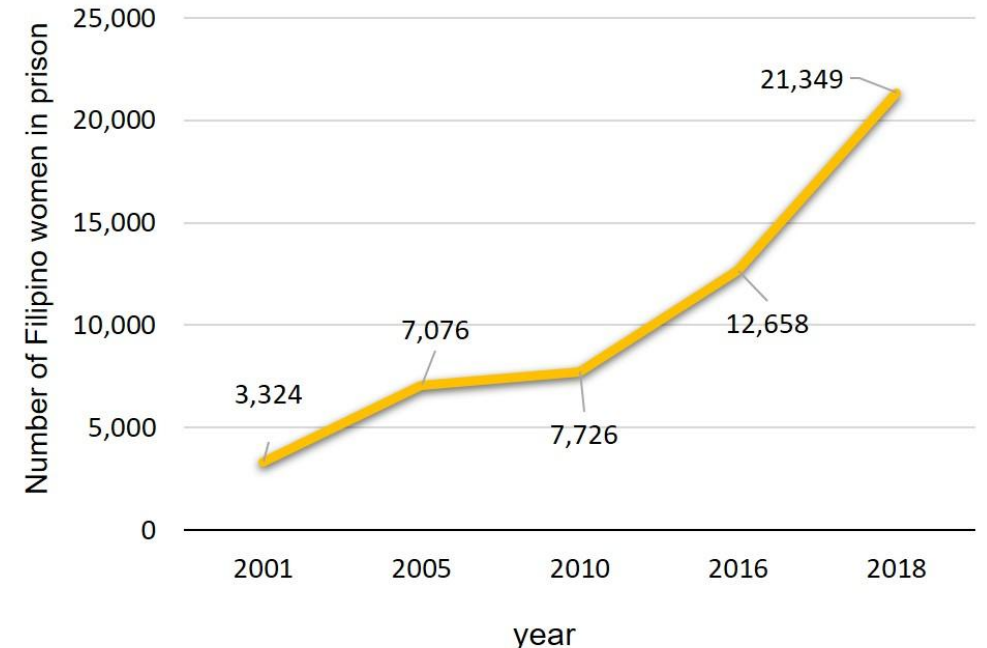
## Proportion of women in total prison population is higher in the Philippines than the global or Asian average in 2018

- Around 10 million people are held in in prison worldwide (women constitute between **2% to 9%** of the whole prison population)
- They are predominantly of **reproductive age, mothers** and **some are pregnant**.
- Female prisoners do not represent a homogenous segment of society.
- Pregnant prisoners' population has been increasing & their needs are **neglected**



# What is the situation in the Philippines?

- PH correctional system is the most over-crowded in the world
- In 2018, 21,349 women were in prison (**11%**)
- Correctional Institution for Women (CIW)– largest women’s prison- **3,364 women** in a space meant for 1,500, with a congestion rate of 234 % in 2021
- 10-15 pregnant women every year (CIW)
- **No conjugal** visit for women (only for male prisoners)



*The number of Filipino women in detention over time*

## Women's imprisonment as reproductive health issue

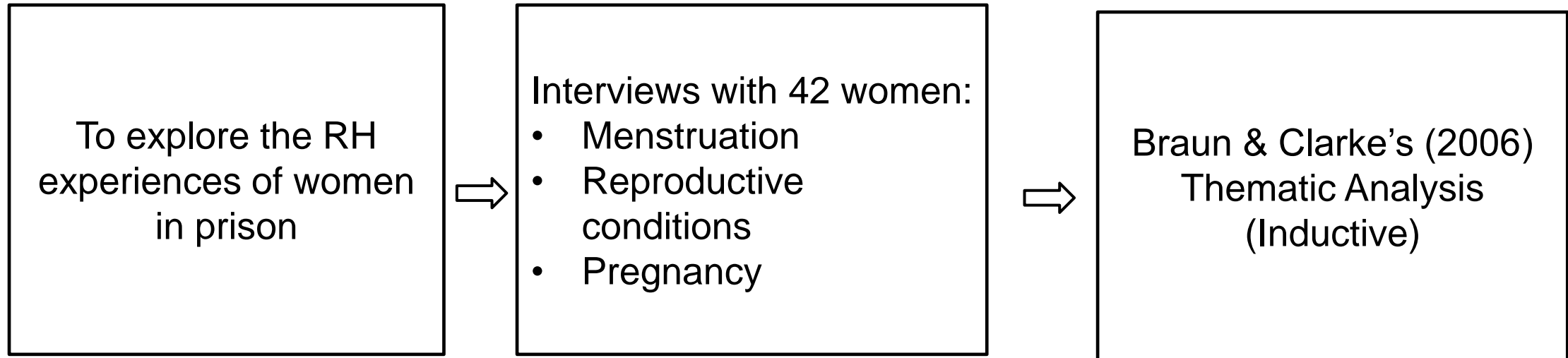
- Incarcerated women are **trapped in a system** that affects their vulnerability to incarceration and their reproductive issues in various ways.
- **Imprisonment amplifies existing reproductive health inequities** of women and creates an **additional layer of reproductive health issues** unique to their prison experiences.
- **Imprisonment impacts women's fundamental reproductive health and rights by confining them, limiting their access to quality reproductive health care, and separating them from their children.**

(Ross & Solinger, 2017; Roth, 2017)

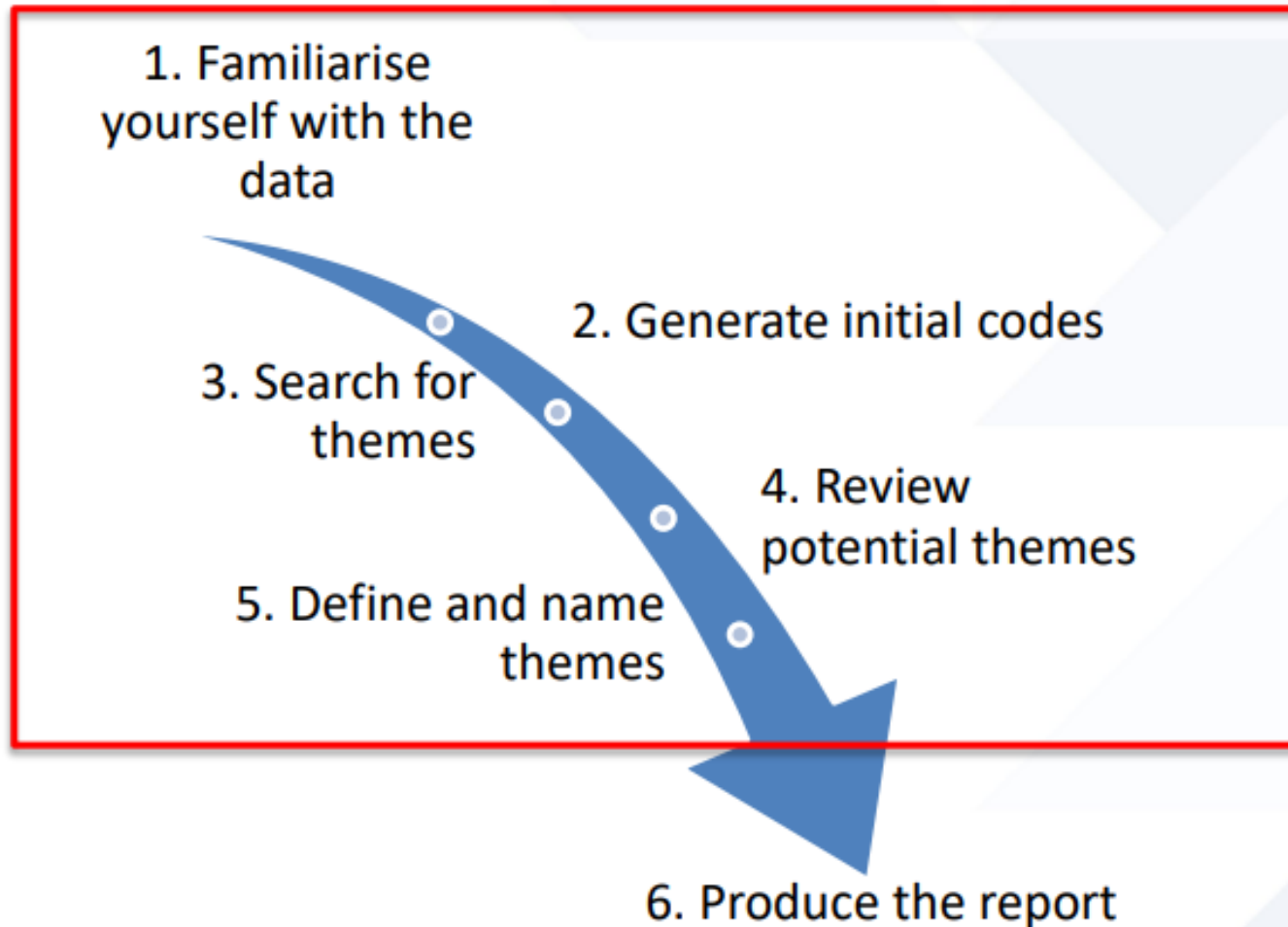
## Prison as 'total institution'

- Prisons have been described as **total institutions** because inmates face various rules and regulations, strict schedules and routines, constant policing and surveillance, & restricted access to the outside world (Goffman, 1961).
- Sykes (1958) identifies **five pains of imprisonment (deprivations)**: 1) deprivation of liberty, 2) deprivation of goods and services, 3) deprivation of heterosexual relationships, 4) deprivation of autonomy, and 5) deprivation of security.

# How were the data collected & analyzed?



# Braun & Clarke's (2006) Reflexive Thematic Analysis



Reference: Braun, V., & Clarke, V. (2006, 2006/01/01). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>



# Overarching themes that encapsulate the women's RH needs in prison

**Social networks as coping resources**

**Reduced capacity to manage needs and discomforts**

**Limited autonomy over reproductive wellbeing**

**IMPRISONMENT**



Photo by Hannah Reyes Morales

# Theme 1: Limited autonomy over reproductive wellbeing

- Lack of timely care, reduced opportunity to control health care, and complicated processes before being sent to the hospital (DOJ permits/ court order).

Ana: We need to follow a protocol here. **We cannot just go directly to the infirmary;** you need to tell the medical assistants in your dormitory to assist you. I had one experience when I had an excruciating menstrual cramp and headache. But I still needed to inform the medical assistants before they brought me into the infirmary.

Clara: **“It is also very hard to get a DOJ permit** because you need someone outside to do the follow-up and manage the paperwork needed for the request, plus I have to wait.

# Theme 1: Limited autonomy over reproductive wellbeing

- The feeling of disempowerment was expressed because of their experiences of **being left unsupported in labour**, and the anxiety of **not being transported early to the hospital**.

Leslie: “That was the most difficult part of my life...I felt helpless, I was alone. I could have saved my baby if I had not been imprisoned. **I told them it was my first pregnancy, and I had no prior experience, they never listened to me.**”

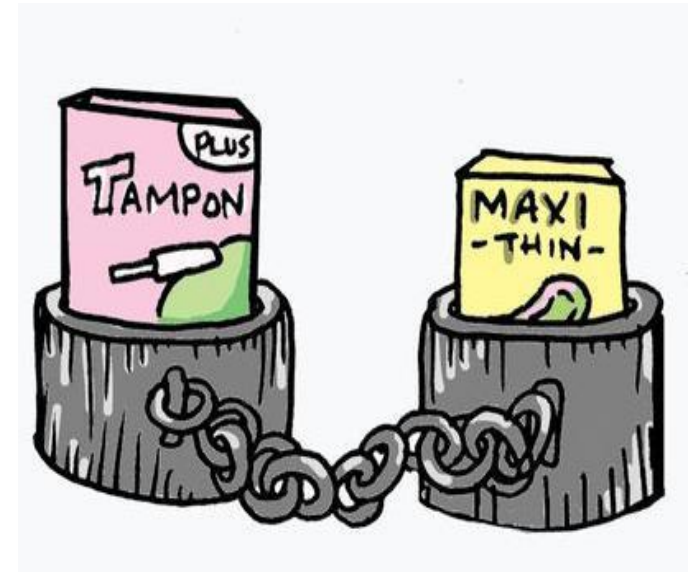
Janna: “I told the medical assistant in our ward that I think I was about to give birth because my pain was getting intense. **She told me that it was not true labour, they could only send me to the hospital when it’s already true labour. Because I was so scared, I lied to her...**I said I couldn’t bear the pain anymore, then they brought me to the hospital. I felt helpless!”

## Theme 2: Reduced capacity to manage needs and discomforts

- Women's challenges of coping with discomforts due to **limited resources, lack of institutional and family support**

Ana: “**Napkins are not adequate and not free and available at all times.** It is either you buy it if you have money or request from your family or friends”.

Chalemie: “No, I’m not comfortable with the given and available pads here...**so sad having limited options as pads are not free at all. The common pads are thin.** There were months that I had to wear three to four pads at a time.”



<https://universitystar.com/23181/opinions/tampons-in-prison-are-a-basic-necessity/>

## Theme 2: Reduced capacity to manage needs and discomforts

- Women's challenges of coping with discomforts due to **limited resources, lack of institutional and family support**

Ada: “Based on my experience there is a shortage of prenatal service and support for pregnant women, I **never received** supply of iron and vitamins.

Bianca: “If I were at home, I would ask my husband and mother to **cook my comfort food. I'd take warm shower. But in here you can't do that.**”

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**Navigating pregnancy in detention: lived experiences in a Philippine women's prison**

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### Abstract

**Purpose:** Imprisonment impacts women's childbearing and mothering experiences. Using sociological concepts of total institutions, pains of imprisonment and gendered pains of imprisonment, this study aims to explore the childbearing

## Theme 3: Social Networks as coping resources

- **Women's social networks (i.e., family and prison peers)** serve as resources to cope with the impacts of imprisonment
  - Source of **financial and material support** (to buy food & other basic needs)
  - Source of **emotional support**
- **Prison peers (other prisoners) play a family-like role**

Ana: “**My *nanay* (mother) here in prison is very supportive.** I call her *nanay* because she always gives me advice and lessons about surviving here in prison.

Jeanneth: “**As a first-time mom,** I am so inexperienced and scared about pregnancy. **However, I managed the difficult time through the help and support of other pregnant women in the mother's ward. They always provided me with advice and support.**

# Conclusion

- The potential of the prison to address the distinct and holistic needs of women has been portrayed as illusory and unworkable, principally because it **contradicts the dominant roles and punitive purposes that define the institution and its routine practices.**
- ✓ No holistic programme for women's RH needs (e.g., menstruation, prenatal, nutrition)
- ✓ Security and custodian rules override women's reproductive needs during hospital visits (i.e. court order/ DOJ permits)
- These **prison practices are remnants of a system designed for male institutions** and are not based on genuine security risks

(Carlen, 1983, 1998; Carlen and Tombs 2006; Hayman 2006; Nieva, 2024).

# Recommendations

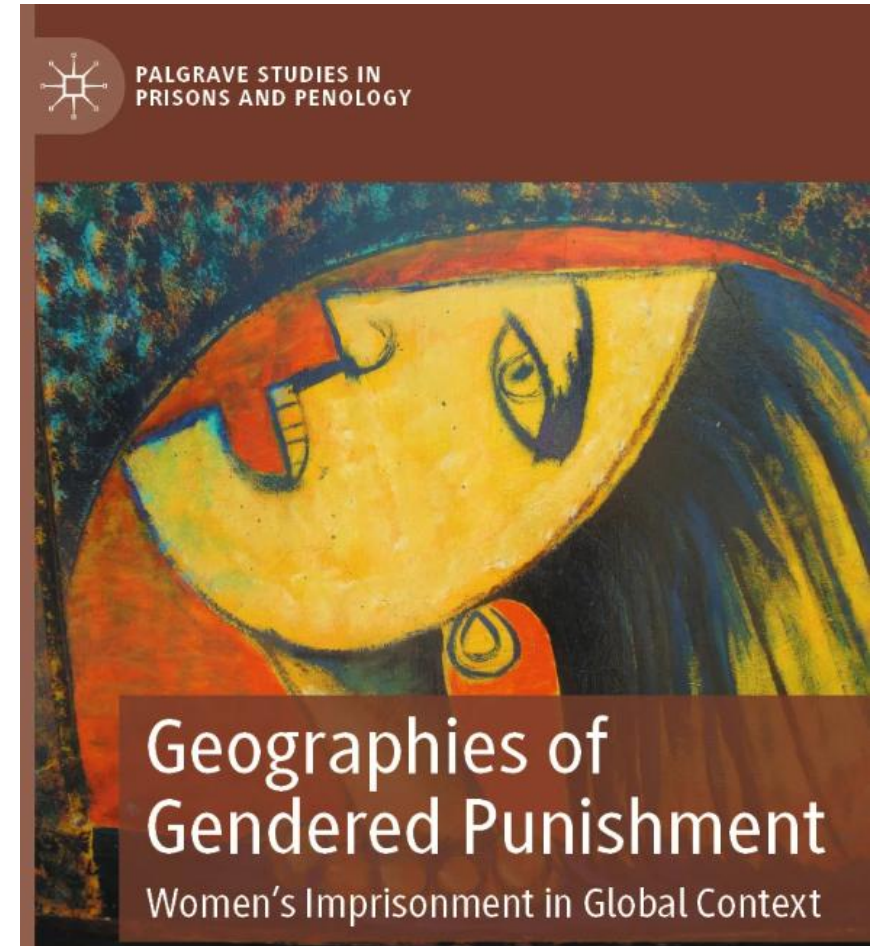
- **Prison authorities should promote healthy menstrual wellbeing by providing regular sanitary and hygiene items.** The U.N. Bangkok Rules explicitly states that governments must invest in facilities and materials required to meet women's specific hygiene needs, including sanitary pads.
- Legislators, DOJ, and DILG could explore different measures, including the exemption, deferral, or substitution of sentences and the prioritization of non-custodial policies such **as house arrest and electronic monitoring.**
- ✓ In Brazil, for example, pre-trial detention is substituted with house arrest for all pregnant women and
- ✓ in Ukraine, pregnant women sentenced to up to five years in prison may be discharged on probation until the child reaches seven years of age.



# Final Messages

- Prison creates distinct challenges for women
- Women's imprisonment as a reproductive justice issue
- Prison reinforces powerlessness and humiliation
- Listening to the stories of pregnant prisoners allows us to improve policy and practice for pregnant women

Nieva Jr, R. (2024). Reproductive Wellbeing in a Philippine Women's Prison: Lived Experiences, Institutional Barriers, and Social Networks. In *Geographies of Gendered Punishment: Women's Imprisonment in Global Context*. Cham: Springer Nature Switzerland.



**THANK YOU  
FOR  
LISTENING!**

