Women Behind Bars: A Qualitative Study of Gender-Sensitive Health Care Experiences in a Model Prison in Northeastern Thailand

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Abstract: This study addresses the concern that women prisoners face unique health needs in correctional settings originally designed for men. In such contexts, gender-sensitive health care remains limited despite international standards like the Bangkok Rules. This qualitative descriptive study is a part of a project entitled "Health Services Systems for Women in Prison." It aimed to explore the perspectives of women prisoners on prison health services, with a particular emphasis on gender-sensitive care in line with the Bangkok Rules and the principle of "Prison Health is Public Health." The study, conducted between December 2022 and June 2024, explored the perspectives of 39 women prisoners and prison public health volunteers in a model prison in northeastern Thailand. Data were collected through in-depth interviews, observations, and document reviews and analyzed using qualitative content analysis. Two major themes emerged. First, participants perceived prison health services as adequate and responsive, highlighting accessibility, timeliness, and comprehensive coverage. Second, several gender-sensitive needs remained unmet, including the demand for pelvic examinations by female doctors, earlier cervical cancer screening, mental health promotion, and peer support networks. Despite the positive perception of prison health services, these gaps underscore the continuous challenges in providing gender-specific care.

The findings highlight the need for policy measures to strengthen reproductive health guidelines, allocate resources, and institutionalize peer support within prison health systems. Nurses play a role in ensuring privacy, trust, and trauma-informed care while coordinating with multidisciplinary teams to implement the Bangkok Rules and uphold the principle of "Prison Health is Public Health."

Keywords: Gender-sensitive, Health services, Northeast Thailand, Nursing, Qualitative descriptive, Women prisoners

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Introduction

Over the past decades, the health of women prisoners has gained increasing concern both internationally and nationally. Globally, women constitute approximately 7% of all prisoner populations, and the rate of female imprisonment has risen by more than 50% in the past 20 years—almost double the growth rate of men.[1,2] In Thailand, about 80% of women prisoners enter the prison system due to economic vulnerability and substance abuse problems.[3] These statistics reflect structural inequalities and complex social contexts that have contributed to the rising incarceration of women.

To address these disparities, the United Nations adopted the Bangkok Rules in 2010, setting international standards for women prisoners and emphasizing maternal care, reproductive rights, and gender-specific health

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policies.[4] As the birthplace of these rules, Thailand launched the *Ratchathan Punsook* Project to create safe spaces, provide female-centered services, and establish volunteer medical teams within women's prison zones. Despite such efforts, both global and local studies reveal that prison systems, initially designed for men, remain inadequate in addressing the unique health needs of women.[5-7]

A previous study in Thailand, Rungreangkulkij et al., combined both male and female prisoners, thereby overlooking women's unique perspectives.[8] Moreover, this study did not explicitly explore the practical application of the Bangkok Rules in designing gender-sensitive health services. Although pilot initiatives, such as the *Ratchathan Punsook* Project, have been implemented to trial the application of the Bangkok Rules, they remain insufficient in addressing the specific health needs of women prisoners. This limitation has also been reflected in national reports, such as Sick in Prison by Vajanasara, which highlighted persistent health challenges among Thai prisoners despite ongoing reforms.[3]

This study, therefore, specifically aimed to explore the perspectives of women prisoners toward prison health services, with particular emphasis on gender-sensitive care in line with the Bangkok Rules and the principle of "Prison Health is Public Health." The findings will contribute to filling this knowledge gap and provide evidence for strengthening prison health policies and professional nursing practices, positioning nurses as key actors in delivering equitable, safe, and gender-sensitive care for women prisoners.

Review of Literature

Despite prison reforms, women prisoners in Thailand continue to face barriers in accessing health services. Studies indicate limited reproductive health care, lack of privacy, insufficient antenatal and family planning services, and the absence of specialized gynecological and mental health professionals.[3,9-11] In some contexts, coercive practices such as non-consensual sterilization have also been reported.[12]

The majority of women prisoners are survivors of sexual violence, leaving them at risk of psychological vulnerabilities such as post-traumatic stress disorder (PTSD) and chronic depression.[13,14] Without trauma-informed guidelines, these vulnerabilities often remain unaddressed, perpetuating cycles of structured violence.

Although the Bangkok Rules provide an international framework, many countries, including Thailand, face significant budgetary and implementation challenges.[2,15-17] While pilot projects such as the *Ratchathan Punsook* Project demonstrate progress, qualitative findings reveal that gender-sensitive health services remain fragmented and unsustainable. For example, postpartum female prisoners in Thailand have been found to lack consistent reproductive and mental health care,[18] while the development of female-specific health facility standards is necessary to address prior inadequacies.[5] In addition, persistent barriers to abortion and contraception services in carceral systems worldwide continue to be reported.[19]

Literature highlights four major gaps. First, prison health systems remain largely male-oriented, with limited adaptation for women's unique needs. Secondly, despite international standards and local pilot projects, the development of reproductive health, mental health, and peer-led interventions for women prisoners remains inadequate. Third, research in Thailand often combines male and female populations, thereby overlooking the specific perspectives and experiences of women.[8] In addition, Vajanasara conducted a qualitative study across four regions of Thailand, including both male and female prisoners and healthcare providers, further highlighting the lack of gender-specific evidence focusing solely on women prisoners.[3] Fourth, Thai evidence indicates that the concepts and determinants of gender-sensitive nursing care, such as privacy, gender-concordant health professionals, trauma-informed approaches, and comprehensive reproductive and mental

health services, have rarely been applied in practice. For instance, studies show that gender issues are primarily discussed in academic discourse rather than implemented in routine nursing practice,[20] that healthcare providers report cultural and training barriers in applying gender-sensitive approaches to intimate partner violence screening,[21] and that transgender people often avoid health services due to discrimination and lack of gender-affirming care.[22] These findings highlight the limited translation of gender-sensitive nursing principles into everyday prison health care. As a result, empirical evidence remains inadequate for developing gender-sensitive nursing practices and sustainable policy interventions.

Study Aim

This qualitative study aimed to explore the perspectives of women prisoners toward prison health services, with a particular emphasis on gender-sensitive care in line with the Bangkok Rules and the principle of "Prison Health is Public Health." Specifically, the study focused on four key aspects: 1) access to services, 2) satisfaction with existing services, 3) women's specific health needs, and 4) recommendations for improving health services that reflect the real contexts and needs of women prisoners. This study was conducted as part of a larger research project entitled "Health Services for Women in Prison," which seeks to promote equitable, appropriate, and comprehensive prison health systems that address the unique needs of women.

Methods

Study Design: This study employed a qualitative descriptive approach, guided by principles of naturalistic inquiry, which allows phenomena to be studied in their natural contexts. The theoretical approach was based on qualitative descriptive methodology that emphasizes staying close to participants' voices while interpreting their lived experiences.[23] The Standards for Reporting Qualitative Research (SRQR) were followed to ensure rigor in this report.[24]

Settings: The study was conducted in a women's prison in northeastern Thailand. This prison was selected from among eight pilot prisons implementing the Bangkok Rules because it was one of the sites under the *Ratchathan Punsook* Project, where gender-sensitive interventions such as separate women's zones and volunteer medical teams were introduced. Selection criteria included readiness for infrastructure, personnel, and administrative support to implement gender-responsive health care. In addition, this particular site was chosen because it represented a model prison with established gender-sensitive practices, ensuring both the feasibility of data collection and relevance to the study objectives.

Participants: A total of 39 informants participated, including 26 women prisoners and 13 prison public health volunteers (PPHVs). The prison had trained PPHVs, women prisoners with prior experience in health care services, to serve as peer health supporters. Following official permissions from the Department of Corrections, provincial and district health authorities, and local administrative organizations, a professional nurse working in the prison acted as the gatekeeper, identifying potential participants and facilitating initial contact. The researcher then approached informants directly at their workplaces or other convenient settings. Purposive and theoretical sampling were employed; participants were initially selected to represent diverse backgrounds, and as data collection progressed, theoretical sampling was applied to include variations in age, incarceration duration, and health experiences, ensuring a broad range of perspectives relevant to gender-sensitive healthcare.

Ethical Considerations: The Center for Ethics in Human Research, Khon Kaen University (HE652152) granted ethical approval for this study. Given that the participants were considered a vulnerable population, verbal informed consent was obtained after providing comprehensive information on the study's purpose,

procedures, potential benefits, and participants' rights, including the right to withdraw at any time without consequences. To protect participants' identities, no names were recorded, and all data were securely stored with access restricted to the research team, thereby ensuring both anonymity and confidentiality. For women prisoners, access and data collection were conducted under the supervision of prison staff to safeguard dignity, rights, and safety; however, staff were only responsible for facilitating access and overseeing overall security, and they were not present during the interview sessions. This arrangement safeguarded participants' privacy and created a secure environment that encouraged candid disclosure. All research procedures were conducted in strict adherence to the ethical principles of respect for individuals, beneficence, and justice.

Data Collection: The first author's prior experience in maternal and child health education programs in prisons facilitated familiarity with the prison setting and helped establish rapport with key stakeholders. Data were collected between December 2022 and June 2024 using multiple qualitative methods, including non-participatory and participatory observations, in-depth individual interviews, document reviews, and field notes.

Non-participatory observation focused on women prisoners' daily activities such as meals, exercise, and health consultations, as well as the physical environment of the prison. In addition, participatory observation was undertaken by joining health promotion sessions, health service activities, and peer-support activities alongside prison nurses, prison public health volunteers (PPHVs), and custodial staff. Observations were carried out about two days per week, for 5-7 hours per day, with systematic field note recording.

A total of 39 individual in-depth interviews were conducted with 26 women prisoners and 13 PPHVs, each lasting approximately one hour, with follow-up interviews arranged when clarification was needed. Interviews were conducted in private and safe settings, including the women's zone director's office. No focus group interviews were conducted. Semi-structured interview questions were designed to align with the four aims of the study: 1) access to services, 2) satisfaction with services, 3) specific health needs of women, and 4) recommendations for improving health services.

To complement and triangulate these findings, official and semi-official documents such as prison health records, morbidity and mortality reports, and evaluation reports from the *Ratchathan Punsook* Project were reviewed. Field notes were used extensively to document observations, nonverbal expressions, and contextual details, with separate sections for descriptive notes and researcher reflections. Data collection continued until saturation was reached, when no new themes emerged.

The researcher also engaged in reflexive journaling throughout the fieldwork, documenting assumptions, emotions, and interactions to minimize bias. Prolonged engagement and familiarity with the prison setting enhanced contextual sensitivity, allowing the researcher to interpret the findings in line with prison culture and gender-specific dynamics.

Data Analysis: All interview data were transcribed verbatim and cross-checked with audio recordings to ensure accuracy. Following a qualitative descriptive approach under naturalistic inquiry, the analysis was conducted using qualitative content analysis.[25] The process involved repeatedly reading transcripts and field notes to gain an overall understanding, identifying and condensing meaning units, and generating codes. Codes with similar attributes were grouped into categories, which were further abstracted into themes and sub-themes through iterative comparison and discussion with academic advisors. A gender-sensitive lens was consistently applied, for example by examining whether health services addressed women's specific needs, such as privacy during physical examinations and conditions unique to women. Data analysis proceeded concurrently with data collection, and

interviews continued until data saturation was reached, when no new themes emerged.

Trustworthiness: Trustworthiness was ensured using Guba and Lincoln's framework, encompassing credibility, dependability, confirmability, and transferability.[26] Credibility was supported by prolonged engagement in the prison from December 2022 to June 2024, persistent observation, and methodological triangulation (interviews, observations, and document reviews). Data triangulation was achieved by comparing perspectives of healthcare providers and women prisoners, while investigator triangulation was ensured through consultation with academic advisors. Member checking was conducted during subsequent prison visits with ten representatives from both groups of informants, namely women prisoners and PPHVs, who reviewed and confirmed the preliminary findings in a private setting. Dependability and confirmability were strengthened through maintaining an audit trail, peer debriefing, and reflexive journaling to minimize bias. Transferability was promoted by providing thick descriptions of the prison context, participants' characteristics, and the healthcare system to enable application in other settings.

Findings

Description of Participants

In studying health services for women prisoners through in-depth interviews with 39 participants, including women serving their sentences and prison public health volunteers, the informants were aged between 21 and 60 years. Of the women prisoners, 26 were single, ten were married, three were widowed, and four identified as lesbians. Their education levels ranged from primary school to master's degree. Several had chronic diseases such as asthma, diabetes, hypertension, psychiatric disorders, HIV/AIDS, tuberculosis, heart disease, thyroid disorders, thalassemia, allergies, and epilepsy.

Prison life experience varied from one month to eight years and three months. All participants (100%) reported having used prison health services at least once during imprisonment, most commonly for health examinations, vaccinations, and treatment of common conditions such as headaches, toothaches, diarrhea, colds, and COVID-19. In addition, 11 participants (28%) had accessed external hospital services for specialized care, including antenatal care, childbirth, postpartum care, hypertension management, epilepsy treatment, and myomectomies (**Table 1**).

Physical Context and Health Services in the Prison

The studied prison, as part of the *Ratchathan Punsook* Project, had a women's health clinic within the female zone, staffed by four professional nurses providing 24-hour care. Emergency response systems included an internal patient monitoring protocol by guards and referral collaboration with a district hospital. Dental services were offered weekly, while specialized care such as obstetrics/gynecology was referred to external hospitals. Observations indicated that although physical infrastructure was sufficient, privacy during consultations was limited, as examination rooms were sometimes shared.

Thematic Findings

Data analysis revealed two main themes: the views of women prisoners regarding prison health services and their specific healthcare needs, as detailed below.

Theme 1: Perceived adequacy and responsiveness of prison health services

This theme captures how women prisoners and prison public health volunteers perceived the accessibility, responsiveness, and comparative quality of health services in the prison. Their perspectives revealed overall satisfaction, highlighting the adequacy of care and a belief that services inside were sometimes superior to those outsides. This theme encompassed three sub-themes.

Table 1. Demographic data of participants (N = 39)

Characteristics	Women prisoners (P) (N = 26)	PPHVs (V) (N = 13)	Total (N = 39)
Age (years)	38.1 ± 11.5	35.5 ± 6.5	37.1 ± 10.2
Age range	21-60	31-39	21-60
Education			
-Primary	9	0	9
-Secondary	12	8	20
-Vocational/Higher vocational	3	5	8
-Bachelor's or higher	2	0	2
Marital status			
- Single	16	10	26
- Married/Cohabiting	8	3	11
- Widowed/Divorced	2	0	2
Chronic diseases	13	3	16
Health service experience	26 (all used services)	13 (all used services)	39
- Used outside hospital care	11	0	11
Time in Prison	1-99 months	31-84 months	1-99 months

Note. Health service experience refers to whether participants had used prison health services at least once during imprisonment. The figure 100% indicates that all participants had accessed services. "Time in prison" is expressed as the minimum to maximum duration of imprisonment in months.

Subtheme 1.1: Satisfaction with existing health services

All women prisoners expressed satisfaction with the quality of services, emphasizing that doctors and nurses were accessible and responsive in emergencies, according to the following informants' statements:

> *"...Improvements or additions? No. Because everything is already good. It's good. I mean, when we're sick, we go to the doctor. And the doctor gives us good care and monitoring. Like, if a prisoner is sick in the room or on a bed, we can call the doctor anytime, and the doctor will hurry up to see the prisoner. ..."* (ID P2_1_10)

Prison public health volunteers (PPHVs) echoed this, noting comprehensive coverage of treatment, disease prevention, rehabilitation, and health education according to the following informants' statements:

> *"...I think it's already good...because there are already three professional nurses caring for prisoners. If you ask me if that covers everything. ..."* (ID V2_2_08)

Field notes supported these accounts by showing that nurses extended their responsibilities beyond routine schedules, conducting follow-ups that reflected attentiveness to women's needs. Complementing these individual efforts, policy-level initiatives such as the "*Ratchathan Punsook*" project, introduced by the prison commander, further emphasized health promotion, rehabilitation, and welfare support. Together, these observations illustrate that the adequacy of care was not only experienced by prisoners and volunteers but also systematically reinforced at the institutional level.

Subtheme 1.2: Accessible and immediate health services

Eight women prisoners described well-organized systems involving guards and staff to ensure continuous

monitoring and timely emergency response, according to the following informants' statements:

> *"...When someone is sick and upstairs, there are guards taking turns keeping watch. The officials tell us to monitor sick friends and report every hour, because the guards change. One night, there might be eight guard shifts, and all of them have to be reported to so they know the symptoms of the patient and if the patient improves. If the symptoms are severe, they have to hurry and call a doctor. ..."* (ID P2_1_10)

Emergency care was also viewed as prompt, even in severe asthma cases, according to the following informants' statements:

> *"...I saw a friend who had asthma. It was like she couldn't breathe. The doctor sprayed the medicine, and she still didn't improve, and so the doctor called 1669 for her to be picked up. While we were waiting, the doctor and several of the guards monitored her until the ambulance came to pick her up. It wasn't long. It was about 15 minutes. The prison and the hospital are pretty far apart, so this is considered quick. ..."* (ID P2_1_06)

Four PPHVs also say that the existing system is already beneficial, according to the following informants' statements:

> *"...When I see a fellow prisoner feeling unwell or sick, I can take her to see the nurse immediately. Even for myself, if I get sick, I can see the doctor (nurse) right away without having to wait. Once I go, I receive care and treatment immediately. This makes me feel reassured that there is always someone looking after us. ..."* (ID V2_2_09)

Observation notes supported this by showing that even at night, sick prisoners were closely monitored by peers and staff, underscoring how systems of care extended beyond professionals to encompass social support mechanisms. Complementing these findings, field notes highlighted standardized protocols such as direct observation of medication to prevent misuse and consistent use of emergency referral systems (e.g., calling 1669), thereby demonstrating coherence between lived experiences and institutional guidelines.

Subtheme 1.3: Prison health services are better than outside

Three women prisoners perceived prison health services as more responsive than community-based care, particularly in terms of timeliness and staff presence, according to the following informants' statements:

> *"...If I were outside, I'd probably not get this kind of care. In here, there are many people to help right away. ..."* (ID P2_1_20)

Two PPHVs emphasized differences in ethos, describing prison health services as more patient-centered rather than profit-driven, according to the following informants' statements:

> *"...Health services here are better than outside. Outside, people work only for money, but here we always get monitoring and screening, not just treatment. ..."* (ID V2_2_07)

Field notes further reinforced this perception, documenting instances such as a nurse staying after hours to monitor a prisoner with hypertension—an attentiveness not typically observed in overstretched public hospitals. In addition, structured services like annual NCD screening provided by the provincial hospital and coordinated vaccination programs supported by the Ministry of Public Health demonstrated that the prison health system not only paralleled but, in certain aspects, surpassed community-based services in both coverage and timeliness.

Theme 2: Gender-specific and unmet healthcare needs

This theme highlights gaps in prison health services where gender-sensitive care and psychosocial support were insufficient. Women prisoners pointed out that they needed female specialists, structured peer support, and more opportunities for health promotion activities. This theme had three sub-themes:

Subtheme 2.1: Demand for specialized and gender-concordant medical services

Four women prisoners strongly expressed the need for female doctors, especially gynecologists, to conduct reproductive health examinations. Reliance on male physicians often led to delayed referrals and discomfort, according to the following informants' statements:

> *"...When I have a problem, like when I have a heavy menstrual flow, I'd like to see a doctor. When I see a male doctor, he only asks and doesn't verify anything. He just says he'll refer me to an outside hospital. By the time I get a queue to go out, it's very long...If possible, I'd like a female doctor who specializes in this* (heavy menstrual flow) *to perform a pelvic exam. ..."* (ID P2_1_21)

Three PPHVs confirmed that gender-concordant care would improve both trust and comfort, according to the following informants' statements:

> *"...if I'd like a woman doctor specialist to come in, it'd probably be about the uterus... pelvic exams. If someone is very hurt and there's a lot of bleeding, someone would probably want a female doctor so she can verify and say that it's like this or that. ..."* (ID V2_2_10)

Field observations reinforced this concern by showing that shared consultation rooms and the predominance of male physicians compromised privacy and discouraged women from openly disclosing sensitive health issues. Complementing these findings, field notes documented the presence of a designated "mother and child room" with breastfeeding corners and maternal health education posters, reflecting partial institutional recognition of gender-specific needs. However, without consistent access to female specialists, such efforts remained insufficient. Moreover, requests from younger prisoners for earlier cervical cancer screening—linked to risk factors such as early childbirth—further underscored the gap between national protocols and the lived realities of women in prison, as illustrated by the following informants' statements:

> *"...I'd like to be screened. I think they select people at 30, like you said. They had such screenings before. This is likely due to the inherent risk associated with women. It's like when I had a child at a young age. It's not just me. Someone gets it. Most of the younger prisoners also want to be screened. ..."* (ID P2_1_09)

Subtheme 2.2: Strengthening peer support for sensitive health issues

Three PPHVs identified insufficient peer support systems for HIV/AIDS, STIs, and mental health. They emphasized the need for trained peer leaders to reduce stigma and provide accurate information, as highlighted by the following statements from informants:

> *"Most of the people here don't know about AIDS. However, at... (a prison in the northeastern region), there would be AIDS peers. But there are still none here. They understand about people who have AIDS. It's like I knew outside, but I've never been a leader, and they don't like that. I'd like to have AIDS leaders here. I'd like them to know and prepare pilot leaders ... so the leaders pass on this knowledge about the disease to their friends. Then their friends can understand and live with people who have AIDS normally. ..."* (ID V2_2_02)

Similarly, peer-led mental health support was considered critical for overcoming stigma and encouraging help-seeking, according to the following informants' statements:

> *"...I'd like to have mental healthcare leaders in the prison because mental health is very important in prison. I came to take care of this, so I'd like to have prisoner leaders to help take care of this. At least, I'd like them to understand that people with mental health problems are not crazy. Many people understand it is like this, so they don't dare to come to me when they have stress or anxiety. It's because they're afraid their friends will think they're crazy. I think that, if we create understanding through these leaders who help me, it should help people with problems to have more outreach to me. ..."* (ID V2_2_05)

Field notes confirmed that women often whispered psychological concerns to peers rather than disclosing them to staff, indicating the value of peer networks as a bridge to professional support. However, in contrast to other prisons that have institutionalized HIV peer-leader programs, this site has not established any structured peer-support mechanisms. This discrepancy highlighted a gap between national recommendations and local practice, leaving women without systematic peer-led support for conditions such as HIV/AIDS and mental health.

Subtheme 2.3: Expanding health promotion and recreational activities

Eighteen women prisoners and PPHVs consistently stressed the importance of recreational and health promotion activities to relieve stress and support mental health, according to the following informants' statements:

> *"...I think having these activities is good. I'd like them to be organized frequently because joining in activities helps keep us from obsessing or overthinking. They can be really relaxing...I noticed that my friends got excited, smiled, laughed, and were happy when they participated. ..."* (ID P2_1_22)

> *"...everything is already positive now. If there's something I'd like more of, I'd like for there to be activities that entertain prisoners so they have fun and relax. It could be music, sporting events, or something like that. I'd like activities to be hosted frequently, because I've seen participants have fun and relax. ..."* (ID V2_2_03)

Observation notes corroborated this, showing that group sporting events lifted mood and fostered social connection, offering a stark contrast to the subdued daily routine. Complementing these observations, field notes also documented organized cultural and religious activities, such as group prayers, music rehearsals, and 'To Be Number One' events, which demonstrated institutional awareness of the psychosocial benefits of recreation. Nonetheless, women continued to express a desire for more frequent and diverse activities, reflecting an unmet need for sustained health promotion and stress relief opportunities.

Discussion

These overarching findings lay the groundwork for a more in-depth discussion of the two themes. The first theme focuses on the perceived adequacy and responsiveness of prison health services, highlighting how structural readiness contributed to women prisoners' positive experiences. The second theme centers on gender-specific and unmet healthcare needs, which reveal the ongoing gaps in reproductive and mental health services, the demand for female professionals, and the importance of peer support. We delve into each theme to illustrate how women prisoners viewed the strengths and limitations of the current system.

Theme 1: Perceived adequacy and responsiveness of prison health services

Informants consistently reported receiving timely and comprehensive health services. Contributing factors included the 24-hour presence of professional nurses in the women's zone, monitoring and reporting systems, volunteer medical teams, and established coordination with referral hospitals and emergency services. Together, these elements reflect how prison health systems can mobilize infrastructure and manpower to align with the principle of "Prison Health is Public Health."[4,27-28] Importantly, these findings suggest that when structural readiness is ensured, women prisoners perceive services more positively. Yet, this structural adequacy does not automatically address their gender-specific needs.

This is consistent with studies conducted overseas that emphasized prison health services should have standards no less than those for patients in general.[29] When compared to case studies in the United States and Europe,[7,11] women prisoners in many countries were found to have continued to face barriers in accessing reproductive healthcare, such as antenatal care and safe abortion, including family planning information. However, in the Thai prison context, this study found that antenatal care and childbirth services were provided according to the Bangkok Rules, although gaps remain regarding safe abortion and comprehensive family planning information.

Therefore, this theme shows the need for policy-level units to have measures for promoting and determining reproductive health service guidelines with greater coverage and friendliness for women prisoners. At the practice level, nurses and prison staff should strengthen their capacity to deliver gender-sensitive, accurate, and confidential services to enhance trust and utilization.

Theme 2: Gender-specific and unmet healthcare needs

Although the women prisoners were satisfied with the overall system, women prisoners continue to have gender-sensitive specialized needs that are insufficiently met by general standards, particularly specialized gynecological medical needs and female doctors to build maximum trust and privacy. This is consistent with previous studies,[12,30-31] which emphasized that most women prisoners usually had records of sexual trauma, and services without privacy would prevent women from revealing truthful health information.

Similarly, one study indicated the limitations of cervical cancer screening guidelines that should not adhere only to age criteria and should be adjusted based on risk groups, such as women with a history of childbirth or sexual intercourse from a young age.[32] This finding aligns directly with women prisoners' own requests in this study, underscoring that gender-blind health policies risk leaving women's reproductive health needs unmet.

In addition, the informants emphasized the importance of developing peer support within the prison to disseminate knowledge and reduce stigma, particularly to help groups with mental health problems or sexually transmitted diseases to have more access to services. This is consistent with previous studies,[8,33-34] which reiterated that establishing prison peer support is a key mechanism in reducing stigma and creating psychological safety. These insights confirm that peer support should be institutionalized as a gender-sensitive intervention within prison health services.

All things considered, it is evident that structural success (Theme 1) does not mean qualitative and gender-sensitive needs (Theme 2) will receive an automatic response if the system continues to use a "one size fits all" approach.[28,35] Although many countries have gender-sensitive care policies and the Bangkok Rules, implementation in real practice has encountered barriers such as personnel shortages, insufficient budgets, or corporate cultures without an in-depth understanding of these themes.

These themes are also consistent with Maslow's Hierarchy of Needs,[36] which explains that physiological and safety needs will be replaced with higher-order

needs after needs are met. Theme 1 reflected how basic needs have been met. However, Theme 2 indicated higher-order needs such as privacy, trust in personnel of the same gender, and peer support networks. All of this is consistent with the 5As framework,[37] which states that health service access encompasses not only availability and accessibility but also acceptability. When compared with other studies,[38-40] an emphasis was placed on showing women's mental health needs would not be met without gender-responsive views. At the same time, it was also reiterated that if the system continues to use a "one size fits all" approach, it will widen inequality after the end of prison sentences, which is truly consistent with the "Prison Health is Public Health" principle.

In Thai contexts, previous research[8] clearly reflects how women prisoners continue to need private pelvic exam services, female doctors, and peer support to create safe spaces for speaking about mental problems and reducing stigma, which was consistent with the findings of this study.

The implications of this study can be considered at two levels. For the *Ratchathan Punsook* Project, the findings suggest the need to strengthen reproductive health service guidelines to ensure greater flexibility, particularly in areas such as cervical cancer screening, family planning, and gender-concordant care. Recruitment and training of additional female health professionals should also be prioritized to increase women prisoners' trust and comfort in receiving care. Furthermore, the institutionalization of peer support networks, especially for HIV/AIDS and mental health, would create safe spaces for knowledge sharing, reduce stigma, and promote timely access to care. For general prison health services, it is essential to ensure the consistent implementation of the Bangkok Rules across all prisons in Thailand. Integrating gender-sensitive training into routine service delivery will help health professionals better understand and address the unique needs of women prisoners, while expanding collaborations with external hospitals can enhance the availability of specialized women's health services, particularly in prisons with limited internal resources.

Building on these findings, future research should expand to comparative studies across multiple prisons to explore contextual variations. In addition, intervention studies are needed to test models of gender-sensitive care, such as peer-support programs, female-led reproductive health services, and the use of telemedicine or mobile health, to evaluate their feasibility and impact in correctional settings. Longitudinal studies are also recommended to examine the health outcomes of women prisoners after their release, providing valuable information regarding continuity of care and reintegration into society.

Limitations

The research had two main limitations, as follows:

1. The sample in this study was women prisoners who had been in prison for a while, which may have caused the data to reflect positive views toward services due to familiarity and successful adaptation. However, time in prison was not always correlated with satisfaction. Therefore, the data should be interpreted with consideration given to personal contexts to understand more diverse views. Moreover, as this study was conducted in a model prison that has more resources and support than typical prisons, the transferability of the findings to other prison settings may be limited. Future research should expand the sample to include prisoners with varying lengths of time spent in prison, as well as those from different categories or regions, to provide broader coverage of the research findings.

2. Although data were collected according to ethical principles and consent, prison contexts may cause some informants to hesitate to reflect negative opinions, which may create social desirability bias. To reduce bias, future studies should employ method

triangulation, such as observations, the use of anonymous questionnaires, interviews conducted by outside research teams, and long-term follow-up studies, to gain a clearer understanding of views that change over time.

Conclusions and Implications for Nursing Practice

This study revealed that even though the selected site was supported as a pilot area for implementing the Bangkok Rules, which promote gender-sensitive approaches, women prisoners continued to face unmet gender-specific needs such as reproductive health care, privacy, and peer support. These findings underscore the need for prison health services to move beyond mere availability and accessibility toward approaches that are genuinely gender-sensitive and dignity-based.

Nurses are central to bridging these gaps: they should ensure privacy in reproductive health services, advocate for female-led examinations, institutionalize peer-support networks for HIV/AIDS and mental health, and foster health promotion activities that enhance psychological well-being. At the same time, they act as coordinators and advocates with multidisciplinary teams to translate gender-sensitive and trauma-informed approaches into practice.

At the policy level, prison administrators and health authorities should strengthen reproductive health guidelines to ensure flexibility in service provision, allocate resources systematically, and expand recruitment and training of female health professionals. Consistent implementation of the Bangkok Rules across all prisons in Thailand will help safeguard the dignity and rights of women prisoners. These actions will promote the principle of "Prison Health is Public Health" by ensuring that prison health services adequately address both structural needs and gender-sensitive issues.

Author Contributions

Conceptualization, Writing—review & editing: T.K., S.R.
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ผู้ต้องขังหญิง : การศึกษาเชิงคุณภาพเกี่ยวกับประสบการณ์การดูแลสุขภาพที่มีความอ่อนไหวต่อเพศภาวะในเรือนจำต้นแบบ ภาคตะวันออกเฉียงเหนือของประเทศไทย

*ตรีนุช คำทะเนตร สมพร รุ่งเรืองกลกิจ**

บทคัดย่อ : การศึกษานี้มุ่งเน้นถึงความกังวลที่เพิ่มมากขึ้นเกี่ยวกับความต้องการด้านสุขภาพเฉพาะของผู้ต้องขังหญิง ภายใต้ระบบเรือนจำที่ถูกออกแบบขึ้นโดยคำนึงถึงผู้ชายเป็นหลัก การดูแลสุขภาพที่คำนึงถึงความแตกต่างทางเพศยังมีข้อจำกัด แม้ว่าจะมีมาตรฐานสากล เช่น ข้อกำหนดกรุงเทพฯ กำหนดไว้ก็ตาม งานวิจัยเชิงคุณภาพแบบพรรณนานี้เป็นส่วนหนึ่งของโครงการวิจัยเรื่อง “ระบบบริการสุขภาพสำหรับผู้ต้องขังหญิงในเรือนจำ” มีวัตถุประสงค์เพื่อศึกษามุมมองของผู้ต้องขังหญิงต่อบริการสุขภาพในเรือนจำ โดยเน้นการดูแลที่อ่อนไหวต่อเพศภาวะตามหลักเกณฑ์ Bangkok Rules และหลักการ “Prison Health is Public Health.” การศึกษาดำเนินขึ้นระหว่างเดือนธันวาคม 2565 ถึงมิถุนายน 2567 ในเรือนจำต้นแบบภาคตะวันออกเฉียงเหนือ โดยเก็บข้อมูลจากผู้ต้องขังหญิง 39 คน และอาสาสมัครสาธารณสุขในเรือนจำ ผ่านการสัมภาษณ์เชิงลึก การสังเกต และการทบทวนเอกสาร ข้อมูลวิเคราะห์ด้วยวิธีการวิเคราะห์เนื้อหาเชิงคุณภาพ ผลการวิจัยพบว่ามี 2 ประเด็นหลัก ได้แก่ (1) ผู้ต้องขังรับรู้ว่าบริการสุขภาพในเรือนจำมีความเพียงพอและตอบสนองได้รวดเร็ว สะท้อนถึงการเข้าถึงที่ง่าย ความรวดเร็ว และความครอบคลุม และ (2) ความต้องการเฉพาะด้านที่ยังไม่ได้รับการตอบสนอง เช่น การตรวจภายในโดยแพทย์หญิง การตรวจคัดกรองมะเร็งปากมดลูกในสตรีอายุน้อย การส่งเสริมสุขภาพจิต และการสร้างเครือข่ายเพื่อนช่วยเพื่อน แม้บริการสุขภาพโดยรวมได้รับการประเมินว่ามีคุณภาพ แต่ยังมีช่องว่างในการดูแลที่คำนึงถึงเพศภาวะ

ข้อค้นพบสะท้อนความจำเป็นในการกำหนดมาตรการเชิงนโยบายเพื่อพัฒนาบริการอนามัยการเจริญพันธุ์ การจัดสรรทรัพยากรอย่างเป็นระบบ และการสนับสนุนระบบเพื่อนช่วยเพื่อนอย่างยั่งยืน พยาบาลมีบทบาทสำคัญในการสร้างความเป็นส่วนตัว ความไว้วางใจ และการใช้แนวคิด trauma-informed care รวมทั้งการประสานงานกับทีมสหวิชาชีพเพื่อผลักดันการปฏิบัติตาม Bangkok Rules

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คำสำคัญ : ความอ่อนไหวต่อเพศภาวะ การบริการสุขภาพ ภาคตะวันออกเฉียงเหนือของประเทศไทย การพยาบาล การวิจัยเชิงคุณภาพแบบพรรณนา ผู้ต้องขังหญิง

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