

ANALYSIS OF COPING BEHAVIOR AMONG FEMALE PRISONERS IN PENITENTIARY CLASS IIA OF PAREPARE SOUTH SULAWESI, INDONESIA

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ABSTRACT

Women in the prison population are a minority and thus vulnerable to various pressures of life. This requires coping efforts in order to handle stress. This study aims to analyze coping behavior in female prisoners. This research is qualitative research with a phenomenological approach. Data were obtained by in-depth interviews, focus group discussions and participatory observation on 23 informants consisting of female prisoners, prisoners' families, health workers at penitentiary, and penitentiary officers in Class IIA Parepare, South Sulawesi, Indonesia. Content analysis is used to identify topics or categories in the data. The results showed that to overcome psychological health problems, several coping behaviors were carried out, namely worship, self-control, distance, avoidance, seeking support, confrontative coping and problem-solving planning. Coping behavior to overcome physical health problems in the form of taking medicine either with the help of health workers or contacting family. To support coping efforts, prisoners get support from family, fellow prisoners and friends outside of the prison and prison staff. It is recommended to Parepare Class IIA Prisoners to carry out a series of promotive and preventive efforts, establish cooperation with health centers and create conducive environmental conditions to maintain the health of prisoners.

Keywords: Physical, coping behavior, health problem, female prisoners, psychic.

INTRODUCTION

Female prisoners are one of the citizen of community coaching. According to the World Health Organization (WHO) women in the prison population are one of the special groups and also a minority group which accounts for 2% to 9% of the total prison population worldwide (WHO, 2014; UNODC and Dirjenpas, 2017). In addition, female prisoners have been given a worse stigma than male prisoners (Viktoria, 2007).

Female prisoners while in Penitentiary experience various life pressures caused by various stressors such as loss of independence, separation from family, lack of time to visit, overcrowding, lack of social support, disciplinary punishment, and physical health problems (Nuria et al., 2016; Constantino et al., 2016; Santos et al., 2019). Holmes & Rahe (1967), stated that being in prison can cause stress on the same scale when someone loses family members (Goncalves & Others, 2016).

Naturally whether we realize it or not, individuals use a variety of coping behaviors or strategies in dealing with stressors (Rasmun, 2004). Prisoners who experience stress in dealing with life in Prison need the ability and support to be able to reduce and overcome these pressures. The response of different actions of prisoners is very dependent on the process of assessment of the conditions being faced (Zamble & Porporino, 1988).

The assessment and coping behavior of female prisoners is influenced by several factors including; age, educational status, length of sentence, level of religious commitment, pre-prison experience such as marriage (especially those with children), and socioeconomic (Aborisade & Fayemi, 2016). Besides self-acceptance, optimism and future expectations also affect coping behavior (Tiarani, 2019). While social support from families and penitentiary staff and vocational skills education provided has an effect on reducing stressors on inmates (Shuhaimi et al., 2018).

Effective coping behaviors will produce adaptation, so that emotional stresses such as anxiety, stress and depression will be reduced and can be overcome. Whereas if the coping behavior that is carried out is not effective it can result in maladaptive (failure of adaptation) which will worsen one's health condition (APA, 2016). Therefore, it is important to analyze the reasons behind coping behavior committed by female prisoners.

Based

on preliminary interviews with nurses at the penitentiary polyclinic (Wi, 34 Years), information was obtained that in the last three years female prisoners complained of various health problems both physiological and psychological disorders. Although psychological health disorders are rarely expressed directly by inmates, psychic disorders can be known from the behavior of prisoners such as depressed, aloof, sad and protracted and sometimes there is a commotion (Penitentiary Class IIA Parepare, December 2019). Based on these problems, researchers are interested in examining coping behavior carried out by female prisoners in class IIA Prison Parepare, Indonesia.

METHODS

This type of research is a qualitative research with a phenomenological approach. This research was conducted at the Class IIA Penitentiary Parepare, South Sulawesi, Indonesia.

Participants were selected via purposive sampling. The information provided by female prisoners, convict families, health workers at penitentiary, and penitentiary officers. Qualitative data were collected using indepth interviews, focus group discussions and participatory observation.

Analysis of the data used in this research is content analysis which is a way to find the meaning of written or visual material by way of systematic content allocation to the detailed categories by dividing the data into small pieces and then coding each part and then gathering the coding into similar and calculated groups.

RESULTS

Coping behavior for psychological health problems (stress)

Informants have varied coping behavior patterns. Types of coping behaviors that focus on emotions include silence, crying, worshipping, keeping busy, entertaining yourself, smoking, and eating a lot. While the type of coping behavior that focuses on the problem is done by the informant is to seek emotional support and instrumental support, vent emotions with anger or hitting, admit mistakes (apologize), and sit together talking to solve problems..

"... When there are problems and lots of thoughts I just keep quiet and sometimes also cry ... I also used to entertain myself, watching and joking with friends ... busy me with any activity, sometimes also writing a letter is also one of my consolations here ... Early here when I feel dizzy, I always want to eat and get hungry fast, so I eat quite a lot at that time ... Every day during here I also tell stories of my life and problems to mama. I also complained about all my problems in my prayers and prayers ... Sometimes I also tell stories to friends so that someone can provide encouragement or advice. When there is a problem with a friend, I also choose to remain silent, I can not fight and I've also directly resolved, invite friends to talk

but accompanied by humor so that he is not angry and the atmosphere is not tense... ”(SSI, YU, 24 yearsold)

“...Whenever there is a problem, stress is usually I always feel emotional, sometimes I fight when someone makes me annoyed. When there is a problem with my family, I usually express all my problems and my heart's content in a diary book ... so that stress is reduced. I also often smoke... ” (FGD, RE, 32 yearsold)

Several factors driving coping behavior revealed by the informant. Factors revealed by informants during in-depth interviews are in line with what was revealed in the FGD. The driving factors, among others, are to avoid increasing problems and to obtain psychological well-being (feeling calm, relieved, reducing longing, and emotions and eliminating feelings of boredom). In addition, the next factor is to get emotional and instrumental support, to be able to sleep, build a strong image, earn income and avoid pain.

The driving factor most frequently expressed by informants is that the informant receives support (instrumental), receives emotional support so that the perceived burden is slightly reduced. Then the driving factor that is also expressed by many informants is to avoid problems so that many informants choose to remain silent when facing psychological problems. The following is an excerpt from an informant interview:

“...Be quiet, so that the problem does not increase, because if you fight it usually increases the problem. Usually I also ask for help from officers, when I have trouble handling problems. Meanwhile, if the story, pray, and also cry, it is done so that the feelings become calm and make the feeling a little relieved... ”(SSI, EL, 46 yearsold)

“...If I get angry but take it out, usually I will feel difficulty in my chest. So to avoid pain, I'd better just take what's in my heart. Then why I rarely explain my problem to friends because if there is a little difference, usually our story is told to others ... Here from morning to evening I do sewing clothes to reduce boredom, can get a little money, and reduce the time to be able to thinking of many things. If smoking is the reason to help reduce the feeling of dizziness and smoking in the toilet.. “ (SSI, MC, 40 yearsold)

Coping behavior for physical health problems

Based on the results of in-depth interviews, there were several categories of coping behaviors conducted by informants when facing physical health problems including: (a) resting; (b) using a balm or the like and doing massage to reduce pain; (c) taking medicine or vitamins; (d) contact the family and ask for a medicine; (e) going to a health worker. The most dominant behavior carried out by informants when feeling pain is taking medicine or vitamins.

To get medicine, the informant usually gets it by contacting the family and asking to buy the medicine or to check with the penitentiary health staff first. The interview excerpts follows:

“...If the pain can still be fixed, I usually just rest. But if I can't stand the pain anymore, I have to check myself with the nurse who is on guard at the post, then after being asked if there is a medicine, it will be taken but if the medicine stock runs out, usually given a prescription, then sent with the family to be bought at an outside pharmacy. Alhamdulillah, if you have taken the medicine, the pain will disappear... ” (SSI, TR, 42 years old)

Information obtained from interviews conducted, FGDs and also monitoring with information from supporting informants (family and penitentiary health workers). The following is an excerpt from an interview by a health worker about coping by female prisoners when they feel sick:

“...Usually if there are nurses who are temporarily on guard, they will come here and tell me about the my illness. They also usually go straight to poly for preparation, if there is a doctor's schedule ... If there can be more stock of drugs, usually they will be given medicine immediately, but if the drug stock is empty, usually they are given a prescription...” (WI, 34 yearsold-health worker)

The biggest supporting factor of the informants came from his immediate family. In addition, other sources of support also come from friends (fellow prisoners, close friends / lovers, friends outside of the prison), and prison staff. This is stated in the following expression:

“...The support of children who made me a little strong and comforted when they came to visit me. My husband also supports me almost every day, always hears my story on the phone and asks me to be patient, correct mistakes, and don't let this error happen again ... here are also some friends who often give support, love, encouragement and advice and penitentiary officers too often help me. When there are problems that I cannot solve, especially problems with friends here, usually I am assisted by an officer to solve them...” (SSI, EL, 46 yearsold)

DISCUSSION

Coping behavior to overcome the impact / physical health problems

The results showed that there was 2 coping behavior carried out by female prisoners in overcoming psychological health problems, namely emotional focused coping and problem-focused coping.

The most dominant coping behavior that conducted by the informant is silent (distance / keep distance). The factors that encourage informants to do this are to control their thoughts and emotions, and so that the problems they experience do not get worse. Furthermore coping which is also mostly done by informants is crying, smoking, worshipping, overeating and difficult to control the distance from sources of stress by busy and or entertaining yourself.

In line with this study, in a research Partyka (2001); Chahal et al (2016); and Shuhaimi, et.al (2018) obtained findings of female prisoners needed in court to deal with problems related to difficulties in overcoming problems. Female convicts try to pull away, keep their distance, and avoid and vent their happiness by crying, trying to occupy themselves with various activities and entertain themselves. But sometimes women also avoid and do maladaptive coping.

According to Taylor (2003) the religious aspect can help individuals to overcome the problem of stress. A religion is a belief system that helps individuals have a perspective / point of view in stress to find meaning and purpose of the stressful event experienced. This religious coping behavior (positive reassessment) can help the informants in this study to overcome the pressures they experienced.

In line with some previous studies, coping conducted on female prisoners in this study is to overcome emotional problems that cause stress / pressure. However, it is not certain that the problem that is involved can be solved, but the factor that encourages the informant to do so is obtaining psychological well-being. The psychological well-being discussed is calm, relieved, happy, burdened on the mind, emotional, homesick, bored and bored.

The next coping behavior carried out by the informant is to seek social support, both emotional support and instrumental support (advice, suggestions and solutions). Factors that encourage informants to do this coping are in addition to getting psychological assistance as well as getting

help and assistance to overcome the problems they face. The most popular source of coping support obtained by informants came from the house, then from friends and also penitentiary officers.

When dealing with problems, female prisoners choose to seek help and sympathy from others. Female prisoners get support from family, friends and other female prisoners (Partyka., 2011; Chahal et al., 2016; Shuhaimi et al., 2018; Mu'jizatullah., 2019).

The form of support that given is moral support, fulfillment of economic needs and other needs. Forms of support provided by friends include moral support and there are also some who get financial support. While the forms of support provided by the penitentiary include moral support, health services, support in the form of coaching programs and also entertainment.

Another problem-focused coping using by 4 informants, namely confrontational coping. Informants who solve psychic problems that are successfully resolved with things that are agreed with the applicable provisions. The type of confrontational coping conducted by the informant is fighting and also hitting.

Coping behavior to overcome the impact / physical health problems

The physical health problems felt by the informant also encouraged him to take a series of actions or behaviors to overcome the problem. The coping behavior in overcoming health problems / physical complaints made by informants in the study is coping behavior that focuses on the problem. Coping type of behavior focuses on the problem that the informant is doing that is planned problem solving.

When the informant feels symptoms of pain or physical complaints, there are some direct actions taken to reduce and overcome the pain. Behavior carried out includes resting, wearing balm, or the like to reduce pain or doing massage in the area of the body that is sick. Then some informants visited health workers if the pain did not decrease, or directly contacted the family by telephone to buy medicine at an outside pharmacy and the next effort was to take medicine.

Factors that encourage informants to conduct this behavior are to obtain psychological well-being, build a strong image and not be easily disturbed by other prisoners. Confrontative coping was also conducted and expressed by participants in Rochelau (2015) research. In some of these studies, it was found that confrontational coping is coping behavior where women tend to vent and engage in acts of violence.

Factors driving this type of coping behavior include, being lazy to take medication so that sick informants choose to rest, wear balm, and also do massage. Meanwhile, the factors that encourage prisoners to take medicine when sick are to relieve pain and so that the body's condition can recover soon. Then the motivating factor for female prisoners visiting health workers is to find out the disease being experienced and in order to get the right therapy for the disease.

In Nowotny's research (2016) it is mentioned that social support and social networking are some of the important things in supporting health care for women in penitentiary. In addition to social support, in this study information was obtained that demographic factors such as education and employment were strong predictors in the selection of health care in prisons.

Drug limitations are recognized by the Parepare prison department. That is because the budget for health from the Center is also limited and not proportional to the number of prisoners in Parepare Prison. In addition to the problem of limited medicine, another obstacle owned by penitentiary

Parepare is prisoners's health insurance , health workers are still lacking, facilities and infrastructure are still limited.

This is in line with research conducted by Firmansyah, et al (2019) that factors that influence the fulfillment of prisoners' basic rights to health services and consumption in penitentiary include, inadequate capacity, inadequate facilities and infrastructure, the available budget is limited. In addition, other factors are related to the rules and not yet the maximum implementation of responsibility by the penitentiary.

CONCLUSION

The coping strategies used by female prisoners to overcome psychological health problems are coping focusing on problems and coping focusing on emotions. The form of coping focused problems in this research is to plan problem solving, confrontational coping and seek help / social support while the form of coping focuses on emotions is worship, keep a distance and avoid. Physical health problems are overcome by coping focusing on the problem of seeking help / support to get medicine from both health workers and families. To support coping efforts, prisoners get support from family, fellow inmates and friends outside the penitentiary and penitentiary officers. Parepare Class IIA penitentiaries are advised to make a series of promotive and preventive efforts and collaborate with public health center to maintain the health of female prisoners in Parepare penitentiary. In addition, creating a more conducive environment, good environmental sanitation, as well as providing more decent and healthier food so that sources of stress and disease triggering factors in can be minimized.

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