

NAVIGATING NUTRITION BEHIND BARS: A PHENOMENOLOGICAL STUDY OF PREGNANT INMATES' PERCEPTIONS

Ratih Sakti Prastiwi^{1)*}, Meyliya Qudriani²⁾, Juhrotun Nisa³⁾

¹*Midwifery Professional Education Program, Politeknik Harapan Bersama, Tegal,
Indonesia*

^{2,3}*Bachelor of Applied Midwifery Program, Politeknik Harapan Bersama, Tegal,
Indonesia*

Email:rs.prastiwi@gmail.com

ABSTRACT

Background: Correctional institutions had made efforts to provide supplemental nutrition for pregnant inmates. This study examined how incarcerated pregnant women understand and respond to the nutritional conditions they face, with particular attention to their perceptions, attitudes, and sense of agency in meeting their dietary needs during imprisonment.

Methods: A qualitative phenomenological approach was used. Between January and March 2024, data were collected through in-depth interviews and participant observation with six pregnant inmates in a women's correctional facility in Indonesia. Thematic analysis was then conducted to identify key patterns and meanings in their experiences.

Results: The analysis identified two main themes: *Perceptions and Experiences About Nutrition* and *Strategies to Meet Nutritional Needs*. Participants viewed prison food as inadequate and often inappropriate for pregnancy, with some expressing feelings of being uncared for. Food was also linked to moral and emotional meanings, including shame and judgment. To cope, women adopted informal strategies such as food sharing, small jobs, or saving money. However, limited nutritional knowledge influenced their choices, leading to misconceptions about what foods were healthy or suitable during pregnancy.

Conclusion: These findings suggest that supporting pregnant inmates' nutritional needs requires more than simply providing food. Emotional, cultural, and social factors should be considered in designing interventions. Collaborative programs, such as group prenatal classes or discussion forums, supported by culturally sensitive educational materials, and policies that support collaboration between prisons, healthcare providers, and community organizations, can help promote healthier behaviors and better support the well-being of pregnant women in custody.

Keywords: *correctional facility, nutrition, pregnancy*

INTRODUCTION

Pregnancy care for incarcerated women has received limited attention in research. As a result, the care provided in correctional facilities often relies on general maternity guidelines that may not fully address the unique conditions of prison environments (Nair et al., 2021). While healthcare services are usually available and relatively accessible, studies have shown that pregnant inmates remain at risk of experiencing negative pregnancy outcomes linked to the specific challenges of incarceration (Moraes et al., 2023). These include structural limitations and emotional stress, which can interfere with the delivery of adequate prenatal care.

One key component of prison-based maternity care is nutritional support. In many countries, including Indonesia, pregnant inmates receive a “pregnancy pack,” which contains supplemental food intended to meet their increased nutritional needs. However, previous studies report that pregnant women in prison often find this food inadequate or unsuitable for their condition. In addition to concerns about taste or portion size, they frequently question the nutritional value and appropriateness of what is provided (Abbott et al., 2020; Alirezaei & Roudsari, 2022b). This reflects a broader public health concern, as the lack of healthy, nutrient-dense food in correctional settings has been linked to poor health outcomes, including those that affect maternal and fetal well-being (Almoayad et al., 2023).

Several previous studies on maternal nutrition in correctional settings have examined regulatory frameworks, gaps in implementation (Alirezaei & Roudsari, 2020; Rivera, 2022; Vitagliano et al., 2024), the consistency of food provision (Dalenogare et al., 2022; Woods-Brown et al., 2023), and the limited dietary autonomy to incarcerated women (Abbott et al., 2024; Alirezaei & Roudsari, 2022a). In addition to these structural and policy-level concerns, some scholars have also explored how food can function as a tool of institutional power, used to regulate behavior, enforce discipline, and reinforce hierarchies within carceral systems (Cakal, 2022; Parsons, 2020). However, food is not experienced by inmates merely as a service or disciplinary tool. For them, it carries complex personal meaning shaped by the tension between institutional control and the need to care for oneself in a highly restrictive environment. While prison authorities may view food as a basic obligation, prisoners often interpret it more deeply as something tied to dignity, care, identity, and agency. These daily encounters with food influence how inmates relate to what they are given, how they cope or resist, and how they interpret the quality of care they receive.

Because food perceptions can strongly shape how pregnant inmates behave in meeting their nutritional needs, this study aims to explore how they interpret the food provided in prison and how these perceptions influence their actions. (Vitagliano et al., 2024). While some previous research has examined food perceptions among incarcerated individuals, qualitative studies focusing specifically on pregnant women remain scarce (Cerbini, 2022; Hervik & Hervik, 2025; Johnson et al., 2023). By identifying how incarcerated pregnant women understand and respond to the meals they receive, this study seeks to better understand their perceptions and the strategies they use to meet their nutritional needs within a highly constrained environment. In doing so, it contributes to a more nuanced understanding of maternity care in carceral settings.

RESEARCH METHOD

This qualitative study employed a phenomenological approach to explore how incarcerated pregnant women understand and navigate their nutritional needs during imprisonment. This design was chosen for its ability to capture the complexity of lived experiences (Creswell & Creswell, 2022).

Participants

The process of participant selection has been described in a previous publication (Prastiwi et al., 2025). Briefly, purposive sampling was used with assistance from a prison midwife, who helped identify eligible participants through medical records. In this study, there were six pregnant inmates (WBP hamil). While the same participants are involved in this study, the present analysis focuses specifically on their experiences related to nutrition, how they perceive their needs, form attitudes, and exercise self-efficacy in the context of incarceration. Although the sample size is small, data saturation was achieved, ensuring

that the experiences captured were comprehensive and minimizing the influence of researcher bias. The findings reflect this specific context, and transferability to other correctional settings may be limited.

Data Collection

Data were collected through unstructured interviews and participant observation at a women's correctional facility in Central Java between January and April 2024. Initial conversations were used to establish rapport and create a space where participants could speak openly. Interviews typically began with the question, "How have you been managing your pregnancy here?", which served as an entry point into broader discussions shaped by each individual's experiences. Subsequent questions were adapted in response to participants' narratives, with probing prompts such as "Can you tell me more about that?", "Could you give an example?", or "What does that mean to you?" Interviews lasted approximately 45 to 60 minutes and were conducted in two to three sessions per participant, either in person or via telephone, depending on access and availability.

Observations were conducted with approval from the correctional facility, focusing on daily routines, interactions with peers and healthcare staff, and emotional expressions during activities such as health check-ups and religious gatherings. Particular attention was paid to behaviors related to nutrition, such as how meals were prepared and distributed, and the contents of the meals, while inmates' food choices and preferences were explored through interviews. Due to restrictions on audio recording, brief notes were taken during each session and expanded immediately afterward to ensure accuracy. While this method had certain limitations, efforts were made to minimize potential bias through the use of reflexive notes, observation triangulation, and close attention to context throughout the data collection process.

Data Analysis

Thematic analysis was used to interpret the data, with attention to recurring patterns in participants' narratives. Transcripts were read multiple times to develop familiarity and to capture initial impressions through manual note-taking. Meaningful segments were coded using short, descriptive labels, which were then refined and organized into sub-themes based on conceptual similarities (Braun & Clarke, 2022). To support trustworthiness, the analysis followed Lincoln and Guba's criteria. Credibility was strengthened through long-term engagement in the field and by creating a relaxed atmosphere during interviews. Many participants shared openly, whether speaking in person or by phone. Paraphrasing was used throughout to confirm understanding during the interviews. Detailed notes were kept to maintain dependability. Confirmability was supported by comparing different data sources, including observations and field notes. Purposeful sampling allowed different perspectives to be included, and data collection stopped when new information stopped emerging, showing that saturation had been reached (Enworo, 2023).

Ethical Approval

Ethical clearance for this study was granted by the Health Research Ethics Committee of Poltekkes Kemenkes Semarang (Reference No. 1140/EA/KEPK/2023).

RESULTS

Most participants were interviewed two to three times, and by the final sessions, no new insights were emerging, indicating that data saturation had been reached. Based on these comprehensive accounts, two main themes (see Table 2) were identified: (1) Perceptions and Experiences About Nutrition and (2) Strategies to Meet Nutritional Needs.

Table 3. Overview of Initial Code, Sub-Theme and Theme

Initial Codes	Sub Theme	Theme
Feeling the provided nutritional is not suitable for pregnancy	Knowledge and Misconceptions	Perception and Experiences About Nutrition
Misconception about nutritional needs	About Nutrition	
Guilt-driven food perception	Emotional and Moral Experiences Around Food	Strategies to Meet Nutritional Needs
Taking turns pooling money to buy food together	Sharing food to fulfil nutritional need	

Perceptions and Experiences About Nutrition

Interviews revealed that providing nutrition is entirely the responsibility of the correctional facility. A health staff member stated that “the meals are calculated by a nutritionist based on inmates’ requirements”. However, many participants perceived that the food provided did not adequately meet the specific nutritional need of pregnant inmates. For example, P1 noted that “the meals are the same”, indicating there is no distinction between food given to pregnant and non-pregnant inmates. Since pregnant women have greater nutritional needs, this lack of differentiation suggests inadequacy. Reflecting this perception, P1 decide to purchase additional food to fulfil her nutritional needs.

“I usually buy side dishes at the canteen. The canteen has many options like fish and chicken. The rations here don’t always have that” (P1)

In contrast, P2 and P4 did not perceive the situation as problematic. P2 mentioned, “the meals are complete; there are vegetable and side dishes too”, and therefore did not feel the need to purchase additional food. Similarly, P4 explained her decision not to purchase additional food from the cooperative, saying, *“I’d rather not. I just make do with what’s available—it’s a matter of getting by, you know, Sis.”*

In addition to regular meals, the correctional facility also runs an “extra fooding” program aimed at pregnant women, breastfeeding mothers and children under two years old living in the facility. According to a staff member, the types of food included in this program are designed to meet the nutritional needs of pregnant women, although the frequency of distribution depends on budget availability. Some participants reported receiving milk and milk biscuits as apart of this initiative. For instance, P4 mentioned that the milk provided was sufficient, which influenced her decision not to seek additional food. However, P1 expressed different view, noting that the milk provided was a children’s formula and therefore not appropriate for pregnant women. As she explained,

“They only give us [name brand] milk here; if you want prenatal milk, you have to buy it at the co-op” (P1)

Beyond nutritional adequacy, interviews also revealed a deeper, more emotional perception linked to guilt and moral judgment. P6, for instance, viewed the meals as intended for inmates who had committed wrongdoing and thus felt unworthy of serving them to her child. P6 described the facility food as “food for sinners”, framing it as a symbolic of punishment. This moral perception rendered the food unsuitable in her eyes, prompting her to consistently purchase meals from the canteen; an option that required financial resources. She shared,

“I work hard here. I take on every job I can, even take over other inmates’ tasks, so I can earn more money to buy things and food for my child. My child is “pure” [crying], so I don’t want to give them the sinner food”. (P6)

These findings show that food in correctional facilities isn't just about meeting basic nutritional needs; it's also wrapped up in feelings, values and how the women see themselves and their situation.

Strategies to Meet Nutritional Needs

Perceptions and lived experiences around nutrition shaped how pregnant inmates developed strategies to meet their dietary needs. One common strategy was collective food pooling and sharing. For example, P1 and P3 created a rotating system in which they and other inmates took turns contributing money to purchase extra side dishes from canteen, making otherwise unaffordable food more accessible.

"We take turns; today two people pool money to buy, tomorrow two others buy. For example, if there's fish, it's divided into four to share". (P1)

For inmates with limited financial means, another approach was to take on as much paid labor as possible within the facility. As previously noted, P6 worked hard to provide for her child's nutrition. Similarly, P5 sought out every available opportunity, including physically demanding tasks, and even offered to take over other inmates' duties to earn extra income.

"I take on as much work as I can, as long as I'm still strong. Sometimes I cover shifts, or wash other inmates' clothes." (P5)

Beyond practical strategies, food also served as a medium for emotional support and social connection. P5 recalled how she once received food from outside and chose to share it with others; not only as a kind gesture, but as a way to maintain good relationships within the prison. This sense of solidarity was especially visible when it came to helping pregnant inmates meet their cravings.

"Whenever I have a little extra, I try to help P2. There was a time when she was craving seblak, and luckily I had enough money to get it for her. I just felt bad—she's pregnant, and it's hard when you can't satisfy your cravings." (P5).

DISCUSSION

Based on the findings of this study, correctional facilities have made institutional efforts to provide meals and additional food programs for pregnant inmates. These include routine meals and initiatives such as the 'extra fooding' program. However, many participants felt that these provisions were insufficient or did not meet their specific needs. Compared to life outside prison, where pregnant women are free to choose their meals and respond to cravings, the standardized meals inside correctional settings left them feeling overlooked. Even supplementary items like milk and biscuits were often seen as inappropriate, especially when they were perceived as being intended for children. This reinforced the perception that their unique nutritional needs during pregnancy were not being taken seriously.

Previous research by Alirezaei and Roudsari (2023) has shown that incarcerated pregnant women often perceive prison food as inadequate but face significant barriers in accessing better alternatives. These barriers are not only structural but also economic and physical. In this study, participants echoed similar concerns. Many felt that the food provided did not meet their specific nutritional needs, and some described feeling they were simply "being fed" rather than genuinely cared for during their pregnancy (Capper et al., 2024). This sense of being treated impersonally led to frustration and shaped negative attitudes toward the food provided. To cope with these limitations, several women described informal strategies such as working during pregnancy or sharing food with others to obtain what they believed were healthier or more appropriate options for themselves and their unborn children. These actions reflect a form of "making do," where individuals find

quiet, practical ways to care for themselves within highly restrictive conditions (Ifeonu et al., 2023). In this study, several pregnant women also described working or sharing food with others as ways to access what they believed were healthier or more appropriate options for themselves and their unborn babies. However, their ability to do so was often constrained by their physical condition and limited access to income, making it difficult or even impossible to earn money or obtain alternative food sources.

Some participants also spoke about food in terms that reflected moral or religious meaning. For example, P6 described prison meals is not suitable for her unborn, suggesting that the food itself carried a sense of judgment or shame. This belief made her reluctant to eat what was provided and added to the feeling that her needs were not being acknowledged. Rather than simply rejecting the food for its taste or quality, her response reflected a deeper discomfort tied to her circumstances. This reaction may stem from implicit moral beliefs about food, internalized ideas about what is acceptable or appropriate to eat, even when choices are severely limited. These meanings are not always consciously recognized, yet they can strongly influence how individuals relate to the food provided (Lakritz et al., 2022). In this sense, food becomes more than just nourishment; it carries emotional, cultural, and symbolic weight. For many incarcerated individuals, food is also tied to their sense of dignity, control, and identity in an environment where agency is otherwise limited (Hervik, 2025).

Building on these meanings, it becomes clearer why nutritional misconceptions persisted among participants. Some women misunderstood the purpose of certain items in the pregnancy pack, such as snacks with child-friendly branding, assuming they were inappropriate for pregnant women, even though these items were selected to meet their nutritional needs. While some literature attributes nutritional misconceptions to individual limitations or assumes that antenatal education within prison is sufficient (Kramer et al., 2023; Sapkota et al., 2022), the persistence of misinformation observed in this study suggests otherwise. Our findings extend this understanding by showing that these misconceptions are embedded in broader sociocultural frameworks, where moral/religious beliefs and symbolic meanings of food shape perceptions of what is appropriate or safe to eat during pregnancy.

A previous study implementing a nutrition education intervention also failed to show significant improvements in outcomes, highlighting concerns about the effectiveness of such programs in carceral settings. However, that study did not explore the broader social and emotional factors influencing food choices (Poulter et al., 2024). This study extends those findings by revealing how misconceptions are not only a result of informational gaps, but also deeply tied to moral judgment, stigma, and emotional vulnerability. Many incarcerated pregnant women relied on assumptions or avoided certain foods due to shame, fear of being judged, or internalized beliefs about what is “appropriate” for mothers, demonstrating that effective nutrition education must also address the social and emotional realities of incarceration. These insights support Silva et al. (2023) argument that nutritional education must be clearer and more detailed, helping individuals make informed food choices that take their social realities into account.

Viewed through the lenses of the Theory of Planned Behavior (TPB) (Bosnjak et al., 2020) and Social Cognitive Theory (SCT) (Schunk & DiBenedetto, 2020) reveals that these two frameworks can be used together to provide a more complete understanding of behavior. The findings of this study indicate that attitudes and normative beliefs shape the nutritional behaviors of pregnant inmates. Many participants described the meals as nutritionally inadequate, but more importantly, some associated the food with punishment or moral judgment. For them, the meals symbolized the idea that, as inmates, they were undeserving of proper nourishment. This belief contributed to feelings of shame and

discomfort, reinforcing the perception that the food was not suitable for someone who was pregnant. These moral and social judgments influenced how women engaged with the food system in prison. Some avoided asking for better food or additional portions, not simply because of institutional rules, but because they felt that doing so would suggest they were rejecting what they were expected to accept as prisoners.

Although their perceived behavioral control was limited by factors such as finances and institutional policies, many still expressed a strong intention to seek alternatives. This demonstrates a level of self-efficacy, as described in SCT, where individuals act on internal motivation despite external constraints. However, their limited nutritional knowledge was a key factor contributing to the misconception that institutional meals were inadequate, which led many to reject the food offered. This highlights the importance of addressing not only what is provided but also how incarcerated pregnant women perceive and interpret nutritional messages. Based on these findings, it is clear that nutrition-related health education in correctional facilities cannot be delivered in the same way as it is for pregnant women outside prison, who typically have better access to information and support. A more comprehensive and collaborative approach to health education that reflects their specific context, beliefs, and knowledge gaps is needed. Such efforts can help shift attitudes and subjective norms in more positive directions and support healthier nutritional behaviors during pregnancy.

This study has certain limitations. Data collection was subject to institutional regulations that limited timing and restricted the use of certain instruments. As a result, there is a risk of bias that cannot be entirely ruled out. However, the research team took several steps to enhance the trustworthiness of the data. These included repeated readings of interview transcripts, ongoing debriefing sessions among team members, and triangulation across data sources to ensure depth and consistency in the interpretation of findings.

CONCLUSION

This study investigated how incarcerated pregnant women experience and interpret nutritional provision in prison, with the aim of understanding the factors that shape their dietary behaviors. The findings show that while correctional facilities offer meals and supplements, many women felt these did not meet their specific needs, either nutritionally or emotionally. Their responses were shaped not only by practical constraints but also by cultural beliefs, moral meanings, and a sense of being overlooked. For some, prison food came to symbolize judgment or neglect rather than care and support.

RECOMMENDATIONS

These findings highlight the importance for policy makers to support collaborative and culturally grounded nutrition programs in correctional settings. Policies that recognize the moral, cultural, and religious frameworks influencing pregnant inmates' food perceptions can help ensure that interventions are relevant and respectful, while also promoting healthier behaviors. Building on these policies, programs such as group prenatal classes or discussion forums (FGDs) can provide opportunities for women to share experiences and learn from each other, while culturally sensitive educational materials make guidance meaningful and applicable to their daily lives. Collaboration between prison staff, healthcare providers, and community organizations can further strengthen these initiatives, ensuring that education is both informative and practically supportive of women's needs.

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