JMU
Jurnal Medika Udayana
ISSN: 2597-8012 JURNAL MEDIKA UDAYANA, VOL. 15 NO.9, SEPTEMBER, 2026
Received: 2025-11-06 Revision: 2026-05-14 Accepted: 30-06-2026

THE DYNAMICS OF COPING STRATEGIES AMONG FEMALE NARCOTICS INMATES IN FACING CORRECTIONAL PRESSURES

I Gusti Ayu Putu Wulan Budisetyani[1], Yusti Probowati Rahayu[1], Andrian Pramadi[1]
[1]Doctoral Program in Psychology, Faculty of Psychology, University of Surabaya, Surabaya, Indonesia
***Corresponding Author**
I Gusti Ayu Putu Wulan Budisetyani
Doctoral Program in Psychology, Faculty of Psychology, University of Surabaya, Surabaya, Indonesia
e-mail: s159120001@students.ubaya.ac.id

ABSTRACT

Introduction: Female narcotics inmates experience multiple forms of pressure during incarceration, including physical, psychological, and socio-institutional pressures. Understanding how they cope with these pressures is important for explaining the processes through which resilience is maintained in a correctional setting.
Objective: The study aims to examine the dynamics of coping strategies and how coping connects internal and external protective resources with the risks encountered.
Methods: Using a qualitative case-study design within a social-constructivist paradigm, in-depth semi-structured interviews, participant observation, and document/artifact review were conducted with 15 female narcotics inmates at the Class IIA Women's Correctional Institution (LPP) Kerobokan, Bali, triangulated with two medical officers and three customary-village officials. Data were analyzed using inductive-deductive thematic analysis within Ungar's Social Ecological Resilience Theory (SERT).
Result: Participants faced physical pressures (withdrawal symptoms, dysmenorrhea, migraines, ovarian cysts), psychological pressures (craving, guilt, longing for family, anxiety, perceived sentencing injustice), and socio-institutional pressures (seniority, limited staff, customary/adat sanctions, stigma, boredom). Two coping patterns emerged: adaptive problem-focused coping, including help-seeking, counseling, contacting family, consulting senior inmates, vocational activities, and prayer; and maladaptive emotion-focused coping, expressed through acting out (fighting, wall-punching). Coping linked internal protective resources (*Karmaphala* belief, *kudiang men* women acceptance, hope) and external resources (family, peers, officers, clinic services) with continuing risk factors. Coping was dynamic, with participants showing adaptive or maladaptive responses depending on stressor intensity and resource accessibility.
Conclusion: These findings indicate that coping strategies form a culturally embedded bridge between adversity and resilience, with implications for gender- and culture-sensitive correctional intervention.
Keywords: Coping Strategies, Female Inmates, Narcotics, Correctional Pressure.

INTRODUCTION

Narcotics abuse continues to rise in Indonesia. A prevalence survey for the 2023–2025 period, released by the National Narcotics Board (BNN) and the National Research and Innovation Agency (BRIN) in late 2025, recorded a national drug-abuse prevalence of 2.11% (approximately 4.15 million people), an increase from around 1.73% in previous years[1]. Official data from the Directorate of Narcotics Crime of the Indonesian National Police (Bareskrim Polri) recorded 38,934 narcotics-trafficking cases between January and October 2025, with 197.71 tons of evidence seized and 51,763 suspects arrested, of whom 2,791 (about 5.39%) were women, 2,764 of them Indonesian citizens[1]. Women are therefore no longer positioned merely as victims or marginal actors but are integrated into the operational chain of narcotics crime, whether as users, couriers, dealers, or members of trafficking networks.

Bali, as an international tourism destination with high cross-border mobility, is particularly vulnerable to narcotics trafficking, and the province has increasingly been identified not only as a distribution market but also as a production site. This has been accompanied by rising involvement of Balinese women in narcotics cases. Unlike

doi:10.24843.MU.2026.V15.i9.05

women elsewhere in Indonesia, Balinese women—whether of Balinese ethnicity or raised within Balinese culture—live within a distinctive patriarchal socio-cultural system that positions men above women and treats women as subject to male authority[2,3]. At the same time, this patriarchal ideology also drives women toward economic diligence, reflected in the value of jengah pang ngelah ja sekaya (the spirit of striving to attain one's own or shared wealth)[4]. Such cultural conditions place Balinese women—and non-Balinese women raised in Balinese environments—in multiple domestic, economic, and social roles that become especially salient once they are incarcerated for a narcotics offense, because cultural pressure shapes both the psychological burden and the resources available to them.

Women's involvement in narcotics trafficking is often driven by economic need, invitation by a partner, or instruction from a fellow inmate, with unequal power relations between men and women making refusal difficult[5]. During legal proceedings, female suspects frequently face layered forms of pressure, including intimidating questioning without adequate legal counsel and heightened vulnerability to sexual violence [6,7].F emale inmates are also more prone to psychological disorders and relapse than male inmates[8], and separation from children and family further damages their mental health[9]. Stigma and labelling restrict access to education and employment and generate feelings of failure as a mother[10], and female narcotics offenders are frequently subject to additional financial exploitation inside correctional facilities[11]. Within the correctional institution itself, Balinese female narcotics inmates confront overcrowding, limited staffing, seniority hierarchies among inmates, and the possibility of customary (adat) sanctions upon release, layered on top of withdrawal, craving, guilt, and longing for family.

Much existing research addresses resilience among incarcerated or marginalized women at a broad, structural level, yet the moment-to-moment strategies women actually use to manage these compounding pressures—their coping strategies—deserve focused, contextual analysis, since coping is the operational mechanism that connects adversity to either adaptive or maladaptive outcomes. This article is drawn from a broader doctoral dissertation examining resilience among 15 Balinese female narcotics inmates through the lens of Ungar's Social Ecological Resilience Theory (SERT); the present article isolates and examines specifically the dynamics of the coping strategies these women employed in facing correctional pressures—their forms, the resources that shape them, their consequences, and their relationship to the broader resilience process.

2. METHODS

This study used a qualitative case-study approach within a social-constructivist paradigm, which assumes that individuals construct subjective understanding of their experience within a specific social and cultural context[22]. The case-study design was chosen because it enables in-depth exploration of a bounded, distinctive setting and combines multiple sources of evidence[23,24].

Participants were 15 female narcotics inmates at the Class IIA Women's Correctional Institution (LPP) Kerobokan, Bali, selected purposively according to inclusion criteria: Indonesian women aged 18 years or older who were Balinese or lived according to Balinese culture; facing their first narcotics-related legal case; active narcotics users or dealers for at least six months prior to arrest; having family left behind during imprisonment; sentenced to more than one year; and having served at least six months in the facility. Exclusion criteria included acute withdrawal or acute psychiatric symptoms, current disciplinary sanction, or an imminent transfer to another facility. Data were triangulated with two clinic medical officers and three customary-village (*desa adat*) officials from participants' home villages.

Data were collected between September and December 2023 through semi-structured in-depth interviews guided by an 18-item interview protocol (covering, among others, narcotics-use history, withdrawal experience, stress and coping, family background, religious practice, meaning-making, self-acceptance, legal-process experience, family and partner reactions, peer relations, institutional programs, health and rehabilitation services), participant observation, and review of participant artifacts. The interview guide was piloted and revised before use. Each participant was typically interviewed twice, for 1–2 hours per session, with member-checking conducted in a follow-up meeting.

Data trustworthiness was established following Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability[25], applying source triangulation, prolonged engagement, pilot testing, and member checking. Data were analyzed using inductive and deductive thematic analysis[26], following the six-phase procedure of familiarization, initial coding, searching for themes, reviewing themes, defining and naming themes, and

doi:10.24843.MU.2026.V15.i9.04

producing the report[27], assisted by MAXQDA software. Data saturation was reached when no further new codes or themes emerged from additional participants[28].

Ethical procedures followed standard qualitative-research safeguards for a vulnerable population: written informed consent was obtained from every participant prior to data collection, participation was voluntary with the right to withdraw at any time, interviews were paused whenever a participant showed strong distress, and confidentiality was maintained by using pseudonymous participant codes and disguising identifying details. The study protocol was reviewed under the doctoral research procedures of the Faculty of Psychology, University of Surabaya.

RESULTS

Participant Characteristics

The 15 participants varied in marital status (married, single, and divorced), sentence length, and prior life circumstances, but shared the common experience of undergoing withdrawal at the start of incarceration and of being separated from family. Participants are referred to by pseudonyms (e.g., Putri, Weni, Siwi, Astuti, Sunerti, Kusuma, Erna, Giri Putri, Sasa, Indra, Arsani, Antari, Novianti, Triani, Dewi Seni) consistent with the confidentiality procedures of the parent dissertation.

Sources of Correctional Pressure

Thematic analysis identified three interrelated clusters of pressure. Physical pressures included withdrawal symptoms experienced by nearly all participants at the start of incarceration, alongside dysmenorrhea, migraine, ovarian cysts, bleeding, and injuries from interpersonal conflict. Psychological pressures included craving, guilt toward family and the customary village, longing for children or parents, social jealousy, anxiety, and a perception of unjust or disparate sentencing. Socio-institutional pressures included seniority hierarchies among inmates, limited numbers of staff relative to inmate needs, the absence of formal inmate classification, boredom due to restricted activity, concern about a *Ngumbang* (divorced women from nyerod marriage) social status, and anticipated customary (adat) sanctions after release.

Coping Strategies Identified

Two broad coping patterns emerged from the data, summarized in Table 1: adaptive problem-focused coping and maladaptive emotion-focused coping. Problem-focused coping included visiting the institutional clinic, consulting a counselor, contacting family by phone or video call, seeking guidance from senior inmates, and engaging in vocational activities such as sewing, cooking, hairdressing, flower arranging, and handicrafts. Maladaptive emotion-focused coping was expressed through acting out, principally fighting with fellow inmates and punching walls when emotional pressure could not be regulated through more adaptive means.

Table 1. Coping strategies identified among participants

Coping Pattern	Orientation	Observed Forms
Adaptive coping	Problem-focused	Clinic visits; counseling; contacting family; consulting senior inmates; vocational activities; prayer
Maladaptive coping	Emotion-focused (acting out)	Fighting with fellow inmates; punching walls

Coping was not uniform across participants but varied according to the specific combination of stressors each faced. Putri drew on her father's visits, a sense of being cared for by staff, and *Karmaphala* belief to face withdrawal and guilt, using the clinic and confiding in friends as coping. Weni, confronting withdrawal, dysmenorrhea, migraine, longing for her child, stigma, and customary sanction simultaneously, combined clinic visits, guidance from senior inmates, and peer emotional support. Siwi managed severe withdrawal and anxiety about a six-year sentence through the clinic, prayer, and confiding in friends. Astuti, facing divorce, a *Ngumbang* status concern, and the absence of visitors, relied more heavily on the clinic and fellow inmates. Sunerti used culinary and flower-arranging activities together with clinic services to manage craving and pressure, while Kusuma displayed both help-

doi:10.24843.MU.2026.V15.i9.04

seeking (clinic) as adaptive coping and, at other times, acting out through fighting. Erna combined clinic visits, calls to her husband, and support from fellow mothers to face reproductive-health problems, longing for her child, and stigma concerns. Indra, serving a seven-year sentence, found an alternative orientation through bag-making training. Arsani used guidance from senior inmates to manage anxiety about customary sanctions, while Antari, lacking family visits, built sibling-like relationships with fellow inmates. Novianti emphasized self-acceptance amid marital abandonment, Triani used counseling and rational analysis of her relationships, and Dewi Seni used counseling and conversation with older inmates to manage guilt toward her child and father. This variation indicates that no single coping form or protective factor applies uniformly; resources become effective coping tools when they match a participant's specific needs and personal or cultural meaning.

Coping in Relation to Marital Status

Marital status shaped the relational context of coping without determining its overall adequacy. Married participants drew on spousal visits and family communication as a source of hope, even though longing for a spouse or child was itself a source of emotional pressure; the same relationship therefore functioned as both a vulnerability and a protective resource, and its protective value depended on whether support was actually received rather than on marital status alone. Single participants relied more on parents, siblings, friends, and fellow inmates, with peer relationships often functioning as a substitute family providing validation and a outlet to reduce craving and anxiety. Divorced participants faced compounded vulnerability through loss of spousal support, but this experience also appeared to promote internal resources such as self-acceptance, independence, and future orientation, so that coping for this group was expressed more through reconstructing meaning and life direction outside the marital relationship.

DISCUSSION

The findings show that coping functioned as the pivotal mechanism connecting risk factors and protective resources to the broader process of resilience. Protective resources—whether internal (Karmaphala belief, kudiang men acceptance, hope, self-acceptance) or external (family, peers, officers, clinic services, vocational programs)—did not by themselves produce resilience; they became protective only when participants actively navigated toward them and used them through coping behavior[12,13]. This is consistent with SERT's emphasis that resilience is not simply a matter of "being strong," but a question of what resources are available, whether they can be accessed, and whether they are used in a culturally meaningful way[13,14].

A central finding is that adaptive and maladaptive coping could coexist within the same individual. Kusuma used the clinic as an adaptive coping resource but also engaged in physical fights; Sasa relied on cellmate relationships and hope for the future as sources of support, yet responded to boredom and anger by punching walls. This pattern indicates that resilience should not be understood as a binary of "resilient versus not resilient," but as a process capable of moving toward more constructive adaptation, or the reverse, as pressure intensifies and resources are strained[12,15]. Maladaptive acting out can be understood as an attempt to regulate emotional pressure when more adaptive regulatory resources are not sufficiently available or immediately accessible; it may provide short-term emotional release but does not resolve the underlying stressor and risks generating new interpersonal consequences within the facility.

Coping among participants was consistently found to develop through experience rather than emerging as a fixed, spontaneous response. When help-seeking through the clinic, counseling, family contact, vocational activity, prayer, or guidance from senior inmates proved effective in reducing pressure, participants tended to reuse and reinforce these strategies; conversely, when adaptive strategies were unavailable or insufficient, acting out could emerge as a more immediate, though less constructive, alternative. Viewed through SERT, this indicates that coping forms through the reciprocal relationship between individual capacity and the resources available in the environment; the development of coping is therefore a dynamic, ongoing learning and adjustment process rather than a static trait[13,14].

The ambivalent character of social resources was also evident: peer relationships among inmates could serve as a source of emotional support and a "replacement family," particularly for participants who received no family visits, yet the same peer network could also become a source of conflict, seniority pressure, and jealousy[20]. This reinforces the SERT principle that the function of a given resource is not universal but depends on context and its interaction with other factors. Family and institutional staff support functioned similarly: their protective value depended on

doi:10.24843.MU.2026.V15.i9.04

whether that support was actually accessible and experienced as meaningful, rather than on their formal presence alone, a pattern consistent with findings on maternal incarceration and family disruption[17] and on the quality-dependent nature of relational resources among incarcerated populations more broadly[19].

Marital status functioned as a differentiating ecological context rather than as a protective or risk factor in itself. Among married participants, family functioned as both a source of emotional vulnerability, through separation and longing, and a source of motivation and hope; among single participants, parents, siblings, and peer relationships carried more weight as coping resources; and among divorced participants, coping was expressed more through the reconstruction of self-acceptance and future orientation outside the marital relationship. This is consistent with the view that relational resources are protective only to the extent that they are actually accessible and meaningfully used, not simply by virtue of their formal existence[19].

Coping also carried a distinctive character shaped by the intersection of gender and narcotics-related experience. Beyond managing the general demands of incarceration, participants had to manage craving and the risk of relapse, guilt tied to their maternal or family role, reproductive-health needs, and anticipated stigma upon release—demands that made their coping repertoire more layered than a generic account of correctional adaptation would suggest. Hope for the future, including plans to work, reunite with family, or repair relationships, functioned as a significant motivational resource that helped participants understand incarceration not solely as endurance until release but as a period during which post-release life could be actively prepared for[18].

Balinese cultural resources gave the coping process a distinctive local character. Karmaphala provided a cognitive framework through which incarceration could be interpreted as a consequence to be accepted and an opportunity for self-correction, while the colloquial expression kudiang men allowed participants to accept circumstances that could not immediately be changed without lapsing into passivity. Both functioned as culturally embedded, meaning-focused coping resources that reduced internal conflict and supported continued engagement with institutional activities, illustrating SERT's proposition that a resource becomes protective only when it is invested with culturally specific meaning by the individual who holds it[13].

CONCLUSION AND RECOMMENDATIONS

Coping strategies among the 15 Balinese female narcotics inmates functioned as the operational, socially and culturally embedded mechanism linking risk factors and protective resources to resilience. Two broad patterns—adaptive problem-focused coping (help-seeking at the clinic, counseling, family contact, peer and senior-inmate support, vocational engagement, and prayer) and maladaptive emotion-focused coping (acting out through fighting and wall-punching)—coexisted dynamically within the same individuals and shifted according to the intensity of pressure and the accessibility of resources at a given time. Coping was therefore best understood not as a fixed personal trait but as a process of navigating and negotiating available resources, shaped by gender, narcotics-related experience, institutional conditions, relational context, and Balinese cultural meaning.

Several recommendations follow. For correctional practice, institutions are encouraged to strengthen early detection of craving and emotional distress, expand access to clinical and counseling services, structure the involvement of senior inmates as a positive mentoring resource rather than a source of hierarchy-based pressure, and address overcrowding and the absence of formal inmate classification. For future research, longitudinal designs are recommended to trace how coping strategies change from pre-incarceration through release and community reintegration, and further study is warranted on how Karmaphala and kudiang men shape coping among broader and more diverse samples of Balinese women. For participants themselves, continued strengthening of adaptive coping—through consistent use of clinical, counseling, family, and vocational resources alongside spiritual and cultural meaning-making—is recommended to support sustained resilience and reintegration.

This study is limited by its focus on a single correctional institution and a culturally specific participant group, which constrains generalization to male inmates, other offense categories, or other cultural settings; its cross-sectional character, which captures coping at one period rather than its full trajectory; and the sensitivity of the topics discussed, which may have limited the extent of disclosure by some participants. These limitations do not diminish the study's contribution but indicate that coping among female narcotics inmates should be understood as a contextual,

doi:10.24843.MU.2026.V15.i9.04

dynamic, and multidimensional process best interpreted within its specific social-ecological setting.

ACKNOWLEDGEMENT

The authors thank the promotor and co-promotor of the doctoral dissertation from which this article is drawn, the management and staff of the Class IIA Women's Correctional Institution (LPP) Kerobokan, Bali, and all 15 participants for their willingness to share their experiences.

REFERENCES

1. Puslitdatin. Survei Prevalensi Penyalahgunaan Narkoba 2023–2025. Pusat Penelitian, Data, dan Informasi Badan Narkotika Nasional; 2025.
2. Bhasin K, Khan NS. Persoalan Pokok Mengenai Feminisme dan Relevansinya. Jakarta: Gramedia Pustaka Utama; 1995.
3. Widayani NMD, Hartati S. Kesetaraan dan keadilan gender dalam pandangan perempuan Bali: studi fenomenologis terhadap penulis perempuan Bali. Jurnal Psikologi. 2015;13(2):149-62.
4. Artadi IK. Manusia Bali. Denpasar: Bali Post; 1993.
5. Puspitasari N. Kerentanan Kurir Narkotika Perempuan dan Hukum yang Tak Peka: Monitoring dan Dokumentasi 2020. Jakarta: Lembaga Bantuan Hukum Masyarakat; 2020.
6. Stoicescu C. Perempuan Bersuara: Memahami Perempuan Pengguna Napza Suntik di Indonesia. Jakarta: PKNI; 2016.
7. Malinowska-Sempruch K, Rychkova O. The Impact of Drug Policy on Women. New York: Open Society Foundations; 2015.
8. McKeown A. Female offenders: assessment of risk in forensic settings. Aggress Violent Behav. 2010;15(6):422-9.
9. Atabay T. Handbook on Strategies to Reduce Overcrowding in Prisons. Vienna: United Nations Office on Drugs and Crime; 2013.
10. Kury H, Redo S, Shea E, editors. Women and Children as Victims and Offenders: Background, Prevention, Reintegration. Vol 1. Cham: Springer; 2016.
11. Komnas Perempuan. Laporan Pemantauan Kekerasan Terhadap Perempuan dalam Pusaran Migrasi, Perdagangan Manusia dan Narkoba: Interseksi dan Penghukuman. Jakarta: Komnas Perempuan; 2018.
12. Fullerton DJ, Zhang LM, Kleitman S. An integrative process model of resilience in an academic context: resilience resources, coping strategies, and positive adaptation. PLoS One. 2021;16(2):e0246000.
13. Ungar M. The Social Ecology of Resilience: A Handbook of Theory and Practice. New York: Springer; 2012.
14. Ungar M, Theron L. Resilience and mental health: how
15. Ungar M. Resilience across cultures. Br J Soc Work. 2008;38(2):218-35.
16. Bronfenbrenner U, Morris PA. The bioecological model of human development. In: Lerner RM, Damon W, editors. Handbook of Child Psychology: Theoretical Models of Human Development. 6th ed. Hoboken: John Wiley & Sons; 2006. p. 793-828.
17. Fowler C, Rossiter C, Power T, Dawson A, Jackson D, Roche MA. Maternal incarceration: impact on parent-child relationships. J Child Health Care. 2022;26(1):82-95.
18. Hidayati NO, Suryani, Rahayuwati L, Fitrasanti BI, Ahdiat HP. A scoping review of hope on female prisoners. Bangladesh J Med Sci. 2023;22(3):482-8.
19. Seifu BL, Nigatu SG, Gezie LD. Health-related quality of life and associated factors among prisoners in Gondar City prison, Northwest Ethiopia: using structural equation modeling. PLoS One. 2023;18(8):e0290626.
20. Edison S, Haynie DL. The ties that bind: the association between social network ties, integration, and stress among incarcerated women. Crim Justice Behav. 2024;51(12):1799-819.
21. Mahayana IMA, Pratama ADY. The variation of swear word "kleng" and its flexibility in Denpasar. Interaction J Pendidik Bahasa. 2023;10(2):692-703.
22. Creswell JW. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 3rd ed. Thousand Oaks: SAGE Publications; 2009.
23. Denzin NK, Lincoln YS, editors. The SAGE Handbook of Qualitative Research. 5th ed. Thousand Oaks: SAGE Publications; 2018.
24. Yin RK. Case Study Research and Applications: Design and Methods. 6th ed. Thousand Oaks: SAGE Publications; 2018.
25. Lincoln YS, Guba EG. Naturalistic Inquiry. Beverly Hills: SAGE Publications; 1985.
26. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.
27. Terry G, Hayfield N, Clarke V, Braun V. Thematic analysis. In: Willig C, Rogers WS, editors. The SAGE Handbook of Qualitative Research in Psychology. London: SAGE Publications; 2017. p. 17-36.
28. Aguboshim FC. Adequacy of sample size in a qualitative case study and the dilemma of data saturation: a narrative review. World J Adv Res Rev. 2021;10(3):180-7.

29. Masten AS, Lucke CM, Nelson KM, Stallworthy IC. Resilience in development and psychopathology: multisystem perspectives. Annu Rev Clin Psychol. 2021;17:521-49.

CC BY

doi:10.24843.MU.2026.V15.i9.04