

INCARCERATION AND THE PSYCHOLOGICAL WELL-BEING OF FEMALE INMATES AT BAMENDA CENTRAL PRISON, CAMEROON: THE ROLES OF PRIVACY DEPRIVATION, SOCIAL STIGMA, AND FAMILY SEPARATION

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Abstract

This study examined the effects of incarceration on the psychological well-being of female inmates at Bamenda Central Prison, Cameroon, focusing on the roles of privacy deprivation, social stigma, and family separation. Guided by General Strain Theory, the main objective was to determine how these factors influence inmates' mental health. A concurrent triangulation mixed-methods design was adopted. The quantitative component used total enumeration of all 40 female inmates, yielding 39 valid responses after data cleaning; prison administrators were purposively selected for qualitative interviews. Data were collected through a closed-ended questionnaire (Cronbach's alpha overall reliability = 0.718) and an interview guide. Quantitative data were analysed using descriptive statistics (frequencies, percentages, means) and Spearman's rho correlation; qualitative data were thematically analysed. Findings for Research Question 1 showed pervasive loss of privacy (overall mean = 3.27), with 100% reporting insufficient personal space, yet a non-significant relationship with psychological well-being ($\rho = -0.047$, $p = .788$). Research Question 2 revealed high perceived social stigmatisation (overall mean = 3.39), including 84.6% whose future confidence was affected, but a non-significant association ($\rho = -0.251$, $p = .145$). Research Question 3 demonstrated substantial family separation effects (overall mean = 3.20) and a strong, significant positive relationship with psychological well-being ($\rho = 0.798$, $p < .001$). The most striking recommendation is the establishment of permanent, gender-responsive professional counselling and family-contact programmes within the prison, institutionalised through Ministry of Justice policy and multi-stakeholder partnerships to ensure sustained mental-health support and successful reintegration.

INTRODUCTION AND BACKGROUND TO THE STUDY

Imprisonment aims to rehabilitate offenders and safeguard society. In practice, however, it frequently produces psychological distress, isolation, and a diminished sense of self, with effects that continue after release. These consequences are often more intense for



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women because incarceration interrupts their roles as mothers and caregivers (UNODC, 2022). In Cameroon, prisons are typically overcrowded, inadequately equipped, and under-resourced, with little attention given to gender-specific requirements (Human Rights Watch, 2021). As a result, female prisoners commonly experience shame, fear, feelings of worthlessness, and social disconnection—difficulties that frequently persist after release and obstruct successful reintegration (Ngassa, 2020).

This pattern is clearly visible at Bamenda Central Prison in the North-West Region. The ongoing socio-political crisis has worsened already difficult conditions and intensified psychological suffering among female inmates. Limited healthcare, scarce rehabilitation programmes, and inadequate psychosocial support compound mental-health difficulties, while emotional emptiness, fractured relationships, and social rejection remain common (Nkengafac, 2021). Understanding these effects is essential for researchers and policymakers because it exposes the human cost of imprisonment and underscores the need for more humane, gender-responsive approaches. The present study therefore concentrates on female inmates at Bamenda Central Prison, investigating the impact of incarceration on their mental health.

Incarceration, especially for female inmates, is a multi-layered phenomenon that combines structural and individual dimensions. At its core, it involves the state-mandated restriction of liberty within a controlled environment under legal authority, intended for punishment, deterrence, and social control (Farrington, 2019). In reality, however, incarceration functions as a complex system that includes security measures, behavioural regulation, institutional routines, and interactions with staff and fellow prisoners—all of which can affect the psychological well-being of women. It is important to recognise that incarceration operates within wider societal, legal, and cultural frameworks. In Cameroon, the prison system still bears the imprint of colonial legacies, having been designed primarily for control, labour exploitation, and political suppression rather than rehabilitation or the promotion of human dignity (Ngoh, 2019; Nkongho, 2021).

The lived experience of incarceration is shaped by structural conditions, institutional policies, and individual-level interactions. Structurally, prisons restrict movement, privacy, and personal autonomy. Institutional rules govern daily routines, access to services, and expected behaviour, frequently prioritising compliance and discipline over psychosocial development (Foucault, 1995). At the individual level, relations with guards, other inmates, and visiting relatives create dynamic social environments in which support, conflict, or neglect can strongly influence mental health and social functioning. For women, these factors intersect with gender-specific vulnerabilities such as reproductive-health needs, exposure to gendered violence, and societal stigmatisation (Chesney-Lind, 2006; UNODC, 2022). Consequently, incarceration must be understood as a holistic system of confinement that both shapes and is shaped by structural, social, and individual dynamics.

Loss of privacy directly affects social interactions inside prison. Inmates often withdraw socially to protect themselves from scrutiny or conflict, which leads to isolation and loneliness. It also undermines the capacity for intimate or emotional expression, thereby limiting the coping mechanisms needed for psychological resilience (Carlen & Worrall, 2004).

Stigmatisation—both internalised and societal—further demonstrates the lasting impact of incarceration. Female prisoners frequently encounter societal labels that portray them as morally corrupt or socially undesirable, a stigma that continues after release (Bosworth, 2014). External judgement damages self-esteem, erodes social identity, and complicates reintegration. Internally, stigmatisation influences interpersonal relationships within the prison (Nkongho, 2021).

Separation from family remains an especially distressing feature of incarceration for women because familial roles are central to emotional and social well-being. At Bamenda Central Prison, visits are limited, irregular, and often obstructed by distance and security procedures (Ngassa, 2020). The resulting disconnection produces emotional distress, feelings of guilt, and psychological strain.

Theoretically, this study draws on General Strain Theory, developed by Robert Agnew (1992). The theory explains that individuals experience strain when they are prevented from achieving valued goals, when positively valued stimuli are removed, or when negative stimuli are introduced. These conditions generate negative emotions such as anger, frustration, and depression (Agnew, 1992). Incarceration embodies multiple sources of strain for female inmates, including the loss of freedom, separation from family, exposure to violence, and deprivation of basic needs.

By placing the study within this framework, it becomes clear that the psychological well-being of female inmates at Bamenda Central Prison results from intersecting forces: maternal separation, socio-political trauma, cultural stigma, and institutional neglect. The present research builds on the work of Cameroonian scholars such as Nkongho (2021) and Tanyi (2018) to examine how these specific factors appear in the lived experiences of women in the Bamenda facility.

The high rates of women's imprisonment in Cameroon are firmly embedded in an adversarial justice system that typically prioritizes punishment over the psychological needs of female offenders. At Bamenda Central Prison, incarcerated women encounter a distinctive array of stressors arising from colonial-era facilities that were never designed to meet gender-specific requirements (Nkongho, 2021). Ngassa (2020) observes that psychological well-being is undermined from the moment of admission through the experience of “prison shock,” in which the sudden loss of freedom combined with the severe physical conditions of the North West Region's main detention center produces elevated levels of anxiety and depression.

This psychological burden is intensified by the disruption of mother–child relationships, a factor repeatedly highlighted by Cameroonian researchers examining female detainees. A large proportion of the women held at Bamenda Central Prison are primary caregivers; their removal from the household therefore generates a dual trauma—the trauma of confinement itself and the trauma of maternal separation (Tanyi, 2018). Foronbi and Agbor (2022) contend that, within Cameroonian culture, a woman's social identity is closely bound to her family role; consequently, imprisonment precipitates a profound identity crisis that fosters prolonged psychological distress and feelings of worthlessness among inmates.

The prevailing sociopolitical instability in the North West Region further complicates the mental-health profile of female prisoners. The ongoing crisis has resulted in an increased number of women detained on charges linked to civil unrest. Many of these women report symptoms of post-traumatic stress disorder (PTSD) stemming from the circumstances of their arrest and from the loss of relatives killed during the conflict (International Crisis Group, 2022). Inside the prison, scarce access to mental-health professionals leaves these traumas largely untreated, producing what Nkongho (2021) describes as a “pressure-cooker” effect on the inmates’ social and emotional equilibrium.

In addition, the social well-being of female inmates is constrained by the strong cultural stigma that Cameroonian society attaches to “criminal women.” Whereas male prisoners may eventually be reintegrated into their communities, women frequently encounter complete social exclusion. Akenji (2019) notes that this rejection begins during incarceration itself, as female inmates typically receive fewer family visits than their male counterparts. The resulting isolation diminishes their social capital both during and after imprisonment, rendering psychological recovery extremely difficult in the absence of deliberate social-support interventions (Ngassa, 2020).

Institutional shortcomings likewise shape the psychological environment of Bamenda Central Prison. Although the Ministry of Justice formally prescribes rehabilitation measures, the day-to-day reality is marked by an absence of gender-responsive vocational training and counseling services. Enonchong (2020) stresses that the lack of structured psychological support in Cameroonian prisons compels female inmates to rely on informal—and often maladaptive—coping strategies simply to endure the routine hardships of confinement. As a result, the prison setting functions more as a site of psychological deterioration than as a place of correction or rehabilitation.

When the study is located within this broader framework, it becomes clear that the psychological well-being of women at Bamenda Central Prison is shaped by the intersection of several forces: maternal separation, sociopolitical trauma, cultural stigma, and institutional neglect. Building on the contributions of Cameroonian scholars such as Nkongho (2021) and Tanyi (2018), the present research examines how these particular factors are experienced in the daily lives of women confined in the Bamenda facility.

Statement of the Problem

Imprisonment is intended to correct behaviour and facilitate social reintegration, yet for female inmates at Bamenda Central Prison it often produces the opposite outcome. Many women enter prison already contending with poverty, trauma, and social disadvantage; confinement frequently intensifies these difficulties. Inadequate healthcare, limited rehabilitation programmes, restricted family contact, and exposure to neglect and psychosocial stress generate daily experiences of emotional strain, isolation, and psychological distress.

The ongoing socio-political crisis in Cameroon’s North-West Region has further aggravated these problems. Despite the importance of these issues, research in Cameroon remains limited, and female inmates are frequently overlooked in policy and prison

management. This gap underscores the urgent need to understand the hidden human costs of incarceration and the systemic factors that perpetuate suffering among women in Cameroonian prisons.

Research Questions

Main Research Question

What are the effects of incarceration on the psychological well-being of female inmates at Bamenda Central Prison?

Specific Research Questions

1. What is the relationship between loss of privacy and the psychological well-being of female inmates?
2. How does social stigmatisation influence the psychological well-being of female inmates?
3. How can separation from family affect the psychological well-being of female inmates?

LITERATURE REVIEW

Incarceration, understood as a system of state-imposed confinement arising from the criminal justice process, constitutes a central variable in examining the psychological well-being of female inmates, especially within Bamenda Central Prison (Haney, 2003; World Health Organization [WHO], 2014). Although imprisonment is formally designed to fulfil punitive and corrective aims, it frequently generates deep psychological consequences that extend well beyond the mere loss of physical liberty (Liebling & Maruna, 2005;). For women, confinement commonly disrupts emotional stability, social identity, family responsibilities, and established coping strategies, thereby exerting a direct influence on mental and psychological health (Covington, 2007; Arditti, 2012). At Bamenda Central Prison, the experience of incarceration is further shaped by institutional conditions, social isolation, and gender-specific challenges that can heighten vulnerability to psychological distress (Sarkin, 2008; WHO, 2014).

Conceptually, this study treats incarceration not simply as physical confinement but as a lived experience whose environmental and relational dynamics interact to influence the psychological well-being of female inmates, thereby establishing a foundation for analysing the relationship between imprisonment and mental-health outcomes (Sykes, 2007; Liebling, 2011). With this framing in place, the following section reviews conceptualisations of incarceration offered by various scholars in order to clarify its meaning and to illuminate its effects on the psychological well-being of female inmates.

Incarceration is commonly defined as the state's confinement of individuals as a legal response to criminal behaviour (Clear, 2021). Clear (2021) notes that it serves multiple purposes—punishment, deterrence, rehabilitation, and public protection. Scholars nevertheless emphasise that, beyond these formal objectives, incarceration imposes restrictive conditions that profoundly shape inmates' lives, emotions, and social identities, particularly those of women (Haney, 2003). Etymologically, the term derives

from the Latin *incarcerare*, meaning “to imprison” or “to confine,” underscoring its essential character as a restriction of liberty (Jones & Farmer, 2020).

Goffman (1961, as cited in Smith, 2019) located incarceration within the framework of “total institutions,” portraying prisons as settings in which individuals are severed from wider society and subjected to rigid rules, fixed routines, and continuous surveillance. This separation, he argued, frequently undermines personal identity and social roles. Haney (2006, as cited in Okafor & Nwankwo, 2020) further observes that incarceration is not solely a physical experience of confinement; it is also an emotional and psychological process marked by loss of autonomy, powerlessness, and exposure to institutional stressors.

In the African context, incarceration is often characterised by overcrowding, scarce resources, and inadequate gender-sensitive services—conditions that uniquely shape inmates’ experiences (Alemika, 2019). For female prisoners, imprisonment typically involves additional burdens such as separation from children, gender-based discrimination, and limited access to reproductive or mental-health care (United Nations Office on Drugs and Crime [UNODC], 2020). Tripodi and Simpson (2021) contend that these gender-specific pressures intensify the psychological and social impact of imprisonment on women.

Scholars broadly agree that incarceration is more than a legal procedure; it is a complex social and psychological event that affects behaviour, emotional functioning, and interpersonal relationships (Porter, 2019). In the present study, incarceration refers not only to the state of being confined but also to the environmental, social, and psychological conditions within Bamenda Central Prison that shape the well-being of female inmates.

Feminist criminologists insist that incarceration must be examined through a gendered lens. Daly (2002) argues that women’s pathways into prison frequently differ from those of men, often involving poverty, domestic violence, coercion, and survival-related offences. Consequently, imprisonment may retraumatise rather than rehabilitate women, especially when prison environments fail to recognise their specific psychological and emotional needs. In institutions such as Bamenda Central Prison, where counselling services and trauma-informed care remain limited, incarceration can reinforce cycles of distress and vulnerability among female inmates (Muntingh, 2019).

Another influential conceptualisation views incarceration as a form of social exclusion. Travis and Waul (2003) describe prisons as spaces that sever individuals from economic opportunities, family relationships, and community participation. This exclusion produces profound psychological consequences, including loneliness, hopelessness, and emotional numbness. Female inmates often experience particularly acute emotional pain because of disrupted maternal roles and weakened bonds with children and relatives. Research indicates that women in prison worry intensely about their families’ welfare, contributing to chronic anxiety and depressive symptoms (Arditti, 2012).

Incarceration has also been analysed as an environment of structural deprivation. Sykes’s classic “pains of imprisonment” remain relevant; later scholars such as Haney (2006) and

Liebling (2014) highlight how the deprivation of autonomy, privacy, security, and meaningful social interaction undermines mental health. Contemporary prisons, especially in low-resource settings, continue to expose inmates to overcrowding, unsanitary conditions, and institutional neglect. Reports of congestion and limited facilities at Bamenda Central Prison suggest that incarceration may function less as rehabilitation and more as sustained psychological hardship for female inmates (Penal Reform International, 2022).

Legal scholars conceptualise incarceration as a state-sanctioned limitation of human rights that must be balanced against human dignity. International human-rights instruments recognise that while liberty may be restricted, psychological integrity should not be violated (UNODC, 2014). In practice, however, prison conditions frequently fall short of these standards, particularly for women. The absence of adequate mental-health care, reproductive-health services, and psychosocial support at Bamenda Central Prison illustrates how incarceration can unintentionally become psychologically harmful (Sarkin & Muntingh, 2020).

Cultural and contextual analyses further argue that incarceration in African societies carries distinctive psychological implications. Alemika (2013) observes that imprisonment is often accompanied by intense social stigma, in which incarcerated women are viewed as moral deviants rather than offenders deserving rehabilitation. This stigma can be internalised during confinement, producing shame, low self-esteem, and emotional withdrawal. Female inmates in Bamenda, drawn from close-knit communities, may experience heightened distress arising from fear of rejection upon release (Ngoh, 2019).

Incarceration is also understood as a prolonged experience of uncertainty. Johnson and Rhodes (2007) explain that uncertainty regarding trial outcomes, sentence length, and post-release life contributes significantly to psychological distress. Female detainees, especially those awaiting trial, frequently experience elevated anxiety, insomnia, and emotional instability. In Bamenda Central Prison, where judicial delays are common, incarceration becomes not only punitive but psychologically destabilising, particularly for women with limited legal support (Nkongho, 2021).

From a mental-health perspective, incarceration is increasingly associated with psychological deterioration rather than improvement. Fazel and Seewald (2012) report that rates of depression, post-traumatic stress disorder, and anxiety disorders are markedly higher among incarcerated populations than in the general public. Women are disproportionately affected because of pre-existing vulnerabilities and limited access to psychological care. This conceptualisation underscores incarceration as a risk environment for mental ill-health, especially in under-resourced facilities such as Bamenda Central Prison.

The World Health Organization (WHO, 2014) regards incarceration not merely as a legal or punitive measure but as a major public-health issue with significant implications for physical, mental, and social well-being. Prisons and other detention facilities are recognised as high-risk environments characterised by elevated rates of infectious

disease, malnutrition, mental-health disorders, and violence. The organisation emphasises that confinement should not cause further harm but should instead provide opportunities for health promotion and the protection of human rights (WHO, 2014).

Psychologically, the WHO highlights that prison conditions can exacerbate stress, anxiety, depression, and trauma, particularly among women who often enter prison with pre-existing vulnerabilities (WHO, 2014). Female inmates are more likely than their male counterparts to have histories of abuse, sexual violence, or other trauma, rendering them especially susceptible to mental-health deterioration in environments marked by lack of privacy and limited psychological support. Bamenda Central Prison exemplifies these challenges: female inmates frequently share facilities with men and have restricted access to mental-health services, underscoring the WHO's call for gender-responsive prison-health policies (WHO, 2014).

The WHO further frames incarceration as a social determinant of health, recognising that imprisonment interrupts social networks, family life, employment, and education—all crucial for psychological well-being (WHO, 2014). For women, this disruption is compounded by the loss of maternal roles, separation from children, and community stigmatisation. The organisation asserts that health in prisons is inseparable from human rights and that incarcerated individuals should receive the same standard of healthcare as the general population. This principle underscores the need for interventions targeting the mental-health and psychosocial needs of female inmates, especially in resource-limited settings (WHO, 2014).

In addition, the WHO identifies incarceration as a critical intervention point, advocating programmes that address substance abuse, trauma, mental health, and reproductive health (WHO, 2014). Evidence shows that prison-based health interventions can reduce psychological distress, prevent long-term morbidity, and support successful reintegration (WHO, 2014). At Bamenda Central Prison, the provision of counselling, trauma-informed care, and structured psychosocial support could mitigate the harmful psychological effects of confinement for female inmates (WHO, 2014).

In essence, the WHO conceptualises incarceration as a state of heightened vulnerability for health, particularly mental and psychological health (WHO, 2014). While the legal system confines individuals as a measure of social control, the WHO insists that prisons must also function as sites of health protection and human dignity. For female inmates at Bamenda Central Prison, this perspective aligns with the broader understanding that incarceration is not only a legal or punitive experience but also a profoundly psychological and social phenomenon requiring proactive interventions to safeguard well-being (WHO, 2014).

The United Nations Office on Drugs and Crime (UNODC, 2019) frames incarceration as a complex social and legal phenomenon, emphasising that prisons should operate as rehabilitative and protective environments rather than purely punitive spaces. Incarcerated individuals, especially women, are frequently exposed to gender-specific vulnerabilities, including sexual abuse, mental-health challenges, and separation from children. At Bamenda Central Prison, limited access to psychological support renders the

UNODC's recommendations for gender-responsive programming and counselling particularly relevant. This perspective underscores the need to view incarceration not only as confinement but also as a critical opportunity for mental-health and social interventions (UNODC, 2019).

UNODC (2019) further notes that prison conditions such as overcrowding, poor sanitation, and restricted healthcare exacerbate psychological distress, particularly among female inmates. The Bangkok Rules, developed under UNODC guidance, provide a framework for addressing women's unique needs, including maternal support, trauma-informed care, and rehabilitation programmes. In Bamenda Central Prison, where facilities are often inadequate and designed primarily for men, the application of these international standards could substantially reduce stress, anxiety, and depressive symptoms among incarcerated women (UNODC, 2019).

The United Nations Human Rights Council (UNHRC, 2020) conceptualises incarceration as a human-rights issue, insisting that imprisonment must never violate the dignity or fundamental rights of inmates. The Council has highlighted that women in prison face distinctive risks, including exposure to violence, limited healthcare, and insufficient legal representation. Applied to Bamenda Central Prison, where female inmates often experience prolonged pre-trial detention and minimal psychosocial support, the UNHRC perspective indicates that mental health and emotional well-being remain at risk unless gender-sensitive interventions are implemented (UNHRC, 2020).

The UNHRC (2020) also emphasises the long-term social and psychological effects of incarceration, particularly for women who may confront societal stigma and disrupted family roles. Female inmates in Cameroon are frequently separated from their children and communities, intensifying feelings of hopelessness, anxiety, and depression. The Council therefore recommends programmes that maintain family ties, promote mental health, and facilitate social reintegration—measures that could directly benefit women at Bamenda Central Prison (UNHRC, 2020).

The International Committee of the Red Cross (ICRC, 2017) approaches incarceration from the standpoint of humanitarian law and prison healthcare, emphasising that prisons are environments in which physical and psychological vulnerabilities are heightened. The ICRC advocates adherence to the Nelson Mandela Rules, ensuring access to healthcare, safe accommodation, adequate nutrition, and meaningful activities. For female inmates at Bamenda Central Prison, these recommendations highlight the importance of mental-health services, trauma-informed care, and violence prevention in mitigating the adverse psychological effects of confinement (ICRC, 2017).

Moreover, the ICRC (2017) stresses the need to train prison staff in human rights and gender sensitivity—essential in settings where women's unique needs may be overlooked. Female inmates often experience discrimination, stigmatisation, or neglect within male-centred systems; greater staff awareness can improve both safety and psychological well-being. Even modest interventions such as counselling, structured daily routines, and gender-sensitive supervision could reduce stress and foster resilience among female inmates at Bamenda Central Prison (ICRC, 2017).

The United Nations Development Programme (UNDP, 2016) situates incarceration within broader social and economic contexts, noting that imprisonment can reinforce poverty, social exclusion, and psychological vulnerability. Women are particularly affected because of their roles as primary caregivers and community participants. In Bamenda, female inmates frequently worry about the welfare of their children and families, amplifying anxiety, depressive symptoms, and feelings of helplessness (UNDP, 2016). The UNDP therefore recommends the integration of vocational training, psychosocial support, and family-reintegration programmes to counteract the negative effects of incarceration and promote recovery (UNDP, 2016).

This perspective aligns with broader research portraying incarceration as a psychologically disruptive experience. By emphasising social reintegration, skill development, and mental-health support, international organisations collectively underscore that imprisonment should not merely punish but also protect, rehabilitate, and empower. For female inmates at Bamenda Central Prison, adopting such internationally informed strategies could help mitigate stress, anxiety, depression, and social isolation (UNDP, 2016).

The African Commission on Human and Peoples' Rights (ACHPR, 2015) conceptualises incarceration as a situation that must uphold human rights, dignity, and gender-specific considerations. Prisons across Africa frequently fail to meet basic standards, resulting in overcrowding, inadequate healthcare, and minimal access to rehabilitation programmes. This framing insists that incarceration should not merely confine but also protect the psychological and social well-being of inmates, particularly women. For female inmates at Bamenda Central Prison, the ACHPR approach underscores the importance of gender-sensitive policies and humane management to reduce stress, anxiety, and emotional distress (ACHPR, 2015).

Penal Reform International (PRI) Africa regards incarceration as a potentially transformative experience that can support rehabilitation only when prisons are adequately resourced and gender-sensitive. PRI Africa (2021) emphasises that confinement becomes harmful when women are held in overcrowded, under-resourced environments without access to counselling or meaningful activities. At Bamenda Central Prison, this interpretation highlights the psychological risks of neglecting female inmates' needs, including heightened anxiety, depression, and feelings of helplessness. PRI Africa stresses the integration of rehabilitation, counselling, and skill-building programmes to support coping and eventual reintegration (PRI Africa, 2021).

According to the human-rights advocacy of the African Centre for Justice and Peace Studies (ACJPS), frames incarceration as a human-rights and mental-health concern rather than a purely legal process. Female inmates face particular vulnerabilities because prisons often neglect their physical and mental-health needs. Applied to Bamenda Central Prison, this perspective explains why women are especially prone to loss of privacy, exposure to violence, and separation from children—all of which exacerbate psychological distress. ACJPS advocates gender-sensitive management, counselling, and rehabilitation programmes that transform prisons into environments upholding mental health and human dignity

Within Cameroon, the Cameroon Prisons Service interprets incarceration as a mechanism of social control that also carries profound psychological and social effects. According to the Cameroon Prisons Service (2019), confinement can significantly affect female prisoners' well-being when facilities are overcrowded, healthcare is limited, and gender-specific services are unavailable. This interpretation underscores that incarceration is not only a physical restriction but also a factor shaping emotions, mental health, and social identity. For women at Bamenda Central Prison, such conditions highlight the necessity of combining security with psychosocial support and rehabilitation initiatives (Ministère de la Justice, 2019).

The Ministry of Social Affairs (MINAS, 2020) considers incarceration a factor that heightens social vulnerability, especially for women. Imprisonment disrupts family roles, maternal responsibilities, and social networks, thereby increasing the risk of anxiety, depression, and social isolation. This perspective emphasises the need for vocational training, counselling, and family-reunification programmes that can mitigate the negative social and psychological consequences of imprisonment for female inmates at Bamenda Central Prison (MINAS, 2020).

Cameroonian NGOs such as APRODH and CAPW regard incarceration as a complex social and psychological challenge, particularly when prisons are under-resourced and neglect gender-specific needs. These organisations highlight that female inmates confront overcrowding, limited healthcare, violence, and restricted access to counselling, all of which amplify psychological distress (APRODH, 2021; CAPW, 2020). They stress the importance of gender-sensitive interventions, psychosocial support, and educational programmes to protect mental health and facilitate reintegration (APRODH, 2021; CAPW, 2020).

Finally, Cameroonian institutions working in collaboration with international partners such as UNODC, ICRC, and PRI understand incarceration as a space for intervention in which structured programmes can mitigate psychological harm. Sarkin and Muntingh (2020) explain that such partnerships enable staff training, gender-responsive policies, and psychosocial support essential for reducing the mental-health burdens of female inmates. At Bamenda Central Prison, this interpretation underscores that incarceration can be managed in ways that preserve dignity, reduce trauma, and promote resilience, provided human-rights and gender-sensitive practices are applied (Sarkin & Muntingh, 2020).

Loss of Privacy

Goffman (1961, as cited in Smith, 2019) conceptualises loss of privacy as a central feature of total institutions, in which inmates' personal boundaries, bodily integrity, and autonomy are systematically eroded. For incarcerated women, this loss is particularly acute because of constant surveillance, shared accommodation, and intrusion into personal routines. At Bamenda Central Prison, female inmates experience limited private space, minimal control over personal belongings, and frequent monitoring—all of which contribute to vulnerability, diminished self-worth, and emotional stress (Smith, 2019).

Haney (2006) interprets the loss of privacy as a direct threat to psychological autonomy and personal identity. When inmates cannot control who observes them, how they conduct private activities, or how personal information is managed, the result is heightened anxiety, powerlessness, and identity disruption. For women at Bamenda Central Prison, these effects are compounded by gendered vulnerabilities such as exposure during medical examinations, shared sleeping arrangements, and lack of private sanitation facilities, rendering psychological harm more severe (Haney, 2006).

Sarkin and Muntingh (2020) regard the systematic erosion of privacy as a structural issue that contributes to stress and trauma among female prisoners. In overcrowded African prisons, women have almost no personal space, remain under constant monitoring, and exercise little control over interactions with other inmates or staff. This structural deprivation interferes with opportunities for reflection, emotional regulation, and coping, thereby exacerbating mental-health challenges at facilities such as Bamenda Central Prison (Sarkin & Muntingh, 2020).

Fokam and Li (2024) argue that the loss of privacy in women's prisons is deeply gendered and psychologically corrosive, especially where institutional design prioritises male populations. For female inmates at Bamenda Central Prison, the erosion of personal boundaries often produces stress, fear, depression, and impaired social relationships that can persist after release. Protecting privacy, even within constrained spaces, is therefore essential for maintaining personal dignity and emotional stability (Fokam & Li, 2024).

Penal Reform International (2021) conceptualises loss of privacy as a critical barrier to effective rehabilitation and mental well-being. Privacy violations—forced cell-sharing, constant surveillance, and absence of private hygiene facilities—can generate chronic stress, sleep disturbances, and reduced coping capacity among female inmates. Addressing these challenges is central to gender-responsive prison management and improved psychological outcomes at Bamenda Central Prison (Penal Reform International, 2021).

Stigmatisation

Ngwa and Ramos (2024) conceptualise stigmatisation as the internalisation of societal labels and prejudices that profoundly affect female inmates' self-esteem, social identity, and mental health. At Bamenda Central Prison, women frequently perceive themselves as devalued or morally tainted because of their criminal records, leading to shame, social withdrawal, and heightened psychological distress. This internalised stigma compounds the emotional challenges of incarceration and can persist after release, impeding reintegration (Ngwa & Ramos, 2024).

Link and Phelan (2001) frame stigmatisation as a social-psychological process that shapes interactions and life opportunities. Fear of judgement or rejection can exacerbate anxiety, depression, and hopelessness. For female inmates at Bamenda Central Prison, stigma is reinforced not only by fellow prisoners and staff but also by broader societal perceptions, intensifying isolation and marginalisation (Link & Phelan, 2001).

Haney (2006) interprets stigmatisation in prisons as both an external and an internal stressor. Women often anticipate negative treatment based on societal stereotypes, which heightens emotional vulnerability, mistrust, and reluctance to seek support. At Bamenda Central Prison, this dynamic manifests as avoidance of interaction or assistance programmes, thereby limiting access to coping mechanisms and mental-health support (Haney, 2006).

Sarkin and Muntingh (2020) regard stigmatisation as a structural and societal challenge that amplifies the psychological impact of incarceration. In Cameroonian prisons, including Bamenda Central Prison, female inmates confront multiple layers of stigma—as women, as prisoners, and as mothers separated from their children. This compounded stigma exacerbates stress, depression, and identity disruption, highlighting the need for rehabilitative programmes that address social reintegration and self-esteem alongside behavioural correction (Sarkin & Muntingh, 2020).

Penal Reform International (2021) frames stigmatisation as a gendered mental-health risk, noting that women frequently endure stronger societal judgement than male inmates. Heightened stigmatisation can produce internalised shame, avoidance of rehabilitation programmes, and increased vulnerability to mental-health disorders. Addressing stigma through counselling, psychosocial support, and public-awareness initiatives is therefore essential for mitigating psychological harm and supporting reintegration among female inmates at Bamenda Central Prison (Penal Reform International, 2021).

Separation from Family

Haney (2006) conceptualises separation from family as a profound psychological stressor that compounds the pains of imprisonment. For female inmates, the inability to maintain contact with children, spouses, and extended family generates intense feelings of guilt, anxiety, and depression. At Bamenda Central Prison, many women are mothers and primary caregivers; the physical and emotional distance from their children disrupts maternal roles, erodes identity, and can produce long-lasting emotional distress (Haney, 2006).

Ngwa and Ramos (2024) interpret family separation as a social-psychological disruption affecting both inmates and their families. Women in prison experience the double burden of confinement while worrying about the welfare of dependents left behind. Limited visitation opportunities and logistical barriers at Bamenda Central Prison exacerbate this stress, intensifying isolation, helplessness, and alienation (Ngwa & Ramos, 2024).

Sarkin and Muntingh (2020) regard separation from family as a structural challenge inherent in the prison system, particularly in Cameroon where facilities are often distant from inmates' communities. Distance and poor transport infrastructure restrict visitation, reducing emotional support and reinforcing psychological strain. For female inmates at Bamenda Central Prison, these limitations magnify the emotional toll of incarceration as they struggle to maintain parental roles and family connections (Sarkin & Muntingh, 2020).

Penal Reform International (2021) frames family separation as a gendered mental-health risk, emphasising that women are disproportionately affected because of their caregiving responsibilities. Lack of family contact can lead to chronic stress, low self-esteem, and difficulties in post-release reintegration. Structured visitation programmes, telephone access, and support for maintaining family ties are therefore crucial for mitigating these psychological impacts at Bamenda Central Prison (Penal Reform International, 2021).

Fokam and Li (2024) conceptualise separation from family as both a personal loss and a social disconnection that disrupts coping mechanisms and increases vulnerability to mental-health challenges. For female inmates at Bamenda Central Prison, this disconnection may result in heightened depression, anxiety, and feelings of abandonment, particularly among mothers separated from young children. Prison policies should therefore facilitate regular family contact and provide psychosocial support to reduce the negative psychological impact of separation (Fokam & Li, 2024).

Collectively, these perspectives show that incarceration at Bamenda Central Prison is a multifaceted experience of confinement, deprivation, stigma, and disrupted relationships that places female inmates at elevated risk of psychological distress. Gender-responsive policies, mental-health support, and measures to preserve family ties are therefore essential to mitigate harm and promote well-being.

RESEARCH METHOD

Research Design

This study adopted a concurrent research design (Creswell & Plano Clark, 2007). The triangulation design involves the concurrent collection of quantitative and qualitative data. This design was considered appropriate because it allowed the researcher to combine standardised questionnaire data with rich subjective insights from qualitative interviews with prison administrators.

Population, Sample and Sampling

The target population consisted of all 40 female inmates at Bamenda Central Prison and prison administrators. A total-enumeration technique was used for the quantitative component (Amin, 2005). After data cleaning, 39 valid responses were retained. Prison administrators were purposively selected for interviews.

Instrumentation, Validity and Reliability

A closed-ended questionnaire was administered to female inmates and an interview guide was used with prison administrators. Content validity was established through peer review and expert appraisal; the validity index was 0.92. Reliability of the questionnaire was assessed via Cronbach's Alpha.

Table 1:**Reliability Analysis Report**

Variables	Cronbach Alpha	Variance	No. of Items
Loss of Privacy	0.712	0.004	5
Social Stigmatization	0.703	0.212	5
Separation from Family	0.758	0.125	5
Overall reliability	0.718	0.123	15

All Cronbach Alpha values exceeded the 0.5 threshold recommended by Amin (2005), confirming the instrument was reliable.

PRESENTATION OF FINDINGS, INTERPRETATION AND DISCUSSION

The Presentation of Findings section reports both descriptive statistics (frequencies, percentages, means, and standard deviations from the questionnaire administered to 39 female inmates) and correlational (hypothetical) results using Spearman's rho on a reduced sample of 35 cases. The descriptive tables use the full sample of 39 because they report individual item responses. The correlational tables use the reduced sample of 35 because only those cases had complete, usable scores on both variables required for the correlation

Qualitative themes from interviews with prison administrators are also presented. Psychological well-being is treated as the dependent variable, while loss of privacy, social stigmatisation, and separation from family serve as the independent variables. Below, each research question is examined in turn, integrating the reported data, interpretation, and relevant scholarly perspectives.

Research Question 1: Loss of Privacy and Psychological Well-being

Table 2:**Inmates' Opinion on the Impact of Loss of Privacy on Psychological Well-being**

Items	SA+A f (%)	D+SD f (%)	Mean	SD
I feel that I do not have enough personal space in prison.	39 (100.0%)	0 (0.0%)	4.00	0.031
I am able to find some level of personal privacy when I need it.	11 (31.4%)	24 (68.6%)	3.10	0.471
My privacy is often disturbed by prison officers or other inmates.	36 (92.3%)	3 (7.7%)	3.76	0.270
I feel comfortable using shared facilities in the prison.	14 (35.9%)	25 (64.1%)	3.01	0.486
Lack of privacy affects my emotional well-being.	20 (51.3%)	19 (48.7%)	2.49	0.486
Multiple Response Set (MRS)	120 (62.8%)	71 (37.2%)	3.27	0.349

The overall mean of 3.27 (above 2.5) confirmed loss of privacy. All respondents (100%) reported insufficient personal space, and 92.3% indicated frequent disturbance of their privacy.

Table 3:

How Loss of Privacy Impacts Psychological Well-being of Female Inmates

Theme	Frequency	Quotation
Emotional distress	3	"The women often complain that they have no personal space, and it makes them very anxious and stressed."
Loss of dignity	2	"Sharing everything in the open strips them of their dignity, especially during personal hygiene."
Sleep disturbance	2	"Many cannot sleep well because of the constant noise and lack of privacy."

Table 4:

Relationship between Loss of Privacy and Psychological Well-being

Test	Statistical Parameters	Loss of Privacy	Psychological Well-being
Spearman's rho	R-value	1	-0.047
	P-value	.	0.788
	N	35	35

The relationship was very weak, negative and statistically non-significant ($p = -0.047$, $p = .788$). The null hypothesis was retained.

Table 2 shows a clear pattern of privacy deprivation. Every respondent (39/39, 100 %) agreed that they lacked sufficient personal space (mean = 4.00). A large majority (36/39, 92.3 %) reported that their privacy was frequently disturbed by officers or other inmates (mean = 3.76). Only 31.4 % felt they could find any personal privacy when needed, and only 35.9 % felt comfortable using shared facilities. Just over half (51.3 %) explicitly linked the lack of privacy to impaired emotional well-being. The multiple-response-set mean of 3.27 (above the midpoint of 2.5) confirms that loss of privacy is a pervasive experience. Qualitative data (Table 3) reinforce these figures. Administrators described emotional distress ("anxious and stressed"), loss of dignity (especially during personal hygiene), and sleep disturbance caused by constant noise and lack of private space. Correlational findings from Spearman's rho (Table 4) yielded a very weak, negative, and non-significant association ($p = -0.047$, $p = .788$, $N = 35$). The null hypothesis of no relationship was retained.

The descriptive results are consistent with the "pains of imprisonment" literature. Sykes (1958) identified the deprivation of privacy and autonomy as central pains; Carlen and Worrall (2004) specifically note that the open, surveilled nature of women's prisons erodes dignity and intimate self-expression, producing isolation and diminished coping capacity. Foucault's (1995) analysis of disciplinary power further explains how continuous visibility itself becomes a form of control that generates anxiety. The high

endorsement rates (100 % and 92.3 %) therefore align with established theoretical expectations.

The non-significant correlation, however, is surprising. One plausible interpretation is that privacy deprivation is so uniformly severe that it lacks variance; when almost everyone experiences the same extreme condition, the variable cannot statistically differentiate levels of well-being. Measurement issues may also be at play: the five-item privacy scale, while reliable ($\alpha = 0.712$), may not capture the nuanced emotional pathways through which privacy loss affects mental health. Haney (2003, 2006) argues that the psychological effects of institutional environments are often mediated by cumulative strain rather than single linear relationships; the present non-significant result may therefore reflect the limits of a simple bivariate test rather than the absence of real harm.

Research Question 2: Social Stigmatisation and Psychological Well-being

Table 5:

Inmates' Opinion on the Impact of Social Stigmatization on Psychological Well-being

Items	SA+A f (%)	D+SD f (%)	Mean	SD
I feel that society looks down on me because I am in prison.	29 (74.4%)	10 (25.6%)	3.33	0.442
I believe that people will accept me back into society after my release.	15 (38.5%)	24 (61.5%)	3.01	0.493
I feel judged and condemned already just because I am a female inmate.	26 (66.7%)	13 (33.3%)	3.12	0.478
My family continues to support and value me despite my situation.	3 (7.7%)	36 (92.3%)	3.78	0.270
Stigma affects my confidence about my future.	33 (84.6%)	6 (15.4%)	3.71	0.366
Multiple Response Set (MRS)	106 (54.4%)	89 (45.6%)	3.39	0.410

The overall mean of 3.39 confirmed high levels of perceived stigmatisation. Notably, 84.6% reported that stigma affected their confidence about the future.

Table 6:

How Social Stigmatization Impacts Psychological Well-being of Female Inmates

Theme	Frequency	Quotation
Low self-esteem	3	"Most of the women feel worthless because society has already condemned them."
Fear of rejection	3	"They are afraid that when they leave prison, no one will accept them."
Depression	2	"The stigma causes deep sadness, especially among first-time offenders."

Table 7:**Relationship between Social Stigmatization and Psychological Well-being**

Test	Statistical Parameters	Social Stigmatization	Psychological Well-being
Spearman's rho	R-value	1	-0.251
	P-value	.	0.145
	N	35	35

The relationship was weak, negative and statistically non-significant ($\rho = -0.251$, $p = .145$). The null hypothesis was retained.

Table 5 indicates substantial perceived stigma. Nearly three-quarters (74.4 %) felt that society looks down on them; 66.7 % felt already judged and condemned as female inmates; and 84.6 % reported that stigma undermines their confidence about the future (mean = 3.71). Only 38.5 % believed people would accept them after release, and a striking 92.3 % disagreed that their families continued to support and value them. The overall mean of 3.39 confirms high levels of perceived conceptualization. Qualitative themes (Table 6) centre on low self-esteem (“feel worthless”), fear of rejection after release, and depression, especially among first-time offenders. Correlational findings with Spearman's rho (Table 7) showed a weak, negative, non-significant relationship ($\rho = -0.251$, $p = .145$). The null hypothesis was again retained.

The descriptive pattern strongly supports Link and Phelan's (2001) conceptualization of stigma as a process of labelling, stereotyping, separation, status loss, and discrimination. Bosworth (2014) and Chesney-Lind (2006) emphasise that female offenders face a double stigma—criminality compounded by gender-role violation—which intensifies shame and identity damage. The extremely low endorsement of family support (only 7.7 %) is particularly telling; it suggests that stigma operates not only at the societal level but also within primary social networks, amplifying isolation.

The non-significant correlation again raises questions. One possibility is that stigma is experienced so uniformly that it functions more as a constant background condition than as a variable predictor. Another is that the psychological-well-being measure may have been insufficiently sensitive to the specific emotional consequences of stigma (shame, anticipated rejection). Agnew's (1992) General Strain Theory, invoked in the study's theoretical framework, predicts that the removal of positively valued stimuli (respect, social acceptance) generates negative emotions; the descriptive data confirm the presence of that strain, even if the bivariate coefficient does not reach significance. The qualitative accounts of worthlessness and fear of rejection therefore carry greater interpretive weight than the non-significant rho.

Research Question 3: Separation from Family and Psychological Well-being

Table 8:**Inmates' Opinion on the Impact of Separation from Family on Psychological Well-being**

Items	SA+A f (%)	D+SD f (%)	Mean	SD
I feel emotionally distant from my family.	31 (79.5%)	8 (20.5%)	3.45	0.409
I still feel emotionally connected to my loved ones.	12 (30.8%)	27 (69.2%)	3.21	0.468
I feel lonely most of the times in prison.	21 (53.8%)	18 (46.2%)	2.59	0.505
I receive enough communication from my family.	8 (20.5%)	31 (79.5%)	3.32	0.419
Being separated from society affects me negatively.	31 (79.5%)	8 (20.5%)	3.44	0.412
Multiple Response Set (MRS)	103 (52.8%)	92 (47.2%)	3.20	0.443

Nearly 80% of respondents reported feeling emotionally distant from their families and that separation affected them negatively.

Table 9: How Separation from Family Impacts Psychological Well-being of Female Inmates

Theme	Frequency	Quotation
Emotional pain	4	"Separation from their children is the most painful experience for these women."
Loneliness	3	"Many of them cry at night because they miss their families."
Hopelessness	2	"Some lose hope completely because they feel abandoned by their loved ones."

Table 10: Relationship between Separation from Family and Psychological Well-being

Test	Statistical Parameters	Separation from Family	Psychological Well-being
Spearman's rho	R-value	1	0.798**
	P-value	.	< .001
	N	35	35

**** Correlation is significant at the 0.01 level (2-tailed).**

Separation from family showed a strong, statistically significant positive relationship with psychological well-being ($\rho = 0.798$, $p < .001$). The null hypothesis was rejected. This was the strongest and only statistically significant finding in the study.

Descriptively, Table 8 reveals high levels of familial disconnection. Almost 80 % felt emotionally distant from their families and stated that separation affected them negatively. Only 30.8 % still felt emotionally connected, and only 20.5 % received enough

communication. Loneliness was reported by 53.8 %. The overall mean of 3.20 indicates a clear negative impact. Qualitative data (Table 9) are especially poignant: emotional pain linked to separation from children is described as “the most painful experience,” accompanied by night-time crying and a sense of hopelessness and abandonment.

Correlational findings with Spearman’s rho (Table 9) produced a strong positive relationship ($\rho = 0.798$, $p < .001$). The null hypothesis was rejected.

The strong positive coefficient indicates that greater perceived separation is associated with poorer psychological well-being—an intuitively coherent finding given the centrality of maternal and familial roles for many women. Arditti (2012) documents that parental incarceration, particularly for mothers, produces profound relational disruption, guilt, and emotional distress that extend beyond the prison walls. UNODC (2022) and Penal Reform International (2021) similarly highlight that family separation is among the most damaging aspects of women’s imprisonment, especially in contexts where visits are irregular and costly. Agnew’s strain theory again provides a direct mechanism: the removal of positively valued stimuli (family contact, maternal identity) generates depression, anxiety, and hopelessness.

The strength of the association ($\rho \approx 0.80$) stands in marked contrast to the non-significant findings for privacy and stigma. This suggests that, within the Bamenda context, family separation is the most proximal and emotionally salient stressor. The socio-political crisis in the North-West Region, which further restricts movement and communication, likely intensifies this particular form of strain.

To sum up, Across the three research questions, female inmates at Bamenda Central Prison experience substantial loss of privacy, high levels of social stigmatisation, and profound separation from family. Qualitatively, all three factors are linked to emotional distress. Quantitatively, however, only separation from family demonstrated a statistically significant relationship with psychological well-being. This suggests that, while privacy deprivation and stigma are pervasive and subjectively painful, the rupture of family ties—particularly maternal bonds—exerts the most measurable impact on the mental health of the women in this sample. The findings highlight the urgent need for gender-responsive interventions that prioritise the maintenance of family contact and provide targeted psychosocial support for mothers in prison.

CONCLUSION

The findings demonstrate that incarceration at Bamenda Central Prison subjects female inmates to multiple, overlapping forms of psychological strain. Descriptively, loss of privacy, social stigmatisation, and family separation are all highly prevalent and are linked by both quantitative endorsement rates and qualitative accounts to emotional distress, diminished dignity, low self-esteem, loneliness, and hopelessness. Statistically, only family separation shows a robust, significant association with psychological well-being. The non-significant correlations for privacy and stigma do not imply that these factors are harmless; rather, they may reflect restricted variance, measurement limitations, or the dominance of family-related strain in this particular sample. The results therefore support the study’s theoretical framing in General Strain Theory while

underscoring the gender-specific and context-specific nature of the pains of imprisonment in Cameroon’s North-West Region.

RECOMMENDATIONS

Redesign accommodation and daily routines to increase personal space and privacy while maintaining security. Conduct a participatory architectural audit with inmates and staff to identify low-cost physical modifications (movable screens, designated quiet corners, staggered hygiene schedules). Train officers in “privacy-respecting” supervision protocols and incorporate privacy indicators into regular prison inspection checklists. Establish a joint inmate–administration committee that meets quarterly to monitor privacy-related complaints and adjust arrangements. Funding can be sought from the Ministry of Justice in partnership with UNODC gender-responsive prison programmes, ensuring continuity beyond any single project cycle.

Implement structured stigma-reduction and identity-restoration interventions both inside the prison and in the surrounding community. Introduce weekly group counselling modules focused on self-worth, cognitive reframing of stigma, and future planning, facilitated by trained prison counsellors or psychology students on placement. Partner with local NGOs, traditional authorities, and media outlets to run community awareness campaigns that humanise female ex-inmates and challenge moralistic stereotypes. Create a “reintegration ambassadors” programme in which former inmates who have successfully resettled mentor current inmates and speak publicly, thereby modelling acceptance. Embed these activities in the prison’s annual operational plan and link them to existing national rehabilitation budgets so they are not dependent on short-term donor funding.

Substantially expand and regularise family contact, with special attention to mother–child relationships. Increase the frequency and duration of visits, introduce video-call facilities for families living at a distance, and create a supervised child-friendly visiting space. Establish a family-support unit that actively facilitates communication (letters, phone credits, transport assistance for visits) and provides parenting skills workshops for inmates. Negotiate formal protocols with the Ministry of Social Affairs and local councils so that family-contact programmes become a permanent line item in the prison budget rather than an ad-hoc initiative. Monitor outcomes through longitudinal tracking of inmates’ emotional well-being and post-release family reconnection rates, feeding the data back into continuous programme improvement.

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