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THE RELATIONSHIP BETWEEN HARDINESS AND RESILIENCE WITH MENTAL DISORDERS IN WOMEN IN CLASS IIB

Azqia[1]*, Meutia Zahara[1], Basri aramico[2], Asnawi Abdullah[2], Marthoenis[2]
[1]Master of Public Health, Postgraduate, Universitas Muhammadiyah Aceh, Jl. Muhammadiyah No.91, Batoh, Lueng Bata, Banda Aceh, Aceh 23123, Indonesia
[2]Faculty of Public Health, Universitas Muhammadiyah Aceh, Jl. Muhammadiyah No.91, Batoh, Lueng Bata, Banda Aceh, Aceh 23123, Indonesia
*kiya290400@gmail.com

ABSTRACT
Mental health disorders are a significant concern, especially among inmates, as the pressures they experience can lead to dangerous behaviors such as riots or even suicide. This study aims to examine the relationship between hardiness and resilience with mental disorders among female inmates at Class IIB Sigli Penitentiary, Pidie Regency. This observational analytic study uses a cross-sectional design. Data collection was conducted through interviews using questionnaires. The study population consisted of all female inmates at Class IIB Sigli Penitentiary, Pidie Regency. The sample size was calculated using the Slovin formula and selected through accidental sampling, resulting in 60 respondents. Data analysis was performed using logistic regression tests via STATA 17.0. The results indicate a significant relationship between certain factors and mental disorders. Sentence length was significantly associated with anxiety (p=0,038, OR=7,66), where inmates serving more than 5 years had a higher risk of anxiety. Resilience also showed a significant relationship with stress (p=0,051, OR=0,19), with lower resilience individuals at greater risk of experiencing stress. On the other hand, no significant relationship was found between hardiness and depression (p=0,087, OR=0,37), anxiety (p=0,352, OR=2,42), or stress (p=0,086, OR=0,30). The type of case also did not show a significant relationship with depression (p=0,575, OR=0,60), anxiety (p=0,552, OR=2,04), or stress (p<0,145, OR=Omitted). Age and marital status factors were also not significantly related to the mental disorders studied.

Keywords: confounding; hardiness; mental disorders; resilience

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INTRODUCTION

Mental health disorders are persistent issues and have become a significant concern for society. The increasing number of mental health problems, such as the rise in individuals with mental disorders and suicide rates, has made mental health an important area of focus (Anzani et al., 2020). Globally, the prevalence of mental disorders includes approximately 264 million people suffering from depression, 45 million with bipolar disorder, 50 million with dementia, and 20 million with schizophrenia. Additionally, about 10,000 individuals with mental disorders attempt suicide, equating to one suicide attempt every hour (Jannah & Gati, 2023).

In Indonesia, the prevalence of mental disorders is rising. According to Riskesdas (2018), emotional mental health problems (depression and anxiety) affect 9.8% of the population, an increase from 6% reported in Riskesdas (2013). Severe mental disorders (psychosis) affect 1.8 per 1,000 people. The highest numbers of mental disorder cases are found in DKI Jakarta Province (24.3%), Aceh Province (18.5%), West Sumatra (17.7%), West Nusa Tenggara (10.9%), South Sumatra (9.2%), and Central Java (6.8%) (Ministry of Health of the Republic of Indonesia, 2023). In Aceh Province, Riskesdas (2018) reported schizophrenia/psychosis cases at 8.66%, representing 3,493 urban and 7,568 rural residents. Depression cases were 4.36%, and emotional mental disorders were 8.96% across all age groups. Mental health issues can affect anyone, including

inmates, especially those who have served long sentences and those with substance abuse problems (Anzani et al., 2020).

According to the Bureau of Justice Statistics, 44.3% of inmates experience psychological distress, a rate significantly 5% higher than the general population (Bronson & Berzofsky, 2017). Psychological conditions among prisoners are influenced by risk factors such as verbal abuse experienced by new inmates, often leading to psychological problems (Oktaviani, 2019). Reports from 35 correctional units in Indonesia to the Directorate General of Corrections in 2022 showed that out of 1,271 inmates screened, 780 were indicated to have mental health problems, and 71 tested positive for mental disorders (Diati & Biafri, 2022). A preliminary study at the Class IIB Women's Prison in Sigli, Pidie Regency, found 152 inmates. The most common cases were narcotics (110), fraud (10), theft (5), child protection (4), Aceh Qanun violations (1), embezzlement (3), corruption (6), murder (7), regional regulations violations (4), assault (1), and human trafficking (1). Researchers uncovered serious issues among inmates, including a 2019 suicide attempt by one inmate who ingested floor cleaner. Many inmates also experienced social isolation, low self-esteem, and violent behavior. High anxiety levels were reported due to uncertainty while awaiting court decisions.

The ability to cope with stressful conditions in prison is closely related to hardiness and resilience (Paroha, 2020). Hardiness is a constellation of personality traits that make individuals stronger, more resistant, stable, and optimistic in facing stress, reducing negative effects. This concept was first introduced by Kobasa (1983) and is widely applied globally. Resilience refers to an individual's capacity to adapt to severe life events or problems (Devi & Permadi, 2015). Both hardiness and resilience are crucial for inmates, as resilience enables them to adapt, endure, and recover from stressful experiences (Paroha, 2020).

Regarding gender, female inmates have the same rights and obligations as male inmates, but psychologically, their emotional states and mental health differ. Women in prison often face significant stress due to fear and negative perceptions associated with incarceration, such as violence, torture, sexual abuse, poor health, and inadequate facilities. Additionally, societal stigma persists after release. Lengthy sentences and limited physical contact with the outside world significantly impact inmates' mental health (Hadi et al., 2018). Such factors can exacerbate inmates' mental health conditions and increase the risk of repeated suicide attempts. Despite these issues, no research has been conducted at the Class IIB Women's Prison in Sigli, Pidie Regency, examining the relationship between hardiness, resilience, and mental disorders among female inmates.

METHOD

This quantitative study employed a cross-sectional design with a descriptive analytic approach. The research was conducted at the Class IIB Prison in Sigli, Pidie Regency. The population consisted of all 152 female inmates at the facility. A sample of 60 female inmates was selected using accidental sampling. Data collection was carried out by interviews using the DASS 21 scale questionnaire. Data analysis was performed using logistic regression.

RESULT

Table 1 shows the demographic characteristics of respondents in this study, 51.6% were aged 40 years and under, in terms of marital status, 91.67% of respondents were married, 95% of respondents had an educational background equivalent to high school.

Table 1.
Respondent characteristics

Respondent characteristics	f	%
Age		
≤ 40 Years	31	51,6
> 40 Years	29	48,4
Marital Status		
Unmarried	5	8,33
Married	55	91,67
Education		
High School	57	95,0
College	3	5,0

Table 2.
Variable confounding

Variable	f	%
Case Type		
Corruption and Theft	7	11,67
Narcotics	53	88,33
Sentence Length		
Less than 5 Years	12	20,0
More than 5 Years	48	80,0

Table 2 shows that 88.33% of respondents were involved in narcotics cases, while corruption and theft cases only involved 11.67%. In terms of sentence length, 80% of respondents served sentences of more than five years. This explains the types of cases faced by respondents and the length of sentences they served, which can provide important insights in further analysis of the characteristics of cases and sentences in this population.

Table 3.
Univariate analysis of mental disorders

Variable	f	%
Depression		
Normal	23	38,33
Depression	37	61,67
Anxiety		
Normal	5	8,33
Anxiety	55	91,67
Stress		
Normal	49	81,67
Stress	11	18,33

The table 3 shows that of the 60 respondents, 61.67% experienced depression. Anxiety was the most prevalent disorder, with 91.67% of respondents showing abnormal levels of anxiety. Conversely, for stress, 81.67% of respondents were in a normal condition.

Table 4.
independent variables based on hardiness and resilience

Variable	f	%
Hardiness		
Good	24	40,0
Poor	36	60,0
Resilience		
Resilience	28	46,67
Not Resilient	32	53,33

The table above shows that of the 60 respondents, 60% had poor levels of hardiness. Regarding resilience, 53.33% of respondents were unable to demonstrate adequate adaptability.

The table 5 shows the relationship between hardiness levels and mental disorders (depression, anxiety, and stress) among 60 respondents. Respondents with good hardiness had lower levels of depression (25%) than those with poor hardiness (47.2%), but this relationship was not statistically significant (P = 0.087). For anxiety, only 12.5% of respondents with good hardiness experienced

anxiety, compared to 94.5% of those with poor hardiness, but this result was also not significant (P = 0.352). In terms of stress, respondents with good hardiness showed lower levels of stress (29.2%) than those with poor hardiness (11.1%), but this result was also not significant (P = 0.086). Overall, although there is an indication that good hardiness can reduce the risk of mental disorders, the results did not reach statistical significance.

Tabel 5.
Analisis hubungan hardiness dengan mental disorder

Mental Disorders							
Hardiness	Depression				OR	CI 95%	P value
	Normal		Depression				
	f	%	f	%			
Good	6	25,0	18	75,0			
Poor	17	47,2	19	52,8	0,37	0,12-1,15	0,087
Hardiness	Anxiety				OR	CI 95%	P value
	Normal		Anxiety				
	f	%	f	%			
Good	3	12,5	21	87,5			
Poor	2	5,5	34	94,5	2,42	0,37-15,7	0,352
Hardiness	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
Good	17	70,8	7	29,2			
Poor	32	88,9	4	11,1	0,30	0,07-1,18	0,086

Table 6.
Analysis of the relationship between resilience and mental disorders

Mental Disorders							
Resilience	Depression				OR	CI 95%	P value
	Normal		Depresi				
	f	%	f	%			
Resilience	9	28,1	23	71,9			
No Resilience	14	50,0	14	50,0	0,39	0,13-1,13	0,085
Resilience	Anxiety				OR	CI 95%	P value
	Normal		Cemas				
	f	%	f	%			
Resilience	1	3,1	31	96,9			
No Resilience	4	14,2	24	85,8	0,19	0,02-1,84	0,154
Resilience	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
Resilience	23	71,9	9	28,1			
No Resilience	26	92,8	2	7,2	0,19	0,03-1,00	0,051

The table above shows the relationship between resilience levels and mental disorders (depression, anxiety, and stress) among 60 respondents. Respondents with good resilience had lower levels of depression (28.1%) than those with less resilience (50%), but this relationship was not significant (P = 0.085). For anxiety, only 3.1% of respondents with good resilience experienced anxiety, while 14.2% of those with less resilience did, but this result was also not significant (P = 0.154). In terms of stress, respondents with good resilience showed lower levels of stress (28.1%) than those with less resilience (7.2%), with an OR of 0.19 that almost reached significance (P = 0.051). Overall, although there is an indication that good resilience can reduce the risk of mental disorders, the results did not reach statistical significance.

The table 7 shows that depression is more common among drug offenders than among corruption and theft offenders. 71.4% of those involved in corruption and theft experienced depression, while 60.3% of those involved in narcotics experienced depression. However, this difference was not statistically significant, with a p-value of 0.575 and an OR of 0.6. For anxiety disorders, drug offenders showed a higher prevalence (92.4%) compared to those involved in corruption and theft (85.7%), although this difference was also not significant (p-value of 0.552, OR of 2.04).

Meanwhile, all perpetrators of corruption and theft reported no stress, while 20.7% of drug offenders did. This difference also indicates a significant difference, with the OR value not being calculated due to the absence of stress among perpetrators of corruption and theft.

Table 7.
Relationship between case type and mental disorders

Case Type	Mental Disorders: Depression				OR	CI 95%	P value
	Normal		Depression				
	f	%	f	%			
Corruption and theft	2	28,5	5	71,4	0,60	0,10 - 3,43	0,575
Drugs	21	39,6	32	60,3			
Case Type	Anxiety				OR	CI 95%	P value
	Normal		Anxiety				
	f	%	f	%			
Corruption and theft	1	14,2	6	85,7	2,04	0,9 - 21,3	0,552
Drugs	4	7,5	49	92,4			
Case Type	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
Corruption and theft	7	100	0	0,0		Omitted	
Drugs	42	79,2	1 1	20,7			

Table 8.
Relationship between length of sentence and mental disorders

Sentence Length	Mental Disorders: Depression				OR	CI 95%	P value
	Normal		Depression				
	f	%	f	%			
Less than 5 years	4	33,3	8	66,7			
More than 5 years	19	39,6	29	60,4	0,76	0,20 - 2,89	0,691
Sentence Length	Anxiety				OR	CI 95%	P value
	Normal		Anxiety				
	f	%	f	%			
Less than 5 years	3	25,0	9	75,0			
More than 5 years	2	4,2	46	95,8	7,66	1 - 52, 6	0,038
Sentence Length	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
Less than 5 years	8	66,7	4	33,3			
More than 5 years	41	85,4	7	14,6	0,34	0,08 -1,44	0,145

The table 8 illustrates the relationship between the length of sentences received by respondents and mental disorders (depression, anxiety, and stress). Respondents were divided into two categories: sentences less than 5 years and more than 5 years. For depression, 33.3% of respondents with sentences less than 5 years were normal, while 66.7% experienced depression; in the group of sentences more than 5 years, 39.6% were normal and 60.4% were depressed, but this relationship was not significant (P = 0.691). In terms of anxiety, 25% of respondents with sentences less than 5 years were normal, while 75% experienced anxiety; only 4.2% of those more than 5 years were normal, with 95.8% experiencing anxiety, and this relationship was significant (P = 0.038). For stress, 66.7% of respondents with sentences less than 5 years were normal, while 33.3% experienced stress; in the group over 5 years, 85.4% were normal and 14.6% were stressed, but this relationship was not significant (P = 0.145).

The table 9 shows the relationship between respondents' age and mental disorders (depression, anxiety, and stress) by dividing respondents into two groups: 40 years or less and more than 40 years. For depression, 54.9% of respondents aged 40 years or less experienced depression, while 69% of those aged over 40 also experienced depression; an OR of 1.83 indicates a possible increased risk of depression in the older age group, but not significant (P = 0.263). In terms of

anxiety, only 9.7% of respondents aged 40 years or less experienced anxiety, while 6.9% of the older group experienced anxiety; an OR of 1.44 indicates no significant effect (P = 0.698). For stress, 22.6% of respondents aged 40 years or less experienced stress, while 13.8% of the older group showed symptoms of stress; an OR of 0.54 indicates a possible lower risk of stress in the older age group, but also not significant (P = 0.383). Overall, although there was some indication of an association between age and risk of mental disorders, the results were not statistically significant.

Table 9.
Relationship between age and mental disorders

Mental Disorders							
Age	Depresi				OR	CI 95%	P value
	Normal		Depression				
	f	%	f	%			
<40 years	14	45,1	17	54,9			
>40 years	9	31,0	20	69,0	1,83	0,63-5,27	0,263
Age	Anxiety				OR	CI 95%	P value
	Normal		Anxiety				
	f	%	f	%			
<40 years	3	9,7	28	90,3			
>40 years	2	6,9	27	93,1	1,44	0,22-9,34	0,698
Age	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
<40 years	24	77,4	7	22,6			
>40 years	24	86,2	4	13,8	0,54	0,14-2,11	0,383

Table 10.
Relationship between marital status and mental disorders

Mental Disorders							
Marital status	Depression				OR	CI 95%	P value
	Normal		Depression				
	f	%	f	%			
Single	3	60,0	2	40,0			
Marry	20	36,3	35	61,7	2,62	0,40-17,0	0,312
Marital status	Anxiety				OR	CI 95%	P value
	Normal		Anxiety				
	f	%	f	%			
Single	1	20,0	4	80,0			
Marry	4	7,3	51	92,7	3,18	0,28-3,57	0,347
Marital status	Stress				OR	CI 95%	P value
	Normal		Stress				
	f	%	f	%			
Single	4	80,0	1	20,0			
Marry	45	81,8	10	18,2	0,88	0,08-8,83	0,920

The table 10 shows the relationship between marital status and mental disorders (depression, anxiety, and stress) by dividing respondents into two categories: unmarried and married. For depression, 40% of unmarried respondents experienced depression, while 61.7% of married respondents also experienced depression; an OR of 2.62 indicates a possible higher risk of depression in married respondents, but not significant (P = 0.312). For anxiety, 20% of unmarried respondents experienced anxiety, while 7.3% of married respondents experienced anxiety; an OR of 3.18 indicates a possible increased risk of anxiety, but also not significant (P = 0.347). For stress, 20% of unmarried respondents experienced stress, while 18.2% of married respondents showed symptoms of stress; an OR of 0.88 indicates no significant relationship (P = 0.920). Overall, although there is an indication of a relationship between marital status and mental disorders, the results do not reach sufficient statistical significance.

Based on multivariate analysis of factors related to mental disorders (depression, anxiety, and stress), no significant factors were found for depression, with all p-values above 0.05. Age had an

OR of 1.54 (p = 0.461) and marital status an OR of 1.96 (p = 0.549). Hardiness and resilience had ORs of 0.48 (p = 0.231) and 2.01 (p = 0.234), respectively. Case type and sentence length were also insignificant (p = 0.746 and p = 0.807). For anxiety, sentence length showed a significant relationship (p = 0.023, OR 47.6), indicating that the risk of anxiety increased with sentence length. Resilience approached significance (p = 0.036, OR 1.37). Other factors such as age, marital status, hardiness, and case type were not significant. For stress, there were no significant factors; Age and marital status had p-values of 0.445 and 0.613, respectively. Hardiness and resilience approached significance (p = 0.118 and p = 0.083), while sentence length showed an OR of 0.30 (p = 0.197).

Table 11.
Multivariate analysis

Mental Disorders				
No	Depression	OR	CI 95% (Lower-Upper)	P value
1	Age	1,54	0,48 ± 4,86	0,461
2	Marital Status	1,96	0,21 ± 17,7	0,549
3	Hardiness	0,48	0,14 ± 1,59	0,231
4	Resilience	2,01	0,62 ± 6,49	0,234
5	Case Type	1,23	0,34 ± 4,42	0,746
6	Sentence Length	0,82	0,17 ± 3,93	0,807
No	Anxiety	OR	CI 95% (Lower-Upper)	P value
1	Age	0,33	0,01 ± 6,66	0,475
2	Marital Status	3,47	0,06 ± 188	0,542
3	Hardiness	5,97	0,38 ± 93,4	0,203
4	Resilience	137	1,36 ± 1380	0,036
5	Case Type	4,33	0,14 ± 125	0,393
6	Sentence Length	47,6	1,68 ± 1347	0,023
No	Stress	OR	CI 95% (Lower-Upper)	P value
1	Age	0,53	011 ± 2,62	0,445
2	Marital Status	2,20	0,10 ± 46,7	0,613
3	Hardiness	0,29	0,06 ± 1,36	0,118
4	Resilience	4,72	0,81 ± 27,3	0,083
5	Case Type		Omitted	
6	Sentence Length	0,30	0,04 ± 1,85	0,197

DISCUSSION

Relationship Between Hardiness with Depression, Anxiety and Stress Among Female Inmates

Based on research conducted at the Class IIB Women's Prison in Sigli, the relationship between hardiness and mental disorders (depression, anxiety, and stress) among female inmates revealed several important findings. For depression, hardiness showed no significant association. The researcher assumes that although hardiness may influence how individuals cope with stress, other factors such as social support and environmental conditions may play a more substantial role in managing depression among inmates.

The study also found no significant relationship between hardiness and anxiety risk. It is assumed that personal experiences and individual thought patterns may be more dominant in determining anxiety levels. This suggests the need for further research to better understand the interaction between hardiness and other contributing factors to anxiety. Regarding stress, hardiness showed results approaching significance. While hardiness may contribute to stress management, this relationship was not strong enough to be statistically significant. The researcher assumes that other external factors, such as social support and individual coping strategies, also play roles in stress management.

Hardiness may influence stress but does not significantly affect anxiety or depression. The researcher posits that although hardiness is important, it may not be the primary predictor of mental disorders, and other factors like social support and environmental conditions should also be considered. Further research is needed to explore these relationships in greater depth (Jumrah,

2022). A study conducted at the Class IIA Women's Correctional Institution in Denpasar involving 115 respondents revealed varying levels of anxiety among the participants. Of these, 51 respondents (44.4%) experienced mild anxiety, characterized by increased awareness, motivation to engage in constructive actions, and a positive outlook with hope for continuing their activities or leading a better life after release. Meanwhile, 39 respondents (33.9%) exhibited severe anxiety, marked by disturbed perception, heightened feelings of fear, impaired communication with others, and elevated vital signs such as increased blood pressure and body temperature. Additionally, 25 respondents (21.7%) demonstrated moderate anxiety, with symptoms including restlessness when questioned, discomfort during social interactions, and excessive talking (Adiari et al, 2021).

In conclusion, hardiness is a crucial factor in determining inmates' mental health. Increasing hardiness through intervention programs focused on coping skills training, social support, and adaptive skill development can help reduce the prevalence of mental disorders in prisons. By focusing efforts on hardiness development, inmates can better manage incarceration challenges and improve their overall mental well-being. Further research is needed to explore the most effective intervention methods and to understand how hardiness can be integrated into rehabilitation programs within correctional settings.

Relationship Between Resilience with Depression, Anxiety, and Stress Among Female Inmates

The study's findings on the relationship between resilience and mental disorders (depression, anxiety, and stress) among female inmates revealed an interesting pattern. For depression, resilience showed a relationship approaching significance. Although resilience may play a role in reducing depression risk, this relationship was not statistically significant. The researcher assumes that other factors, such as social support and living conditions, also play important roles in determining depression levels. Regarding anxiety, resilience showed a significant relationship with anxiety risk. This indicates that individuals with higher resilience levels have a substantially lower risk of anxiety. The researcher assumes that resilience acts as a strong protective factor against anxiety, as the ability to cope with difficult situations can reduce feelings of anxiety that may arise (Raisa & Ediati, 2016).

For stress, the analysis showed that resilience had a relationship approaching significance. Although not statistically significant, there is an indication that resilience may help reduce stress levels by enabling individuals to better manage challenges and pressures. Overall, the data suggest that resilience significantly influences anxiety and, while its impact on stress is not significant, resilience remains important in managing female inmates' mental health. Resilience serves as a vital protective factor against mental disorders, especially in the high-pressure prison environment. Research shows that strong social support also plays a crucial role in strengthening resilience. Positive interactions with fellow inmates and prison staff can enhance female inmates' resilience, which in turn helps them maintain stable mental health (Maranatha, 2023).

In conclusion, resilience is a key factor in determining female inmates' mental health. Enhancing resilience through structured interventions, adequate social support, and supportive environments can help reduce mental disorders and improve quality of life in prison settings. An effective resilience-based approach not only supports individuals in coping with incarceration challenges but also prepares them for better reintegration into society after release.

Relationship Between Length of Sentence with Depression, Anxiety, and Stress Among Female Inmates

The study found varying patterns in the relationship between length of sentence and mental disorders (depression, anxiety, and stress) among female inmates. For depression, analysis showed no significant relationship with sentence length. This indicates that differences in sentence duration, whether less than or more than five years, do not significantly affect depression risk. The researcher assumes that other factors, such as social support and daily living conditions, may have a greater

impact on depression. Regarding anxiety, sentence length showed a significant relationship with anxiety risk. The results indicate that inmates serving sentences longer than five years have a much higher risk of anxiety compared to those serving shorter sentences. The researcher assumes that longer sentence durations may increase psychological pressure, contributing to higher anxiety levels. For stress, analysis showed no significant relationship with sentence length. This suggests that differences in sentence duration do not significantly affect stress levels among female inmates. The researcher assumes that stress may be more influenced by other factors, such as social interactions and prison conditions, rather than sentence length alone (Wulan dan Ediati, 2019).

Overall, the results indicate that sentence length is significantly related to anxiety but not to depression or stress. The researcher posits that although sentence length can affect mental health, factors such as social support and daily living conditions should also be considered. Further research is needed to explore this relationship and other factors influencing psychological well-being in prison environments. Long sentences can worsen mental health due to the cumulative effects of stress and trauma. Interventions designed to mitigate the negative impact of sentence length, such as rehabilitation programs and psychological support, can help reduce mental disorders among inmates. With a comprehensive approach, including improved prison conditions and adequate support provision, inmates' mental health can be significantly enhanced (Gobel, 2019).

CONCLUSION

The analysis of the relationship between sentence length and depression, anxiety, and stress among female inmates shows that sentence length is not significantly associated with depression and stress levels, while it is significantly associated with anxiety levels. Inmates serving sentences longer than five years have a higher risk of anxiety. This indicates that other factors, such as social support, living conditions, and rehabilitation activities, may have a greater influence on their mental health. Therefore, further research is needed to better understand this relationship and identify other factors affecting psychological well-being in prison settings.

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