

FEMALE INMATES: A NEGLECTED POPULATION IN MEDICAL POLICIES OF PAKISTAN

Muhammad Abdullah Avais*, Aijaz Ali Wassan**

*Ph.D. Scholar, Department of Sociology, University of Sindh, Jamshoro.

**Associate Professor, Department of Sociology, University of Sindh, Jamshoro.

Abstract:

Background: Medical health issues of female prisoners are neglected in the field of research in Pakistan. The main idea of a present research was to find out the health issues, and satisfaction toward provided health facilities to convicted women prisoners in Sindh and Punjab provinces.

Methods: It was an exploratory study, and all convicted female inmates 133 from women prisons of Sindh (Karachi, Hyderabad and Larkana) and Punjab (Lahore and Multan) provinces were interviewed due to meager strength of inmates. The mean age of respondents were 28.76 years with SD \pm 8.80. The study was carried out from June 2015 to June 2016. Due to sensitivity of instant research neither name nor any identification of respondents was interrogated. The data was collected through interviews and official jail/medical record. All the respondents were generally briefed regarding study and interviews were conducted with their due consent.

Results: It was observed that 83% respondents were not satisfied with the provided health facilities. 3.8% respondents were suffering from Hepatitis-C, 12.8% high blood pressure, 18.8% depression, and 3.8% tuberculosis.

Conclusion: The convicted female inmates were suffering from different diseases. They were not satisfied with provided health facilities. Due to inadequate health facilities, malnutrition and presence of inmates with communicable diseases, there is likelihood that healthy inmates may suffer from different diseases. Although the government is trying to provide basic health facilities but there is need of more intention exclusively from policy makers.

Abstract:

The present research was aimed to explore the medical health issues and availability of medical health facilities for women prisoners in Sindh and Punjab provinces. All the convicted female inmates 133, from 3 prisons of Sindh (Karachi, Hyderabad and Larkana) and 2 of Punjab (Lahore and Multan) were interviewed due to meager strength of convicted inmates. The mean age of respondents was 28.76 with SD \pm 8.80. The results indicate that majority of respondents 81% were married, 54.1% illiterate and 72.9% respondents of rural regions. Per month family income of 42.9% respondents were between 6,000 – 10,000 rupees. 37.7% respondents tried to commit suicide. 32.3% respondents faced physical and 6.8% sexual violence in their childhood. 55.6% respondents were not satisfied with provided health facilities and 62.4% were not satisfied with provided food in prisons. 3.8% respondents were suffering from Hepatitis-C, 12.8% high blood pressure, and 3.8% tuberculosis. 68.4% respondents shared that their place of imprisonment has not sufficient light facility and 67.3% shared that their place of imprisonment is not airy. Therefore, the government should review the medical policies for female inmates and their place of imprisonment must be airy and lighted enough.

Key Words: Female inmates, Food, medical facility, Sindh, Pakistan

INTRODUCTION:

Generally, women are invisible at all levels of criminal justice system, and such an inconspicuousness is the result of creation of criminal justice system by male for a male in

which diverse needs of women are blanked out and neglected¹.

Corresponding Author:
Muhammad Abdullah Avais
Ph.D. Scholar, Department of Sociology,
University of Sindh, Jamshoro
Abdullahawais77@yahoo.com

In Pakistan, like other developing countries health issues of women prisoners are a less interested topic for media as well as lawmakers. Unfortunately, the government of Pakistan has not succeeded in provision of basic health facilities to free people. That is why women behind the bars are suffering from various diseases. Furthermore, in our traditional male dominated system, we do not know the required specific health care facilities in women prisons/jails. Incarcerated women belong to a population, which is at high risk for transmissible diseases, mental and physical health issues and substance abuse². It is commonly regarded understanding that women offenders belong to low socio-economic backgrounds with less access to education and having a history of early victimization, mental issues, problematic family relationship and economic deprivation³. Female inmates with a prior history of sexual and physical abuse have a higher preponderance of psycho-health issues like depression, anxiety, low self-esteem, hysteria, psychophrenia, gynecological and neurological problems as well as suicidal thoughts⁴. Therefore, special health care facilities are required for incarcerated women. Many researchers maintained that the provision of health care facilities for inmates would be according to the medical point of view⁵. Technical and basic education along with medical health facilities to treat communicable diseases should be a priority in addressing the needs of female inmates⁶. In this study the researchers tried to explore the views of female convicted inmates toward available health facilities and their satisfaction towards environment of prisons and quality of provided food in prisons of Punjab and Sindh provinces.

HEALTH NEEDS OF FEMALE INMATES:

Through "Life Course Perspective", we can see the medical issues of incarcerated women within the combined circumstances of pre- and during-incarceration⁷. Usually, these problems are triggered because of multiple factors like the socio-economic background of inmates and their lifestyle, it effects their health before entrance in correction center.

LOCALE OF STUDY:

The present study was conducted in 5 women prisons, 3 of Sindh (Karachi, Hyderabad and Larkana) and 2 of Punjab (Lahore and Multan) provinces.

OBJECTIVES:

The main objectives of present research were to find out the health issues and satisfaction towards the provided health facilities by convicted women prisoners in Sindh and Punjab provinces.

HYPOTHESIS:

The underneath hypothesis was formulated for this research: -

H₁: There is positive relation between educational back ground and health of female inmates.

RESEARCH METHODOLOGY:

The present study is an exploratory research through interview schedule with the help of quantitative analysis techniques. All the convicted female inmates (N=133) those were present during the study in women prisons of both provinces. It was decided to study all convicted inmates due to meager respondents. The study was carried out from June 2015 to June 2016. Due to sensitivity of research topic neither name nor any identification of respondents were collected. The data was collected through both Interviews as well as official medical record of respective prisons. All the respondents were thoroughly briefed regarding aims and objectives of study prior to start of formal interviews. Whereas, the interviews were conducted after due consent of incarcerated prisoners.

LIMITATIONS OF STUDY:

Convicted foreigner females and girls of convicted female inmates those were brought up in prisons due to the offence of their mothers are not part of study.

RESULTS:

Breakup of Respondents versus Prisons

Table I

Education Level	Frequency	Percent
Primary	12	9.0
Secondary School	20	15.0
Higher Secondary	15	11.3
Graduate	10	7.5
Post Graduate	1	.8
Religious Education	3	2.3
Illiterate	72	54.1
Total	133	100.0

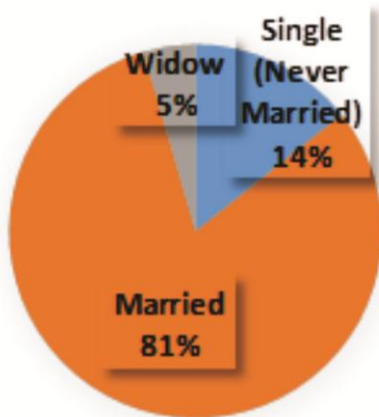
The table I shows the name of prisons along with a number of inmates and is indicating that majority of respondents 53 (59.8%) belong to women prison Multan, 52 inmates (30.1%) belong to women prison Lahore, 1 inmate (.8%) from Larkana, 8 inmates (6%) from Hyderabad and only 19 inmates (14.3%) belonged to women prison Karachi.

AGE:

Mean age (N=133) of respondents was 28.76 years with SD ± 8.80

Marital Status of Respondents

Graph I



The graph I shows the marital status of respondents, and is indicating that majority of respondents 81% were married, 14% single and 5% widows.

Educational Background of Respondents

Table II

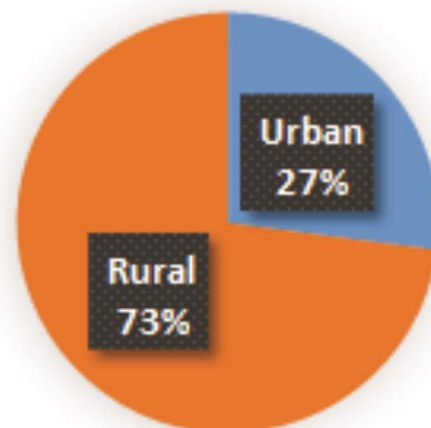
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The table II shows the educational background of respondents, and is indicating that majority of respondents 54.1% were illiterate, 9% had primary, 15% secondary school, 11.3% higher secondary, 7.5% graduates, 2.3% religious education and only .8% had post-graduate education.

Demographic Distribution of Respondents

Graph II

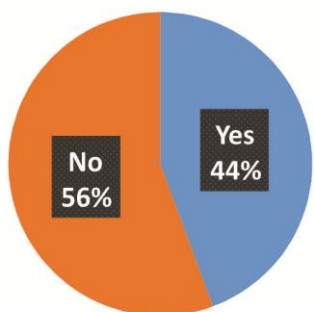
Cultural Background



The graph II shows the geographical background of respondents and is indicating that majority of respondents 73% were belonged to rural and 27% belonged to the urban region.

Graph III

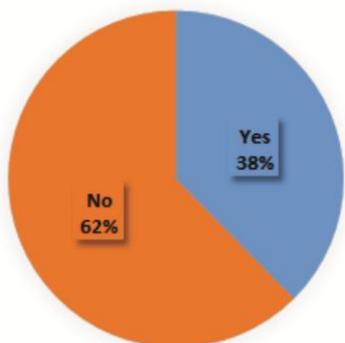
Satisfaction toward Medical Facility



The Graph III is showing the satisfaction level of respondents with available medical facility. It is indicating that 56% respondents were not satisfied with available medical facility in detention centers. While 44% respondents satisfied.

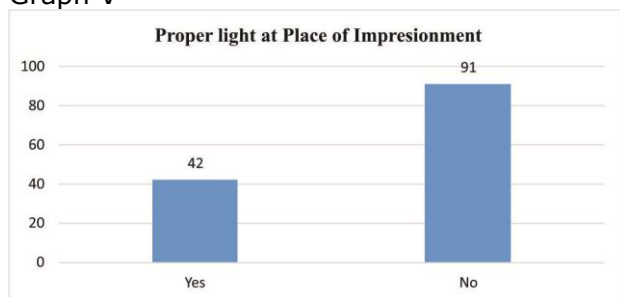
Graph IV

Satisfaction toward Provided Food



The graph IV is showing the satisfaction of respondents toward provided food. It indicates that 62% respondents were not satisfied with quality of provided food and 38% were satisfied.

Graph V



The graph V shows the availability of light arrangements at their place of imprisonments.

The data describes that 91 respondents shared that their place of imprisonment have not proper light arrangements. While 42 respondents shared that their place of imprisonment have proper lights.

DISEASE STATISTICS:

Table III

Disease	Frequency	Percent
Hepatitis-C	5	3.8
TB	5	3.8
General Fever	2	1.5
High Blood Pressure	17	12.8
Depression	25	18.8
Anxiety	2	1.5
Stress	1	.8
Frustration	4	3.0
Kidney Stone	2	1.5
No Disease	64	48.1
Asthma	3	2.3
Diabetes	2	1.5
Heart Patient (CCF)	1	.8
Total	133	100.0

The table III shows the diseases which from respondents were suffering from. It is indicating that 48.1% respondents were not suffering from any disease. 3.8% respondents were suffered from Hepatitis-C, 3.8% TB, 1.5% general fever, 12.8% High blood pressure (HTN), 18.8% Depression, 1.5% Anxiety, .8% Stress, 3% Frustration, 1.5% kidney stone, 2.3% Asthma, 1.5% Diabetes, and .8% suffering from congestive cardiac failure (CCF).

Hygienic Conditions of Place of Imprisonment

Table IV

Hygienic	Frequency	Percent
Normal	33	24.8
Batter	17	12.8
Worse	83	62.4
Total	133	100.0

The table IV shows the respondents views on hygienic conditions of their place of imprisonment. It describes that 62% respondents shared that the hygienic

conditions of their place of imprisonments were worse, 12.8% batter and 24.8% declared normal.

HYPOTHESIS TESTING:

The hypothesis was testing through chi-square test.

Table V

The table V shows results of Chi-square for hypothesis testing, and indicating that there is

Chi-Square Test for Association	
Convicted Female Inmates N = 133	
p-Value	
Education	
Suffering from Disease	<0.002

significant association (p <.002) among education and diseases of respondents. Therefore, hypothesis is accepted.

DISCUSSION:

Medical health issues of female inmates are neglected aspect of criminology as well as sociological field in Pakistan. The current study tried to obtain data regarding health problems of female inmates. 56% respondents were not satisfied with the provided medical facilities. Heny (2006) explained that female inmates get poorer health in prisons due to lack of adequate medical health facilities⁸. 3.8% respondents were suffering from TB. Das (2013) argued that imprisonment imposes the very crucial impacts on female inmates like hepatitis, TB, arthritis and early menopause⁹. 3.8% respondents were suffering from Hepatitis-C. Incarcerated women suffer more as compared to normal women. They frequently face health issues as sexually transmitted infections or other disorders (Hepatitis B & C, hypertension, asthma, and fever) and disorders related to malnutrition and poverty¹⁰. Hammett & Harmon, (1999) argued that as compared to Hepatitis-C, Hepatitis-B is not dangerous due to availability of vaccination. Whereas, Hepatitis-C is a serious problem for both inmates and prison staff¹¹.

Incarceration of offenders those are suffering from TB, may a serious threat to other healthy inmates¹². 81% respondents were married, 54.1% illiterate and 72.9% respondents' belonged to rural region. Usually, female offenders have a low level of education¹³. Chesney-Lind & Pasko, (2013) argued that women' involvement in crimes are directly linked with difficult life circumstances, of which the rational decision to alleviate poverty plays a major role¹⁴. The mean age of respondents was 28.76 years with SD ± 8.80. The majority of female inmates usually belonged to age group 20 – 35 years¹⁵. Although the characteristics, role and responsibilities of female criminals are different in crime from their male counterpart but according to law sentence is equally applied on both male and female¹⁶. Carlen (1987) propounded that generally our penal systems are established to deal with male delinquency or criminality. Therefore, female criminals have been inappropriately modelled in our traditional penal system¹⁷. Thus they are neglected in general policies for betterment of prisoners.

CONCLUSION:

Health of convicted women in prisons of Pakistan is rarely cited as a topic of interest in comparison with general women. Respondents' views suggest that incarcerated women offenders were not satisfied with present provided food and medical treatment in prisons. Due to improper and inadequate food quality, lack of health facilities and inmates with communicable diseases, the healthy inmates may suffer from different diseases. The government should conduct a more comprehensive study of this issue for revision of health policy in favor of female prisoners. Health department and NGOs working on women rights/health issues should also work jointly on health as well as food quality of prisoner women.

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SR #	AUTHOR NAME	CONTRIBUTION
1	Muhammad Abdullah Avais	Developed the research frame work. Processed and analyzed the data. Outlined the findings and wrote manuscript
2	Aijaz Ali Wassan	Developed the research frame work. Contributed to design and review of manuscript along with statistical analyze, design and review of literature.