IMPRISONMENT AND HEALTH: A STUDY OF THE WOMEN INMATES OF SELECTED DISTRICT JAILS OF WESTERN UTTAR PRADESH

ABSTRACT

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ABSTRACT

Imprisonment is the colonial state’s ‘civilized’ answer to the uncivilized punishments of the earlier social order. The prison as an institutional structure physically and socially apart from the social stream, and designed for the punishment of offences against the society or the state, came to India in the 19th century, as part of the colonial/legal package and serving colonial ends. Prisons are places where the discrimination of the outside society shows itself starkly. All around the world prisons are full of the poor, the unemployed the disadvantaged and the mentally ill. For many poor and minority men being sent to prison is just one of the social and economic injustices they can expect to face in their lives. Prison is a state subject under List-II of the Seventh Schedule to constitution of India. The management and administration of Prisons falls exclusively in the domain of the State Governments, and is governed by the Prisons Act, 1894 and the Prison Manuals of the respective State Governments. Thus, States have the primary role, responsibility and authority to change the current prison laws, rules and regulations. In general the prison population in India comes from the sections of society with high levels of poor health and social exclusion. Prisoners tend to have poorer physical, mental and social health than the general population.

Disease and inequality are intimately linked. The outcome of the unequal distribution of political, economic and social resources necessary for a healthy life is the social gradient of health. One of the key influences on anyone’s health is the resources they have at their disposal and the environment in which they live. Structural factors which may impact on health include, for example, paid employment, caring responsibilities, income, availability of social support and access to housing. All of these help explain inequalities in health between different social and economic groups, between people living in different parts of the world, in different cultures and so on. The gendered health pattern is found in all societies. Women often experience the health care system as paternalistic, and their own experiences and knowledge are ignored or downgraded. Further, women’s mental and physical health is adversely affected by poorer resources, difficulties accessing health care and gender-blind services which may fail to meet their needs. There is a serious
lack in providing mental health care, in India, especially to women due to lack of proper infrastructure and human personnel.

Prison is an institution which reflects societal norms. Women in prison constitute a special group within the prison population, first and foremost because of their sex and gender inequalities. They constitute a small proportion of prison population worldwide, usually between 2 percent and 9 percent of the prison population. Women in prison often come from deprived backgrounds, and many of them have experienced physical or sexual abuse, alcohol or drug dependence and inadequate health care before imprisonment. They face many problems some resulting from their lives prior to imprisonment others resulting from their imprisonment itself. Social factors that marginalize their participation in mainstream society and contribute to the rising number of women in prison include poverty, lack of social support, separation or single motherhood and homelessness. Women’s paths to incarceration are complex and often rooted in histories of multiple abuses. Violence and abuse are also associated with poor outcomes in terms of mental and physical health problems including reproductive health problems. Women in prisons are more likely to have mental health problems than both the general population and male prisoners, including high rates of post-traumatic stress disorders. Traumas are indirectly and directly linked to criminal pathways and to both mental and physical illness. Suicide and self-harm are important issues for female prisoners and the early period in custody is recognized as being a time of particularly high risk. Further, the increase in the number of older people in prison is largely the result of harsh, unjust sentencing laws that impose long prison terms. Among the special medical issues women 50 and older face are menopause, a series of physical changes that women experience when they stop menstruating and osteoporosis, a condition disproportionately affecting women that puts women at great risk of breaking their bones. Health care in prisons is little sensitized to the age specific health problems of women. Offences for which women are generally imprisoned are mainly non-violent and property or drug-related. Therefore, women in custody are particularly vulnerable on entering the criminal justice system. Furthermore, the criminal justice system fails to recognize the degree of deprivation that characterizes women’s backgrounds or the wider consequences of custodial sentences for them and their families. The massive over use of incarceration is a response to problems that are at their root social and economic. Though there are
provisions to provide appropriate physical mental health care to women prisoners. In practice, however, the health facilities available to women in prisons are ill-equipped and lack sufficient resources to adequately test, diagnose and treat inmates. They are even less able to offer women the gender-specific medical care they need. Further, services designed specifically for women, helping them to feel safe and supported and considering gender-specific issues, are seldom provided.

**SIGNIFICANCE OF THE STUDY**

With increasing number of women entering and existing in the prison system, there is a compelling need to ensure that mechanisms are in place that can consequently address these health issues. While a considerable amount of research has been dedicated to exploring the incarceration experiences of prisoners, very little research has focused on the health of prisoners and their use of health care services during incarceration. Quality of care and access to health care services has been investigated even less. Research on these issues is virtually non-existent in the Indian context especially with respect to women prisoners.

The present study is an attempt to fill this gap in the area of research. The need for more research on the health of women prisoners and health care services in prison emerged from the available literature that brought to the notice of academicians and researchers that poor health among women prisoners and the lack of health care services available in prisons were key issues for women during incarceration and negatively influence their ability to successfully reintegrate in the community after they were released from prison. It is critically important to review the health care needs of women prisoners and the correctional system’s ability to deliver adequate services. Currently a continuum of care is missing to successfully treat female prisoners’ medical and mental health problems. The persistent inattention to the unique health care profiles of women prisoners will likely result in an inadequate understanding of important illness and conditions, not commonly experienced by men. Continued indifferences would have great economic and social costs to society for current and future generations.

The present study is divided into eight chapters. The first chapter discusses the history of prison reforms and the prevailing living conditions of prisons in India as well as the health of women in society. Further, it also discusses the various
sociological perspectives of health and illness. The second chapter attempts to review the available literature in order to provide an insight into the health of women in prison. Further, the chapter is divided into two parts. The first part deals with literature describing the health of women prior to imprisonment and the second part deals with the health of women during imprisonment. The third chapter discusses the research framework of the study. The fourth chapter highlights the profile of the women in prisons. The fifth chapter consists of the interpretation and analysis of the responses received by the researcher from the respondents regarding health of the respondents prior to imprisonment. The sixth chapter consists of the interpretation and analysis of the responses received by the researcher from the respondents regarding health of the respondents during imprisonment. The seventh chapter presents the interpretation and analysis of the responses received by the researcher from the prisons staff relating to health of women prisoners. Finally, the eighth chapter presents findings along with suggestions.

AIM OF THE STUDY
The aim of the study is to explore the health of women in prison. For the purpose two categories of people are included in the study (i) Women prisoners and, (ii) Prisons staff.

(i) Women Prisoners provided information relating to their health prior to imprisonment and during imprisonment.

(ii) Prisons Staff shared their views relating to the health of women in prison on the basis of their experience of working in prison.

RESEARCH FRAMEWORK

- Design of the Study
  - Exploratory and empirical in nature.

- Strategy of the Study
  - Inductive Strategy (in-depth interview process).

- Universe of the Study
  - District Jails of Aligarh, Bulandshahar and Meerut, Uttar Pradesh, India.

- Respondents: Women prisoners and prisons staff of the three District Jails of Aligarh, Bulandshahar and Meerut, Uttar Pradesh, India.
Sampling Design

- **Probability Sampling (stratified random sampling):** 138 respondents of the three District Jails were selected through stratified random sampling.

- **Non-Probability Sampling (purposive sampling):** 05 prison staff from each of the three District Jails were selected through Purposive sampling. Altogether 15 respondents from the three District Jails.

Data Collection

- **Secondary Data:** personal tickets contained personal information of the women prisoners, i.e. name, age, caste, religion etc.

- **Primary Data:** respondents of the study: 138 women prisoners and, 15 prisons staff (five from each District Jail).
  - **Tool of Primary Data:** semi-structured interview schedule.
    - The nature of questions is open-ended with question word, i.e. ‘what’ or ‘how’.
  - **Technique of Primary Data:** in-depth interview process.

Data Analysis

- **Mixed Method Approach:** mixed method of qualitative data analysis and presentation (Tables & Quotes) was employed to display and explain the topics or themes of the study.

- **Tools of Data Analysis:** Quantitative data analysis softwares, SPSS (Statistical Package for Social Sciences) 16.0 to enter, manage and organize the categorical data in terms of variables associated with levels and values to analyze them in the form of frequencies. Qualitative data analysis softwares, ATLAS.ti7 to explore theme, present, interpret and explain the account of writing alongwith displaying one of the common responses associated with the theme of analyzed data.

Findings

Findings of the study can be discussed under the following heads:
Profile of Women in Prisons

- Profile consists of Age, Marital Status, Level of Education, Occupation, Religion, Caste, Income of the Family, Number of Family Members, Type of Family, Residence and Nature of Crime.

- Women prisoners may be broadly categorized into two groups in terms of their age, i.e., reproductive (younger) age group and non-reproductive (older) age group. Sixty percent of women prisoners belonged to reproductive age group while, forty percent of women prisoners belonged to non-reproductive age group.

- Further, majority of women prisoners were illiterate, married, housewives, economically dependent, belonging to rural background, lower income group, having large number of family members and belonged to joint family. Majority of them belonged to lower caste (schedule caste & backward caste) low economic strata and were largely alleged/convicted for dowry death & murder followed by theft, abduction, cheating, drug trafficking etc.

Health of Women prior to Imprisonment

- As far as health of women prior to imprisonment is concerned the findings reveal that a large number of respondents experienced health problems at the time of admission to prison. It was found that family members often tend to neglect the health of women and women themselves were also found to be inattentive towards their health issues. This is primarily because of the importance attached to their role as caregiver.

- Majority of the women reported that the choice of the doctor, decision to visit the doctor and completion of the treatment was the prerogative of the family members.

- Majority of the women reported that their illness was not considered serious enough to visit a doctor as long as they were capable of fulfilling the role of mother and wife. It was also learnt that treatment for chronic disease was continued only in the case of few women.

- The feeling of lack of control over one’s life sometimes experienced by women, due to a range of socially determined gender roles brought about feelings of depression and helplessness. It was also found that older women experiencing age specific problems also experienced neglect by family.
• Women’s health is profoundly affected by the ways in which they are treated and the status they are given by society as a whole. Gender beliefs held by both men and women have a major impact on women’s health. Generally, both sexes believe that women should work hard and be deprived of good food and care.

• The power relations and unequal status between men and women in society are a root cause for gender inequality, as they determine a person’s ability to take control over their life and health. While gender norms are broadly reinforced culturally and institutionally, it is within the household that children first learn about gender roles, equating maleness with power and authority and femaleness with inferiority and subservience.

• Findings of this part of the study are in accordance with the idea contained in the feminist theory of health that the way in which the individuals are socialized into masculine and feminine social roles will have a determining effect on their health and illness. In many cases the diagnoses and treatment of women as diseased are not more than thinly disguised social norms of women’s appropriate social roles, especially their role as mother.

➢ Health of Women during Imprisonment

• Findings of the study reveal that majority of the women prisoners were undertrial. Undertrials are those prisoners, who in the eyes of law, are yet to be convicted by the absolute final judgment. Generally, the trial process is slow and costly and the undertrial prisoners pass their days with suspense and expectations. Every hour reinforces their disillusionment and bitterness towards the system. Lack of family support, legal unawareness and inability to fight the legal battle make the experience of imprisonment more difficult for undertrial women.

• Findings of the study reveal that majority of the respondents experienced diseases such as, hypertension, skin diseases, diabetes, arthritis, cataract, tuberculosis and psychological ill-being. Further, within prisons, the risk of spread of infectious diseases (e.g., tuberculosis, skin diseases etc.) is heightened by poor and overcrowded prison conditions.

• Women prisoners are characterized by their pre-incarceration health risks such as trauma, abuse and maternal health problems. In prison, pre-incarceration
health risks interacts with the characteristics of the prison, the access and quality of health services, and the experience of being detained, contributing to a wide variety of health outcomes.

- Findings of the study also reveal that for many of the women prisoners health screening at the time of admission to prison (known as Mulaizha) may be the first time they have ever undergone a physical examination, dental care and other basic health care routines. It was learnt during the study that some of the respondents were diagnosed for diseases through Mulaizha.

- Further, majority of the respondents reported problems of emotional and psychological ill-being. Symptoms of emotional ill-being provide a baseline indication of psychological ill-being among women prisoners rather than a clinical diagnosis of psychological illness.

- Stress, anxiety, sense of insecurity and uncertainty of release covered a range of feelings and behaviors, such as persistent sadness, loss of interest in activities, insomnia and anger or irritability which were common among women inmates. Separation from family and children, uncertainty of release and acceptance by the family and society were the major source of anxiety.

- Ageing in general brings with it new physiological, psychological and social challenges. Ageing in prison is a challenging experience which the prison system is not sensitized to.

- It was found that women prisoners are living in overcrowded cells with poor hygiene and sanitation, lack of clean water, inadequate quality and quantity of food, and insufficient toiletries for the cleaning and grooming.

- In overcrowded prisons, there was lack of proper recreational facilities and physical activities. Women inmates spent most of the time watching television, gossiping or quarrelling.

- It was found that special diet of milk, fruits and multivitamin tablets were provided to the pregnant and lactating women. However, few complained that it was not sufficient. There was no separate living space for pregnant and nursing women and they had to adjust in the overcrowding. Prisons, however provide a facility of institutional delivery which many did not have access to before coming to prison.
As far as a health care service in prison is concerned it has been seen that there is always a wide gap between theory and practice. Findings of the study reveal that in all the district jails there was lack of gender specific health care facilities. All the available infrastructure facilities were common for both male and female prisoners.

In the three district jails there was no full time female doctor or gynecologist to take care of female inmates. A female doctor from the District Hospital visited the inmates once a week. Further, there were no separate hospitals for women inmates in the prisons. However, there were dispensaries in women enclosures which are useful to provide first aid care at the time of emergency.

There was absence of medical personnel, which not only includes specialists but also laboratory technicians. Further, insufficient police escorts make it difficult to refer ill prisoners to outside hospitals. It was found that women prisoners access to doctors is far less than that of male prisoners.

Except in cases of emergencies, when they are taken to the prison clinic with sufficient security women in most of the prisons have to wait for doctors to visit them. Further, there was strong demand of trained counselor or psychiatrist in prisons. Absence of counselors speaks volumes of the negligent attitude towards the psychological well-being of prisoners.

**Prisons Staff**

Prisons staff were of the view that women enter prison with more physiological and psychological ill-being as compared to men. Further, a number of health problems and needs are specific to women in prison. Chronic physiological illness is generally uncommon in young age group, however, many women inmates have temperamental, emotional and behavioral problems that manifest as self-harm and suicidal behaviour. Women are more affected by the anxiety relating to children whom they bring along and those left outside.

In all the district jails posts were lying vacant although delivery of health care services was greatly affected by the shortage of staff. Prison system is based on bureaucratic organizational structure. The prison environment presents unique challenges to those providing health care. The specific needs of women are often not met by prison systems. In the fulfilment of the requirements of a
bureaucratic structure prison staff pose to rise above the stark gender disparity existing in the society outside. However, the fact that prisons are designed by men and for men is well manifested in the unequal distribution of health care infrastructure.

- Further, availability of health care services to women in prisons with due attention to maternal health and complete ignorance of psychological well-being is reflective of Foucault’s idea that prison is a form of social and political control for wider society and not just an institution which controls crime and criminal behaviour.

**Suggestions**

- More than sixty percent women are undertrial. Their increasing numbers have been largely responsible for overcrowding. Prison overcrowding is the mother of all the ills. It deprives prisoners’ access to minimum level of care and facilities in prisons which leads to different physiological and psychological problems. The efforts should be made on war footing to reduce the strength of women undertrial prisoners.

- Imprisonment leads to loss of opportunity to get married and have children at an appropriate age. It also weakens the bond between the mother and children left outside. The effect of prolonged detention can be catastrophic on the children who are in prison along with their mother. In view of all this, it is suggested that women should be sent to prison only when there is absolutely no alternative.

- Women languishing in prisons are in urgent need of counselling. They are distressed anxious and depressed women who have lost the capacity to cope with their lives in varying degrees. Immediate steps that would enable these vulnerable groups to cope better with present difficulties and complications is needed and counselling is one such immediate step.

- It is, therefore suggested that counselors and welfare officers should be appointed in each jail in order to dispense duties relating to the welfare of the prisoners. Further, counselling would alleviate the stress of being imprisoned and provide a sense of support and empowerment which would also be helpful to reintegrate in society after release. Further, recreational
activities should be organized in prisons for physiological and psychological well-being of the inmates.

Thus, it can be said that rehabilitation of inmates is one of the most important goals of incarceration and the correctional system may well be the female inmate’s last best chance. While in prison, they are completely at the mercy of the state for their basic needs and medical care. The period of incarceration no matter how long or short, provides a window of opportunity to improve the health care of these women. All health and behavioral problems need to be assessed and intervened before discharge from the prison, so that they do not recur in the community. Rehabilitation and reformation of the prisoners should occur at multi-dimensional levels, from physiological, psychological, spiritual, vocational and social perspectives. Prisons can provide a corrective, rehabilitative role only if these concerns are adequately addressed.