

Determining Health Problems of Women Prisoners: A Case Study of District Jail Faisalabad, Pakistan

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Abstract

Prison is often defined as a place where people who have been convicted of crimes are sent to serve their sentences. It had been found through different research studies that in most of the cases women took the extreme step either in self-defense or in an impulsive movement arising from pent-up frustration due to cruelties inflicted them day after day. The study in hand was conducted in Faisalabad, Pakistan and a case study of District Jail Faisalabad was carried out. The main or overall objective of the study was to investigate about health problems of female prisoners. A well thought and well structured interview schedule was prepared as data collection tool. The women respondents were interviewed through this tool. The sample size of 80 respondents was selected randomly. It was revealed from data analysis that women were suffering from two types of diseases (mental disorder and physical disorders).

Key words: Prison, stress, hepatitis, transmitted, schizophrenia, physical disorder, self-defense, impulsive movement.

Introduction

Normally, the word *Jail* is defined as the cells located in a city, or a town, sometimes small lock up in police stations where people who have been arrested or charged with a crime are held until they are either released or sentenced to prison. Similarly, *Prison* is defined as a place where people who have been convicted of crimes are sent to serve their sentences. The prisons are normally run and operated by provincial government and jails, on the other hand are run either by district governments or provincial governments (Ronald, 2007). In Pakistan health facilities are either non-existent or very few in women prisons. In most of the raped cases that have become pregnant they end up delivering baby while still in jail for a crime not committed. They are badly treated as have no access to pre-natal and post-natal health facilities. The women prisoners are under-nourished and

over-worked in jail and ultimately pregnant one gives birth to a baby in the unhygienic and poor health care facility. Obviously, this results in a disproportionately high number of infant and maternal deaths in a country (Rafiq, S. 2004). In a study it was revealed that in the past fifteen (15) years, the number of women in the criminal justice system has increased about 273 percent. Resultantly, many of these women have multiple problems, like high rates of mental health, substance abuse, child rearing, parenting difficulties, and health problems, histories of violence, sexual abuse and resultant trauma. On the other hand, there has been either no or a little movement to redesign programming and services to meet the rapidly increasing needs of women, despite the significant increase of women in the criminal justice system (2002).

The inmates in women jails are typically of low socio-economic status having low levels of education, histories of physical, sexual, mental and substance abuse. Women in jail frequently report limited access to health care prior to incarceration, a history of homelessness and high risk of unprotected intercourse and trading sex for money or drugs trafficking. Information regarding the health status of female inmates could be used in designing services for this high risk and underserved population (Schilling, et. al 1925). According to a survey of female prisoners conducted in 1998 in Punjab (both convicts and pre-trials), about 78 percent alleged maltreatment while in police custody and about 72 percent claimed that they had been sexually abused by the police (Mumtaz, K., 1991). Women with a history of physical or sexual abuse have higher prevalence of mental health problems like depression, anxiety, low self-esteem, and suicide attempts. Likewise women having history of abuse have shown that they have higher rates of physical health problems, including neurological problems and gynecological problems. Therefore, special health care services needs of abused women are an important factor in considering the health care needs of incarcerated women (Lyon, 2002).

As reported by Eay that a woman in prison has exposed of high level of socio-economic deprivation and also faces chronic ill health. Around 20% of women in prison will have spent

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time in local authority care compared with 2% of the general female population and high numbers of female prisoners have reported the victim of sexual abuse and violence in prison (Eay, K. et. all, 1995). Over the past two decades, the imprisonment rate for women has steadily increased. Relative to their male counterparts, women imprisoned in state prisons are more likely to have psychiatric disorders and a history of physical and sexual abuse. About 50% women in state prisons were addicted of alcohol or drugs when they committed their offense. Evidence, suggests that most of these women receive very little, if any, medical or mental health treatment in the community (Columbia Encyclopedia, 2003). The discussion in the preceding paragraphs has revealed that there are many health problems for women prisoners all over the world and particularly in the Developing Countries and especially in Pakistan. Therefore, the study in hand was designed to explore the different aspects of health problems of women prisoners in Punjab and particularly in Faisalabad.

Materials and Methods

The data were collected both from primary and secondary sources. The universe of this study was District Jail Faisalabad, Pakistan. There were total 120 women in the district Jail Faisalabad. The overall objective was to investigate and explore about the health problems of women prisoners. A well conceived and well thought Interview Schedule having close-ended questions was prepared. A sample of 80 respondents was randomly selected by implying simple random sampling technique. Fitzbiggon and Morris (1987) stated a simple principle or rule of thumb that “as

the size of the population increases the sample size decreases”. This principle was the basis of sample selecting procedure for this study. The data was analyzed by applying the Statistical Package for Social Sciences (SPSS) and only simple frequency of different variables was calculated-descriptive analysis was carried out.

Results and Discussion

The data were analyzed and the results are presented in the proceeding paragraphs. At outset to have some first hand information about the women prisoners, background socio-economic data are presented.

Socio-economic Profile of Women Prisoners and its Effects on Committing Crime

In criminology the Rational Choice Theory adopts a Utilitarian belief that man is a reasoning actor who weighs means and costs and benefits and makes a rational choice to commit the crime. So the study of socio-economic aspects like age, marital status, educational level, occupation, income level, and geographical location-place of residing (rural or urban), were studied which have profound effect on committing murder. This approach tends to look at crime in terms of the broad social relationships. Similarly, a biological positivist approach looks at characteristics of the individual offender like genetic make-up which means that crime as stemming from the specific personal attributes of the individual. From a structural perspective, the issue may be due to the relationship between poverty and crime that is the element of social life. The detail of such factors is given in the following tables:

Table 1 Distribution of Respondents According to Socio-economic Indicators

Age Category (years)	Frequency	Percentage
20-25	17	21
26-30	13	16
31-35	18	22
36-40	14	18
41-45	8	10
46-50	8	10
50>	2	3
Total	80	100.00

Marital Status of Respondents

Marital Status	Frequency	Percentage
un-married	5	6
Married	52	65
Widowed	17	21
Divorced	2	3
Separated	4	5
Total	80	100.00

Educational Level

Educational Level	Frequency	Percentage
Illiterate	62	77
Primary	9	11
Middle	4	5
Metric	2	3
F.A/F.Sc. and above	3	4
Total	80	100.00

Occupation of Respondents' Father/Husband

Occupation of father/husband	Frequency	Percentage
Agriculture	18	22
Private Organization employee	8	10
Government employee	4	5
Labour	43	54
Shop Keeping	2	3
Business	4	5
Another	1	1
Total	80	100.00

Household Monthly Income

Monthly income (Rs.)	Frequency	Percentage
3000-5000	6	7
6000-8000	58	73
9000-11000	10	13
12000 and above	6	7
Total	80	100.00

Geographical Location-Area Background

Living Area	Frequency	Percentage
Village	68	85
Urban	12	15
Total	80	100.00

Age Composition

Age composition of the population is one of the major determinants which define the socio-economic roles of the people and also profoundly affects the social institutions in a society. *Table No.1* shows that majority of the women prisoners were young.

It is evident from the same table that majority (65%) of respondents in the research study in hand was married and about 21% of the respondents were widowed.

Table No.1 also reveals that the majority of the respondents, about 77% were illiterate and the remaining have also low level of education.

An occupation is the principal means by which one earns a livelihood. *Table No. 1* depicts that the majority (54%) of the women prisoners were laborer and about 22% were from agriculturists' family.

The above table reflects that the monthly household income of majority (80%) of the respondents was up to Rs. 8000.00 which means that they belong to low-income class. It has already been discussed above that from a structural perspective; the issue is due to the relationship between poverty and crime that is the element of social life.

The place of origin also plays a major role in committing of crime. The people of village

normally had low education and low income. *Table No.1* above indicates that about 85% of the respondents (women prisoners) were living in the village-rural area, while remaining 15% were living in urban area-city.

Prevalence of Health Problems and Nature of Health Problems:

It is evident from *Table No. 2* that the prevalence of health problems in women's jail was very common and about 90% respondents replied that they were suffering from health problems.

It is evident from the same table that majority of the women prisoners (60%) were suffering from both types (physical and mental) of health problems. It was further probed that what was the common health problem, the respondents reflected that diabetes (about 11%), and anxiety (22%), stress (12%), fever (13%), hepatitis (15%), Tuberculosis (10%), Blood Pressure (26%) and frustration (9%) were common physical and mental health problems in jail. Moreover, only 24% women did not report that they were suffering from any physical or mental health problem. It can be concluded that the majority (about 76%) women prisoners were facing the health problems in district Jail Faosalabad.

Table 2 Distribution of Respondents According to Prevalence and Nature of Health Problems

Prevalence of Health Problem	Frequency	Percentage
Yes	72	90
No	8	10
Total	80	100.00

Type of Health Problems

Category of health problem	Frequency	Percentage
Physical	11	14
Mental	14	17
Both	50	63
Non	5	6
Total	80	100.00

Type of Physical Health Problems

Type of physical health problem	Frequency	Percentage
Diabetes	9	11
Fever	10	13
Hepatitis	12	15
T.B	8	10
Cancer	2	3
B.P	21	26
Non	18	22
Total	80	100.00

Types of Mental Health Problems

Mental health problem	Frequency	Percentage
Depression	26	33
Anxiety	18	22
Stress	10	12
Frustration	7	9
Non	19	24
Total	80	100.00

Proper Medical Treatment

Availability of Proper Medical Treatment Facility	Frequency	Percentage
To great extent	18	22
to some extent	49	62
Not at all	13	16
Total	80	100.00

Table No. 2 also indicates that proper medical treatment to a great extent was provided to only 22 percent women prisoners and majority of them (62 percent) were getting medical treatment up to some extent where as the remaining (about 16 percent) women prisoners were not receiving any medical treatment.

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