

**THE CHALLENGES FACED BY INMATES AT LANGATA  
WOMEN PRISON, NAIROBI COUNTY.**

**BY**

**FLORENCE CHEPKEMOI**

**N69/ 76491/2009**

**A Research Project Submitted to the Institute of Anthropology, Gender and African  
Studies in Partial Fulfillment of the Requirements For the Degree of Master of Arts  
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University of Nairobi.**

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## DECLARATION

I declare that this project is my original work and has not been presented before for award of a degree in any other University or Institution.

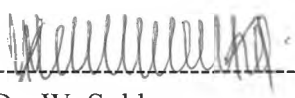
Name: Florence Chepkemoi

Registration number: N69/ 76491/2009

Signature: -----

Date 17/11/2011-----

This project has been submitted for the degree of Master of Arts in Gender and Development Studies with my approval as the University Supervisor.

Supervisor -----  
Dr. W. Subbo

Date 18/11/2011-----

## DEDICATION

I dedicate this work to my loving parents: my father Mr. William Kisiara and my mother Esther Kisiara, who both since childhood mentored me to be disciplined and to value education. My husband Samuel Bunei, sons' Derrick and Dennis without whose inspiration, encouragement, understanding and tireless sacrifices I could not have made. I really thank you for your support and for allowing me to attend classes and to complete my project.

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## ACRONYMS

|       |  |
|-------|--|
| AIDS  | Acquired Immunodeficiency Syndrome       |
| ARVs  | Anti Retro Virals                        |
| HIV   | Human Immunodeficiency Virus             |
| SPSS  | Statistical Package for Social Sciences  |
| STI   | Sexually Transmitted Infections          |
| UN    | United Nations                           |
| UNODC | United Nations Office of Drugs and Crime |
| US    | United States                            |
| NR    | No Response                              |

## ABSTRACT

This study examines the challenges faced by the women prisoners. The study was undertaken at Langata women's prison in Nairobi largely because it is one of the women prisons, which has adopted reform agenda of 2003.

The study adopted descriptive research design. Simple random sampling technique was used to draw a sample population of 68 convicted inmates from a study population of 700. Data was collected using structured questionnaire, which was administered by the researcher on a face-to-face interview. In addition, qualitative data was collected through an in depth interview with nine wardresses and oral narratives with two inmates one who has served the longest time in prison and one who has been condemned was administered by the researcher in person.

The study findings indicate that women inmates undergo stress adapting to the new environment of prison life where they have to follow the rules put in place without questioning. The detachment from the world and separation from the family is a major source of stress, loneliness, homesick and boredom were found to be weighing them down.

The study therefore recommends that the women imprisoned for non- violent crimes may be allowed to serve non- custodial punishment since their sentences are shorter to prevent family breakages as well as to reduce overcrowding in prison. In addition, the prison authorities should put more recreational facilities in the institution where inmates can spend their leisure time to keep them busy, improve on health care services provided especially reproductive health for inmates.

## CHAPTER ONE

### BACKGROUND TO THE STUDY

#### 1.1 Introduction

Imprisonment of women is now rising more rapidly than for men in many countries around the world. Women are also increasingly sentenced to prison for less serious offences. Many women in prison are treated badly and care or treatment is not provided that is sensitive to the particular needs of women. The international norms and standards for criminal justice and for the treatment of prisoners do not adequately reflect the requirements of women and need to be modified or adapted (Baldwin and Jones 2000).

Female prisoners have significantly different challenges compared to their male counterparts. Many female prisoners suffer from the complications of raising young children living with them in prison, higher prevalence of HIV, post-incarceration stigma, and sexual and/or physical abuse. In many prisons in the world there is lack of gender-sensitive prisoner classification and security risk assessments, inadequate provision of gender-specific healthcare services, guidance on the treatment of children living with their mothers in prison is lacking as well as the specific safety concerns of women prisoners. In addition pre- and post-release programmes that take into account the stigmatization and discrimination that women face once released from prison are some of the challenges which do not receive sufficient attention (UNODC, 2008).

As women constitute only a small, but rapidly growing, minority of the prison population their particular circumstances and needs are often overlooked by prison

regimes designed for male prisoners. Whilst issues such as overcrowding, hygiene, and visitation rights are relevant to prisoners of either gender, there are many concerns which are specific to female prisoners, or which affect female prisoners in a different or particularly harsh way when compared to their male counterparts (Baldwin and Jones 2000).

Women in the contemporary prison face many problems; some resulting from their lives prior to imprisonment, others resulting from their imprisonment itself. Women in prison experience victimization, unstable family life, school and work failure, and substance abuse and mental health problems. Social factors that marginalize their participation in mainstream society and contribute to the rising number of women in prison include poverty, minority group member, single motherhood, and homelessness. Without attention to these issues, women are often released from prison unprepared to manage their preexisting problems as well as those created by their imprisonment. There are several critical challenges faced by women in prison; most are unmet in the prison environment (Bloom and Covington 1998).

The comparatively small number of prisons for women means that they are often imprisoned farther away from their homes and communities than are male prisoners. This causes particular difficulties including financial difficulties for receiving visits from family members, particularly children who cannot travel unaccompanied. As a result women prisoners receive fewer family visits, causing substantial psychological, loneliness and emotional distress. Maintaining good contact with the children and family

is a key tool in reducing reoffending (Hampton 1993).

Women prisoners are more likely to have experienced physical and sexual trauma before imprisonment or even in prison. Prisoners who are abused by staff have no way of escaping from their abuser. Those who file a complaint or take legal action are at risk of further retaliatory abuse, even if they are transferred to another facility (Quinn 2010). The damage of the abuse itself is compounded by four specific issues: the inability to escape one's abuser, ineffectual or nonexistent investigative and grievance procedures; lack of employee accountability (either criminally or administratively); and little or no public concern.

Over half of all women behind bars have minor children as well as separation from children and significant others. Bloom and Covington (1998) argue that mothers in prison face multiple problems in maintaining relationships with their children and encounter obstacles created by both the correctional system and child welfare agencies. The distance between the prison and the children's homes, lack of transportation, and limited economic resources compromise a woman prisoner's inability to maintain these relationships. Children of women in prison experience many hardships. Children may be traumatized by the arrest of their mother and the sudden, forced separation imprisonment brings. Emotional reactions such as anger, anxiety, depression, and aggression have been found in the children of incarcerated mothers. While most children of imprisoned mothers live with relatives typically grandparents a small percentage of these children are placed in the child welfare system. These conditions compound the



problem of maintaining contact with children (Tosh 1982).

Women who are pregnant on entering prison (or become pregnant during their incarceration as a result of the abuses mentioned above or of conjugal visits), as well as nursing mothers, are in need of particular health care facilities which are often unavailable or sorely inadequate. The children (including those as yet unborn) of these women also require particular consideration in terms of medical and dietary requirements. Women who give birth while incarcerated are rarely allowed to spend time with their child after birth. Mother-infant bonding is severely undermined by this lack of contact after birth.

Most correctional systems do not take into account the importance of the mother-child relationship in designing policy for women in prison. Terminations of parental rights also affect prison mothers (Porter and Wright, 2003).

In addition to requiring basic health care, women offenders often have specific health needs related to their risky sexual and drug-using behavior prior to imprisonment or in prison. Women in prison are also at risk for infectious diseases, including HIV/AIDS, tuberculosis, Sexually Transmitted Diseases (STI), and hepatitis B and C infections. Pregnancy and reproductive health needs are another neglected area of health care. Problems of pregnant inmates include lack of prenatal and postnatal care, inadequate education regarding childbirth and parenting, and little or no preparation for the mother's separation from the infant after delivery (Bloom and Covington 2000).

According to Quinn (2010) women inmates have a 20 per cent higher rate of mental health problems. Mental health disorders are equally neglected in U.S. prisons. While the prevalence and incidence of these needs are still to be determined, estimates suggest that 25 percent to 60 percent of the female prison population require mental health services. Over 60 percent of female jail inmates had symptoms of drug abuse, over 30 percent had signs of alcohol dependence, and another third had post-traumatic stress disorder according to U.S prisons research. Few prisons have adequate assessment or mental health treatment programs and often "overmedicate" women inmates in need of more intensive treatment (Hampton, 1993).

The impact of physical, sexual, and emotional abuse found in the experience of women offenders also creates a significant need for counseling and therapy (Pollock 1986). This abuse has implications for their emotional and physical well-being and may be tied to drug-abusing and offending behaviors.

Women's offending and imprisonment is closely related to women's poverty. Women are particularly vulnerable to being detained because of their inability to pay fines for petty offences and/or to pay bail. Women on remand constitute a large percentage of the women's prison population in many countries. Women offenders typically come from economically and socially disadvantaged segments of society. Typically, they are young, unemployed, have low levels of education and have dependent children. Many have histories of alcohol and substance abuse. A high proportion of women offenders have experienced violence or sexual abuse. At the same time, there tends to be greater stigma attached to women's imprisonment than men's, and women who have been in prison may

be ostracized by their families and communities (Bloom and Covington 1998).

This study shall focus on some of the challenges which women inmates encounter these include: reproductive and mental health care needs, the problem of maintaining contact with their children as well as family members, emotional problems they experience in the prison environment.

## **1.2 Statement of the problem**

Women constitute a vulnerable group in prisons, due to their gender. They face unique challenges compared to their male counterparts. These challenges include but are not limited to: inaccessibility to justice on an equal basis with men; a high level of mental healthcare needs, often as a result of domestic violence and sexual abuse; the extreme distress imprisonment causes to women, which may lead to mental health problems or exacerbate existing mental disabilities; sexual abuse and violence against women in prison; the high likelihood of having caring responsibilities for their children, families and others therefore faced with the problem of maintaining relationship with them ; gender-specific healthcare needs that cannot adequately be met this include the pre-natal care, post natal care, early detection of breast cancer and cervical cancer ; deprivation of conjugal rights which is likely to lead to lesbianism hence higher chances of contracting HIV/AIDS. In addition pregnant and nursing inmates require good nutrition, education, environment and family support services. Another challenge faced by women inmates is the greater demand for medical services and counseling services.

The study was guided by the following questions:

1. What reproductive health care services do women in prison receive?
2. What psychological problems do women inmates' experience?
3. What are the complications of maintaining contact with the children and family members?

### **1.3 Research Objectives**

#### **1.3.1 General objectives**

To determine the challenges faced by women inmates in Langata Women Prison.

#### **1.3.2 Specific objectives**

These include:

- 1) To establish the availability and utilization of health care services by women inmates.
- 2) To examine the psychological problems associated with prison environment women inmates encounter.
- 3) To determine the problems the inmates experience in maintaining contact with the family and children.

#### **1.4 Justification of the study**

It is evident from the typical background of women in the criminal justice system that the profile of female prisoners is quite different from that of men. Their backgrounds, offences they commit, their caring responsibilities, the fact that a great number of incarcerated women are mothers or pregnant when being imprisoned and the particularly harmful effects of imprisonment on women need to be taken into account in devising criminal justice policies. This will ensure that women are not imprisoned unnecessarily and unjustifiably, putting pressure on the scarce resources of prison systems at the same time the rights of imprisoned women are not violated.

The findings and recommendations of this research may inform policy makers concerning the reforms that need to be carried out in the prisons department.

It may also be of interest to human rights crusaders and other scholars interested in the improvement of human rights. To inmates, this study will give them the avenue to ventilate the common problems they encounter in the jail.

To jail personnel, this study will impart important and useful ideas about the common problems of inmates. In the same manner, this research study will make them more aware of the measures that can be taken up to minimize the effects of the common problems of the inmates.

## **1.5 Scope and limitations of the study**

The study focused on women's challenges in prison in Langata Women Prison in Nairobi, particularly the ones stated in the objectives.

One of the limitations encountered is that some women prisoners did not reveal all the hardships they face as prisoners for fear of victimisation, some felt they have always participated in the interviews and nothing much comes out of it, this tended to affect the quality of the data collected. In addition, some of the key informants especially the prison warders did not acknowledge all the challenges that women prisoners undergo, some were unwilling to be interviewed giving different reasons for their decline.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This section consists of two parts the literature review and theoretical framework. The literature review presents the literature related to the area of study and is divided into four sections namely: an overview of the women prisoners, availability and utilization of health care services, psychological effect of women imprisonment and strategies used by inmates to cope with prison environment.

#### **2.2 Literature review**

##### **2.2.1 Women prisoner overview**

Women represent the fastest growing segment of prison and jail populations. Eighty-five percent of incarcerated women serve time for nonviolent crimes. In 1970, there were 5,600 women incarcerated in federal and state prisons. At year-end 2000, 91,612 women were in state or federal prisons, 6.6% of the total prison population. (Irwin, Schiraldi, and Ziedenberg, 2001).

Women prisoners are often survivors of abuse and, once incarcerated, routinely experience sexual harassment. Forty-four percent of women under correctional authority, including 57% of the women in state prisons, report that they were physically or sexually abused at some point in their lives. Sixty-nine percent of women report that this abuse occurred before age 18. Many women in prisons and jails in the United States are victims of sexual abuse by staff, including male guards touching prisoner's breasts and

genitals when conducting searches, watching prisoners while they are naked, and rape (Bureau of Justice Statistics and Amnesty International, 1999).

The United Nations (UN) congress on prevention of crime and the treatment of offenders adopted a resolution on the specific needs of women prisoners. The instruments put in place apply to all prisoners without discrimination, therefore implying that women prisoners' special needs should be taken into account in their application, yet they do not emphasize these needs. With the increase of the female prisoner population worldwide, the necessity to bring more clarity to particular considerations which should apply to the treatment of female prisoners and ways in which they should be addressed in prison has acquired particular importance and urgency (UNODC 2008).

### **2.2.2 Women's health problems**

If one were to rank population subgroups by the seriousness of their health problems, female prisoners would be located near the top of the ladder. There is a growing body of literature that shows female inmates are likely to have more serious health problems than both women and men in the general U.S. population, largely because of chronic poverty, lack of access to medical care, and problematic lifestyles. However, their health problems are also worse than those of incarcerated males (Maruschak and Beck, 1997),

A review of existing studies reveals at least three main problems in accessibility to health care services for female prisoners. First, access to treatment for both general and drug related health problems is seriously limited. Today, female prisoners still receive fewer health care services in comparison to their male counterparts (Acoca and Austin, 1996). Second, the health care provided to women is often mediocre. It is largely an attempt to



"catch up," in that considerable effort is often necessary to raise women's health status to legally acceptable levels (Maeve, 1999). Third, women inmates have reported prison medical professionals are under skilled, often withhold medical care, and show little care or concern for them or their needs (Fletcher, Shaver, & Moon, 1993). In fact, most lawsuits filed by women in prison are for complications in receiving medical services (Belknap, 2000).

These deficiencies in health care accessibility exist despite data confirming greater health care needs among women inmates. For instance, Young (1998) found 5% of women inmates received no medical services during a 4-month study period, while 50% received them twice a month, and 25% received them four times or more per month. These utilization patterns indicate that a substantial portion of female prisoners have numerous and serious medical problems (Young, 1998).

### **2.2.3 Reproductive health.**

In 1995, approximately 10,800 women were pregnant at the time of incarceration. However, the number of live births in prison was considerably smaller due to miscarriage, abortion, prison transfer policies, and so on (Acoca, 1998). In general, pregnant women are transported to outside medical facilities to give birth, because their correctional institutions are not medically equipped to safely provide such services. These birth transports often result in numerous medical and mental health complications; that is, security precautions increase a woman's risk of injury and stress (Young, 1998; Belknap, 2000). Moreover, after giving birth, women inmates are confronted with the loss of their child. The problem of left-behind children of incarcerated women is one of the challenges

they face.

To date very few prisons allow newborns to remain with their mothers and, instead, typically place them with family or in foster care immediately or shortly after birth (American Correctional Association, 2000a; Belknap, 2000).

Currently, nearly all of the correctional systems housing women contain provisions for prenatal and postpartum treatment. However, such treatments are not typically required and are only offered at an inmate's request or if clinically indicated. Shortcomings in prisons' response to pregnancy-related health issues are the result. Acoca (1998) identified deficiencies in the availability of prenatal and postnatal care, prenatal nutrition, allocation of methadone maintenance, educational support for childbirth and rearing, and preparation for mother-child separation after birth. Also, she found many women who delivered babies were not given medication to dry up their breast milk, causing them to suffer painful breast engorgement.

Health care for gynecological needs is equally problematic. Annual gynecological exams are not routinely performed at admission or at any other time during incarceration. However, an American Correctional Association (2000a) study found OB/GYN services, prenatal and postpartum care, mammography, and Pap smears were available on request at nearly all institutions housing women offenders. Fewer facilities provided counseling about women's reproductive health.

#### **2.2.4 HIV and infectious diseases.**

HIV and other infectious diseases exert a considerable price on the general health care system and on those of corrections institutions as well. Funding widespread screening for the illnesses pales in comparison to providing treatment. Despite these costs, prisons today are increasingly testing for HIV/AIDS, hepatitis B and C, and tuberculosis at intake. The American Correctional Association (2000a) found that mandatory HIV testing is conducted (both men's and women's) at intake in 23 states and that a few also have follow-up testing 6 months later.

HIV testing of women prisoners is conducted at intake in roughly half of facilities surveyed and/or by inmate or physician request in the others. Most prisons treat HIV-positive inmates with medications during their prison stay and will provide them with a limited supply (e.g., 30 to 60 days worth) after release. Most also refer newly released HIV-positive inmates to community resources to obtain additional medications. Specific data on treatments provided to women suffering HIV, STDs, or TB are currently not available, although the Centers for Disease Control have implemented a data collection system for correctional institutions recently.

#### **2.2.5 Mental illness.**

The leading mental health problems of female prisoners are substance abuse, trauma from physical and sexual abuse, and depression. In a study of state facilities, Morash, Bynum, and Koons (1998) found women inmates were more likely to be addicted to drugs and to have mental illnesses than their male counterparts. However, women inmates report numerous complaints about obtaining services for mental illness, including no one with

appropriate credentials or diagnostic skills, not enough mental health professionals at the facility, and inadequate monitoring of psychotropic drug administration (Acoca, 1998). Mentally ill and mentally retarded women need to be sent to mental institution for proper health care. Furthermore, an increasingly common correctional response to women's mental health needs is prescription of antidepressants (Maeve, 1999).

Women in particular feel the burdens of imprisonment, and sometimes their "crazy" actions only hint at the inner psychic pain that they endure. Furthermore, prisons are antithetical to the issues of family relationships that sometimes underlie the mental illness of incarcerated women.

## **2.3 Psychological problems of imprisonment on women.**

### **2.3.1 Effects of Prison**

Prisons are often the scenes of brutality, violence and stress. Prisoners are faced with incidence of violence and are always concerned for their safety. A long-term prisoner named Jack Abbott had stated "everyone is afraid. It is not an emotional or psychological fear. It is a practical matter. If you don't threaten someone at the very least, someone will threaten you...Many times you have to "prey" on someone, or you will be "preyed" on yourself" (Tosh, 1982:86).

The pains of jail confinement affect all prisoners in different ways. To begin with the prisoners need to withstand the entry shock by adapting quickly to prison life. Prisoners are exposed to a new culture, which is very different from their own culture. Then they need to maintain outside links. For example, keeping in contact with family and friends

becomes frustrating. While being in prison the prisoner must determine his/her way of passing the time since the hours appears endless (Tosh, 1982).

For some prisoners the major source of stress would include the loss of contact with family and friends outside the prison. There is also the fear of deterioration. There is lack of personal choice within the prison environment which may affect women prisoners. After many years of being told what to do they may well lose the ability to think for themselves and make their own decisions and choices freely (Tosh, 1982).

### **2.3.2 Age**

The age of an inmate also appears to determine the psychological effects of imprisonment. In 1992, Richard McCorkle discovered what Toch and Adams had reported in 1989. That is, that younger inmates aged twenty five or below, are initially more resistant to the prison structure which makes them more likely to be the targets of victimisation in comparison to older inmates who assume passive avoidance roles in prison hence, increasing psychological effects of imprisonment. However, it has been suggested that after the initial shock of imprisonment, younger inmates tend to demonstrate increasing levels of conformity over time (Bartol & Bartol, 1994).

### **2.3.3 Pain of Confinement**

The pains of confinement are limited to certain psychological deprivations. This includes the loss of liberty where prisoners experience a limitation of movement. There is also the pain of moral rejection implied in confinement. Confinement implies that the prisoner is

not trusted or respected therefore s/he should not be able to move freely amongst other citizens (Johnson, 1996).

Prisoners must obey rules and there are restrictions placed on what goods they may have with them and when. Sexual deprivation places pressure on prisoners towards homosexual satisfaction of one's sexual needs. It also involves a cry for the compassion of a woman. Also loss of autonomy suggests that prisoners are under the control of officials. Prisoners must obey rules and are treated like children. Combined these psychological deprivations lead to a destruction of the human personality (Johnson, 1996).

#### **2.3.4 Isolation**

Isolation is the term used when inmates are separated from the general prison population. There are three situations which may call for an inmate to be put in isolation.

These include disciplinary segregation, administrative segregation, and protective custody. As one may predict, whether an inmate becomes severely psychologically affected by solitary confinement is dependent on how much time is spent in isolation (Bartol and Bartol, 1994). For instance, an inmate who is placed in isolation for a few days will not be as psychologically affected by the experience in comparison to an inmate who is isolated for a longer period of time.

### **2.3.5 Offence Hierarchy**

The nature of the offence committed by a prisoner can either add to an inmate's psychological state or decrease it. The reason is that typically in prisons there exists a social hierarchy, which is determined by the types of crimes that a prisoner has committed. For instance, offenders who have been convicted for either robberies or burglaries are considered to be at the top of the hierarchy, particularly if the crimes committed required a lot of skill. Whereas, at the other extreme, paedophiles are placed at the bottom of the hierarchy and are looked down upon and harassed by their fellow inmates due to the nature of the crime that they committed (Bartol and Bartol, 1994). Therefore, the psychological effects of imprisonment would be more apparent amongst paedophiles in comparison to thieves, due to the nature of their offence.

### **2.3.6 Physical and psychological victimization**

Physical victimization includes assault, homicide, and homosexual rape. Physical victimization takes place due to many factors. They include inadequate supervision by staff members as well as the easy availability of deadly weapons. Furthermore, the problem is exasperated by the housing of violent-prone prisoners in close proximity to relatively defenseless victims and the high levels of tension generated between the individuals (Tosh, 1982).

Another form of victimization, which is more common, involves psychological victimization. It consists of verbal manipulation and other manipulations by changing their social structure or physical environment (Tosh, 1982:66)

There are many effects of being victimized. They include feeling helplessness and depression, physical injury, disruption of social relationships, damaged self-image, self-mutilation and suicide, psychosomatic disease, also increased difficulties in adjusting to life after release. In order to reduce the incidence of prison victimization the most promising modification involves having an increase in staff and security, adopting unit management and decrease incarceration rates (Tosh,1982).

### **2.3.7 Crowding**

Crowding has arisen due to correctional institutions being forced to house far more inmates than they were designed to hold, due to the fact that prison populations are on the increase. A relationship has been found between crowding and the psychological effects of imprisonment. In 1988, Paulas completed a fifteen year study on the effects of prison crowding and discovered that increasing the number of inmates in correctional facilities significantly increased negative psychological effects, such as, stress, anxiety, tension, depression, hostility, feelings of helplessness, and emotional discomfort. (Bartol and Bartol, 1994). Crowding can also affect the psychological state of an inmate due to the fact that crowded institutions have reduced work and activity programs available for fewer inmates or for shorter time periods.



Therefore, this increases the amount of time that an inmate is left with nothing to do which generates a great deal of stress and boredom. (Bartol and Bartol, 1994).

### **2.3.8 Prison Suicide**

The occurrence of prison suicide is evidence that prison life is stressful to many inmates. In 1981, Bartollas suggested three major reasons for prison suicide. These include inmates who: are embarrassed by the disgrace they have brought upon their families and find their guilt and debased self-esteem intolerable; find that the sense of helplessness and lack of control over their lives is intolerable; and, those who use suicidal behaviour in order to manipulate others, without the intention of actually ending their lives. (Bartol & Bartol, 1994).

## **2.4 Parent-child Relationships and Children's Care**

Women who give birth while incarcerated are rarely allowed to spend time with their child after birth. Mother-infant bonding is severely undermined by this lack of contact after birth. Bloom and Owen (2000) argue that mothers in prison face multiple problems in maintaining relationships with their children and encounter obstacles created both by the correctional system and child welfare agencies. Very young children often accompany their mothers into prison, but in many countries the exact age limits are imprecise and subject to discretion. Appropriate and adequate provisions need to be made for these children while in prison - medically, educationally, and socially.

The distance between the prison and the children's homes, lack of transportation, and limited economic resources compromise a woman prisoner's ability to maintain these relationships. Children of women in prison experience many hardships. Children may be traumatized by the arrest of their mother and the sudden, forced separation imprisonment brings. Emotional reactions such as anger, anxiety, depression, and aggression have been found in the children of incarcerated mothers. While most children of imprisoned mothers live with relatives—typically grandparents—a small percentage of these children are placed in the child welfare system. These conditions compound the problem of maintaining contact with children. Over half of the women responding to Bloom and Steinhart's 1993 survey of imprisoned mothers reported never receiving visits from their children.

Where children are not permitted to stay with their mother during her incarceration it is important to consider what arrangements are made for their care. In many instances the mother is the sole or main care-giver, in which case the children must be placed with either extended family, a foster family, or in the care of state social services. In these circumstances, not only are the children separated from their mother but it is also common for siblings to be separated from each other, thus increasing the trauma of family breakup. The effects of this separation on the mother-child relationship and the difficulties many mothers face in retrieving their child from state care and reunifying their family on being released from prison should not be underestimated.

The protection, care, and nurturance of prisoners' children are primary concerns of prisoners and their families. Neither child's custodial nor imprisoned parents are adequately prepared to address children's needs arising from parental incarceration. Parents are ambivalent about children's visits with their incarcerated parents and about what to tell children about their parents' incarceration. Some children do not know that their father or mother is in jail because relatives have told them the parent is away for other reasons such as the army, school or work. If the child did not live with the parent and their time together was sporadic, the child may not be told anything about the parent's absence (Hairston, 1991b).

Some parents do not want their children to visit them in prison and/or make no effort to contact their children. They do not believe children's custodial parents will welcome such contact, don't know where their children are, or think such visits will be too emotionally painful. Some parents in jail reason that they will be away only a short time and that there is no need for children to visit (Hairston, 1991b). Other parents mistakenly believe that there is little that they can do for their children from prison and that they can make it all up to them once they are released. Mothers and fathers in prison report that their children's "other" parents also limit or deny communication between them and their children and frequently cite conflict between the parents and/or with other family members and limited financial resources as major factors (Hairston, 1991; 1995; Nurse, 2001). Research providing the perspectives of children's other parents, namely the women to whom incarcerated fathers are not married, is not a part of the current knowledge base.

Women have more family responsibilities than men and receive less support. The lack of support stems from both institutional and family environments, especially with male figures that rarely assume family responsibility (Johnson, 1996). This lack of support and attention to family ties becomes even more prevalent when we are talking about lone-parent women. These families lead by women find themselves in a very complex situation and demand answers that consider their specific needs, their circumstances. They are women who, before imprisonment and committing the crime, found themselves in a situation of exclusion and poverty with difficulties to sustain the family unit by themselves; they receive little support to maintain family ties within the prisons and to recover them once released, they have major difficulties in maintaining themselves economically in a situation of lone-parenthood in the whole process.

Children's custodial parents and other care givers are not the only ones opposed to children's communication with their incarcerated parents. Both corrections and social services professionals raise questions about the wisdom of children's visits to prison, citing concerns about the oppressive prison environment and children's acceptance of incarceration as normal. Incarcerated parents whose children are under the custody of the state definitely have reasons to be concerned about the legal and permanent severance of parent- child bonds. Parental rights can be terminated in some states solely on the basis of criminal activity and incarceration. Termination can also occur if parents fail to communicate regularly with their children or fail to adhere to prescribed treatment program plans (Tosh, 1982).

The average prison stay is longer than the period in which termination procedures are required to begin and it is very difficult for parents in prison to comply with child welfare mandates. Prisoners have little or no control over their contact with their children or over their ability to participate in treatment programs. In addition, correctional institutions and child welfare departments do not have a history of collaboration or systems in place to address prison parenting issues when parents are in prison and children are wards of the state. Though parental concerns about parental rights are grave, there is perhaps an even more pressing social issue and concern about children's futures (Derosia, 1998).

#### **2.4.1 Emotional and social issues**

Prisoners and their families experience a tremendous sense of loss when incarceration occurs and that loss is compounded when children are involved. Couples are usually denied sexual intimacy and are unable to engage in the day to day interactions, experiences and sharing which sustain marital and other intimate, adult relationships.

Loneliness and missing each other and a host of other feelings about the separation, justice system, criminal activity, and each partner's honesty and faithfulness are common. Guilt of the offence committed by the prisoner leads to emotional problems. Difficulties in adjusting to separation and loss have led to depression and other mental health problems among prisoners (Daniel and Barrett, 1981; King 1993).

Incarcerated mothers cite separation from their children as one of the most difficult aspects of imprisonment (Baunach, 1985; Hairston, 1991b) and incarcerated fathers and mothers worry about what is happening to their children during their absence (Hairston,

1991; Hairston, 1995; Martin, 2001). Parents believe their children are in safe living situations and are not being abused or neglected; nevertheless, they worry about their children's well being and about their guidance and supervision (Hairston, 1992, 1995). Some worries may be attributed to the fact that parents in prison have limited contact with their children and rely on relatives and friends for information about their children.

Prisoners' children and families must also deal with feelings of shame and social stigma. Imprisonment is neither a reason for celebration nor a reason to be proud. It is not the goal one seeks for oneself or one's children. Many family members do not tell even their closest friends about a relative's incarceration and go to great lengths to protect the prisoner's children from the consequences of revealing this family secret. Depending on the crime and the prevalence of imprisonment in the neighborhood in which they live, family members may not be the objects of social stigma or hostility in that neighborhood (Schneller, 1976).

#### **2.4.2 Prisoner-family communication**

Communication between prisoners and their families provides the most concrete and visible strategy that families and prisoners use to manage separation and maintain connections. Families visit their imprisoned relatives at the institutions where they are held, talk with them by phone, and exchange cards and letters as a means of staying connected. These contacts allow adults and parents and children to share family experiences and participate in family rituals, e.g., birthday celebrations, religious observances, etc. and help them to remain emotionally attached. They help assure

incarcerated parents that their children have not forgotten them and children that their parents love and care about them. They allow prisoners to see themselves, and to function, in socially acceptable roles rather than as prison numbers and institutionalized dependents (Tosh, 1982).

Departments of corrections permit these type communications between prisoners and their kin and encourage the maintenance of family ties, in theory, as desirable correctional practices. In actuality, the support for prisoners' family relationships vary considerably from one jurisdiction to another and within jurisdictions from one facility to another. Some jails allow only non contact visits and/or prohibit children from visiting. Most prisons for women, and a few for men, provide parent education courses and a few offer other parenting supports including counseling, parent support groups, and special visiting areas and programs for parents and their children (Bates, 2001,Jeffries, Menghraj, and Hairston, 2001 ).

The correctional policies and practices that govern contact between prisoners and their families often impede, rather than support, the maintenance of family ties. The security and safety rationale that dominates the prison environment is obvious in some policies.

The primary intent of others, e.g. the rate structure for prisoner telephone systems, seems to be to subsidize prison budgets and generate profits and /or to exert social control, not only over prisoners, but over their kin as well. Rules frequently bear little relevance to correctional goals and are insensitive to prisoners' family structures, cultural differences and children's needs. Many rules appear to be arbitrary; others are inconsistently

A given situation will be interpreted in a variety of ways by each individual even if a situation seems on the surface to be the same. Not only will persons vary considerably in the kinds of coping behavior they choose, but that choice holds implication for the subsequent emotional behavior and psychology of well-being or coping behavior of that individual.

Coping skills can range from negative to positive. A positive coping skill would include the handling of a stressful event by reflecting on the situation and deciding a course of action, while a negative coping skill is used when one attempts to avoid or deny stress through substance abuse.

If one possesses a variety of positive coping skills, he/she will be able to handle most stresses in life, allowing the person to successfully adapt to most situations. However, if one possesses few or no positive coping skills, he/she will encounter difficulty when attempting to handle stressful events and will be unable to adapt to the environment in a positive manner. Therefore, positive coping skills lead to positive adaptation when dealing with stress, while negative coping skills lead to negative adaptation when handling problem situations (Greer and Benson, 2002).

The women who possess positive coping skills might have obtained these skills before their incarceration and are able to successfully adapt to the prison environment using these positive coping tools. These women therefore are proactive, plan a specific course of action for dealing with a problem, think a problem through before reacting, reinterpret events in a positive manner, and may turn to religion to handle stress.



In addition, they experience less depression and anxiety and higher self-esteem.

However, women who possessed poor coping skills before imprisonment are unable to adjust to the prison environment because they are unable to handle the daily stresses of prison life and so experience denial and physical withdrawal, anxiety, low self-esteem, and depression (Negy et, al. 1997). Inmates with most coping problems are likely to be single, had unstable work and living arrangement histories, focused little on goals and had extensive criminal histories.

### **Assumptions**

- i) Incarcerated women receive inadequate health care services.
- ii) The prison environment is generally hostile to women inmates and lead to psychological problems.
- iii) Women prisoners lack support and attention to maintain family ties.

## **Definitions of terms**

**Inmate** is a convict who is the detained in jail, typically as punishment for a crime.

**Health** can be defined as a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity. (Constitution, World Health Organization, 1948)

**Challenges** a new or difficult task that tests somebody's ability and skill.

**Prison** a building where people are kept as a punishment for a crime they have committed or while they are waiting for trial.

**Psychological problem** is a problem relating to or arising from mind and emotions.

**Prison environment** is where people are physically confined and usually deprived of a range of personal freedoms.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

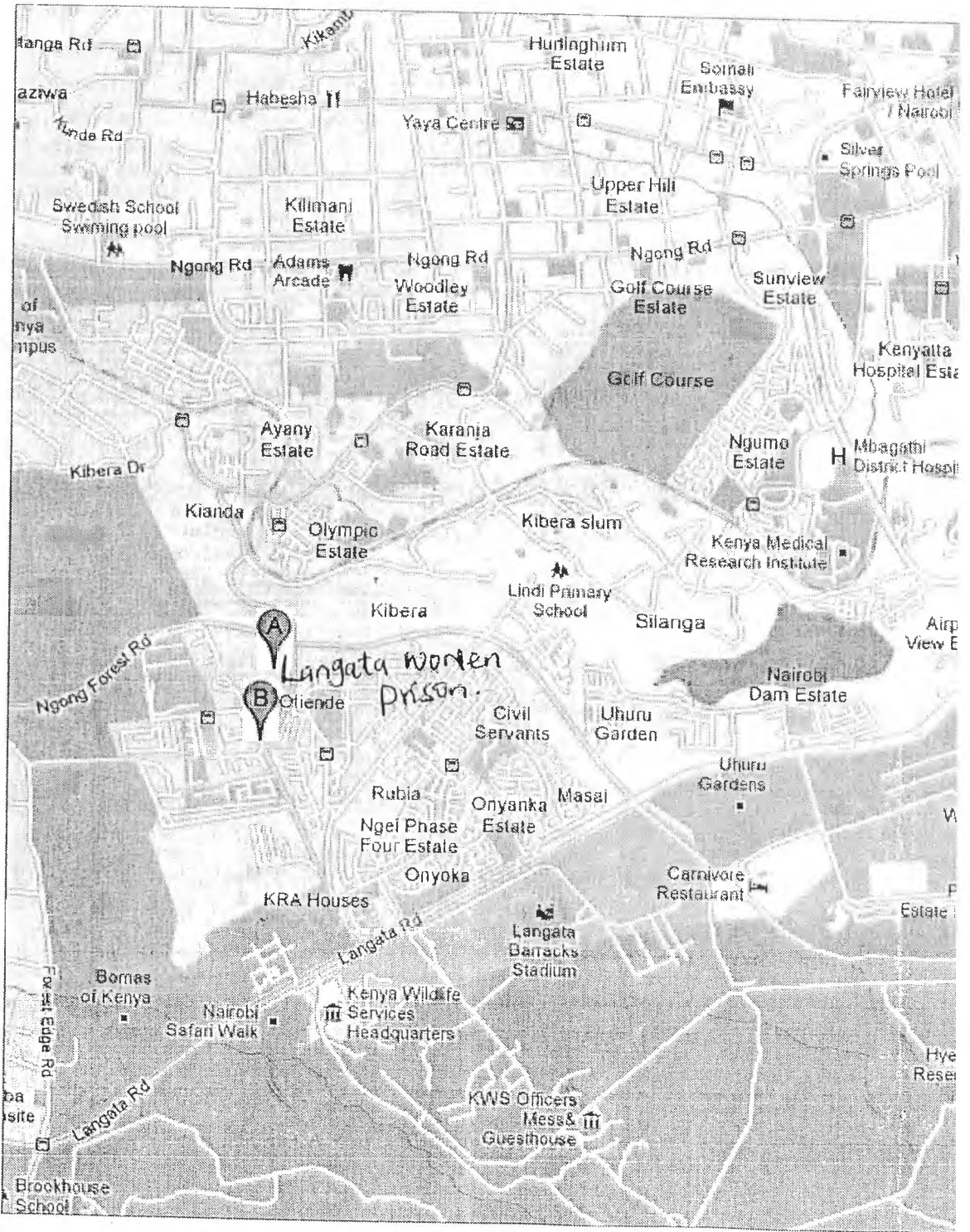
#### **3.1 Introduction**

This section outlines the research design and the methodological arrangements the researcher undertook, the instruments used, sampling strategy, collection of data and the frame of analysis. For any investigation, the selection of an appropriate research design is crucial in enabling the researcher to arrive at valid findings, comparisons and conclusions (Mugenda and Mugenda 2000)

#### **3.2 Research Site**

This study was carried out in Langata Women Prison located in Langata constituency, Nairobi west district. It is about 15 km from the city centre, off Langata road. The prison has about 20 small cells and a hall which accommodate the inmates. The study was to investigate the challenges faced by women inmates. The map below shows the location of the research site (Fig. 3.1 on page 32).

# Map of Langata Women Prison



### **3.3 Research Design**

In this study cross sectional descriptive and observational research design was used. Quantitative and qualitative data was collected using a structured questionnaire, which was administered by the researcher through face –to - face communication. Key informant interviews with 10 prison warders was also done through an interview guide. In addition life history narratives were also used to collect qualitative data this was from two inmates; one serving life time sentence and one who has served the longest jail term.

### **3.4 Study population**

A population is generally a large collection of individuals, objects, organizations that is the main focus in a scientific study. In this study the population is 700 adult inmates according to the prison records, though population varies from time to time this is the average number. The study targeted Langata women prisoners regardless of age, education, with or without children but must be serving a jail term.

### **3.5 Sample population**

The researcher drew a sample of 68 respondents who have been convicted and were serving a jail term, over eighteen years of age and this represents about 10% of the entire population. In addition five prison warders, chaplain and social worker were also interviewed.

### **3.6 Sampling procedure**

This study applied simple random sampling procedure to draw the sample from the study population; this was done by picking prisoners randomly from the register thus the researcher used systematic sampling. The officer -in- charge will assist in the random sampling of the officers. Random sampling is appropriate because it gives data which can be generalized to a larger population from where it is chosen within margin of errors. The selected respondents were interviewed by the researcher. Mugenda and Mugenda (2000) noted that ten percent of accessible population is adequate for a sample in a descriptive research.

### **3.7 Data collection techniques**

The study used descriptive research design and the instruments used to collect primary data include the following:

#### **3.7.1 Structured Questionnaire**

The researcher collected both quantitative and qualitative data using a structured questionnaire. The questionnaire was administered through face – to – face interview. The questionnaire had both open and close-ended questions. Data collected on experiences, views and opinions on women’s challenges in prison.

#### **3.7.2 Case histories**

This as a source of data which involved selecting some people in the area of study and engaging them to narrate their personal experiences. This allowed the researcher to pick out from their narration some relevant information that is in line with the research

problem. The narratives were used to obtain qualitative data and complimented the information obtained from the other instruments of data collection.

### **3.7.3 Key informant Interview**

The selection of the staff was done by random selection of the staff that was on duty that particular day. The wardresses were selected to be interviewed since they normally interact with the inmates in their living units.

In addition the chaplain and the social worker were also interviewed by the researcher to gain insight on the problems encountered by inmates. Data collected through the interview were recorded by taking notes and were later analyzed.

### **3.8 Secondary data**

This is a source of data which have already formed the initial stages of the proposed research. This comprised of information gathered from the prison authorities' documents, books, articles, dissertations and journals.

### **3.9 Data processing and analysis**

Data collected was sorted, cleaned, processed and analyzed using the Statistical Package for Social Sciences (SPSS) software version 17.0. According to Kothari (2004), data processing involves data conversion involving four primary methods: editing, coding, tabulation and classification.

These measures include the mean, mode and median. Presentation of the data was done using descriptive statistics, which involves percentages, tables and frequencies, histograms, pie charts and graphs. In addition narratives and quotations from the study were used.

### **3.10 Ethical considerations**

In carrying out the study the researcher ensured that ethical requirements were upheld in the study. The researcher sought permission from the prisons authorities. The major ethical issues in collection of data include; anonymity by ensuring the informants of their privacy that the names of the informant will not be disclosed whatsoever. In addition, the researcher sought their consent by informing them of the importance of participation, the purpose of the study and the duration of the interview were explained to the respondents. The researcher assured the informants of the confidentiality of the information they give.



## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND INTEPRETATION

#### 4.1 Introduction

In this chapter, the researcher presents data and brief analysis of the data collected from the field on the challenges faced by inmates.

#### 4.2 Demographic information

##### 4.2.1 Prisoner's age

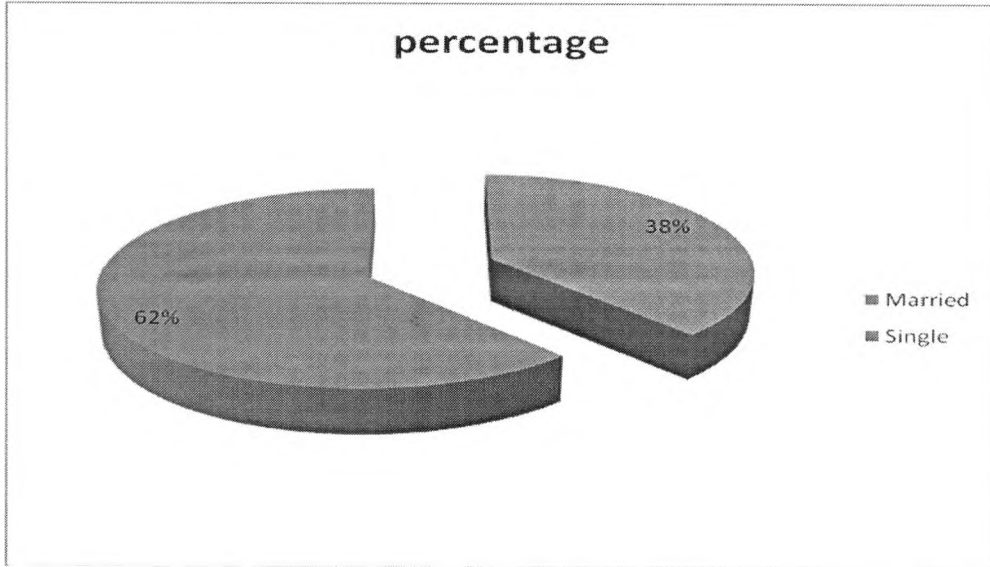
**Table 4.1: Distribution of prisoners by age**

| Age           | Frequency | Percentage |
|---------------|-----------|------------|
| 18- 30 years- | 35        | 52%        |
| 31 – 40 years | 26        | 38%        |
| 41 – 50 years | 5         | 7%         |
| 50 and above  | 2         | 3%         |
| Total         | 68        | 100%       |

According to this data, 52% of the respondents are below thirty years this represents the highest population in prison. The age bracket of 31 – 40 years are 38% this reveals that majority of women prisoners are still young and dependants. This is also an active group, which is supposed to engage themselves in economic activity. Above 41 years old represents only ten percent.

#### 4.2.2 Marital status

**Figure 4.1: Distribution of prisoners by their marital status**



The study sought to know the marital status of the respondents which is an important aspect in understanding the parental care of the children. This data reveals that most women prisoners are single; represents 62% while the married were 38% of the sample population.

#### 4.2.3 Prisoners with children

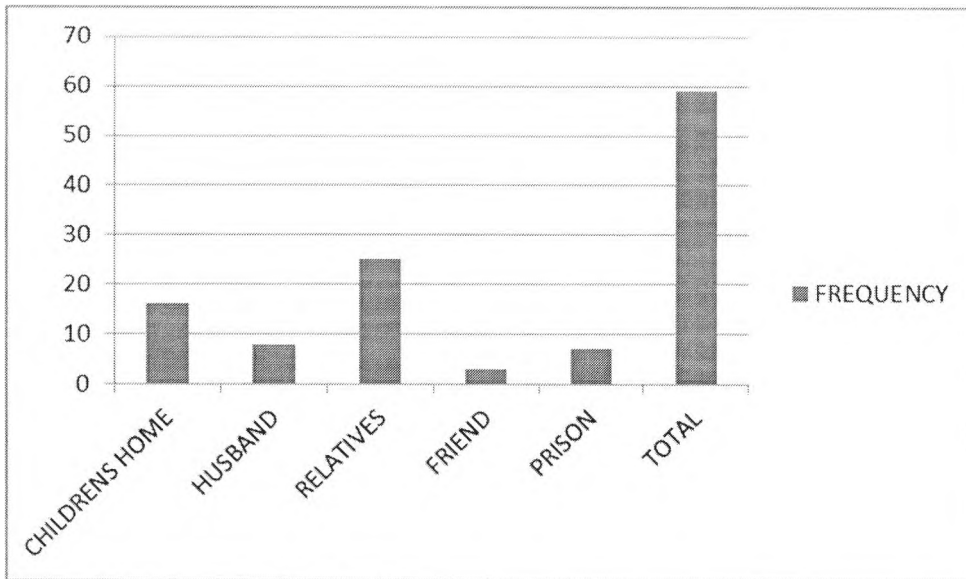
**Table 4.2: Distribution of women prisoners with children under 18years**

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes      | 59        | 87%        |
| No       | 9         | 13%        |
| Total    | 68        | 100%       |

87% of women, prisoners have children under the age of 18 years and they lived with them before coming to prison. This shows that the children still needed the love and care of their mothers and after imprisonment; the children will lack maternal love. It becomes a challenge to them since they are worried of the well-being of their children, education as well as the growth.

#### 4.2.4 Custody of the children of the prisoners when in prison

**Figure 4.2: frequency of the distribution of the custody of children of women prisoners.**



This data reveals that most of the children of prisoners are in custody of their relatives while those of less than 10 of the respondents were with their husbands. This separation leads to emotional distress to the children as well as the imprisoned mothers especially because most women prisoners are single. The responses got from the women prisoners are that they feel: lonely, remorseful, disappointed and they long for the day they will join them.

#### 4.2.5 Education level of women prisoners

**Table 4.3: Frequency distribution on the education level of women prisoners**

| Education level | Frequency | Percentage |
|-----------------|-----------|------------|
| Primary         | 20        | 29%        |
| Secondary       | 24        | 35%        |
| College         | 17        | 25%        |
| University      | 7         | 10%        |
| Total           | 68        | 99%        |

This table reveals that the women prisoners had access to at least basic education. Thirty five percent of the inmates had completed secondary education, which has the highest frequency while 25% had college education. 25% of the respondents had completed the college education. The smallest % represented those who had completed university. This means that the higher the education level the lesser the chances of one committing an offense. This further reveals that majority of the prisoners are aware their rights.

#### 4.2.6 Occupation before imprisonment.

**Table 4.4: Frequency distribution of the occupation before imprisonment.**

| OCCUPATION    | FREQUENCY | PERCENTAGE |
|---------------|-----------|------------|
| Employed      | 16        | 24%        |
| Self employed | 47        | 69%        |
| No employment | 5         | 7%         |
| Total         | 68        | 100%       |

The table above shows that only 7% of the women prisoners were never employed before imprisonment. However, 69% of them were under self-employment and 24% were employed. Despite the fact that most were employed they still committed crimes this may be attributed to low incomes or earnings and hard economic times.

#### 4.2.7 Length of time in prison

**Table 4.5: Frequency on the length of time in prison**

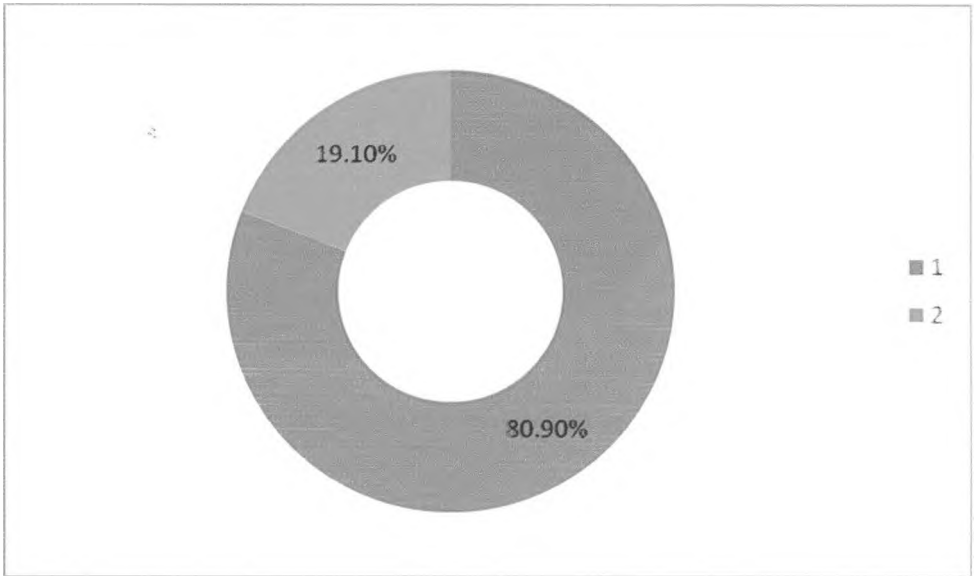
| Years        | Frequency | Percentage |
|--------------|-----------|------------|
| 0 -1 years   | 14        | 21%        |
| 2 – 5 years  | 39        | 57%        |
| 6 – 10 years | 9         | 13%        |
| over 10      | 6         | 9%         |
| Total        | 68        | 100%       |

From the table above it shows that majority of women inmates interviewed i.e. 57% had been in prison for more than two years but less than five years while 21% had been in prison for less than one year. Those who had served more than 6 years but less than 10 years were 13 % and just 9% had served for nine years. This shows that the turnover is high and mostly the prisoners were serving shorter terms and petty offences.

## 4.3 Living condition

### 4.3.1 Prisoners who have suffered physical abuse in prison

**Figure 4.3: frequency of women prisoners who have suffered physical abuse**

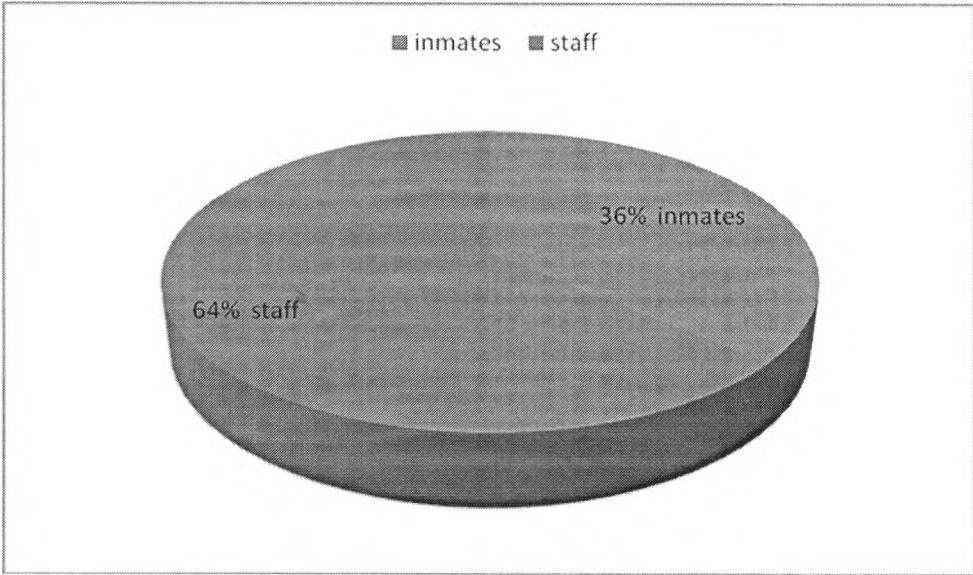


Fifty-five respondents had suffered physical abuse in prison, which is 80.9 % of the respondents interviewed. 19.1% of the sample population had not been physically abused.

This shows that the physical abuse meted on the prisoners is high in the prison.

### 4.3.2 Perpetrators of the violence

Figure 4.4: frequency distribution on the perpetrators of the violence



Out of the 55 respondents who had experience physical abuse, the staff had physically abused 64% of them while inmates had abused 36% of the respondents. Physical abuse meted by inmates on each other is not so high this could be attributed to the steep penalties attached to it; which include sleeping without a blanket and getting half the food ratio.

### 4.3.3 Extend of privacy in the living unit when the warders are conducting search

The response got is that female staff did the searches and sometimes the male staff carries out the search with the help of the dogs. There were various responses got from the women prisoners on the extent of privacy: they were stripped naked which is dehumanizing, it is done openly sometimes they lose their personal belongings.

#### **4.3.4 How the women prisoners meet their financial and personal needs.**

The respondents listed a number of ways of meeting their personal and financial needs: From friends, relatives, donors, church organizations, well-wishers and welfare office.

#### **4.3.5 Distribution of responses on whether women come back to prison after the release**

**Table 4.6: frequency distribution of responses on whether women come back to prison after being released**

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes      | 40        | 59%        |
| No       | 28        | 41%        |
| Total    | 68        | 100%       |

The table reveals that most women prisoners come back to prison after being released. The responses got is that it is due to; unemployment, high cost of living, rejection from the community, lack of support to reintegrate, poverty, lack of a place to settle because of broken homes and lack of support to start life again.

For many women, the only source of hope and motivation they have while involved in the criminal justice system and while in transition back to the community is the connection with their children. When asked why women come back to prison after being released, one mother says in the narratives:



*“Many women that fall [back] into prison have the problem that their children have been taken away. When they go out to the street, they don’t have anything, they have nothing inside. Because they say I don’t have my children, what will I do? I’ll go back to the drug again. I will go back to prostitution again. Moreover, I’ll go back to prison again. Why fight? Why fight if I have nothing? ”*

#### **4.3.6 Lesbianism in prison**

**Table 4.7: frequency distribution on lesbian relationship in prison**

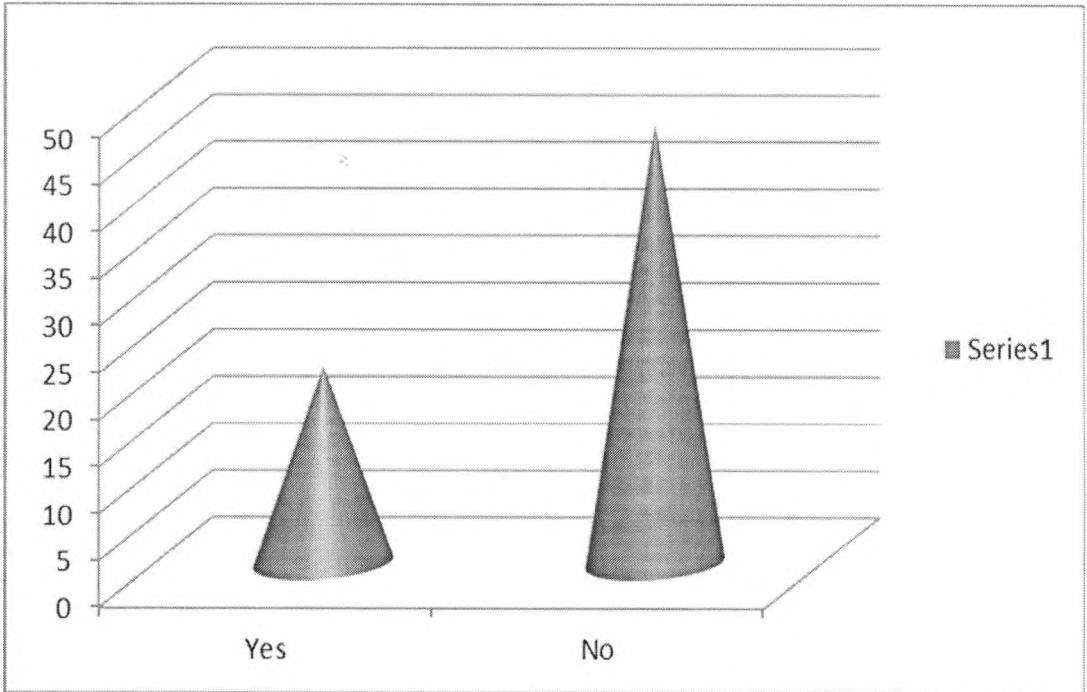
| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes      | 38        | 56%        |
| No       | 30        | 44%        |
| Total    | 68        | 100%       |

The above table reveals 56% of women prisoners practice lesbianism in prison. This is attributed to; long stay in prison, loneliness, lack of conjugal rights, need to gain favors, sharing beds, peer influence and drug abuse. Out of the respondents interviewed only 44% do not practice lesbianism.

## 4.4 Health care

### 4.4.1 Medical examination and screening on entry

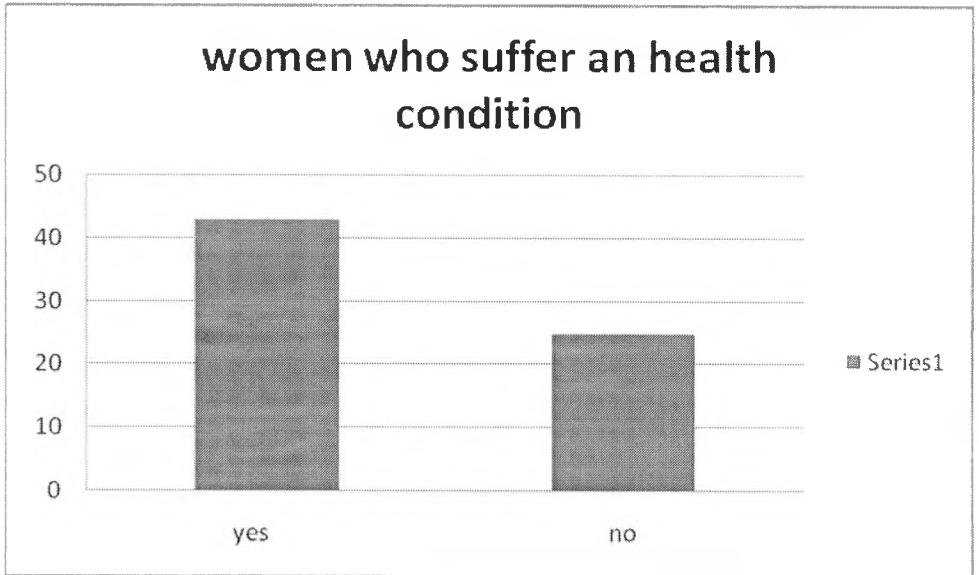
**Figure 4.5: Frequency distribution on women prisoners who undergo medical examination on entry**



From figure 5, above the number of the inmates who were medically screened on entry to prison were 23 only while majority of the inmates 45 out of the respondents were never screened. This means in the end the prison will incur high costs treating patients when the medical conditions have become chronic.

#### 4.4.2 Women suffering a health condition

Figure 4.6: frequency distribution on women who suffer from health condition



Fourty three respondents said they do not suffer from any health condition while 25 respondents suffered from a health condition. The common health conditions stated were HIV/AIDs, sexually transmitted infections, blood pressure, diabetes, bronchitis and ulcers. The findings indicate that most inmates are leading a healthy life irrespective of the congestion and lack of balanced diet.

#### 4.4.3 Access to health care services

The HIV/Aids patients face many problems if their term in prison is long they are stigmatized, the diet provided by the prison is not adequate, some have been neglected by their relatives and are never visited at all. The ministry of health through the prison authorities provides ARVs. For other health cases, the prison provides treatment freely to

the sick but at times the prescribed drugs are not in the government hospital and the prisoner needs to purchase, this becomes difficult if they have financial crisis. Other expense which the prisoners meet on their own is X- ray fee. Therefore, they rely on well-wishers.

#### **4.4.4 Pregnant women's diet**

The findings showed that pregnant women as well as the nursing mothers don't get a special diet. This was confirmed through the key informant that they are only given the fruits twice in a week. With the inmates who are not visited, they face financial problem and therefore cannot supplement what the prison provides. This agreed with the observation made at the prison during lunch hour the food served were ugali and boiled 'sukumawiki' which were served to every inmate including the nursing mothers and breastfeeding.

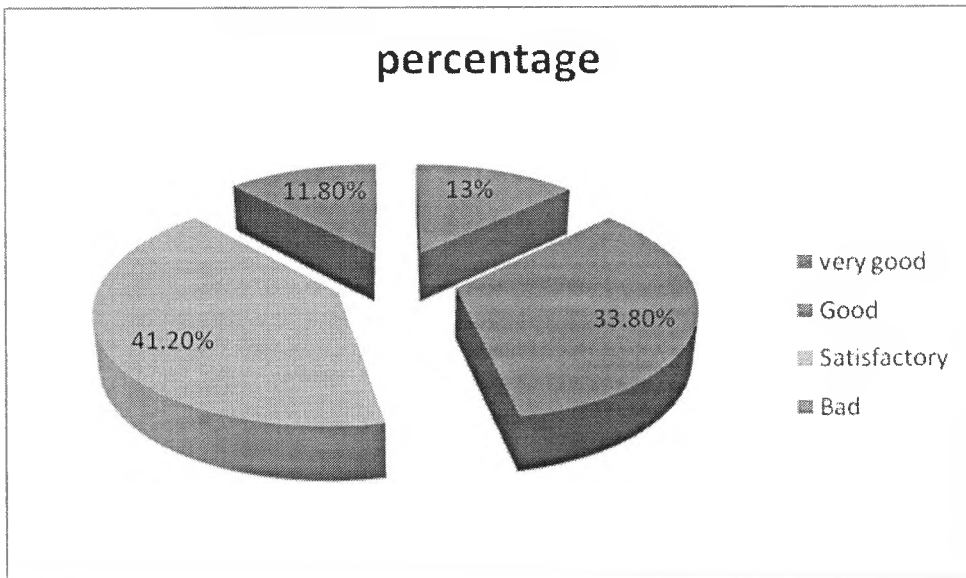
According to the informant, pregnant women face a number of challenges this include: lack of a balanced diet, they also lack cloths for the new- born. However, the welfare office together with the chaplain looks for donors to assist in providing the needs of children. The children growing up in a hostile prison environment and may end up learning bad behavior. Though a three month leave period is given to the nursing mother just like the civil servant and relieve from heavy duty they are entitled to only three nappies for the baby, these are not enough and family support is necessary. The facilities for the nursing mothers and babies are not enough.

#### 4.4.5 Place of birth

Most respondents said the pregnant inmates when they are due give birth in the dispensary inside the prison, for complicated cases they are referred to Kenyatta national hospital. The ambulance was always on standby this was confirmed through observation by the researcher.

#### 4.4.6 Counseling services

**Figure 4.7: Respondent rating of counseling services offered**

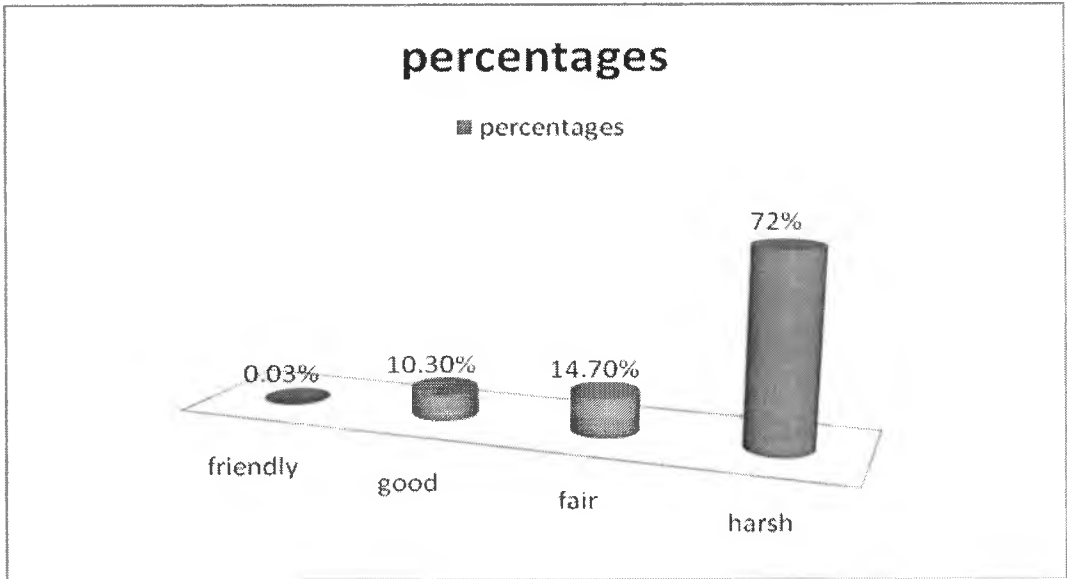


From the results in the figure above most inmates are satisfied with the counseling services offered by the prison i.e 41.2%. Those who feel the services are good represents 33.8% while those who feel they received very good counseling services were 13% of the respondents. However, 11.8% of the respondents do not appreciate the services offered and feel it is bad.

During the in-depth interview with the prison chaplain, she pointed out that counseling is done on a daily basis to an individual as well as for the groups, the areas discussed commonly are: coping with fear, drug and lesbianism. The condemned stay together and normally undergo counseling as a group. This confirms the results above that most women inmates are happy.

#### 4.4.7 Prison environment

Figure 4.8: Rating of prison environment



About two-thirds of the respondents (72%) feel the prison environment is harsh. This was confirmed from the narratives by one inmate, *'when I first entered that gate twenty years ago I was so scared that I would die in the first year, enclosed by the walls and chain link with so many warders and wardresses I never knew I would live this long. I lack freedom of movement, cannot express myself and we work for long hours'*.

#### **4.4.8 Mental illness**

Many undergo depression and stress because of imprisonment, separation from the family members and inability to continue with the projects they had started. The findings were confirmed in the interview that most women were depressed and some have developed mental illness in prison while others were imprisoned when they were mentally sick. The mental cases are put together in a living unit and are under medication. Most were using anti-depressant to calm them down though they will feed more.

According to one of the staff interviewed, most cases of mentally ill inmates had used drugs before imprisonment. The most serious cases were referred to Mathare Mental hospital in Nairobi.

#### **4.4.9 Coping with challenges in prison**

The study found out that most inmates have not devised ways of coping with the challenges and live one day at a time. However, some respondents have accepted the life in prison and keep themselves busy during their free time. Some visit the library within the prison to read the books, others have joined the choir, dance group, the industry to learn how to knit and tailoring. In addition, may engage in making their hair on the pavements or in the saloon within the prison.

Upon asking an inmate during the narrative on how she is coping with the prison life, she indicated that it is important to acquire coping mechanisms in your stay in prison to avoid stress. *‘as you know prison life is very different from the outside world here one cannot reason for herself nor make decisions the rules have been made for you and if one fails*

*to adhere to them the consequences are so severe. One will be isolated, half reduce food ratio, and the blanket is not provided. To avoid this punishment one has no choice but to behave well and follow the rules to the letter. In many occasions I spent time reading the bible and chatting with my friends who are also condemned (under life imprisonment).*

#### **4.4.10 What the government need to do to address challenges faced by women**

The respondents felt that the government is not doing enough in ensuring that women inmates receive adequate health care services. In addition the findings showed many respondents felt there is congestion and facilities have been overstretched and requested the government to release those serving short term to have non- custodial punishment.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study sought to find out the challenges faced by women inmates focus on langata prison. This chapter gives the summary of key findings, conclusions, and recommendations on the area of study and areas for further studies on the research findings.

#### **5.1 Summary of key findings**

This sub section discusses key findings of the study which include, demographic characteristics of the respondents; living conditions and health care services in Langata women prison.

#### **5.2 Respondent general information**

The results of the research indicated that the majority of the prisoners are aged between 18 and 40 years. A bulk of this group is under salaried occupation though most are in informal sector. Majority of the respondents attained high school certificate. Despite the fact that on average women inmates' education was clearly indicated, it must be noted that women prisoners are not homogenous group. Some women in prison have very high level of education achievements.

In addition the married women inmates comprises of 38% of the respondents this shows that they have a family and children to take care of. While 62% were single, though the number of the single respondents is high some still had children under 18 years before the

imprisonment representing 87% (table 2). Some of the jailed mothers come from dysfunctional families, are single parents, and are not economically endowed. Women have more family responsibilities than men do have and receive less support. The lack of support stems from both institutional and family environments, especially with male figures that rarely assume family responsibility that is why from the findings the children who are under fathers custody are less than ten.

From the findings of the length of time the respondents had spent in prison, showed most had not stayed for a long duration of time this means that the turnover rate is high with many inmates serving very short terms for minor offences.

The results showed that only 22% had stayed for more than six years while 88% had spent less than six years in prison, this shows that the turnover is very high.

### **5.3 Living condition**

The findings also indicate that there is rampant physical abuse meted on the respondents with 80.9% having been abused while in prison by the staff or the fellow inmate. Of the inmates who had suffered physical abuse 64% of them had been abused by the staff while 34% of the respondents were abused by the fellow inmate.

Most respondents agree that prisoners come back to prison after the release this represents 59% of the respondents. They gave some of the reasons as lack of employment, lack of role models and poverty.

The respondents also felt there is no privacy when searches were being conducted, since many a times it was done by female staff in presence of male staff.

From the findings 56% of the respondents practice lesbianism while 44% do not this shows that the relationship is common this high rate is enhanced by the fact that most inmates share beds because of overcrowding in the prison.

#### **5.4 Health care services**

From the findings, it shows that most prisoners were not screened on entry only 16 of the respondents were screened for medical examination. This will have a negative impact on the government because in the end it will be expensive. The pregnant mothers and nursing mothers from the findings do not receive adequate diet, quality prenatal and postnatal.

Mental ill offenders are vulnerable to abuse and have complex set of needs relating to protection of their human rights, including provision of adequate mental health care. In addition, they may not be aware of their legal rights, face stigmatization, discrimination and ill treatment at the hands of fellow inmates, law enforcement officials and even at the hands of some health professionals.

#### **5.5 Conclusion**

In summary, it must be emphasised the very straightforward conclusion based on women's accounts in most interviews: imprisonment causes serious ruptures in the life of women due to separation from their children. This becomes a key source of everyday stress, guilt feelings, worrying and experience of failure despite which most women

continue to feel and act with responsibility for their children.

In reality, separation from and concern about the well being of their children are considered to be among the most damaging aspects of prison for women, and the problem is exacerbated by a lack of contact (Baunach 1985; Bloom and Steinhart 1993).

From the findings, separation from the family is the major source of pain to the inmates. Many children of the inmates were in the custody of the children's home as opposed to under fathers' care. In addition, the children born to inmates who arrive in prison while pregnant undergo many problems while growing up. The mother is under stress since prison tends to be congested, noisy and privacy is difficult. Stimulation is severely restricted. The children have poor play and lack adequate facilities.

From the findings, relatives are most frequently the caregivers of the children of female offenders. Approximately 22% of children of all offenders are in foster care or group homes and for most mothers in the prisons report having had no personal visits with their children since their admission. Geographical distance to a prison, lack of transportation, the relationship of the prisoner with the child's caregiver, and the inability of a caregiver to bring a child to a correctional facility are the reasons most often cited for a lack of visits. In some cases, the forced separation between mother and child results in permanent termination of the parent-child relationship.

Life in prison and inappropriate living conditions were often recalled by the women especially fears and difficulties related to mixing with others. A very general related problem is the loss of privacy since there is overcrowding and living in a large unit.

However quite a number of women have adapted many ways of spending time and coping with stress in prison. Prisoners do their duties as scheduled under supervision of the warders and spent the ir free time doing other activities of their interest.

It was also evident from the meals prisoners were served that they did get a balanced diet, though the nursing mothers and pregnant ones according to the staff interviewed said they receive a better diet.

Most women in the criminal justice system are poor, undereducated, and unskilled, and though most were in employment it is likely to be in informal employment and are economically dependent on men. Many come from impoverished urban environments, were raised by single mothers, or were in foster care placement. Women offenders are more likely to have committed crimes in order to obtain money to purchase drugs or meet basic needs.

Langata women prison however, has made tremendous reforms according to one of the staff interviewed , there is general cleanliness in the institution, no stingy smell from the living units, provision of shoes and clean water.

## **5.6 Recommendations**

The researcher made the following recommendations based on the research findings:

Female- specific health care services provided could include:

1. Women also have significant reproductive health issues. About five percent of women entering prison are pregnant, and six percent enter jail while pregnant.

Sexually transmitted diseases are another frequent health problem for female prisoners; a number of incarcerated women are infected with HIV. Administrators should ensure that intake processes account for the increased risk factors of women, including ensuring that females entering the correctional facility receive testing in risk areas specific to, or prevalent among, women. Lab test to detect sexually transmitted diseases should be provided to all females.

2. Intake history could include questions regarding the patients menstrual cycle, pregnancies and gynaecological problems. In addition, intake examination could include a pelvic exam, Pap smear and breast examination.
3. There is need to improve the existing classification system for women. Many existing systems assign female offenders to unnecessarily high custody levels
4. The study also found that staff may need to refine responses to women, who tend to ask more questions, want to talk things over, and challenge decisions.
5. Children issues may be fundamental to incarcerated mothers they may be reluctant to tell corrections staff about these issues because of concerns over having their children transferred into the foster care system or losing parental rights.
6. Assessment staff should be sensitive to the fears and needs of this population; questions regarding family and children must be posed in a way that encourages the sharing of information. Administrators should develop guidelines (if they are not already in place) for sharing information provided by inmates with family protective services, foster care, and other agencies; and these parameters must be made clear to prisoners before personal information is elicited from them. Information collected

during intake can help correctional administrators to determine the aggregate need for programs that sustain parent-child relationships, and can guide individual referrals by intake staff.

7. There is a much greater need for more adequate nutrition and exercise for female prisoners, especially those who are pregnant; there is also a greater need for more thorough hygiene and cleanliness standards throughout the facility
8. The majority of women either are in prison for nonviolent crimes, property or drug related. As a result, they tend to serve shorter sentences, resulting in greater turnover for prison administrators. Those offenders of non- violent crimes can be given non-custodial punishment.
9. There is need to increase financial resources to the Kenya prisons so that the medical services can be improved, essential nutritional requirements to the expectant mothers, nursing mothers and their children as well as to the ailing inmates.

### **5.7 Recommendation for further research**

The researcher recommends further studies to be investigated on increasing monitoring and review of the quality of female- specific health care.

Another area to research on is the cost effectiveness of incarcerating special needs offenders and if incarceration prepares them for rehabilitation.

In addition, there is need to research on the difficulties that women prisoners and their family members face in order to maintain those ties.

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## APPENDICES

### APPENDIX I: QUESTIONNAIRE

#### Section A

##### For official use only:

My name is ..... I am the researcher /research assistant undertaking the foresaid study. The study is an academic research for the award of a master's degree at the University of Nairobi. All your answers including your personal identity will be treated with total confidentiality and shall not be divulged to unauthorized parties. The findings of this study will be used for future academic and policy- making purposes and your participation is highly appreciated.

This interview will last about 30 minutes to 50 minutes

##### Bio-Data

Put a  $\surd$  in the applicable box, unless otherwise indicated.

##### 1) Age:-

18 – 30 years

31 - 40 years

41 - 50 years

50 and above

##### 2) Marital status

Married

single

3) Do you have children under 18 years old?    Yes     No

4) Did children under 18 lived with you before entering prison?  
Yes     No

5) After you entered prison, the children are under whose custody?  
-----

6. What is the emotional impact of that separation?  
-----

7. Educational Level (Tick the highest grade completed )

Primary school     Secondary school

College level     University level

8. Occupation before imprisonment -----

- a) farmer
- b) Salaried
- c) Self employed
- d) Other (specify) -----

9. For how long have you been in prison?
- 0-1 year       6-10 years
- 2-5 years       over 10 years

**Section B: Living conditions**

1. Have you suffered any physical or sexual abuse while in prison?

Yes       No

2. Who was the perpetrator?

An inmate

Staff

Other (specify) -----

3. To what extent is the privacy in the living unit when the warders are conducting search and is it done by a female staff?

-----

4. How do you meet your financial and personal needs like sanitary towels?

-----

5. Why do women come back to prison after being released?

-----

6. Do you practice lesbianism relationship in prisons?

Yes       No

7. What are some of the reasons which compel women to practice lesbianism in prison?

-----

-----

**Section C: Health care**

1. Did you undergo medical examination and health care screening on entry?

Yes

No

2. Do you suffer from any health condition?

No

Yes

If yes state the condition -----

4. How often do you access the health care services easily especially reproductive health services?

Often

Less oftenly

Rarely

5. What are problems encountered by female inmates? -----

-----  
-----

6. Are you a daily user of drugs or substances?

Yes

No

If yes which substance or drug do you use -----

7. Where do you get the substances/drugs within the prisons?

-----

8. Do pregnant and nursing women get special diet?

Yes

No

9. Do the pregnant and nursing mothers get adequate pre and post natal care?

Yes

No

10. Where do the pregnant women give birth? -----

-----

11. Are there cases of mental illness with the prisoners?

Yes

No

12. What can you say about the quality of the counseling services offered in prison?

Very good

Good

Satisfactory

Bad

13. How do you find the prison environment?

Friendly

Good

Fair

Harsh

14. How do you cope with challenges in prison environment?

-----

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15. What should the government i.e. the Ministry of home affairs do in order to address the women's special needs in prison?

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**Thank you for answering my questions.**



## **Appendix II: Key informant interview guide**

- 1) What are the trends in the number of female inmates and the growth of this population?
- 2) What are some of the problems faced by pregnant women in prison? What are some solutions or alternatives to issues surrounding medical care for pregnant prisoners?
- 3) What are the rates of human immunodeficiency virus (HIV) infection among female inmates? Should prisons require mandatory HIV-testing of all entering prisoners? If not, what are the long-term implications for women prisoners?
- 4) 4At a minimum, what types of health and mental health programs are needed in women's prisons?
- 5) What do statistics or trends show about female inmate characteristics, including age, most serious offense, drug use, prior physical or sexual abuse, and number of minor children?
- 6) What are the trends in the number of correctional facilities for female inmates? How near are female inmates housed to their families or community ties?
- 7) What types of parenting programs are provided to female inmates (i.e., visitation, mother-infant/child residential programs, and parent education programs)?
- 8) What types of reviews are performed to assess female-specific health care (e.g., gynecological care), particularly regarding access to care and quality of care?