

Research Article

Reproductive Health Problems and Health Care Services Offered to Female Inmates of Women Jail Multan

Mehreen Bukhari,¹ Aftab Iqbal,² Syed Razi Haider Zaidi³

¹Department of Community Medicine, Faisalabad Medical University, Faisalabad; ²Institute of Public Health, Lahore;

³Department of Community Medicine, University of Health Sciences, Lahore

Abstract

Background: Women prisoners' health is one of the major challenges among public health issues since the increasing incarceration rate has a direct impact on prisoners' health status. Female prisoners often face many health issues in which most important are reproductive health problems. The prison services regarding reproductive health needs of female inmates vary in every jail. Unfortunately, in many prisons, health care services for women are still not adequate.

Objectives: The objectives of the study are to determine the frequency of reproductive health problems of female inmates and to assess the health care services offered to female inmates of Women Jail Multan.

Method: It was cross-sectional descriptive study in which 118 female inmates of reproductive age group were included. Data was collected through questionnaire which was entered in to computer using SPSS 20.0. Frequencies and percentages were calculated and data was presented in tables. Means, Standard Deviations and Correlation were calculated. ANOVA was applied to test significance and Chi-square test was applied. Level of significance was kept at $p \leq 0.05$.

Results: Among 118 female inmates, 33.9% were 31-40 years old, 87.3% were married and 78.0% were illiterate. The length of incarceration of 42.4% female inmates was upto 12 months. 35.0% had 1-2 children and 16.5% were living in jail with their children. Majority (92.4%) had gynecological problem and 82.2% had medical problems while 11.0% had experienced sexual violence by jail staff. Only 2 females were pregnant. 100.0% female inmates had availability of lady doctor or LHV for antenatal check-up. 100.0% female inmates were provided proper diet and food supplements and the quality of food was satisfactory.

Conclusion: Study revealed that health care services for reproductive problems including obstetric and gynecological issues was satisfactory however prevalence of gynecological issues was high. Sexual violence of female inmates faced by jail staff during imprisonment was noticed for which strict legislative measures should be taken.

Corresponding Author | Dr. Mehreen Bukhari, Senior Demonstrator, Department of Community Medicine, Faisalabad Medical University, Faisalabad ; **Email:** drmehreen1980@gmail.com

Keywords | Prison, Inmates, Females, Reproductive Health, Health Care Services.



Production and Hosting by KEMU

[https://doi.org/10.21649/akemu.v29iSpecial Issue 3 \(Jul, Sep\).5577](https://doi.org/10.21649/akemu.v29iSpecial Issue 3 (Jul, Sep).5577)
2079-7192/© 2023 The Author(s). Published by Annals of KEMU on behalf of King Edward Medical University Lahore, Pakistan.

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Introduction

A prisoner can be defined as the person who have committed a crime and prison is a place to live after committing crime.¹ In most prisons, the prisoners

have been living in unhealthy environment and they are not having their fundamental rights. They do not have proper facilities in prison and are living in miserable condition in countries which are less developed.²

Worldwide, more than 10 million people are in prison, either under-trial or convicted. It is found that mostly prison population is in United States of America, Russia and China although total population of three countries is only one quarter of the world population. In many other countries, number of prisoners has also increased markedly during recent years. Many females have been kept in prisons worldwide as under-trial or convicted prisoners.³

Women prisoners' health is one of the major challenges among public health issues since the increasing incarceration rate has a direct impact on prisoners' health status. It is estimated that prisoners are more prone to diseases due to high prevalence of infections, worsening of their physical and mental condition due to stress, anxiety and overcrowding. Prisoners' health status and access to health care services is a major issue to be highlighted internationally especially for female prisoners.⁴

Female prisoners found pregnant are provided specialized health care and antenatal services in addition to diet. They are also provided with Gynecological/ Obstetrical facilities and regular antenatal checkup is ensured by the Lady Doctor or LHV and in case of any complication during pregnancy, they should be referred to consultant Obstetrician/ Gynecologist in specialized teaching hospitals. Under rule 322, female inmates in last trimester of pregnancy should report to Inspector General Prison for suspension of her imprisonment especially in the case of death sentence (Pakistan Prison Rules, Jail Manual). Unfortunately, this right is not provided practically in Pakistan and no special attention and gynecological facilities are given to them. During pregnancy in prison, it should be properly planned that child birth should not take place in jail and female should be taken to health care facility where lady doctor and proper health facilities for both mother and child are available.⁵

Female prisoners often face many health issues in which most important are reproductive health problems as mentioned here, menarche, menstrual problem, pelvic inflammatory diseases, sexually transmitted infections,

HIV/AIDS, pregnancy, breastfeeding, family planning and malignancy. Reproductive health is a state of physical, mental and social wellbeing and not merely the absence of disease of reproductive system of the females. Females in prison are at increased risk of having diseases related to reproductive organs. They do not have facilities of having proper bathing and washing area during menstruation and many have been found suffering from menstrual irregularities due to stress during imprisonment.⁶

The prison services regarding reproductive health needs of female inmates vary in every jail. Unfortunately, in many prisons health care services for women are still not adequate. Furthermore, health-care services have not been provided to pregnant females in prison. Female prisoners have little access to antenatal services during pregnancy to help them in preparing for delivery. Sometimes food offered to the female prisoners during pregnancy cannot meet their requirements.³

Pregnancy changes needs of females in prisons for sleep, diet, exercise etc. Complications of pregnancy and preparation for child birth are other important issues during imprisonment. Female prisoner is ensured to have adequate diet and easy access to Obstetricians/ Gynecologists when required. Similarly, mothers can also be encouraged for breastfeeding and they should be provided with proper diet and milk to feed their babies. In postnatal period, proper attention should be given to mother and child.⁶

Provision of health care services in Punjab is the responsibility of Provincial Government. The Provincial Prison Department has its own budget for health care services however doctors and paramedics are deputed by the health authorities to serve in the prison department. Every prison has its own budget for purchase of medicines. In case of emergency, if any special medical care is required by the female inmates, they are referred to specialist units in government hospitals. Female inmates face a lot of problems in achieving required healthcare services of specialists of different departments such as surgery, medicine, psychiatry, gynecology departments of the concerned teaching hospitals. According to Prison management, the district health authorities conduct frequent visits for more serious and complicated health issues of female inmates.²

Female inmates are referred to hospitals for delivery in larger cities. In small cities, a mid-wife conduct delivery of female inmates. Sometimes female inmates give birth to a child without any skilled birth attendant or mid-wife. Females in prison should never be separated from children due to incarceration as it is painful both for mothers and for their offsprings. Children face a lots of emotional issues so mothers should be allowed to keep their children with them upto 6 years. There should be proper facilities for wards residing with mothers in prisons.⁷

Reproductive health is a major issue among female prisoners in Pakistan. A lot of studies have been conducted to highlight the reproductive health issues of females in different parts of the world but only a few studies available in Pakistan context and particularly no such study has been conducted in Jails of Southern Punjab with this particular reference that's why this topic has been selected to conduct a study in Women Jail Multan.

Methods

It was cross-sectional study in which 118 female inmates of reproductive age group (15-49 years) were included. Data was collected through questionnaire which was entered and analyzed in to computer using SPSS 20.0. Frequencies and percentages were calculated and data was presented in tables for categorical variables. Means, standard deviations and correlation were calculated for continuous variables. ANOVA was applied to test significance for continuous variables and Chi-square test was applied to for categorical variables. Level of significance was kept at $p \leq 0.05$.

After the approval from Ethical Review Board of Institute of Public Health, Lahore, permission from IG PRISON PUNJAB was taken. Confidentiality of the data was ensured and proper written informed consent was obtained from all female inmates before data collection.

Female inmates who gave consent were in age group 15-45 were included in the study and female were excluded having chronic diseases.

Questionnaires were filled through interviewing study participants and no physical examination was done to measure important outcome variables.

Results

Among 118 female inmates, 65 (55.1%) were convicted and 53 (44.9%) were under trial.

Among 118 female inmates, the length of incarceration of 50 (42.4%) female inmates was upto 12 months, 11 (9.3%) duration was 13-24 months, 16 (13.6%) female duration was 25-36 months, 15 (12.7%) duration was 37-48 months and 7 (5.9%) female duration was 49-60 months while 19 (16.1%) female inmates duration was more than 60 months.

Table-1 demonstrates that majority 109 (92.4%) of females had gynecological problem, 13 (11.0%) had sexual violence, 97 (82.2%) medical problems, 114

Table 1: Health status

	Frequency	Percentage (%)
Gynecological problem		
Yes	109	92.4
No	9	7.6
Total	118	100.0
Sexual violence		
Yes	13	11.0
No	105	89.0
Total	118	100.0
Medical problem		
Yes	97	82.2
No	21	17.8
Total	118	100.0
Psychological problem		
Yes	114	96.6
No	4	3.4
Total	118	100.0
Pregnancy		
Yes	2	1.7
No	116	98.3
Total	118	100.0

Table 2: Names of gynecological problems (n=109)

	Yes	No
Vaginal discharge	100 (91.7%)	9 (8.3%)
Oligomenorrhea	17 (15.6%)	92 (84.4%)
Breast problem	11 (10.1%)	98 (89.9%)
Backache	11 (10.1%)	98 (89.9%)
Menstrual irregularity	23 (21.1%)	86 (78.9%)
Menorrhagia	6 (5.5%)	103 (94.5%)
Menopause	22 (20.2%)	87 (79.8%)

(96.6%) had psychological problems and only 2 (1.7%) females were pregnant.

Table-2 shows that among female inmates who had

gynecological problems, 100 (91.7%) had vaginal discharge, 17 (15.6%) had oligomenorrhea, 11(10.1%) had breast problem, 11 (10.1%) had backache, 23 (21.1%) had menstrual irregularity and 6 (5.5%) had menorrhagia while 22 (20.2%) female inmates had menopause.

Table-3 highlights that all 118(100.0%) female inmates confirmed the availability of lady doctor or LHV for antenatal check-up, 93 (78.8%) ever vaccinated for tetanus, 79 (66.9%) ever been facilitated with first aid in case of emergency, all (100.0%) female inmates said they get regular medical check-up, treatment, follow up and medicine in jail; and 48 (40.7%) ever referred to any hospital for treatment.

In this study, it was found that among 118 female inmates, 35(89.7%) female inmates were 15-30 years of age who had gynecological problems as compared to 74 (93.7) female inmates of 31-49 years of age who had

Table 3: Health Care Services

	Frequency	Percentage (%)
Availability of Lady Doctor/LHV		
Yes	118	100.0
No	0	0.0
Total	118	100.0
Vaccinated for tetanus		
Yes	93	78.8
No	25	21.2
Total	118	100.0
Labor room for safe delivery		
Yes	0	0.0
No	118	100.0
Total	118	100.0
Facilitated with First Aid in case of emergency		
Yes	79	66.9
No	39	33.1
Total	118	100.0
Regular medical checkup and availability of medicine		
Yes	118	100.0
No	0	0.0
Total	118	100.0
Referred to any hospital		
Yes	48	40.7
No	70	59.3
Total	118	100.0

gynecological problems, however the difference was non significant ($p=0.476$).(Table-4).

Among 92 illiterate (who couldn't read and write their own names) female inmates, it was found that 84(91.3%)

had gynecological problems and 8(8.7%) had no gynecological problem as compared to 26 literate females (who could read and write their own names), 25(92.6%) had gynecological problems and 1(3.8%) had no gynecological problem, however the difference was not significant ($p=0.682$). (Table-4). There was no significant difference amongst working (who worked outside their homes for earning) and housewives with regards to presence of gynaecological problems ($p=0.648$) despite the fact that 98 housewife female inmates, 91 (92.9%) had gynecological problems & 7(7.1%) had no gynecological

Table 4: Association between Socio-Demographic Characteristics and Gynecological Problems

	Gynecological problems		Total	p-value
	Yes	No		
Age (yrs)				
15-30	35 (89.7%)	4 (10.3%)	39 (33%)	0.476
31-49	74 (93.7%)	5 (6.3%)	79 (67%)	
Total	109 (92.4%)	9 (7.6%)	118 (100.0%)	
Education				
Illiterate	84(91.3%)	8 (8.7%)	92 (78%)	0.682
Literate	25 (96.2%)	1 (3.8%)	26 (22%)	
Total	109 (92.4%)	9 (7.6%)	118 (100.0%)	
Employment				
House wife	91(92.9%)	7(7.1%)	98 (83%)	0.648
Working class	18 (90.0%)	2 (10.0%)	20 (17%)	
Total	109 (92.4%)	9 (7.6%)	118 (100.0%)	

ological problem as compared to 20 working female inmates, 18(90.0%) had gynecological problems and 2(10%) had no gynecological problem (Table-4).

Discussion

Female prisoners often face many health issues in which most important are reproductive health problems. Keeping in mind such issues, present study was conducted regarding reproductive health problems and health care services offered to female inmates of Women Jail Multan. To acquire appropriate results, a sample of 118 female inmates was included in the study and found that 33.0% female inmates were upto 30 years old and remaining significant proportion (67.0%) was more than 30 years old. So majority of the crimes were committed by females of middle age group. A similar study carried out by Khalid and Khan (2013) elucidated that 48.0% female inmates were up to 30 years old and slightly increased than half (52.0%) were more than 30 years old.⁸

Another important point that has been highlighted in this study is education and adequate financial resources of the family which keep women away from criminal activities because the educated females themselves can generate the income for their families. It is appalling to note that 78.0% women were illiterate (who can not read and write their own names) and they are easily betrayed by criminals and by jail staff and only 22.0% were literate (who can read and write their own names.) The findings of our study are comparable with the study carried out by Yousaf and teammates (2009) who also asserted that most of the female inmates (77.0%) were illiterate and 23.0% were literate.⁹

As far as employment of the female inmates is concerned, study disclosed that only 13.5 % were employed (working outside of their homes) and the rest of (86.5%) were unemployed (house wives) female inmates. This data shows that crime rate is very high among house wife group. This data also reflects the low education level and poverty rate among female population in the areas of southern Punjab. This is in contrast to the findings of the study performed by Sarpong and coworker (2015) who reported that only 15.4% female prisoners were unemployed while majority (84.6%) was employed.¹⁰

It has also been found during study that length of incarceration of most of the female inmates, 65.3%% was upto 36 months while for 34.7% females, their duration of stay in jail was more than 36 months. This means that most of the females are involved in minor crimes which areailable like drug trafficking, stealing, kidnapping and family conflicts. This corresponds to the findings of the study carried elsewhere by Naqvi (2015) who asserted that 42% female inmates were sent to jail for upto 24 months and 22% were awarded imprisonment for more than 48 months.¹¹

This study also showed very alarming results for the major proportion (92.4%) of female inmates that were found to have gynecological problems. Study further revealed that the female inmates who had gynecological problems, among them 91.7% had vaginal discharge and in many of them, it was foul smelling vaginal discharge but few had physiological vaginal discharge as well while the findings of the study conducted by Mignon (2016) confirmed that 53.0% female prisoners had vaginal discharge.¹² Results of our study pointed out

that 21.1% females had menstrual irregularities but Allsworth and fellows (2007) reported in their study that 33% female prisoners had menstrual irregularity.¹³

Sexual violence is also a common problem in jails, in this association 11.0% female described that they faced sexual violence. In a study Blackburn and collaborators (2008) confirmed that 17.2% incarcerated women were sexually victimized while in prison while 3% reported a completed rape.¹⁴

It is evident from study that like gynecological problems, 82.2% had medical problems. The study carried out by Yousaf and teammates (2009) also showed comparable results that 90.0% female inmates had medical problems.⁸ Study further highlighted that among medical problems, hypertension was more prevalent followed by anemia, diabetes mellitus and skin diseases etc. but the study conducted by Yousaf and teammates (2009) indicated that more prevalent medical problems among female prisoners were hypertension followed by hepatitis, diabetes mellitus and tuberculosis etc.⁹

Likewise, study divulged that 96.6% female inmates had psychological problems. The results of the study undertaken by Yousaf and teammates (2009) are much better than our study who confirmed that only 17.0% female prisoners had psychological problems.⁹

It is evident from study that only two (1.7%) female inmates were pregnant. Sutherland and his partners (2015) reported in their study that 9.5% female prisoners were pregnant.¹⁵ Study showed very encouraging results that all (100.0%) pregnant females received antenatal care from lady doctor/LHV. The findings of our study exhibited better situation than the study conducted by Mignon (2016) who confirmed that 54.0% received antenatal services from lady doctors in jail.¹²

Study showed that all female inmates received medical treatment from doctor whenever they became sick and also 100.0% females in jail had regular medical check-up and satisfied with doctor behavior and availability of medicine. A recent study carried out by Avais and Wassan (2017) elucidated that less than half (44.0%) of female prisoners were satisfied with medical facility.¹⁶

This community of female inmates always remained a neglected one so we conducted this study to highlight their problems facing during imprisonment and their solution to some extent but there is more need to pay

attention on reproductive problems of female inmates and several other issues that exacerbate the quality of life of female inmates. Health education programs and media role is essential to highlight the problems faced by female inmates.

Conclusion

It is thus concluded that the health care services for reproductive and gynecological issues were satisfactory. However the prevalence of these gynecological health issues was high.

Study conducted in prison revealed high rates of illiteracy which is a social dilemma and stakeholders need to work aggressively on this issue. Strict legislation and its implementation to prevent Sexual violence by jail staff for female inmates should be adopted.

Further studies are needed on large scale to sort out the reproductive health problems and health care services offered to female inmates.

Ethical Approval: The Institutional review board approved the study vide letter No. 48.ERC/ FMU/ 2022-23/344

Conflict of Interest: The authors declare no conflict of interest.

Funding Source: None

Authors' Contribution:

MB: Manuscript writing and data analysis.

AI: Subject design and data review

SRHZ: Supervision, Methodology of research project and final version approval

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