Morbidity Issue and Health care of Prisoners in Yerwada Central Jail, Pune

Report prepared by

Vini Sivanandan
Vandana Shivnekar
Sanjit Sarkar
Raj Pol
Akram Khan
A Prashik
Baldev Singh Kulaste

Population Research Centre
Gokhale Institute of Politics and Economics
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PRC, Pune

Vini Sivanandan

Vandana Shivnekar

Sanjit Sarkar

Raj Pol

Akram Khan

A Prashik

Baldev Singh Kulaste

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Chapter 1

Introduction

Health is the overall mental and physical well being rather than just an absence of illness. Although social and environmental factors are known to affect health, little is known about the impact of the prison environment. Information regarding provision of health care in prison and health issues of the prisoners is sparse. The World Health Organization's "Health in Prisons Project" recommends the use of a "settings approach" to assess the health impact of the prison environment to promote health among prisoners.

The Standard Minimum Rules are often regarded by states as the primary if not only source of standards relating to treatment in detention, and are the key framework used by monitoring and inspection mechanisms in assessing the treatment of prisoners. The Standard Minimum Rules for the Treatment of Prisoners revised and adopted as the Nelson Mandela Rules has eight substantive areas which were revised. One of the core areas is Medical and health services. The Rules clarify that healthcare of prisoners is a state responsibility, and should be of an equal standard to that available in the community and organised in close relationship to the general public health administration.

Prison and its administration are a state subject as it is covered by item 4 under List II in Schedule VII of the Constitution of India. Prison establishments in different States/UTs consist of several tiers of Jails. The most common and standard Jail Institutions which are in existence in the States/UTs are better known as Central Jails, District Jails and Sub Jails. The other types of jail establishments are Women jails, and Open Jails. The criteria for a jail to be categorized as a Central Jail differs from State to State. States of Meghalaya, Orissa, Uttaranchal, Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu and Lakshadweep do not have any Central Jail in their territories. Tamil Nadu has the highest number of 9 Central Jails followed by Madhya Pradesh, Maharashtra and Rajasthan (8 each).

Prisoners have little to choose, but avail of the existing health care services unlike the various health care services provided outside prison. In addition, they cannot avail the care and support of a family which is very much required at time of illness. Further, health care issues are further compounded by not only limitation of infrastructure, but also exaggerated with little to no cooperation from fellow prisoners.

Further, providing women prisoners with comprehensive and appropriate health care services can be challenging because women represent a small proportion of prisoners. Unlike men, women and

specifically mothers are emotionally attached to a family and provides a solid foundation in the form of care and well being of families. Hence, women in prison not only brings a range of issues in family, but also lead to stress and depression due to family concerns and separation from her family. The status of women prisoners and their dependent children is a problematic issue. Here, the children are in prison only because their mothers are in prison. There are many examples of baby born in jail, or they are too young to stay away from their mothers, or there is no one to look after them in the absence of their mother. The prison term of a mother disrupts the mother-child relationship and the child's emotional development. Moreover, the child staying with mother in prison is deprived of the social interaction and the family set up which may have a long term impact on the child. Prison environments are constraint with limited social interaction and have many limitations in providing all the basic care and needs of children and may hamper to the normal growth and development of children. In addition, female prisoners have special medical needs related to reproductive health that need to be identified and appropriately addressed (e.g. cervical and breast cancer screening, pregnancy, menopause). With increasing numbers of women entering and existing the prison system, there is a compelling need to ensure that mechanisms are in place that can adequately address health issues of women.

In order to assure that the health needs of prisoners are met, it is important that prisons are equipped with appropriate information, staff and resources. In contrast to health services available outside, health facilities in prison need to follow guidelines, well-equipped with emergency care, deal with people who are confined to a close environment, or sentencing or the confinement of individuals who are serving time for harsh and less serious crimes and above all with little or no family support.

However, with all these constraints prison Institutions can serve an opportunity to reform and help prisoners in developing a positive attitude towards life and society. In recent years, several such reformist programmes have been introduced such as skill development programme, education etc.

Offering public health assistance and expertise to prisoners is an important means for addressing the gaps in services and programs for prisoners. In addition, such efforts will benefit the health of individuals in the communities to which these prisoners return.

Background

As per a report on Prison statistics in India 2015 the capacity of jails in Maharashtra is 26,303 (Male 24,584 Female 17, 19) whereas inmate population is 29,657 (Male 28,321 Female 1,336) leading to

an occupancy rate of 112.8 (Male 115.2 Female 77.7) percent. However, data from central jails in Maharashtra reports the capacity of Male inmates is 14,389 and the occupants are 14,841 and for Female inmates the capacity is 452inmatese whereas female occupants are 722.

Yerwada Central Jail is a noted high-security jail located in Pune, in Maharashtra. The Jail was built in 1871 by the British, Under British rule, the jail housed many freedom fighters, especially between 1930–42, including Mahatma Gandhi, Jawaharlal Nehru, Netaji Subhash Chandra Bose and Bal Gangadhar Tilak. During the Emergency era of 1976-77, many political opponents were detained in this jail as in several other jails all over India. This is the largest jail in the state of Maharashtra, and one of the largest prisons in South Asia, housing over 4,000 prisoners spread over various barracks and security zones, besides an open jail just outside its premises. An Integrated Counselling and Testing Centre (ICTC) related facility was started at the jail on October 2, 2008, by the Maharashtra State AIDS Control Society (MSACS), and within the following year 55 inmates including six women tested HIV positive.

Prisoner health is a neglected issue in public health and not much has been discussed or information available about it. As we are not aware of any study analyzing the prevalence of common chronic conditions, acute illness or of access to medical and psychiatric care among the prisoners of Yerwada. Therefore, we intend to study the prevalence of chronic and acute illness and access to health services, among the prisoners of Central jail Yerwada, Pune. This study tries to address and investigate the following research questions: Does, prisoners have a high morbidity rate at admission or in the initial years in prison, especially for chronic diseases, mental illnesses, and infectious diseases? What is the provision for prisoners who are already under one medication or suffering from life threatening diseases or terminal illness?? Whether prisoners are satisfied with the health care provision in prisons? Does prison have enough infrastructure for isolating the prisoners from the spread of communicable disease? What is the impact on differential in access to health services provided outside and inside the prison and? These are some of the research questions which we believe need to be addressed.

Hence, the aim of this study is not to restrict only to the collection of the facts, but also to understand the present policies and to present suggestions for the future. To contribute in the formulation and development of the policies directed at transforming and improving the status of women prisoners and their dependent children we put forth the following objectives:

1. To analyze the prevalence of chronic illness, acute illness, persons with disability and access to health care among prisoners of Yerwada prison.
2. To analyze the special medical needs related to female prisoners with reproductive health issues that need to be identified and appropriately addressed (e.g. Cervical and breast cancer screening, pregnancy, menopause).
3. To evaluate the health care of children living with their mothers in prison

Scope of the Study

Since similar research has not been conducted much in Maharashtra, India, this survey was carried out with the aims of assessing their self-rated health, and the utilization of prison health services in Yerwada Central Jail, Pune. Qualitative and quantitative data were collected for the health needs assessment in Yerwada Central prison to understand of how the prison environment influences the health of prisoners. The information was collected on socio-demographic characteristics of individuals, health status prior to entry into prison and current health status.

Field experiences and limitations

The study is an attempt to understand the health care needs and health provision of prisoners in Yerwada central jail in Pune, Maharashtra. This journey of data collection was a unique experience, challenging and a huge learning opportunity for us. Few of the experiences and limitations of field study are:

There are several potential limitations in this study. Foremost is the sample as the representation of female prisoners was approximately a quarter of the entire population of female prisoners, whereas the representation of male prisoners was less than one percent of the entire male prisoners.

Caution is required in making comparisons of perceived health status, mainly because items assessing self-reported health status and quality of life are very few. However, we believe that our results reflect the actual estimate of self-reported health. In fact, we overcame this disadvantage by posing many alternative questionnaires assessing prisoner's health and quality of life, each of them by using different wording and different set of responses but the answers to the various self-reported health items are highly correlated.

Initially the prisoners were hesitant in speaking, but because of the effort of research personnel they were made comfortable to speak about their life experiences and mainly on health care in prison. However, discussion with them revealed more than health care needs and provision they need legal

assistance. Overall the perception of most of the prisoners is “Do we deserve a much better health provision and quality of life”

The research team interviewed both undertrials and convicted who were arrested under different charges. However, due to constrain in the timings of the prison and the number and type of questions, we could only get little information regarding their socio-economic conditions, childhood experiences, and various insights into the various situations that occurred in their lives and how they coped with the same. Other factors leading to their arrest and situation after arrest, was not discussed as per instruction from supervisor. This we believe is a major limitation of this study.

This study is thus the first of its kind which we are aware with limited data from a Yerwada prison to investigate the prevalence and correlates of health issues among jail inmates.

Chapter 2

Methodology

Study Area

This study took place within a Yerwada Central prison in Pune. The prison is a central prison, with approximate 5000 prisoners. We gained permission to interview prisoners within the prison premises. A cross-sectional survey was conducted during 20-23 February 2018, by six investigators of the Population Research Centre (PRC) Pune through a self-administered questionnaire in a population of female and male prisoners.

A total of 172 prisoners were interviewed using a semi-structured questionnaire pertaining on demographic and detention characteristics, self-reported health status and quality of life, access to health services, lifestyles, and participation in cultural and meditation programs. Out of the two institutions located in the area that has custody of approximately 5,000 prisoners, including 272 female Inmates, of this 172 were randomly selected.

Participation in the survey was voluntary, and prisoner's answers were anonymous and confidential. A full explanation of the purpose and ground rules regarding confidentiality was given at the start of each semi-structured interview was conducted to collect information from convicted and undertrial prisoners.

Questionnaire Development

The questionnaire included an introduction aimed at detailing the objectives of the study and at guaranteeing anonymity and confidentiality of gathered data, and further sections pertaining demographic characteristics, self-reported health status and access to health services, lifestyles, and participation in cultural, and meditation programs.

The section on demographic characteristics focused on age, marital status, number of children, education attainment, employment status at prison entry, overall time spent in prison, and length of sentence. Self-reported health status and access to health care services were investigated and self-rated health and quality of life, change in self-reported health status following prison entry, frequency and reasons for accessing to health care services within the prison, self-reported health problems at prison entry, self-reported current health problems. Participation in cultural and meditation programs was investigated by asking prisoners, whether they had attended to such programs and were asked to deem usefulness of such training programs in facilitating their reintegration into work and social life and employment.

The schedules were developed with the questions were worded to make it easier for respondents give less personal details about themselves, and used straightforward language. The questionnaire was approved by the superintendent of police.

Sample Size Estimation

Proper sampling was not appropriate because of issues around consent within a prison setting.

However, in order to determine the required number of respondents for the study, the appropriate sample size for the study was determined by following the statistical formula:

$$n = \frac{\frac{Z^2 \times p \times q}{e^2}}{(1+\frac{Z^2 \times p \times q}{e^2 N})}$$

Where, n= estimated sample size
Z= Z value (1.96 for 95% Confidence level)
p= Probability of picking a choice
q=1-p
e = Margin of error (7.5% or 0.075)
N – Population Size
On the basis of given formula, the estimated sample size was calculated as 165 with 95% confidence level.

Data Collection

The field work was not only restricted to the collection of data, but also extends to understanding the present policies and to give suggestions for the improvement of the same. Primary data were collected during the period from 20th February 2018 to 23rd February 2018 using the structured interview schedule and different questionnaire was administered to both male and female prisoners. The data had been primarily collected from the both convicted and under trial prisoners in Yerwada central jail. Secondary sources also include a review of literature, review of books, newspaper reports, official reports and internet sources. For the study of the inmates in prison, detailed questionnaires, which permitted open responses, were prepared and a total of 172 prisoners were interviewed.

For the selection of the sample, prisoners present at the time of the study were collected inclusive of both convicted and under trials. Information was collected in semi structured questionnaire about the prisoners, women and women with their children and was processed for drawing out descriptive statistics and conclusions. The present report is mainly based on primary data and inference from the data. Overall, the present report is an outcome of an exploratory study which aims to

understand the provision of health care and health needs of the prisoners along with their dependent children and further provide the suggestion for the policy implications.

Data Entry and Data Analysis

Data entry has done using statistical software CSPro 7.0 while for the data analysis purpose we use the SPSS 20. Cross tabulation, percentage calculation, etc. has been done as per the objective of this study. For the Graphical representation we use Excel.

Chapter 3

Background characteristics and Health status of Prisoners

The provision of timely and effective health care to the prisoner is a major challenge as it is associated and influenced by the diverse socio-economic background of the prisoners. It is well-established that poor socio-economic background of an individual is associated with greater morbidity and mortality. It is highly likely such individuals have generally poor quality of healthy life as well as poor access to health services outside. Hence, the prison may represent an opportunity as well as a challenge to cater the health needs of the prisoner through prevention and treatment. The provision of specific interventions aimed at risk reduction while prisoners are in custody may prevent the high rate of morbidity. Although self-rated health is commonly reported as a subjective indicator, it is also a strong predictor of long-term morbidity. This chapter discusses and provides a descriptive statistics of the responses from prisoners. We collected data from the prisoners about their background, lifestyle, health status prior to entry into prison and their self-perceived health status. The result of our findings is as follows:

Demographic and lifestyle characteristics of respondent prisoners

Table 3.1: Demographic, Detention, and Lifestyle Characteristics of Respondent Prisoners

Demographic characteristic and lifestyle	No.	%
Age		
18-20	32	18.6
20-35	82	47.7
35-50	30	17.4
50 +	28	16.3
Place of stay		
Rural	58	33.7
Urban	84	48.8
Slum	10	5.8
Metropolitan city	20	11.6
Gender		
Male	106	61.6
Female	66	38.4
Marital status		
Single	75	43.6
Married	71	41.3
Widowed	22	12.8
Separated	2	1.2
Not specified	2	1.2
Educational attainment		
Illiterate	47	27.3
Primary (1-4)	19	11.0
Middle (5-7)	20	11.6

Secondary (8-10)	40	23.3
Higher secondary (11-12)	28	16.3
Graduate (13-15)	13	7.6
Post Graduate (16-17)+	5	2.9
Occupational status before entering prison		
Not working	16	9.3
Professional	3	1.7
Self Employed agriculture	12	7.0
Agricultural Labour	9	5.2
Service	9	5.2
Service Provider	24	14.0
Business (Large)	12	7.0
Supervisor	2	1.2
Business (Small)	17	9.9
Skilled Labour	8	4.7
Unskilled Labour	30	17.4
Student	6	3.5
Housewife	19	11.0
Other	5	2.9
Health habits		
Yes	91	52.9
No	81	47.1
Total	**172**	**100.0**
Chewing Tobacco	51	56.1
Chewing Tobacco & smoking	13	14.3
Chewing Tobacco, smoking & drinking	12	13.2
Chewing Tobacco & drinking	5	5.5
Chewing Tobacco, drinking & drugs	1	1.1
Smoking	6	6.6
Smoking & drinking	1	1.1
Smoking & drugs	1	1.1
All	1	1.1
Total	**91**	**100.0**
Time served in prison		
Less than 30 days	6	3.5
1 – 12 months	74	43.0
13 – 60 months	51	29.7
More than 60 months	41	23.8
Detention status		
Under Trial	77	44.8
Convicted	95	55.2
Total	**172**	**100.0**

Table 3.1 shows demographic, detection, and lifestyle characteristics of respondent prisoners. About 47 percent of the respondents are a young population in the age group 20-35 years of age and 48

percent of the population resides in urban areas. Among the interviewed respondent prisoners 60 percent of the respondents were male and 40 percent females, which contributes approximately 3 percent of the total male of approximately 4000 male respondent prisoners and 40 percent of female respondent prisoners of the total 270 female respondent prisoners.

Ethically, asking about marital status was challenging for us. As there were some respondent prisoners who were either arrested for the crime of killing their spouse or the cause for their arrest was due to their spouse. In such situation wherein respondent prisoners felt uncomfortable to such queries a further probing was not ideal as there were high chances of backing out of the interview. Hence, if the respondent was uncomfortable further probing was avoided. About 43 percent of the respondent prisoners were single and more or less the same percent (41 percent) of the respondent prisoners was married.

More than the quarter of the respondent prisoners interviewed were illiterates (27 percent) and those who were literates were with low levels of education of secondary education or lesser. Further, 16 percent of the respondent prisoners were with education level higher secondary and 7 percent and 2 percent of the respondent prisoners were with educational level graduate and post graduate respectively.

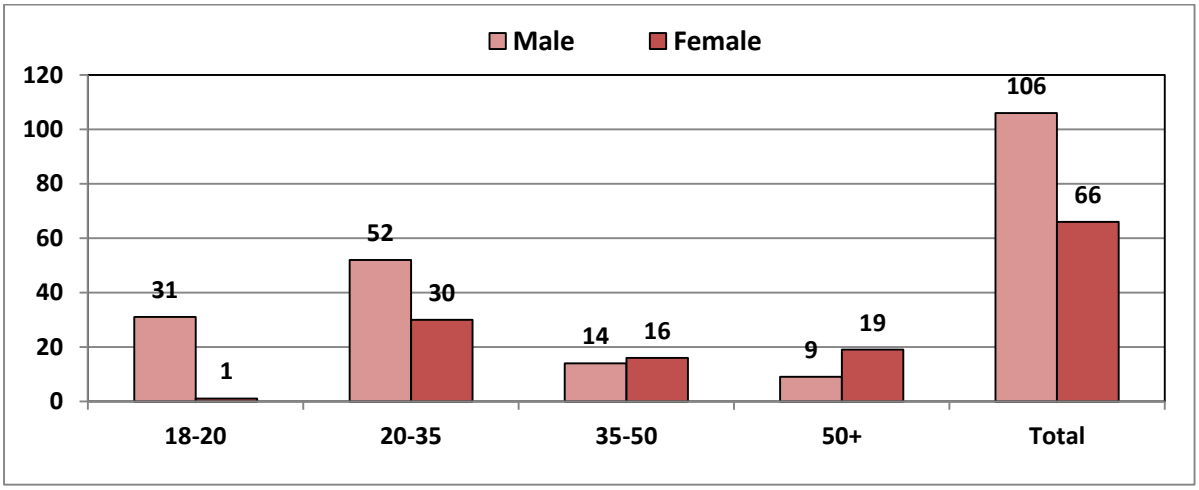
Respondent prisoners were asked about their occupational status prior to the entry into prison. Among the respondents, 17 percent responded as unskilled labourers, followed by 14 percent reported as service provider, 11 percent as housewife and 9 percent each of the respondent prisoners were not working and in small business respectively. Further, 7 percent each of the respondents were working as self-employed agriculture and have a large business.

Health status prior to entry into jails is very important to understand not only the health needs, but the overall assessment of health status of an inmate. Respondents were asked if they are used to any of the habits such as intake of alcohol regularly, smoking cigarettes, and chewing mishri, and tobacco etc., drugs. The number of respondents who replied to any of such habits was 91. Among those who responded in affirmation near about half of the respondents (56 percent) have the habit of chewing tobacco prior to the entry into prison. About 14 and 13 percent responded Chewing Tobacco & smoking and Chewing Tobacco, smoking & drinking respectively. Further, about 5 and 6 percent responded to Chewing Tobacco & drinking and Smoking respectively.

The time period served in the prion does have an impact on one's health. One view is that in the initial stage the inmate finds it difficult to adjust to the close environment and as the length of the stay increase the inmate get accustom to the prison environment. However, as the period of stay

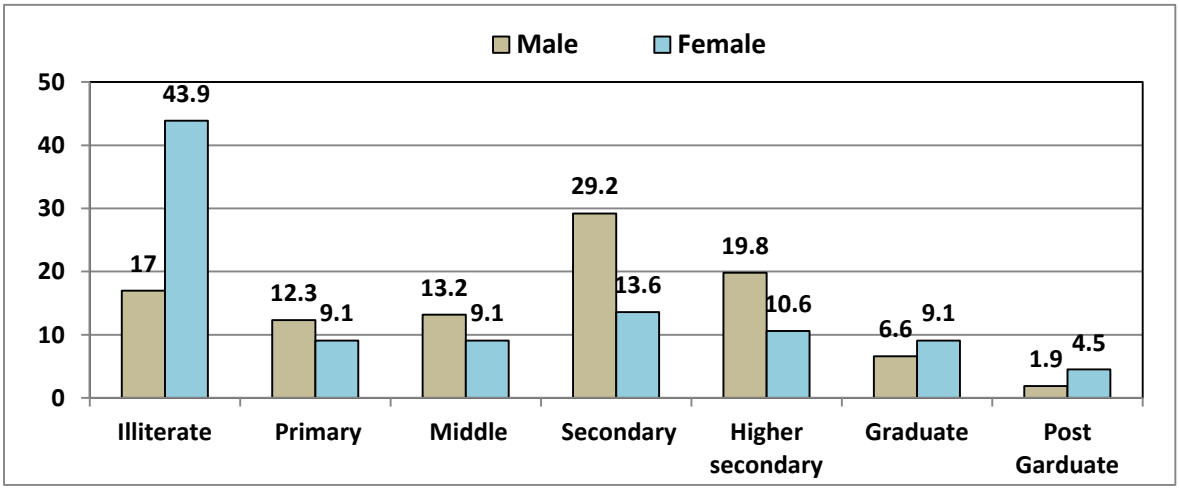
prolongs their might be a negative impact on mental health primarily due to close environment. Respondent prisoners were asked about their length of stay in prison primarily to understand if the length of stay had any effect on the current status of health. About 43 percent of the respondent prisoners were in prison for a shorter period of more than a month to less than one year. Simultaneously, 29 percent of the respondents stayed in prison for more than a year to less than five years and 23 percent of the respondents were staying for more than 5 years. Accordingly, 55 percent of the respondent prisoners were convicted and the rest were under trials.

Figure 3.1: Number of Respondent Prisoners by Age Group and Gender



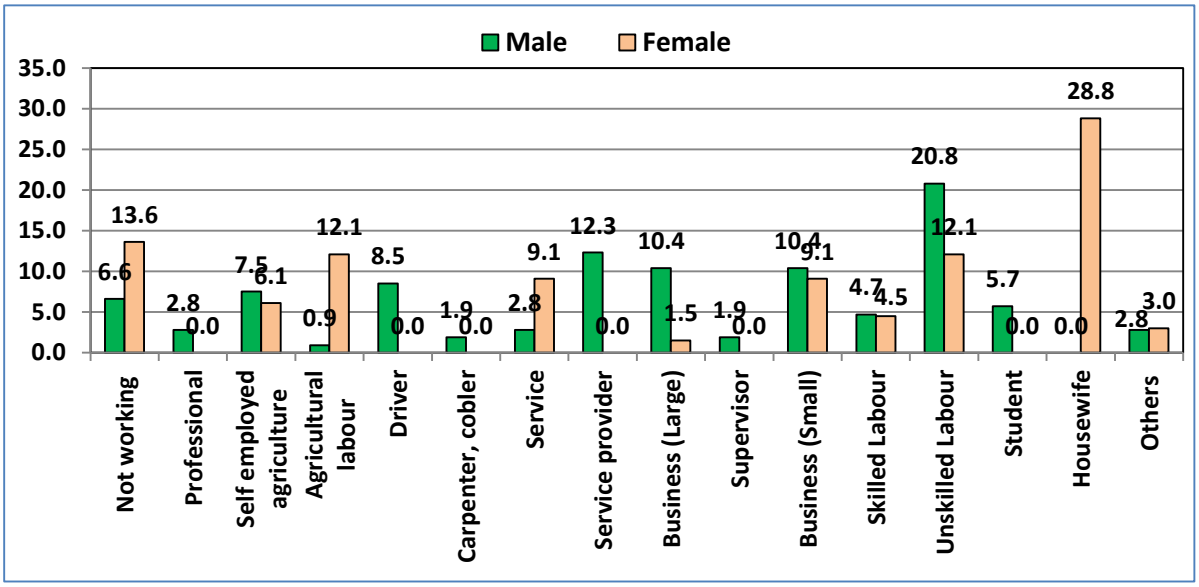
The number of male and female respondent prisoners interviewed for the purpose of our study was 106 and 66 respectively as depicted in figure 3.1. Among the respondents prisoners the number of male and female respondent prisoners in the group 20-35 years of age is 52 and 30 respectively. There are 31 male respondent prisoners in a very young age group of 18-20 years of age. Further, the number of female respondent prisoners in the older age groups 20-35 years of age and 50+ are 16 and 19 respectively.

Figure 3.2: Distribution of Respondent Prisoners in Percent by Educational Qualification



Other key components of the prisoners health is education. The education of respondents will help them to aware not only about their legal rights but also change their perception towards health awareness, self-conscious in maintaining hygiene and help them in better integration in the society. As the educational level increases, we expect the awareness level regarding health also increases. Figure 3.2 shows near about 43 percent, i.e. 29 of the female respondents were illiterate; followed by 9 respondent prisoners with educational level 8-10 years of education; 7 of the female respondent prisoners were with educational level 11-12 years; 6 each of the female respondent prisoners were with educational level primary and secondary and higher secondary and above. Only 3 female respondent prisoners were with educational level graduate and above. Among male respondent prisoners 29 percent were with educational level secondary and above; followed by secondary, but below higher secondary (17 percent); and near about 12 and 13 percent of the respondent prisoners with educational level primary and secondary. Only two respondents were with educational level graduate and above. Overall, the majority of the respondent prisoners interviewed were with a lower level of education.

Figure 3.3: Distribution of Respondent Prisoners in Percent by Gender and Employment Status Prior to Entry in Prison



Note: Service provider: - Catering, electric worker, electrician painter, tailor, salesman, mechanic, security guard, driver, carpenter, and cobbler. Others: - Prostitute, horse driver, animal husbandry, Pre-primary school, Begger
Professional:-Advocate, Manager, Singer

A major part of an individual time is spent on the occupation. The occupational health hazard is directly linked to the health especially chronic illness of an individual depends on the amount of time spent in the Occupation. Indirectly it also reflects his lifestyle, economic and social status in society. Hence, respondent prisoners were asked about the major type of employment before admission to jail. Figure 3.3 depicts among female respondent prisoners about 28 percent of them were

housewives; followed by 13 percent of female respondent prisoners who were not working prior to the entry into prison. Twelve percent each of the female respondent prisoners were engaged as an agricultural labourer and unskilled labourer respectively, with both combined will be in the category of the labourer. This reflects that majority of the female respondents are from poor households. The number of female respondent prisoners who were engaged in small business and self-employed agriculture is 6 in each of the categories of employment. Whereas, among male respondents, 20 percent of males were engaged as an unskilled labourer; followed by 12 percent of them engaged as a service provider. Eleven number of respondents were engaged in small and large business. Overall the employment status of both male and female respondents reflects the majority of them were either labourer or unskilled worker and in particular from a poor socio-economic background.

To further explore the socio-economic background of respondents we examine the type of employment the respondent prisoners were engaged by educational level. Irrespective of the educational level as depicted in figure 3.4 to 3.7 more or less the same number of respondent prisoners 10 and 11 respectively, were engaged as an unskilled labourer with educational level secondary and illiterate. Nineteen of the respondent prisoners are housewives and among them 5 respondent prisoners were with an educational level higher secondary followed by 3 respondent prisoners with an educational level middle. Seventeen of the respondents was engaged with small business and among them 7 were illiterates.

Figure 3.4: Number of Illiterate Respondent Prisoners by Employment Status Prior to Entry in Prison

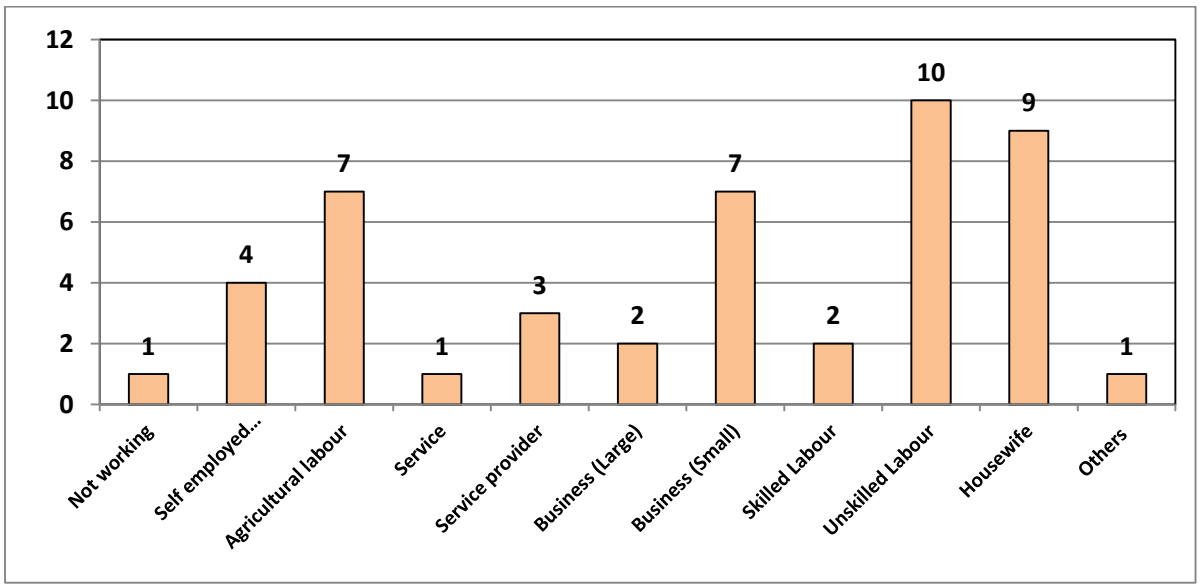


Figure 3.5: Number of Respondent Prisoners with Educational Status Primary and Employment Status Prior to Entry in Prison

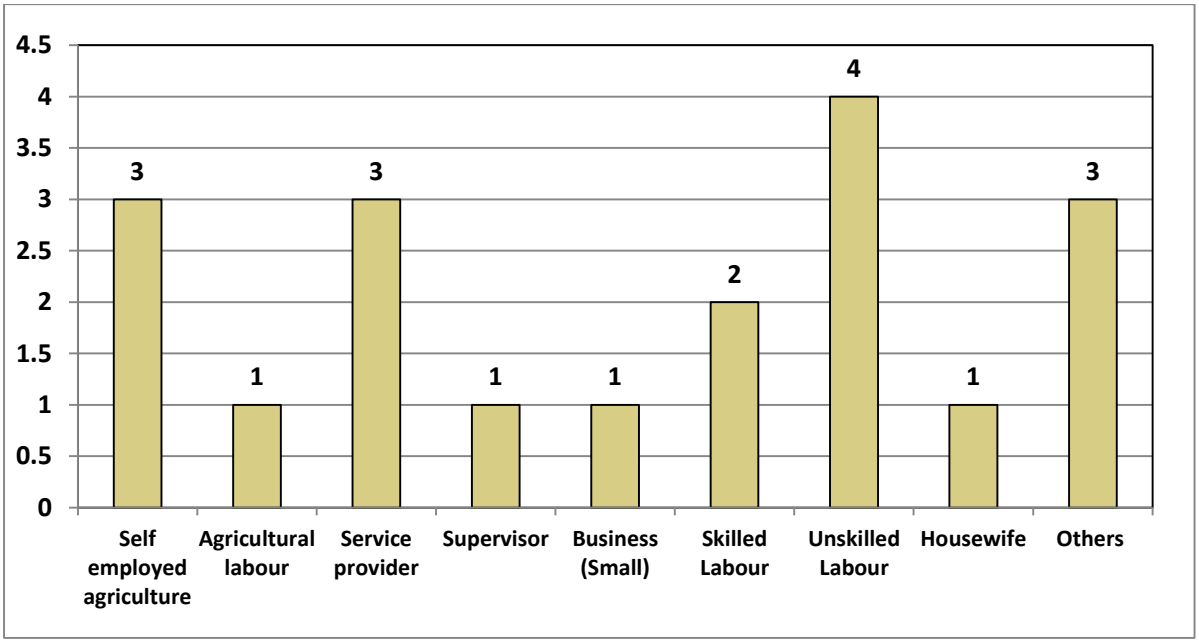


Figure 3.6: Number of Respondent Prisoners with Educational Status Middle and Employment Status Prior to Entry in Prison

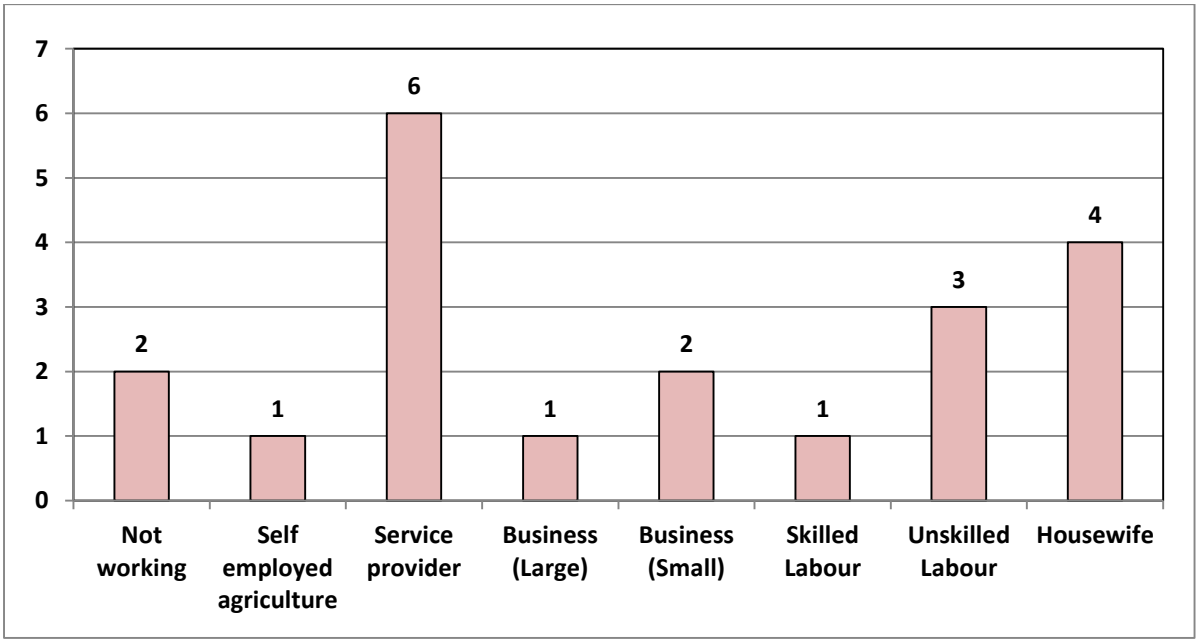


Figure 3.7: Number of Respondent Prisoners with Educational Status Secondary and Employment Status Prior to Entry in Prison

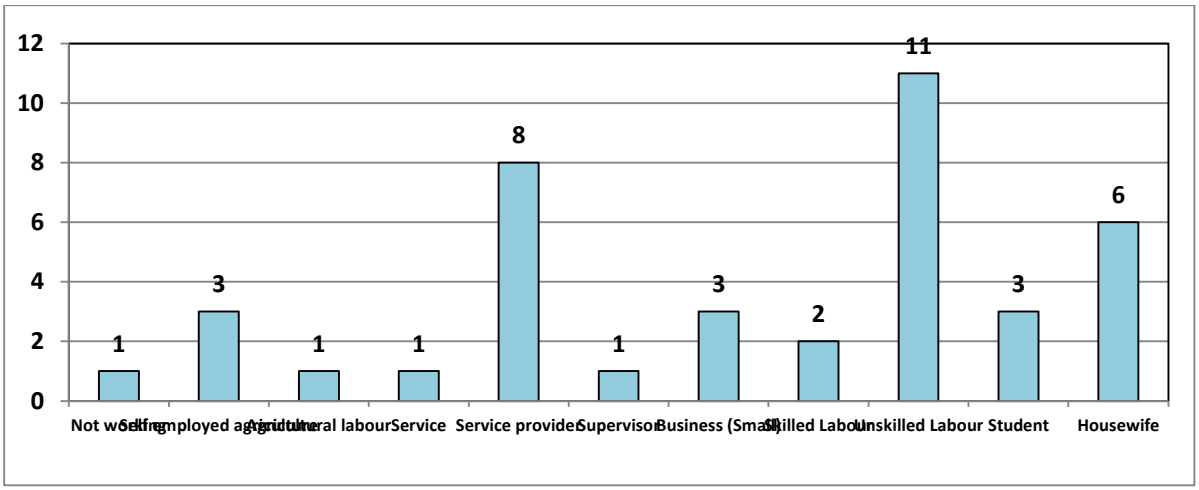


Figure 3.8: Number of Respondent Prisoners with Educational Status Higher Secondary and Employment Status Prior to Entry in Prison

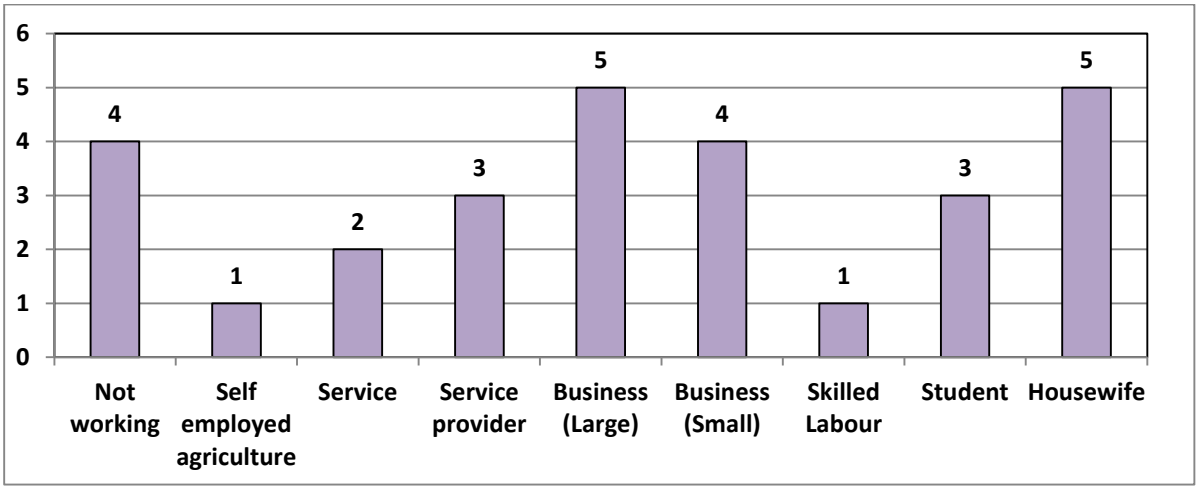
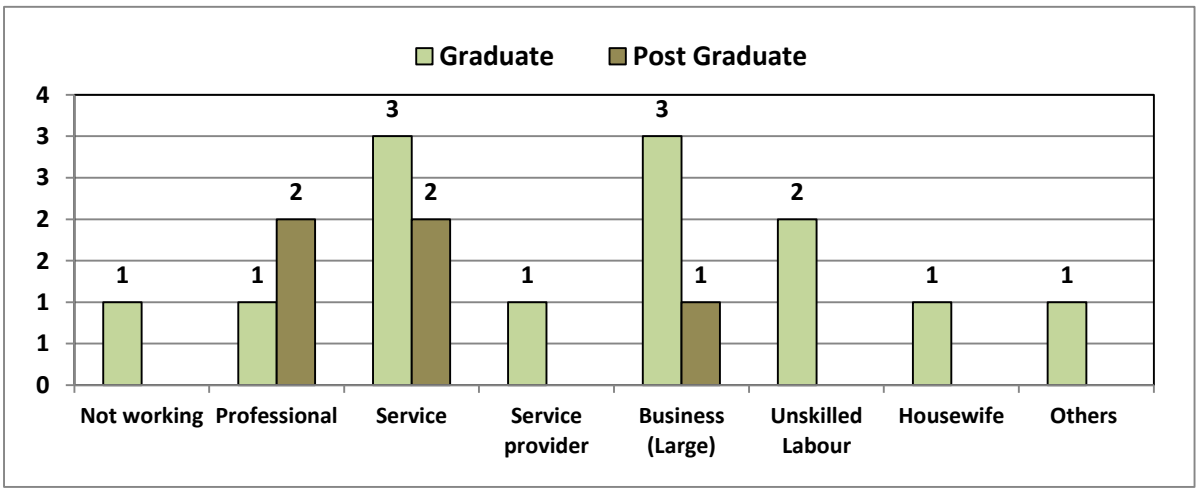


Figure 3.9: Number of Respondent Prisoners with Educational Status Graduate and post Graduate and Employment Status Prior to Entry in Prison



Family and Burden of Disease

Table 3.2: Distribution of Respondent Prisoners by Household size

Members in family	Number	Percentage
1 member	8	4.7
2 - 4 members	80	46.5
5 - 10 members	78	45.3
10+ members	6	3.5
Total	**172**	**100.0**

Family as an unit is a major source of support and strength to an individual. Irrespective of the economic status of the household a family can provide not only moral education, but impacts in the individual growth in terms of sharing and adjustment with others. Further, individuals coming from a broken family tend to impact the overall well-being of an individual and eventually affects his or health in the long run. In addition, the burden of disease of any of the family members may also adversely affect the individual. Hence, respondents were asked about their family background primarily to understand the number of dependents in the family, and social and economic support available from the household.

Table 3.2 shows near about 46 percent of the respondents belong to the household with 2-4 members and equivalently 45 percent of the respondent prisoners belong to a larger household size with 5-10 family members. Eight of the respondent prisoners come from a family of only one member of the household and 6 respondent prisoners come from a very large household with 10 and more members of the household. Overall equivalent number of respondents belong to a household with an average family size of 2 to 4 family members as well as a large family size of 5-10 family members

Respondents were asked whether any immediate family member suffered from any major illness that lead to financial or social distress in the family. This was asked primarily to know if any burden of disease in the family. This we thought will help in understanding whether the respondents were under any stress due to the burden of disease of family members and whether it affected the respondents overall wellbeing.

Respondent prisoners were asked about the main source of main income for the family and if any member in the family suffered from any major illness. This was asked mainly for two reasons, first to understand if any strain due to any illness in family secondly the background of the family.

Table 3.3: Number of Respondent Prisoners by Gender with an History of Burden of Disease by Major and Minor Illness

	Male	Female	Total
Major	8	10	18
Minor	7	5	12
Not specified	14	0	14
Total	**29**	**15**	**44**

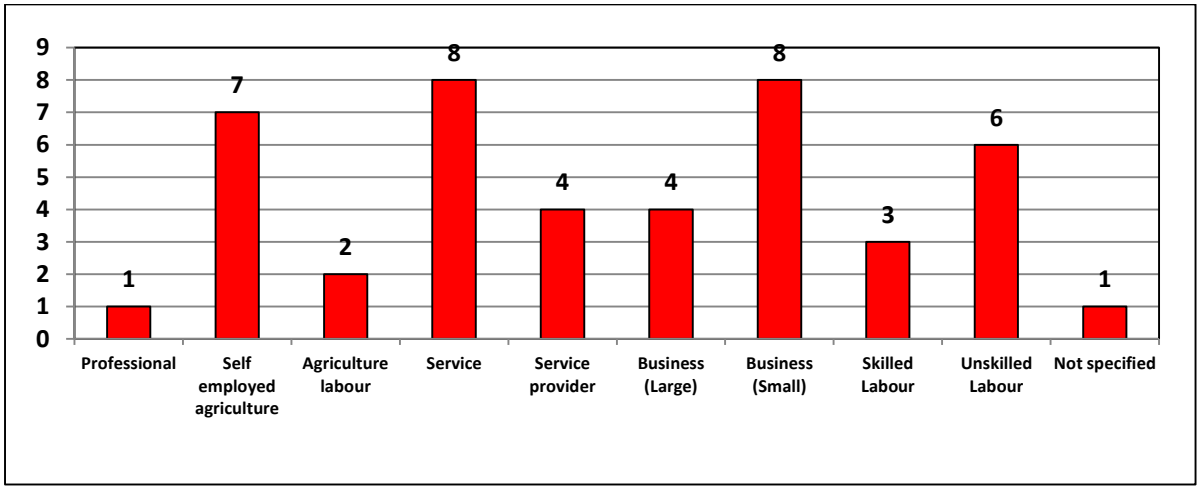
Table 3.3 shows only 44 respondent prisoners responded in affirmative that they have a family member with a history of illness which caused the burden of disease on the family. Out of the total responses, 29 were males and 15 female respondent prisoners. We further probed, based on the responses by type of illness, time spent on treatment and the financial constraint on the family. As the exact amount was difficult to get from the respondents due to recall lapse we generalized the question such as the impact of financial constrain lead to taking loans, cut down on other expenses such as food and clothing, etc. Based on the responses and mainly by the nature of the illness we divided the responses by type of illness into major and minor illness. Among the responses 18 and 14 of the responses from respondent prisoners were major and minor illness respectively. In addition, 14 respondent prisoners could not specify whether the illness was major or minor

Table 3.4: Number of Respondent Prisoners by Gender with a History of Burden of Disease and by Types of Disease

Male		Female	
Type of disease	**No.**	**Type of disease**	**No.**
Asthma – Father/Grandmother	2	Blood transfusion of child	1
Back pain to father	1	Accident (Husband, Daughter)	2
Disability /Fracture (father)	4	Arthritis	3
Mental Problem (father)	1	Asthma	1
BP (Mother/ Wife)	3	Paralysis (daughter/father)	2
Previously suffered from TB	1	Diabetes (self or mother in law)	2
Arthritis (wife)	1	HIV +ve treatment	1
Diabetic father	2	Kidney failure of mother	1
Not specified	14	Mother in law frequently ill	1
		Swelling of the brain	1
		Mental problem (mother)	1
Total	**29**	**Total**	**16**

Table 3.4 shows the type of illness by gender as reported by respondent prisoners. Among males 14 of them could not specify the type of illness; Disability of father (4); Blood transfusion of child (1); Swelling of the brain; and Paralysis of family members were some of the illness which caused burden of disease in family as reflected from the responses of prisoners.

Figure 3.10: Number of Respondent Prisoners with an History of Burden of Disease and Main Source of Family Income



We further examined the burden of disease by main source of family and is presented in figure 3.10. Eight each of the respondents who reported burden of disease belong to a household with major source of family income from large business and services; followed by 7 respondents from self-employed, agriculture household; and 6 respondent prisoners reported unskilled labour as major source of family income.

Lifestyle of Respondent Prisoners

Table 3.5: Distribution of Respondent Prisoners by Health Habit Prior to Entry in Prison

Habits	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
All	1	1.4	0	0.0	1	1.1
Chewing Tobacco (or mishri)	30	42.9	21	100.0	51	56.0
Chewing Tobacco & drinking	5	7.1	0	0.0	5	5.5
Chewing Tobacco & smoking	13	18.6	0	0.0	13	14.3
Chewing Tobacco, smoking & drinking	12	17.1	0	0.0	12	13.2
Chewing Tobacco, drinking & drugs	1	1.4	0	0.0	1	1.1
Smoking	6	8.6	0	0.0	6	6.6
Smoking & drinking	1	1.4	0	0.0	1	1.1
Smoking & drugs	1	1.4	0	0.0	1	1.1
Total	**70**	**100.0**	**21**	**100.0**	**91**	**100.0**

Chronic illness is highly correlated with habits such as smoking, drinking, chewing tobacco etc. Although there are many causal factors associated for chronic illness among which habits such as drinking, smoking etc. can aggravate the severity of chronic illness such as respiratory, kidney etc and in adverse situation can lead to complication in already prevailing chronic illness such as diabetes, hypertension etc. Respondent prisoners were asked if they had any of the habits such as drinking, smoking, chewing tobacco etc. prior to the entry into prison. Table 3.5 shows more than half the number of respondent prisoners (91) admitted to having any of these habits and majority of them (70) were male respondent prisoners. Among those who admitted of having any of these habits 56 percent (51 respondent prisoners) have the habit of chewing tobacco; followed by 14 and 13 percent of the respondent prisoners with habit of chewing tobacco and smoking and chewing tobacco, smoking and consumption of alcohol regularly. All the female respondents have the habit of chewing tobacco whereas the same was 43 percent among males. Overall majority of the respondent prisoners have one or the habits which may lead to chronic illness.

Summary

Background characteristics of respondent prisoners reveals low level of education and the predominance of unskilled labourer, housewife and service provider.

Lifestyle prior to entry into jails is very important to assess the chronic illness and overall well-being of the respondents. The Majority of the respondents have at least the habit of chewing tobacco.

The time period served in the prion does have an impact on one's health. About 43 percent of the respondent prisoners were in prison for a shorter period of more than a month to less than one year.

The majority of the respondents belong to the household with an average family size of 4-5 family members. Burden of disease of any of the family members may also adversely affect the individual. There were 44 respondent prisoners having a family member with a history of illness and lead to a burden of disease on the family. Disability of father, blood transfusion of child, swelling of the brain, and paralysis of family members were some of the illness which caused burden of disease in family as reflected from the responses of prisoners.

Overall the background and lifestyle of respondent prisoners, although are not clearly at risk for health problems, they are susceptible cases of future risk of health problems. Our preliminary findings suggest for the provision of programs aimed at correcting risk behaviour and preventing the long-term effects of prisoners' health.

Chapter 4

Health Issues Prior to Entry into Prison

Prisoners tend to have high rates of chronic medical conditions, especially viral infections. We sought to seek the information on the prevalence of select chronic diseases, access to health services, and treatment among the inmate population of the Yerwada Central Prison.

Inmates were asked questions about medical diagnoses and treatment received prior to entry into prison, including diabetes, hypertension, HIV/AIDS, paralysis, etc. Respondents were also asked if they were suffering from any persistent problems with kidneys, asthma, hepatitis, arthritis, etc. However, we did not use health records to confirm the illness. We assessed self-reported illnesses, including any prior diagnosis, place of treatment and outcome of the treatment. For inmates reporting any prior illness, we determined the proportion ever receiving a medication for that condition. Next, we determined the proportion of this population taking medication at the time of arrest and since stay in prison. In addition, information was also sought, whether they have any disability, ever underwent any surgery etc.

Table 4.1: Distribution of Respondent Prisoners by Major Health Issue Prior to Entry in Prison

Responses	Number	Percentage
Yes	52	30.2
No	126	69.8
Total	**172**	**100.0**

No. of Respondent Prisoners by Type of Health Issue Prior to Entry in

1 – 2 cases	3 – 4 cases	5 – 11 cases
Back pain	Piles	Injuries
Diabetes		BP

As per prison guideline, an inmate has to fill the health proforma prior to entry into jail. This not only helps in the assessment of overall health status of the prisoners, but also helps in providing the healthcare and medication required mainly for chronic illness. Respondent prisoners were asked whether they faced any major health issues prior to entry into jails. As reflected in table 4.1 a total of 52 respondent prisoners responded in affirmative. Eleven of the respondent prisoners reported injuries as major health issues prior to entry into jail. Five of the respondent prisoners responded to

having BP and 4 respondent prisoners to be suffering from piles. One each of the inmates reported having a history of heart attack and convulsions prior to entry into jail. Two each of the respondent prisoners is suffering from a communicable disease such as Tuberculosis and HIV infection. Two each of the respondent prisoners is suffering from kidney stone and anaemia which requires special care and adequate nutritious food and water. One of them reported urine problem which requires proper hygiene care. One each of the respondent prisoners reported mental illness and Parkinson which requires medical as well as personal care supervision.

Table 4.2: No. of Respondent Prisoners by Type of Health Institute and Outcome of the Treatment Prior to Entry in Prison

Type of Health Institute	Outcome of the treatment				Total
	Not cured	Partially cured	Fully cured	Under treatment	
Public	7	3	9	3	22
Private	2	5	4	7	18
Trust	0	0	1	0	1
Traditional	0	0	2	0	2
Both public and private	1	1	1	0	3
Not specified	2	0	0	0	2
Total no. of cases	**12**	**9**	**17**	**10**	**48**

Table 4.2A: No. of Respondent Prisoners by Type of Illness and Health Outcome Prior to Entry in Prison

Type of Illness	Outcome of the treatment				Total
	Not cured	Partially cured	Fully cured	Under treatment	
Anaemia	0	1	1	0	2
Arthritis	0	1	0	0	1
Asthma	0	1	0	0	1
Back pain	1	1	0	0	2
Blood transfusion	0	0	1	0	1
BP	0	0	0	4	4
Convulsions	1	0	0	0	1
Diabetes	0	0	1	1	2
Heart attack	0	0	0	1	1
Hernia	2	0	1	0	3
HIV +ve	0	0	1	1	2
Hysterectomy	0	0	1	0	1
Injuries	3	2	5	1	11
Irregular period	1	0	0	0	1
Kidney stone	0	1	1	0	2

Leg pain	0	0	1	0	1
Mental illness	0	0	0	1	1
Piles	1	1	1	1	4
Surgery	1	0	1	0	2
TB	0	0	2	0	2
Thyroid	0	0	0	2	2
Ulcer	1	1	0	0	2
Urine problem	1	0	0	0	1
Total no. of cases	**12**	**9**	**17**	**12**	**50**

Among those who reported major illness prior to entry into prison were also asked about the usual place of treatment and the current status of the major illness. Table 4.2 shows the self-reported responses from prisoners who had major illness prior to entry into prison. Among those who reported major illness majority of them sought treatment in public health institution; followed by private health institution.

A small percent of the population took treatment in both public and private institutions, in trust hospitals, etc. Regarding the current health status, although 17 respondent prisoners reported being fully cured as their current status of health, however, there were 12 and 10 responses each reported to be either not cured or under treatment respectively and 9 respondent prisoners reported as partially cured. Overall, there are 30 respondent prisoners who were having some major illness prior to entry into prison and still either undergoing treatment or partially cured or not cured.

As reflected in table 4.2A majority of the respondent prisoners seek treatment for illness (11); followed by 4 each of them with illness related to BP and Piles; Hernia (3); etc. Among the respondent prisoners who are not cured three of them are suffering from injuries; followed by two cases of Hernia and one case each of back pain, convulsion, irregular period, piles, surgery, ulcer, and urine problem. Nine respondents reported they are partially cured and 12 respondents who reported they are under treatment for their illness. Among the respondents who are under treatment the illness type is mainly chronic in nature with four cases of BP, two cases of thyroid and one each of the case of Diabetes, Heart attack, HIV +ve, Piles and surgery which requires timely access to health care, diagnosis and medication.

Table 4.3 No. of Respondent Prisoners with Self-Reported Long-Term Illness by Gender

Illness	No. of Male	No. of Female	Total
Asthma during winter season	0	1	1
Body pain	2	0	2
Epilepsy and stomach ulcers	1	0	1
Headache	0	1	1
Headache due to menopause	0	1	1
Headache due to tension	0	1	1
Kidney stone	1	0	1
Malaria, Dengue, Body pain	0	1	1
Migraine (One case is HIV +ve)	6	3	9
On & off head and leg pain	0	1	1
Stomach leg pain during periods	0	1	1
Stomach pain	2	0	2
Stomach pain and migraine	1	0	1
Stomach ulcers, migraine	1	0	1
Swelling in legs	0	1	1
Weakness and headache	1	0	1
Total	**15**	**11**	**26**

Respondent prisoners were also asked if they were suffering from any long-term illness and is presented in table 4.3. Only 15 percent of males and 17 percent of females from the respondent prisoners reported being suffering from any long-term illness. Among both male and female respondent prisoners who responded in affirmative to long term illness reported migraine and body pain which are chronic in nature. Among women who reported migraine and pain in the stomach are mainly related to gynecological issues such as PMS during periods, and pain during menopause.

Figure 4.1 No. of Male Respondent Prisoners by Self-Reported Surgery

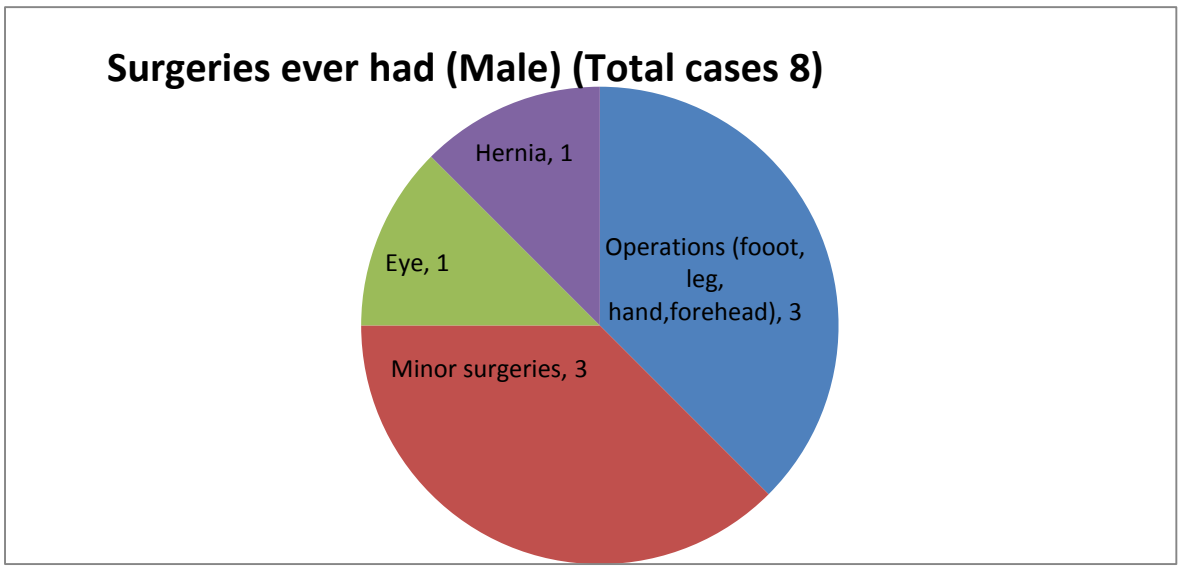
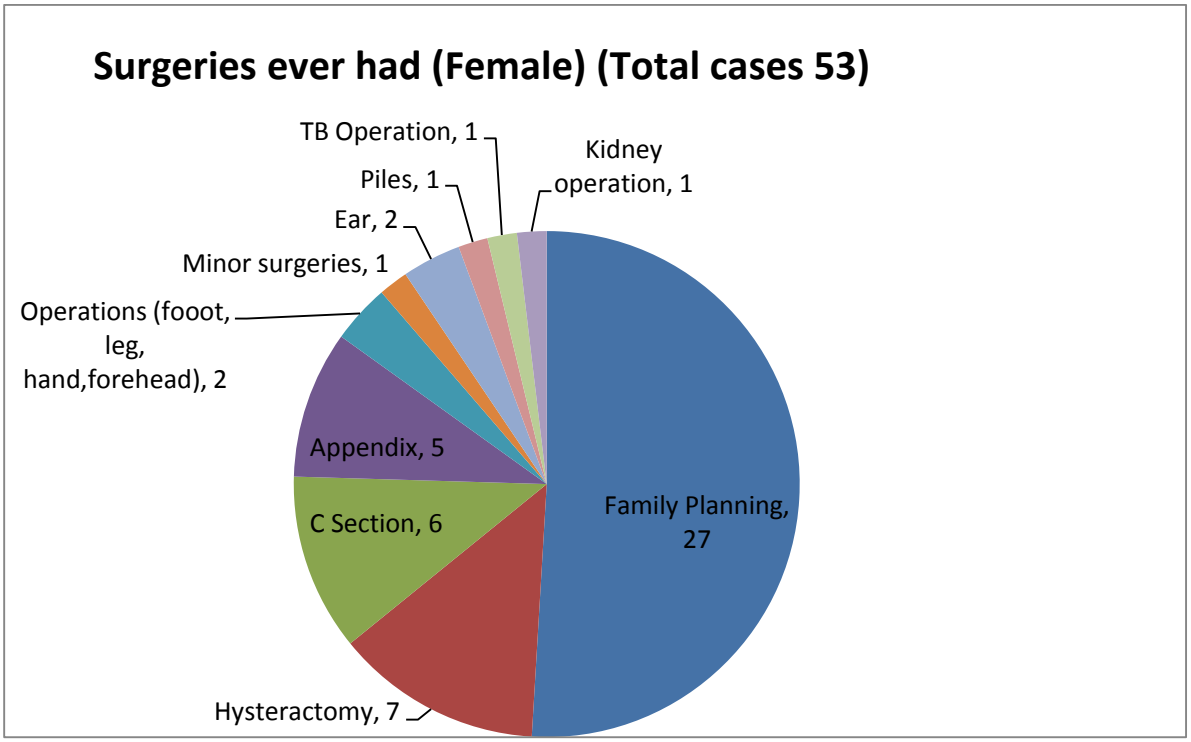


Figure 4.2 No. of Female Respondent Prisoners by Self-Reported Surgery



Respondent prisoners were also asked if they had ever undergone any surgery prior to entry into jail and the responses by gender is presented separately in figure 4.1 and 4.2 . This we thought will help us know better the health and specifically the chronic health status of the respondent prisoners.

Sixty-one percent of the respondent prisoners reported in affirmative to have undergone surgery prior to entry into jail and among them 53 were female respondent prisoners. The concentration of females who underwent surgery was primarily due to the family planning and caesarean section during childbirth. This is reflected in the number of cases as 27 respondent prisoners reported they underwent family planning and six respondent prisoners reported they underwent caesarean section; followed by 5 female respondent prisoners who reported appendices. In addition, two respondent prisoners reported to have undergone surgery of hands and legs, and ear and one each of the respondent prisoners reported surgery for piles, TB and kidney.

Only 8 male respondent prisoners reported having undergone surgery among them 3 each of the respondent prisoners had surgery for hands and legs and minor surgeries respectively. One each of the inmates underwent surgery of eye and hernia.

Summary

Among respondent prisoners, a total number of 52 prisoners reported of suffering from major health issues prior to entry into jails.

The majority of them sought treatment in public health institution; followed by private health institution. Regarding the current health status, although 17 respondent prisoners reported fully cured, there are 30 respondent prisoners who are either still undergoing treatment or partially cured or not cured. Fifteen percent of males and 17 percent of females from the respondent prisoners reported being suffering from any long-term illness and reported illness which is chronic in nature. Among women who reported migraine and pain in the stomach are mainly related to gynaecological issues such as PMS during periods, and pain during menopause.

Although Sixty-one percent of the respondent prisoners reported in affirmative to have undergone surgery, it is concentrated among females who underwent surgery due to the family planning and caesarean section during childbirth.

Chapter 5

Health Issues and Access to Health Care in Prison

Social and environmental factors are known to affect health, however, little is known about the impact of the prison environment. Longer periods of isolation with little mental stimulus may contribute not only to poor mental health but also physical health. The World Health Organization's "Health in Prisons Project" recommends the use of a "settings approach" to assess the health impact of the prison environment to promote health among prisoners.

Thus, we collected qualitative data for the health needs assessment in Yerwada prison to not only understand the provision of health care in the prison setting, but also to understand the impact of the prison environment on the overall well-being of prisoners. This we thought will help the various stakeholders; the policy makers in bringing reforms, especially with health care issues in prison.

Self-rated health is commonly reported as a subjective indicator, as a strong predictor of long-term morbidity to identify high-risk groups with health needs. We determined the self-stated prevalence of common chronic conditions that routinely require medical treatment, including diabetes, hypertension, kidney problems, asthma, etc. In addition, we queried respondent prisoners of any chronic condition that requires follow-up medical attention, even if not identified as causing a persistent problem by the respondents. Respondents were also queried about their health care since admission to prison. Such care included diagnosis, availability of drugs, admission to hospital, visits of specialist for a persistent health problem. The results of our findings are as follows:

Table 5.1: Background Characteristics of Respondent Prisoners and Period of Imprisonment

Variables	Period of Imprisonment				Total
	<1 Months	1-12 Months	13-60 Months	>60 Months	
Convicted or UT					
Convicted	0	10	26	41	77
Under Trail	6	64	25	0	95
Sex					
Male	6	53	27	20	106
Female	0	21	24	21	66
Age Group					
18 - 20	5	20	7	0	32
20 -35	1	40	25	16	82
36 - 50	0	9	10	11	30

50 +	0	5	9	14	28
Education					
Illiterate	0	18	18	11	47
Primary	0	6	4	9	19
Middle	0	8	6	6	20
Secondary	4	19	10	7	40
Higher Secondary	2	16	6	4	28
Graduation	0	5	5	3	13
Post-Graduation	0	2	2	1	5
Occupation					
Not working	0	4	2	4	10
Professional	0	1	1	1	3
Self agrl. employed	0	3	5	4	12
Agri. labour	0	2	3	4	9
Service	0	2	6	1	9
Service provider	1	13	7	3	24
Business (Large)	0	6	4	2	12
Supervisor	0	1	0	1	2
Business (Small)	0	8	7	2	17
Skilled Labour	0	3	1	4	8
Unskilled Labour	2	15	8	5	30
Student	3	3	0	0	6
Housewife	0	9	7	10	26
Others	0	4	0	1	5
Total	**6**	**74**	**51**	**41**	**172**

The period of imprisonment and background statistics was examined. Among the respondent prisoners, the number of under trial prisoners is 95 and is slightly more than the number of convicted prisoners which is 77. Subsequently, the majority of convicted prisoners (41) have stayed in prison for more than 5 years. Whereas, among the under trial prisoners, the majority of respondent prisoners (64) have stayed for a period of 1-12 months. The number of female and male respondent prisoners with a period of imprisonment more than 5 years are more or less equal in number with 20 and 21 respectively. The majority of the respondent prisoners whose period of imprisonment is 1-12 months are male (53).

Figure 5.1: Respondent Prisoners by Period of Imprisonment

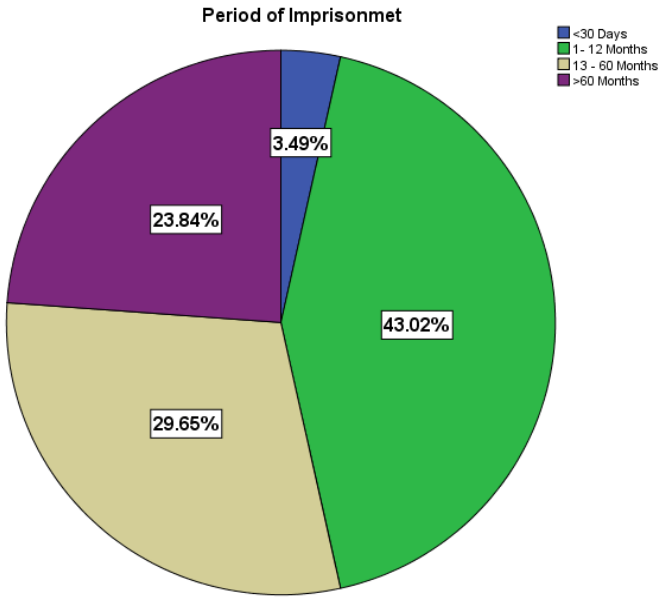


Table 5.2: No. of Respondent Prisoners by Educational level and by Period and Status of Imprisonment

Education	Convicted					Under trial				
	<1 Months	1- 12 Months	13 - 60 Months	>60 Months	Total	<1 Months	1- 12 Months	13 - 60 Months	>60 Months	Total
Illiterate	0	3	9	11	**23**	0	15	9	0	**24**
Primary	0	0	3	9	**12**	0	6	1	0	**7**
Middle	0	2	2	6	**10**	0	6	4	0	**10**
Secondary	0	4	6	7	**17**	4	15	4	0	**23**
Higher Secondary	0	0	3	4	**7**	2	16	3	0	**21**
Graduation	0	1	3	3	**7**	0	4	2	0	**6**
Post-Graduation	0	0	0	1	**1**	0	2	2	0	**4**
Total	**0**	**10**	**26**	**41**	**77**	**6**	**64**	**25**	**0**	**95**

This investigation also explores the relationship between the level of education and health issues of respondents. This was primarily carried out, first to understand the level of awareness as well as its impact on overall wellbeing conditional to the time period spent in prison.

Table 5.2 depicts near about quarter the number of the respondent prisoners are illiterates; followed by secondary (40) and higher secondary (28). In general, the educational level is skewed towards the lower level of education. The maximum number of convicted victims staying for more

than 5 years are illiterates (11); followed by respondents with primary education, 7 each of the respondents is with secondary and graduate level of education. Among the convicted respondent prisoners the maximum number of prisoners is skewed towards illiterate or towards the secondary level of education.

Among the under trials, the maximum number of respondent prisoners are with the educational level higher secondary; followed by 15 each of the respondents who are illiterates and with secondary level of education. Nevertheless, even among the under trial respondent prisoners, the maximum number of prisoners is illiterate; followed by secondary and higher secondary level of education.

The result suggests that there is ample of opportunity and scope for an at least basic level of education which at present low for most of the respondent prisoners. Further, among the respondent prisoners very few are with the high level of education. Hence, there is ample of opportunity in the form of availability of the human resource that can be utilized for providing education, health care education especially in the form of awareness. This we believe in positive outcomes and skill development of prisoners, and then ultimately in long-term prevents the continuation of an already existing criminal case.

Table 5.3: No. of Respondent Prisoners by History of Illness and by Period of Imprisonment

Types of illness	Period of Imprisonment				Total
	<1 Months	1- 12 Months	13 - 60 Months	>60 Months	
Fever (Minor)	0	17	9	12	38
Fever (Major)	0	0	3	1	4
Diarrhoea	0	0	2	1	3
Respiratory Problem	0	1	1	2	4
Jaundice	0	1	2	0	3
Malaria	0	0	1	3	4
Typhoid	0	1	1	2	4
Injuries	0	1	2	1	4
Gynecological	0	0	1	1	2
Diabetes	0	2	0	4	6
Hypertension	0	2	3	3	8
Skin Problem	0	22	11	2	35
Eye Problem	0	2	5	6	13
Ear Problem	0	0	0	2	2
Dental Problem	0	0	0	2	2
Others	0	22	13	10	45

Note: Only Yes cases are shown in the table for the health issue with period of imprisonment.

Generally, it is believed that as the period of stay increases the respondent prisoners get accustomed to the available infrastructure and living condition. Hence, a cross analysis of the period of stay and history of illness was done. Further, among those who responded to any illness during their stay in prison was queried about the mode and the outcome of the treatment. Here one needs to understand that as the period of stay increases, it is unlikely that prisoners can remember or recall each and every visit to the dispensary and minor illness and treatment undertaken. In contrast, the prisoners who have been staying for less than a year and might or might not visit the dispensary at all. In view of the likelihood of such contrast situation we thought restricting or strict reference to any reference period was illogical. We entirely relied on their responses without binding to any reference period but the priority was on the ability to recall and give proper responses regarding health issues and access to health care.

From the responses as depicted in table 5.3, it was quite evident that no matter how short or long is the stay in prison one is fully able to respond aptly and can recall to their medical condition of major illness such as cancer, HIV, etc. Further, we observed, there is a tendency among the newly admitted prisoners to report chronic illness such as body pain, fever, skin itching etc. This may also due to the fact of initial adjustment to the prison set up. On the other hand, the responses from respondent prisoners who are in prison for a longer period reflects either good health or with the perception or questioning us “worst one can expect while serving in prison”. Overall our focus was to understand the provision of health care and health needs of the prison respondent prisoners. In general, we tried to understand the current level of health services available in the prison set up and to explore if any constrain in the provision of health care.

Forty-five respondent prisoners stated other illness after admission in prison, followed by minor fever (38), and skin diseases (35). A substantial number of the respondent prisoners (13) stated eye problem. The number of prisoners who stated chronic illness such as hypertension and diabetes were 8 and 6 respectively. Four each of the respondent prisoners stated injuries, respiratory problems, malaria, typhoid and major fever after admission into prison. Three each of the respondent prisoners stated diarrhoea and jaundice as illness after admission into prison. Two each stated, gynecological, ear, and the dental problem. Among the respondent prisoners who stated skin problems, a majority (22) of them stayed for a period of 1-12 months and 13-60 months respectively (11). Whereas, among the respondent prisoners who stated minor fever the majority of them (17) stayed for a period 1-12 months and 12 respondent prisoners stayed for more than 60 months respectively.

Discussion with respondent prisoners revealed that among the convicted or those staying for a longer period maintain a general hygiene level and keep the cell clean. Whereas among the under trials and newly admitted who is staying for a shorter period the hygiene level is not good. As the cell is overcrowded even if one maintains general hygiene chances of contact are high from the fellow prisoners with a low level of hygiene. This is basically true more or less for any institutional facilities wherein the maintenance of overall hygiene not only depends upon individual personal hygiene, but also the hygiene level of fellow mates with whom they are sharing their space. Hence, in particular if the institution is overcrowded the number of cells needs to be increased as well as there should be a mean to provide education on basic hygiene and cleanliness and its impact on overall health and well-being.

Table 5.4: No. of Respondent Prisoners by Gender and by History of Illness and Period of Imprisonment

Types of illness	Gender		Total
	Male	Female	
Fever (Minor)	18	20	38
Fever (Major)	2	2	4
Diarrhoea	0	3	3
Respiratory Problem	0	4	4
Jaundice	2	1	3
Malaria	4	0	4
Typhoid	0	4	4
Injuries	1	3	4
Gynecological	0	2	2
Diabetes	1	5	6
Hypertension	0	8	8
Skin Problem	25	10	35
Eye Problem	2	11	13
Ear Problem	2	0	2
Dental Problem	1	1	2
Others	25	20	45

Note: Other illness – Acidity, Body pain, Arthritis & Spondilosis, Cancer, Cold & Cough, Faint, Heart disease, Hernia, HIV +ve, Knee ache, Neck pain etc

Both men and women have different physical, psychological, dietary, social, and health needs and they should be managed accordingly.

The differential in illness by gender was also analyzed to examine if any illness, persistent and specific to gender and their needs and s presented in Table 5.4. Among males each of the 25 respondent prisoners stated illness of type others which are mainly chronic in nature, such as

Acidity, Body pain, Arthritis & Spondilosis, Cold & Cough, Faint, Heart disease, Hernia, and skin diseases; followed by 18 respondent prisoners stated minor fever as illness.

In females also each of the 20 respondent prisoners stated minor fever and other types of illness; followed by 11 respondent prisoners stated eye problem, 10 respondent prisoners stated skin problems and 8 respondent prisoners stated hypertension. Only female respondent prisoners stated gynecological problem. Diabetes was stated by 5 female prisoners and 4 each of the female prisoners stated typhoid and respiratory problems.

Table 5.5: No. of Respondent Prisoners by History of Illness and by Status of Imprisonment

Types of illness	Type of Imprisonment		Total
	Convicted	Under Trial	
Fever (Minor)	20	18	38
Fever (Major)	3	1	4
Diarrhoea	2	1	3
Respiratory Problem	3	1	4
Jaundice	1	2	3
Malaria	3	1	4
Typhoid	3	1	4
Injuries	3	1	4
Gynaecological	1	1	2
Diabetes	4	2	6
Hypertension	5	3	8
Skin Problem	11	24	35
Eye Problem	12	1	13
Ear Problem	2	0	2
Dental Problem	2	0	2
Others	21	24	45

The study also explores to find if any differential in the type of illness by convicted and under trial respondent prisoners and is presented in table 5.5. This was examined in view of the amount of time spent in prison, which we assume is much greater time for convicted as compared to under trials as well as due to the differential set up of living arrangement.

The number of illness stated by respondent prisoners who are serving as under trials is slightly more than the convicted respondent prisoners. All the cases of under trial respondent prisoners stated skin problem; followed by 18 respondent prisoners stating minor illness. Except for one convicted respondent prisoners all of them stated minor illness; followed by 12 respondent prisoners with an eye problem and 11 respondent prisoners with the skin problem.

Health Care Infrastructure in Prison

Yerwada Central Prison as a well-established dispensary and separately established in male and female premises. The timing of the dispensary is from 9:30am to 1:30 pm in the morning shift and from 4:00 pm to 6:00 pm in the evening shift. There is a … bedded hospital a mental ward in the premises of male prison. The dispensary in female prison is well equipped and has the provision of tele-medicine. A medical officer is available as well as Gynecologist visits once during a week in the dispensary of ladies prison.

There is no supporting health staff in the dispensary of the ladies prison. A female prison staff handles the distribution of medicine and first aid care. She manages it very well and efficiently as reported by the respondent female prisoners.

Table 5.6: Number of Respondent Prisoners by visit to the dispensary and by Gender

	Have you ever visited the dispensary		Total
	Yes	No	
Gender			
Male	76	30	106
Female	65	1	66
Period of Imprisonment			
<1 Months	0	6	6
1-12 Months	55	19	74
13– 60 Months	45	6	51
>60 Months	41	0	41
Total	**141**	**31**	**172**

Availability of health care centres in premises means better access to health care issues. Further, as the period of stay in prison prolongs there is a high likelihood of getting ill and subsequently higher chances to visit the dispensary. The majority of the respondent prisoners 141 (76 males and 65 females) have visited the dispensary during their stay in prison. Among the respondent prisoners who have never visited the dispensary are mainly males.

By the period of imprisonment as shown in table 5.6, there are 19 respondent prisoners who have stayed for a period of more than a month to less than a year and remarkably six respondent prisoners claimed they never visited the dispensary even after five years of stay in prison.

Figure 5.2: Distribution of Respondent Prisoners in percent by Visit to the Dispensary by Period of Imprisonment

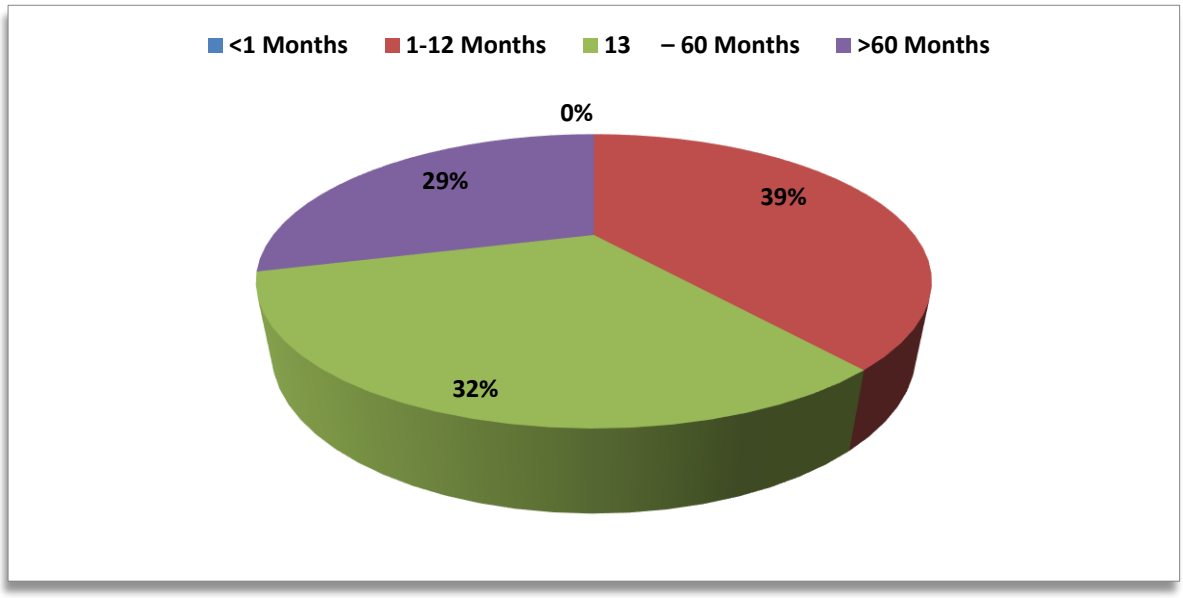
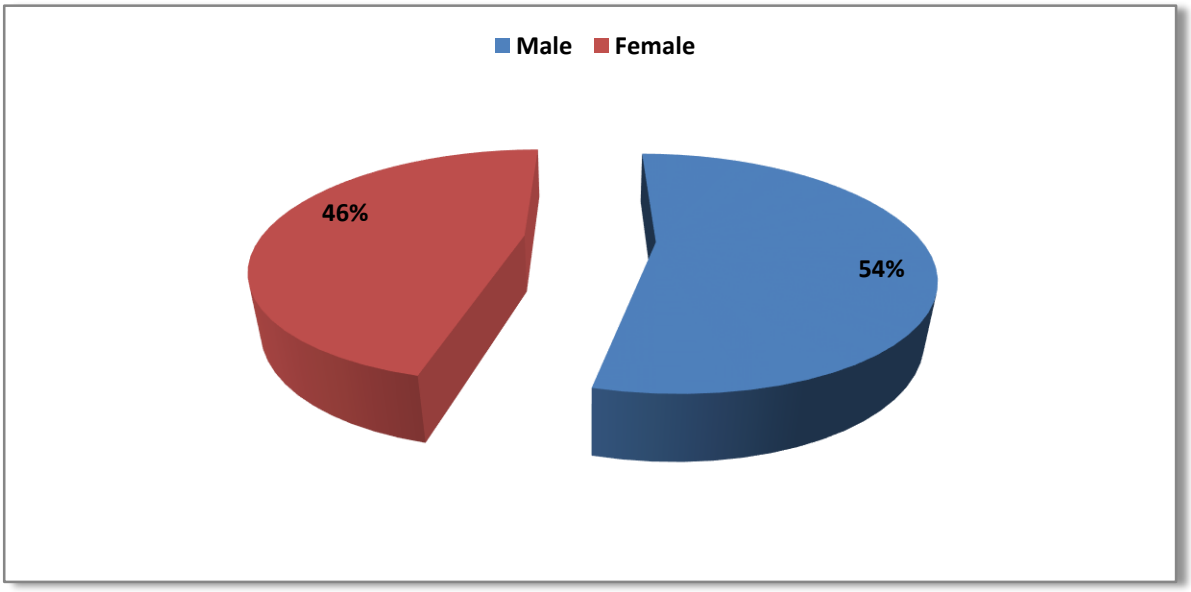


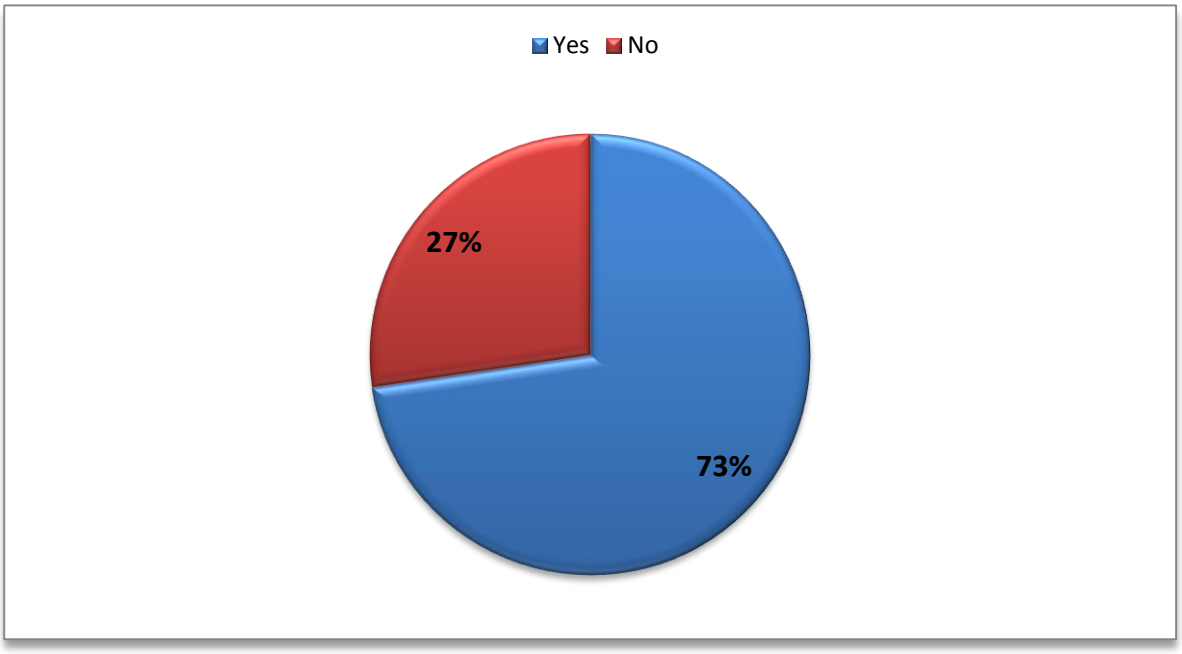
Figure 5.3: Distribution of Respondent Prisoners in Percent by Visit to the Dispensary and Gender



We further queried the respondent prisoners on the availability of healthcare and services available in the dispensary. It is expected that basic health care and facilities such as Doctor, Drugs, Diagnostics, etc. need to be available in the dispensary and was available as per respondent prisoners.

In addition, camps are also held for diagnosis and assessment for other types of healthcare issues. Figure 5.4 below gives the graphical description of the availability of healthcare services in dispensary visa vis the care required as self-reported by the respondent prisoners.

Figure 5.3A: Distribution of Prison Respondent of Health Issues in Prison.

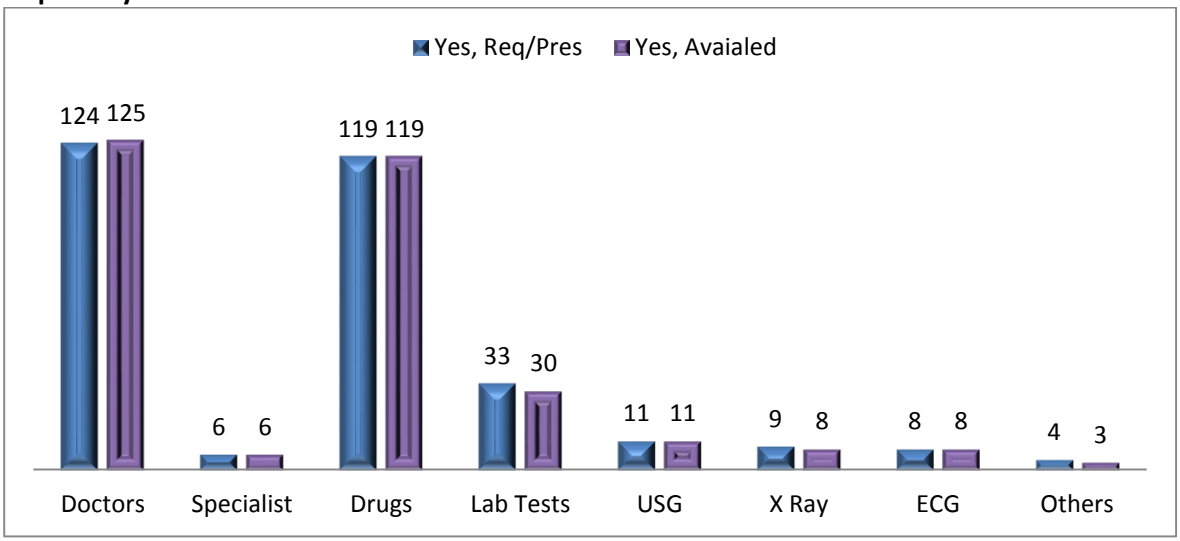


Access to Health Care

Respondent prisoners were asked if they ever fell ill; whether they are suffering from a persistent medical problem which routinely requires medical assessment. For this analysis, we first cross examined the respondent prisoners self-reported health condition at the time of admission to those reporting a persistent health problem such as diabetes, hypertension, cancer, paralysis, migraine, body pain etc. We then queried whether medical personnel had examined respondent prisoners for any health issues and their persistent health conditions at any time since admission. We further asked whether these prisoners continued taking the medication following admission. Unfortunately, we did not collect medication names or query inmates about new medications begun after admission and after effect that which we believe is very much useful for this study.

Further, we asked about access to laboratory tests. To assess this, we asked whether they required such test and whether they could avail to such test. This was primarily queried as we understand that prisoners might need routine laboratory monitoring if they had any of the following conditions: diabetes, hypertension, kidney problems, TB, HIV/AIDS etc.

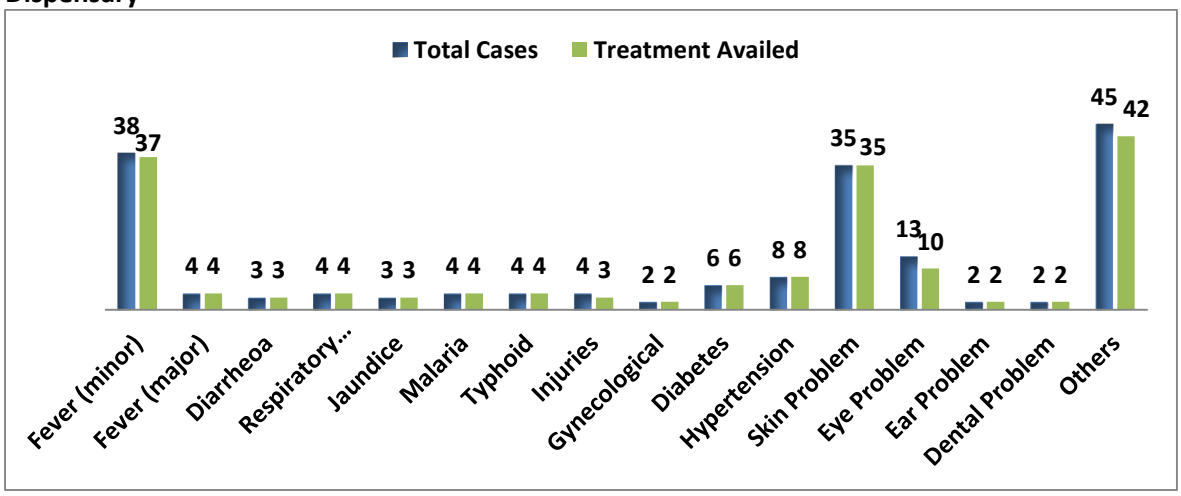
Figure 5.4: Number of Respondent Prisoners by Services Required against Availed on Visit to Dispensary



Note: Required/Prescribed and availed other services are – Delivery, laparoscopic test and plaster

Figure 5.4 shows overwhelmingly, all the respondent prisoners stated that they were provided with all the health care as required by them such as Doctors, Diagnosis, and Drugs etc. during their visit to the dispensary.

Figure 5.5: Total number of Respondent Prisoners by Type of Illness and Treatment Availed in Dispensary



Note: Other illness are – Acidity, Body pain, Arthritis & Spondilosis, Cancer, Cold & Cough, Faint, Heart disease, Hernia, HIV +ve, Knee ache, Neck pain etc

Respondent prisoners were asked about the type of illness for which they seek treatment in the dispensary. A majority of them reported illness others type (42) such as Acidity, Body pain, Arthritis & Spondilosis, Cancer, Cold & Cough, Faint, Heart disease, Hernia, HIV +ve, Knee ache, Neck pain, etc, followed by minor fever(38), skin problem(35) are the main reasons for which prisoners seek treatment in the dispensary. Respondent prisoners also seek treatment for illness such as

Hypertension (8) and Diabetes (6) in the dispensary. A substantial number of respondent prisoners stated Eye problem (13) as the reason for seeking treatment in the dispensary. Most frequently reported health problems included Minor fever, Skin Problem, eye problems, dental health problems, joint pain, and high blood pressure.

Figure 5.6: Total Number of Respondent Prisoners by Outcome of Treatment and by Type of illness

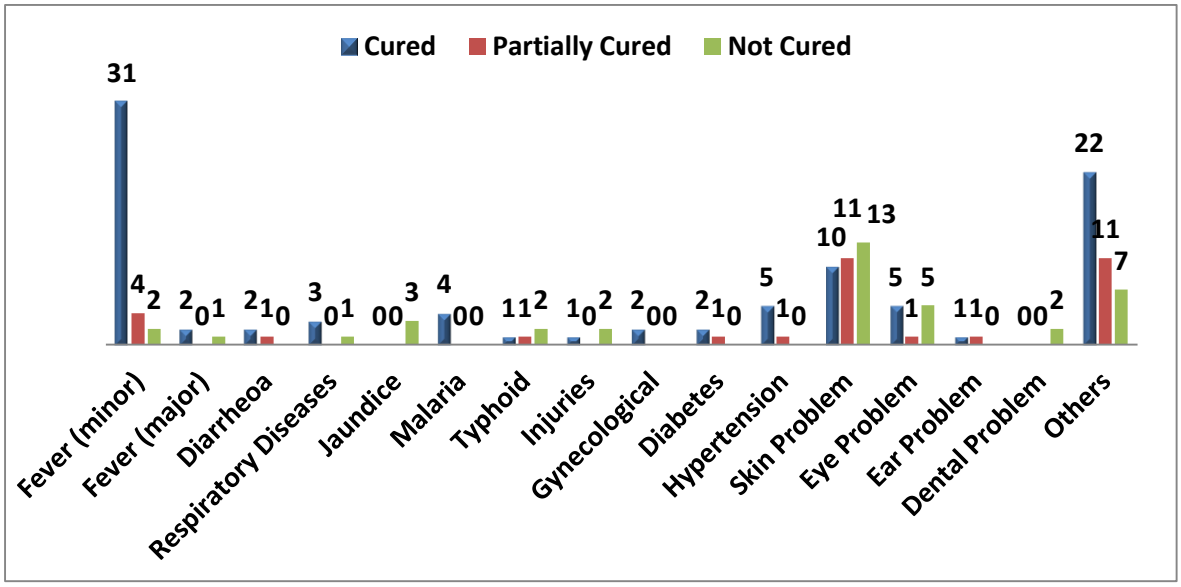


Figure 5.6 depicts the outcomes of the treatment by type of illness suffered by jail respondent prisoners, where most of them had cured, but for skin problem one-third of total cases were not cured and one-third of them were partially cured.

Figure 5.7: Total number of Respondent Prisoners stating Morbidity Issues due to the Constrain in facilities in Cell.

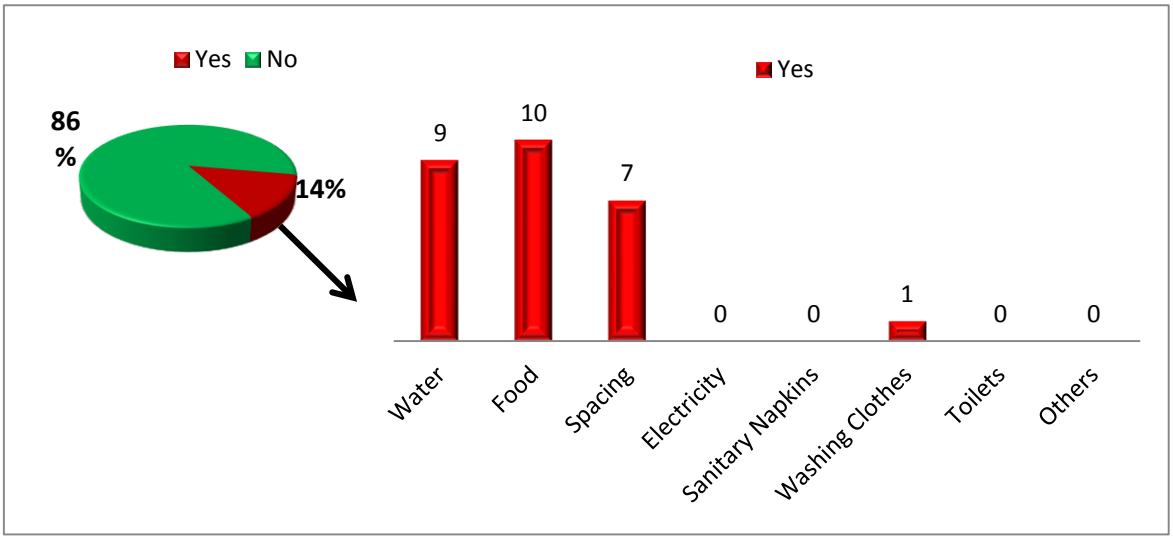


Figure 5.7 shows that 14 percent of the respondent prisoners were facing morbidity issues due to the quality of water, food etc. provided in jail. Out of which, most of them were having issues with water, food and spacing.

On further probing it was revealed to us that food, although adequate was less spicy and tasty. Here again, it depends on individual perception. There are some who prefer spicy foods which are not available. The view among the well-off and educated respondents was the food provided is a balanced food and if require any particular food items they have access to buy from the canteen.

One of a female respondent gave us an interesting insight of her view. She was from a higher social strata both economically and socially. She claimed that she was obese before her admission in prison, which largely was due to the lifestyle she was accustomed to such as limited physical activities and tendencies to overeat. In spite of spending a lot of amounts on health and fitness clubs, her weight never reduced. However, after admission in prison, her weight decreased drastically and she lost almost 14 kg and the prime reason she claimed was due to the combination of balanced diet and physical activities such as doing her own stuff of washing clothes, etc.

Here we want to further highlight the prisoners who get money orders or has the money to buy their choice of food are okay with the staying arrangement and food. Regarding access to safe drinking water, one of a respondent stated that although water filter is not available they manage themselves by using cloth filter. They face a shortage of water supply sometimes.

Table 5.7: Number of Respondent Prisoners by Type of illness and Reason for Dissatisfaction

Type of illness	**No of cases**	**Cured/Partial/Under treatment**	**Reason for Dissatisfaction (No. of cases in bracket)**
Fever (Minor)	38	Cured - 31 Partially Cured - 4 Not Cured/Under Trial -3	Non-availability of Doctor's Same tablets every time. BP & Diabetes are not checked. (14)
Skin Problem	35	Cured - 10 Partially Cured - 11 Not Cured/Under Trial - 14	Dr. Not examining properly, Respondent prisoners were receiving same medicine for all disease and lack of water for bathing & washing clothes. (12)
Eye Problem	13	Cured - 5 Partially Cured -1 Not Cured/Under Trial -7	Medicines were not available and referred for MRI but not provided. (3)

Hypertension	8	Cured - 5 Partially Cured -1 Not Cured/Under Trial -2	No treatment for hormonal problems (1)
Diabetes	6	Cured - 2 Partially Cured -1 Not Cured/Under Trial -3	Medicines were not available. (2)
Fever (Major)	4	Cured - 2 Partially Cured - 1 Not Cured/Under Trial -1	Only Casual treatment has given in hurry. (1)
Respiratory Problem	4	Cured - 3 Partially Cured - 0 Not Cured/Under Trial -1	Get puff for respiratory problem
Others	45	Cured - 22 Partially Cured -11 Not Cured/Under Trial -12	Proper medicines were not available for many diseases, so same medicines were given for almost all disease and machines such as X ray machine, Sonography machine were also not available for high risk disease. (20)

Note: ***Acidity, Body pain, Arthritis & Spondilosis, Cancer, Cold & Cough, Faint, Heart disease, Hernia, HIV +ve, Knee ache, Neck pain etc.***

In prison setting the general perception is after admission in prison what worst one can expect or whatever available one has to adjust to that. This was the general response and view from most of the respondent prisoners. More than health issue there were worried about legal access, family, etc. This was much more prevalent or at least visible among female prisoners especially mothers. They always seem worried about their children. This we believe directly or indirectly might affect their overall well-being.

The assessment of respondent prisoners on quality of care was carried out by asking queries such as in general, whether they are satisfied or unsatisfied with the health care services which they availed to. In both the responses whether it is satisfied or not satisfied we asked the reason. Respondent prisoners who have utilized health care in prison were asked about the reason for satisfaction and dissatisfaction and are presented in table 5.7. The response was no comments from the majority of the respondents. This type of response deviates from earlier responses where at least we got some responses. On further probing some of the respondent prisoners expressed dissatisfaction. The prime reason for dissatisfaction among respondents who utilized the health care services, in general,

is they believe or claim that medicines provided are not proper and they feel it is more or less same for different types of illness. Another issue is non- availability of diagnosis such as sonography, X-ray, etc.

Table 5.8: Satisfaction/Dissatisfaction of inmates after getting treatment in jail by gender, place of stay, and qualification

	Response of Inmates			Total
	Satisfied	Dissatisfied	No Comments	
Gender				
Male	10	34	62	106
Female	3	6	57	66
Place of stay				
Rural	7	13	28	58
Urban	4	20	60	84
Slum	1	4	5	10
Metropolitan City	1	3	16	20
Educational Level				
Illiterate	3	5	39	47
Primary	1	7	11	19
Middle	3	6	11	20
Secondary	3	10	27	40
Higher Secondary	3	7	18	28
Graduation	0	4	9	13
Post-Graduation	0	1	4	5
Total	**13**	**40**	**119**	**172**

Discussion with the concerned official revealed that for diagnosis prisoners are mainly referred to the nearby Sasson hospital and sometimes camps are held in the dispensary. Thus, it would be difficult for us to conclude that respondent prisoners were dissatisfied with the treatment due to very few cases. However, at the same time, we cannot ignore the substantial number of no comments on the quality and adequacy of care. Overall, it reveals that health care for minor illness is

adequately provided. However, for a specific illness which requires persistent diagnosis and medication the health care can be improved. In ladies prison majority of the respondents stated they were satisfied with the health care services provided by the female health staff.

Table 5.9: Summary of the Respondent Prisoners Self-Stated disease and Access to Health Services

	Number	Percent
Health problem in prison		
Yes	125	72.7
No	47	27.3
Total	**172**	100
Treatment sought		
Yes	124	99.2
No	1	0.8
Outcome		
Cured	73	58.9
Not Cured	22	17.7
Partially Cured/Under treatment	29	23.4
Admitted to hospital during stay in prison		
Yes	16	12.8
No	109	87.2
Patient satisfaction		
Satisfied with treatment	53	42.4
Not Satisfied	67	53.6
Partially	5	4.0
Total	**125**	**100**

Table 5.9 presents the summary of health issues in prison, treatment sought, the outcome of the treatment, access to the hospital admission if required, and finally the satisfaction of the health care, as stated by respondent prisoners. The majority of the respondent prisoners had some or the other health issues after admission in prison and almost all of them sought treatment for the illness. Near about 58 percent of the respondents, prisoners stated they are cured of their illness; 23 percent of

the respondents are either partially cured or under treatment for their illness, and 17 percent reported they are yet to be cured of their illness.

Table 5.10: Distribution of types of illness who got admitted in hospital and outcome with gender

Type of Illness	Hospitalized	Outcomes			Gender		Total
		Cured	Partially Cured	Not Cured	Male	Female	
Fever (Minor)	1	1	0	0	1	0	1
Fever (Major)	1	1	0	0	1	0	1
Respiratory Problem	1	0	0	1	0	1	1
Malaria	3	3	0	0	3	0	3
Typhoid	1	1	0	0	0	1	1
Injuries	2	1	0	1	1		2
Eye Problem	1	1	0	0	0	1	1
Others	6	3	2	1	2	4	6
Total	**16**	**11**	**2**	**3**	**8**	**8**	**16**

There are 16 respondents who were admitted to hospital during their stay in prison. Among them, there are cases of cancer, HIV, etc., which require a hospital visit at least twice a year. One of a female respondent reported that she was referred to Tata hospital for further treatment and could avail the treatment and was satisfied with the treatment. Discussion with official revealed that patients are accompanied by a prison official during their admission in hospital and the guidelines are followed.

Service Provider

Table 5.11: Human Resource for Health Infrastructure

Post	Sanctioned	Filled
Medical Doctors	5	3
Psychiatrist	1	0
Total	**6**	**3**

Table 5.12: Timing of Health Centre

Shift	Opening	Closing
Morning round	8:30 am	9:30 am
Health Centre (Morning)	9:30 am	1:30 pm
Health Centre (Evening)	4:00 pm	6:00 pm

During our visit to ladies prison we met one medical doctor. According to the doctor space for the clinic was found to be adequate. In the clinic all disease such as fever (minor), respiratory problem, skin infection problem, diabetes, hypertension, headache, etc. is treated as well as treatment for tuberculosis, malaria, typhoid etc. is available. Every Thursday, a gynaecologist visit ladies prison address health related problem specific to women. In addition, a dentist and skin specialist doctors regularly visit the prison to provide health care treatment. There is a provision of telemedicine.

During the months of January 2018, about 8000 patients have visited for OPD. As per doctor, among the patients seeking treatment, most of them were for skin related disease and for hypertension. While treatment of pregnant women such as ANC/complicated pregnancy, they refer them to Sassoon hospital. There was also a provision of prior admission to hospital if women are in advance stage of pregnancy or if the expected day of delivery is very near.

When queried on the probable cause of the high number of cases of skin disease and hypertension the doctor replied it is most likely due to overcrowding leading to lack of space, especially at night when those with skin disease comes in contact with the fellow inmates. Compared to females the situation in male prison was worse due to overcrowding. Male inmates were more vulnerable as compared to female inmates. Most of these cases were treated at the health centre itself.

In the Yerwada Central Jail, the drugs, and the equipment's were procured as per the requirement while for the lab test, they conduct session camp inside the jail. The availability of equipment's were minimal and adequate. The provision for local purchasing power is also available.

Inmates who were previously diagnosed mental condition and routinely treated with mental illness and for any disease such as epilepsy, diabetes etc. such inmates are referred for mental observation in male cell, while inmates diagnosed with TB, asthma etc. were referred to sasson hospital for the treatment. For the emergency cases, inmates were provided primary treatment before referring to hospital. There was no provision to send these inmates for further treatment.

If a child gets sick in jail and need hospital admission, then their mother can accompany child for the treatment. Doctors can accompany to prison inmates in cases of serious illness and as and when required. There was no provision of isolation if an inmate's suffering from communicable disease as well as for major diseases such as Tuberculosis. ICTC centre is available in prison for counselling and treating patients with HIV/AIDS. Regarding distance and time the doctors reported that they never face any problem as it hardly takes them 15 minutes to reach the referring hospitals due to the proximity of the referring hospital. If a patient suffering from terminal disease, then his or her

relatives are to be informed once they were admitted in hospital for the treatment. During the work hours doctors were assisted by jail staff and they need a supporting health staff.

Some suggestions and recommendation were given by a doctor. He recommended that, there is need of lady doctors (contractual or permanent) as well as paramedical staff to assist them during their service/shift. He also suggested that, there is a need for IPD (at least small).

Summary

The maximum number of respondent prisoners is either illiterate; or skewed towards the low level of education. The result suggests that there is ample of opportunity and scope for the provision of a basic level of education. Further, among the respondent prisoners very few are with the high level of education. Thus, there is ample of opportunity in the form of availability of the human resource that can be utilized for providing education, health care education especially in the form of awareness. This we believe in positive outcomes and skill development of prisoners, and then ultimately in long-term prevents the continuation of an already existing criminal case.

Yerwada Central Prison as a well-established dispensary and separately established in male and female premises. A medical officer is available as well as Gynaecologist visits once during a week. There is no supporting health staff in the dispensary of a female prison. A female staff handles the distribution of medicine and first aid care. She manages it very well and efficiently as reported by the respondent female prisoners.

Overall, our findings suggest that prison health services are almost equivalent to those provided in outside the prison and minor health problems are adequately addressed. But, there is still ample scope to provide programs aimed at health promotion or facilitating social reintegration.

We observed, there is a tendency among the newly admitted prisoners to report chronic illness such as body pain, fever, skin itching etc. This may also due to the fact of initial adjustment to the prison set up. On the other hand, the responses from respondent prisoners who are in prison for a longer period reflects either good health or with the perception or question what worst one can expect while serving in prison.

Overwhelmingly, all the respondent prisoners stated that they were provided with all the health care as required by them such as Doctors, Diagnosis, and Drugs etc. during their visit to the dispensary. The majority of the respondents stated other illness (45), minor fever (38), and skin diseases (35). A substantial number of respondent prisoners (13) also stated eye problem. Most frequently reported health problems included Minor fever, Skin Problem, eye problems, dental health problems, joint

pain, and high blood pressure. Among the respondent prisoners who stated skin problems, a majority (22) stayed for a period of 1-12 months and 13-60 months respectively (11). Whereas, among the respondent prisoners who stated minor fever the majority of them (17) stayed for a period 1-12 months and 12 respondent prisoners stayed for more than 60 months respectively.

Discussion with respondent prisoners revealed that among the convicted or those staying for a longer period maintain a general hygiene level and keep the cell clean. Whereas among the under trial and newly admitted who stayed for a shorter period the hygiene level is not good. As the cell is overcrowded even if one maintains a general hygiene chance of contact is high from the fellow prisoners with a low level of hygiene.

This is basically true more or less for any institutional facilities wherein the maintenance of overall hygiene not only depends upon personal hygiene, but also the hygiene level of fellow mates with whom they are sharing their space.

Hence, in particular, if the institution is overcrowded the number of cells need to be increased as well as to provide education on basic hygiene and cleanliness and its impact on overall health and well-being

Although we could not probe on the level of satisfaction by type of health care services we were concerned about the non-response from the majority of the respondents on health satisfaction. Outcomes of the treatment by type of illness suffered by jail respondent prisoners, where most of them had cured, but for skin problem one-third of the total cases were not cured and one-third of them were partially cured. However, very few in number stated they are not happy with the quality of drugs provided which they believe and claimed to be more or less are the same irrespective of the type of illness. Some also stated the dissatisfaction due to non-availability of diagnosis such as solography, x-ray etc. Hence, these are the potential area we believe can be improved.

Discussion with the concerned official revealed that for diagnosis the inmates are primarily referred to the nearby Sasson hospital and sometimes camps are held in the dispensary. Thus, it would be difficult for us to conclude that respondent prisoners were dissatisfied with the treatment due to very few cases. At the same time, we cannot ignore the substantial number of nil responses on the quality and adequacy of care.

In general, very few (14 percent) stated the morbidity issues they face was due to food; followed by water and spacing. Regarding water, one of the respondents stated that although water filter is not available, they manage themselves by using cloth filter. They face a shortage of water supply sometimes.

Overall, it reveals that health care for minor illness is adequately provided. However, for a specific illness which requires persistent diagnosis and medication the health care can be improved.

Chapter 6

Anganwadi Centre, Skill Development and Meditation Programme in Prison

There are various types of employment available to prisoners in prison. Convicted prisoners generally engage in employment activities such as agriculture, preparing food, weaving/ handloom, carpentry, agarbathi making, cleaning/sanitation and others. Some of the respondent prisoners stated that apart from the payment they get, it will keep them occupied and free of tension and stress. This chapter addresses the following issues:

- Respondents prisoners' opinion of the quality of life in prisons
- Suggestion to improve the living condition
- Provision of skill development, assess the functioning of anganwadis and Meditation and Cultural programmes

Figure 6.1: Total number of Respondent Prisoners by Employment activities in Prison

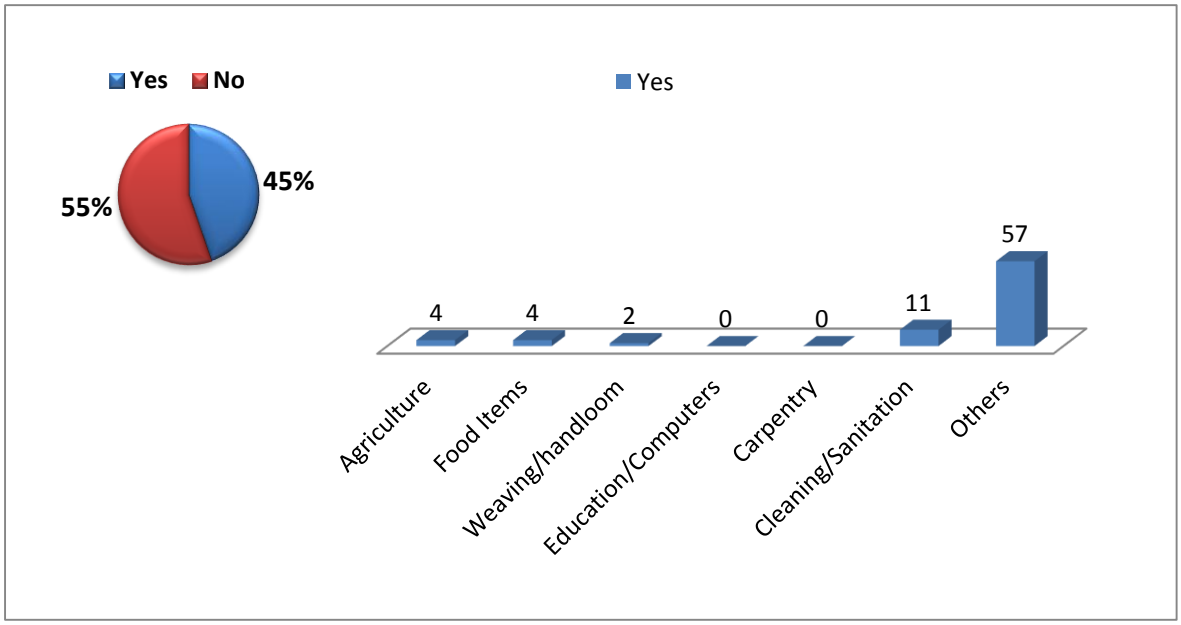
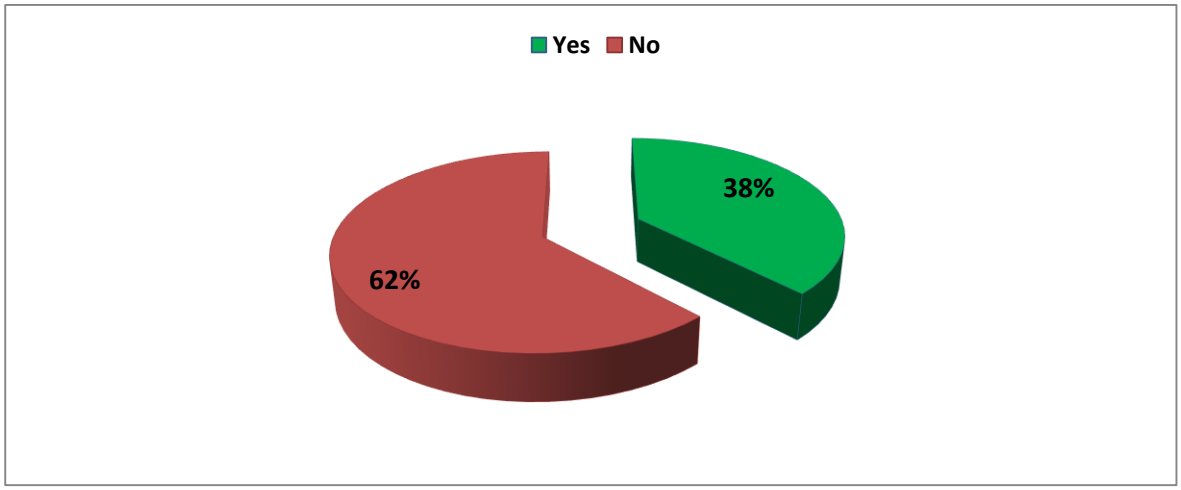


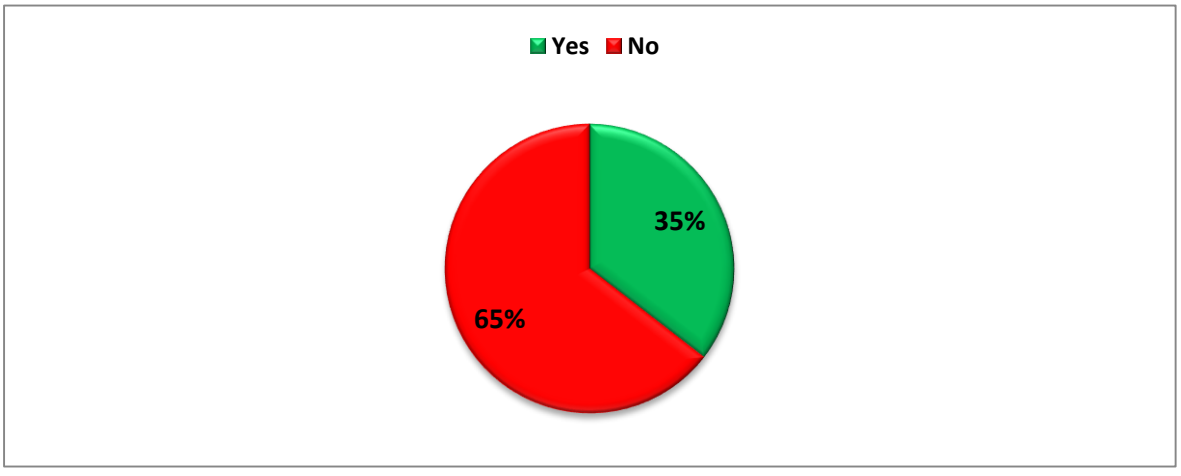
Figure 6.1 presents the employment activities inside the prison. Among the respondent prisoners, 45 percent of them are involved in employment activities. The majority of the prisoners (57) are involved in different type of employment activities which is collectively depicted in figure 6.1 as other which includes employment such as agarbathi making, envelope making, sewing machine, warden etc. After a certain period, the convicts are given the responsibility of warden. However, we could not ask whether the job skill was learned in prison and their opinion whether such skill will help them in finding jobs in future after release from prison.

Figure 6.2: Percentage distribution of Prison Respondent Participating in Meditation/Yoga in Prison



In general meditation, programmes are helpful in maintaining calmness and eventually reducing stress. Meditation, Yoga, Christian prayers, etc. are regularly held in prison. However, only 38 percent of the respondent prisoners are actively participating in such programmes. When we probed the reason for the same there was no such reason given for not attending such programmes. However, some respondent prisoners stated that as they are involved in some employment activities they hardly get any time for that and they feel it is better to be engaged with work rather than meditation or sitting idle. One respondent also stated that such meditation helped her as she has now become calmer as previously even for a small issue, she loses her calm and could not control her anger and this trait of hers ended up in prison. Overall, what we could understand as in outside community prisoners engaging in employment activities to some extent gives temporary relief from tensions.

Figure 6.3: Percentage distribution of Prison Respondent Participating in Cultural Activities in Prison



Cultural activities are held in prison premises on the occasion of Gandhi jayanthi, Independence Day, Republic Day, Women's day, etc. During our field visit to ladies prison some of the respondents were busy practicing for the forthcoming event of women's day. According to them this helps them in relaxing and eagerly look to participate in such events. As depicted in above Figure 6.3 only 35 percent of the respondents are actively involved in cultural activities. The rest of the respondents although are not participating in cultural activities they attend the cultural activities**.** Overall, we find enthusiasm among participating respondents.

Table 6.1: Respondent Prisoners perceived Health Status and quality of life.

	N	**Convicted**	**Undertrial**	**Percentage**
Present status of health, compared at the time of entry in prison				
Improved	22	13	9	12.8
Detiorated	80	33	47	46.5
Same	37	13	19	21.5
Can't Say	32	18	19	18.6
Others	1	0	1	0.6
Meditation				
Yes	65	37	28	37.8
No	107	40	67	62.2
Skills achieved				
Yes	15	14	1	8.7
No	157	63	94	91.3
Cultural activities				
Yes	61	37	24	35.5
No	111	40	71	64.5
Impact of closed/restricted environment (by period of stay)				
Mental stress/Depressions	32	16	16	18.6
Weight loss	9	1	8	5.2
Missing Family Members	6	2	4	3.5
Weakness	5	2	3	2.9
Good environment	2	1	1	1.2
Adjusted to environment. 18 yrs in jail	1	1	0	0.6
Less consumption of meals	1	0	1	0.6
Yes, not specified	14	7	7	8.1
No change	55	18	37	32.0
Not responded	47	29	18	27.3
Total	**172**	**77**	**95**	**100**

Prison environment can be treated as a correctional centre and can offers a window of opportunity to overall well-being by providing skill development and education. It also provides ample of opportunity in providing skill development and health care to an individual, which he or she may have been either deprived or lacked access before his or her entry into prison.

Respondents were asked about how do they rate their health during their period of stay in prison. Here, posing such question was not at all an easy task. First, the general perception is that Prison environment is not an ideal environment. Second, when a person has undergone a crucial stage or life turning event leading to entry into prison. It would be very rare to get a good report on health. Anyway, we thought that asking the comparative assessment of one's health is very much useful to this study. Further, our hypothesis is although in the initial stage of arrest and admission in prison the prisoners might be finding it difficult but as time progress they get adjusted to the environment. In the meantime, they try to assert themselves positively or keep themselves engaged. This was from our general observation and from the responses from respondents. Although, uniformly we cannot say that it might be true.

Table 6.1 presents the summary of self-reported an assessment of health by respondents prisoners and quality of life during their stay in prison. Near about 46 percent of the respondents, prisoners stated that their health deteriorated after admission in prison. More than half of the respondents were under trial. Further, 21 percent of the respondent prisoners reported their health to be same as before and more than half of these responses were from under trial respondents. Only 12 percent of the respondent prisoners reported their health improved and among them the number of convicted prisoners (13) is more than the under trial prisoners (9). A substantial number (18 percent) of the respondents stated they cannot say whether health improved or deteriorated after admission in prison.

Health programmes such as Meditation/ Prayer will help with stress reduction. However, the majority (60 percent) of the respondent prisoners did not attend meditation programmes. Although the majority of the respondents did not participate in the cultural programme they state that they attend the cultural programmes. It was a bit disappointing that 91 percent of the respondents stated that they did not achieve any skill in the prison.

Finally, to sum up we asked the prisoners, whether staying in a close environment did have an impact on their overall health. It is presumed that health will definitely be affected if one stays in a closed environment and without mental stimulus or physical activities for a longer period of time.

This we believe in general is true for any institutional or household setting in a closed and isolated environment. However, 32 percent of the respondent prisoners reported no change, whereas 27 percent of the respondent prisoners did not respond to the query of impact on staying in a closed environment. An equal number of respondents each from the undertrial and convicted prisoner reported mental stress/ depression; followed by 8 percent of the respondent prisoners responded in affirmative but did not specify the reason for the same.

Suggestions to improve the health situation of inmates in jail

A majority of the female prisoners stated that they have no suggestion as within prison set up they feel all the facilities are there. One of the female respondent coming from a high socioeconomic status even stated that it is better not to provide more facilities as the existing facilities are more than enough otherwise more people will commit crime.

Regarding health issues, two respondents reported that doctor's visit only once in a week and at the time of emergency doctor is very much required. One respondent suggested that health camps should be held for piles and other issues related to Gynecological health. One respondent who was suffering from thyroid expressed her dissatisfaction with the medicine provided to her. One each of the respondent required clothes and other bakery items in prison. Two respondents emphasized that more legal services should be provided especially to the respondent from lower socio-economic strata; they further added that they find many of the women from lower socio-economic strata are not even aware of their crime or the offence is minor and if proper legal access is there they can be freed. One of a respondent suggests that work should be available on a continuous basis to keep them engaged.

This study also focused on the women prisoner and their dependent children residing along with them. The purpose was to identify the key issues of the problem faced by women prisoners and their dependent children in the prison and gather the information and ideas on ways in which these issues could be addressed better. Women prisoners and their dependent children are a challenging issue. Unlike other respondents, the children are in jail not for any crime, but because they are dependent on their mothers who are in prison and are too young to stay away from their mothers, or there is no one to look after them in the absence of their mother or they have no immediate family members to take care of them. One female respondent was staying with both her children in prison. One of her children was born during her stay in prison and celebrated the first year of birthday in prison. It is well-acknowledged fact that Prison environments are not conducive to the normal growth and development of children. The socialization pattern of children gets severely affected due to their stay in prison. An Anganwadi is functioning in the premises of Ladies Prison.

At the time of our visit, there were 7 mothers who were staying along with their child. As per prison guidelines, a child up to the age of 6 years can stay along with their mother in prison. The Anganwadi has one AWW worker, two supporting staffs. As we observe in other Anganwadi centres in the community all the required facilities and materials related to child education and play are available in the Anganwadi. Records are maintained and height and weight of the children are updated regularly. Children are provided with snacks and the timing of the Anganwadi is from 11 am to 1 pm. None of the children ever faced or has any major health issues or any disability. During their stay in prison along with mothers, children have visited dispensary at least once to seek treatment for minor illness. Mothers along with their child visited the dispensary to seek treatment for health issues such as minor fever, cold, diarrhoea and toothache. All the children were cured after the treatment and all the mother's stated that they were satisfied with the treatment. Only one each of the respondent mother reported that their child faced morbidity issues due to the water and food in prison. However, three mothers reported the child's condition, deteriorated after admission in prison, whereas, the same number of mothers reported that they cannot say whether the health of the child improved or deteriorated after admission in prison.

When asked about suggestions to improve the staying arrangement of the child in prison. Three mothers stated they have no suggestion. However, one each of the mother stated that the child should be provided with fruits and eggs respectively. However, discussion with Anganwadi reveals that 200 ml of milk is provided daily to every child. One of the mother reported that her child first birthday was celebrated in prison. Children we met and interacted were as active and smart. It is really appreciable to see the young talent, especially in drawing and painting.

Among the male prisoners, 46 prisoners do not have any suggestions for either overall improvement or improvement of healthcare provision in prison. Near about one-third of the male prisoners (38) suggested that there is a need for all types of health facilities such as specialist doctors, screening test, health, infrastructure, proper treatment, and as reflected in female prisoners responses they believe "same medicine is provided irrespective of the illness". Only 3 prisoners suggested that the medication and yoga should be compulsory to all prisoners and even one of them suggested that there should be an exam based on yoga. One each of the male prisoner suggested skill development course, improve arrangement in the provision of food, a requirement of vitamin supplements, regular supply of fruits in jail canteen, space for meeting with family members, fans in the cell, and fastracking of cases. There was also some suggestion regarding jail infrastructure such as there is a

need for more toilets (ratio – 5 inmates/1 toilets) whereas four inmates reported, there was a lack of water, food provided was inadequate, lack of space for sleeping and such basic infrastructure should be provided.

Summary

Convicted prisoners generally engage in employment activities such as agriculture, preparing food, weaving/handloom, carpentry, agarbathi making, cleaning/sanitation and others. Some of the respondent prisoners stated that apart from the payment it will keep them occupied and free of tension and stress.

Only 38 percent of the respondent prisoners is actively participating in Meditation programmes. Respondent prisoners stated that as they are involved in some employment activities after which they hardly get any time for meditation and they feel it is better to be engaged with work rather than meditation or sitting idle. One respondent stated that such meditation helped her to maintain calm. Overall, what we could understand as in outside community prisoners engaging in employment activities to some extent gives temporary relief from tensions. Overall, we find enthusiasm among respondents in participating in Cultural activities.

Prison environment can be a correctional centre if it offers a window of opportunity to overall well-being by providing skill development and education. It also provides ample of opportunity in providing skill development and health care to an individual, which he or she may have been either deprived or lacked access before his or her entry into prison.

Regarding self-assessment of health near about 46 percent of the respondent prisoners stated that their health detiorated after admission in prison. More than half of these responses were from undertrials. Further, 21 percent of the respondent prisoners reported their health to be same as before and more than half of these responses is from undertrial respondents.

Thirty two percent of the respondent prisoners reported no change, whereas 27 percent of the respondent prisoners did not respond to the query of impact on staying in a closed environment. An equal number of respondents each from the undertrial and convicted prisoner reported mental stress/ depression; followed by 8 percent of the respondent prisoners responded in affirmative but did not specify the reason for the same.

Regarding the suggestion majority of the female prisoners stated that they have no suggestion as within prison set up they feel all the facilities are there. One of the female respondent with high

socio-economic status even stated that it is better not to provide more facilities as the existing facilities are more than enough otherwise more people will commit crime. Regarding health issues two respondents reported that doctor's visit only once in a week and at the time of emergency doctor is very much required. One respondent suggested that health camps should be held for piles and other issues related to Gynecological health. Two respondents emphasized that more legal services should be provided especially to the respondent especially from lower socio economic strata.

An Anganwadi is functioning in the premises of Ladies Prison. As we observe in other anganwadi centres in the community all the required facilities and materials related to child education and play are available in the anganwadi. Records are maintained and height and weight of the children are updated regularly.

Mothers staying with their child visited the dispensary to seek treatment for health issues to children, such as minor fever, cold, diarrhoea and toothache. All the children were cured after the treatment and all the mother's stated that they were satisfied with the treatment. Only one each of the respondent mother reported that their child faced morbidity issues due to the water and food in prison. However, three mothers reported the child's condition, detiorated after admission in prison, whereas, the same number of mothers reported that they cannot say whether the health of the

As per the Supreme Court directives, the Department of Social Welfare is required to play a vital role in case of separation of the child from her mother. Each child is an individual and will react differently to and has different needs from others. Parent especially mother contact is a necessary element of the personality development. Counseling should be provided to both mothers and children to deal with the challenges of maternal deprivation and prolonged separation, effectively.

Chapter 7

Summary, Conclusion and Recommendation

Every individual is capable and if guided and supported properly can lead a fruitful life. Prison has an opportunity to explore and identify this human capacity. Both physical and mental health is important the unavailability of either of these may lead to an adverse effect on an individual. Prisoners from different socio-economic circumstances, a crime committed in a moment of anger, habitual offender all are placed under the same roof. This study is an exploration to understand the health system mechanism in a prison setting catering to different categories of people, to find if any shortcomings and if so what policy implication can reduce these shortcomings. This information we believe can be used to inform prison policy makers and managers to improve the overall health of prisoners.

Prison environment can be viewed as an opportunity to overall wellbeing by providing skill development and education especially to prisoners from low socioeconomic strata, which they might have been previously deprived of.

This chapter is the summary of main findings of our study, the limitation of our study and recommendation and conclusion.

Summary of Main Findings

The maximum number of respondent prisoners are either illiterate or skewed towards the low level of education. The result suggests that there is ample of an opportunity and scope for the provision of a basic level of education. In addition, human resource in the form of very few respondent prisoners with high level of education can be utilized for providing education and general awareness. This we believe will lead to positive outcomes and skill development of prisoners, and ultimately in long-term prevents the continuation of an already existing criminal case.

A total of 52 respondent prisoners stated of suffering from major health issues prior to entry into prisons. The majority of them sought treatment in public health institution; followed by private health institution. Regarding outcome of the treatment near about half the number of the respondent prisoners stated they are either not cured or under treatment.

Overall the background and lifestyle of respondent prisoners, although are not clearly at risk for health problems, they are susceptible cases of future risk of health problems. Our preliminary findings suggest for the provision of programs aimed at correcting risk behaviour and preventing the long-term effects of prisoners' health.

Although Sixty-one percent of the respondent prisoners stated in affirmative to have undergone surgery it is concentrated among females who underwent surgery due to the family planning and caesarean section during childbirth.

Most frequently reported health problems in prison are minor fever, skin Problem, eye problems, dental health problems, joint pain, and high blood pressure. As the cell is overcrowded even if one maintains a general hygiene chance of contact is high from the fellow prisoners with a low level of hygiene. Hence, in particular, if the institution is overcrowded the number of cells need to be increased as well education on basic hygiene and cleanliness and its impact on overall health and well-being need to be conveyed.

We observed, there is a tendency among the newly admitted prisoners to report chronic illness such as body pain, fever, skin itching etc. This may also due to the fact of initial adjustment to the prison set up. On the other hand, the responses from respondent prisoners who are in prison for a longer period reflects either good health or with the perception or question what worst one can expect while serving in prison.

Overall, it reveals that health care for minor illness is adequately provided. However, for a specific illness which requires persistent diagnosis and medication the health care can be improved.
Prisoners engaged in employment activities stated of temporary relief from stress. Overall, we find enthusiasm among respondents in participating in Cultural activities.

Forty-six percent of the respondent prisoners stated that their health detiorated after admission in prison. More than half of the respondent prisoners stated that staying in a closed environment did have an impact on their overall health and the majority of the respondents were under trials.

Regarding suggestion majority of the prisoners stated no comments. Very few stated an emergency doctor is required. Respondent also suggested that health camps should be held for piles and other issues related to Gynecological health. Further, some of the respondents also emphasized that more legal services should be provided especially to the respondent from lower socio economic strata.

Regarding mother's in prison counselling should be provided to both mothers and children to deal with the challenges of maternal deprivation and prolonged separation, effectively.

Overall, our findings suggest that prison health services are almost equivalent to those provided in outside the prison and minor health problems are adequately addressed. But, there is still ample scope to provide programs aimed at health promotion or facilitating social reintegration.

Although we could not probe on the level of satisfaction by type of health care services we were concerned about the non-response from the majority of the respondents on health satisfaction.

Although, very few in number stated they are not happy with the quality of drugs provided which they believe and claimed to be more or less are the same irrespective of the type of illness. These responses we believe cannot be ignored.

Some respondent prisoners also stated the dissatisfaction due to non-availability of diagnosis such as sonography, x-ray etc. Hence, these are the potential area we believe can be improved.

Discussion with the concerned official revealed that for diagnosis the inmates are primarily referred to the nearby Sasson hospital and sometimes camps are held in the dispensary. Although, it would be difficult for us to conclude that respondent prisoners were dissatisfied with the treatment due to very few cases. At the same time, we cannot ignore the substantial number of nil responses on the quality and adequacy of care.

In general, very few (14 percent of the respondent prisoners) stated the morbidity issues they face was due to food; followed by water and spacing. Regarding water, one of the respondents stated that although water filter is not available, they manage themselves by using cloth filter. They face shortage of water supply sometimes.

Convicted prisoners generally engage in employment activities such as agriculture, preparing food, weaving/handloom, carpentry, agarbathi making, cleaning/sanitation and others. Some of the respondent prisoners stated that apart from the payment it will keep them occupied and free of tension and stress.

Only 38 percent of the respondent prisoners is actively participating in Meditation programmes. Respondent prisoners stated that as they are involved in some employment activities after which they hardly get any time for meditation and they feel it is better to be engaged with work rather than meditation or sitting idle. One respondent stated that such meditation helped her to maintain calm. Overall, what we could understand as in outside community prisoners engaging in employment activities to some extent gives temporary relief from tensions. Overall, we find enthusiasm among respondents in participating in Cultural activities.

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stress/ depression; followed by 8 percent of the respondent prisoners responded in affirmative but did not specify the reason for the same.

Regarding the suggestion majority of the female prisoners stated that they have no suggestion as within prison set up they feel all the facilities are there. One of the female respondent with high socio-economic status even stated that it is better not to provide more facilities as the existing facilities are more than enough otherwise more people will commit crime. Regarding health issues two respondents reported that doctor's visit only once in a week and at the time of emergency doctor is very much required. One respondent suggested that health camps should be held for piles and other issues related to Gynecological health. Two respondents emphasized that more legal services should be provided especially to the respondent especially from lower socio economic strata.

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Overall, it reveals that health care for minor illness is adequately provided. However, for a specific illness which requires persistent diagnosis and medication the health care can be improved.

Limitation of the study

There are several potential limitations in this study. The Yerwada prison is located in a relatively affluent part of the state, hence, our findings cannot be generalized in terms of health issues and health care for other prisons. Further similar research in other prisons could show how generalizable these findings are.

The main weakness of this study arises from the potential bias of using of self-report assessment on health issues. A greater number of female prisoners than male prisoners participated, potentially under-representing the views of male prisoners.

There is the possibility of a selection bias since the interview of prisoners especially male prisoners as and when they were available were taken and were mainly under trials. Hence, caution is required in making comparisons of perceived health status. However, we believe that our results reflects the actual estimate of self-reported health. Further, our sample did not include questions on individuals by nature of crime, because as per the instruction we were not allowed to ask their crime.

Most of the prisoners initially were hesitating in speaking about health care and quality of life. After having a discussion with respondent prisoners regarding their socio-economic conditions, history of health issues, lifestyle, health issues and access to care in prison and quality of life, the researchers got insights into some basic details about health issues. Most respondents especially the elderly female respondents considered their prison term as the end of their lives. On the other hand, some inmates found their way in life while in prison. Some prisoners were not interested in being interviewed. We observed that the attitude of the staff in ladies prison was helping and the interactions between the staff and inmates were harmonious.

Regardless of the above limitations, this study adds to our understanding of health issues and access to health care among prisoners.

Policy Implication

With increasing number of prisoner leading to strain in existing prison and consequently on overall health. This situation is unlikely to benefit the long term rehabilitation of prisoners back into society. There is a compelling need to ensure that mechanisms are in place that can adequately address these health issues with increasing numbers of people entering and exiting the prison system. In

order to assure that the health needs of prisoners are met, it is important that prison is equipped with appropriate information, staff and resources. Providing Prisoners with comprehensive and appropriate health care services can be challenging. In addition, the time available for intervention varies significantly. Despite these challenges, the period of stay in prison, however long or short, provides a window of opportunity for improving the health status of this population.

Hence, we recommend collaborations between prison and health agencies can ensure that opportunities are taken. Participation in health promotion programs can be improved and offered to prisoners for overall improvement in health and hygiene, especially for newly admitted prisoners as well as effective prevention programmes are needed. We strongly recommend that at least basic elementary education should be provided compulsorily. This will not only help them aware about their rights and help them in better integration in the society. Formal education arrangements must be made by the prison authorities. Educational activities and programs should be created with the help of government resources as well as NGO's participation. Academic and Vocational courses can be taken up vigorously. The human resource of well-educated prisoners can be utilized very well.

Prison management should be encouraged to facilitate as much contact as possible between the prisoners and family through a medium which they feel is more appropriate in prison settings. In addition, counselling should be provided to both mothers and children from time to time so that they can deal with the challenges of maternal deprivation and prolonged separation, effectively.

Rehabilitation programme, where prisoners with the good records should be given the employment opportunity within the prison premises. Depending on the skill the person can be employed for the different task, example - education tutor, vocational training. Interaction with prisoners revealed that provision of employment and skill development will be very much useful to them. Not only it will help in keeping them engaged and busy, but also help them in reintegration with society once they come out of the prison. Sufficient work and work opportunities should be provided to all prisoners. If possible, NGOs should be involved in training and skill development of prisoners as well as information on more avenues of employment need to be provided to prisoners.

Ideally, there should be segregation of prisoners if they are detected with a communicable disease. In addition, there should be a provision of Water Filter/Aqua Guard in prisons for safe drinking water. Regarding food special care and provision should be provided to sick prisoners and kids. Prisoners suffering from health issues such as TB, Jaundice, dehydration, Diabetes etc. there should be a special provision of food after incorporating doctor suggestion. A sufficient number of

paramedic staff should be appointed. An ambulance with all medical equipment should be in place in case of emergency. A full-time lady doctor is required. An IPD ward can be established.

Conclusions

This study tries to emphasize the need to study the health care issues in prison. Unlike in a community where an individual can choose the range of health services here the prisoners have no choice except to accept the available health care provision in prison. Overall, they have limitations in terms of living conditions, access to food and water, maintain hygiene, clean surroundings, and seek a second opinion, access to specialized services and most importantly the care and love of family and friends. Hence, the chances of health hazard are higher among prisoners.

In the last few decades, prison populations increased tremendously which create a number of challenges before prison administration like security & safety in prison, hygienic issues, overcrowding, etc. Hence, a comprehensive database on various aspects of prison institutions is required to understand and analyze issues and challenges before prison management (prison statistics of India 2015).

An increase in the number of prisoners is not supplemented with growth in infrastructure, growth in doctors and paramedic, etc. This will adversely affect the living conditions and overall well-being of prisoners.

One of the factors responsible for the over crowdedness in prison is due to their inability to furnish bail bond to release from prison and non-availability of a lawyer, etc. Hence provision of an adequate number of legal aid lawyers may be appointed so that the necessary steps could be taken with regard to the release of undertrial prisoners in accordance with law, particularly those who had been granted bail but were unable to furnish the bail bond due to their poverty. As the inability to get out of the prison due to their poor background might lead to stress and in extreme cases, mental health issues if not addressed properly in time. As there is a high probability that prisoners might feel unjustified about their present situation first due to lack of knowledge and accessibility and another is self-realization. An alternative arrangement in terms of accepting the deposit of philanthropists by for those prisoners who are not in a position to pay the fine amount.

Overall, our findings suggest that prison health services are almost equivalent to those provided in outside the prison and minor health problems are adequately addressed. But, there is still ample scope to provide programs aimed at health promotion or facilitating social reintegration.

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