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THE LIVED EXPERIENCES OF PREGNANT WOMEN PRISONERS IN PUNJAB, PAKISTAN: ISSUES AND CONCERNS. A QUALITATIVE STUDY

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ABSTRACT

Objectives: (1) To explore women's experiences of pregnancy and childbirth in prison, (2) To document their concerns regarding the future and the health of their unborn child (3) To map the health, social, and emotional resources that they have access to.

Materials and Methods: Qualitative research methods were used. Twelve in-depth interviews were conducted using the phenomenological approach. Participants were recruited by Purposeful sampling technique. All currently pregnant women in prison and those who had been pregnant and delivered while incarcerated were included in the study sample.

Results: All our respondents were stigmatized, discarded women who had been used as pawns in fights between men. Most women prisoners were either pregnant at the time of imprisonment or became pregnant during bail-out time. There are no facilities for childbirth inside the prisons. The women were isolated from their support networks, which resulted in sense of isolation and deprivation.

Conclusion: Our study concluded that there is a lack of comprehensive reproductive health care system for female prisoners that is responsive to their unique needs in pregnancy and child birth

Key words: Pregnant women, Prisoners in Punjab

INTRODUCTION

There are striking similarities in the percentage of women incarcerated in English-speaking countries. In England and Wales, women currently constitute 5.6% of the prison population. In the USA they are 5% of the prison population, in Australia 6.4%³ and in New Zealand 4%. The absolute numbers of women in prison are small in England and Wales: in October 2006 there were 4447 women in prison in England and Wales.¹

More than a million of these prison populations are women and girls, incarcerated either as pre-trial detainees or convicted and sentenced prisoners²⁻¹¹. The percentage of female prisoners in Asian coun-

tries is 5.4%³.

In Pakistan, women prisoners make up approximately 1.33% of the overall prison population. To provide some context, in 2008, out of a total prison population of 94,374, there were 1,262 women incarcerated⁴. The distribution of women prisoners varies across provinces: in Punjab, women make up 0.88% of the total prison population, in Sindh 0.194%, in Khyber Pakhtunkhwa 0.21%, in Balochistan 0.02%, and in AJK 0.01%¹².

Pregnant women prisoners in Punjab, Pakistan, constitute a socially excluded and marginalized group. The study aims to give a voice to these women who have been discarded by their families and society, and whose experiences are often neglected in research and policy discussions. By highlighting their specific challenges, the study result will draw attention to the need for targeted interventions and support systems for this vulnerable population.

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MATERIALS AND METHODS

phenomenological study design was used for qualitative study and Purposeful sampling technique was used to identify the participants. A written permission was obtained from the Ministry of Health and the Home Ministry. Permission was then obtained from the superintendent of each jail. Study started from 1st May to 30th June 2009.

All currently pregnant women in prison and those who had been pregnant and delivered while incarcerated were included in the study sample. A total of 12 such women were found in the four prisons of Punjab: Central Prison Adiala Rawalpindi, Kot Lakhpath Prison Lahore, Central Women's Prison Multan and Central Prison Sialkot. Seven staff members of these prisons were also interviewed as key informants.

A semi-structured interview guideline was used. Before starting the interview the purpose of the study was explained to the respondent and written consent obtained. The prison authorities prohibited the use of any kind of recording device inside the prison, therefore the interview notes were written by hand and later transcribed.

Each of the in-depth interviews were translated and transcribed in English. Codes and sub codes were developed, from which number of domains emerged. Codes, sub codes and domains were checked by the supervisor (ZM). Using a social constructive approach, the domains were analyzed and themes identified.

The study was conducted after receiving ethical clearance from the Ethics Committee of the Health Services Academy, Islamabad. Formal consent was taken from the superintendent of the prisons in which study was conducted. Informed consent was taken from all participants of the study.

RESULT

The respondents ranged in age from 20 -35 years. Three were currently pregnant while nine had delivered in prison in the last 5 years.

1. Discardable Women

A detailed analysis of our respondent's narrative suggests that they apparently had not committed the crime for which they were incarcerated. The crimes had either been committed by husbands or brothers, or they were simply accused falsely for ulterior motives that were directed either at their male family members or the women themselves. For example, Sehatwas in prison because her dewar (husband's younger brother) has been involved in a kidnapping.

2. Inadequate reproductive health care services in jail

The women prisoners were provided reproductive health care, but the quality of care was poor. Women medical officers regularly visit the prison, and prescribe medicines, which according to the prisoners is poor quality and some of them simply discarded it. The respondents complained that the doctors never examine them, avoiding touching them. Only rarely is the pregnant abdomen palpated. Blood pressure is only measured if the patient requests it. No routine investigations such as complete blood count or a urine analysis are done. Multivitamins and iron supplements are routinely prescribed to the ladies, which are easily available. Many of the women complain of postnatal problems but remain untreated. There are no facilities for childbirth inside the prisons. Birthing women are taken to nearby government hospitals and delivered under strict security in separate labour rooms, Two out of our 12 respondents had delivered in the prison without any expert medical assistance as the jail authorities were either not available or took a very long time to transport the prisoner to the hospital.

3. Isolation from the traditional support system during child birth

Traditionally women in Pakistan deliver in a context of a supportive family network. This network consists primarily of the mother-in-law who is traditionally ordained to make key decisions around childbirth and also provide special foods and look after the birthing and postnatal women. This supportive network was missing in prison. The women felt isolated and sorely missed the special care and foods provided.

"I really felt alone at the time of child birth as there was no family member with me at that time

.....” Arshaan

“That was the time when I missed my family members and my home as at home your close ones are always there for the support and love you need at that crucial time when you are in the agony of pain and there is no guarantee of life”.

4. Babies with the mothers: the detrimental effects of children in prison.

The children are also psychologically affected by the jail atmosphere. They are surrounded by criminals & by the time they come out of prison they seem to have acquired a few undesirable characteristics. These children are not growing up in a love and comfortable environment of home.

“I have been thinking that after his birth that if my child stays insidehe will become a criminal and he will always wish to come back to this place again and again. I will never keep my child in jail. Someone will take care of him outside the jail as I want him to be brought up perfectly”. (Ayesha)

5. Worries about the children left behind at home

Most of the women were worried about the children left at home rather than the unborn baby, except one respondent, who gave birth to her very first child in prison. Most of the respondent said that they will worry about the baby once it is born.

“After death sentenceI always think about my unborn child and rest of my children at home..... who will take care of them all? (Tears in eyes.....)These questions were always upsetting me” (Arshaan)

“What is there to think about now everything will go according to God will. I was not thinking about this unborn, always thought about the children at home and that who will be taking care of them ? Are they be getting food on time. What about their other needs? (SehalatBibi)

“(Gharkibohutpareshanihai). I am very tensed about my children and family” Najma

DISCUSSION

The purpose of this study was to explore the experiences of pregnancy and child birth in women of reproductive age group in the four prisons of Punjab, their understanding of the issues they face when pregnant during incarceration, their doubts

and concerns regarding their future and the health of their unborn child and to map the social, physical and emotional resources that they have access to.

The key finding of this study is that the pregnant women in prisons of Punjab are very poor, abandoned by their immediate families, receive inadequate reproductive healthcare, are isolated from their traditional support systems during child birth and extremely worried about their other children at home and their future.

Reproductive health services are provided, but of inadequate quality and quantity. Antenatal care services are provided by women medical officers assigned to visit the jails on weekly basis from different public hospitals¹³ However, there are no proper facilities available in the women’s prison section. These findings align with research that shows that correctional systems are on the whole ill prepared to handle female inmate’s reproductive health problems⁵.

However, minimal as this care is, it is in most cases the first time our respondents had ever received any biomedical maternal health care. This finding is supported in the literature which shows that even in the USA, incarcerated women receive more care in prisons than they would outside the prison system⁶. The literature shows that this minimal care has a beneficial effect on birth outcomes in such deprived populations⁷.

However the key finding of this study is that the women’s poor reproductive health and the inadequate and poor quality services provided are located in a wider gendered, social and economic context. Women prisoners in Punjab are essentially a socially excluded group of women, discarded by their families and society in general. They are the victims of gender values in which violence against women (of every kind) is an accepted form of vendetta amongst men⁸. Imprisonment of pregnant women or mothers with young children for accusations of crime that have been committed by other family members and have yet to be proven in a court of law can be considered a form of structural violence⁹. In Pakistani society, retribution is sought through the application of violent measures against female family members, namely sisters, wives, mothers, and daughters, thereby depicting a prevalent pattern of male-centric vindication¹⁴. This practice elegantly described

by (Bovarnick 2007) is underpinned by the logic that a 'brave adversary is supposed to break down under grief and dishonor of the violation of his women folk'. Rather than taking revenge by fighting each other directly, men wage war through women, using women as shields to protect themselves physically from battles decided by men¹⁰. The women prisoners in our sample had clearly either been used by their men folk to pay the price for crimes they had committed, or been incarcerated along with their men folk for crimes committed by the men only.

Because these women act as proxies, their victimization is not acknowledged. They are simply voiceless, formless victims. The fact that they are all extremely poor makes their exclusion even easier. This group of women is also neglected by the research community. Our search for literature addressing the reproductive health needs of incarcerated women produced less than 20 publications in the last 15 years worldwide, and none from Pakistan. Equally interesting was the fact that most of these papers had hardly been cited, again indicating that minimal research has been conducted on this forgotten population.

CONCLUSION

Our study concluded that there is a lack of comprehensive reproductive health care system for female prisoners that is responsive to their unique needs in pregnancy and child birth.

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