Reproductive Health Needs of Adolescent and Adult Prison Inmates

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ABSTRACT

Prisons are difficult but important areas to be accessed by non-governmental services. It is essential for the welfare of inmates (adolescents and adults) who have become a vulnerable population that they should be educated, treated and empowered. This paper is aimed to share the experiences of a collaborative study conducted by Disha Foundation (an NGO), government and prison agencies on the reproductive health issues of prisoners at Central Prison and in Borstal (juvenile prison) school at Nasik, Maharashtra, India. Reproductive health issues were the starting points for this project and the project addressed to the needs for empowerment, concerns about future and self-esteem of adolescents and adult prison inmates.

INTRODUCTION

Prison is not a place where someone would like to live. Whatever be the reasons behind incarceration, whether it is seen as a punishment or as a mode of rehabilitation, the normal life of the inmate is restricted, freedom of movement is curtailed and private space is limited. Basic needs of prisoners are by and large taken care of, nevertheless receiving food and clothing is not the same kind of need, as is asking for help. It should be remembered, that however, pleasant wardens and prison staff might be, they are always and ever enforcing imprisonment. For an inmate to develop sufficient trust in a member of prison staff or to ask for assistance with a reproductive health issue, is not something that the system would seem to easily compass. Thus, the sexual activity (for example) may be hidden. Because of the lack of partners of the opposite sex, inmates may engage in behaviour in prisons, which they may not have engaged in before.

As a human rights issue, the health and well-being of prisoners should be on every agenda of the government. The gap that exists in the provision of health care to prisoners is global, especially with respect to sexually transmitted infections (STIs), HIV and other blood borne infections[1-4]. It is not surprising that it is also a noted concern in India[5]. The issue of trust and empowerment is not the one that is easily solved within existing penal systems. Further, due to lack of resources, it is often not possible to provide round the clock medical assistance to inmates.

OBJECTIVES

This paper is a brief account, of a programme of intervention in the area of reproductive health at two sites in Nasik. Programmes were conducted with male and female groups, however, only the former are dealt within this paper. With the assistance of

local authorities, access was gained and programmes conducted in Nasik's Central prison and in a Borstal school. "Disha", a non-governmental organization (NGO) at Nasik, is working with marginalised groups to improve their health status, future prospects and overall quality of life.

The paper initially describes the background on Nasik and the sites of intervention there. The question of why the intervention was necessary has been addressed. Following this, the details about intervention and how it was conducted, followed by the progress and lessons learnt during the programme, have been reflected on. The paper concludes with some general observations about the importance of these kinds of interventions.

Nasik is the fastest developing city in Asia, ranking third after Mumbai and Pune in Maharashtra. Nasik is home to the currency note press, Hindustan Aeronautics Ltd., the Artillery Centre and an increasing number of global companies in areas such as pharmaceuticals, electronic components and Information Technology. It has a sound agricultural industry and exports grapes, onions and cut flowers not only to Arabian countries but to Europe, the UK and other countries in south Asia. Part of this development is attributable to Nasik's location. It is easily accessible by road from both Pune (250 km) and Mumbai (275 km) and very recently the city has been connected by air also and so this proximity to other markets and gateways for trade is beneficial.

Nasik had a great importance during the British period. The Central Prison, in which this programme was conducted, was established in 1939 by the British. Because of central location in Maharashtra, it was a convenient point for the imprisonment of criminals and freedom fighters. In the same way, a Borstal school was set up in 1966 for 18-23 year olds, which the first and the only sub-jail (reform school) for youth in India. At present, Nasik Central Jail that was intended to house only 1200 inmates previously had strength of 2500 prisoners including 45 women.

Need for the Intervention

It needs to be stressed that this programme would not have been possible or productive without the assistance of the prison authorities. In fact, the study was conducted at the initiative of the prison officials and so the access to prisoners at National Central Jail and the Borstal School was easy.

The officials who facilitated the execution of the programmes did have some ideas and important insights into the sorts of things that should be involved in the programme. They knew that the activities in which the inmates, at times engaged, could put their reproductive health at risk. Efforts were made to raise awareness among them about STIs including HIV, as well as, about general health issues, in context to the prison. While the authorities acknowledged the presence of sexual activity between inmates, however, there was a little they could do about this. As homosexuality is illegal, the prison staff is under a legal obligation to punish this kind of behaviour. But how one might go about findingout about such a clandestine activity and then punishing those involved is an incredibly complex issue. The prison staff was interested predominantly in harm reduction, an approach, which is slowly gaining strength and approval because of its manifold benefits[6]. Their major concern was that the inmates be advised of the kinds of risks that is involved in unsafe sex. However, as critiques of basic information, interventions may clearly provide information

about risks, but will remain ineffective unless those who are participating in the risk behaviour have some way of altering their practices, most immediately, the health and well-being of all inmates during their confinement is of importance. This is especially so, perhaps paradoxically because of the often limited access to health services. As for other populations and perhaps more so, prevention is a far more effective approach than treatment after the fact. When inmates return to their normal lives, they take with them experiences and health conditions acquired while incarcerated. This in turn can be seen from two perspectives.

The first is simply as one of the management. If any health condition is left untreated, the likelihood of worsening it and leading to complications increases. Thus, what might have been a simple treatment (while in prison) will become a costly and difficult one once released, simply, because of the time that has passed. From Disha's point of view however, there is another benefit in equipping inmates with knowledge about reproductive health and that is that they take this knowledge back to their normal lives.

While we do not have demographic data available about our particular cohort of prisoners, it is safe to say that inmates are generally from groups that are in some way marginalized. Of course, there will be exceptions to this. Accessing marginalized communities is an ongoing problem for government and NGOs. However, if prisoners are well equipped with information and communication skills, they will be the natural educators in the communities they return back to. At the very least, what they experience in prison (and here we mean the positive aspects that come from health interventions) will be taken back to their wives and families.

There is another kind of mobility of prisoners that should be noted. At the Central Jail, prisoners are often in the process of being transferred to other jails in Maharashtra. Thus, in some ways prisons are a closed community, there is what might be understood as forced migration from one facility to another. In effect, this means that the entire prison system of the state is connected geographically and temporally. Every communicable illness, as well as, social practices in one place is easily taken to all others.

The knowledge that inmates had about reproductive health issues was indeed very low which should not be surprising, as the details of reproduction are not something that is easily spoken about in many communities, these inmates are hardly unusual.

As has been mentioned, accessing marginalized communities is always difficult. In the case of prisons, once the co-operation of the authorities are engaged (as was the case with this project), one has what is effectively a captive audience. One of the disadvantages and deprivations of imprisonment is that inmates have to do certain things at certain times becomes an asset for anyone trying to work with the population. Certainly this does not mean that the outcome will be productive. You may have a room full of men who simply don't engage with the topics that are being discussed. But the first hurdle of actual presence is managed by the routine of the facility.

While Disha and the prison authorities were interested in providing information, from our experience working with marginalized groups, we knew that the information given will not necessarily be acted upon. Part of our intervention programs was that they are participatory and empowering. It may sound strange to talk about the empowerment of prisoners, but this is personal empowerment, which aims at activating the individual skills and talents of people and is thus more in-line with rehabilitation models of imprisonment.

This was particularly important in the context of the Borstal school. When those who have been institutionalized return to their community, they take their physical bodies and any problems they might have in that area with them, but they also take their emotional bodies and these can often be more scarred.

In any institution, individuals are usually treated as examples of a population, rather than people in their own right. This is probably more true of corrective facilities than any other kind of organization. The effacement of individuality, can be seen as part of the punishment process. As an NGO, interested in empowering people and recognizing the differences between individuals, it became very quickly apparent that with common threads of concern, every prisoner had a different story to tell.

Related to physical, prisoners engaging in homosexual activity often felt great guilt about this. Indeed, when explaining the potential risks involved, they often felt worse. Masturbation was also something that produced considerable feelings of guilt. Moreover, what was 'normal' when it came to these practices was something that the inmates struggled with. Quite apart from any 'risk' activity, many inmates also had complex feelings of guilt related to their status, as prisoner. They spent time wondering how they would deal with the stigma of having been incarcerated, when they were released and returned to their families. Those with wives and children felt emasculated, as they were not, in prison able to provide financial and physical security for them. The boys in the Borstal school spent much time thinking about their future, what their options might be and how to effectively start their lives over again. All these issues are interconnected, finding a way of airing all these concerns and talking them through in the context of these institutions, required some changes to the way that "Disha" would normally work in the field.

METHODS

There were a number of features that I believe helped the program run smoothly. Broadly speaking, it was a participatory approach, requiring and encouraging the active involvement of the inmates. Allowing any topic to be raised was also an important part of the process, as was the creation of an environment, in which the prisoners felt safe. As such interventions always produce immediate needs and concerns that require specialist intervention, counselling and referral services were also worked into the program. The timing of the intervention was kept regular i.e., once a week, for a period of about three hours, so that there was enough time to deal with the issues that arose properly.

The participatory approach that was used is broadly modelled on the approach found in the community HIV intervention package i.e., "Stepping Stones"[7]. This approach stresses the importance of people working together to solve problems with resources that are available to them. It also crucially acknowledges the value of talking through issues and mapping their causes and consequences in the particular context that people are in. It is a package that recognises the importance of empowerment in changing any kind of thinking or behaviour. "Stepping Stones" does not assert facts and morals, but invites and encourages participants to examine their own lives and behaviours, why they think and act the way they do, how and why they communicate to others, as well as, sharing information resources available in the group and supplementing these, if required. It also allows participants to think in terms of past, present and future. In short, the possibilities that

"Stepping Stones" makes available are ideally suited to the prison and Borstal school environment.

When discussing sexual health concerns, it is vitally important that people can be candid and open. The most stressful problems are often those, which people feel they can't talk about[8]. Because of prison regulations and security, the presence of prison staff was mandatory at our meetings. In order to cope with this, instead of inviting prisoners to verbally ask questions, we asked them to write down on paper what their questions and problems were. The same process occurred periodically throughout the sessions, so that follow-up questions could be asked. This didn't mean that people couldn't verbally ask questions or volunteer information, but it was important that it was understood. If individuals were unable to write, they were allowed to sit with someone who could write their questions for them.

This approach was well received and the inmates participated very well. Where possible, we also used focus group discussions (FGDs) to talk about less individual issues. We used this tool to talk about how men are supposed to behave in the society or about society's opinions on masturbation, homosexuality etc. For some information sessions, we used audio-visual material followed by question and answer sessions. These different methods were not only chosen for their innate benefits, but also to provide variety for the inmates, whose lives are otherwise very monotonous. It was important for me that the program didn't become just another part of their routine.

We focused on overall behavioural change and life-skill education, e.g., coping with peer pressure, developing assertive skills, managing anger and very practical advice about as to how to get referrals for legal support. When required we also ensured that one to one counselling, as well as, immediate referrals for medical conditions was available. At the Borstal school, we incorporated vocational trainings, exposure visits to Khadi industries and started developing small manufacturing units, in the facility in which the boys could work and learn.

RESULTS

We were aware, at the beginning of the study that the prisoners did not have a high level of knowledge about reproductive health issues. What became more apparent was that the information they did have was not only incorrect, but also made supplying the correct information more difficult. This was especially the case at the Borstal school. As these boys are so young and have less experience of sexual activity than the inmates at the Central prison, many of them found it difficult to talk to their peers about these issues because of fears of stigmatization. The Borstal inmates experienced a great deal of guilt about the actions that led to their incarceration. At the same time, being confined to prison was a shock for many of them. They worried about their acceptance into society and what they would do with their lives in future. Many of them felt they had 'spoiled' their futures and queried whether it was worth working towards any future happiness.

Mixed with these, were a number of misconceptions and myths around what might seem, like very basic sexual health concerns. They believed, for example, that masturbation causes weakness and that homosexuality is unnatural and evil. They also feared persecution and blackmailed, if they were discovered having sex with other inmates. The stresses of

actually being imprisoned and the stress of being labeled as a criminal, resulted in depression. This, coupled with an excess of free time, the prison environment and simple boredom and desire, meant that many of them engaged in masturbation and sex with others. In fact, this is often the primary form of entertainment in the facility. These practices in turn led to an increase in guilt and thus depression.

For the Borstal school, as well as, Central Prison inmates, information and some other kind of occupation was essential. Providing the inmates with the material to think positively about the future was also crucial.

In the prison, though one of the most pressing problems was for the treatment of STD infections. Unfortunately, the inmates did not feel that they could be open with the doctors and thus their conditions remained untreated and often worsened. We spoke to the prison staff about this situation and continued to work with them to find ways of addressing what is essentially a resource and sensitivity issue.

We found that as the project proceeded, the participants became less anxious about asking questions, which were more sophisticated and detailed. This indicates that the topics covered, were considered by the participants between sessions (whether alone or in discussion) with their peers which indicates that they must have perceived some relevance and interest in the material they worked through. More importantly, increasingly participants were able to ask for help, whether this was to request a counseling session or some medical treatment. The trust in 'Disha' that this represents is not only a result in itself, but something that can be built on with future projects.

The prison authorities are pleased with the way the intervention was conducted and with the impact it has had on the health and practices of the inmates. Because of this, there are plans to provide training for staff and importantly for doctors, about how to deal with specific concerns of prisoners. The training of staff is of particular importance, as they interact with the prisoners most often. Equipped with the appropriate information and skills, the staff should be able to detect problems and intervene at early stages. This means not only will prisoners have their needs met quickly, it will also mean that the prison will have more time to respond and muster appropriate resources.

The industry training undertaken at the Borstal school, might well have been the most significant impact. It should be remembered that talking to the boys about their health and sexual concerns was necessary. This initiative has helped to raise the boy's self-esteem and has aided them to think about possible positive futures. This kind of empowerment means that they are more likely to carry on the lessons learnt about sexual health and practices.

CONCLUSIONS

We do see these interventions as being something that will provide the participants with skills to live better in prison but also to adjust better to their lives upon release. In the context of prison and outside society, we hope, that at least some of the participants will go on to become local experts in the fields of sexual health and practices. In our past field experience, we have found that interventions such as this often produce local resources, people with good social and communication skills, who then become a natural first point of call for others in the community.

In terms of the future, it is also important that the medical staff involved with inmates be good at counseling and developing good rapport with prisoners. This will benefit the prisoners and the prison officials. We envisage providing similar participative training to prison doctors and officials. The prison staff has from the start demonstrated their commitment to this kind of work. Such an attitude is the most important factor in providing the required training and sensitization on reproductive health issues.

Overall, very few people are working on the reproductive health needs of prison inmates in India. There is need for more NGOs along with individuals in this field to come forward in this field and also the government has to be more receptive to such kinds of programmes. There are encouraging developments in this area, at least in Maharashtra. Very recently, Ms. Neela Satyanarayan, Secretary for Prisons of the Home Ministry of Maharashtra, organized a meeting of NGOs in Nasik. There, she expressed the need for NGOs and Government networks to improve the status of prisoners from a health point of view, as well as, to increase their productivity in prison employment projects and improve their rehabilitation. During this meeting she noted the special need to be focussed on HIV/AIDS and reproductive health. It is time to address the needs of prison inmates, of which there is a population of almost 25-30,000 in Maharashtra.

In closing, there is a broader lesson here too. In terms of sexual and reproductive health issues, interventions usually focus on women. This is no doubt the first group that should be dealt with, in respect to health consequences for women that occur, as a result of sexual activities and problems. Women carry children and are more likely to suffer (and be stigmatized) from complications such as infertility resulting from sexually transmitted diseases. However, the power of men in this area should not be forgotten.

Men's power in the context of sexual issues is most often thought of as a violent and destructive one. Men are blamed for demanding sex from their wives, for seeking partners before and outside marriage and for not practicing safe sex. This is doubtless true of some men. However, these 'practices' are also a crucial site for intervention. The power that men have, especially in India, can be harnessed as a caring and benevolent force rather than simply destruction reigned in. To come back to "Stepping Stones", this package recognises the importance of entire community participating in dealing with HIV and other sexual health challenges. The gender insights of "Stepping Stones" certainly (and rightly) highlights the disempowerment that women, all over the world face in the context of sex and reproduction. But it also points to the pressures that exist on men to behave as 'men' i.e., to be actively sexual and to demand sexual contact from their partners.

Identifying, unpacking and challenging the cultural models of what it means to be and behave like a 'man', is important and difficult work. It is also demanding and rewarding. For prisoners and the young offenders at Borstal schools, their maps of masculinity are constantly under threat and under surveillance. Homosexuality is not typically masculine in India. The codes of masculinity that operates in prisons may require behaviour that these men wouldn't normally consider. Examining these codes, requires that one learn about them from the men. In partnership with them, it is then possible to unravel the competing demands that are made on these prisoners, talk about the challenges that face them and then move towards empowering them. This is not an empowerment founded on fear and violence, but on trust, self-esteem and hope.

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