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The Effect of Prison Conditions on Need Fulfillment

A Case Study on Central Women Jail
Multan



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Abstract

This research attempts to create a well-developed and cohesive understanding of the effect of prevalent prison conditions and the rehabilitative environment on the physiological and psychosocial needs of incarcerated women. The study aims to answer the basic questions of what constitute physiological and psychosocial needs specific to women inmates and the fundamental effect prison conditions and the rehabilitative environment have on need fulfillment and inmate satisfaction. The research aims to bring further clarity through meaningful data to the plight of incarcerated women and issues of re-entry into society post-incarceration. Previous literature on the topic has not focused exclusively on the correlation between physiological and psychosocial need fulfillment in terms of prison conditions and the rehabilitative infrastructure in place within prisons. For the purposes of this research, Case Study methodology was applied to Multan Central Jail with a sample size of 45 incarcerated women, including 9 condemned inmates and 36 convicted inmates. The data collected was triangulated through both quantitative and qualitative methods, including in-depth structured interviews with the prison administration and the inmates along with general observation and field study. At the end, the paper outlines key policy recommendations on the basis of the research findings for reforms specific to a gendered perspective on imprisonment, incarceration and post-incarceration rehabilitation.

Aim:

The aim of this study is to assess the effect of prison conditions on physiological and psychosocial needs of women inmates and to provide recommendations for improvement on the basis of the analysis.

Scope:

The analysis of the study can be employed to rethink prison policies in order to design and implement policies that increase level of satisfaction of prisoners and reduce their resentment against the society. It is important to reduce the resentment against society to ensure successful reintegration of prisoners in the society and to promote prisons as institutions of corrective action.

Objectives:

1. To define the physiological and psychosocial needs of the women inmates.
2. To assess whether or not there is a statistical relation between the prison conditions and physiological and psychosocial needs of women prisoners.
3. To analyze how the rehabilitative activities and environment helps influence a prisoner or impact her ability to reintegrate in the society post incarceration period.

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Introduction

It has been said that, “the revolving prison door comes at a high price”. The revolving door of the prison is said to be ineffective because prisons are not actually contributing towards creating a crime free society because inmates just spend their sentences sleeping away in their cells without learning any corrective lessons. According to a study conducted in the United States, more than 650,000 male and female prisoners leave the prison every year but due to lack of personal and professional development while serving time hence, they may eventually return to crime and to the prison. (English, 2016) Research conducted in different countries show varied results on whether or not prisons are effective as institutions of corrective action. However, there is a general consensus amongst humanitarian communities that the inhumane conditions of a prison effect the mental and physical health of prisoners negatively. The prevalence of physical and mental health problems in detained population is undeniably higher than general population. However, it is unclear whether the mental and physical disorders are prevalent amongst inmates due to being in a restrictive environment, or if the disorders are preexisting. It is particularly difficult to determine mental health of inmates because it is believed that mental health of inmates is compromised because of being in a restrictive environment. There is a varied debate on whether prisons are effective as institutions of corrective action but this study discusses a different aspect of prisons i.e. the effect of prisons on the physiological and psychosocial needs of the imprisoned.

The state of Prisons in Pakistan has been deteriorating over the past few years mainly due to marginalization of prisoners and negligence towards improving the state of prisons. Moreover, when women prison populations are considered they face the problem of double discrimination. The double discrimination is linked to their status as a marginalized community in a developing country that is further marginalized in the prisons. The focus of this study is to determine the physiological and psychosocial needs of women inmates and whether or not these needs are fulfilled in Pakistan prisons. It is important to assess the need fulfilment of inmates because if their needs are not fulfilled their resentment against society is harbored even more eventually leading to more crimes. Therefore, it is not only essential to determine

the physiological and psychosocial needs of inmates to promote their physical and mental welfare, but also to create an effective rehabilitative environment, to ensure successful reintegration of prisoners in the society.

The research is conducted specifically on Central Women Prison, Multan with a sample size of 45 inmates, on the basis of predefined physiological and psychosocial needs determined through Maslow's Hierarchy of Needs and the Theory of Human Need. An important consideration in the study is the already compromised state of mental health due to being in confined state, and to further assess the effect of restrictive environment on mental health, Hamilton Depression Scale is employed as a tool in this study to analyze prevalence of depression amongst women inmates

[Overview of the Study](#)

Chapter one, the literature review, includes all the relevant studies and detailed researches that have been conducted related to the topic until now. The fundamental element of this part of the research includes specific definitions that are relevant to our study. Since our research is based upon human rights approach, we have included all the UN reports along with national and international studies on prisons.

Chapter two is the theoretical framework. This section includes the conceptual and theoretical structure that our study follows. We have discussed Theory of human needs, Maslow's hierarchy of needs and Hamilton depression index and the WHO, World health survey. We have established a relationship of these theories with relevance to our research and explained how we have used them to structure our entire research design.

Chapter three is the research methodology. This chapter constitutes discussion related to how we designed the research, what tools we used and how we analyzed the data collected. This chapter has following elements: research questions, hypotheses, the significance of research, variables, tools, research approach, sampling and data collection methods, data analysis techniques and software used to analyze the data, ethical considerations and limitations of the study. It includes discussion related to the prevailing conditions of Multan Jail. It includes

observations made by the researchers, the attitude of the administration and the inmates towards researchers, the prison administration and each other.

Chapter four is data analysis. The data that we have gathered through interviews, field notes and surveys was converted into variables and then analyzed on SPSS. To represent the results statistically, cross tabs and frequency tables were generated. The tables were further converted into graphs and charts to analyze the correlation between variables, and deriving final results.

Chapter five contains the recommendations. Policy recommendations are suggested in this chapter, on the basis on research findings and results.

i. Literature Review

Prisons play an important role in providing justice, according to a report in 2014 Pakistan has 97 operational prisons and more than 70,000 inmates. (Human Rights Commission of Pakistan, 2014)

Prevalence of health disorders and emotional disturbance is common amongst people in restrictive environments. However, whether the poor physical and mental health is due to spending time in a restrictive environment or because of prison conditions is debatable. Maslow's theory of hierarchy of needs defines physiological needs based on few basic provisions such as food, water, safety and security and the psychosocial needs of love and belongingness are actualized only when the basic physiological needs are being met.

This literature review aims to establish definitions required to analyze the effect of prison conditions on physiological and psychosocial needs of women prisoners as well as the perception and determinants of physical and mental wellbeing. The concepts of physiological and psychosocial needs are defined on the basis of framework designed by international and national organizations, to define eco-social indicators which affect the physiological and psychosocial needs of people. The analysis is to be conducted specifically on prison conditions and their impact on physiological and psychosocial needs of prisoners, therefore, the scope and boundaries of; physiological and psychosocial needs, and of nationally and internationally defined indicators of physiological and psychosocial indicators are to be defined.

From the perspective of pathology, poor health may be someone suffering from conditions such as tuberculosis, pneumonia, injury, alcoholism, typhoid or bacilli etc. (Breslow, 1972) However, health cannot be defined only pathologically because health is also affected by living conditions. For instance a poor man living in a slum might die at an early age because of his poor living conditions and a university professor of the same age might have superior health because of his superior living conditions. (Breslow, 1972) This does not mean that the university professor could escape disease conditions but they might live longer than a poor

man living in a slum because “they enjoy a fuller life in the positive sense” (Breslow, 1972) Our perception of health is generally focused on suffering from identifiable diseases, if health improves overtime or with medication disease is thought to be less severe, whereas if it’s not curable then it’s severe. (WHO, 2007) However, as Breslow explains the relationship between health and lifestyle, health is not only dependent on diseases but a fully healthy person could be defined as a person who’s physiological and psychosocial needs are fulfilled. This study attempts to define the physiological and psychosocial needs that need to be fulfilled in order to live a healthy life based on Maslow’s hierarchy of needs and the theory of human need.

Maslow’s hierarchy of needs define physiological needs on different levels on the basis of necessity of a biological needs relating to the normal functioning of human body, such as provision of basic necessities such as food, water, warm and rest, before discussing the physiological and psychosocial needs identified by the theory of human need, it is important to define the concept of wellbeing, because the fulfillment of psychosocial and physiological needs are directly proportional to an individual’s health and wellbeing. Wellbeing can be considered a subjective concept which may vary from one person to another based on their socio-economic context and level of contentment. However, as there is a shared reality, there is also a shared sense of wellbeing in the social environment. The meaning of anything is taken perceptively on the individual level, wellbeing is also perceived at the individual level according to the social context however researches have been conducted to establish a mutually understood definition of the term.

Well-being in objective terms is defined as

“good or satisfactory condition of existence based on health, happiness, economic prosperity and welfare of an individual. Like the term positive health, well-being has much to do with achieving human potential physically, emotionally and socially.” (Nutbeam, 1998)

Due to conflicting views on what social prosperity, happiness and welfare, there is a lack of general consensus on the definition of well-being, therefore there is a need for a mutually agreed upon definition with its scope and boundaries defined so the term can be used in a globally understandable context.

Objective well-being is measured with indicators that can show an overall objective sense of wellbeing, whereas subjective wellbeing is an individual's own perception of his life and happiness. (Camfield, et al., 2008)

Subjective wellbeing is used as an umbrella term which refers to

“Varying components such as: life satisfaction and satisfaction with life domains such as marriage, work, income, housing and leisure: feeling positive affect (pleasant emotions and moods) most of the time: experiencing infrequent feelings of negative affect (such as depression, stress and anger); and judging one life to be fulfilling and meaningful”. (Diener E, 2005)

It is accepted that people do not only base their behavior on what is available to them but on what they feel about the different options or constraints that they are facing. (Diener E, 2005)

Therefore, it can be inferred that the level of fulfillment of physiological and psychosocial needs could vary depending on the socio-economic concept.

Rivalry, social relationships and personal traits might play more important roles than type of house, education and health care when people in poor countries are confronted with questions on happiness or satisfaction. (Fafchamps & Shilpi, 2005) Study conducted in Nepal aimed to examine how rivalry might reverse positive feelings associated with increases of income, thus group cooperation does not lead to well-being (framing effects). (Fafchamps & Shilpi, 2005) On the other hand, a study carried out in Calcutta, finds evidence that slum dwellers do not show a much lower sense of life satisfaction than more affluent counterparts due to the importance they attach to social relationships and the satisfaction derived from them. (Diener, et al., 1995)

There are particular indexes designed to gauge well-being on the basis of specific identifiers, and this study focuses on analysis of physiological and psychosocial needs which are the two main components in determining overall life satisfaction and wellbeing.

Physiological and Psychosocial Needs in Prisons



Figure 1 – illustrates the theory of human need comprising nine needs namely: access to basic necessities such as provision of adequate nutritional food and water, protective housing, non-hazardous work conditions, appropriate health care, safe birth control, physical and economic security, significant primary relationships and access to basic and cross-cultural education.

These needs are necessary for a person to be physiologically and psychosocially well.

The World Health Organization, defines the term prison as an institution which holds people who have been sentenced for a specific period of time by the courts for crimes they have committed. (WHO, 2007) The analysis of physiological and psychosocial needs of prisoners determines the overall health of prisoners, and according to the WHO definition of health the overall health of prisoners is affected by the surrounding atmosphere, security measurements, and fulfillment of their human rights and overall level of health services provided to them.

(WHO, 2007) Although, the physiological needs of a person in prison and a person outside prison are the same, but the overall wellbeing of someone in prison is compromised because of the effects of restrictive environments on physical and mental health. Therefore, the physiological and psychosocial needs of both prisoners and are defined in the similar manner as needs of someone outside the prison. The inherent dignity, and their human rights seem to be compromised because of not being in the community, due to which their mental health is considered to be compromised. (Oglaff, 2008) This study discusses the physiological and psychosocial needs of prisoners, however, the effect of prison conditions is difficult to determine because mental illnesses are relatively common in criminal justice system around the world. (Oglaff, 2008) However, mental health in prisons is difficult to determine because mental health in prisons is generally compromised because of being in a restrictive environment.

According to the findings of WHO Mental Health in Prison Project, for majority of prisoners, imprisonment was likely to have the following effects: isolation from families and social networks, austere surroundings, loss of privacy and poor physical and hygienic conditions, aggression, bullying, fear, suspicion and the attitudes of unsympathetic and uninformed staff, lack of purposeful activity, of personal control, of power to act and loss of identity; pressure to escape or to take drugs, shame and stigmatization, uncertainty, particularly among remand prisoners, and concern about re-integration into the outside world. (WHO, 1999)

Based on the concept of difference in wellbeing due to difference in physiological and psychosocial needs of men and women several studies have been conducted nationally and internationally to analyze the difference in treatment of men and women inmates. The following section analyzes the difference in life satisfaction on the basis of gender and the disparity between indicators designed for measuring physiological and psychosocial needs of men and women.

Gender Sensitivity Factor

Physiological and psychosocial needs are different for men and women due to gender specific entities, and women are considered to have higher tendency of having unfulfilled needs than

men. (Dolan, et al., 2011) In order to accommodate gender differential in the HDI the Gender-related Development Index (GDI) adjusts the three dimensions of HDI. The Gender Empowerment Measure (GEM) seeks to measure relative female representation in economic and political power, it considers gender gaps in political representation, in professional and management positions in the economy, as well as gender gaps in incomes (Klasen, 2006). Due to HDI's inability to account for gender differences, several attempts have been made to come up with better indicators to account for the gender differential. In 2009 solid proposals for the two gender-related indicators are being formulated, these include the calculation of a male and female HDI, as well as a gender gap index (GGI) to replace the GDI, that can be interpreted more directly as a measure of gender inequality (Klases & Schuler, 2009) In order to adjust the gender difference, quantitative indicators must be based on sex disaggregated statistical data. The gender difference factor also calls for consideration of qualitative data such as changes in attitudes about gender equality and women empowerment. Measurements of gender equality might address changes in the relations between men and women, the outcomes of a particular policy, program or activity for women and men, or changes in the status or situation of men and women, for example levels of poverty or participation. (Demetriades, 2007)

The disparity in fulfillment of physiological and psychosocial needs of women is also reflected in prison conditions as studies on women prisoners suggest that traditionally women prisoners have been given lower priority and unequal treatment in a gender based prisons. (Dobash, et al., 1987)

The study of Women in Prisons also introduces the concept of "double" deviant inferring that female prisoners break both gender roles and the criminal law. Historically studies focused on institutional setting for prisoners and their effect on overall wellbeing of prisoners, but recently sociological literature has been developed to reflect how women inmates spend their sentence. (Caughey & Rowe, 2004) Studies focusing on women inmates reveal that women prisoners create life in prison that reflects elements of their traditional family and community roles.

Although, recent studies focus more on institutional settings for prisons rather than gender disparities, historically studies have specifically focused on how women "do their time".

(Caughey & Rowe, 2004) Moreover, women inmates face the problem of double discrimination due to cultural expectations based on defined gender roles and sexuality. (Caughey & Rowe, 2004) Therefore, on the basis of previous studies conducted physiological and psychosocial needs of women are defined in this study on the basis of attributed women roles such as the role of mother. (Caughey & Rowe, 2004)

United Nations High Commissioner for Human Rights (OHCHR) Basic Principles for the Treatment of Prisoners 1990 states that all prisoners will have complete access to all health services which exist in the country; there should be no discrimination on the basis of their legal status. (United Nations Human Rights Office of the High Commissioner, 1990) Women make up a very small proportion of the overall prison population in Pakistan. Females Behind Bars, a report by United Nations Office on Drugs and Crime (UNODC) states that it is extremely difficult for women to access the special healthcare they require. (Human Rights Commission of Pakistan, 2014)

District health department staff visits female prisoners however there are not enough doctors available to cater to all the prisoners properly. In larger cities such as Lahore, Rawalpindi, Karachi etc. women inmates were provided healthcare by NGOs and also they were transferred to hospitals for childbirth while in smaller cities, midwives went to the inmates and the babies were delivered in the prisons, this has such deeply disturbing consequences for the child and the mother, endangering them both, psychologically and physically. However it was also seen that in some towns where facilities are limited, women give birth to children without any midwife or any other medical facility, ministry of Health or the Prison Department was providing very limited healthcare to the prisoners, furthermore, it is noted that prisons largely impact the mental wellbeing of prisoners, regardless if they had any mental health concerns prior to their admission to the prison, there are no clinical psychologists present in Pakistani prisons to assist those who need help, when prisoners are admitted in the prisons, their mental health is not assessed. (United Nations Office on Drugs and Crime, 2011) Along with mental health, physical health of the prisoners is also jeopardized by miserable and oppressive prison conditions.

The HRCP report states that according to the Punjab prisons minister 80 HIV positive and 31 AIDS patients were present in the prisons all across the province. (Human Rights Commission of Pakistan, 2014)

Studying the incidents of depression in inmates is important in order to understand the impact of prison conditions on mental health of prisoners. Without studying the incidents of depression it is not possible to understand the level and frequency of mental health problems and the programs required to improve the mental health and psychosocial functions of the inmates. (Oglaff, 2008)

It is important to acknowledge that the physiological environment has a significant impact on women inmates. Khalid Manzoor's study, *Women Prisoners: A Case Study of Central Jail Kot Lakhpat (Lahore)*, found that the issue of overcrowding was excessively relevant, with jails being filled to almost four times the maximum capacity (Human Rights Commission of Pakistan, 2014). The Standard Minimum Rules for Treatment of Prisoners (SMRTP) requires for the segregation of women and men within a jail, however, only a separate unit for women is present (Human Rights Commission of Pakistan, 2014). It is abundantly clear that despite provisions for women, the female block and the male block within the jail share a common entrance. Furthermore, according to the study, the female unit has inadequate ventilation facilities, with beds placed vertically so as to maximize utility whilst compromising on gender-specific requirements for women inmates. (Human Rights Commission of Pakistan, 2014)

When taking a gendered perspective into account in terms of the specific health needs of women inmates, the prevailing inadequacy of such gender-specific facilities is a significant concern. The overall sanitation infrastructure, along with facilities for ventilation, heating and lighting are also similarly lacking. The unsatisfactory hygiene standards can be deduced from the fact that there are only six lavatories available for the inmates. (Butt, 2014) According to a paper by Justice (R) Fakhrunisa Khokar called *Judiciary and Gender Bias* most of the women who were imprisoned were illiterate and almost 90 percent of these women earned less than 40 dollars monthly, most of the women in jails were clueless regarding their legal rights so they were not dealt with a proper process and were not provided equal justice, a few of these

women were in no place to even have access to legal counsel, she further stated that it was very alarming to see someone women in prisons as they did not belong there as the law under which they were being held was discriminatory, convicts and prisoners awaiting trials were seen living under the same roof. (Khokhar, 2017)

The following section analyzes the effect of prison conditions on mental and physical health of inmates, specifically women inmates.

Prison Conditions and Mental Health

It is essential to study and compare mental disorders in prison and community in order to determine the psychosocial health of prisoners. The studies can help in determining whether or not the prison rehabilitation programs will prove to be effective in successfully reintegrating the inmates back into the society. (Oglaff, 2008) However, determining mental health in prisons is complex due to the varying conditions of different prisons. (Oglaff, 2008) Moreover, previous studies indicate that some incidents of mental disorders in inmates are pre-existing, and their consequences such as suicidal behavior and self-harm might appear during their imprisonment, because of the resilient effect of restrictive environments on mental state of inmates. Therefore, the findings about mental conditions in certain inmates cannot be generalized for all prisoners. For example a study conducted on depression in Central Prison Peshawar on the basis of Hamilton depression scale concludes that a 40.6% of inmates were normal, 43.8% of prisoners had mild depression, 12.5% had moderate depression and 3.1% had severe depression. Most of the prisoners were middle-aged (defined here as 31–40 years of age), with low socio-economic status. In addition, questioning about social history revealed that 39 (60.1%) of the prisoners smoked cigarettes and that four (6.3%) had abused drugs. During the interview it was revealed that somatic symptoms were very frequently reported among the prisoners. About 32 (84.2%) shared that they often had headaches followed by disturbed sleep pattern, 31 (81.6%) said that they had experienced changes in appetite and 30 (78.9%) reported agitated behavior. To identify the prisoners at higher risk of depression, odd ratios were calculated. It was revealed that women who were middle-aged (OR 1.31, confidence interval CI 1.02–1.60), married (OR 1.80, CI 1.36–2.23) and with a low socio-economic status (monthly income. (Khan, et al., 2012). The results of the study conducted in Peshawar demonstrate the

prevalence of depression amongst inmates, but Hamilton Depression Scale does not account for history of previous mental illnesses, therefore it cannot be concluded whether the prevalence of depression was because of prison conditions or due to previous history of mental illnesses.

Although, it is difficult to generalize the effect of prison conditions on physiological and psychosocial needs but previous literature and studies conducted on prison conditions illustrate a specific trend of prevalence of diseases and mental disorders in prisons with poor living conditions, due to overcrowding, ill-treatment of prisoners, lack of proper health facilities, conflicts between inmates, attitudes of prison administration and lack of access to basic necessities. (United Nations Human Rights Office of the High Commissioner, 1990)

The following section discusses the details of different prison conditions and their effect on physiological and psychosocial needs of inmates specifically women inmates.

[Physiological Needs and Prison Conditions](#)

For example, in case of Pakistan prison facilities are known to be overcrowded, i.e. the number of inmates in prisons is higher than the sustaining capacity of the prisons which results in degeneration of physiological and psychosocial needs of inmates. (Hough & Allen, 2008) According to a study conducted in Japan, high population density leads to degeneration of physiological and psychosocial needs of inmates leading to emotional volatility and violent outbursts. (Yuma, 2010) In the United Kingdom since 2010, 18 prisons have been shut down, 2 have been closed partly and 3 other are expected to close, this has led to loss of 6500 prison places. (Portland State University, 2017) The prison population was 85,264 by April 2014 which was 255 higher as compared to the prison population in May 2010. (Portland State University, 2017) The overcrowding factor also makes it inevitable for prisoners to share a cell, which was designed for a single person, the cells are small and they only have one toilet installed. Overcrowding in cells is against the United Nations Standard Minimum Rules for the Treatment of Prisons which is signed by the United Kingdom. A Permanent Secretary at the MoJ, Ursula Brennan stated that there are no plans to reduce overcrowding as it would cost the government a large sum of money. (Howard League for Penal Reform, 2014) It is evident that

with such statistics, some inmates might have to wait for turns to sleep, or sleep on the floors without proper bedding, this also clearly means that the access to washroom must also be limited, such extreme overcrowding can greatly harm inmate wellbeing. Prisoners have to share cells which are not designed for a lot of people, under such conditions where people have to spend most of their time inside without any sunlight causes skin diseases and other health conditions. (Human Rights Commission of Pakistan, 2014) Thus, the problem of overcrowding does not only negatively affect mental health of prisoners but also affect their physiological needs and lead to deterioration of their health.

[Prison Administration Safety and Security](#)

Torture is defined as any act which causes extreme pain or suffering, whether physical or mental. (Amnesty International, 2016) The Amnesty International noted countless cases of physical and mental abuse, through torture. Lu, a prisoner was tortured every day for four months by the prison authorities to get him to confess, they beat him daily until he was unconscious and degraded him by making him eat food that was left by a dog amongst many other things. (Amnesty International, 2016) Prisoners not only have to endure mental and physical torture from the prison authorities but also from fellow inmates as well in some cases these prisoners committed acts of torture under express consent and discretion of the prison authorities. Paulus Le Van Son was in prison for four years and faced many episodes of violence by four other inmates with whom he shared a cell, when he came to his cell he was beaten by these four men for thirty minutes, they took turns to hurt him and punch him, he went on a hunger strike as a protest and only then he was moved to another cell after 5 months. (Amnesty International, 2016) Prison authorities in Vietnam also tend to use solitary confinement quite often, sometimes, abandoning prisoners for inhumanely long periods of time. A well-constructed study, Prisons in Africa: An evaluation from a human rights perspective, by Jeremy Sarkin, excellently discusses the contemporary prison conditions in Africa and their historical, colonial context, while identifying a variety of problems existing within African prisons such as overcrowding and inhumane treatment of the inmates. African prisons have a substandard living environment, however even in this substandard environment, vulnerable group; women and children, are forced to live in conditions which are even below

the existing substandard environment for other prisoners, they have been ignored not only by the academics but also by the penal policymakers. In 2008 in the global average of women prisoners as a percentage of total prisoners Africa is in the middle, between 1 – 6 percent of population in African prisons is comprised of women. (Sarkin, 2008)

The decayed state of mental wellbeing can be associated to the unfavorable prison conditions, privation of satisfactory and successful rehabilitation procedures and also to the individuals' previous psychological issues. The studies also show that differences in the level of authority affect the mental well-being of different inmates differently depending on their race e.g. Hispanics and African Americans were prone to more issues than other groups in the cells due to higher scrutiny, and the differences lead to intensification of issues and dysfunctional behavior. (Travis & Western, 2014)

There are quite some similarities between the contextual background of poverty and illiteracy of African and Pakistani female inmates. These female offenders are mostly incarcerated for crimes such as murder, attempted murder, infanticide, abortion, theft, drugs, etc. a pattern can be determined that gender discrimination is the reason behind sentencing of such women. Some countries have even executed women for having an abortion.

Discrimination against women is very common in prisons, it was seen that they were not given access to vocational and recreational programs, they were not provided any necessary sanitary supplies, it was also seen that often were imprisoned with men, therefore they faced physical and psychological abuse from male inmates, sometimes the staff would not do anything to prevent and would join the male inmates, it was further seen that even in female only prisons, women had to face sexual abuse by male guards. (Sarkin, 2008)

Although developed countries also face severe problems regarding prison conditions and inmate wellbeing, developing and underdeveloped countries have it worse, this results in the disruption of the catalyst of correctional facet of the justice system. According to a report in 2010 by the U.S State Department prisons in Pakistan should not be termed as "correctional institutions" as their state were "so inhumane that criminals often leave more hardened than before their arrest". (United Nations Office on Drugs and Crime, 2011) Several studies have

placed emphasis on the connection of prison conditions and deviant behavior with conclusive evidence that inhumane conditions increase the possibility of violent and damaging behavior within the prison population.

Due to extreme overcrowding, corruption, cruel and poorly trained administration and substandard living conditions the prisons in the country are a place for violence, drug abuse and criminality. (Asia Report, 2011) In traditional patriarchal societies, female inmates face extremely harsh treatment and are at a very high risk of abuse, both mental and physical, due to prison conditions as well as cruel prison administration. In a report on Pakistan called Females Behind Bars by United Nations Office on Drugs and Crime (UNODC) about 800 female prisoners in the country faced harassment, insanitary conditions and no provision of proper healthcare. (United Nations Office on Drugs and Crime, 2011) In many of the cases it was seen that the prison wardens themselves committed such acts of sexual harassment and violence. After conducting prison surveys UNODC stated that suicidal depression, sleep disorders, and various other mental illnesses were common among female prisoners due to the inhumane treatment by the prison administration. (United Nations Office on Drugs and Crime, 2011)

Corrupt prison management is a huge concern in the particular context of Pakistan. A prisoner was beaten by the jail superintendent so severely that his leg was fractured, the prisoner filed a report against the administration, during the hearing the prison administration was asked to step outside so the victim's statement could be recorded, the victim stated that the prison administration had shaved off the prisoners' head and eyebrows, and if someone failed to meet their demands, they were brutally tortured. (Human Rights Commission of Pakistan, 2014) Prison authorities are meant to keep order and ensure that the rehabilitation activities are being observed and they are obtaining positive results however inefficient, inhumane and corrupt prison staff has become a menace for prison facilities, especially in Pakistan. A 68 year old man who was convicted for murder and was kept at Adiala Jail, during his routine search the jail assistant superintendent (ASP) took the prisoners' vests, the prisoner in return protested against this, he was forced to stand in the yard in front of the other prisoners where he was tortured and stripped naked while he was being verbally abused, the victim also stated that he was regularly asked for bribes and was kept with C class prisoners whereas he was entitled to B

class, it was also noted that some prisoners were given access to LCD televisions whereas there were others who were not even given painkillers. (Human Rights Commission of Pakistan, 2014)

United Nations High Commissioner for Human Rights (UNHCHR) lays down eleven basic principles for the Treatment of Prisoners 1990. These rules focus specifically on the fact that each individual should be respected and no discrimination should take place on the basis of religion, race, and color, It further states that solitary confinement should not be used often, it should be used as minimum as possible. (United Nations Human Rights Office of the High Commissioner, 1990) Amnesty International also places emphasis on the humane treatment of prisoners. In a case study by AMNESTY international based on prisons in Vietnam, it states that in international law, torture and other ill-treatment of prisoners are not allowed in any circumstances. (Amnesty International, 2016) Vietnam is a signatory of various treaties regarding treatment of prisoners, nonetheless, it is customary for all the countries to comply with international law regardless of their signatory status. In the Vietnamese constitution torture is prohibited, but doesn't describe torture properly, Vietnam still hasn't amended its Penal Code and Criminal Procedure Code so torture can be defined properly, which should comply with UNCAT Article 1(1) According to the UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) describe solitary confinement as when a prisoner is left for 22 hours or more in a day without any significant contact with other people. (Amnesty International, 2016) The most inhumane type of confinement within prison walls is prolonged solitary confinement, which is, when a prisoner is left alone for more than 15 days consecutively, it is internationally banned and frowned upon as a serious violation of human rights. According to a prisoner Dar, he spent the first 10 months in prison in solitary confinement in complete darkness, he was told by the prison guards that he would die there and no one would ever know, especially his family. (Amnesty International, 2016) -Another type of solitary confinement was witnessed, a prisoner was left in confinement for 24 hours with an antennae, a conscience female prisoner in Vietnam was put in solitary confinement with an antenna, the cell was dark and there was no form of ventilation, the antenna was switched every two to three days. (Amnesty International, 2016)

The penal code of Pakistan does not clearly define the term torture, as some kinds of forensic evidence is not admissible to the courts, the investigation teams use torture both physical and mental to obtain confession, which sometimes also results in false confessions and erroneous sentencing. 72 prisoners died in jails in 2014, whereas 47 prisoners were injured because of calamities in several clashes, amongst these at least 3 deaths were reported to have occurred due to custodial torture and 50 were due to illness or old-age. (United Nations Office on Drugs and Crime, 2011) The HRCP report further states that police would often ask prisoners for bribes to escort them to the court for their hearings, prisoners who were not able to pay these bribes were extremely tortured. (Human Rights Commission of Pakistan, 2014)

Although individuals committed to particular parts of the prison service can do much, we strongly believe that a health promoting prison can only be achieved if all staff are involved, including senior staff members who determine the ethos of the prison as a whole. Changes should be introduced with continuity in mind. In order to discuss the mandatory changes necessary for increasing the overall satisfaction of prisoners, several studies have been conducted previously which measure physical and psychosocial needs of inmates. However, studies show that not all jails are equivalent and degree of confinement in prisons could vary greatly depending on the physical design, staffing levels, assets, the restorative theory, the level of authoritative control, is incredibly essential to better understand the level of fulfillment of physiological and psychosocial needs of inmates. Several sociological and mental studies show that jails are unpredictable and therefore conditions of prisoners could vary on the basis of the condition they are kept in. (Travis & Western, 2014) Due to the difference in prison conditions the experience of imprisonment differs amongst the inmates of high security prison and minimum security facilities, the aforementioned theory is confirmed by the results of a study conducted by National Research Council United States proving that inmates of high security cells with high wall dividers and minimal social contact proven to be in worse mental state than inmates in low security cells. (Travis & Western, 2014)

A handbook to prison staff called A Human Rights Approach to Prison Management by Andrew Coyle lays down the principles of good prison management. (Coyle, 2009) This document places emphasis on the need for adherence to an ethical framework, in absence of an ethical

framework, a group will unavoidably more power, an ethical framework must be followed by prison population and the authorities alike to ensure that inmates are treated better than innate objects and rather considered human. Too much focus on technical and formal procedures can result in dehumanization of the prisoners. Managing prisons is essentially managing human beings which includes staff and prisoners both. (Coyle, 2009)

Although rules and regulations are set in place to provide guidelines to the prison administrations in Pakistan, it is to be noted that political influence in transfers and promotions with the lack of a systematic program for professional capacity building amounts to misuse of power to make the prison conditions worse for some prisoners while preferential treatment for politically connected convicts. A prison official in Karachi stated that jail staff was asked to “go easy” on prisoners who had political links or were influential politician during the Musharraf Regime. (Asia Report, 2011) Politicized institutions always result in obstruction of the very service they are to provide. In 2010, inspector general for prison transferred, posted and promoted several officials according to his wish, the Punjab home ministry said that relevant action would be taken as the Punjab Civil Services Act, 1974 was violated however no action was taken. (Asia Report, 2011)

A research was conducted in 2016 called Impact of Prison Conditions on Wellbeing of Female Prisoners in Punjab. (Yasin, et al., 2016) The research stated that a large number of issues existed in all these jails for example poor hygiene; however it also stated that there were also some good practices present that were strengthening the prison conditions. (Yasin, et al., 2016)

According to the research, majority of the inmates were satisfied with the food provided to them. There were instances where the inmates stated that they had to re-cook their meals to improve the quality and taste of the food. The inmates in Lahore jail were mostly satisfied with the food quality whereas the satisfaction rate in Sialkot was very alarming. When the inmates were asked regarding the provision of sanitary napkins, which according to the Punjab Prison Manual should be provided to every female inmate by the prison administration, it was evident that sanitary napkins were not provided by the prison administration in any of the jails in

Punjab. A few inmates stated that they had access to pads which were given to them by their visitors or NGOs. (Yasin, et al., 2016)

72.4% of female prisoners in Rawalpindi said that they are not suffering from any diseases whereas 52% of the female prisoners in Lahore jail said that they are suffering from at least one disease. The inmates were also asked how they were treated in case of a medical emergency to which 100% women in Gujranwala jail said that rapid action was taken. 21.1% of the women in Faisalabad jail said that the action was delayed in case of a medical emergency which was the lowest response. (Yasin, et al., 2016)

When the inmates were asked about punishments given by the prison administration almost all of them believed that they deserved such treatment. 62% inmates in Lahore jail said that they have been punished at least once by the prison administration. All inmates from the Sialkot jail stated that no punishments are given there. The most common form of punishment in jails was isolation or being “sent to chukki.” This was highest in Sahiwal and lowest in Gujranwala where 92.9% of the inmates stated they have never been given any of these punishments and haven’t witnessed anyone being punished. Solitary confinement is another way to punish inmates. In Pakistan, the inmate is sent to a normal cell, but the inmate is not allowed to interact with anyone or step out of the cell, this can impact the mental wellbeing of the prisoner. The duration of the confinement varied between 1 day and 2 months. 100% of the female inmates from Lahore, Gujranwala and Sialkot stated that the prison administration has never beaten them. Female inmates from other prisons however stated they were sometimes mistreated by the prison administration. To take care of the mental wellbeing and improving the rehabilitation process of the female prisoners in Punjab, counselors are available in every prison in Punjab. Counseling sessions are conducted in all prisons by external NGOs and other organizations. (Yasin, et al., 2016)

This research also highlighted a number of best practices that were being implemented by the prisons in Punjab. In Adiala Jail, Rawalpindi, female prisoners are being taught how to use computers, this added to the rehabilitation process of the prisoners. In Sahiwal jail it was noted that special food was available for prisoners suffering from diabetes and high cholesterol.

Female inmates in Sialkot jail are paid for the clothes they stitched. They would stitch clothes for local public schools. Those inmates who didn't know how to stitch were given training on how to stitch and do embroidery. In Lahore jail, female prisoners make various items like paintings, sculptures etc. in a special room dedicated solely to arts and crafts. These items are then displayed in front of the public in different exhibitions. Furthermore there is a school in the Lahore prison for both female inmates and their children. The school has a great environment, for example there are pictures of all the children who study there which contributed to creating a positive environment. Sports equipment is also available in the school and competitions are held between the children and trophies are given to winners. In Lahore and Sahiwal jail there is a hospital inside the jail. In times of a medical emergency inmates are taken there immediately. (Yasin, et al., 2016)

Contrary to the research conducted in 2016, a research conducted in 2011 shows that there is a severe lack of specialized training facilities for prison staff as police training schools currently entertain the budding staff. According to the prison officials this is the main reason they are unable to enforce the Jail Manual, proper training institutes are needed in each province. (Asia Report, 2011) Therefore, it can be inferred that prison conditions in Punjab are somewhat satisfactory but there is a significant room for improvement according to the results conducted in the previous study. (Yasin, et al., 2016)

Rehabilitative Environment

Prisons are often considered as institutions for improving wellbeing. Singapore Prison Service strived for prisons to function as institutions for promoting wellbeing, therefore they enforced changes on the basis of social context, benevolence, trust, building positive outcomes and shared engagement to improve staff morale, and the results of prison improvements have been impressive. Singapore's prison authorities took an amazingly broad approach focused quite explicitly on the wellbeing of prisoners, staff, and community. They emphasized the building of connections and trust so as to combine prisoners, staff and the public in collaborative commitments to improve the lives of all. In the words of a case study presented to an intergovernmental meeting on new approaches to governance (Leong 2010) The case illustrates a government agency stepping beyond its traditional role of a guardian to that of a facilitator

and enabler of change, first by clarifying the shared vision and purpose, and then creating channels, empowering and equipping its staff, other members of society, and even its beneficiaries to contribute'. How different this is from the common view of prisons as social cesspits functioning primarily to punish criminals by incarceration while more often functioning as crime schools. Reformed prisons that successfully exemplify key results from wellbeing research deserve to be described as Felicitators.

United Nations High Commissioner for Human Rights (OHCHR) Basic Principles for the Treatment of Prisoners 1990 states that all prisons should create opportunities for prisoners which enable them to take on significant paid employment, it should help the process of reintegration into the labor market, it should further allow them to support themselves and their families financially, this can be done by involving not only social institutions but also the society itself. (United Nations Human Rights Office of the High Commissioner, 1990)

Rehabilitation procedures and activities must be designed to accommodate the social context of the inmates, such activities must also consider the gender sensitivity issues and therefore must be specifically designed and improved at every level of administration.

Exploitative discrimination against the vulnerable factions is common practice in developing countries where institutions treat prisoners as mere numbers and therefore, fail to acknowledge their rights, while the provision for rehabilitation can only be ensured by providing a positive prison environment to the inmates in order to improve their objective wellbeing and physical wellbeing, subjective wellbeing takes more influence from activities and the general social environment varying from individual to individual. Some countries for example South Africa, Uganda and Botswana have improved their rehabilitation programs, despite of all the challenges faced in these countries regarding implementing policies and programs, they aim towards sticking to their program, the program essentially focuses on education and vocational training, psychological support, encouraging contact with family, religious services, and integrating their prisons with the civil society so they can reintegrate in the society. (Sarkin, 2008)

ii. Theoretical Framework

There are multiple theories and components that could be employed for measuring physiological and psychosocial needs. For the purpose of this research, Maslow's Hierarchy of needs and Theory of Human Need (Gough & Dough, 1991) forms the basis of the theoretical framework. These two theories encapsulate variables that directly correlate to the physiological aspect of need fulfillment among women inmates.

Psychosocial needs, are thus, linked to the following theories, namely Hamilton Depression Rating Scale, (That quantifies the absence of depression on the premise that the psychological or cognitive responses of the inmates on the scale align to a higher rate of psychosocial need satisfaction.

Further imploring the psychosocial aspect, the WHO Study, Mental health in Prison project is used to gauge a quantifiable scrutiny into the mental health of women prisoners and the subsequent effects imprisonment has on the psychosocial needs of the inmates.

The Theory of Human need can provide an extensive assessment of physiological and psychosocial needs by analyzing wellbeing on the basis of appropriate basic and cross-cultural education, physical and economic security, significant primary relationships, safe birth control and child bearing, security in childhood, appropriate health care, adequate protective housing and non-hazardous work conditions and physical environment. However, due to the differences in prison conditions and general living conditions the only factors of Theory of Human Need that will be used to assess the condition of women in prison in this study are, basic education, appropriate health care, significant primary relationships and safe birth control and child bearing.

Maslow's Hierarchy of Needs

Another theory that we will be utilizing is Maslow's Hierarchy of needs. This theory encapsulates a hierarchal structure of needs where physiological needs being the base need subsequently affect the entire edifice, on which the edifice of this research stands tall.

The theory interconnects with our field of research in the context that it redefines the motive of our findings. It builds upon basic human needs that are imperative for sustenance. Prisoners through our case are being assessed through survey responses to link them to the stated needs mentioned in Maslow's Hierarchy of needs. The theory emphasizes on the four basic deficiency needs that are the physiological, safety, belongingness and esteem needs. The last and the highest in order is the need of Self Actualization.

Physiological Needs: associating food, water, warmth, rest.

Safety Needs: This need explores the necessity for sanctuary and safety. The two major determinants of this need are safety and security.

Belongingness and Esteem Needs: are the subsequent necessities on the pyramid as once the first two needs are met, an individual moves onto the next in order.

Although the need for Self Actualization is not measured in our thesis, it is the most complex of needs. Reaching this need requires all the previous needs (physiological, safety, esteem and belongingness) to be satisfied.

[Theory of Human Need \(Gough & Dough, 1991\)](#)

The Theory of Human need can provide an extensive assessment of physiological and psychosocial needs by analyzing basic and cross-cultural education, physical and economic security, significant primary relationships, safe birth control and child bearing, security in childhood, appropriate health care, adequate protective housing and non-hazardous work conditions and physical environment.

Health Needs

Health needs are listed as following, Safe birth control and child bearing, security in childhood, appropriate health care, adequate protective housing and non-hazardous work conditions and physical environment. Len Doyal and Ian Gough distinguish between essential wellbeing needs and the more psychological self-sufficient needs, and have made a helpful rundown of moderate needs. Their model additionally considers the fulfillment of requirements for entire gatherings of people as well as for a single person.

Autonomous needs

Autonomous needs are based upon two factors, will and ability. It revolves around the cognition of an individual and how willing a person maybe to act upon given opportunities.

- Cognitive (thinking) skills
- Opportunities to engage in social participation

Intermediate needs

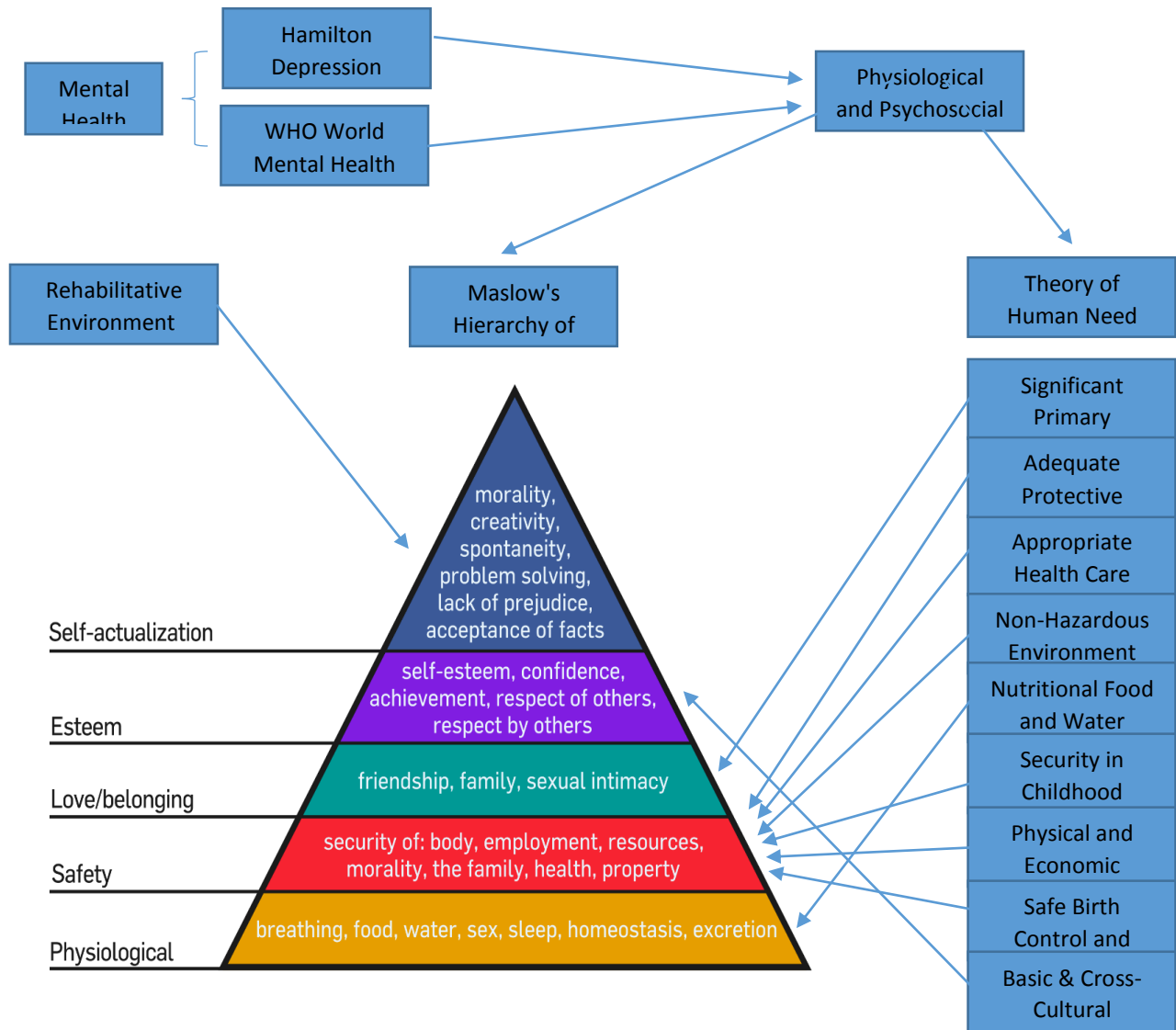
Doyal and Gough distinguish eleven 'intermediate needs' (or widespread satisfier qualities) for things that are basic for essential needs and empower self-governing should be fulfilled.

- Adequate dietary nourishment and water
- Adequate defensive lodging
- Non-perilous workplace
- Non-perilous physical condition
- Appropriate human services
- Security in adolescence
- Significant essential associations with others
- Physical security
- Economic security
- Safe conception prevention and youngster bearing
- Appropriate essential and culturally diverse training

However, due to the differences in prison conditions and general living conditions few factors like basic education, appropriate health care, significant primary relationships and safe birth control and child bearing will be used to assess the condition of women in prison.

The theories, namely, Theory of Human need, WHO World Health survey, Maslow's Hierarchy of Needs and The Hamilton Depression scale, have variables that collectively back the hypothesis for this research. Each variable, is used as a means to measure the affect an Independent variable, e.g. prison conditions, security, safety, social connections, nutritional

food and water may have on the dependent variable that is the physiological and psychosocial needs of women prisoners.



The diagram illustrated above gives a summary of the interconnection and how the variables taken into account coincide with each other. These theories collectively offer a comprehensive framework and a structured guideline on measuring the impact of prison conditions (the variables associated with it) on the physiological and psychosocial needs of women inmates.

Needs don't simply lead to outcomes in real life and there are both procedural and material preconditions that must be fulfilled. Hence, the overarching jail conditions would go about as a

means for provision of the prisoner's needs. These methods could be divided in the types of Procedural preconditions or Material preconditions.

Procedural preconditions are about the capacity to recognize needs and methods for fulfilling them. Where there are gatherings of individuals included, this requires dialogue and understanding, including the determination of any contention around these.

Three procedural preconditions are subsequently distinguished:

- Rational distinguishing of necessities
- Use of viable learning to recognize needs satisfiers
- Democratic determination for concurrence by partners

Material preconditions are about the ability to create and convey required satisfiers.

Four material preconditions are recognized:

- Production of satisfiers, effectively
- Distribution to people with isolated needs
- Needs change, transforming the satisfiers into fulfillment
- Material generation inside the procedure, including utilization of time and products

[Mental Health Synopsis](#)

According to the findings of WHO Mental Health in Prison Project majority of prisoners, imprisonment was likely to have the following effects:

Isolation from families and social networks, austere surroundings, loss of privacy and poor physical and hygienic conditions, aggression, bullying, fear, suspicion and the attitudes of unsympathetic and uninformed staff, lack of purposeful activity, of personal control, of power to act and loss of identity; pressure to escape or to take drugs, shame and stigmatization, uncertainty, particularly among remand prisoners, and concern about re-integration into the outside world. (WHO, 1999)

On the basis of these theories and previous studies, this research will analyze the effect of prison conditions on physical and psychological well-being of women prisoners in Multan

Central Jail, women prison by analyzing the following components, basic education, appropriate health care, significant primary relationships, safe birth control and child bearing, marital status, number of children, duration of stay in prison, locality, sleep patterns, appetite, mood, weight-loss/weight-gain, social connections, exposure to violence, personal control, lack of purposeful activity, loss of privacy, poor physical and hygienic conditions, concerns about re-integration and suicidal thoughts.

As indicated by the discoveries of WHO Mental Health in Prison Project, larger part of detainees, detainment was going to have the accompanying impacts: separation from families and informal communities, stark environment, loss of protection and poor physical and clean conditions, animosity, harassing, dread, doubt and the states of mind of unsympathetic and ignorant staff, absence of deliberate action, of individual control, of energy to act and loss of personality; weight to escape or to take medications, disgrace and trashing, vulnerability, especially among remand detainees, and worry about re-reconciliation into the outside world. (WHO, 1999)

WHO Mental Health in Prison Project study hypothesizes that the sense of need fulfillment and wellbeing is closely associated with mental health and the ability of an individual to withstand pain. This relies on self-worth, and prison conditions directly influence physical and mental wellbeing of the inmate population.

- Lack of proper health care and poor hygienic conditions negatively affect the mental and physical wellbeing of prisoners.
- Coercion from administration, exposure to violence, amongst inmates and from administration causes psychological and physical problems.
- Prison conditions could be improved through increasing support and engagement of prisoners.

In addition to the above three statements, this study analyzes the effect of individual and institutional components on wellbeing. The individual factors were diagnosis of mental health, education, marriage, children, and duration in prison, and the institutional factors were exposure to violence/coercion, availability of work opportunities in prison, type of

housing/cells, availability of appropriate health care and the extent of availability of social support.

In order to check the level of depression among the inmates, we will be utilizing to back our findings is the Hamilton Depression Scale. The scale is divided into 21 questions, each pertaining to a specific indicator that is helpful in quantifying if not accurately deducing the incidence of depression.

The following are questions along with detailed description of each. The scale given to measure each component ranges from 0-4.

- **Depressive Mood:** entails feelings of continuous sadness, hopelessness, helplessness and worthlessness.
- **Feelings of Guilt:** to gauge presence of remorse and constant feelings of repentance.
- **Suicide:** ascertain the tendency or presence of suicidal thoughts.
- **Insomnia Early:** difficulty in falling asleep, initial stages.
- **Insomnia Middle:** restlessness, agitation and disturbed sleep.
- **Insomnia Late:** inability to fall asleep in routine and going back to sleep once the cycle is broken.
- **Work and Activities:** activities that the respondent is involved in throughout the day to keep busy and how willing they are in participating.
- **Retardation:** Psychomotor (the origination of movement in conscious mental activity).
- **Agitation:** Fidgetiness, hair pulling, biting of lips, wringing of hands.
- **Anxiety (psychological):** Apprehensive facial reactions and apparent speech.
- **Anxiety (somatic):** effects of over-activity, mental manifestations, belching, cramps, diarrhea, palpitations, headache, and tremors).
- **Somatic Symptoms (gastrointestinal):** Difficulty in maintaining an appetite
- **Somatic Symptoms (general):** Body aches, including headache, limb aches and so on.

- **Genital Symptoms:** Loss of sex drive, inability to perform sexually.
- **Hypochondriasis:** health anxiety or illness anxiety disorder.
- **Loss of Weight**
- **Insight:** acceptability of depressive feelings
- **Diurnal Variation:** variation in mood, anxiety, and depressive feelings from day to night.
- **Depersonalization and De-realization:** Feelings of unreality, random thoughts of nihilism.
- **Paranoid Symptoms:** innocuous events or mere coincidences being mistaken for real life experiences.
- **Obsessional and Compulsive Symptoms:** Uncontrollable and long-lasting urges, discomfort if the obsessions are not materialized into compulsions (actions).

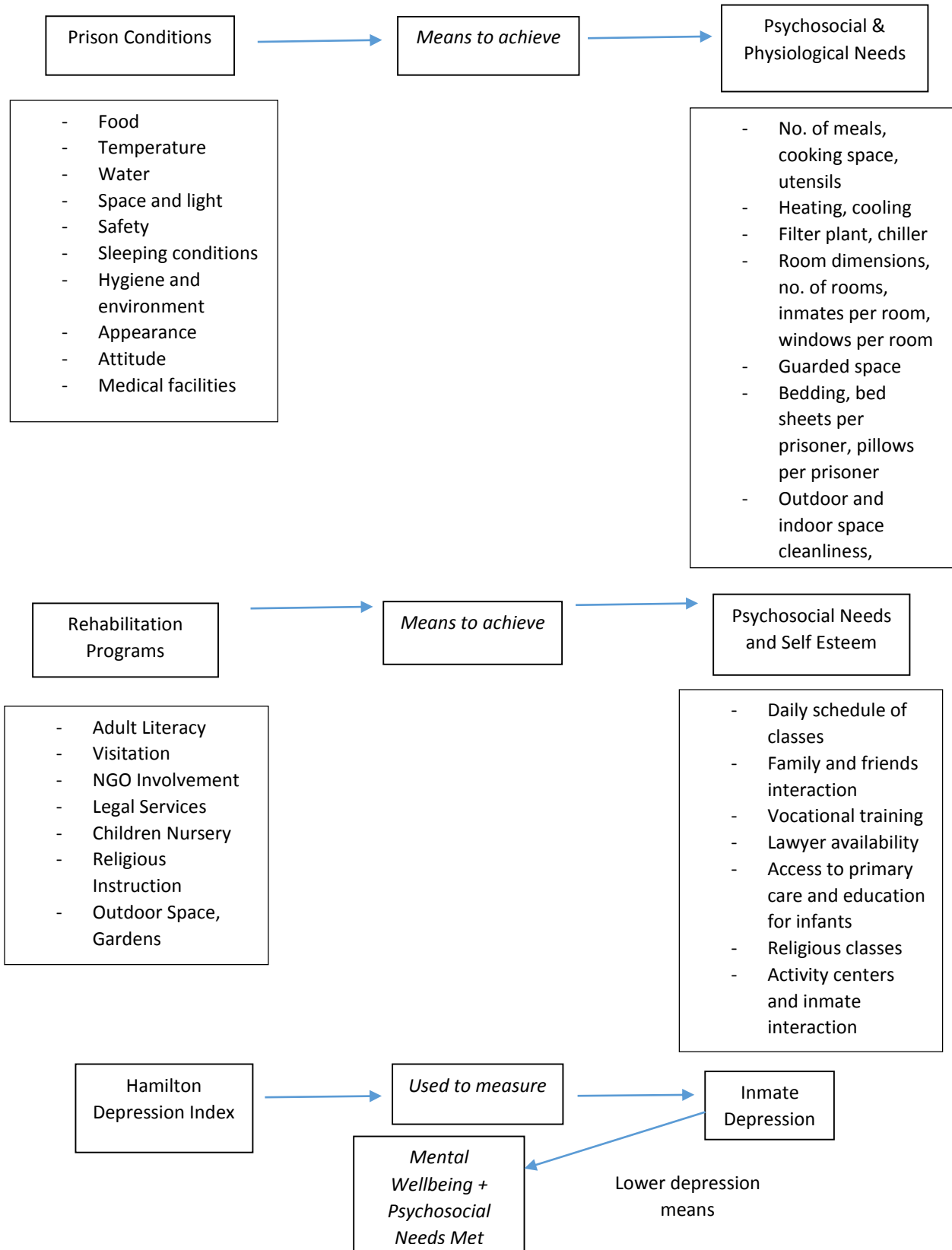
Limitations of the Hamilton Depression Index

The Hamilton Anxiety Scale (HAM-A) was tried for dependability and legitimacy in two distinct examples, one specimen (n=97) characterized by tension issue, the other example (n=101) characterized by depressive issue. The unwavering quality and the simultaneous legitimacy of the HAM-D and its subscales ended up being adequate. Internal legitimacy tried by inert structure examination was lacking. The significant issues with the HAM-D are that (1) anxiolytic and impacts of antidepressants can't be recognized; (2) the subscale of physical tension is unequivocally identified with substantial reactions. The relevance of the HAM-D in anxiolytic treatment studies is in this manner restricted. More particular nervousness scales are required.

The idea of personal hygiene that is a significant component of our survey is based on a quantitative approach to the WHO definition of health, physical, mental and social wellbeing. Here the concept of Personal Hygiene is gauged from the provision of basic utilities like, toothpaste, soap, shampoo, oil, comb, sanitary napkins, and towels). The question further encapsulates the inquiry into whether or not the prison administration and staff levies importance to the need for personal hygiene among prisoners and how often checks are administered to make sure of its implementation. (WHO, 1999)

Based on concept of partial justice (Gudderidege, 1986)((Friedman, 1981) the theory suggests that woman prisoners face low priority and unequal treatment in a system of gender-based discrimination, therefore, in order to quantify the gap and to account for differences in the physiological and psychosocial needs of men and women, we analyzed whether or not women inmates were given basic provisions of utilities. This includes sanitation, treatment for yeast infections and access to pre and post-natal care.

Conceptual Framework



The diagram illustrated above explicitly mentions the independent variables that are the prison conditions and rehabilitative programs. They are used to test any impact on the dependent variables, which are the physiological and psychosocial needs. Our conceptual framework is divided into two components, Physiological needs being affected by the prison conditions and psychosocial needs being impacted by the rehabilitative programs.

Independent variables affecting the psychosocial needs

Rehabilitation programs: The set of variables listed under this have an impact on the psychosocial needs of the women prisoners. Presence and absence of each variable is believed to lead to a cognitive response among the inmates and have an altering effect on the mental health. This namely lists the Adult Literacy.

- Visitation
- TEVTA
- Legal Services
- Children Nursery
- Religious Instruction
- Outdoor Space/Gardens

The way each variable is exercised by the prison administration has been listen and survey questions made accordingly to record responses and gauge a comprehensive understanding of the first question of the hypothesis.

Independent variables affecting the physiological needs

Prison Conditions: The set of variables within prison conditions that have a subsequent effect on the physiological needs are listed and through survey questions and responses, each needs and its fulfillment is quantified.

- Food
- Temperature
- Water
- Space and light
- Safety
- Sleeping conditions

- Hygiene and environment
- Appearance
- Attitude
- Medical facilities

These variables and their affects are measured through several prevailing conditions associated with each variable. This leads us to assess the second question of the hypothesis.

The Hamilton Depression Index is another key element that is used to measure the incidence of depression among the women prisoners and further implore the mental wellbeing and psychosocial need fulfillment of the women inmates.

On the basis of these theories and previous studies, this research will analyze the effect of prison conditions on physical and psychosocial needs of women prisoners from the Multan women prison by analyzing the following components, basic education, appropriate health care, significant primary relationships, safe birth control and child bearing, marital status, number of children, duration of stay in prison, locality, sleep patterns, appetite, mood, weight-loss/weight-gain, social connections, exposure to violence, personal control, lack of purposeful activity, loss of privacy, poor physical and hygienic conditions, concerns about re-integration and suicidal thoughts.

iii. Research Methodology

This research study aims to define the physiological and psychosocial needs of women inmates and observe the effect of the prevailing prison conditions as well as the rehabilitative environment on these needs. A sample of 45 incarcerated women in the Multan jail was selected as the respondents for our study. A multi-method research strategy was used which included open ended interviews with the prison administration, in-depth surveys and interviews with the incarcerated women and field observations of the prison conditions and the rehabilitative environment. This method of qualitative research and analysis, which utilizes various data sources, is a means to triangulate data and increased reliability (Rossman & Marshall, 1989)

Significance of the Study

Incarcerated women and the effect of restrictive environments is a traditionally overlooked and neglected social group, so the primary aim of this research is to provide further clarity in understanding the issues faced by women in prisons. A study conducted by students from NUST School of Social Sciences last year aimed to assess the implementation gap through extensive sampling of multiple female jails within Pakistan aimed to identify the gap between the international standards for the treatment of prisoners vs. the actual facilities provided to them as per Pakistan's prison system. The study aimed to not only identify possible gaps between the law and its implementation, but also attempted to gauge the effect that the prison conditions had on the mental and physical wellbeing of women inmates. The study found that the female inmates could be classified as generally both physically and mentally well through the analysis of the data, however, an implementation gap was identified between the prison laws and their effective implementation. (Yasin, et al., 2016)

Khalid Manzoor's study, *Woman Prisoners: A Case Study of Central Jail, Kot Lakhpat* identified significant issues of overcrowding and also shed light on the issues faced by female prisoners during incarceration as well as attempting to provide insight into the root causes of the engagement of women in criminal activities. A report titled *Reforming Pakistan's Prison System*

highlights that most women prisoners are housed in separate cells within male jails, suggesting that female facilities should be built instead of housing female prisoners in a predominantly male-dominated prison. (Human Rights Commission of Pakistan, 2014)

It is integral to understand and take into consideration that incarcerated women become the "double deviant", as marginalization takes place on two separate levels since as women, they are already marginalized by society and that marginalization increases significantly as a result of their incarceration status. Research involving prisons, while scarce, exists but it is usually scattered in nature as prison administrations are generally hesitant to allow an unrestricted study of jails, making it even more essential to collect as much significant data on the conditions of female jails as possible. For this purpose, the study was conducted in the Central Jail in Multan, which is one of the few facilities that houses only female inmates and is also largely run by women to assess the conditions of prison conditions on the needs of women outside of the context of a primarily male facility. This study aims to assess the effect of prison conditions and the rehabilitative environment on the physiological and psychosocial needs of women inmates. The assessment of these needs will be conducted on the basis of Maslow's Hierarchy of Needs, The Theory of Human Need and the Hamilton Depression Index to not only assess basic physiological and psychosocial needs but to also check instances of depression within inmates. The purpose of conducting this research is to add meaningful data to existing literature regarding the needs of incarcerated women and also the effect the rehabilitation efforts and infrastructure have on the psychosocial requirements of women. The data aims to bring a focused gendered perspective so as to allow policy makers to make more informed decisions and policies for reforms regarding female incarceration, especially since there is a prevailing sense of desensitization within our society in terms of prisoners, leaving incarcerated individuals without a voice of their own experiences and issues.

Research Objectives

This research is aimed to achieve the following objectives:

- To define what are the physiological and psychosocial needs of the women inmates.

- To assess that how prison conditions impact the physiological and needs of women inmates in particular.
- To find out how the quality of prison life impacts the psychosocial needs of women inmates.
- To find out that how the rehabilitative activities and environment helps influence a prisoner or impact her ability to reintegrate successfully in the society post-incarceration period.

The following research questions have been designed for this study:

- What are the physiological and psychosocial needs of women inmates?
- Are there any rehabilitation programs in place for women inmates within the prison?
- Are the psychosocial needs of women inmates effected by the prevailing prison conditions and the rehabilitative environment?
- Are the physiological needs of women inmates effected by the prevailing prison conditions and the rehabilitative environment?

The following hypotheses have been proposed for this study:

H o1: The prevailing prison conditions and rehabilitative environment do not have an effect on the psychosocial needs of women inmates.

H alt1: The prevailing prison conditions and rehabilitative environment have an effect on the psychosocial needs of women inmates.

H o2: The prevailing prison conditions and the rehabilitative environment do not have an effect on the physiological needs of women inmates.

H alt2: The prevailing prison conditions and the rehabilitative environment have an effect on the physiological needs of women inmates.

Research Design

The study used a mixed method with quantitative and qualitative aspects so as to expand the research in a way that a single approach could not. Triangulation method was used in

combining the qualitative and quantitative aspects of the research, as triangulation ensures a well-developed account of the research problem as it incorporates multiple sources of data to understand an issue holistically. By using strengths of both methodologies, this study was able to utilize data much more significantly with a broader perspective with the help of both, observation as well as experimentation.

A relationship-based research design is incorporated in the study, as we are trying to determine the relationship between prison conditions, rehabilitative environment and the physiological and psychosocial needs of women inmates. Cross-sectional study is a typology of observational study whereby data is collected from a representative population across a specific time period, with multiple variables taken into account. This design allowed us to compare each one of our different variables; prison conditions, rehabilitative environment, physiological needs and psychosocial needs of women inmates within the same time frame through the administration of structured interviews.

Descriptive research methodology was incorporated within the research design. Descriptive research is *“aimed at casting light on current issues or problems through a process of data collection that enables them to describe the situation more completely than was possible without employing this method”* (Bayat, 2007) Descriptive research often combines quantitative and qualitative methods and primarily focus on 'what is'. As the purpose of our research is to assess the current prison conditions and their subsequent effects on incarcerated women, the descriptive elements serve to clarify the key realities of incarceration.

Deductive research approaches focus on *“developing a hypothesis (or hypotheses) based on existing theory, and then designing a research strategy to test the hypothesis”* (Wilson, 2010) Deductive methodology is primarily concerned with the exploration of a known phenomenon and subsequent testing to ascertain its validity in a given circumstance. Our research formulated a hypothesis based on an existing theory linking prison conditions to the needs of inmates and the hypothesis was subsequently tested as applied to the case of Multan Central Jail so as to lead to either a confirmation or rejection of the hypothesis, therefore, it can be

classified as a deductive methodology. The inductive approach to research was avoided so as to avoid any and all interpretation biases.

Empirical studies are defined as a type of research that is concerned with the collection of primary data through field study and observation. As we conducted field research through observation and via a checklist and also through inmates and prison administration interviews, which are all forms of primary data collection, our research can be described as empirical in nature. The empirical aspect of the study serves to describe the current conditions as well as further reinforce the association between different variables.

Data Collection

Primary Research Instruments:

- Structured in-depth interviews and unstructured interviews from the prison administration

Interview questions were structured and thus, prepared beforehand, with the questions remaining standardized from one respondent to the other. The questions followed a set pattern and the sequence and series of questions remained the same for all respondents, with few open-ended questions included in the interview in order to obtain the most relevant and meaningful data. The structured questionnaire was administered to the Deputy Superintendent, Deputy Supervisor and the Assistant Supervisor with a separate structured questionnaire for the General Physician.

An unstructured, informal and open-ended interview was conducted with the prison Teacher, so as to allow her to include any information she thought was relevant in order to assess the infrastructure present for the educational needs of both the adult inmates and the children present within the jail.

- Cross-sectional surveys and interviews from the inmates

Cross-sectional surveys and studies focus on making inferences about a particular interest group within a defined period of time. Cross-sectional design was selected so as to not only be able to focus on the prison inmates as the interest group of the study but also because the

cross-sectional study design can be used to also assess risk factors etc. specific to an instance. Therefore, a cross-sectional survey was used to study the prison inmates and to simultaneously check for the prevailing prison conditions, the rehabilitative environment and the physiological and psychosocial needs of the women inmates. Since the basis of need fulfillment is based on the perception of the inmates and what they perceive as a need, the cross-sectional design was ideal as it also allows for the assessment of beliefs and perceptions within a population.

The questionnaire was designed using Maslow's dimensions of the Hierarchy of Needs and the Theory of Human Need, with questions divided into sections based on Physiological Needs, Safety Needs, Health Needs, Love and Belongingness Needs and Self-Esteem Needs. It was translated into Urdu from English for the purpose of clarity so the inmates understood the questions they were being asked. The questions were mostly closed ended.

- Field notes via a checklist and observations

A checklist was made so as to supplement field notes and general observation, to check the availability of infrastructure and to record noticeable prison conditions. The dimensions of the checklist included food and water schedules and quality, the safety and security conditions and measures, the space and lighting conditions, the prison environment and hygiene levels, the appearances and attitudes of the inmates in terms of cleanliness and propriety and the medical facilities and availability of activity centers for the inmates.

- Hamilton Depression Index

Hamilton Depression Scale is regarded as the gold standard for measuring depression. HAM-D includes 17 items that include questions investigating factors that are direct determinants of depression. These include weight loss, somatic symptoms, idea of suicide, hallucinations etc. Each item on the scale has a 3 to 5 point scale that varies depending upon the item. The tool is used to measure instances of depression, with lower depression indicating greater mental health. A translated version of the Index was administered to each of the inmates along with the surveys, so as to effectively measure instances of depression within the inmates and calculate prevailing conditions of mental health.

Secondary Research Instruments:

- Maslow's Hierarchy of Needs

To evaluate the quality of prison life, surveys were designed on the basis of Maslow Hierarchy of Needs (1943, 1954). The questions were designed to assess the provision of needs and their impact, based on the five tier model proposed by Maslow.

Five categories of needs (physiological, safety, belongingness and love, esteem and self-actualization) are arranged in hierarchal manner. The questions were designed separately for each category for reliable assessment.

- Theory of Human Need

The Theory of Human Need has 9 indicators including education, safety, social participation, health, food and water and the accompanying basic physiological and psychosocial needs. This theory is used to compare inmate need fulfillment to fundamental human needs.

- WHO World Mental Health Survey

The WHO World Mental Health Survey focuses on defining health care and the necessary provisions for maintaining health standards and also identifies key indicators of mental health.

Selection of Participants and Sampling

Prison	Population Sample	Condemned	Convicted	Under-Trial
Central Jail Multan	45	8	37	0

In terms of sampling criteria the under-trial population was excluded and inmates who had been imprisoned for a duration of at least 6 months so as to ensure that the responses recorded were an actual representation of the prevalent conditions. Condemned prisoners are inmates who reside in solitary confinement and have been sentenced to death row while convicted prisoners are those that have been found guilty of committing a crime by a court of law and have been sentenced to serve time in a correctional facility.

We have used disproportionate stratified sampling by dividing the sample size into groups based on the incarceration status. The two stratum were condemned and convicted with the sampling being overall disproportionate as 8 of the total sample size of 45 were condemned while the rest were convicted. The disproportionate sampling was to remove any bias within the results as a result of the unequal distribution of convicted vs. condemned sample sizes.

The qualitative sampling follows non-probability purposive sampling as the prison administration was identified as the specific unit of study due to relevance. Expert sampling was relied upon so as to focus specifically on the prison administration including the on-call physician, adult literacy program teacher, deputy supervisor, deputy superintendent and assistant supervisor.

Procedures

- **Clearance from NUST Ethics Committee**

As our research is representative of NUST School of Social Sciences, the first step was to get approval from the Ethics Committee to conduct the research in an ethical way, with all ethical considerations taken into account for the study.

- **Security Clearance from Multan Jail**

As prisons are a security-sensitive environment, clearance from the IG of Multan by submitting an official request (via the university) to conduct the research as students of NUST School of Social Sciences was required, detailing the purpose of the study to be cleared to visit the jail and also conduct interviews with the administration and administer the surveys to the inmate population.

- **Pilot Study**

The first day of our field research was dedicated to the preliminary or pilot study. We met with the prison administration to discuss the layout of the field research. The general prison conditions were observed and recorded on the basis of a check list that aimed to evaluate the quality of living standards of the inmates. We had informal discussions with the teachers and instructors that were part of the TEVTA rehabilitation programs and also visited the inmate

cells. In the interest of being thorough, we used a sample size of 10 inmates, most of them under trial, to establish the feasibility of our study design.

- **Informed consent**

In accordance to research ethics, each survey form included an introduction to the research and its purpose and also clearly indicated the rights of all participants. All inmates were provided a disclaimer of the voluntary nature of this research and explicitly told that they were under no obligation to answer any question they did not want to and could also choose to rescind their participation at any point in time before the start of the interview. The informed consent was included at the start of all the forms and was translated into Urdu as well to abundantly ensure that the study participants had a sound understanding of the study.

- **Inmates Survey - Interviews**

Each interview lasted around 15-20 minutes, with the respective interviewer starting the interview by reading the consent form to the inmates. The inmates were firstly divided into two categories; convicted and condemned. The convicted inmates were interviewed first, the prison library acting as a makeshift interview station. The inmates were given the option to maintain their anonymity if they wanted and also informed that they could stop the interview at any time or choose to refrain from answering any question. After recording the respondents answers to the questionnaire, each inmate was administered an Urdu translated version of the Hamilton Depression Index so as to supplement the research more effectively by not only trying to establish the impact of the overarching prison conditions on inmate need fulfilment but to also measure the instance and severity of depression amongst the prison population. After concluding the convicted inmates' interviews, the condemned inmates were interviewed. As the condemned inmates are confined to solitary, each respondent had to be interviewed within their respective cells. The same procedure was then applied to the condemned sample size as applied to the convicted sample, so as to maintain consistency within the data.

- **Prison Administration Interviews**

The prison administration interviews were open ended, so as to include any information that the prison administration considered relevant. The Deputy Superintendent, Deputy Supervisor and Assistant Supervisor were administered generic questionnaires that focused on the daily activities and duties of administration, the specific provisions and facilities available for the prison population, rehabilitative efforts and programs in place for the inmates and asked for the administrations opinions of the current prison system in place and any reforms they believed were required. The prison Teacher was interviewed regarding the shortcomings of the current syllabus while the on-call Physician was asked questions relating to the medical facilities available for the women inmates within the prison as well as the maintenance of inmate medical records.

- **Data Analysis Method**

The tool we used for quantitative analysis for our primary data is Statistical Package for the Social Sciences (SPSS). SPSS is used to electronically store questionnaire data and generates descriptive statistical for the responses of the questions, for example frequency counts. Furthermore it is used identify relationships between the dependent and independent variables.

Significance level used to interpret the data is as follows:

- If the significance level is less than 0.10 then the relationship between the two variables is slightly significant.
- If the significance level is less than 0.5 then the relationship between the two variables is moderately significant.
- If the significance level is less than 0.01 then the relationship between the two variables is highly significant.

Frequency Analysis

The first technique used is the frequency analysis; it shows the number of times each answer has been recorded. To further analyze the data, we used descriptive analysis which gave us the mean, median, minimum and maximum value for each dependent variable.

Chi-Square Test

The second technique used to analyze the data is Chi-Square Test, it is used to identify if there is a relationship between two variables; the dependent variable and the independent variable. This technique was used as the variables are measured at an ordinal level and they consist of two or more categorical and independent groups. It consisted of three steps:

1. Stating the hypothesis
2. Analyzing the data
3. Interpretation of results

Phi and Cramer's V

The third technique used was Phi and Cramer's V. It was used to measure the strength and direction between two variables, in the case of this research, the dependent and the independent variable. Phi was specifically used to check the strength between the independent and dependent variable. Cramer's V was used to check the strength between one nominal variable with an ordinal variable.

One-way ANOVA

One-way ANOVA or the analysis of variance was the last technique used. It was used to identify if there is any notable differences between the means of three or more than three independent groups. It was specifically used to test the null hypothesis.

Ethical Considerations:

- Permission was taken from the relevant prison administration and authorities to conduct this research.
- The tools used had no copyright and were properly administered.

- Participants of the research were briefed about aims and objectives of the study and were taken into full confidence.
- The individuals had the right to withdraw whenever they felt uncomfortable.
- Individuals were free to choose not respond to any questions if they found them inappropriate or were simply unwilling to answer.
- Confidentiality of the sample was maintained.
- Names of the inmates were only written if they felt comfortable in sharing them. The forms of inmates who had reservations were kept anonymous.
- All materials were translated into Urdu so that inmates would be able to understand them better.

Limitations:

The most significant limitation of the research is the subjective nature need fulfilment. The majority of the women inmates, because they hailed from low socio-economic backgrounds and did not have access to education, were ignorant about their basic rights and basic needs. Since they were unaware of the specific rights of prisoners despite being under punishment, they couldn't recognize if they were being deprived of something or not. Most of them had no complaints because they were of the view that, since they are in captivity, access to basic health care and similar needs was not a necessity that they were owed.

Furthermore, it becomes difficult to ascertain and judge the level of need fulfilment within prisons due to the subjective nature of need and need fulfilment, with different inmates and their perception of what constitutes a basic need and its subsequent fulfillment, meaning the research was limited by the differences in perceptions between the inmates.

As data was collected from only one jail, the Central Jail in Multan, the results and findings of the research cannot be generalized and applied to all jails. The jail under study was additionally an independent women jail rather than the prevailing case of separate female-only cells within primarily male facilities. Thus, the services and facilities present within the Multan Jail were specific to the needs and requirements of women inmates exclusively. Therefore, the scenario of prison conditions, provision of services and facilities as well as need fulfillment can differ

across dependent women jails and facilities where there is cohabitation between male and female prisoners.

Societal taboos that exist in terms of mental health and illness, especially instances of depression, mean that the majority of the population of Pakistan remains largely ignorant regarding mental health needs and issues making it hard to be able to discuss such issues openly. Inmates could thus, not effectively gauge their own level of depression due to the lack of awareness and so, instances of depression were deduced on the basis of inferences made through a series of indirect questions regarding mental health and depression.

Similarly, questions relating to sexual and reproductive needs of women were included within the research design, but most women were unwilling or hesitant at the least to answer these questions as the traditional role of women does not include them being vocal about sexual drives or needs. Therefore, these answers had to be estimated and predicted through interviews with the prison administration, who were more forthcoming in terms of providing specific answers.

iv. Data Analysis

Qualitative Analysis

Qualitative research methods focus on the experiences of individuals, more specifically, how they understand and perceive their personal experiences in context and contrast to others. (Willig, 2001) Qualitative research includes in-depth interviews, field observations and unstructured interviews with prolonged engagement in the field a commonality between the different methods. Qualitative scholars argue that data collected as a result of prolonged engagement in the field has critical characteristics including accuracy and breadth. Researchers have shown that through supplementary research methodologies, qualitative methods of research can reflect inconsistencies within individual's accounts, forming an important aspect for the process of critical analysis. (Willig, 2001)

Case study methodology was used for qualitative research design, using a single case as a point of research. Case study methodology allows the researcher to examine data critically within a particular context, often including a contemporary phenomenon in a real-life context. (Willig, 2001) The parameters of the case were prison conditions and the rehabilitative environment in terms of the physiological and psychosocial needs of women inmates of the Central Multan Jail. As defined by Stake, the case study design is instrumental in nature, as it aims to highlight the significance of prevailing prison conditions within female prisons and bring further understanding to the correlation and effect these conditions have on the physiological and psychosocial needs of the female inmates. (Willig, 2001)

Interviewing was used as a tool for data collection for the case study research. Members of the prison administration were interviewed including the Superintendent, Deputy Supervisor, Assistant Supervisor, General Physician and Teacher. Structured interviews were conducted with the Superintendent and the Supervisors. The questions were created prior to the interview, with the series of questions remaining the same for all respondents to allow for a well-developed understanding. Questions remained standardized and a few open-ended questions were included as part of the interview in order to allow the respondents room to

provide information they thought was relevant. Structured interviews were conducted for consistency of data and to allow for a well-developed understanding of the prevailing prison conditions and the rehabilitative environment within the Central Multan Jail. The interviews were conducted face to face and recorded by the interviewers according to the responses of the interviewees.

Interview Description

Serial Number	Name	Position	Type
Interviewee 1	Amber Naqvi	Deputy Superintendent	In-Depth Structured Interview
Interviewee 2	Kasur Perveen	Deputy Supervisor	In-Depth Structured Interview
Interviewee 3	Somia Zafar	Assistant Supervisor	In-Depth Structured Interview
Interviewee 4	Naheed Akhtar	Teacher	Unstructured Interview
Interviewee 5	Shazia Shafqat	On-Call Doctor	In-Depth Structured Interview

In-Depth Structured Interviewee Discussion

1. It has been said that prisons are a 'nursery for crime'. Do you agree with this statement? In terms of the crime network that exists in prison and exposure to it.

Interviewee 1	The statement is partially true, as especially in the case of women prisoners when they get out of prisons, the society and even their families disown them. Due to stigmatization, mingling in the society becomes a challenge for them. In such circumstances, to survive they are most likely to get indulged in two common
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	criminal activities: adultery and drugs.
Interviewee 2	The statement is true, to an extent. The women that are set in crime will continue to commit crimes and the ones that want to be rehabilitated will work towards rehabilitation.
Interviewee 3	Yes. Some women leave as even more hardened criminals.
Analysis	The statement can be seen as largely representative of the reality that incarcerated women come into contact with an extensive crime network within prison, serving to further nudge them towards a life of crime as a result of the increased criminal exposure that is a part of correctional facilities.

2. How do you manage the day to day activities of the prison?

Interviewee 1	Management of the jail and routine activities relies heavily on the nature of the superintendent. Since my responsibilities include administering as well as being aware of the needs of the inmates, I visit them every morning on the daily basis so that they can directly convey their complaints and reservations to me.
Interviewee 2	My responsibility is running the whole prison, from dealing with other female wardens to dealing with the daily needs of inmates like residence and food schedules.
Interviewee 3	I oversee the prison maintenance and the security measures within the prison. I manage the daily routine for the inmates and oversee the kitchen. Most people who visit this jail are always surprised by how clean it is.
Analysis	The prison administration remains largely involved in the day to day running of the prison, overseeing almost all activities ranging from food schedules, availability of provisions like beds etc. and also prison maintenance and security protocols. There is a general

	consensus on the impressive cleanliness of the jail and its overall maintenance.
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3. What are the specific rules and regulations for that are in place for the women inmates?

Interviewee 1	All the rules that are being implemented here are specified in Punjab Prison Code. The menu is structured accordingly. If she wants, a woman inmate is allowed to keep her child with her if his age is up to 6 years. They are put in solitary confinement if they disobey or misbehave with the jail administration or the fellow inmates. Furthermore, WAT (Women Aid Trust) is very active in Central Jail Multan. They visit on a weekly basis, converse with prisoners and provide them whatever they are in need of.
Interviewee 2	The food served is in accordance with the governmental menu guidelines. Meals are given three times. For inmates that do not listen to the wardens, there is solitary confinement. Often these inmates are reasoned with verbally and reprimanded for starting fights with other inmates.
Interviewee 3	We implement the Pakistan Prison Rules.
Analysis	The basis of the rules and regulations employed is the law laid out within the Pakistan Prison Rules in terms of food, provision of materials and child services. Solitary confinement is the primary form of punishment within the prison, as a result of disorderly conduct of any kind by inmates. There is also significant NGO involvement and engagement through Women Aid Trust and similar organizations.

4. What are the specific facilities available for women within the prison infrastructure?

Interviewee 1	Timely meals, water chillers, and the clean environment are provided. There are centers set up by TEVTA that are providing vocational training, religious education and also, a parlor is present that is providing beautician courses. However, the inmates here don't show any eager response to the rehabilitative activities. Some women didn't know how to recite Quran and learned it in jail. An inmate wanted to give her BA exam, to facilitate her, jail was made the exam center so she could proceed with her exams.
Interviewee 2	There is a factory, a kitchen, water coolers in the summers, blankets are distributed during the winters. Adult Literacy and Religious Education programs are in place, with a teacher that comes daily. Fatima, an inmate, wanted to give her BA exam, so we arranged exams for her with the jail as her exam center.
Interviewee 3	We keep the weather in mind; fan and change of sheets in the summers, we have hygienic standards and medical facilities for them and provide them with good living conditions.
Analysis	The facilities and provisions for the women are largely satisfactory, with basic physiological needs kept in mind. Rehabilitation programs and educational programs are also in place, so as to contribute to skill-building and add value to the inmate's incarceration. TEVTA's involvement is also a significant initiative in terms of providing a strong rehabilitative environment, however, inmate involvement is an issue. The jail tries to cater to all kinds of needs of women and ensure access and availability, but these efforts are in vain without significant interest and engagement of the inmates.

5. What specific provisions are in place for the health needs of women inmates?

Interviewee 1	<p>A lady doctor is present to address any health issue. We have the medicines available, so any prisoner who complains about the health issue, we provide her with medication urgently. The dentist also visits weekly and psychiatrist is also available.</p> <p>In the case of any medical emergency, the patient is sent to Nishtar for detailed check-up.</p>
Interviewee 2	<p>There is a lady doctor on-call 24 hours. We have a midwife and nursing girl also available and all their other health needs are provided for. We have a Nishtar Hospital on-call team for medical emergencies.</p>
Interviewee 3	<p>The facilities are sufficient in my opinion, with 24 hour medical care. There is a fortnightly check-up for all the inmates by a team from Nishtar including a General Physician and a Psychologist on-call.</p>
Analysis	<p>Health care provisions for women are largely kept in mind, with supplementary health care providers and services also available for a holistic health care system. The prison also has effective emergency protocols in place for more emergent medical issues and has infrastructure for pregnant women as well. Health care provisions are thus, largely catered for.</p>

6. Do you feel there are any weaknesses in the prison system currently?

Interviewee 1	<p>Of course, there are limited facilities due to stringent resources. However, since Multan has an independent women jail, the situation is comparatively better than the rest.</p>
Interviewee 2	<p>We are limited by government resources and facilities.</p>
Interviewee 3	<p>None.</p>

Analysis	There is an acknowledgement that the prison system is dictated by governmental policies and resources, so it becomes the prison administrations responsibility to make the best of the allocation of these resources, therefore, prisons have limited capacity to upgrade or make large scale reforms without the involvement of the government. It is also noted and agreed upon that being an independent women-only jail means that the Multan Jail enjoys better facilities and does not face the typical problems of overcrowding that can be seen abundantly in male prisons.
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7. Do you think the prisoners are physically and mentally well?

Interviewee 1	We try to provide all the health facilities. However, women here are largely mentally impacted if their families don't visit them. But those who complain or we notice aren't mentally well; a psychiatrist is present to address them.
Interviewee 2	Inmates sometimes complain of depression to some degree or the other, we have a psychiatrist for the inmates.
Interviewee 3	None of them are in chronic conditions, ill inmates are dealt with appropriately. There is a certain state of mind that imprisonment gives inmates which can't be helped.
Analysis	There is a general understanding that a restrictive environment has an inherently adverse effect on the mental condition of the inmates as a result of imprisonment, with instances of depression fairly common. The administration feels that these instances are largely manageable and not cause for concern as no patient has been classified as chronically unwell. There is also an agreement that the relevant facilities are provided for.

8. Are there any rehabilitation programs and activities in place within the prison?

Interviewee 1	TEVTA is running programs that have skilled instructors teaching them embroidery, fashion designing, and beauty courses. It keeps them engaged, and they can learn new skills. At the completion of courses, a certificate is provided that doesn't mention that they learned this skill in jail but gives verification that they have it.
Interviewee 2	TEVTA has four programs currently in place, women inmates have the option to study embroidery and fashion designing or learn how to be a beautician. The programs keep the inmates busy, so there is an improvement in morale as a result.
Interviewee 3	The rehab programs are unpaid, with inmates getting compensation in the form of pardons and remission of sentences for good behavior. There is a teacher for religious education for the inmates as most of them cannot even read the first kalma so we teach them the kalmas and how to read namaz daily. There are specific time divisions for the teaching. There is adult education by the Punjab government, where we teach them basic letters and how to sign their name. TEVTA offers four courses; Beautician, Fashion Design, Stitching and Embroidery. These are taught separately in classes of 20.
Analysis	Provisions for the fostering of a strong rehabilitative environment are in place within the Multan Jail, with four basic programs run by TEVTA focusing on developing skills within the inmates. These programs have improved morale within the inmates at the very least, but more significant inmate engagement and involvement are required for them to be more effective in the long-term rehabilitative process. Apart from vocational trainings, there are also programs for religious education and adult education but these provisions are very basic in nature and do not have a

	significant impact on improving the conditions of imprisonment for the women inmates.
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9. Can you share any success story of rehabilitation?

Interviewee 1	This is one of the biggest flaws. We don't have any follow-up program or tracking system to keep track of how the released inmates spend the rest of their life post-incarceration.
Interviewee 2	No, we have no way of tracking the inmates once they leave.
Interviewee 3	Follow-up doesn't exist.
Analysis	There is a general consensus on the need for follow-up, as there is no tracking system to assess post-incarceration impact.

10. Are there any reforms you think need to be implemented within the prison system?

Interviewee 1	Multan jail is an independent women jail. Hence the conditions here cannot be generalized. Flaws do exist inside the prison system, and the conditions of jails that only have a section for women instead of separate independent jail is very poor. There are rehab programs, but women prisoners are not very eager and involved in them hence efforts need to be made to make them recognize the importance.
Interviewee 2	No. There is even NGO engagement for women who don't get visitors. We serve khickari and doodh for the children and there is even a weakly portion of fruits in the menu.
Interviewee 3	We are a lot better off than male prisons, we don't have the same problems of overcrowding so the living conditions for them are satisfactory. There isn't regularity in rehab programs since they are most seasonal so there is a need for them to be standardized.
Analysis	There is a general agreement on the need for strengthening the

	<p>rehabilitation efforts within the prison system, through more effective inmate engagement and involvement. For this, it is essential that the rehab programs are focused on adding value and skill-building within the inmates in order for them to be truly meaningful in the long-term process of re-entry into society. There is also a consensus on the fact that the Multan Jail enjoys the benefits of being one of the few independent women jails and thus, does not face many of the prevalent issues that are faced within dependent jails like the issues of overcrowding etc.</p>
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1. Do you conduct regular entry examination?

Interviewee 5	<p>When a prisoner is admitted in the jail, a basic physical check-up is conducted. Apart from that, ultrasound and pregnancy checkup is also performed.</p>
Analysis	<p>A basic physical medical examination is standard practice on the entry of individuals into the prison system. However, no such standardized practice or check-up exists to evaluate the mental condition of inmates entering the prison system.</p>

2. Do you maintain inmates' medical history records?

Interviewee 5	<p>A prisoner's file is present with the Jail Department at the Warrant Office and records are preserved in the computer room.</p>
Analysis	<p>Case history of patients is recorded and stored effectively within the relevant department of the prison.</p>

3. Do you maintain medical case records of inmates?

Interviewee 5	A separate file for each prisoner is not maintained. There is a medical register where complaints are recorded. The medical team visits fortnightly, the psychiatrist maintains register for chronic diseases. The team also constitutes of a surgeon, physician, gynecologist and dentist with a Pediatrician visit on a 3 to 4 month basis.
Analysis	This is a significant weakness, as the method of recording medical records of inmates during the incarceration period is ineffective. Separate case files should be maintained so as to be able to more effectively ensure access to health care and fulfillment of health needs of particular patients.

4. What are the most common health issues faced by the prisoners?

Interviewee 5	The most common health issues are headaches, weakness, loss of appetite, loss of sleep, gastric pain, pain in joints and osteoporosis. Since pulses (especially daal channa) are one of the frequently served meals, many prisoners complain about high uric acid.
Analysis	No instances of epidemics, water borne diseases or similar diseases that are caused as a result of poor environmental conditions are commonplace, pointing to overall effectiveness of the healthcare system within the Multan jail. Most issues are commonplace and not chronic in nature, nor evidently life-threatening.

5. Do you feel medical care for women is satisfactory in terms of resources, treatment of diseases and basic female physiological needs i.e. availability of a gynecologist, prenatal/postnatal care, vaccination, availability of pediatrician for children?

Interviewee 5	<p>The perception of availability of resources depends on the level of education. For example, sanitary pads are not provided, which is an issue for inmates who are educated about how to use them. However, mostly women here don't perceive it as an issue as they use cloth instead.</p> <p>As compared to low socio-economic income bracket, prisoners have better access to health care facilities and treatments. Basic facilities are available and in serious conditions, patients are sent to hospitals urgently.</p> <p>A FCPS Gynecologist is available. Pediatrician visits happen on a bimonthly basis and vaccines are available for HIV and Hepatitis.</p>
Analysis	<p>The issues of resources is a significant, especially compounded with the lack of general awareness within the inmates regarding their basic needs and rights, as shown by the example of sanitary pads. The fact that women inmates have to use cloth as a means of sanitation points to a glaring flaw within the system in terms of providing women with the necessary resources that are specific to their needs as women.</p> <p>In terms of treatment of diseases, the facilities are satisfactory, especially when taking into account the low socio-economic background most of these incarcerated women come from, providing more stable access to health care than most were previously exposed to.</p> <p>Satisfactory provisions for the care of pregnant women during and after the pregnancy are also in place, with extreme cases requiring transfers to the local hospital.</p>

6. Could you describe the availability of medical facilities, i.e. availability of equipment for diagnostic tests, sanitary condition etc.?

Interviewee 5	<p>Necessary equipment is available like thermometers, a weight machine etc. Other than that, facility of ECG and Ultrasound is also available.</p> <p>In case of medical emergencies, patients are sent to the hospital. Sanitary conditions are generally satisfactory.</p>
Analysis	<p>Basic equipment and medical facilities are provided by the jail, with protocol in place for treating emergent cases the jail is not equipped to deal with via transfers to the local hospital. The jail has a basic diagnostic capacity and levels of sanitation are overall satisfactory.</p>

7. How often do inmates get sick?

Interviewee 5	<p>On a daily basis. Sometimes, they also fake illnesses.</p>
Analysis	<p>Instances of sickness are commonplace, pointing to a flaw in the provision of health care services and also pointing towards ineffective prison conditions. However, it is also hard to ascertain how many of these instances are legitimate and how many are faked. Generally, though, the fact that inmates are sick so often seems to point towards either poor prison conditions, ineffective health care provisions or a combination of both.</p>

8. Do you think food and water standards of the prison could lead to sicknesses?

Interviewee 5	<p>No. The food and water quality is satisfactory.</p>
Analysis	<p>Food and water standards and quality are maintained and satisfactory within the Multan jail, eliminating the risk of food and/or water borne diseases and breakouts.</p>

9. Are you able to organize specialist visit schedules if there is a need?

Interviewee 5	Yes, that has been done.
Analysis	Infrastructure to cater to the needs of women inmates is in place, with specialist consultations and visits scheduled in cases that require them, pointing towards adequate provision of facilities and access to efficient health care.

10. What is a diagnostic procedure, if there is any?

Interviewee 5	ECG, Ultrasound, Oxygen Cylinder, Blood Pressure Apparatus and Glucometer is available. X-ray facility is also available. Initial check-ups and screening facility for Hepatitis is available, however for further detailed checkups, patients are sent to Nishter hospital.
Analysis	A primary diagnostic procedure is in place that is satisfactory for the purpose of initial checking and diagnosis, with cases that require more extensive health care services being transferred to the local hospital for additional treatment.

Unstructured Interviewee Discussion

Naheed Akhtar, the prison Teacher was interviewed informally through an unstructured interview, so as to allow her to state any information she felt was relevant in terms of the Literacy Programs currently being implemented within the prison. She holds a Masters qualification in Health, Physical Education and Sports Science and taught the syllabus for both adults and children. She stated that daily classes are held from 08:00 to 12:00 am, followed by Qur'an class from 12:00 to 01:00 pm. There were a total of 17 children within the nursery enrolled in the children education program, with Children Paradise serving as the textbook. There was no formal curriculum in place, as well as no organized lesson plan for the instruction of the children with regular assemblies and daily poems included as part of the syllabus. No

sports competitions or supplementary arts and crafts courses are in place. Additionally, in terms of facilities provided, the classrooms are generally small with 15 chairs present within a single classroom as well as a TV. The Adult Literacy Program has been introduced 3 months prior to this interview, with an initial enrollment of 23, which currently dwindled to 18 students. The syllabus follows the guidelines of the Punjab Adult Literacy School and only convicted prisoners have access to these programs, not condemned prisoners.

A major drawback of Literacy Programs in place is the fact that the same teacher, Naheed, is responsible for the instruction and education of both the adults and the nursery children. Another issue is that of qualification; Naheed's degree is in Physical Education, meaning she does not have the required knowledge or the relevant qualification needed in order to effectively head the Literacy Programs. There is also a significant need for syllabus reforms and organized structure in terms of instructions, especially in terms of the nursery and children's education as it follows no set pattern and does not impart meaningful knowledge to the children. In terms of the effectiveness of the Literacy Programs, it is hard to assess the impact of the Adult Literacy Program as it is a relatively newly implemented provision and thus, hard to assess over such a short period of time.

Quantitative Analysis:

Women are a marginalized community in third world countries. Further due to stringent resources, prison conditions are compromised and rather than improving, it impacts their physiological and psychosocial health negatively. Women prisons have needs and requirements distant and different than males. This study was designed to define the physiological and psychosocial needs of women inmates and to analyze if there is a statistical correlation between the prison conditions and physiological and psychosocial needs of women inmates. It would also, further highlighting whether or not the rehabilitative environment impacts the need of women inmates or not. The sample size of 45 women inmates were taken out of which 8 were condemned and 37 were convicted. Maslow's hierarchy of needs and the theory of human need are employed to assess the physiological and psychosocial needs and how the needs are affected by prison conditions.

Prison conditions such as provision of food, availability of water, safety, and security conditions are checked as means to fulfilling physiological needs, and allowing visitors and the frequency of visitors to meet their respective inmates, provision of activity centers and incidence of depression amongst the inmates using the Hamilton Depression Scale are assessed to measure the impact of prison conditions on psychosocial needs. The following section presents the statistical results of the interviews conducted on from the prison administration and inmates

[Prison conditions Vs. Physiological needs](#)

H alt1: The prevailing prison conditions and rehabilitative environment have an effect on the physiological needs of women inmates.

In order to test the Hypothesis for the relationship of Prison conditions and Physiological needs

Following factors were analyzed:

Prison Conditions (Mean)	Physiological Needs (Ends)
	Fulfillment & Satisfaction for the need for
Provision of food	Food
Availability of water	Water
Measures for safety, and security	Safety and Security

In order to test the above hypothesis this study analyzes whether the mean for provision of physiological needs are available to inmates and if the needs are fulfilled based on the answers of respondents than the quality of the need in terms of satisfaction would be checked.

Food and Satisfaction

The first need is the need for food which is checked on the basis of availability of menu, cooking space, and utensils, and whether or not the inmates are satisfied with the condition.

Prison Condition	Physiological Needs		
	Present (Y/N)	Need Fulfilled	Not Fulfilled
	Food		
Menu	Y	Y	N
Kitchen	Y	Y	N
Cooking Space or Utensils	Y	Y	N

Figure 1: Satisfaction with Quality of Food

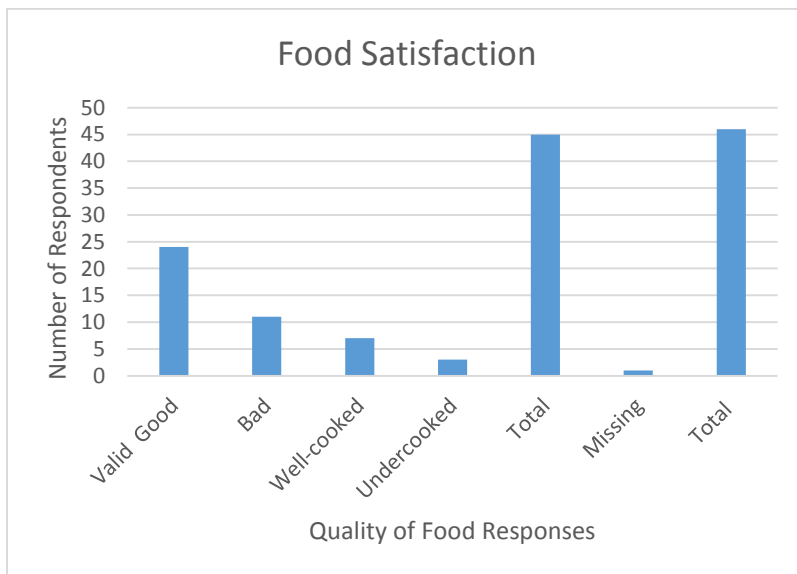


Figure 2: Number of Meals

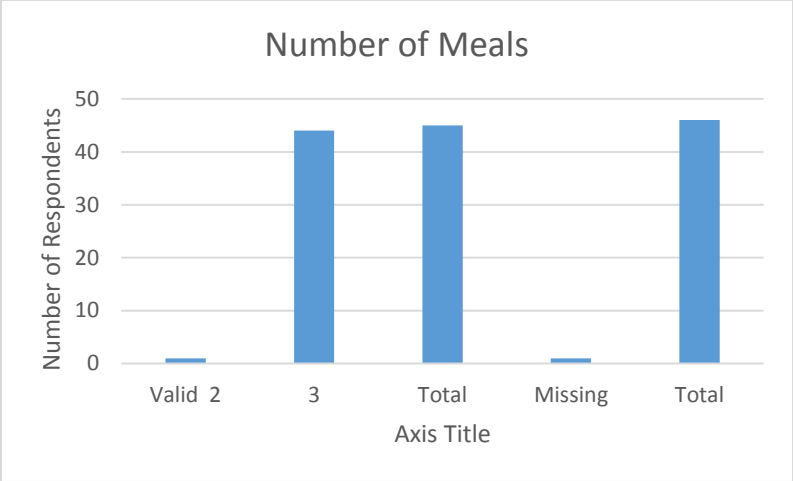
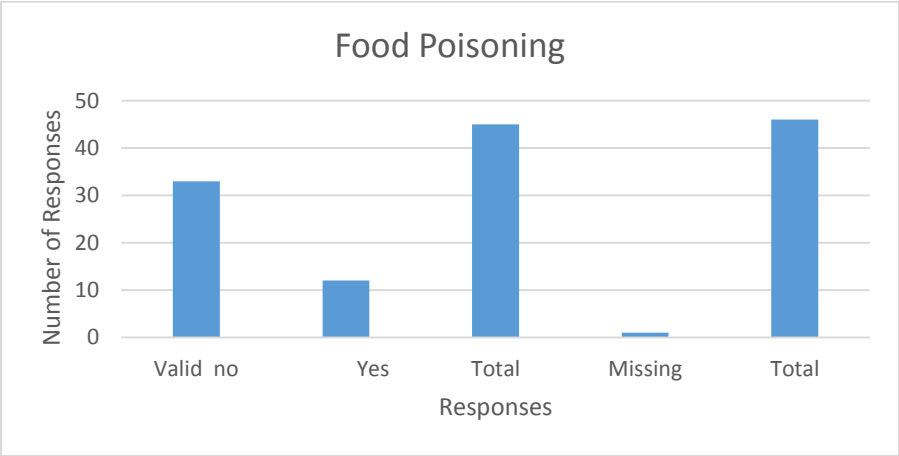


Figure 3: Cases of Food Poisoning



As depicted in the aforementioned quantitative examination, detainees demonstrated fulfillment with the provision of food quality, however due to being in a prohibitive domain and absence of variety in the menu, we scrutinized a general disappointment with the quality of food that was being served to the prisoners.

The three figures depicted above demonstrate the frequencies of accessibility of scheduled meals (three meals per day), the standard of food provision and the instances of food poisoning. All in all the standard of food provision in Multan Prison can be viewed as acceptable, in light of the fact that out of 45 respondents 25 showed that the food is well-cooked, 40 demonstrated that they were given three suppers every day and the instances of food poisoning were low as

only 10 out of 45 respondents said they suffered from food poisoning due to the food served in the prison.

The effect of quality and variety of food on satisfaction of inmates is further supported by Dr. Shazia who stated that the quality of food and water provided to the inmates was satisfactory however the menu was not suitable. She stated that the menu consisted mostly of chicken and pulses which were high in protein which leads to loss in calcium, thus osteoporosis. No proper nutrients are provided. However, no inmate complained of osteoporosis.

Food Satisfaction

Satisfaction				
Variables	Chi Square	Cramers V	Phi	ANOVA
Number of Meals	0.564	0.112	-0.112	0.012
Quality of Food	18.203***	0.636***	0.636***	2.339
Food Poisoning	3.705*	0.287*	-0.287*	0.725*

*Significant at 10% **Significant at 5% ***Significant at 1%

Testing Hypothesis:

In order to test the causal relation between our independent variables: number of meals, quality of food, food poisoning and our dependent variable satisfaction with food, we ran chi square test and the p values of number of meals, quality of food, and food poisoning are .453, .000, and .054 respectively. The significance value of quality of food and food poisoning show that there is a significant relation between, quality of food (99%), food poisoning (90%) and the satisfaction of inmates with food.

The above hypothesis has a p value of 0.000 the value is less than 0.10 therefore we reject our null hypothesis. The ANOVA test used on number of meals per day, standard of food provision and incidence of food poisoning recommends that there is a factually noteworthy connection between gastrointestinal disorders and satisfaction with the quality of food provided, with a significant connection of 90% between food poisoning and satisfaction with food.

Water

Prison Conditions	Physiological Needs	
	Present (Y/N)	Need Fulfilled
Water		
Cooler	Y	Y
Filter Plant	Y	Y

Figure 1: Availability of Clean Water

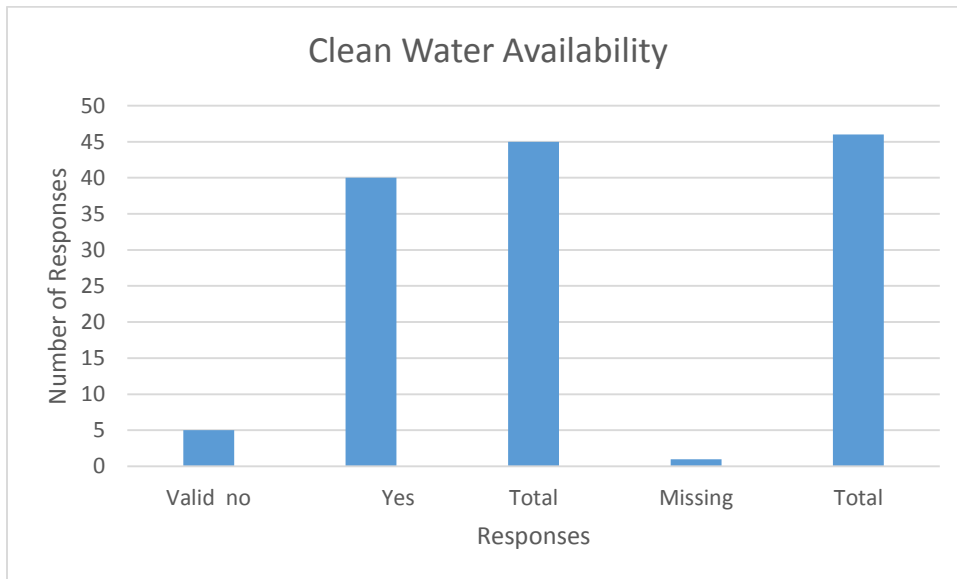


Figure 1 demonstrate the responses of inmates to whether or not they have access to clean water. Overall the responses show a high level of satisfaction with the quality of water, as 45 out of 45 respondents indicated that they have access to clean water.

Water Satisfaction

Variables	Chi Square	Crammers V	Phi	ANOVA
Clean Water	0.812	0.136	0.136	0.82

*Significant at 10% **Significant at 5% ***Significant at 1%

Testing Hypothesis:

Availability of clean water, with optimal temperature conditions created by availability of filter plant and chiller are determined as prison conditions that should be present in order for the need of availability of clean water to be fulfilled. In order to test the causal relation between availability of clean water and satisfaction of prisoners, we conducted a chi square test and the results of the test showed that there is no significant relation between availability of clean water and inmates' satisfaction. Therefore, on the basis of the chi square test results, which are supported by Cramm's V, Phi and ANOVA values, we accept our null hypothesis.

During the pilot study conducted on the first day of visiting Multan Prison, we observed that the facility of chiller and a filter plant was available to the inmates thus indicating that they had access to clean water (cool/warm).

Due to the availability of the facility the prisoners showed high satisfaction with the quality of water provided to them because of which the quantitative results could indicate that inmates did not consider water to be a significant problem affecting their physiological needs. Moreover, the interviews with prison administration, doctors and relevant personnel show that most of the women inmates come from a significantly poor socio-economic background due to which some of the facilities provided to them in the prison are facilities they would not have access to otherwise. For example, some inmates might not have been able to afford a chiller/fridge and a filter outside the prison, but in the prison they have access to both facilities which led to them being satisfied with the quality of water provided to them.

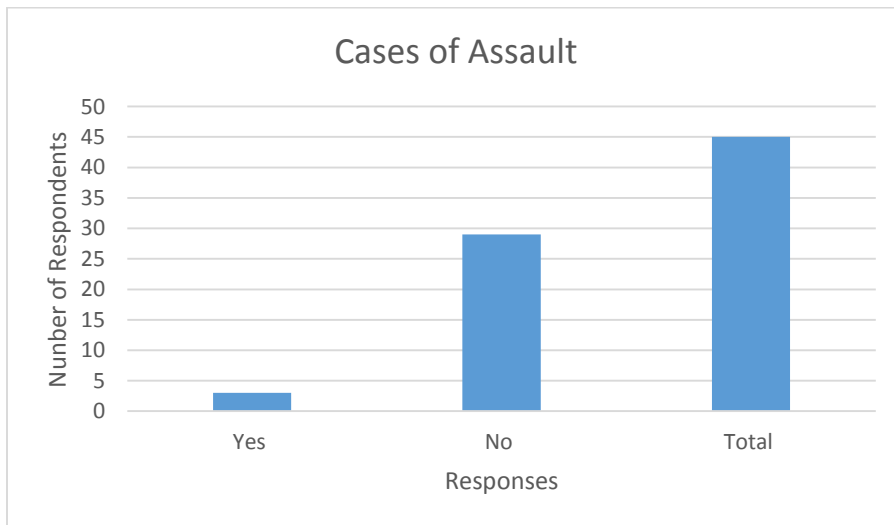
Safety and Security

According to Maslow's Hierarchy of Needs and the theory of human need safety and security affect both physiological and psychosocial needs by affecting physical and mental health, therefore in order to determine the state of physical and mental health of prisoners, this study analyzed on the basis of observation and interview questions whether or not there is an appropriate security protocol with efficient security check standards, separate female phone booths, appropriate visitation space, condition of landscape, display boards, instances of prisoner vs. admin conflict and whether the prison has a healthy and supportive environment.

The following table was completed on the basis of our observation, and interviews with prison administration and shows that the Multan Prison had an appropriate safety and security protocol, with no or minimal instances of conflict amongst prisoners and the prison administration.

Prison Conditions	Physiological Needs	
	Present (Y/N)	Need Fulfilled
Security Protocol	Y	Y
Security Check Standards	Y	Y
Separate Female Booths	Y	Y
Visitation Space	Y	Y
Phone Schedules	Y	Y
Display Board	Y	Y
Prisoner vs. Admin Conflict	N	Y
Healthy/Supportive Environment	Y	Y

Figure 1: Cases of Assault



The above figure indicates that the number of assault cases is significantly low in the Multan Prison, as out of 45 respondents only 3 respondents indicated that they were assaulted in the prison. However, during the interviews some prisoners showed reluctance in mentioning the cases of violence due to the fear of being put in solitary confinement if the results of their interviews are disclosed to the administration. As a prisoner who stated that she was stripped naked by the prison administration and severely beaten up insisted to record her interview as an anonymous inmate, and also stated that the number of violence cases are high in the prison.

Tests

Variables	Chi Square	Crammers V	Phi	ANOVA
Assault	6.179	0.371	0.371	1.139

*Significant at 10% **Significant at 5% ***Significant at 1%

Testing Hypothesis:

Violence has a strong impact on both physiological and psychosocial health of inmates, in order to determine whether or not there is a causal relation between assault and prisoners satisfaction, we conduct a chi square test which shows a highly insignificant relation between assault and inmates satisfaction. However, the highly insignificant relation could be attributed to the low number of assault cases in Multan Prison and satisfaction of prisoners with the existing safety and security standards. The reliability of the chi square test is also supported by the Crammers V, Phi and ANOVA values.

Space and Light

According to Maslow's Hierarchy of Needs and the theory of human need safety and security affect both physiological and psychosocial needs by affecting physical and mental health, therefore in order to determine the state of physical and mental health of prisoners, this study analyzed on the basis of observation and interview questions whether or not there is an appropriate security protocol with efficient security check standards, separate female phone

booths, appropriate visitation space, condition of landscape, display boards, instances of prisoner vs. admin conflict and whether the prison has a healthy and supportive environment.

The following table was completed on the basis of our observation, and interviews with prison administration and shows that the Multan Prison had an appropriate safety and security protocol, with no or minimal instances of conflict amongst prisoners and the prison administration.

Prison Conditions	Physiological Needs	
	Present	Need Fulfilled
Room Dimensions	Barracks	Y
Number of rooms	5	Y
Inmates per room	15-20	Y
Bedding per room	20-25	Y
Windows	8-10	Y
Adequate Lighting	Y	Y
Conditions of Beds	Clean	Y
Solitary/Kasuri	Y	Y
Ambiance/Landscape	Y	Y

Figure 1: People per Cell

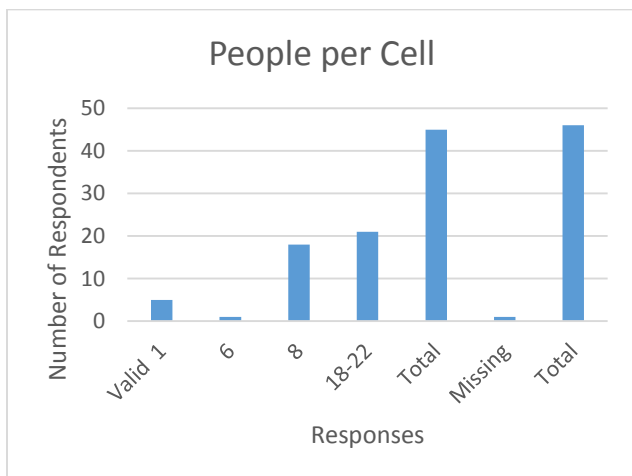


Figure 1, and observation of the barracks during the pilot study indicate that there are 18-22 inmates per cell.

Figure 2: Number of Beds

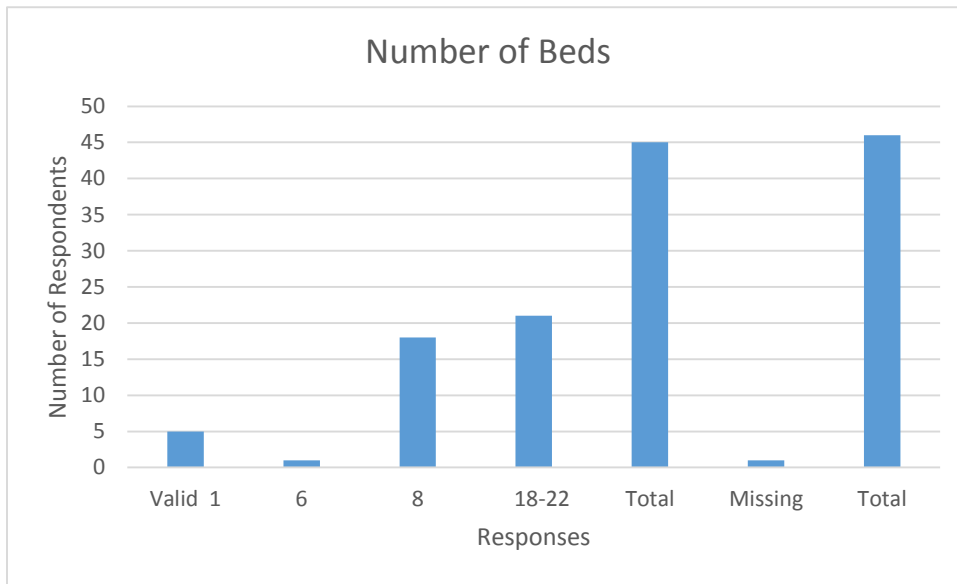


Figure 2 and observation of Barracks during the pilot study indicate that in each barrack there are 18-22 inmates and at least 20-25 beds.

Figure 3: Number of Beds Shared

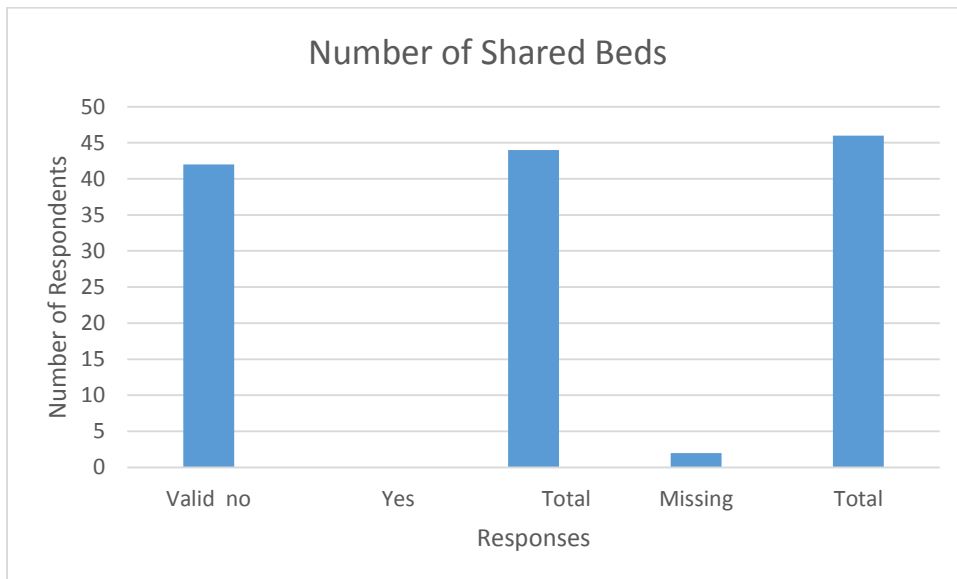
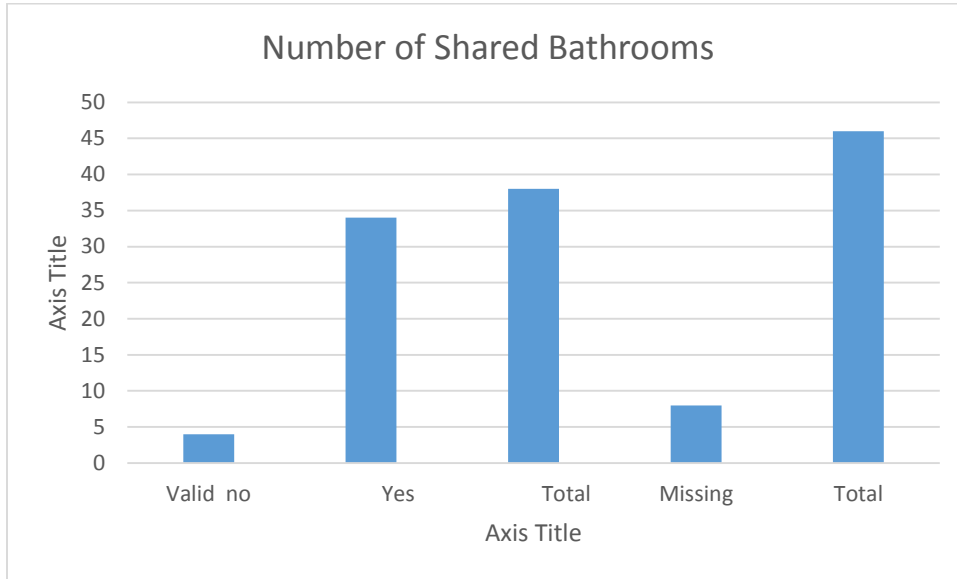


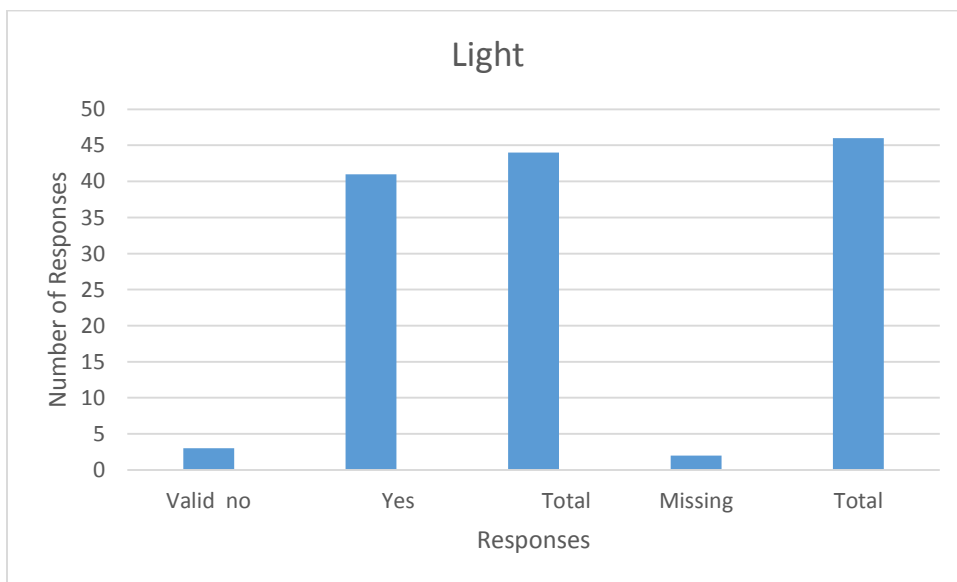
Figure 3 indicates that the number of beds available is higher than the number of inmates and there were no cases of inmates sharing a bed due to overcrowding.

Figure: 4 Number of Shared Bathrooms



In each barrack with 18-22 people there were 6 bathrooms which means each bathroom is shared amongst at least 4 inmates, the observation during the pilot study is confirmed by the results of figure 4.

Figure 5: Suitable Lighting



The condition of lighting is checked by measuring whether or not inmates considered the lighting to be suitable, and on the basis of number of windows in each barrack. According to the observation of the pilot study there were at least 8 windows and 40 out of 45 respondents are satisfied with the lighting in barracks.

Variables	Chi Square	Crammers V	Phi	ANOVA
People in Cells	7.212*	0.4*	0.4*	6.05
Number of Beds	7.212*	0.4*	0.4*	6.05
Shared in Beds	0.978	0.149	0.149	0.159
Light	5.364**	0.358**	0.358**	0.358
Shared Bathrooms	0.392	0.102	-0.102	0.037

*Significant at 10% **Significant at 5% ***Significant at 1%

Testing Hypothesis:

Suitable space and lightning are necessary to create appropriate living conditions for fulfilment of physiological and psychosocial needs of inmates. In order to check the causal relation between space and lighting and prison satisfaction, we ran a chi square test against following variables: people in cells, number of beds, instances of sharing beds, suitable light, and number of shared bathrooms, against prison satisfaction. The significance values of people per cell, number of beds, and lighting conditions are supported by the Crammer V and Phi values, but the ANOVA test shows no significance. Thus, on the basis of the above statistical results this study establishes that there is a significant causal relation between prison conditions and fulfilment of physiological needs. As the p value of number of people per cell, and number of beds show 90% significance, and the p value of light shows significance of 95%. Therefore, on the basis of the above values we reject our null hypothesis.

Hygiene and Environment

Hygiene and environment affect both physiological and psychosocial needs by affecting physical and mental health, therefore in order to determine the state hygiene of prisoners, this study

analyzed on the basis of observation and interview questions whether or not the hygienic standards are met or not, during the prison visit the prison is analyzed on the basis of presence of particular unpleasant odors, outdoor spaces, inner space, bathrooms, clothing conditions, neatness, and landscape/ambiance were assessed.

The following table was completed on the basis of our observation, and interviews with prison administration and shows that the Multan Prison not only had appropriate hygienic conditions but the prison environment was rather welcoming, as the barracks were completely clean, gardens were maintained and there was a play area for children.

Prison Conditions	Physiological Needs	
	Present	Need Fulfilled
Particular Unpleasant Odors	N	Y
Outdoor Spaces	Y	Y
Inner Space	Y	Y
Bathrooms	Y	Y
Clothing conditions	Y	Y
Neatness	Y	Y
Same Uniform	Y	Y
Landscape/Ambiance	Y	Y

*Significant at 10% **Significant at 5% ***Significant at 1%

Figure 1: Availability of Bed Sheets for Change

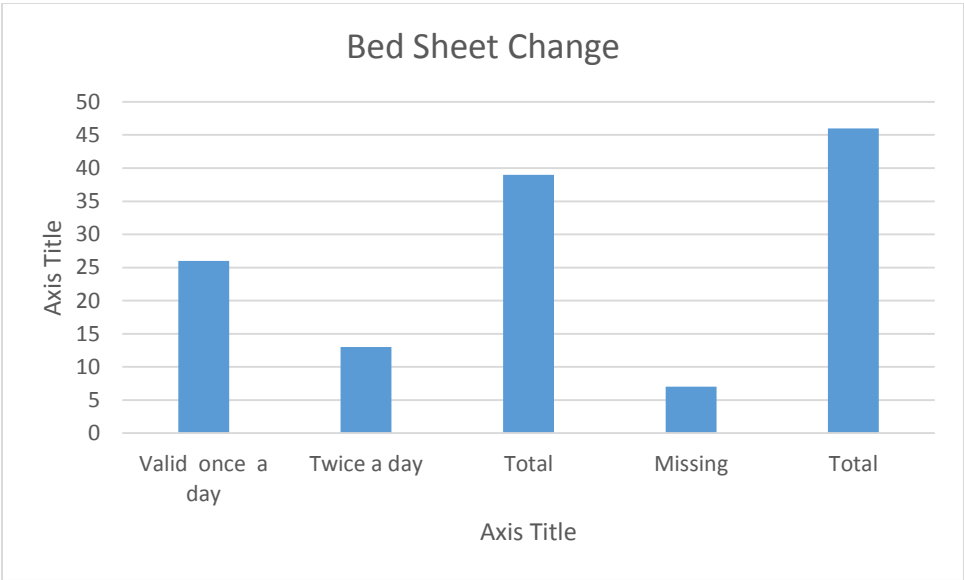


Figure 3: How often are the Bathrooms Cleaned?

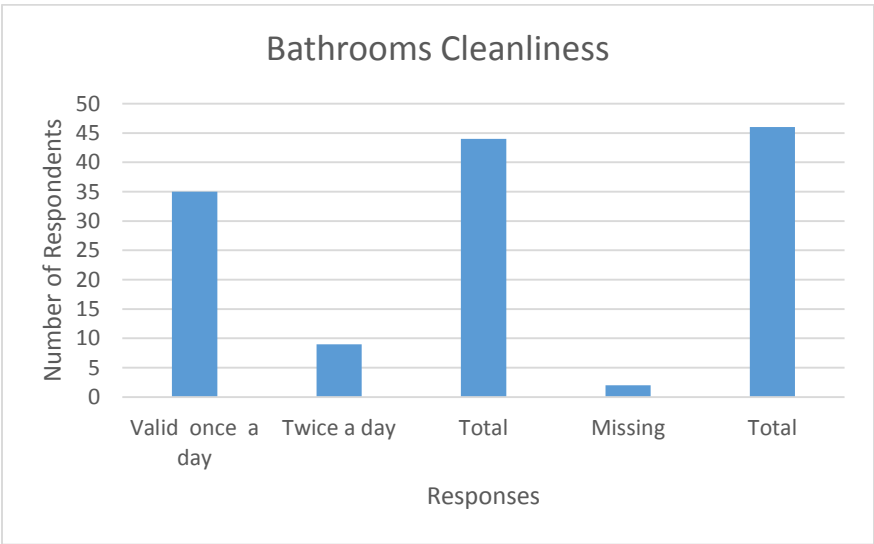


Figure 4: Availability of Uniforms

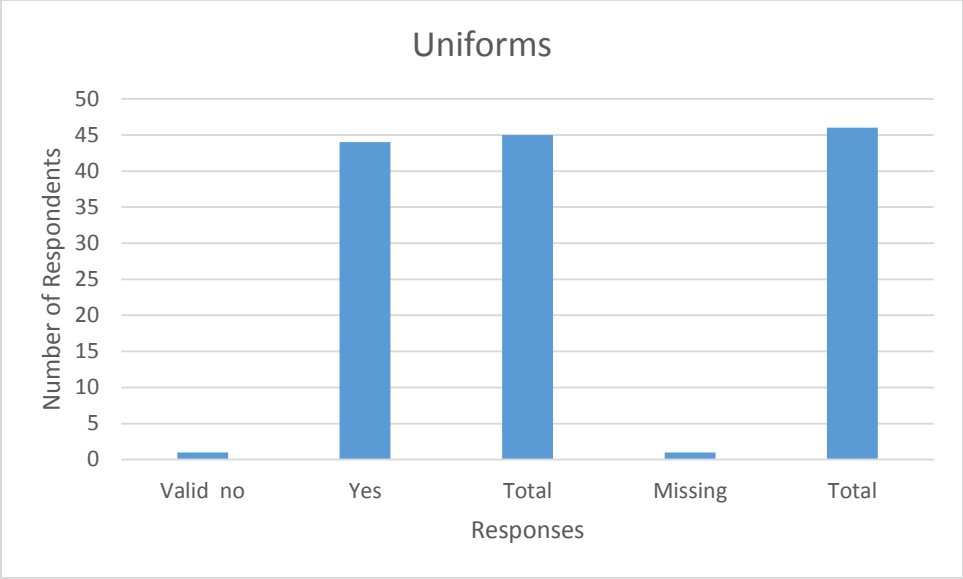


Figure 5: Insects

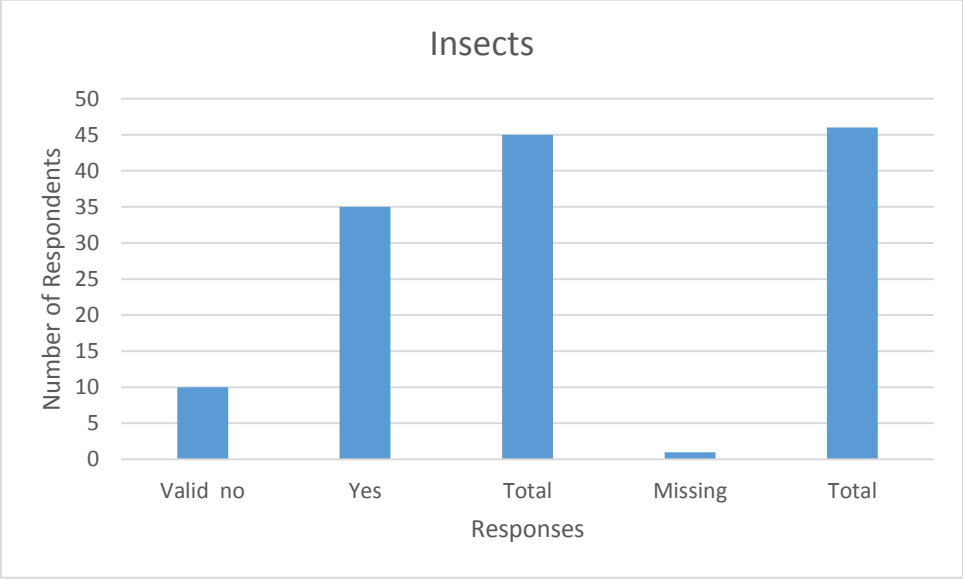


Figure 6: Fumigation Spray

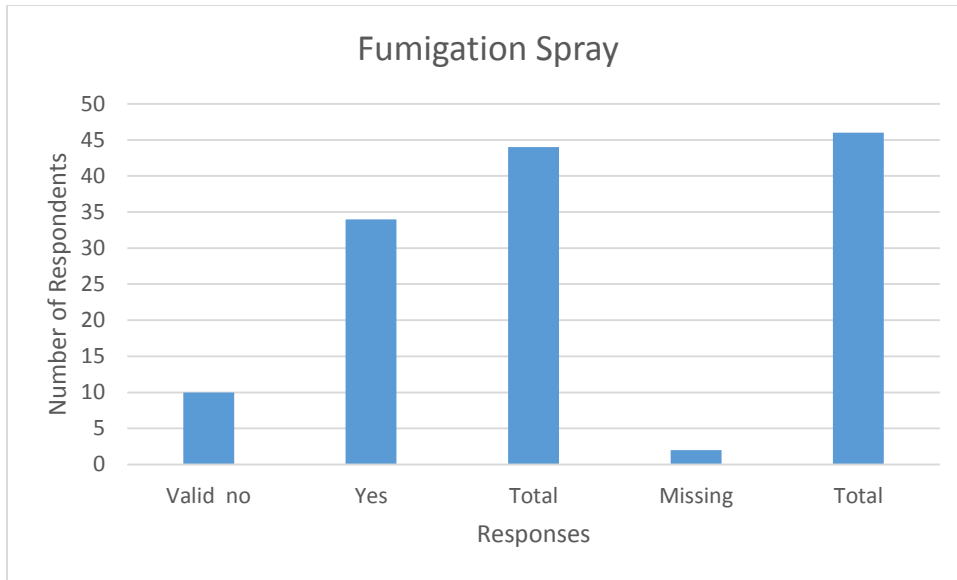
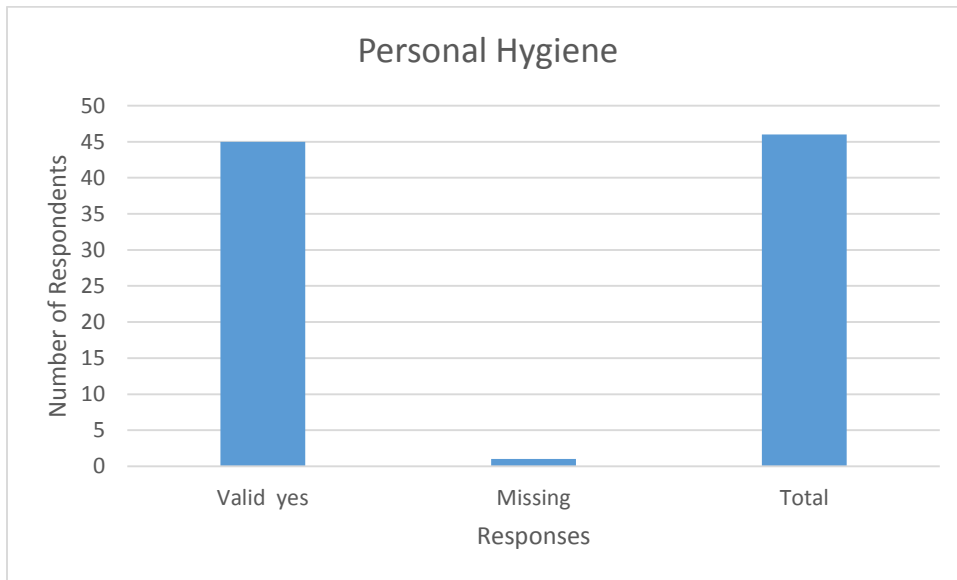


Figure 7: Personal Hygiene



According to the above figures, the hygienic conditions in Multan Prison are satisfactory as the inmates responses show, bed sheets were changed frequently, bathrooms were cleaned at least once per day, cells were cleaned regularly, inmates were provided with uniforms and fumigation sprays were sprayed at least twice a year.

Variables	Chi Square	Crammrs V	Phi	ANOVA
Bed Sheet Change	8.413***	0.477***	0.477***	1.291***
Bathroom Cleaned	3.616**	0.287	0.287	0.588**
Cells Cleaned	1.95	0.224	0.224	0.433
Uniform	0.621**	0.287**	0.287**	0.013
Insects	4.22**	0.177	-0.177	0.729
Fumigation Spray	0.01*	0.015	0.015	0.002
Personal Hygiene	No Statistics Added as Value is Constant			

*Significant at 10% **Significant at 5% ***Significant at 1%

Testing Hypothesis:

The above statistical analysis shows that there is a significant causal relation between the physiological needs of inmates such as frequency of bed sheet changes, cleanliness of bathrooms, provision of clean uniforms, and fumigation sprays for insects and prisoners satisfaction. The frequency of bed sheet changes shows high significance of 99%, bathroom cleanliness, uniform provision, and presence of insects show high significance of 95% and fumigation spray shows significance of 90%. The statistical results of chi square test of bed sheet change are supported by Crammrs V, Phi and ANOVA tests. Whereas the cleanliness of bathroom is only supported by ANOVA, and provision of uniform and satisfaction results significance is only supported by Crammrs V and Phi tests. Therefore, on the basis of aforementioned statistical results we reject our null hypothesis and establish that there is a significant effect of hygienic conditions on fulfilment of inmates' physiological needs.

Temperature

On the basis of the availability of working fans, and number of fans available per person the following section analyzes whether or not Multan Prison had optimal temperature for inmates.

Prison Conditions	Physiological Needs	
	Present	Need Fulfilled
Fans	Y	Y

Number of fans per room	8-10	Y
Number of fans per person	1 fan for 4 people	Y
Number of working fans	8-10	Y

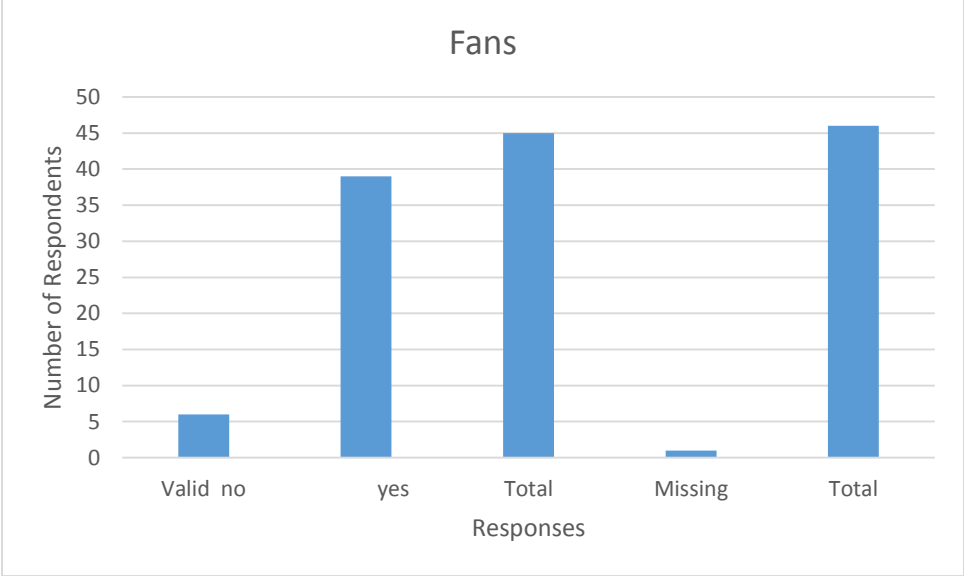


Figure 1: Number of Working Fans

The above figure shows an overall satisfaction with the temperature conditions on the basis of availability of working fans for inmates. Out of 45 respondents only one inmate expressed that to mitigate the hot weather ACs should be provided to the inmates. However, in general the inmates were satisfied with the general temperature despite the lack of availability of heaters during the winters.

Variables	Chi Square	Crammers V	Phi	ANOVA
Fans	17.041***	0.615***	0.615***	
Heaters	1.306	0.17	0.17	

*Significant at 10% **Significant at 5% ***Significant at 1%

In order to assess whether or not the prison had optimal temperature conditions and if the inmates were satisfied with them, Chi square test was conducted and the results of the test show there is a highly significant causal relation between the availability of fans and inmates

satisfaction and the relation is established with the significance of 99%. The values are further supported by Crammers V and Phi tests establishing the reliability of the test.

Health Care and Medical Facilities

On the basis of availability of medical officers, dispensary, medication stock and medical register the condition of medical facilities were analyzed. In order to assess the conditions the satisfaction of prisoners with the available facilities is checked against the interviews of doctors on duty.

Prison Conditions	Physiological Needs	
	Present	Need Fulfilled
Medical Offices	Y	Y
Dispensary	Y	Y
Medication Stock	Y	Y
Medical Register	Y	Y

Figure 1: Medical Examinations

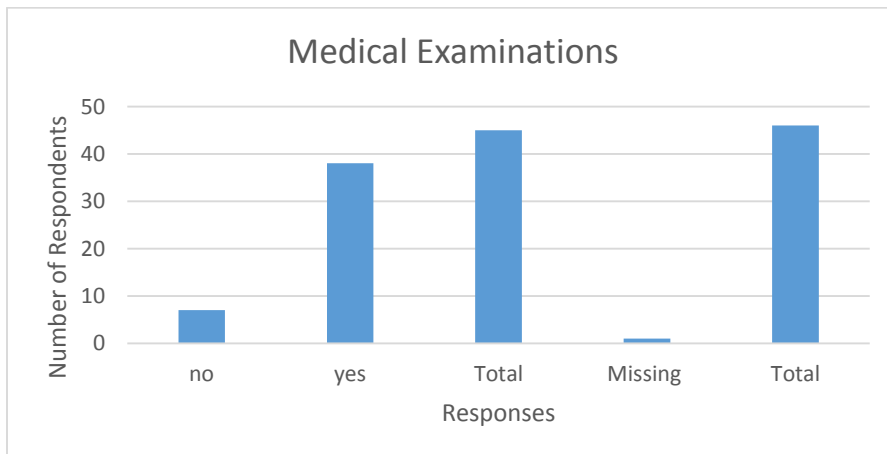


Figure 2: Health Care Facilities

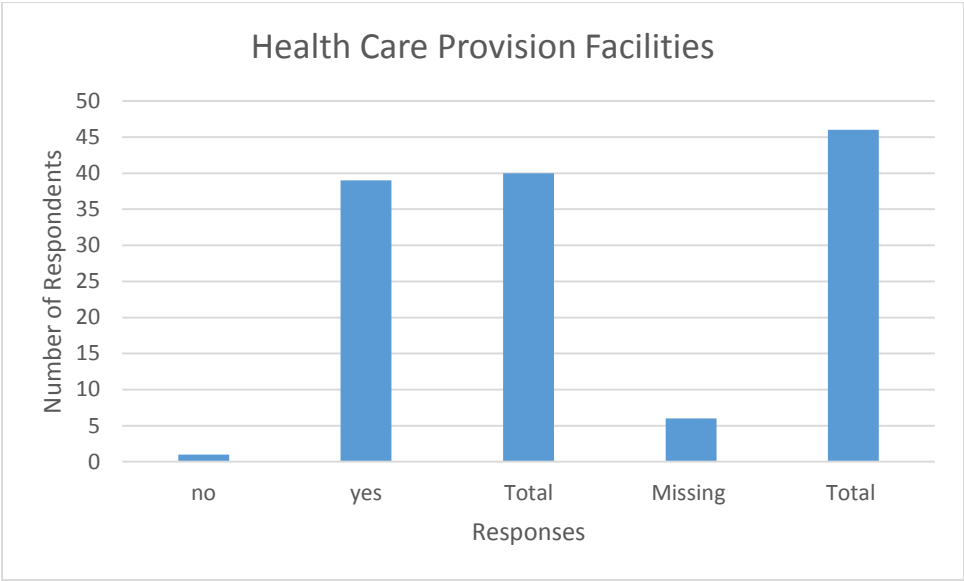
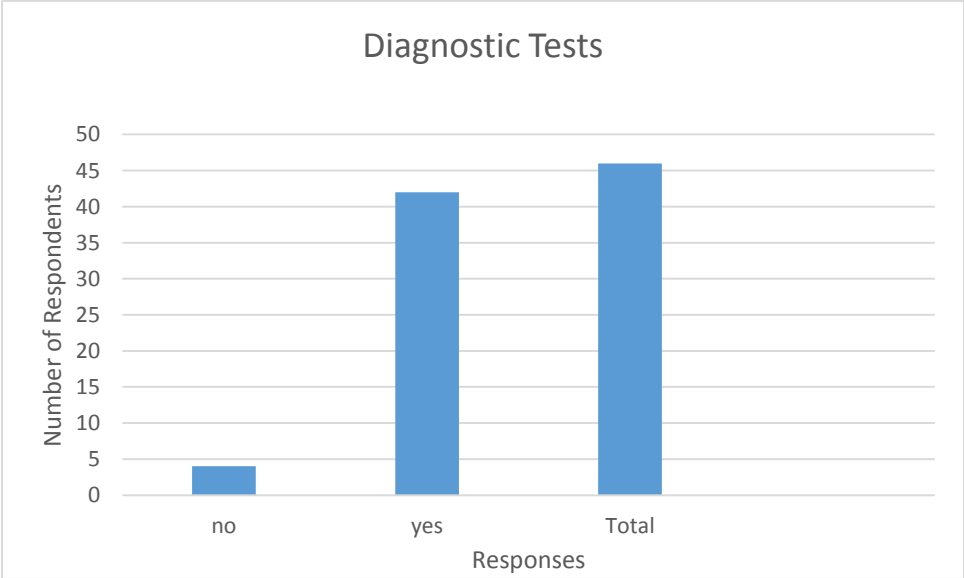


Figure 3: Diagnostic Tests



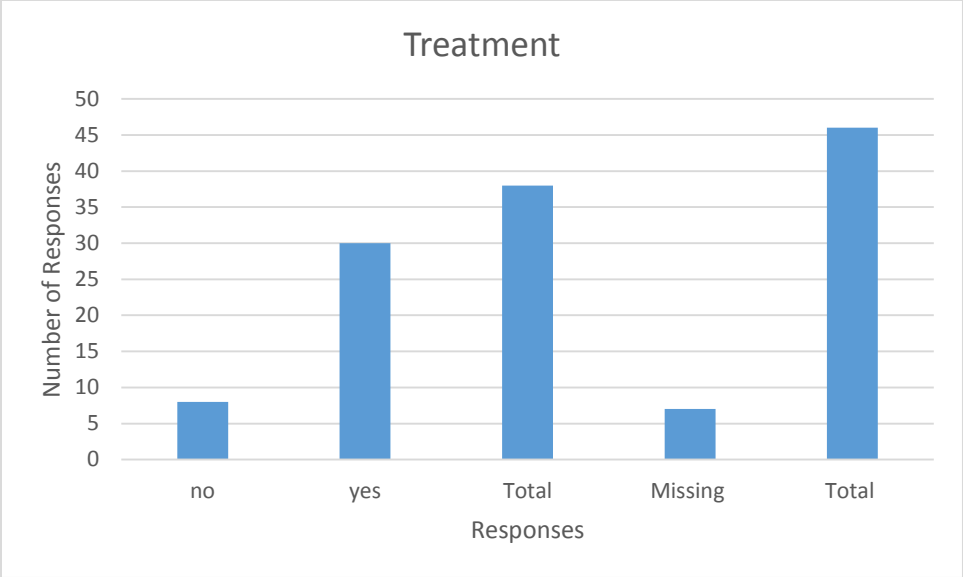
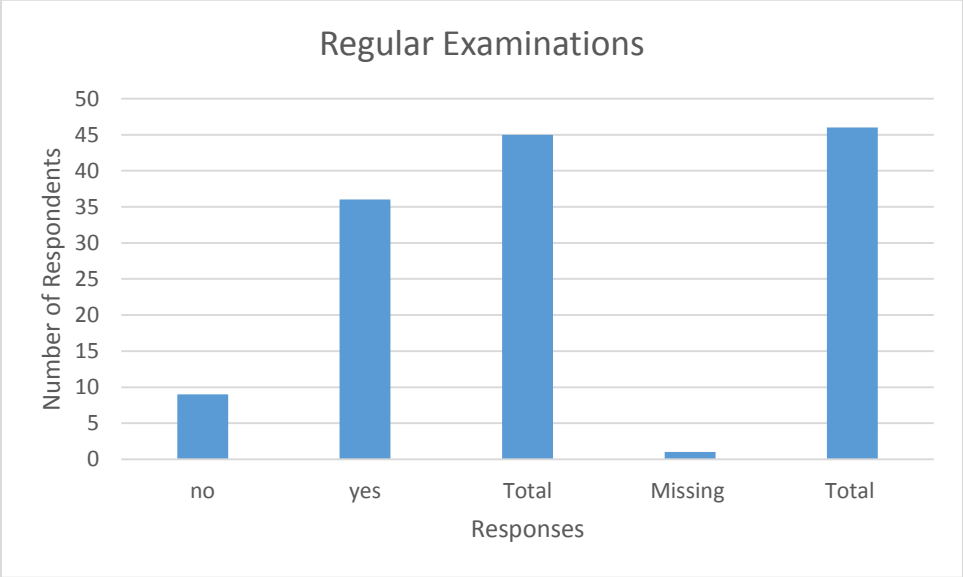


Figure 4: Regular Examinations



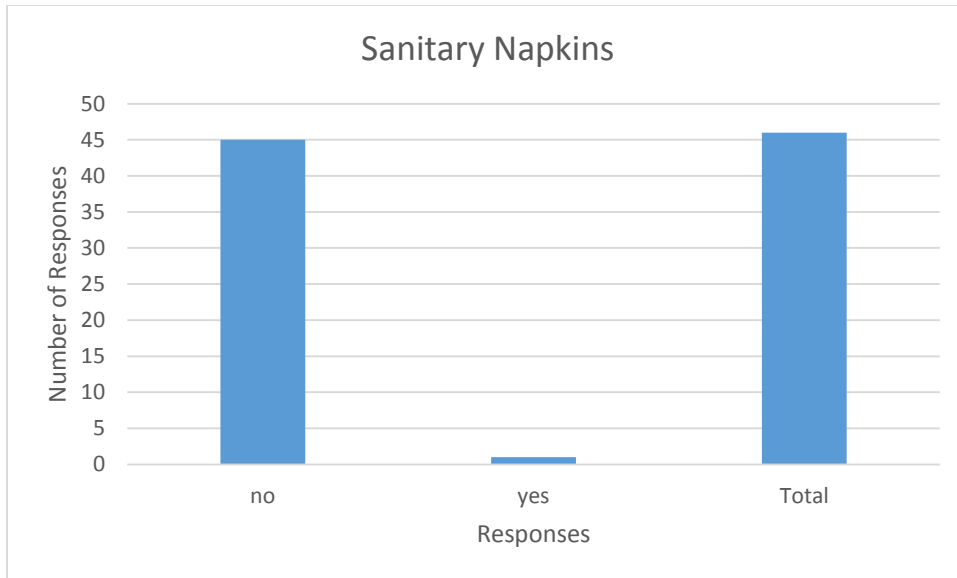


Figure 5: Sanitary Napkins

The above figures show that generally the prisoners were satisfied with the available conditions as all prisoners responded affirmatively to whether or not they had the facilities available for regular medical examinations, if health care facilities were provided, diagnostic tests were conducted, and proper treatment and regular examination facilities were available to them. Moreover, the above results were checked against interview of the doctor on duty, who stated that even though a basic physical check-up takes place when an inmate is admitted in the prison, no proper record is maintained of each inmate. Complaints of the inmates are recorded in a register and are checked by the medical team every fortnight. The medical team consists of surgeon, physician, gynecologist, psychiatrist and dentist. Records are maintained by the psychiatrist for chronic diseases. If there is a need, a special visit by the physician can be arranged. Since women who have children younger than the age of six are allowed to keep their children with them in the prison and a few women stated that they gave birth while in prison, a pediatrician is available. The pediatrician normally visits after every 3 to 4 months however when a child is born, the pediatrician is also available for the child. Thus, it can be inferred that most women in Multan Prison are satisfied with the health care facilities, and even the lack of

provision of sanitary pads is not an issue for them since they are used to using cloth instead of sanitary pads.

Dr Shazia further stated that the idea of availability of resources was different for each individual as it depended completely on their socio-economic background and the level of education. In our survey every inmate stated that sanitary napkins are not provided, whereas there were only a few women who got sanitary napkins from home while the rest used cloth. Majority of these women didn't perceive that as an issue as they were already accustomed to using cloth. Inmates who belonged to low socio-economic background didn't have the medical facilities outside the prison that are provided to them in the prison. They are provided with all the necessities, nonetheless out of 39 inmates only 23 stated that they are satisfied with the healthcare facilities. Dr. Shazia also said that in case of an emergency, inmates are sent to the hospital, this was also said by most of the inmates when we conducted our survey.

Variables	Chi Square	Crammers V	Phi	ANOVA
Medical Examination	1.637	0.191	-0.191	0.188
Healthcare Provision	0.684*	0.131	-0.131	0.033
Diagnostic Tests	0.06**	0.055**	-	0.017*
Treatment	0.75**	0.177*	0.177*	0.03
Regular Examinations	5.788**	0.425**	0.425**	0.934
Water Borne Diseases	1.31	0.16	0.16	0.184

Significant at 10% **Significant at 5% ***Significant at 1%

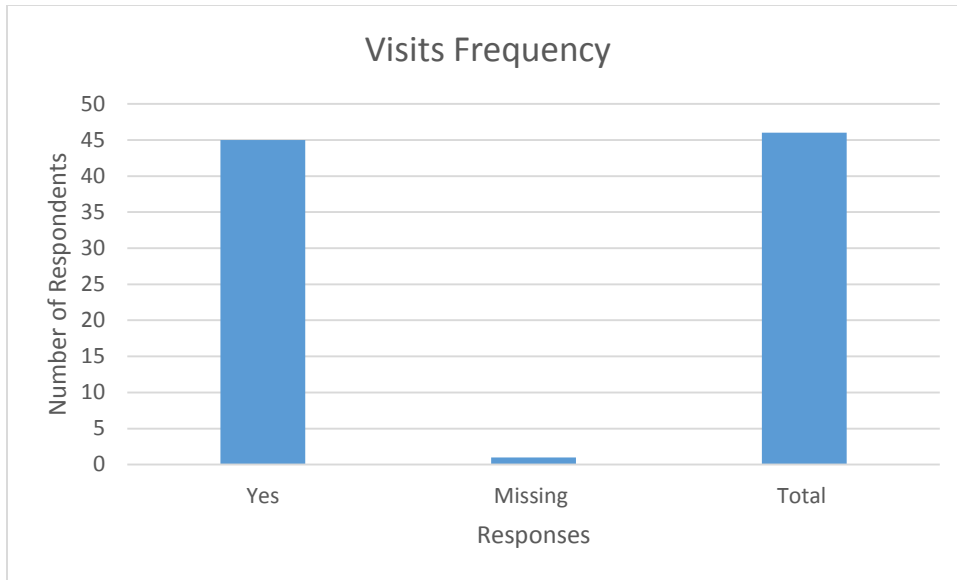
Testing Hypothesis:

In order to test the effect of availability of medical facilities on physiological conditions we conducted a chi square test which shows that only regular examinations and provision of basic health care facilities have an impact on physiological needs, with significance of health care provision being 90% and the significance of regular examinations being 95%. On the basis of significant values health care provision, regular examinations, diagnostic tests and treatment we reject our null hypothesis and establish that prisoner's level of satisfaction with health care facilities is extremely high.

Belongingness and Love Needs

Determining the effect of prison conditions on psychosocial needs of inmates is a complex process due to the mental health of prisoners already being compromised because of being in a restrictive environment. However, based on the number of visitors they are allowed, frequency of visits, relation with inmates and prison administration and the desire for more visits this section will assess how inmates' psychosocial health is affected by prison conditions.

Prison Conditions	Psychosocial Needs	
	Present	Need Fulfilled
Visitors	Y	Y
Visitors without Supervision	N	Y
Treatment of Visitors	Y	Y
Proximity to Home	N/A	N/A
Regular Contact	N	N
Relation with Inmates	Y	Y
Relation with Prison Administration	Y	Y



The general observation of the prisoners and the interview answers show that prisoners are allowed to receive visitors once a week and they cannot meet their visitors without satisfaction. Moreover, as the above figure shows all the respondents affirmatively indicated that if the number of their visitors is increased they will feel better emotionally. In addition to expressing the desire for increased number of visits, prisoners also expressed that a lack of phone booth in the prison is an area of concern for them since they are unable to contact their families regularly. Some of the inmates had not received visitors for months and a lack of phone booth in the prison hindered their ability to find out why they did not receive any visitors.

However, the interviews with prison administration showed that visitors could have negative impact on the psychosocial wellbeing of the inmates because if they hear a news of concern from their visitors they feel sad and disappointed.

Testing Hypothesis:

Variables	Chi Square	Crammers V	Phi	ANOVA
Visitors	5.058	0.335	0.335	0.341
Visitation without Supervision	0.073	0.04	0.04	0.013
Treatment of visitors	0.023	0.023	0.023	0.005

Close to Home	0.003	0.008	0.008	0.001
Regular Contact	0.372	-0.091	-0.091	0.008
Relation with Inmates	0.65	0.12	0.12	0.085
Relation with Prison Administration	3.196*	0.267*	-0.267	0.316

In order to test the hypothesis that prison conditions effect the physiological needs of inmates we ran a chi square test, and the results of chi square test show that there is no causal relation between the aforementioned variables and physiological needs of inmates.

Self-Esteem

Prison Conditions	Psychosocial Needs	
	Present	Need Fulfilled
Info about personal hygiene	Y	Y
Education in Prison	N	Y
Day-time Activity	Y	Y
Job Inside Prison	Y	Y
Future Criminal Activity	N	N
Valuable Skills	Y	Y

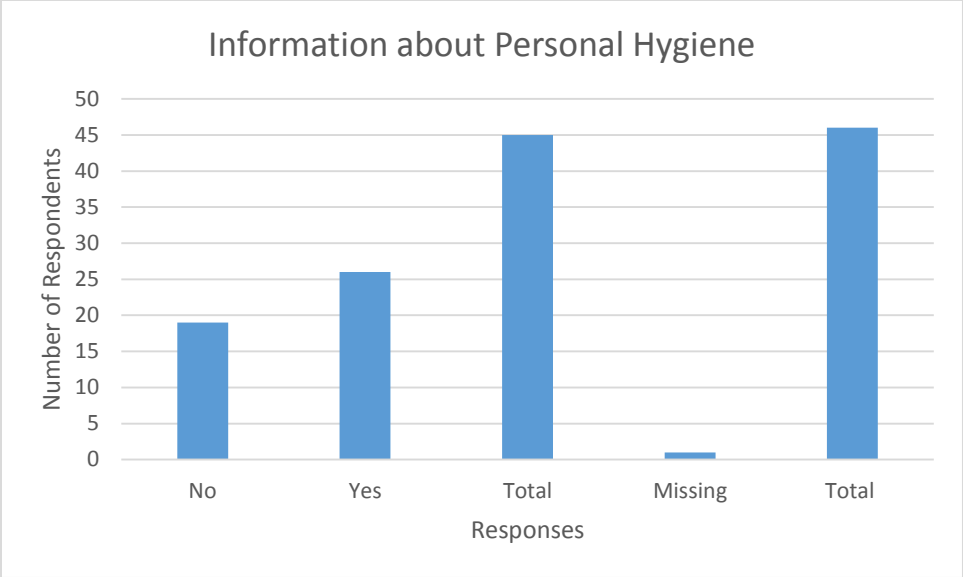


Figure 1: Information about Personal Hygiene

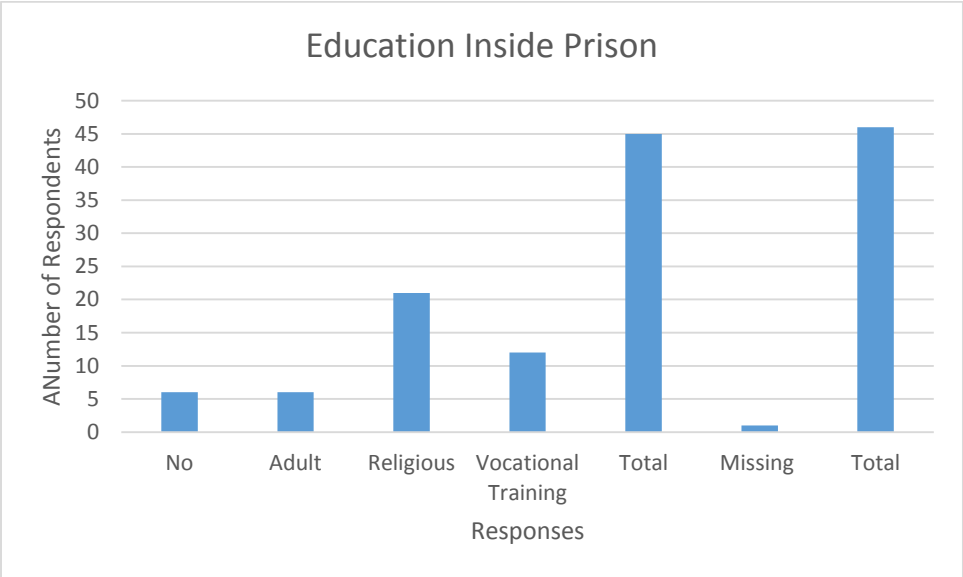


Figure 2: Education inside Prison

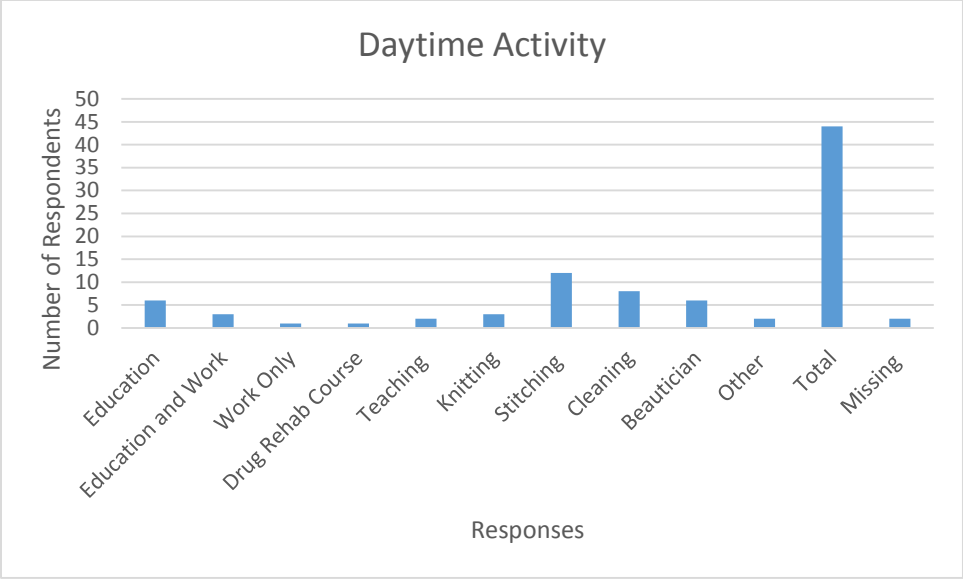


Figure 3: Daytime Activity

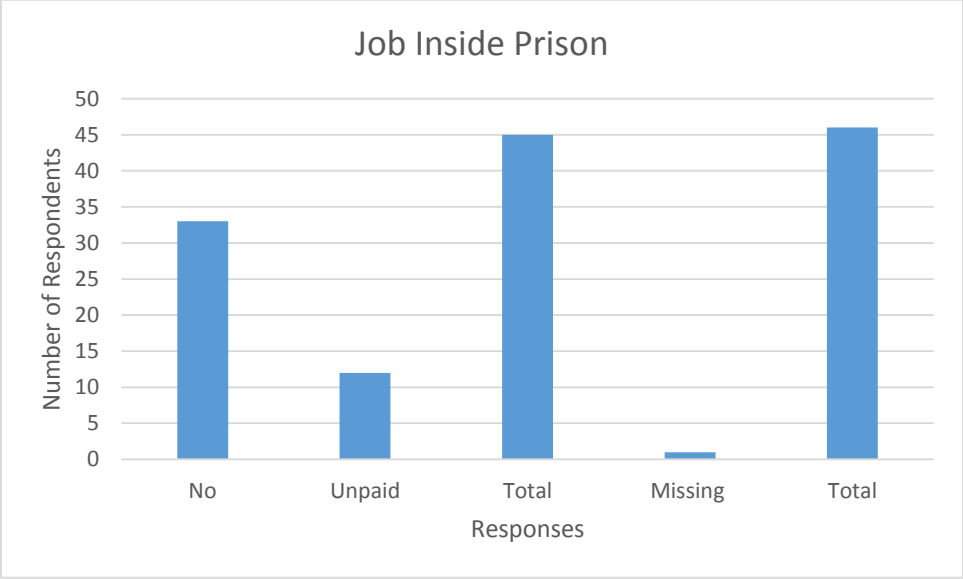


Figure 4: Job inside Prison

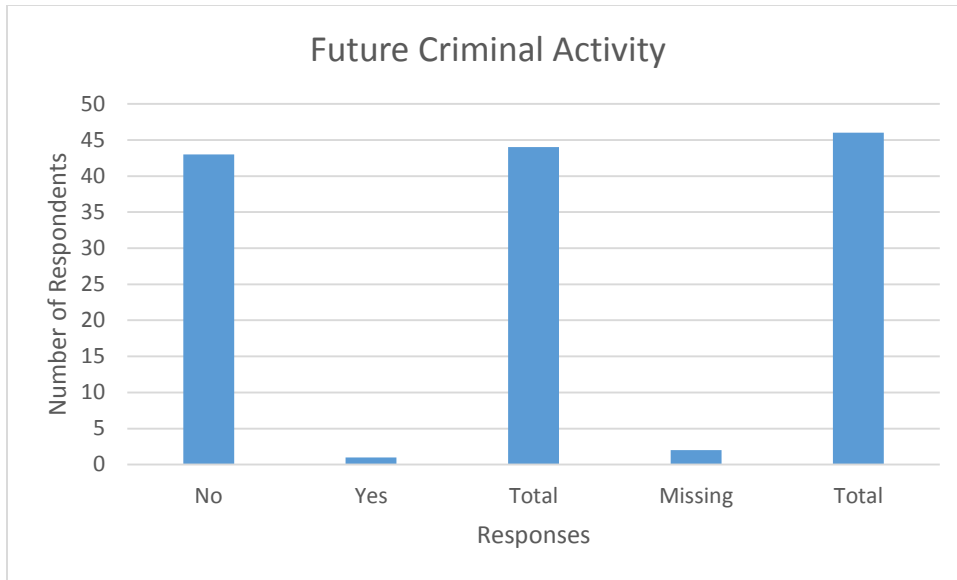


Figure 5: Future Criminal Activity

The figures above show the overall satisfaction level with personal hygiene, education standards,, day time activity, job inside prison, future criminal activity and valuable skills. Overall the inmates are satisfied with the information about personal hygiene despite a lack of education on personal hygiene. Moreover, the inmates are satisfied with the rehabilitative environment and day time activities because it gives them an opportunity to learn valuable skills and spend their sentence usefully.

Testing Hypothesis

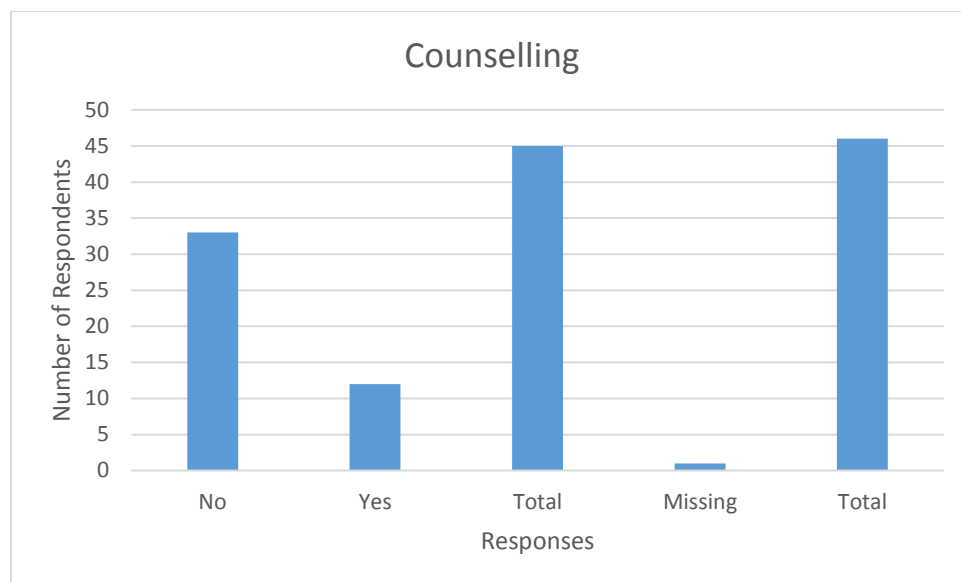
Variables	Chi Square	Crammers V	Phi	ANOVA
Info About Personal Hygiene	1.838	0.202	-0.202	0.448
Education in Prison	6.408*	0.377*	0.377*	0.284
Day-time Activity	10.609	0.491	0.491	0.774
Job Inside Prison	5.81**	0.359**	-0.359	10.225**
Future Criminal Activity	0.644	0.121	0.121	0.014
Valuable Skills	5.375	0.346	0.346	1.225

In order to test our hypothesis we conducted a chi square test on above variables and the results show that the effect is highly insignificant except the significance of job inside prison which is 95% according to the p value of the chi square test and the results of Crammer V and ANOVA. Therefore, on the basis of above statistical analysis, we are unable to reject our null hypothesis. However, the two significant variables education inside prison and job inside prison show that prisoners are satisfied with the rehabilitation activities provided to them in the prison and the only insignificant values are the ones that inmates are unsure about i.e. future criminal activity.

Counseling

In order to improve and maintain the psychosocial health of inmates it is important to provide them with regular counseling. However, the results of the surveys and interviews with prison administration show conflicting results. The prison administration stated that a regular counseling is available for inmates, but the out of 45 respondents only 10 said they had access to counseling and 28 said they did not. However, the conflicting results could also be due to lack of awareness of inmates about what counseling is.

Prison Conditions	Psychosocial Needs	
	Present	Need Fulfilled
Counseling	Y	Y



Testing Hypothesis

Variables	Chi Square	Crammers V	Phi	ANOVA
Counseling	0.584	0.114	0.114	0.114

In order to test our hypothesis we conducted a chi square test on above variables and the results show that the effect is highly insignificant p value of the chi square test and the results of Crammer V and ANOVA. Therefore, on the basis of above statistical analysis, we are unable to reject our null hypothesis.

Hamilton Depression Scale and Psychosocial Needs

To determine the effect of prison conditions on psychosocial needs of women Hamilton Depression Scale was used to assess the incidents of depression amongst women inmates in the Multan Prison. The possible score range of the scale 0-54, and the inmates who scored between 0-6 are considered normal, scores of 7-17 are considered to have minor depression, those scoring from 18-24 have moderate depression and inmates with a score higher than 24 are considered to have severe depression according to the Hamilton Depression Scale. After conducting the Statistical Analysis of results of the Hamilton Depression Scale, the study concludes that the incidents of depression are extremely high in the Multan Prison with only 2

percent inmates being normal, 10% suffering from minor depression, 26% suffering from moderate depression and 60% of the inmates suffering from severe depression.

Findings

As discussed previously in the literature review it is difficult to quantify the need fulfillment of inmates because of them already being in a compromised physical and mental state. The above results show a mixed satisfaction level towards prison in conditions where inmates are satisfied with the basic facilities i.e. food, water, health care, space, lightning and temperature conditions but when it comes to questions about rehabilitation, and satisfaction with safety and security the responses are varied. Overall, as depicted by the figures in each section the majority of inmates agree that they are provided with all the basic facilities in the prison from which it can be inferred that their needs are fulfilled. However, when their satisfaction level is assessed using Chi square test even if all the facilities are present them, they might not be satisfied with it. The lack of satisfaction of inmates could be linked to them being in a restrictive environment.

Conclusion

Several studies have been conducted in past internationally and nationally on inhumane prison conditions and their effect on physical and mental health of inmates. International laws have been designed by the UN to ensure availability of basic facilities and humane treatment of prisoners all over the world. However, whether those laws are followed or not is another debate. The literature review of this study shows that it is extremely difficult to assess the overall wellbeing of inmates because wellbeing specifically mental wellbeing is already compromised in prisons. Therefore, this study attempts to assess the level of wellbeing of prisoners by analyzing whether or not their needs are fulfilled or not.

The public perception of prisons in Pakistan is extremely tainted and it is believed that inmates are kept in highly inhumane conditions. This study conducted on 45 women, 8 condemned and 37 convicted women inmates of Multan Central Women jail shows that contrary to the popular belief the analysis of Multan Women Jail shows that measures are taken to ensure fulfillment of basic needs of all inmates. In case of Multan Prison, the quantitative analysis shows that

inmates are provided with all basic facilities needed for fulfilment of physiological needs as discussed by Maslow's hierarchy of needs. However, it is difficult to conclude if the inmates are satisfied with the facilities provided to them, because despite the availability of means of fulfilling needs inmates gave mixed responses to whether or not they were satisfied with the means provided to them for their need fulfilment.

v. Recommendations

- Understanding the Female Experience of Incarceration

It is integral to foremost recognize that the female experience of imprisonment and incarceration is drastically different to the male experience. In this context, the differences in biology are a key issue; the requirements for incarcerated women differ entirely from those of men based on female anatomy and specific health requirements. The contrasts between the social roles of men and women should also be the focus of conversations regarding the needs of women, with incarcerated women having to contend with issues of sexual assault and harassment from male caretakers. Therefore, the first step towards policy reform should focus on acknowledging the difference in terms of imprisonment experiences between men and women and subsequently work towards addressing and catering to these differences.

- The Need for Independent Jails for Women

There is a need for more independent women jails, like the Multan Central Jail, so as to ensure that the specific needs of incarcerated women are not being compromised. Independent jails have the benefit of gender-specific facilities and infrastructure as there is a focus on the specific requirements and needs of women. The majority of jails within Pakistan are predominantly male facilities with separate cells designated for female prisoners due to the generally low population of incarcerated women, with Multan being one of the rare exceptions to the trend. A gendered perspective to imprisonment is vital for meaningful policy reform and one of the essential, as well as initial, stages of policy reform is in maintaining independent facilities for women that are also run by women so as to ensure the provision of gender-specific services within correctional facilities.

- Resettlement Plans

There is a need for resettlement planning to be incorporated as a fundamental function and responsibility of the prison system, and these plans should ideally be self-defined from the start of the incarceration period. The lack of focus on rehabilitation and meaningful resettlement planning, combined with ineffective or in-existent follow-up of post-incarceration life, mean that women are left wholly unprepared for successful re-entry into society. Therefore, it becomes

essential to formulate individualized resettlement plans with the inmates so as to address gaps in terms of skills and education during the incarceration period so as to significantly contribute to successful re-integration.

- Building Mainstream Media Narrative

A key obstacle in terms of policy reform is the lack of political willingness for broad and gender-specific prison reforms. The mainstream media is a key player in engaging political willingness through the successful mainstreaming of the issues of incarcerated women. The prevailing desensitization of the community towards the effects of incarceration and subsequent marginalization of prisoners as a social group can be effectively combated by the creation of an empathetic narrative of imprisonment, highlighting the inefficiencies of the prison system and showcasing misconduct within prison administrations to generate political willingness for reform fueled by community engagement with the issue and public calls for reform.

- Learning from Positive Outcomes To Develop Positive Outcomes

Assessing and contrasting positive outcomes that have occurred in other countries to inform policy decisions is also a useful tool for broad reform. For example, as stated by Baroness Helena Kennedy in a panel discussion on the issue, prison reforms in Scotland focusing on utilizing revenues acquired through the sale of prison real estate for the construction of rehabilitative centers have had great success by shifting the focus to reintegration efforts. Similar outcomes can be assessed and implemented for the successive creation of positive outcomes within the prison system of Pakistan.

- Education and Literacy Programs

The research directly identified a gap in terms of the Literacy Programs in place and stressed the need for the provision of secondary education. The current state of Adult Literacy Programs is limited only to the most basic forms of education. Education can serve as a strong tool not only for successful rehabilitation, but also as a correctional and preventive measure in terms of the engagement of women in criminal activities. Educational facilities, if maintained in terms of quality, can serve to reinforce societal values and morals into incarcerated women and could have a much more significant impact on reducing instances of criminal involvement as well as

acting as a preventive measure for subsequent re-entry into criminal networks by women post-incarceration.

Additionally, in terms of religious education, the research also highlighted flaws within the system since religious instruction was exclusively focused on Islamiyat despite the fact that the prison population also included Christians. It is imperative to ensure that religious education is not only enjoyed by Muslim inmates, instead, the focus should be on ensuring access to religious education for all incarcerated individuals and specific provisions need to be made for different faiths.

- Shared Engagement

Shared engagement activities and events within prisons are another tool that could be used for uplifting inmate morale and adding towards an environment focused on rehabilitation. It could be deduced from inmate responses that they felt the absence of lively engagement activities like the celebration of festivities like Eid, Christmas and Diwali etc. Engagement activities that focus on engaging inmates through sports and similar activities can also go a long way towards making the imprisonment period more bearable by providing positive outlets and utilization of time by providing some sense of purpose to the otherwise bleak lives of prisoners.

- Drug Treatment

A significant need in terms of both rehabilitation and provision of adequate health services is the need to incorporate strong drug treatment programs as part of the rehabilitative services available within prisons as a significant number of female offenders are convicted of drug related offences. The lack of effective drug rehabilitation means that successful re-entry is not possible as effective measures have not been put into place within the prison infrastructure to effectively deal with instances and issue related to drug abuse and addiction within the incarcerated female population. Therefore, drug addiction and abuse treatments need to be incorporated as a fundamental part of prison rehab programs.

Conclusion

Narratives of prisons and the prevailing conditions and infrastructure are wide-ranging, chronicling both instances of gross misconduct and mistreatment as well as good case practices that focus on creating positive outcomes, but it is imperative to recognize and understand that there is no such thing as a 'good' prison. Incarceration and imprisonment have inherent detrimental effects on both the physiological and psychosocial needs of inmates, regardless of the available infrastructure, by virtue of the restrictive environment. Gender-specific considerations, when taken into account, illustrate an even more pressing need for broad policy reform of the prison system in terms of access to health care and the need to recognize the female experience of incarceration as singular and fundamentally different from men in captivity.

This research studied the complex correlation between the physiological and psychosocial needs of female prisoners and the prevailing prison conditions and existing rehabilitative infrastructure by studying the case of the Multan Central Jail. The research utilized multiple data sources for data triangulation and consistency, through the administering of extensive in-depth structured interviews aimed at assessing this phenomenon through various dimensions incorporated from Maslow's Hierarchy of Needs and the Theory of Human Need. The sample consisted of 45 incarcerated women, including both convicted and condemned classes of prisoners for a well-developed understanding of the issue. The analysis of the data shows that overwhelmingly, physical conditions are satisfactory within the Multan Central Jail, with the majority of inmates self-identifying their physical needs as being fulfilled. However, the administration of the Hamilton Depression Index and assessment of psychosocial needs, including the rehab infrastructure, instances of depression and mental health provisions illustrate a need for significant improvement. The results of the Hamilton Depression Index show that only 2% of the prison population can be classified as having no level of depression, with the overwhelming majority (60%) suffering from severe depression.

Before classifying the physical conditions of the prison as satisfactory, it is also important to realize the subjective nature of needs. The low socio-economic background of most

incarcerated women means they have little in the form of comparison when discussing satisfaction in terms of living conditions. Additionally, the fact that most of these women are uneducated and unaware of both their basic rights and specific provisions afforded to them by the law means that they cannot critically and effectively evaluate the gap that exists between the existing conditions and satisfactory living conditions. Therefore, the need for policy reform becomes even more pressing. Shifting the focus from imprisonment and punishment towards re-integration is essential to ensure that incarcerated women are both physically and mentally well without long-term detrimental effects as a result of incarceration.

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Appendix

Appendix A – Inmate Survey

Disclaimer:

This survey is conducted by department of Government and Public Policy S3H, NUST. This research would be for academic purpose solely and would not have any commercial apprehensions. The purpose of this survey is to “measure the effect of prison conditions on physiological and psychosocial needs of the women prisoners”. Please note that your participation is voluntary and you can withdraw any time. This survey will be confidential and anonymous and any information regarding the respondents will not be disclosed. Your cooperation would be duly appreciated. For further information you can contact the research supervisor Ms. Nazia Malik: nazia.malik@s3h.nust.edu.pk, and any of these researchers: Ayesha A. Khan: Ayesha.akhan@hotmail.com, Emin Raja: eminraja1@gmail.com, Faiza Asif: faiza.asif2@gmail.com, Maria Resham: maria.resham@gmail.com, Talha Naveed Ashraf: talhanav@gmail.com.

Demographic:

1. **Name (Naam):**

2. **Age (Umar):**

3. **Marital Status (Kya aap shaadi shuda hain?)**

1. Yes
2. No

4. **Number of Children (Aapke kitnay bachay hain?)**

5. **Educational Level: (Aapnay kis jaamaat tak parhai ki hai?)**

6. **What was your occupation before arrest? (Aapka giraftari say pehlay kya paisha tha?)**

7. **Where are you from? (Aap kis gaon ya sheher say taaluq rakhti hain?)**

8. **What was your crime? (Aap ka jurm kiya hai?)**

3. Murder (Qatal)
4. Kidnap (Aghwa)
5. Terrorism (Dehshatgardi)
6. Theft (Chori)
7. Drugs (Manshiyat)
8. Limit (Hudood)

9. When were you arrested, and how long are you in prison? (Aapko kab giriftar kia tha, aap kitnay arsay say qaid hain?)

10. Are you under trial or convicted? (Aapko saza mil chukihaiya case court mein chal raha hai?)

- 9. Convicted
- 10. Condemned

11. Which court convicted you? (Aapko konsi court nay saza di hai?)

12. Did you appeal for a retrial? (Aap ne maaf ki darkhwast ki?)

- 11. Yes
- 12. No

13. Is this your first time in a prison? (Kya ye aapki jail main pehli baar hai?)

- 13. Yes
- 14. No

14. When you were admitted to this prison were you informed of your rights? (Jab aap is jail mein ayi thi tou kya aapko apnay haqooq kay mutaliq bataya gaya tha?)

- 15. Yes
- 16. No

Physiological Needs:

15. How many meals do you get per day? (Aapko din mein kitni baar khana diya jata hai?)

- 17. 1
- 18. 2
- 19. 3

16. Describe the quality of food on the basis of following options: (Apnay khanay k mayar ko bayan karain?)

- 20. Good
- 21. Bad
- 22. If bad, then what's the issue?

17. Are you satisfied with the provision and quality of food? (Kya aap khanay k mayar say mutma'in hain?)

- 23. Yes
- 24. No

18. Do you have an option to cook on your own? (*Kya aap log khana khud hi banatay hain?*)

25. Yes

26. No

19. Do you have access to clean drinking water at all times? (*Kya saaf peenay ka paani har waqt muhaiya hota hai?*)

27. Yes

28. No

20. Have you ever gotten food poisoning by eating the food served in the prison? (*Kya jail ka khanay se ka bhi aapka pait kharab hua hai?*)

29. Yes

30. No

21. Have you ever suffered from a water-borne disease? (*Apko ganday paani ki wajah se koe beemari hui hai?*)

31. Food poisoning (Badhazmi)

32. Diarrhea (Haiza)

33. Malaria

34. Dengue

35. Hepatitis (A/B/C) (Yarqan)

36. Typhoid

22. Are you satisfied with the quality of water provided? (*Kiya aap paani k mayar se mutmain hain?*)

37. Yes

38. No

Q23. Do you feel that the room temperature in the prison is suitable to your needs? (*Kiya ap ko lagta hai k garmi sardi mein ap pursakoon tareeqe se rehsakte hain?*)

39. Yes

40. No

24. Do you have fans in your cell? (*Aap k kamray mein pankhay hain?*)

41. Yes

42. No

25. Do you have access to heaters during winters? (*Kiya aapko sardion mein heater muyasar hai?*)

43. Yes

44. No

26. How many people share a cell with you? (Aap kay kamray main kitnay log hotaay hain?)

45. 2

46. 4

47. 6

48. 8

27. How many beds do you have in your room? (Aap kay kamray mein kitnay palang hain?)

49. 2

50. 4

51. 6

52. 8

28. Do you ever have to share a bed with someone else? (Aapko palang pa kabhi koe aur soya hai?)

53. Yes

54. No

29. Do you think the light in your room is appropriate? (Aap kay kamray mein roshni ki miqdar sahi hai?)

55. Yes

56. No

30. How many bed sheets, pillows and mattresses are provided to you? (Aapko kitnay bistar ki chadar, takiye aur gaday miltay hain?)

57. 1

58. 2

59. 4

60. 6

61. 8

62. Other

31. Are the bed sheets changed regularly? (Kya bedsheets waqt pe badli jati hain?)

63. Yes

64. No

32. How often are your cells cleaned/or how often do you clean? (Aapke kamray ki safai kitni dafa hoti hai?)

65. Once a day

66. Twice a day

67. Other

33. Do you share a bathroom with other inmates? (Kiya aapka bathroom aik se ziada log istimal kartay hain?)

68. Yes

69. No

70. If yes, how many people?

34. How often are the bathrooms cleaned/ or do you clean? (Kya bathroom roz saaf hotay hain?)

71. Once a day

72. Twice a day

73. Other

35. Has the prison administration provided you with uniforms? If yes, how many? (Kya aapko jail intizamia ne kapray diye hain? Agar haan, tou kitnay?)

74. Yes

75. No

36. Are there mosquitoes and other insects in your cell? If yes, how often do you have fumigation drives in your cell? (Kya aapke kamray mein machar ya aur keerayhain? Jail intizamiainkay khaatmay keliye machar maar spray karti hai ya nahi?)

76. Yes

77. No

37. Are you provided with utilities to ensure personal hygiene? For example?

78. Toothpaste

79. Soap

80. Shampoo

81. Oil

82. Comb

83. Sanitary Napkins

84. Towels

38. Are you satisfied with the above prison conditions? (Kya aap is jail kay halaat say mutmain hain?)

85. Yes

86. No

39. Would you like to give some additional information? (Kya aap jail kay halaat say mutaliq kuch aur batana chahti hain?)

40. Would you like to give any suggestions? (Kya aap koi mashwara dena chahte hain?)

Health Care:

41. Have you ever had a medical examination on your arrival to the prison? (Kya jab aap jail main aayen tou aap ka tibbi muaayina hua tha?)

87. Yes

88. No

42. Do you have a medical history of illnesses prior to your sentence? (*Kya jail main aanay say pehle aapko koi bemaari thi?*)

89. Yes

90. No

43. If yes, then provide further details:

44. Are you provided with health care inside the prison? (*Kya jail kay andar aapko tibbi imdaad di jati hai?*)

91. Yes

92. No

45. In case of a medical emergency, how are you treated? (*Agar kisi ko fori tibbi imdaad ki zaroorat ho tou kya di jati hai?*)

93. Yes

94. No

46. Are there any regular examinations? (*Aap ka baqaidagi say tbbi muaaina hota hai?*)

95. Yes

96. No

47. Do you have any health problems currently? (*Kya aapko koi bemaari hai?*)

97. Yes

98. No

48. What type of health problems? (*Konsi bemaari?*)

99. Food Poisoning

100. Diarrhea

101. Malaria

102. Dengue

103. Hepatitis (A/B/C)

104. Typhoid

105. Asthma

106. Hypertension

107. Diabetes

108. Cardiac Issues

109. TB

110. HIV

111. Other

49. What were the tests? (*Kon kon se test huay thay?*)

50. Are you provided any treatment for your particular health problem? (*Aapka ilaaj ho raha hai?*)

112. Yes

113. No

51. Were/have you ever been pregnant in the prison? (*Kiya aap hamla hain?*)

114. Yes

115. No

52. Are you/were you provided with the necessary maternal health care facilities? (*Kiya aapko hamal k doran tibi sahuliat mayassar thi?*)

116. Yes

117. No

53. Are you provided with proper nutrition during pregnancy? (*Kiya aapko hamal k doran mayari khana milta hai?*)

118. Yes

119. No

54. Were you provided with infant care for up to two years? (*Kiya aapke bachay ki paidaish k baad 2 saal tak tibi sahuliat muyassar thi?*)

120. Yes

121. No

55. Do you have any child below the age of 6 residing with you currently? (*Aapka koe 6 saal se kam umar ka bacha apkay saath rehta hai?*)

122. Yes

123. No

56. What meals are provided to you for your infant's nutrition? (*Aapkay bachay ki nash-ona kay liye koi ghaza muyassar thi?*)

124. Milk

125. Rice

126. Other

57. Is there a pediatrician available to you for your child? (*Kiya bachon kya doctor ki sahulat muyassar hai?*)

127. Yes

128. No

58. Are you provided with sanitary napkins? (*Kiya aapko pads miltay hain?*)

129. Yes

130. No

59. If not, what do you use instead? (Agar nahe, tou aap uski jagah kya cheez istmaal kerti hain?)

60. If sanitary napkins are not provided, did you ever suffer from a disease because of lack of sanitary napkins? (Kiya aapko kabhi koe beemari hoi hai pads k na hone kiwajah se?)

131. Yes

132. No

61. Were you provided with proper treatment? (Kiya aapka ilaj hua tha?)

133. Yes

134. No

62. Are you satisfied with the general health conditions of the prison? (Kya aap jail ki tibi sahuliat se mutmain hain?)

135. Yes

136. No

Safety Needs:

63. Do you feel safe in this prison? (Kya aap is jail mein khudko mehfooz samajtay hain?)

137. Yes

138. No

64. If no, why not? (Kiun nai?)

65. Have you ever been assaulted (physical/verbal)? (Kiya gali galoch hoi ya aapko kisi ne maara?)

139. Yes (By Prison Staff Or Inmates)

140. No

66. If yes, how many times? (Kitni dafa?)

67. Did you go through any serious injury or health problems due to this? (Iski wajah se kyaa apko koi chot ya koi aur masla pesh aya?)

141. Yes

142. No

68. If yes, did you receive any treatment for this? (Kya aapka ilaaj hua?)

143. Yes

144. No

Belongingness and Love Needs:

69. How often are you allowed to see visitors? (Kiya aapko mulaqation se milne ki ijazat hai?)

145. Weekly

146. Fortnightly

147. Monthly

148. Every two months
149. Whenever required

70. Can you see your visitors without supervision? (*Kiya aap baghair guards k mulaqation ko mil saktay hain?*)

150. Yes
151. No

71. Do you feel better emotionally after seeing your visitors? (*Kiya aap mulaqati say milne k baad behtar mehsoos kartay hain?*)

152. Yes
153. No

72. Do you feel that if you are allowed more regular visits you will feel better? (*Kiya aapko lagta hai k ap ziada mulaqation say milain to apko behtar mehsoos hoga?*)

154. Yes
155. No

73. Do you believe the prison administration treats your visitors nicely? (*Kya jail intizaamia aapke milne valo ke saath acha salooq kartay hain?*)

156. Yes
157. No

74. Are you close to your home area in this prison? (For example, about an hour or less away from home?) (*Kya aap apne rehaishi ilaaqay se dur hain?*)

158. Yes
159. No

75. Are you in regular contact with them through phone or any other method? (*Kyaa apko phone pe ya kisi aur tareeqay se taluq rakhne ki ijazat hai?*)

160. Yes
161. No

76. Are you on friendly terms with your inmates? (*Kya aap kay apni sathi qaidion kay sath achay taaluqat hain?*)

162. Yes
163. No

77. Are the guards and prison administration accommodating to you? (*Kiya jail k guards aap kay saath tawun karte hain?*)

164. Yes
165. No

78. How do you think your relationship can be improved with the prison administration and inmates? (*Aapke khiyal main aapke aur intizamiya kay taaluqat kesay behtar hosakte hain?*)

Self Esteem Needs:

79. Has the prison administration ever told you how to take care of personal hygiene? (*Kya aapko apni sehat aur safayi say mutaliq taleem di jati hai?*)

166. Yes

167. No

80. Are you given any kind of education inside the prison? (*Kya aapko jail kay andar koi taleem di jati hai?*)

168. Adult

169. Religious

170. Vocational

81. Do you have access to one-to-one counselling? (*Kya aapko maahir-e-nafsiyat say milaaya jata hai?*)

171. Yes

172. No

82. What is your main daytime activity? (*Aap kay din kay mashaghil kya hain?*)

173. Education

174. Education And Work

175. Work only

176. Drug Rehab Course

177. Sick (No work)

178. Teaching

179. Unemployed

180. Knitting

181. Stitching

182. Cleaning

183. Gardening

184. Domestic Tailoring

185. Beautician

186. Other

83. Do you have a specific job inside the prison? (*Kya aap jail kay andar koi mulaazmat karti hain?*)

187. Yes (Paid/Unpaid)

188. No

84. Do you feel like you will indulge in any criminal activity in the future? (*Kya aapko lagta hai aap mustaqbil main koi aur jurm karain gi?*)

189. Yes

190. No

85. Do you think the prison rehabilitation program has been added positivity to your personality? (*Kya aapko lagta hai in bahaali kay program nay aapki zehni tandrusti ko behter kiya hai?*)

191. Yes

192. No

86. Have you developed any of the following during your sentence? (*Kya in main say koi salahiyat ya hunar aapnay jail main seekha hai?*)

193. Any valuable skill

194. Standard Education

195. Religious Education

196. Values And Norms

197. Personal Grooming

198. Other

87. Are you satisfied with the current rehabilitation programs? (*Kya aap bahali kay programs say mutma'in hain?*)

199. Yes

200. No

88. Do you have any suggestions or comments? (*Kya aap in bahali kay program say mutaliq koi mashwara dena chahti hain?*)

89. Do you have any recreational activities inside the prison? (*Kya jail main koi tafreeh kay programs ka band-o-bast hai?*)

201. Yes

202. No

Appendix B – Prison Administration Survey A and B

Survey A (Prison Admin)

- 1. It has been said that prisons are a ‘nursery for crimes.’ Do you agree with this statement? Regarding the crime network that exists in prison and exposure to it.**
- 2. How do you manage the day to day activities of the prison?**
- 3. What are the specific rules and regulations for that are in place for the women inmates?**
- 4. What are the specific facilities available for women within the prison infrastructure?**
- 5. What specific provisions are in place for the health needs of women inmates?**
- 6. Do you feel there are any weaknesses in the prison system currently?**
- 7. Do you think the prisoners are physically and mentally well?**
- 8. Are there any rehabilitation programs and activities in place within the prison?**
- 9. Can you share any success story of rehabilitation?**
- 10. Are there any reforms you think need to be implemented within the prison system?**

Survey B (Doctor)

- 1. Do you conduct regular entry examination?**
- 2. Do you maintain inmates’ medical history records?**
- 3. Do you maintain medical case records of inmates?**
- 4. What are the most common health issues faced by the prisoners?**
- 5. Do you feel medical care for women is satisfactory in terms of resources, treatment of diseases and basic physiological needs i.e. availability of a gynecologist, prenatal/postnatal care, vaccination, availability of pediatrician for children?**
- 6. Could you describe the availability of medical facilities, i.e. availability of equipment for diagnostic tests, sanitary condition etc.?**
- 7. How often do inmates get sick?**
- 8. Do you think food and water standards of the prison could lead to sicknesses?**
- 9. Are you able to organize specialist visit schedules if there is a need?**
- 10. What is a diagnostic procedure if there is any?**

Appendix C – Observational Checklist

Food

Prison Condition	Physiological Needs	
	Present (Y/N)	Need Fullfilled
Food		
Menu	Y	Y
Kitchen	Y	Y
Cooking Space or Utensils	Y	Y

Water

Prison Conditions	Physiological Needs	
	Present (Y/N)	Need Fullfilled
Water		
Cooler	Y	Y
Filter Plant	Y	Y

Safety and Security

Prison Conditions	Physiological Needs	
	Present (Y/N)	Need Fullfilled
Security Protocol	Y	Y
Security Check Standards	Y	Y
Separate Female Booths	Y	Y
Visitation Space	Y	Y
Phone Schedules	Y	Y
Ambiance/Landscape	Y	Y
Display Board	Y	Y

Space and Light

Prison Conditions	Physiological Needs	
	Present	Need Fullfilled
Room Dimensions	Barracks	Y
Number of rooms	5	Y
Inmates per room	15-20	Y

Bedding per room	20-25	Y
Windows	8-10	Y
Adequate Lighting	Y	Y
Fan	Y	Y
Number of fans per room	8-10	Y
Number of fans per person	1 fan for 4 people	Y
Number of working fans	8-10	Y
Conditions of Beds	Clean	Y
Solitary/Kasuri	Y	Y

Hygiene and Environment

Particular Unpleasant Odors	N	Y
Outdoor Spaces	Y	Y
Inner Space	Y	Y
Bathrooms	Y	Y

Appearance

Clothing conditions	Y	Y
Neatness	Y	Y
Same Uniform	Y	Y

Attitude

Prisoner vs. Admin Conflict	Y	Y
Healthy/Supportive Environment	Y	Y

Medical Facilities

Medical Offices	Y	Y
Dispensary	Y	Y
Medication Stock	Y	Y
Medical Register	Y	Y

Activity Centers

Gardens	Y	Y
Outdoor Space	Y	Y
Activity Rooms	Y	Y
Vocational Center	Y	Y
Religious Teaching	Y	Y

Appendix D – Hamilton Depression Index

Patient's Name _____

Date of Assessment _____

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

For each item, write the correct number on the line next to the item. (Only one response per item)

1. **DEPRESSED MOOD** (Sadness, hopeless, helpless, worthless)
0= Absent
1= These feeling states indicated only on questioning
2= These feeling states spontaneously reported verbally
3= Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
4= Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication
2. **FEELINGS OF GUILT**
0= Absent
1= Self reproach, feels he has let people down
2= Ideas of guilt or rumination over past errors or sinful deeds
3= Present illness is a punishment. Delusions of guilt
4= Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations
3. **SUICIDE**
0= Absent
1= Feels life is not worth living
2= Wishes he were dead or any thoughts of possible death to self
3= Suicidal ideas or gesture
4= Attempts at suicide (any serious attempt rates 4)
4. **INSOMNIA EARLY**
0= No difficulty falling asleep

_____ 1= Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour 2= Complains of nightly difficulty falling asleep

5. **INSOMNIA MIDDLE**

0= No difficulty

_____ 1= Patient complains of being restless and disturbed during the night
2= Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

Adapted from Hedlung and Vieweg, The Hamilton rating scale for depression, *Journal of Operational Psychiatry*, 1979;10(2):149-165.

6. INSOMNIA LATE

0= No difficulty

1= Waking in early hours of the morning but goes back to sleep 2=
Unable to fall asleep again if he gets out of bed

7. WORK AND ACTIVITIES

0= No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in
listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity 4=
Stopped working because of present illness

8. RETARDATION: PSYCHOMOTOR (Slowness of thought and speech; impaired ability to
concentrate; decreased motor activity)

0= Normal speech and thought 1=

Slight retardation at interview 2=

Obvious retardation at interview 3=

Interview difficult

4= Complete stupor

9. AGITATION

0= None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

10. ANXIETY (PSYCHOLOGICAL)

0= No difficulty

1= Subjective tension and irritability 2=

Worrying about minor matters

3= Apprehensive attitude apparent in face or speech 4=

Fears expressed without questioning

11. ANXIETY SOMATIC: Physiological concomitants of anxiety, (i.e., effects of autonomic
overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations,
hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid
asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

12. SOMATIC SYMPTOMS (GASTROINTESTINAL)

_____ 0= None

1= Loss of appetite but eating without encouragement from others. Food intake about normal

2= Difficulty eating without urging from others. Marked reduction of appetite and food intake

13. SOMATIC SYMPTOMS GENERAL

_____ 0= None

1= Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

2= Any clear-cut symptom rates 2

14. GENITAL SYMPTOMS (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

_____ 0= Absent

1= Mild

2= Severe

15. HYPOCHONDRIASIS

_____ 0= Not present

1= Self-absorption (bodily) 2= Preoccupation with health

3= Frequent complaints, requests for help, etc. 4= Hypochondriacal delusions

16. LOSS OF WEIGHT

_____ A. When rating by history:

0= No weight loss

1= Probably weight loss associated with present illness 2= Definite (according to patient) weight loss

3= Not assessed

17. INSIGHT

_____ 0= Acknowledges being depressed and ill

1= Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

2= Denies being ill at all

18. DIURNAL VARIATION

_____ A. Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none 0= No variation

1= Worse in A.M.

2= Worse in P.M.

_____ B. When present, mark the severity of the variation. Mark "None" if NO variation

0= None

1= Mild

2= Severe

19. **DEPERSONALIZATION AND DEREALIZATION** (Such as: Feelings of unreality;
Nihilistic ideas)

0=

Absent

1= Mild

2=

Moderate

3= Severe

4= Incapacitating

20. **PARANOID SYMPTOMS**

0= None

1= Suspicious

2= Ideas of reference

3= Delusions of reference and persecution

21. **OBSESSIONAL AND COMPULSIVE SYMPTOMS**

0=

Absent

1= Mild

2= Severe

Total Score _____

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