

CHALLENGES FACING WOMEN IN PRISON: A CASE OF NAROK PRISON

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DECLARATION

I, Khulabe Angeline Nafula, Reg NO: SW/008/2013, hereby declare that this project is my own originals work based on my research and findings and has not been submitted in any institution for award.

Sign.....Date.....

Approval by the supervisor.

This project has been submitted for examination with my approval as the university supervisor.

Dr. Kennedy Onyiko

Signature.....Date.....

Maasai Mara University

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DEDICATION

I would like to dedicate my study to my late mum Pamela Akinyi I know she is not here, but wherever she is, she is happy for the work have done.

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ABBREVIATIONS

HIV	Human immune deficiency
AIDs	Acquired Immune deficiency syndrome
WHO	World Health Organization
HBV	Hepatitis B virus
HBC	Hepatitis C virus
UNODC	United Nations Office of Drugs and Crime
IWCJ	Institute of Women and Criminal Justice
USA	United States of America
OIG	Office of Inspector General
IDU's	Injecting Drug Users.
UNDP	United Nations Development Programme

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ABSTRACT

This study examines the challenges faced by the women prisoners. The study was undertaken at Narok prison in Narok County. Women are among the minority group in the society that has been neglected and the challenges that they face in the society they are overlooked.

The study adopted descriptive research design. Simple random sampling technique was used to draw a sample population of 30 convicted inmates from a study population of 40. Data was collected using structured questionnaire, which was administered by the researcher. In addition, qualitative data was collected through an in depth interview with five prison staffs who gave an insight of the challenges that women are facing in Narok Prison.

The study findings indicate that women inmates undergo stress adapting to the new environment of prison life away from their family and the people they love. The detachment from the world and separation from the family is a major source of stress, loneliness, homesick and boredom were found to be weighing them down.

The findings also indicated that HIV is a major health problem that women face in prison and overcrowding was a major social problem that women had to deal with while serving their sentences.

These challenges the women development aspect since their mental health is affected and they suffer the trauma of serving short sentences for petty crimes and also the fact of mingling the hard criminals while in prison.

The study therefore recommends that the women imprisoned for non- violent crimes may be allowed to serve non- custodial punishment since their sentences are shorter to prevent family breakages as well as to reduce overcrowding in prison. In addition, the prison authorities should put more recreational facilities in the institution where inmates can spend their leisure time to keep them busy, improve on health care services provided and also to keep them busy from engaging in drugs and alcohol abuse. The study also recommends that the measures that Narok prison has put in place to curb the challenges should be strengthened and followed to the letter to avoid the problems that women are facing while in prison.

CHAPTER ONE

1.0. Introduction

This chapter introduces the background of the problem, statement of the problem, research questions, general objectives, specific objectives, significance of the study, scope and the limitation.

1.1. Background of the problem

Imprisonment is tough regardless of gender. But more than 100,000 women behind bars in American out of total prison population of more than 2.2 million face distinctive challenges. Litchfield said, "Folks just aren't aware of special considerations needed for women." Arguably, the thorniest question is posed by the children of imprisoned women who typically were their primary caregivers before entering prison.

In 2013, in the office of the inspector general (OIG) a list of top management and performance challenges facing the department of justice system was prioritized. While prioritizing, they identified in their top management challenges they are facing. One of the challenges highlighted in that year and was also highlighted in 2012 was the growing crisis in the federal prison system.

Whilst issues such as overcrowding, hygiene, and visitation rights are relevant to prisoners of either gender, there are many concerns which are specific to female prisoners, or which affect female prisoners in a different or particularly harsh way when compared to their male counterparts (Baldwin and Jones, 2000).

The international norms and standards for criminal justice and for the treatment of prisoners do not adequately reflect the requirements of women and need to be modified or adapted (Baldwin and Jones, 2000).

In January 17,2001 there was informational hearing held by the joint committee on prison constructions and operations in California .The purpose of the hearing was to find out why there were suspicious deaths of women inmates. They had to find out why did they die and what were the circumstances surrounding their deaths. Secondly, they had to discuss systematic barrier's

and ways of providing appropriate legal and medical care to inmates and what are the possible remedies to these challenges in prison.

In October 11, 2000 Chowchilla, California, there was another two days of hearing that addressed the issues that are unique to women as inmates. These problems include: children contagious infectious disease, mental health and pregnancy.

Federal prisons are facing a number important safety and security issues including, the most significant. The major problem in prison that has been identified over the years and is being identified up to now is overcrowding. Few prisons have adequate assessment or mental health treatment programs and often "overmedicate" women inmates in need of more intensive treatment (Flampton, 1993).

Since 2016, the officials have acknowledged the threat overcrowding poses to the safety and security of its prison, yet the department has not put in place any plan that can reasonably be expected to alleviate the problem.

Challenges facing women prisoners have been there before, since it has been identified by various researchers and scholars. It is the situation that is observable while visiting prisons and need to be given serious attention. There are several critical challenges faced by women by women in prison; most are met in the prison environment (Bloom & Covington, 1998).

Recently, the government has tried to put in place measures to try and alleviate these problems .We hope for the measures to be implemented in order to forget these challenges and start addressing other social problems in the society.

The challenges women are facing in prison need to be given special attention and be addressed urgently.

In addition pre- and post-release programmes that take into account the stigmatization and discrimination that women face once released from prison are some of the challenges which do not receive sufficient attention (UNODC, 2008).

1.2. Statement of the problem

Challenges facing women prisoners are the difficulties that women are facing while serving their sentence in prisons. Some of these problems that women face while in prison include: overcrowding, lack of personal effects like sanitary towels, lack of proper health care, sexual harassment. They also face social problems whereby they are given limited hours with their family and loved ones. Psychological problems are also faced by the women prisoners in that some of them still live in denial for the fact that they are in prison without being given any fair hearing.

These challenges that are women are facing in prison, need to be addressed and be given proper attention. The government needs to put in place ways of curbing these challenges and improve the living condition in order to make the place a better place to live in. With these challenges addressed the problems of psychological and emotional torture will be solved.

Women also should also be given enough time with their family members and loved ones.

1.3. General objective

To determine what are challenges faced by women inmates in Narok Prison

1.4. Specific objectives

- a) To ascertain health challenges of women in Narok prison.
- b) To determine social challenges facing women in Narok prison
- c) To determine measures in place to curb challenges facing women in Narok prison.

1.5. Research Questions

- a) How the challenges faced by women prisoners affect their health condition.
- b) What are the social challenges facing women prisoners in Narok
- c) How are the challenges facing Narok women prisoners are being addressed.

1.6. Significance of the study

This study will help bring to the limelight the challenges that women are facing while in prison and also help the government to come up with proper measures and mechanisms to help solve the challenges.

It is also through the studies that the prison administration in collaboration with the government will improve the living conditions of women inmates and also help the staff in prison to treat inmates with care and respect in line the principle of inherent dignity and worth of individuals.

1.7. Scope of the study

The scope of the study was within Narok. It was conducted within Narok prisons facilities, whereby it involved interviewing of the women prisoners and the entire staff.

1.8. Limitation of the study

Prison is self-contained environment in which everyone's activity is tightly regulated and monitored. Simply getting access to Prison may not be an easy task. Furthermore, prisoners are regarded as vulnerable population for the research study. The department of health and human services regulations on human subject's protection designates prisoners along with other groups such as children and pregnant women as especially vulnerable.

Another limitation on this study is that they is high scrutiny from the Institutional review boards which acts as a discouragement to other researchers who may have research topics on matters concerning prison. Also, the women inmates and the prison staff may not be willing to provide the sufficient information required for the study. And again, school library lack enough resources like book and articles that might provide information on the research.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter introduces theoretical framework, health conditions that affect women while in prison, social experiences, conceptual frame work and the measure in place to solve the negative experiences that women undergo while in prison. This chapter also describes in to details what the problem is all about and the critics.

2.1. Overview of women population in prison

When the general public thinks about prison, typically what comes to their mind are the overcrowded facilities, high walls with barbed wire. They also typically picture an all-male population with most inmates covered with tattoos. The picture fewer see is that of women's prison. While the decision in *Todaro v. Ward* (1977) mandated reforms to health care in prisons, women continue to receive fewer resources compared to the male incarcerated population (Anderson, 2006).

According to Mumola, 64% of women were primary guardians for their children prior to being incarcerated. According to Levi in the United States of America (USA), the increase in incarcerated women stems from more prosecutions for drug related and low level crimes.

Women represent the fastest growing segment of prison and jail populations. Eighty-five percent of incarcerated women serve time for nonviolent crimes. In 1970, there were 5,600 women incarcerated in federal and state prisons. At year-end 2000, 91,612 women were in state or federal prisons, 6.6% of the total prison population. (Irwin, Schiraldi, and Ziedenberg, 2001).

It is true that the number of women in prison is very small in proportion to the overall prison population. Although the statistics can vary, approximately 2.5 million people are incarcerated in U.S. prisons and jails. Of these, according to a study conducted by the Institute on Women and Criminal Justice (IWCIJ) in 2006, the number of women in prison is approximately 105,000.

There are numerous studies that have been conducted on issues that women undergo while in prison. Two of the major research that were conducted in 2009 that were published threw some light in the issue. The first, from the World Health Organization (WHO), is entitled *Women's Health in Prisons: Correcting Gender Inequity in Prison Health* and involved women's prisons

in Europe as well as the United States. The other is *Mothers, Infants and Imprisonment: A National Look at Prison Nurseries and Community-Based Alternatives*, published by the IWCJ. This study focused almost entirely on U.S. female prison facilities

2.2. Women and health in prison

According to World Health Organization (WHO), Health is defined as state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity. Health is a basic human right. Women in our society are more vulnerable to infections and that's why their health conditions need proper attention. Prisoners with existing healthcare conditions may have their health needs ignored or neglected, and others may develop health problems whilst in prison thanks to unhealthy and unhygienic prison conditions and poor control of infectious diseases.

Health protection in prisons is a serious public health issue, which states ignore at their peril, as the vast majority of people in prison will return to the community at the end of their sentence. Prisons can be a breeding ground for HIV/AIDS, tuberculosis (TB) and other infectious diseases. The incidence of TB, which thrives in cramped, overcrowded conditions, in European prisons for example can be up to 81 times higher in prisons than among the general population (WHO). Studies have shown that in most countries in Europe and in Central Asia, rates of HIV infection are much higher in prisons than outside, because of, for example, high rates of drug dependency and dangerous practices such as needle sharing.

Prison inmates often present with myriad social, psychiatric, and general medical challenges. In general, prisoners are less educated (Harlow, 2003), have higher rates of learning disabilities (Fazel, Xenitidis, & Powell, 2008), are more loosely tethered to the labour force (Holzer, Raphael, & Stoll, 2003), and have higher rates of poverty (Petersilia, 2003), alcohol and drug addiction (Fazel, Bains, & Doll, 2006), other mental illness (DiamWang, Holzer, Thomas, & Cruser, 2001), and severe mental illness (Haney, 2006), than the general population. Prisoners are also frequently encumbered with multiple medical problems. In a 2004 national survey, 44% of state and 39% of federal inmates in the United States reported a current medical problem other than a cold or virus, most commonly arthritis and hypertension (Maruschak, 2008). Moreover,

the rate of HIV/AIDS among prison inmates in the United States was 1.5% at yearend 2010 (Maruschak, 2012), a rate nearly four times that of the general population in the United States (McQuillan & Kruszon-Moran, 2008). In addition, in 1999, 55% of state prisoners and 63% of federal prisoners in the United States reported being a parent of a child under the age of 18. Of these parents, 46% reported living with their children prior to their imprisonment (Mumola, 2000). Similarly, in England and Wales, a 1991 national prison survey found 32% of male and 47% of female prisoners were living with their dependent children prior to their incarceration (Johnson & Waldfogel, 2004). The multiple and complex needs of prisoners incur an obligation upon the prison system to address these needs.

2.2.1. HIV/Aids and other infectious diseases

Prison is a breeding place for many infectious diseases thanks to unhygienic conditions in prison, overcrowding and neglect of health in prison by the various government. There are various diseases in prison that are infected at a very high rate. They include: HIV/AIDS, tuberculosis and hepatitis C and hepatitis B. Women also have higher rates of chronic illnesses than the male population (Anderson, 2006).

Since 1994, research indicated that HIV/AIDS and tuberculosis were at higher rate particularly in prison. It was clear that that prisoners were a vulnerable group drawn from those part of society which were hard to reach as regards to health .People in prisons and other closed settings, including people working in prisons, are particularly at risk for hepatitis B, hepatitis C and HIV, due to their own vulnerability compounded by the characteristics of the environment. The prevalence of individuals who use drugs, including injecting drugs, is particularly high in prisons in Europe, a region with an HIV epidemic concentrated among the most vulnerable populations, especially people who inject drugs (Hammett, T.M, 2006)

2.2.1.1. HIV/AIDSs

HIV is virus that infects cells of the human immune deficiency system and progressively impacts their function. Infection with HIV leads to immune deficiency making people vulnerable to a wide range of diseases. The prevalence of HIV and other blood borne infections is generally higher among prisoners than in the general community because of the over-representation of injecting drug users (IDUs) in prisons (Dolan et al. 2007).

HIV is transmitted when infected blood, semen, vaginal fluids or breast-milk enter another person's body. This occurs during unprotected sex, when sharing needles during injection drug use or tattooing and piercing, through blood transfusion, through unsafe medical care (such as the use of improperly sterilized syringes and other medical equipment in health-care settings) or through accidental puncture with contaminated medical wastes. Women living with HIV who become pregnant can transmit HIV to their babies during pregnancy or delivery as well as through breastfeeding. All these modes of transmission can occur in prisons if appropriate measures are not taken (Natha. M et al, 2008).

Women are at risk here in that most of them imprisoned while they are pregnant and are also, they are likely to be influenced to take drugs (UNAIDS, 2014)

The overuse of imprisonment among women and pre-trial detention of drug users is responsible for the high prevalence of HIV/AIDS in prison.

Worldwide, between 56% and 90% of people who inject drugs will be incarcerated at some point.⁸ In 2012, in Mauritania, HIV prevalence was an estimated 24.8% among prisoners, and 40% of this group were thought to inject drugs (UNODC, UNAIDS, 2008)

Within prisons it is difficult to obtain clean injecting equipment. Possessing a needle is often a punishable offence and therefore many people share equipment that has not been sterilized between uses (Dolan. et al, 2015)

2.2.1.2. Tuberculosis {TB}

Tuberculosis is a specific infectious disease caused by an intercellular parasite known as M. tuberculosis. The disease primarily affects the lungs and causes pulmonary tuberculosis. TB is a major public health and global health problem. The rate of TB infection in prison ranges from 11 to 81 higher than the general population (WHO, 2007).

High levels of TB in prison populations are likely to be attributable to the fact that a disproportionate number of prisoners are from population groups already at high risk of TB infection and TB disease, such as people who inject drugs, homeless people, mentally ill individuals, people returning to prison and undocumented immigrants from areas with a high incidence of TB (Walmsley R, 2008).

Women in prison are at a higher risk to be infected with TB because of the overcrowded prison and lack of medical health care in prison. The rate of HIV also is another factor contributing to TB infections in prison (WHO, 2012).

2.2.1.3. Hepatitis B AND C.

Hepatitis B is a viral infection of the liver that can cause both acute and chronic diseases. The virus is transmitted through contact with the blood and other bodily fluids of an infected person. Its transmission is similar to HIV but the virus is 50-100 times more infectious than HIV.

Hepatitis C also is a liver disease caused by Hepatitis C Virus (HCV). It can also be acute or chronic but most of the time the acute phase is unnoticed. It is also transmitted through contact with the blood of infected person. In addition to this, tattooing is common in prison populations and as reported elsewhere seems to be associated with HBV and HCV infections (Samuel et al.2001; Wilson et al. 2001)

Looking at the condition in prison these are diseases that are prevalent because of the poor medical facilities, lack of proper attention of the inmates and the most common one is the sharing of needle by the inmates when abusing drugs. Research indicates that 20% and 50% of women in jail are infected with hepatitis. Offending women are at higher risk of contracting hepatitis due to their involvement in sex and drug crimes (Ferreira et al.2009; French et al.2009).

While women inmates have a higher need for treatment (both in terms of prevalence as well as severity of conditions) compared to male inmates, the prison system is limited in its resources and abilities to address these issues.

2.3. Mental health among women in prison

According to Quinn (2010) women inmates have a 20 per cent higher rate of mental health problems.

Women in custody face a variety of mental health issues. In many cases, the criminal justice system is ill equipped to deal with these issues. Given the high rates of abuse and victimization these women experience throughout their lives, it is not surprising that the incarcerated female population has a high demand for mental health services. Women in prison have significantly

higher rates of mental illness compared to women in the general population. Thirteen per cent of women in federal facilities and 24% of women in state prisons indicate that they have been diagnosed with a mental disorder (General Accounting Office, 1999). The pains of imprisonment, including the separation from family and adapting to the prison environment, can exacerbate these conditions. While states such as New York indicate that more than 25% of women receive mental health treatment while they are incarcerated, the lack of accessible services ranks high on the list of inmate complaints regarding quality of life issues in prison (WPA, 2003).

Elaine Lord, the former superintendent of Bedford Hills Correctional Facility (a maximum-security prison for women in New York State) tells of the challenges that face a facility wherein a large percentage of the women suffer from mental health issues. Substance abuse, trauma from physical and sexual abuse and depression are some of the leading mental health problems.

In a study of state facilities, (Morash, Bynnum, and Koon's 1998) found women inmates were more likely to be addicted to drugs and to have mental illnesses than their male counterparts

2.4. Social experiences in prison

Imprisonment is neither something to celebrate or to be proud of at any length. Women in the contemporary prison face many problems; some resulting from their lives prior to imprisonment, others resulting from their imprisonment itself. Women in prison have experienced victimization, unstable family life, school and work failure, and substance abuse and mental health problems. Social factors that marginalize their participation in mainstream society and contribute to the rising number of women in prison include poverty, minority group member, single motherhood, and homelessness. While in U.S. prisons, women, like prisoners throughout the world, face specific pains and deprivations arising directly from their imprisonment.

2.4.1. Separation from children and the family

When women are imprisoned they leave their children and family behind. This is the most painful experience that they go through while in prison, the thought of being away from their

loved ones behind prison bars. Three quarter of women in prison are mothers and two thirds are having children under the age of 18 who still need the love and care of the mother.

Qualitative accounts, highlight similar ideas and have suggested that social ties help prisoners cope with social isolation in prison and negotiate the myriad of challenges they face during reentry (Fishman 1990; Carlson and Cervera 1992; Comfort 2008; Petersilia 2003; Visher and Travis 2003; Maruna and Immarigeon, 2004).

Bloom and Chesney Lind argue that mothers in prison face multiple problems in maintaining with the children and family/this is because they encounter obstacles created by the correctional facilities. The distance between the prison and home, lack of transportation, and limited economic resources comprise a woman's prisoner's ability to maintain these relationships. Over half of the women responded to Bloom and Steinhart's survey of imprisoned mother's reported never receiving visits from their children. Over half of all women behind bars have minor children as well as separation from children and significant others. (Bloom and Covington, 1998) argue that mothers in prison face multiple problems in maintaining relationships with their children and encounter obstacles created by both the correctional system and child welfare agencies.

Most correctional systems do not take into account the importance of the mother-child relationship in designing policy for women in prison. Terminations of parental rights also affect prison mothers (Porter and Wright, 2003).

2.4.2. Solitary confinement

The term "solitary confinement" refers to the physical and social isolation of an individual in a single cell for 22.5 to 24 hours a day. This can also be referred to as the isolation. The aspect of isolation takes place due to; disciplinary segregation, administrative segregation and protective custody. Isolation affect women prisoners depending on how long the stay in isolation.

Whether an inmate becomes severely psychologically affected by solitary confinement is dependent on how much time is spent in isolation (Bartol and Bartol, 1994). Three main factors are inherent in all solitary confinement regimes: social isolation, reduced activity and environmental input, and loss of autonomy and control over almost all aspects of daily life. Each of these factors is potentially distressing.

Research indicates that isolation has effect on women's health ranging from anxiety, depression, anger, cognitive disturbances, perceptual distortions, paranoia and psychosis. The rate of suicide is also high among women who are isolated while in prison. Women who are isolated while in prison are heavily impacted by this confinement and this makes them socially aloof as it is adding to the fact that they are also isolated from their family members. Social ties play a critical role in helping offenders cope with imprisonment (Adams 1992; Liebling 1999; Jiang and Winfree 2006; Comfort 2008; George 2010).

2.4.3. Overcrowding in prison.

It is difficult to define this term because there is no single internationally accepted standard. However, this is a situation that must be counteracted, because people's behavior can be affected to the extent that it leads to self-harm or violent behavior to others. Overcrowding is perhaps the single most pressing concern facing African prisons. African nations such as Cameroon, Zambia, Burundi, Kenya, and Rwanda comprise the majority of the world's most overcrowded prisons. Like many of the challenges facing African prisons today, overcrowding has its roots in the continent's colonial past. Prison is overcrowded because of the high rate of crimes being committed by individuals (Hayden; Johnson, W. Wesley, 2013).

Prisons in Kenya have old buildings, poorly ventilated, with inadequate sewage systems and these conditions are the reasons for the transmission of communicable diseases. Prisoners often lack space to sleep or sit, hygiene is poor, and food and clothing is inadequate because of high population (WHO, 2005).

The reason for overcrowding in prisons is because of resource scarcity in that, there is inadequate facilities. Also, the shortage of police and judges has been credited to the high population. This is because the shortage has led to increase in pre-trial detainees and remand prisoners who compromise the majority of prison population.

Overcrowding come with various effects on prisoners and the entire staff. Diseases are more prevalent, for example Tuberculosis which is spread easily in overcrowded places. Abnormal deaths also occur in prison. In 2002, for example at least 100 Ghanaian prisoners died of

malnutrition and diseases resulting from lack of sanitation and overcrowding. Similarly, hundreds of prisoners in Kenya, Nigeria and Ethiopia have died as a result of similar conditions. Again, prison overcrowding also has other effects on the health and wellbeing of the people living in these conditions and may also adversely affect public health and the prison system. It also hinders the work of social rehabilitation and leads to inhuman, cruel or degrading treatment. Overcrowding, as well as related problems such as lack of privacy, can also cause or exacerbate mental health problems, and increase rates of violence, self-harm and suicide (WHO, 2015).

2.4.4. Drugs and alcohol

According to Terry Thornton 2009, a spokeswoman for California Department of correction and rehabilitation said that prison wall is no longer a boundary. This is contributed by the technology i.e. entry of mobile phones in prison.

Research indicates that, women while in prison experience drugs and alcohol use. They get involved in drugs in order not to feel the pain of separation from their loved ones and also it may be due to the fact that they think drugs will make them forget their sorrows while in prison

The issue of drug and alcohol use needs to be counteracted since it is already in the limelight and find proper measures to put in place to counter the problem (Kenyan Constitution, 2010)

2.4.5. Violence in prison

WHO has defined violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” .It is noteworthy that the definition includes threats such as the potential use of force, and that the defining outcome is not only injury or death but also psychological harm. The impact of physical, sexual, and emotional abuse found in the experience of women offenders also creates a significant need for counseling and therapy (Pollock, 1986). Violence occurs in prison system because of the scarce resources, poor conditions in prison that prisoners want addressed. In international law, prisoners are entitled to protection against violence such as violence, rape and torture. According to principle 5 of the United Nations Basic Principles for the Treatment of Prisoners: “Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights.

There are many types of violence that occur in prison according to (WHO, 2014). They include:

- Suicides, suicide attempts and self-harm;
- Physical violence (beatings, fights) among prisoners;
- Psychological violence such as threats, bullying or humiliation;
- Sexual assaults of prisoners by other prisoners or by Prison staff;
- Excessive violence committed by prison staff towards
- Prisoners amounting to torture or ill-treatment;
- Violence by prisoners against prison staff, from single events to prison riots

Women prisoners are more likely to have experienced physical and sexual trauma before imprisonment or even in prison. Prisoners who are abused by staff have no way of escaping from their abuser. Those who file a complaint or take legal action are at risk of further retaliatory abuse, even if they are transferred to another facility (Quinn, 2010).

2.5. Women and children

Some women when incarcerated, they are pregnant and some have children whom they are still breastfeeding. These children and women need proper attention and care because they are vulnerable. Their plights tend to be ignored by policy makers and the prison administration which is dominated by the male-adult aspect

Bloom and Owen 2000 argue that mothers in prison face multiple problems in maintaining relationships with their children and encounter obstacles created both by the correctional system and child welfare agencies. Women who are in prison are poor and uneducated and they are incarcerated for crimes such as murder and attempted murder, infanticide, abortion, theft. Once in prison the discrimination against women persist in that, they lack adequate supplies to accommodate menstruating women.

Children who are born in prison are innocent beings who are just victims of their mother's mistakes. They have to compete for the scarce resources provided by the prison administration since they are not given any special consideration. Parents believe their children are in safe living situations and are not being abused or neglected; nevertheless, they worry about their children's well-being and about their guidance and supervision (Hairston, 1992, 1995).

According to a 2006 study by Bureau of justice statistics, more than three quarters of all s sexual misconduct reported in prison involves women and staff guard. The issue of women inmates with their children in prison really affect them socially, emotionally, and also psychologically. This is because they see their children are not receiving proper care that they might have received while at home. At the same time they don't want to be separated from their children since they are the only family they have close when not being visited by other family.

2.6. Measures to address the experiences that women go through

Women undergo most of the worst experiences while in prison. These are the experiences that heavily affect their lives inside the prison and after the incarceration. There are measures in place that help counter the experiences, they include the following:

2.6.1. Identifying and removing pre-trial detainees

First of all, this will help solve the issue of overcrowding as it helps remove the remandees who have been detained past their pre-trial date and those who should have let out on bail initially. In Cameroon, the system allows for judges and prosecutors to go into the prisons and work with the prison authorities to analyze the files and identify those inmates who may have been held past their trial date or for very lengthy periods of time (Cape Ed Smith, T. 2016)

2.6.2. Use mobile courts within prison

This is also another measure that help curb overcrowding in that it help reduce trial of detainees and also the issue of transportation of prisoners to courts for their trial. This system is being used in Kenya, where, where there is a system of mobile judges who move between the prisons to adjudicate cases, saving on transporting prisoners from prisons to the courts, which can cause delays and use scarce resources. In Ghana the 'Justice for All' system also uses mobile judges, specially selected by the Chief Justice, who move around prisons and review cases where the inmates have overstayed their sentence or remand time. (UNDP, 2010).

2.6.3. Establishing, upgrading and modernizing rehabilitation Programmes

Rehabilitation in the first place will help on issue of alcohol and drug abuse through the use of counselling by the social workers. Better rehabilitation facilitation facilities will help in proper restoration of their function. This will also help them to acquire relevant skills that will help prepare them once they have done serving their sentence. In *Seychelles*, inmates in the prison

who have shown good conduct engage in paid work outside the prison, such as farming, fishing and construction, allowing them to save their earnings and gain skills

In Kenya today, these programmes are also being offered in prison, for example, tailoring, carpenter, farming, masonry and also beads and arts. This programmes equip them with skills and also help them to be occupied to avoid engaging in alcohol and drug abuse and also to feel neglected.

Rehabilitation should be individualized because people might commit same crime but their reasons are different which means their treatment approach will be different.

Once this premise is accepted, it leads logically to the conclusion that successful rehabilitation depend on treating offenders on a case-by-case basis. A single treatment would not fit all lawbreakers because, again, they were all different. Instead, interventions had to be individualized (Rothman, 1980).

2.6.4. Streamlining parole and expanding eligibility

Louisiana expanded parole eligibility to first-time nonviolent, non-sex offenders, who made up 61 percent of the prison population in 2009. Fixing delays in parole processing and expanding eligibility allows prisoners to be released to less costly options like treatment programs. This shortens length of stay while ensuring that the necessary structures are in place to protect the public. The modern idea of parole was developed as a plan to help prepare eventual return of inmates into the society (Alexander Maconochie, 1840).

2.6.5. Prisoner family communication

Communication between prisoners and their families provides the most concrete and visible strategy that families and prisoners use to manage separation and maintain connections. Families should be allowed to visit their imprisoned relatives at institutions where they are held, talk with them by phone, and exchange cards and letters as a means of staying connected. This helps assure the incarcerated parents that their children family has not forgotten them and thus will remain emotionally attached. Difficulties in adjusting to separation and loss have led to depression and other mental health problems among prisoners (Daniel and Barrett, 1981; King 1993).

Prisons allow this communication for the prisoner to maintain the family relationship ties and their coping skills while in prison. Positive coping skills lead to positive adaptation when dealing with stress, while negative coping skills lead to negative adaptation when handling problem situations (Greer and Benson, 2002)

Some prisons allow only non-contact visits and/or prohibit children from visiting. Most prisons for women, and a few for men, provide parent education courses and a few offer other parenting supports including counselling, parent support groups, and special visiting areas and programs for parents and their children (Bates, 2001, Jeffries, Menghraj, and Hairston, 2001).

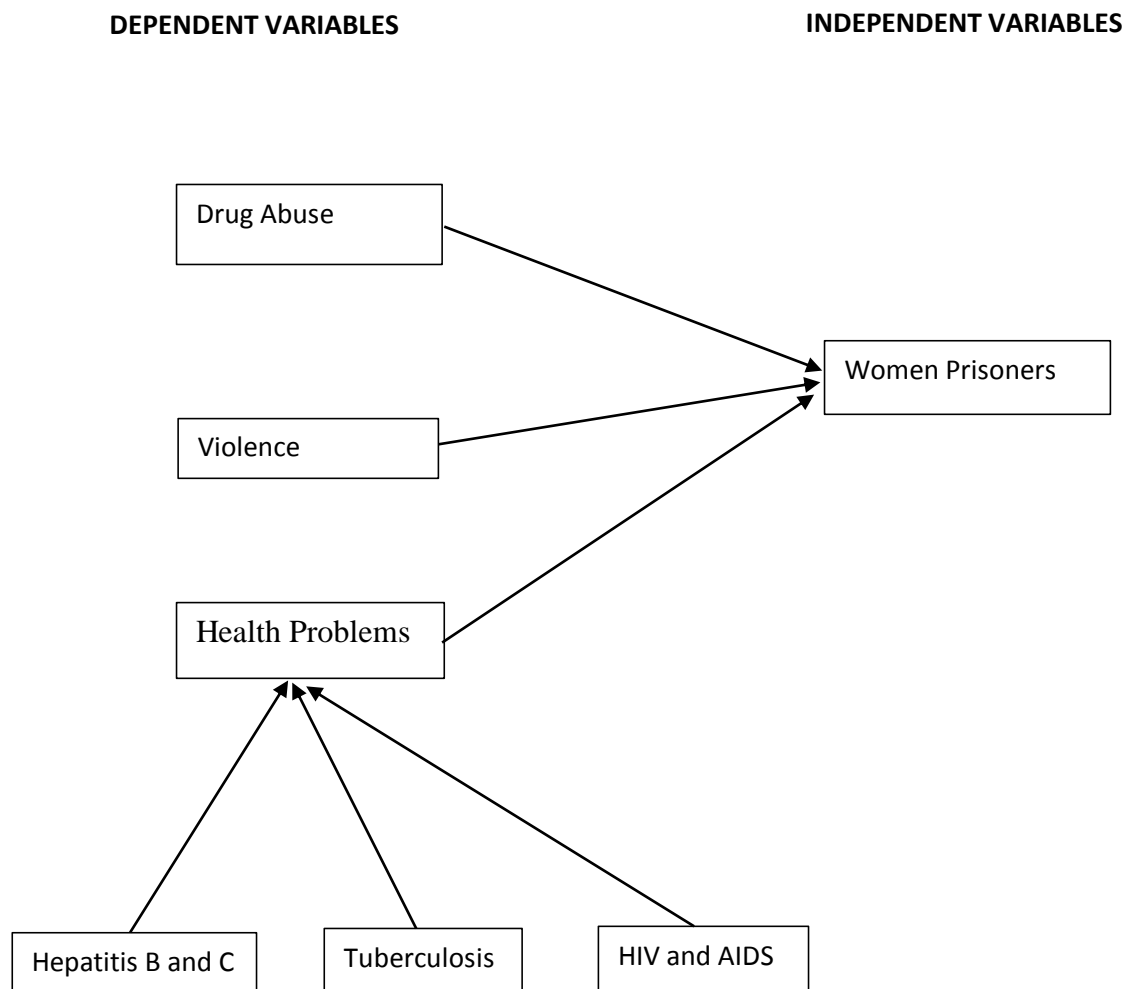
2.7. Theoretical framework

The most important aspect of a woman is connection to her family. That's why it is important to have the theory of women's psychological development. According to this theory, traditional developmental psychology is based on a separation/individuation model. The Relational Model, developed by the Stone Centre in Wellesley, Massachusetts, posits that the primary motivation for women throughout life is not separation, but establishing a strong sense of connection. When a woman is disconnected from others, or involved in abusive relationships, she experiences disempowerment, confusion, and diminished zest, vitality and self-worth -- fertile ground for addiction. Healthy, growth-fostering relationships create increased zest and vitality, empowerment, self-knowledge, Self-worth and a desire for more connection. In growth-fostering relationship, a woman develops a sense of mutuality that is "creative, energy-releasing and empowering for all participants," and fundamental to her psychological well-being (Covington & Surrey, 1997)

Prison is made up of people who have committed various types of crimes both major and minor crimes and these people all of them are put together. The minor criminals are being placed with major criminals causing them to be exposed to higher levels of crimes and violence.

2.8. Conceptual framework

This part shows the relationship between the dependent and independent variables.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter explains in details the procedures that will be used in conducting the study. It comprises of the research design used in the study, study population, sampling technique and sample size, data collection methods, data collection procedures and data analysis.

3.1. Research design

The study used a descriptive research design. A descriptive research design determines and reports the way things are (Mugenda & Mugenda, 2003). The design also has enough provision for protection of bias and maximized reliability (Kothari, 2008). Descriptive design uses a pre-planned design for analysis (Mugenda & Mugenda, 2003). Descriptive research is a method of collecting information by interviewing or administering questionnaires to a sample of individuals (Orodho, 2003). The study will focus on the life of women while in prison and identify the negative experiences that they go through while in prison.

3.2. The study area.

The study was conducted in Narok prisons in Narok County. Narok is a town west of Nairobi that supports Kenya's economy in south-west of the country, along the Great Rift Valley. The prison has about five cells for women, where each cells accommodates five inmates. The study was to find out the challenges that women face while in prison.

3.3. Study population

A population is generally a large collection of individuals, objects, organizations that is the main focus in a scientific study. In this study the population is 40 adult inmates according to the prison records, though population varies from time to time this is the average number. The study targeted Narok women prisoners regardless of age, education, with or without children but must be serving a jail term.

3.4. Sample population

The research drew a sample of 20 women respondents who have been convicted and were serving a jail term, over eighteen years of age and this represents about 10% of the entire population. In addition five prison warders, a religious leader and social worker were also interviewed.

3.5. Sampling procedure

This study applied simple random sampling procedure to draw the sample from the study population; this was done by picking prisoners randomly from the register thus the researcher used systematic sampling. The officer -in- charge will assist in the random sampling of the officers. Random sampling is appropriate because it gives data which can be generalized to a larger population from where it is chosen within margin of errors. The selected respondents were interviewed by the researcher. Mugenda and Mugenda, 2000 noted that ten percent of accessible population is adequate for a sample in a descriptive research.

3.6. Data collection techniques

The techniques that the study used were questionnaires and interviews. The study aimed at finding out the experiences that women go through in Narok prison. The questionnaire had both open and close-ended questions. Data collected on experiences, views and opinions on women's challenges in prison.

3.6.1. Self-administered questionnaire

The basic objective of questionnaire is to obtain facts and opinion about an issue from people who are informed about it, as observed by Babbie and Mouton (2001; 233). A questionnaire was considered in this study due to the limited time of the study and also it's convenience in collecting data (Ames et al., 2007)

3.6.2. Interview

The selection of the staff was done by random selection of the staff that was on duty that particular day. The wardresses were selected to be interviewed since they normally interact with the inmates in their living units.

In addition the religious leader and the social worker were also interviewed by the researcher to gain insight on the problems encountered by inmates. Data collected through the interview were recorded by taking notes and were later analyzed.

3.7. Data collection procedures

The researcher travelled to Narok prison to obtain the information. A questionnaire containing both closed and open-ended questions was used. Data was collected and edited with the view for completeness and accuracy. Data was edited to ensure accuracy. This enabled the researcher to get reliable data that can easily be analyzed.

3.8. Data analysis

Data analysis means finding answers by way of interpreting the data and results, this is according to Strydom et al (2005; 218). It is difficult to explain raw data, therefore one must first describe and analyze the data and then interprets the results of the analysis. Analysis means the categorization, ordering, manipulating and summarizing data to obtain answers to research questions. The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied, tested and conclusions made

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION, DISCUSSION AND INTERPRETATION OF FINDINGS.

4.0 Introduction

This chapter comprises of data analysis, presentation, discussion and interpretation of findings of data collected on the challenges facing women inmates. The data is presented through pie charts and tables.

4.1. Questionnaire return rate

The researcher issued 30 questionnaires and of these 20 were returned and also five key informant interviews was administered on social worker, chaplain , security guard and two other staffs. These brought and the key informant interview gave a total of 25 respondents.

Figure 1: Return rate of respondents

Instruments	Issued	Returned	Percentage
Questionnaires	30	20	66.7%
Total	30	20	66.7%

The results in table 4.1 shows the returned rate of the study. According to Mugenda and Mugenda 2003, returned rate above 70% is an assertion that the returned rate very good. The return rate in this study is 66.7% which shows that the response was not that bad for the study considering the population of women inmates in Narok prison.

4.2. Demographic information

4.2.1. Inmates age

Figure 2: Distribution of inmate's age

Age	Frequency	Percentage
18-25	5	25
26-30	7	35

31-35	3	15
36-40	2	10
Above 40	3	15
Total	20	100

According to this data, 35% of the respondents are below thirty years this represents the highest population of women in prison. This reveals that majority of women prisoners are still young and dependants. This is also an active group, which is supposed to engage themselves in economic activity. Above 40 years is represented by 15%. This translates that women prisoners are young.

4.2.2. Marital Status

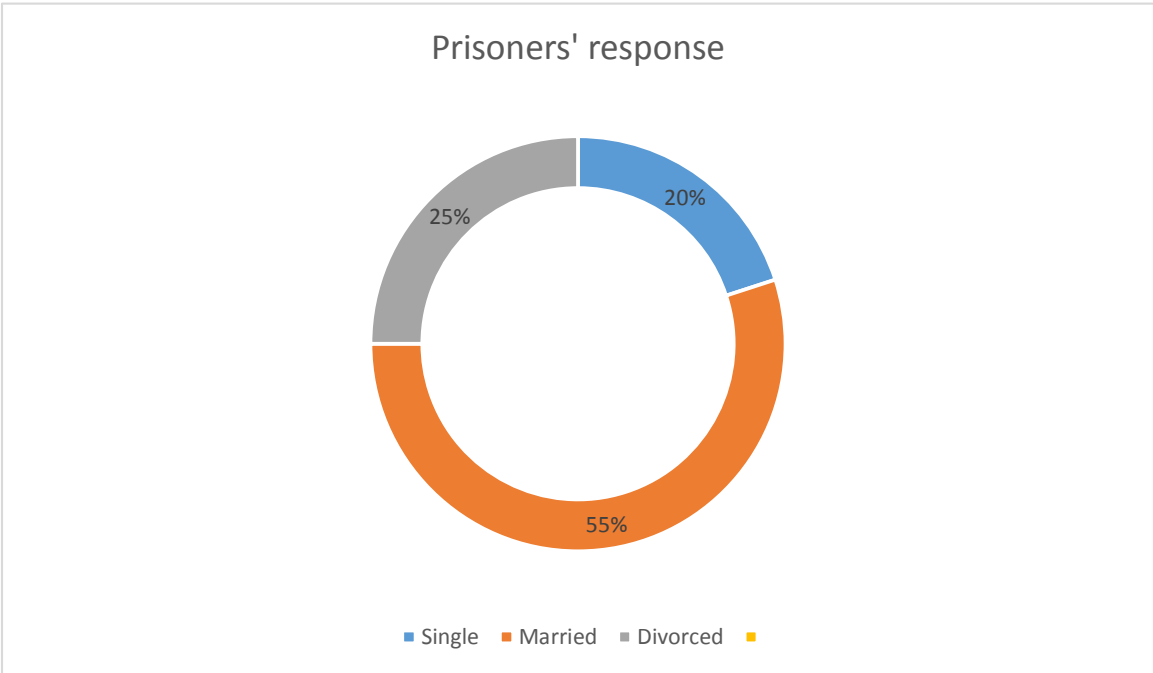


Figure 3: inmate's response on marital status

The study sought to know the marital status of the respondents which is an important aspect in understanding the parental care of the children. This data reveals that most women prisoners are married by 55%, single inmates are 20%, while the divorced /separated were represented by 25%. The study clearly indicates that, most women inmates are married which means they have children and spouses whom they have left behind. This data shows that the women in prison feel the pain of separation from their children and family.

4.2.3. Level of Education

Figure 4: Distribution of level of education of respondents.

Level of education	Frequency	Percentage
Primary	8	40
Secondary	3	15
Tertiary	2	10
Never went to school	7	35
Total	20	100

This table reveals that the women prisoners had access to at least basic education. Forty percent of the inmates had at least finished their primary level which has the highest frequency while 15% had gone to secondary school. 10% of the respondents had completed the tertiary education. This means that the higher the education level the lesser the chances of one committing an offense. Those who never went to school are also represented by 28%, which means that also a good number of women inmates are illiterate and as a result are not aware of their rights.

4.2.4. Duration of women inmates in prison

Figure 5: Distribution on duration of women inmates

Duration	Frequency	Percentage
0-5	9	45

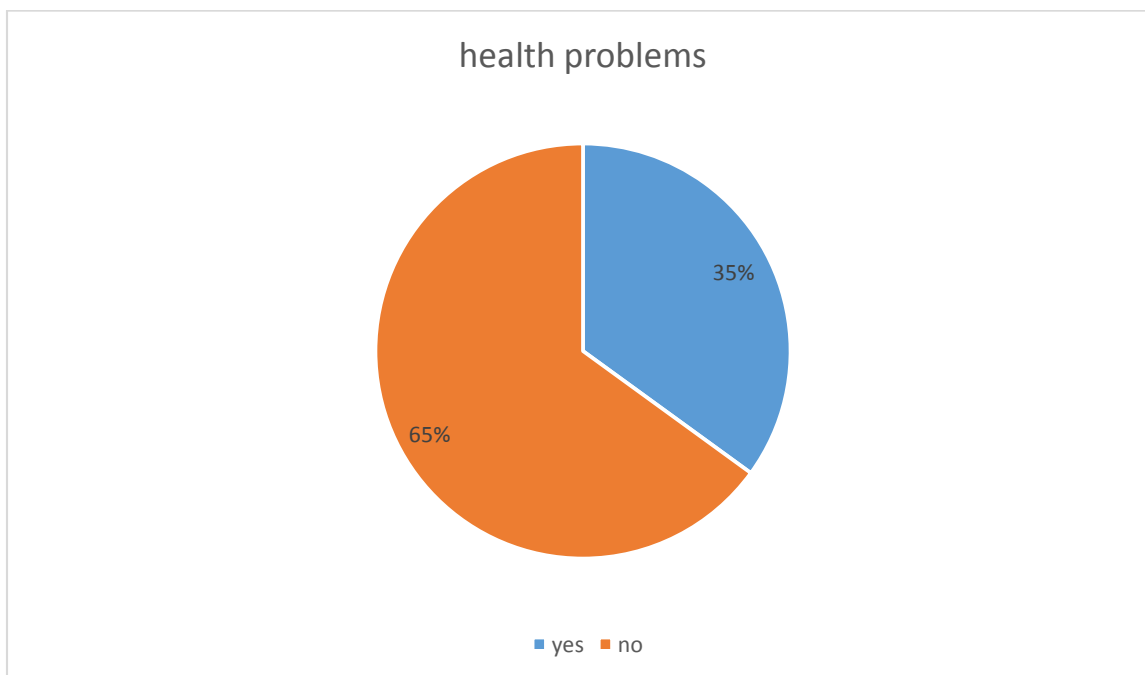
6-10	1	5
11-15	4	20
16-20	5	25
More than 20	1	5
Total	20	100

From the table above it shows that majority of women inmates have been in prison for a short while which is between 0-5 years represented by 45%.The study also indicates that women inmates who stay in prison for ten years, fifteen years, twenty years and more than twenty is represented by 5%, 20%, 25% and 5% respectively. This shows that the turnover is high and mostly the prisoners were serving shorter terms and with petty offences. Women inmates who serve short sentences are more and therefore the study clearly brings this one out as of the factor that contributes to overcrowding in prison.

4.3. Health challenges

4.3.1. Response on Health challenges

Figure 6: Response on health challenges



65% the respondents said they are no health challenges in prison while 40% respondents agreed with the study and the fact that there are health challenges in prison. The findings indicate that most inmates are not experiencing health problems irrespective of the congestion and the poor living conditions.

When looking at Narok prison the women population is not that high compared to other prisons in Kenya and that's why most of the respondents did not agree to be experiencing health problems. The fact that 35% agreed with the objective that health problems are in prison and are affecting women inmates is a clear indication that they agree with (Maruschak, 2008)who also said that indeed there health problems in prison.

Figure 7: health problems affecting women prisoners

Health problem	Frequency	Percentage
TB	5	25
HIV/AIDS	8	40
HEPATITIS B&C	3	15
OTHERS	4	20
TOTAL	20	100

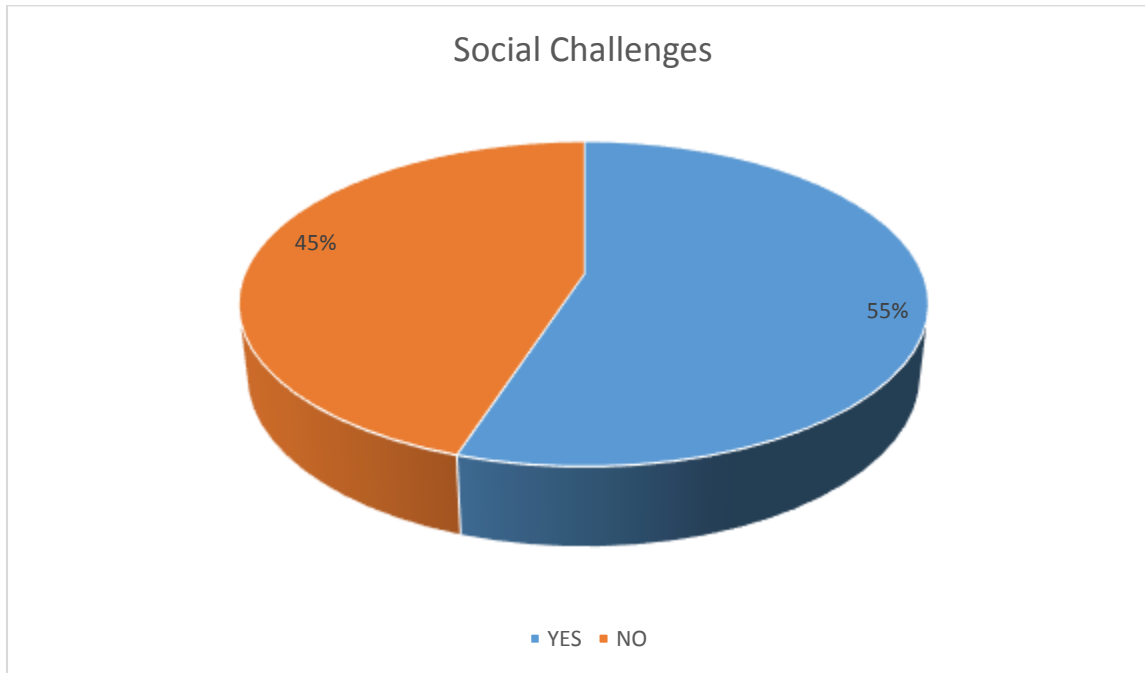
The researcher found out that HIV/AIDs was most prevalent health problem in prison which was represented by 40%. Tuberculosis was also seen to be on high level by 25% and this is because of the overcrowding population in Narok prison. Hepatitis was not seen to be that high among women in Narok prison as it was represented by 15%. It is also through the study that the researcher found out that there are other health problems in prison that women inmates encounter which was represented by 20%. Other health problems that were mentioned by the Narok prison staffs who were the key informant interviews was; ulcers, bronchitis, and blood pressure. Prevalence of HIV/Aids in Prison is a menace because of the sexual violence between inmates and security guards and also through sharing of needles when abusing drugs and this leads to the spread of HIV/AIDs. With the level high level of HIV/AIDs and tuberculosis as seen by the

study is a clear indication that the respondents agree with (Walmsley R, 2008) that in deed the rate of infectious disease like TB is high in prison.

4.4. Social challenges that women face in prison.

4.4.1. Response on social challenges

Figure 8: Response on social challenges



The findings in this chart shows that majority of the women inmates agree with the fact that there are social challenges that women encounter while in prison and it is represented by 55%. The other 45% women respondents in Narok prison did not agree with the study. The number of women who agreed shows that indeed there are social problem in prison and they share the same thoughts as that of the World Health Organization (WHO) who also emphasize that there are social problems in Prison.

4.4.2. Prevalence of social challenges in Narok Prison

Figure 9: Prevalence of social challenges in Narok Prison

Social problems	Frequency	Percentage
Overcrowding	7	35
Violence	3	15

Drugs and Alcohol	5	25
Solitary confinement	2	10
Separation from children and family	3	15
Total	20	100

From the above table, the study shows that overcrowding, drugs and alcohol abuse are the most prevalent social problems that women inmates encounter in Narok prison. They are represented by 35% and 25% respectively. This is attributed to the inadequate facilities in prisons and high number inmates who are detained without even trial. The study also found out that violence, solitary confinement and separation from family and children are also among the social challenges in Narok and this was according to the key informant interview that was conducted on the staffs. The findings shows that they agree with (Hayden; Johnson, W. Wesley, 2013) who also mentioned that the prisons are indeed overcrowded due to many crimes committed by individuals.

4.5. Measures put in place to address the challenges women face in prison

First, after interviewing the staff the researcher learnt that Narok prison has a social worker that help in counselling to help women cope with their stay in prison and also separation from their family and children.

The researcher also got to found out that, Narok prison use rehabilitation programmes to help deal with the problem of drugs and alcohol abuse. Women inmates also have time for visiting from their family and loved ones to help lessen the pain of being imprisoned.

Another measure that Narok prison has put in place is the use of vocational training that help equip women with skills like knitting. This helps keep women inmates busy and occupied which help to keep them away from getting involved in drugs and alcohol use.

Lastly, Narok prison also use the chaplain to help women prisoners in their spiritual life and also help them to cope with their sentence.

4.6. What should be done to address the challenges women face in prison

The respondents felt that the government is not doing enough in ensuring that women inmates receive adequate health care services and their plight in prison is also being ignored and not addressed by both the prison management and the government. In addition the findings showed many respondents felt there is congestion and facilities have been overstretched and requested the government to release those serving short term to have non- custodial punishment.

The researcher also found out that the respondents wished that more professionals should be increased like social workers to help reduce the work and solve the challenges women prisoners face.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.0. Introduction

This study sought to find out the challenges faced by women inmates focus on. This chapter gives the summary of key findings, conclusions, and recommendations on the area of study and areas for further studies on the research findings.

5.1. Summary of key findings

This sub section discusses key findings of the study which include, demographic characteristics of the respondents; health problems of the women inmates, social problems in Narok prisons and also the measures in place to address the challenges that women inmates face in Narok prison.

The study was guided by the following specific objectives; 2

- a) To ascertain health challenges of women in Narok prison.
- b) To determine social challenges facing women in Narok prison
- c) To determine measures in place to curb challenges facing women in Narok prison.

The study adopted descriptive research design which was used to find out the challenges that women face in Narok prison. The study also administered 30 questionnaires to the women inmates and five key informant interviews to Narok prison staffs where social worker was included to give a clear insight of the challenges women encounter in prison.

5.1.1. Demographic information of respondents

The results of the research indicated that the majority of the prisoners are aged between 26-30years. This shows that most women inmates are young and also very dependent. The study also show that a good number of respondents are married and they are represented by 48%. This explains the fact that they have children and family to take care of. 28% of the respondents are divorced, therefore it means they have a huge responsibility they have left at home.

The findings also reveals that a great number of women had acquired at least their basic education by finishing their primary education by 40%. Those who never to school are

represented by 28%, this is a clear indication that most women in Narok prison are illiterate. Despite those who finish their tertiary level being represented by 8%, the findings shows that the higher the level of education the lesser involvement in crimes.

From the findings of the length of time the respondents had spent in prison, showed most had not stayed for a long duration of time this means that the turnover rate is high with many inmates serving very short terms for minor offences and even without being tried in the court of law.

The results showed that only 8% had stayed for more than 20 years while 10% had spent ten years in prison, this shows that women are imprisoned for petty offences like stealing and also fighting that's why a big number of women inmates have stayed in prison for a short while.

5.1.2. Health problems affecting women inmates in Narok prison.

Findings shows that 60% of the respondents don't experience the health problems while serving their sentences. This can be attributed to the fact that Narok prison has no large population. The other 40% agreed with the study that in deed there are health challenges that affect women inmates and this is because of the poor living conditions cited by staffs during the interview.

The researcher also found out that HIV/AIDs and Tb are most prevalent in Narok prison among women. This is because of few facilities like cells where they sleep more than four in a cube. The high percentage of HIV in prison shows that most women are imprisoned with the virus or they acquire the disease during their stay in prison through sharing of needles when abusing drugs , unprotected sex between women inmates and the prison male staffs and this is attributed to the favours that women need while in prison.

Hepatitis B&C was not found to be that common among inmates in prison since it was shown by 12%. The researcher also found out that other diseases like ulcers and bronchitis were represented by 16%. This shows that there are health problems in prison that women are facing and as a result proper measures need to be incorporated.

5.1.3. Social challenges in Narok prison

The study showed that a good number of respondents agreed with the fact that women are facing social challenges in prison. 52% agreed with the study while the findings showed that 48% did not agree with the objective of the study. This shows that, social problems are indeed in prison and they are affecting the women stay in Narok prison, either psychologically, emotionally, physically and even socially. These are the issues that need to be addressed because women are among the vulnerable population in the society.

Findings also reveals that, overcrowding is the most common social problem in Narok prison by 36%. The number of women is not that high in prison but still overcrowding is an issue. This shows that Narok prison has few inadequate facilities to even facilitate a smaller number and this explains why health problems like Tb are common in Narok prison. Drugs and alcohol abuse is also another social problems that the findings revealed to be also an issue in prison. This shows that women use drugs and alcohol in prison to keep themselves busy and also to forget the pain of confinement and separation from their family and children.

5.1.4. Measure to address the challenges that women face in prison

The study found that Narok prison has put in place measures to try and address the social problems that women face in prison. The social worker in prison is mostly an asset that help women inmates to cope with life away from their loved ones. This shows that despite the challenges that women face, Narok prison has put ways of trying to curb this challenges in order to make the life of women inmates bearable

The researcher also found out that despite the measures put in place by Narok prison, women inmates and the staff who were interviewed mentioned the government is not doing enough to help address their challenges in prison especially the issue of overcrowding and pre-trial detainees.

5.2. Conclusion

Finally, it must be emphasised the very straightforward conclusion based on women's accounts in most response to questionnaires and staff interviews: imprisonment causes serious ruptures in the life of women due to separation from their children. This becomes a key source of everyday stress, guilt feelings, worrying and experience of failure despite which most women continue to feel and act with responsibility for their children.

In reality, separation from and concern about the well-being of their children are considered to be among the most damaging aspects of prison for women, and the problem is exacerbated by a lack of contact (Baunach 1985; Bloom and Steinhart 1993).

In conclusion also, women being among the vulnerable group in the society the health and social challenges are affecting them a great deal and this disrupts their normal life in prison and also the moment they are released once their sentence is over.

Life in prison and inappropriate living condition were often recalled by the women especially fears and difficulties related to mixing with others. A very general related problem is the loss of privacy since there overcrowding and living in a large unit.

However quite a number of women have adapted many ways of spending time and coping with stress in prison. Prisoners do their duties as scheduled under supervision of the warders and spent the free time doing other activities of their interest like knitting and also some their time in church activities like singing. Another way that women use cope with stress is counselling from the social worker and also the fact that they are allowed talk to their family and loved ones during visiting hours.

Most women in the criminal justice system are poor, uneducated, and unskilled, and though most had finished their basic education, a good number of them are married and this means that they have a responsibility to take care of at home and yet they are in prison. With no skills and less education, most women are unemployed and this means they are dependent on men and as a results women offenders are more likely to have committed crimes in order to obtain money to purchase drugs or meet basic needs.

Narok prison however, have put in place measures to make the prison a place to live in according to one of the staff interviewed. These measures are use of counselling, vocational training and also nurturing talent like music production.

5.3. Recommendation

The researcher made the following recommendations based on the research findings:

The majority of women either are in prison for nonviolent crimes, property or drug related. As a result, they tend to serve shorter sentences, resulting in greater turnover for prison administrators. Those offenders of non- violent crimes can be given noncustodial punishment.

There is need to increase financial resources to the Kenya prisons so that the medical services can be improved, improve the facilities like building more cells to reduce overcrowding.

The researcher also recommend that the government should encourage the work social workers are doing in prison and therefore they should employ more social workers to help in counselling and other psycho social support.

The study also found out the need increase the visiting hours and days so that women inmates may have enough time with their family and loved ones while serving their sentence.

There is need to improve the existing classification system for women. Many existing systems assign female offenders to unnecessarily high custody levels.

There is also need to increase more female wardens in prison because currently the male are more and as a result women tend to keep whatever is challenging them to themselves.

The researcher also recommend that the prison administration should work with the community around and also partner with other agencies in order to get other resources that will run the prison activities.

The study also found that staff may need to refine responses to women, who tend to ask more questions, want to talk things over, and challenge decisions.

5.4. Recommendation for further studies

The researcher recommends investigation to be done in the following areas;

Challenges women face after they have released from prison in reintegrating back to the society.

Another area of research is on the difficulties that women prisoners and their family members face in order to maintain those ties. Also, another area of investigation is on the effects of social and health challenges on women.

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APPENDICES

Appendix I

QUESTIONNAIRE FOR WOMEN INMATES ON CHALLENGES THAT WOMEN FACE IN PRISON.

The purpose of this questionnaire is to seek information on challenges that women prisoners face in prison. Kindly respond to the questions thoughtfully and honestly as possible. The response you give will purely be used for the purpose of this study. Do not indicate your name.

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your age?

18-25 [] 26-30 [] 31-35 [] 36-40 [] Above 40 []

2. What is your marital status?

Single [] Married [] Divorced/Separated []

3. What is your level of education?

Primary level [] Secondary level [] Tertiary level [] Never went to school []

4. How long do you have to stay in prison?

0-5 years [] 6-10 years [] 11-15 years [] 16-20 years []

More than 20 years []

SECTION B: HEALTH AND SOCIAL CHALLENGES IN PRISON

5. Do you face any health challenges in prison?

Yes [] No []

6a. Among the following health problems, which one affects you mostly in prison?

TB [] HEPATITIS B & C [] HIV/AIDS []

6b. If others, please indicate.....

7. Are there social challenges you have ever faced in prison?

Yes [] No []

8. Among the social challenges which mostly affects inmates?

Overcrowding [] Violence [] Drugs and alcohol [] Solitary confinement []

Separation from children and family []

SECTION C: MEASURES IN PLACE TO CURB CHALLENGES FACED IN PRISON.

9. State 5 measures the Narok prison has put in place to curb the challenges faced in prison.

10. In your opinion what should be done by prisons to alleviate the challenges that women face while in prison?

THANK YOU VERY MUCH

Appendix ii

INTERVIEW GUIDE FOR THE STAFF

1. How long have you worked in Narok prison?
2. What are the social and health challenges that affect women inmates?
3. Of the challenges you mentioned above which ones affect women the most?
4. What measures have you put in place to curb the above mentioned challenges?