

## Age or Marital Status and Mental Well-Being of Female Prisoners Inhabitant of Lucknow Jail

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### ABSTRACT

Well being is state of physical, psychological, emotional and social happiness as a whole. Present study intends to assess the mental well-being of female prisoners in Lucknow jail. This study was designed for disruptive nature. The sample of study was consisted of 120 female prisoners in jail. The random sampling technique was used to select the sample from the jail. The collected data was coded, scoring, tabulated and analysed in terms of simple frequency, percentage, ANOVAs test, chi-square test and co-relation test were computed study the relationship between selected independent and dependent variables. The objectives the research work is study on socio-economic profile of the women prisoners, do situational analysis of women prisoners, Assessment of mental wellbeing of female prisoners and study on relationship between selected independent and dependant variables. Present studies were identified such as age, marital status and mental well-being of female prisoners. Most of the respondents 52 % were 40- 60 years old, 80% were married. The result was found that no significant difference between the age or marital status and mental well-being of female prisoners in Lucknow jail.

**Keywords:** *Female, Prisoners, Age, Marital Status, Mental Health And Mental Well-Being.*

Well-being is a subjective feeling of happiness, fulfilment, and usefulness in personal and social front, success, and support in different aspects of life. Well-being is a subjective phenomenon. Sometimes we see the people who are facing the extremely adverse situation in their lives but they are happy with the positive outlook of life and their well-being in term of physical, emotional, psychological. World Health Organization (1948) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Prisoners are more susceptible for poor well-being due to a number of reasons. First of all those who have committed severe crimes such as murder, robbery and rape are punished by

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court and they have to reside in prison for long period of time. At the entrance of jail they get estranged from their family and they know they have to wait for the long period of time to obtain reunion with the family. After family we get support, happiness, company, help, recommendation and much more from our friends. But in the case of criminals' imprisonment grab this support system from them.

**The World Health Organization (2009)**, mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self actualization of one's intellectual and emotional potential, among others." The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The World Health Organization (WHO) defines mental health as:

*...a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*

Mental health is a crucial dimension of health as it is a foundation for wellbeing and effective functioning of an individual and the community. Mental health encompasses more than the absence of mental illness and is strongly associated with physical health, behaviour and lifestyle choices which may be influenced by our environment (WHO 2005a). A woman's mental health and wellbeing may be greatly affected by a combination of biological, social, psychological, environmental and economic factors (Commonwealth of Australia 2009b)

A mental illness is a health problem that significantly affects how a person thinks, behaves and interacts with other people. It is diagnosed according to standardised criteria. A mental health problem also affects how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health is a positive sense of well-being which enables us to survive pain, disappointment and sadness. It requires an underlying belief in our own and others' dignity and worth. Prison should provide an opportunity for prisoners' personal development, without harming themselves or others. Many people in prison have hurt other people, and what follows is not intended to excuse that behaviour in any way. Much of the evidence about the damage caused by prisons is focused on offenders, and not on their families or on prison staff. Yet, prison staff is also affected by many of the same problems, including stigma, the risk to personal safety, and poor working conditions. Prison Reform Trust researchers have found that the vast majority of staff are dedicated professionals, who struggle, against the odds, to work with prisoners. This

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briefing is intended to be understood as a testament to the difficulty of their job, rather than a criticism of how they do it.

Knowledge about the ways imprisonment routinely harms people should be a cause for concern for anyone who aims to reduce reoffending. Because of the way prisons operate, even the best are likely to contribute to the loss of housing, the break-up of families and social support networks, and long term unemployment. Mental wellbeing describes one's mental state – how a person is feeling and how well a person can cope with day-to-day life.

If a person experiences low mental well-being over a long period of time, he/she is more likely to develop a mental health problem. However, one still has periods of good wellbeing, where they are able to manage their condition and life without becoming unwell. If a person is facing a difficult time, talking about the way they feel with someone whom they know and trust can often help. Mental health is not simply the absence of mental illness. Mental health refers to the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities and the achievement of individual and collective goals consistent with justice.

Many prisoners have experienced violence in their time before or in prison, often gender based violence from their intimate partners. Three times as many women as men report that they have experienced violence, either physical or sexual, before their imprisonment. Women who have experienced violence and abuse before their imprisonment may have low self esteem and poor skills and suffer from a lack of confidence. Violence and abuse are also associated with poor outcomes in terms of mental and physical health problems, including reproductive health problems.

Suicide and self-harm are important issues for female prisoners and the early period in custody are recognized as being a time of particularly high risk. Studies worldwide have shown that suicide rates in prisons are up to 10 times higher than those in the general population, and suicide is a leading cause of death in custody. The rate of suicide is higher in women prisoners than in male prisoners, in stark contrast to suicide rates in the general population which tend to be higher in men. Features of the prison regime as well as traumatic experiences in childhood and adulthood, mental health problems and a lack of social support are associated with suicidal behaviour. Many more women in prison self-harm than commit suicide. Women prisoners are more likely to self-harm male prisoners and then women in the community.

In the wake of industrialization, westernization and urbanization, Indian society has been passing through drastic and fundamental changes both in the structures, socio-economic and cultural spheres which not only produced a changed physical environment and a new form of economic organization but also affected the social order, solidarity, human conduct and thought.

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Traditionally women, whose role was mainly confined to the domestic area has now switched over to productively job sector. She is found to be actively participating in area sphere of professional life along with the male counterparts. The urbanization, industrialization, liberalization, globalization, and market friendly policies have resulted in increased opportunities for employment to women. Moreover, women centred policies; programmes and projects accelerated the process of women empowerment. Women are participation in economic activities, political insulations and a social sphere has increased to the greater extent. However, because of family disorganization, marital discord, high aspiration level and frustration due to non fulfilment, stress and failure in coping process and alteration women are found to getting involved in criminal activities more in number in the present day society. Statistics on female criminality reveals that female criminals contribute a numerically smaller proportion than that of male offenders. But at present, there is an upward trend in the number of crimes committed by women. The considerable escalation of women sent to prison during the latter 20th century finally helped shift attention to the various social, economic, and medical needs of the historically, neglected population. Women are usually imprisoned for petty and non-violent crimes, mainly for property and drug related offences, and often come from socially disadvantaged communities. In comparison to their free world female and incarcerated male counterparts, female prisoners suffer more frequent and serious diseases and injuries and require and utilize more medical and mental health services. Women especially mothers in prison have special physical and psychological needs. However, correctional institutions continue to offer inadequate healthcare to women inmates and far less than what they offer male offenders. A familiar justification that explains the disparity is that female inmates compose a much smaller portion of the correctional population than men and thereby, warrant less attention and investment by the state. Other matters which make the situation worse are first, the disproportionate prevalence of chemical dependencies among female offenders commonly report far more health problems than those without them.

Prisoners are more susceptible for poor well-being due to a number of reasons. First of all those who have committed severe crimes such as murder, robbery and rape are punished by the court and they have to reside in prison for long period of time. At the entrance of jail they get estranged from their family and they know they have to wait for the long period of time to obtain reunion with the family. After family we get support, happiness, company, help, recommendation and much more from our friends. But in the case of criminals' imprisonment grab this support system from them. This isolation leaves a most damaging effect on prisoners then the jail setting.

Over crowdedness, lack of basic amenities, physical and psychological trouble, the clash between groups of prisoners is the worldwide problem of prisoners. Living environment is one of the components of well-being which is found to be unhygienic, restricted, overfull in many prisons. As a result of an increase in numbers of crime and criminals, prisons are now

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overcrowded in many countries. Crowding instigates aggressive and hostile behaviour in prisoners, it is found in numerous studies that violence in prisons is increasing day by day. Overcrowding in prisons has been also found to be connected with the decrease in psychological wellbeing of the inmates.

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 without attention to these issues; women are often released from prison unprepared to manage their pre-existing problems as well as those created by their imprisonment. There are several critical problems faced by women in prison; most are unmet in the prison environment.

Mental health problems are far more prevalent among women in prison than in the male prison population; up to 80% of female prisoners have diagnosable mental health problems (Corston, 2007). This alarmingly high statistic covers all problems ranging from depression and anxiety to neurosis and psychosis. Within this domain, one can also consider the greater prevalence of self-harm within female prisons. The Ministry of Justice (2011) states that approximately 30% of women in prison self-harm compared to 7% of men. Female prisoners also account for over half of all reported self-harm incidents despite representing only 5% of the total prison population (Davies, 2011).

Wolf et al (2007) argue that gender differences in mental health are informed by women's difficult histories of physical and sexual abuse. This is supported in a report published by the United Nations Office on Drugs and Crime in 2009 which states that the mental health problems of women in prison are frequently a result of lifetime abuse and victimization.

However, there is a contention that mental illness in fact results from imprisonment (UNDOC, 2009). This stems from the fact that women in prison have a significantly greater prevalence of most mental disorders when compared with women in the community (Ogloff and Tye, 2007).

Plugge et al (2006) note that the most significant factor in terms of detriment to mental health for female prisoners is the separation from family, especially children. Separation from family is something that is also experienced by male prisoners yet the situation can be significantly worse for women. This is because there are a relatively small number of female prisons which exist in the UK therefore by definition, female prisoners are more often than not, held at greater distances from home. As a consequence, visits from family and children are often more problematic than what would be expected in relation to a male prison due to increased travelling

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time and costs; an issue which will be addressed in more depth later in this chapter. As highlighted in Chapter Two, it is also argued that search and supervision practices in prisons can retraumatise women with histories of abuse, particularly if male staffs are performing these practices (Wolf et al, 2007).

However, the extent to which the prison environment creates such conditions and the extent to which it merely exacerbates pre-existing conditions is a matter of debate (Carlen and Worrall, 2004). Ogloff and Tye (2007) argue that there is little doubt that the process of incarceration has some detrimental effect on people's mental state however there is no evidence that incarceration causes or explains mental illness in prisoners, whether male or female.

With regards to provision, Durcan and Knowles (2006) note that the ways in which women's mental health needs are initially assessed in prison are somewhat questionable. They argue that there is evidence to show that most assessment tools have been developed with the needs of white men in mind, therefore rendering them unsuitable for assessing the needs of women. Ramsay et al (2001) support this, asserting that although there is now a broad range of standardised assessments tools, none have been designed specifically to assess the needs of women.

The Royal College of Psychiatrists (2007) argues that there is still insufficient knowledge of the specific needs of female prisoners to be able to confidently say that any of the service models which are available, are appropriate to be applied in the female prison. This insufficient knowledge is perhaps a reflection of the relative indifference towards women with regards to gender specific healthcare in prison. Corston (2007) notes that no one person or body is responsible or accountable for the provision of mental health care and services for female prisoners; in this way, it is somewhat unsurprising that the rate of mental illness in female prisons is so high.

Rickford (2003) argues that there is an unacceptable gap between the complex needs of women prisoners and the resources provided by the Prison Service. She explains that there is an over reliance on medication while not enough attention is being paid to a support focussed counselling or mentoring approach, which women are shown to respond well to. This is supported by Corston (2007) who argues that only by expanding the range of psychological therapies available, will the unique needs of women with mental illnesses be met.

In a report published by the Sainsbury Centre for Mental Health, it was revealed that in 2007/08, the average expenditure on prison mental health per prisoner was £304 for men and £302 for women. This shows that spending on provision for men is greater, albeit by a small proportion, despite the fact that the higher prevalence of mental illness and therefore the greater need for increased mental health spending lies with women.

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### ***Objectives***

1. To study socio economic profile of the women prisoners inhabitant of Lucknow jail.
2. To do a situational analysis of women prisoners of Lucknow jail.
3. Assessment of mental wellbeing of female prisoners of Lucknow jail.
4. To study the relationship between selected independent and dependant variables.

### ***Hypothesis***

1. There exists no relationship between age of female prisoners and mental well-being.
2. There exists no relationship between the marital status of female prisoners and mental wellbeing.

## **RESEARCH METHODOLOGY**

### ***Research Design***

The research design is a logical task and is taken to ensure that the avoidance collected enables to answer a question or to test theories as unambiguously as possible. The research design followed in the present study was descriptive research design. Descriptive nature for used for data collection in the present study “Mental well-being of female prisoner’s inhabitant of Lucknow jail.” Descriptive research is conclusive in nature, as opposed to exploratory. This means that descriptive research gathers quantifiable information that can be used for statistical inference on target audience through data analysis. As a consequence this type of research takes the form of closed-ended questions, which limits its ability to provide unique insights. However, used properly it can help an organization better define and measure the significance of something about a group of respondents and the population they represent. When it comes to online surveying, descriptive is by far the most commonly used form of research. Most often, organizations will use it as a method to reveal and measure the strength of a target group’s opinion, attitude, or behaviour with regards to a given subject. This information could then be studied at face value, measuring trends over time, or for more advanced data analysis like drawing correlations, segmentation, bench marking and other statistical techniques

### ***Local of the Study***

The present study was conducted in Nari Bandi Niketan, Gosaiganj Mohanlalganj, Lucknow jail.

### ***Sampling Procedure***

The samples for the study consist of 120 female prisoners of lucknow jail. The random sampling techniques were used to select the sample from the selected Lucknow jail. Random sampling focuses on sampling techniques where the units that were investigated were based on the judgement of the researcher. The main goal of random sampling was a focus on particular characteristics of a population that is of interest which was best enable to answer research questions.

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### ***Selection of Variables***

Based on the available literature variables for the present study were identified. Independent and dependent variable incorporated in the present study are presented as;

**Independent Variables** Age, Marital status

**Dependent Variables** - Mental well-being.

#### **❖ Age**

Computed years of age at the time of the study were considered as the age of the respondent. It was grammatically classified into three parts

- 20 – 40 years old age
- 40 – 60 years old age
- 60 and above years old age

#### **❖ Marital Status**

One's situation with regard to whether one is single, married, separated, divorced or widowed.

It was classified into in of 6 parts:-

- Married
- Unmarried
- Divorced
- Widow
- Separated
- Deserted

### ***Dependent Variables and Their Operational Definition***

The dependant variable is the factor that is measured to determine the effect of the independent variable. In the present study assessment of mental well-being were considered as dependent variables. Mental well-being relates to a person's psychological functioning, life satisfaction and ability to develop and maintain a mutually benefiting relationship. Psychological wellbeing includes the ability to maintain a sense of autonomy, self-esteem. Staying mentally healthy is more than treating or preventing mental illness. Mental illness is a term to encompass mental disorders these are an illness which affect mood, affect and the ability to function effectively and appropriately. The hedonic perspective of well-being focuses on the subjective experience of happiness and life satisfaction. Education perspective of well-being focuses on the psychological functioning good relationship with others and self-realisation. This is the development of human potential which when realised results in positive functioning in life and covers a wide range of cognitive aspects of mental health.

### ***Tools and Techniques***

- To carry out the present study the following tools were used. A self-structured pre-tested interview schedule to collect general and specific information about the respondent.
- Warwick Edinburgh mental well-being scale year (2006) was used to assess the mental well-being of female prisoners of Lucknow jail.



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The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) comprises 14 items that relate to an individual's state of mental well-being (thoughts and feelings) in the previous two weeks. Responses are made on a 5-point scale ranging from 'none of the time' to 'all of the time'. Each item is worded positively and together they cover most, but not all, attributes of mental well-being including both hedonic and eudemonic perspectives. Areas not covered include spirituality or purpose in life. WEMWBS aims to measure mental well-being itself and not the determinants of mental wellbeing, which include resilience, skills in relationship, conflict management and problem solving, as well as socioeconomic factors such as poverty, domestic violence, bullying, unemployment, stigma, racism and other forms of social exclusion.

### ***Construct validity***

Considers the extent to which there is a logical relationship between the scale and other scales or factors known to affect the concept being measured validation of WEMWBS was assessed by the testing correlation between WEMWBS and other scales that measure aspects of mental health, as well as scales that measure general health and emotional intelligence. The correlation was moderately high between WEMWBS and the scale of psychological well-being satisfaction with life, positive and negative affect scale positive subscale and the WHO five well-being index.

### ***Internal consistency***

It considers the extent to which WEMWBS's items are focused on assessing mental wellbeing. Scores range from 0 to 1 and are measured by Cronbach's alpha coefficient. The higher the coefficient the more highly correlated the items in the scale for WEMWBS.

Cronbach's alpha coefficient = 0.89

### ***Test-retest reliability***

Test-retest reliability is determined by calculating the correlation between two sets of scores for the same group of people who repeat the test after a set period of time. The test-retest reliability score was high for WEMWBS

Correlation = 0.83 after one week (n = 124)

### ***Pre-Testing of Schedule***

The interview schedule was pretested on 10 respondents for validity. This mini study was helpful for assessing the calculated information.

### ***Methods of Data Collection***

The data was collected through in depth face to face interview to elicit the required information from the female prisoners. The sample was identified and permission was sought from them to conduct the study. Efforts were made to maintain the accuracy precisions and relevance of the answer.

**Analysis of Data**

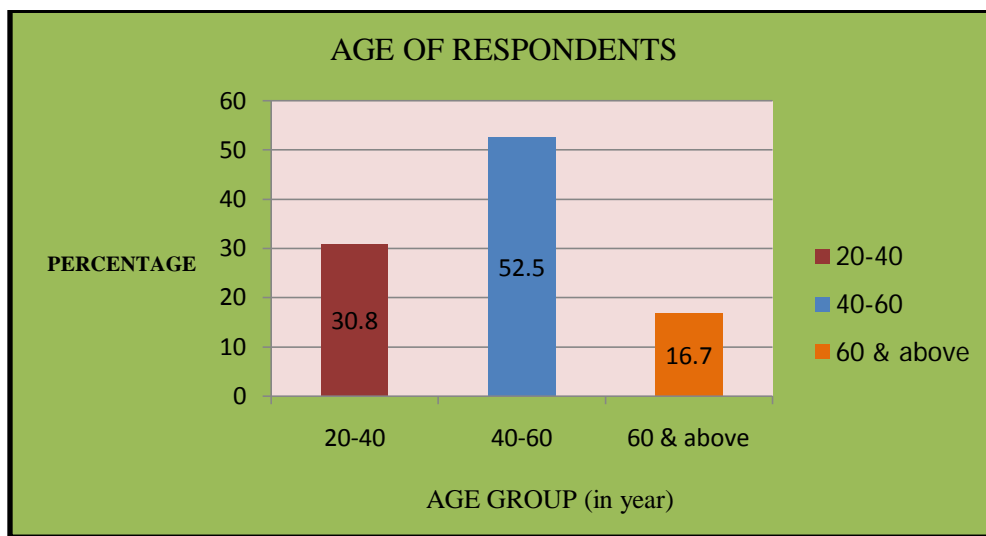
The data was tabulated, coded and decoded descriptive and relational statistics tools were used to analyse. SPSS (version 20) was used to analyse descriptive and relational statistics. The data analysis was done using descriptive statistics in term of frequency Percentage and ANOVAs test.

**RESULT AND DISCUSSION**

Mental well being of female prisoner’s inhabitant of Lucknow jail. The study was the finding of the study as obtained after the analysis of the data collected by interview schedule along with standardized scales. The samples for the study consist of 120 female prisoners in Lucknow jail. The random sampling techniques were used to select the sample from the selected Lucknow jail. The present studies were identified. Independent and dependent variable. The majority of the arrested women are belonging to age groups of 20-40 years (30.8 percent) and 40-60 years (52.5 percent). While women belonging to age group of 60 years and above constituted just 16.7 percent in 2016 in nari bandi nikatan jail lucknow. Details are given in Table No.1 below:

*Table 1 - Distribution of respondents on the basis of age.*

Sl. No.	AGE (in year)	RESPONDENTS (N=120)
1	20-40	37(30.8)
2	40-60	63(52.5)
3	Above 60	20(16.7)



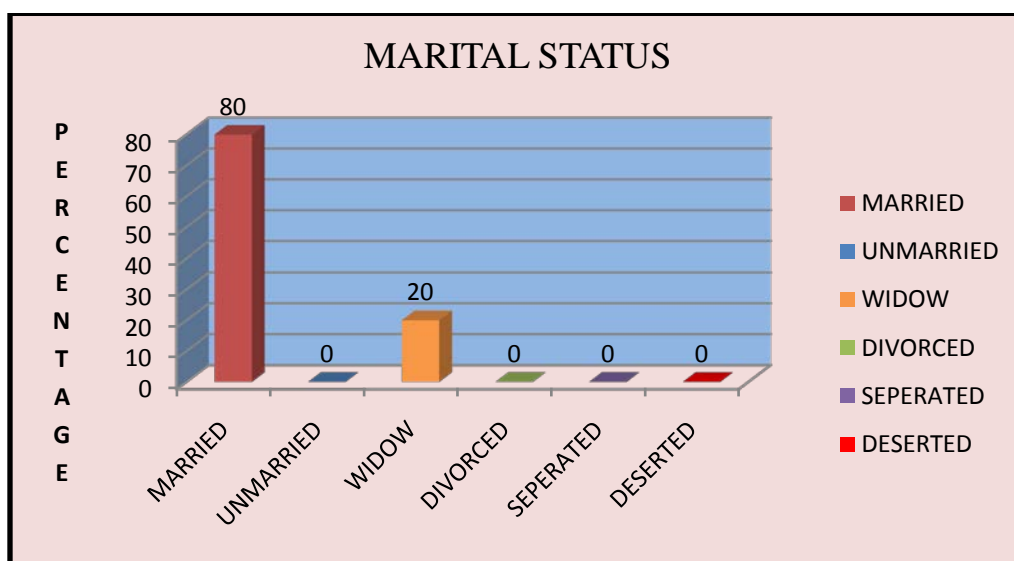
*Figure 1 Distribution of respondents on the basis of age.*

Close to 80% of the women inmates in the study are currently married while about 20% are widows. None of the respondents was found unmarried, divorced, separated and deserted. Details are given in table no. 2 below:

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**Table 2 - Distribution of respondents on the basis of marital status.**

Sl. No.	Marital Status	Respondents (N=120)
1	Married	96(80%)
2	Unmarried	-
3	Widow	24(20%)
4	Divorced	-
5	Separated	-
6	Deserted	-



**Figure 2 Distribution of respondents on the basis of marital status.**

**Table 3 - Distribution of respondents is of the scores obtained on mental wellbeing Scale The Warwick- Edinburgh mental well-being scale According to some statements about felling and thoughts are presented in 14 Minimum scores and 70 Maximum scores**

Sl. No.	Scores (between 14 and 70)	Respondents (120)
1	37	1 (0.8%)
2	40	1 (0.8%)
3	43	1 (0.8%)
4	44	2 (1.7%)
5	45	4 (3.3%)
6	46	12 (10.0%)
7	47	5 (4.2%)
8	48	8 (6.7%)
9	49	4 (3.3%)
10	50	3 (2.5%)
11	51	5 (4.2%)

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Sl. No.	Scores (between 14 and 70)	Respondents (120)
12	52	2 (1.7%)
13	55	1 (0.8%)
14	57	4 (3.3%)
15	59	1 (0.8%)
16	60	1 (0.8%)
17	62	25 (20.8%)
18	63	7 (5.8%)
19	64	22 (18.3%)
20	65	10 (8.3%)
21	67	1 (0.8%)

The total scores obtained by respondents on mental well being scale the scores ranged from 37 to 67. It was clear from that table that 20.8 percent respondents score 62. While 18.3 percent respondents score 46 the highest and lowest scores 67 & 37 were scored by very few respondents 0.8 percent respondents revealed that majority of respondents 93.3% said that all of the time in felt optimistic about the future. Most of the respondents 77.5% have said that they were all of the time were felt useful and 75% were relaxed were all of the time. While 94.5% said that the all of the time were feelings interested in other people and 1.7 presents rarely interested in other people. On the other hand 92.5% respondents said that the all of the time had energy to spare and 90.8% have been dealing with problems well in all of the time. 85% respondents were said that all of the time feelings clearly and 86.7% were feeling good about themselves in all of the time. More than 44.2% of the respondent who was said that the sometimes feeling close to other people were 15% are sometimes and feeling confident were 52.5% is all of the time. While 45.8% were respondents said that the sometimes able to make up in my own mind about a thing and 95% said that respondents all of the time were feeling loved which is the highest percentage and 0.8% was rarely feeling this. 93.3% said that all of the times were interested in new things and 66.7% respondents said that the all of the times were feeling cheerful and 0.8% were not feeling cheerful.

**Table 4- Distribution of respondents on the basis of mental well-being scale**

SL. NO.	STATEMENTS	RESPONDENTS RESPONSE (N = 120 )			
		RARELY	SOMETIMES	OFTEN	ALL THE TIME
1	I've been feeling optimistic about the future	2(1.7)	5(4.2)	1(.8)	112(93.3)
2	I've been feeling useful	5(4.2)	14(11.7)	8(6.7)	93(77.5)
3	I've been feeling Relaxed	4(3.3)	18(15.0)	8(6.7)	90(75.0)
4	I've been feeling interested in other people	2(1.7)	3(2.5)	2(1.7)	113(94.5)
5	I've been had energy to	1(.8)	6(5.0)	2(1.7)	111(92.5)

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SL. NO.	STATEMENTS	RESPONDENTS RESPONSE (N = 120 )			
		RARELY	SOMETIMES	OFTEN	ALL THE TIME
	spare				
6	I've been dealing with problems well	1(.8)	6(5.0)	4(3.3)	109(90.8)
7	I've been thinking clearly	1(.8)	9(7.5)	8(6.7)	102(85.0)
8	I've been feeling good about myself	1(.8)	8(6.7)	7(5.8)	104(86.7)
9	I've been feeling close to other people	8(6.7)	53(44.2)	41(34.2)	18(15.0)
10	I've been feeling Confident	6(5.0)	63(52.5)	41(34.2)	10(8.3)
11	I've been able to make up my own mind about thing	4(3.3)	55(45.8)	42(35.0)	19(15.8)
12	I've been feelings loved	2(1.7)	1(.8)	3(2.5)	114(95.0)
13	I've been interested in new things	1(.8)	6(5.0)	1(.8)	112(93.3)
14	I've been feeling cheerful	1(.8)	23(19.2)	16(13.3)	80(66.7)

#### Testing of hypothesis

Ho-1: There exists no significant difference between the age of female prisoners and mental well-being.

*Table 5 - f values between independent variable age and dependent variable mental well-being.*

Sl. No.	Variables	Mean	Sd	Df	F	Sign.	Conclusion
1	Age (in year)	1.86	.677	2	.383	.682	NS
2	Mental well being	63.22	3.894				

Data in table 5 showed that f value .383 was found non-significant at 0.05 level of significance thus it means that null hypothesis was accepted. It meant that there exists no significant difference between the age and mental well-being of female prisoners.

Ho-2: There exists no significant difference between marital status and mental well-being.

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*Table 6 - f value between independent variable marital status and dependent variable mental well-being.*

Sl. No.	Variables	Mean	sd	Df	F	Sign.	Conclusion
1	Marital status	1.20	.402	1	.092	.762	NS
2	Mental well being	63.22	3.894				

Data in table 6 showed that f value .092 was found non-significant at 0.05 level of significant thus, their null hypothesis was accepted. It meant that there exists no significant different between the marital status and mental well-being of female prisoners.

### **SUMMARY AND CONCLUSION**

In a sample of 120 female prisoners in a provincial jail, we examined the mental well-being status. The sample was collected from female prisoners in Lucknow jail in Lucknow city. The collected data was coded, scoring, tabulated and analysed in terms of simple frequency, percentage, ANOVAs test, chi-square test and co-relation test were computed study the relationship between selected independent and dependent variables. We found that while prisoners generally report good overall health, they report a number of mental health issues. The study highlighted the importance of taking into account how healthy prisoners were prior to incarceration when interpreting overall changes in health. Factors such as age, marital status, the combination of prior levels of health and the jail environment appear to exacerbate the mental well-being health problems of prisoners.

Many studies demonstrate that very young persons are more susceptible to crime. But in the present study women offenders are mainly from the middle age group i.e. 20-40 years. In some cases women offenders were found to be belonging upper age group i.e. 40 -60 and above. 52.5% of the total respondents belong to the age group of 40-60 years; a sizeable 30.8% are in the age group of 20- 40 years. The old (more than 60 years) constitute 16.7 % of the total respondents.

By the large, married women show a higher crime rate than those who are either unmarried, widow, divorced, separated, deserted. It was found during the study that married offenders accounted for 80 percent of the total offenders. While widow offenders were reported to be just 20 percent. Most of the respondents 22.5% were in under the range of scoring 64.15 % respondents were in under the range of scoring 67 and 11.7 % respondents in under the range of scoring 62 and some of the respondents were in under the range 48 to 69 scores. It was identified the no significant difference between age or marital status of female prisoners and their mental health and mental well being.

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### *Conflict of Interests*

The author declared no conflict of interests.

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