

Influence of Prison Life on Rehabilitation Program Uptake by Inmates in Kiambu County, Kenya

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Abstract

Kenyan prisons' primary objective is to rehabilitate the offenders by equipping them with self-dependence skills to avoid reoffending. The conditions under which inmates live are quite challenging and stressful; therefore, negatively affecting the rehabilitation program uptake by inmates. This study sought to examine the influence of prison life on men and women inmates in their rehabilitation process. The following objective guided the study: to describe the environment in which inmates rehabilitation is implemented. The study used a descriptive survey research design. Both quantitative and qualitative data were collected using questionnaires, interview schedules, and Focus Group Discussions. This study targeted 500 inmates (both first time offenders and recidivists), 30 prison officers, and 4 key informants in Thika prison. The study used a sample size of 30% of the total population of men and women inmates and prison officers to get 90 men, 60 women inmates and 9 prison officers. Descriptive statistics such as percentages and mode were used to analyse quantitative data and were presented using tables and graphs. Qualitative data were analysed using themes and patterns formed and presented in narrative and verbatim forms. The study established that prison conditions were poor due to inappropriate accommodation status, inadequate food, and inappropriate health services contributing to inmates hardening. Therefore, the study recommended that courts should employ non-custodial sentences such as community service or restorative justice to be carried out at community level, probation sentences, fines, parole and bonding for petty crimes, and speed up delayed remand cases to ease prison congestion.

Key words: Prison life, rehabilitation, inmate

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I. INTRODUCTION

Successful rehabilitation interventions in prisons are supposed to enable inmates to reform and become law-abiding citizens. Prisons should provide a rehabilitative environment for inmates [1]. Studies have pointed out that the nature of prison life is extremely stressful, which could harden offenders due to deprivations of liberty, contact with family and friends, and inadequate food [2] & [3]. It translates to challenges that both men and women inmates face making rehabilitation difficult [4].

Globally, studies show disparities in prison conditions. In the US, overcrowding is a significant problem, especially in California, often leading to a lack of personal space and increased stress and violence in prisons [5]. It has threatened rehabilitative programs and resources, increasing violence, gang activity and drug availability [6]. In German, 16.7 percent of prison facilities are vacant, with the only occupancy of 83.3 percent [7]. The German correctional system aspires to protect the public by imprisoning offenders, rehabilitating them through work programs and providing treatment services.

The prison environment in Africa is characterized by severe problems. They include: shortage of food, sanitary facilities, recreational facilities, and lack of local contact with family members [8]. In Cameroon, there is a shortage of financial, material, personnel resources that hinder prison rehabilitation [9]. Mothers are incarcerated with their children and they eat the same food. Pregnant and nursing mothers are not given special medical care, and the food provided fails to meet pregnant women nutritional requirement [10]. According to [11], Zimbabwe's sanitary conditions are unsatisfactory because women inmates use newspapers, tissue, and pieces of blanket or prison uniform due to lack of sanitary towels. Most prison officers are not trained in correctional services and rehabilitation, and thus inmates could engage in work that is not rehabilitative [12]. There is rampant spread of tuberculosis, HIV and AIDS in South Africa, and inmates' health conditions worsened, which is contributed by overcrowding [10]. In Uganda, reports show that women inmates fall victim to mental health problems, including depression and self-harming [10] & [13]. Also, women inmates are reported to have little or no access to appropriate accommodation and health needs [14]. Indeed, they are

accommodated in prisons originally built for men inmates thereby; hardening rehabilitative processes [14]. The uncondusive environment affects the rehabilitation program uptake by inmates.

In Kenya, a study done by [15] indicates that rehabilitation program uptake in Kenyan prisons has not been achieved. Indeed, recidivism rates are between 60 to 80 percent [16]. The prison population stood at 54,000 as of September 2018 [17]. This is against the official prison system's official capacity in Kenya, which is 26,687 [17]. The occupancy level surpasses the official capacity by 102 percent [17]. Kenyan men prisons hold three times their capacity, which falls much below the international standards. Simultaneously, the women's wings are usually much less populated and operate at their holding capacity, if not less [18]. However, [19] reveals that prisons in Kenya are Al Shabab recruitment hotbeds as inmates are in a vulnerable state and terrorists easily influence and manipulate them. Over 26 percent of offenders reported having been approached by terrorists or hard-core criminals to join them with a promise to help them, but they made them worse criminals [19] affecting the intended rehabilitation process.

Several studies focusing on prison have been done in Kiambu County. [20] Investigated spiritual rehabilitation, vocational training, formal education and counselling rehabilitation programmes which positively changed inmates' lifestyles. [21] Studied gender differentials in crime and revealed variations in motive to commit crimes. [22] Studied ex-offenders and explained how the ex-offenders were dissatisfied with the rehabilitative programs offered in prison. A study by [23] revealed that the major causes of recidivism were low level of education due to poor quality of rehabilitative education offered in prisons. There lacked enough literature on influence of prison life on rehabilitation program uptake in Kiambu County and therefore, it is against this background that there was a need to pay attention to rehabilitation process and why it fails to improve the lives of inmates and thereby reduce high recidivism rate.

Statement of the problem

Incarceration is the most preferred type of punishment for those who engage in criminal activities to rehabilitate them. However, as noted in the background, the prison system in Kenya is affected by chronic congestion as the occupancy level based on official capacity is 201.7 percent. Overcrowding leads to lack of essentials such as adequate food, water, clothing, bedding and medical care due to overstretched physical facilities and services. Inmates tend to become hardened by these harsh conditions. Consequently, after completing their jail terms, several people join Al Shabaab, becoming hard-core criminals who kill people and destroy properties leading to subsequent incarceration. The government of Kenya has tried to improve prisons' poor conditions by the introduction of prison reforms since the year 2003. This was done by decongesting the prison, improving the prison menu and providing medical care services. Moreover, games, education for inmates, radio and televisions, among other facilities were introduced during the retired His Excellency President Mwai Kibaki's era (2002 - 2013) to improve the prison life. Despite the government's effort to rehabilitate inmates, the rate of recidivism is at 60 to 80 percent, an indication of a failed rehabilitation program uptake. Indeed, maintaining inmates is an expensive undertaking because they are not engaged in any taxable employment. Inmates upon release must become law-abiding citizens. Thus, the study sought to establish the influence of prison life on men and women inmates in their rehabilitation process.

Objective

To describe the environment in which inmates' rehabilitation is implemented in Thika medium prison.

II. LITERATURE REVIEW

Effect of Prison Environment on Rehabilitation of Inmates

The prison environment should be compatible with human dignity because the conditions under which inmates are housed affect their state of mind, self-esteem, and dignity [24]. [6] Notes that prison nature in the US is characterized by overcrowding. [25] Statistics indicate that the US has the highest number of inmates with an estimation of 0.8 percent of the population and is still growing. In 2016 about 2.2 million adults were incarcerated [26]. At the end of the year 2010, 27 state systems and the federal bureau of prisons were operating at 100 percent design capacity or more significant. This resulted in a high prevalence of severe mental illness among inmates [27]. In the case of the Arizona prison system, [28] points out that two inmates were housed in cells devised to detain one person, which resulted in less access to education, less space, and the number of compassionate leaves reduced among other things. Moreover, the number of recidivists within three years after release has remained at 68 percent for more than a decade. This indicates that prison systems have failed to rehabilitate many convicts [25]. Congestion affected the provision of health care and proper accommodation. However, how overcrowding affected food in relation to quality and quantity was not clear. The gender segregation in relation to food, health and accommodation was not addressed in relation to rehabilitation program uptake by inmates, something this study delved into.

Moreover, many African prisons are characterized by unbearable congestion, physical and psychological abuse by prison officials, old dilapidated facilities, diseases and unhygienic conditions, inadequate medical care for inmates and harsh disciplinary measures. In Zimbabwe, Prisons' conditions are harsh and life-threatening because of extreme overcrowding, poor sanitary conditions and inadequate clothing [29]. [30] Asserts that the Nigerian prison system is characterized by a picture of hellish conditions, torture, hunger, inhumane treatment, congestion, diseases and premature death which affects the rehabilitation process of inmates. These studies do not address the effect of unbearable conditions on both men and women inmates and their uptake of rehabilitation programs.

One of the main objectives of the prison service in Kenya is to execute rehabilitation programs to equip inmates with skills that are useful to enable them gain employment after release. After the reform agenda on penal systems in Kenya, a report by [31] noted an improvement in the penal system during the era of the retired His Excellency President Mwai Kibaki's in 2003. Prisons were decongested of petty offenders, the meals improved to better quantities and quality and television sets introduced. Inmates were allowed to access education, improved medical provision, vote, and have greater visitation rights, including inspection by human rights organizations and putting on shoes. These measures aimed to try to make the conditions in the prison facilities more human-like [31] & [32]. Moreover, the physical condition of the prison facilities also received attention. Prisons engaged in money generating activities ranging from agriculture, woodwork, metalwork, and textile work. Inmates were allowed to participate in beauty pageants, aiming to identify and develop their talents. However, the extent to which these reforms enhanced uptake of rehabilitation programs by men and women is not documented hence the need for a research focusing on this.

In spite of the prison reforms, prisons in Kenya are still characterized by harsh prison conditions such as overcrowding, inadequate food, degrading clothing and bedding, lack of clean water, poor sanitation, inadequate medical care, infectious diseases and homosexuality, among other vices [33]. Also, ex-offenders have a seventy-five percent likelihood of perpetrating another offense and a fifty percent possibility of reoffending after two years after release [34]. Rehabilitation programs are burdened with congestion and an inability to satisfy basic human rights standards [35]. The sufficient provision of health services to inmates enhances ideal conditions for implementing effective rehabilitation programs and reduces reoffending [36]. Health provision with Kenyan prisons has been upgraded and equipped and medical personnel employed and dire cases are referred to the closest general hospital [37]. Nevertheless, prison wards are impoverished with dirty and rough floors, always infested by lice and lack of washing facilities, making prison life unbearable [37]. Congestion always produces inequalities in punishments due to inadequacies in hygiene, sanitary conditions, clothing and bedding. In some cases, it has led to toilets inside the wards to be closed for the toilet's floor to be used to accommodate inmates [37]. Even with regular food provision for all inmates, the quality, quantity, variety of diets, and special meals for the sick and pregnant inmates is not satisfying [37]. Declaration on Human Rights states that all inmates shall be treated with the respect due to inherent dignity and value as human beings. Still, the treatment of inmates in Kenya reflects human rights violations due to dehumanizing prison conditions and life-threatening situations [38]. The prison conditions are poor affecting the rehabilitation process. It is in view of this, that there was a need to examine how prison life in relation to each gender influenced rehabilitation program uptake by inmates for easy reintegration.

A study done by [22] revealed that 79.5% of the respondents considered the prison conditions as poor and only 12.5% saw the conditions as being useful. Such conditions may not allow the rehabilitation process to take place effectively because inmates spend most of their time trying to survive. Hence, this study was well timed to consider the conditions in Kenyan prisons, evaluate their compliance with human rights norms and gender perspective and examine their influence on inmates' rehabilitation program uptake in prisons.

III. METHODOLOGY

This research employed a descriptive survey research design because it allowed the researcher to generate qualitative and quantitative data. The study was carried out in Thika main prison in Kiambu County. It is a medium-term prison where men and women inmates serving sentences ranging from one to seven years are incarcerated. The jail houses convicts of misdemeanour crimes which include theft /stealing, drug abuse, assault, trespass, drunkenness/ disorderly, child neglect, among others. The study's target population was approximately 500 inmates (included first time offenders and recidivists), 30 prison officers, and 4 key informants (included chaplains and counsellors) in Thika Main and Women Prison. The study first used stratified sampling to divide the inmates' population according to gender to get 300 men and 200 women. The study used 30% to get the sample size of 90 men and 60 women inmates. Further, 30% of 30 prison officers who totalled to 9 were selected. Purposive sampling was used to select junior prison officers. All the four key informants were used; two prison chaplains and two counsellors. Primary data was gathered using questionnaire guides, interview schedules, and focus group discussions. The interview schedules were used to collect data from 30 recidivists and the 4 key informants of the study. Focus group discussions were used to obtain data from first time

offenders. Questionnaires were used to collect data from prison officers. A pilot study was carried out in Murang' a prison. Just like Thika main, the prison housed both men and women inmates and therefore appropriate for testing the research instruments. Quantitative data were analysed using descriptive statistics such as percentages and mode and presented using tables and graphs. Qualitative data was analysed using themes and patterns formed and were presented in narrative and verbatim forms.

IV. RESULTS

Prison Environment

The study's first objective was to describe the environment in which inmates' rehabilitation was being implemented in Thika Main and Women prison. Focus group discussions and interviews were conducted and questionnaires administered. The findings are presented in three subsequent sections: accommodation, food, and health matters.

Accommodation

The researcher sought to establish from inmates (both recidivists and first time offenders) whether prison accommodation had any effect on their rehabilitation process. The study further subdivided accommodation into three variables, which included; space, bedding, and sanitation. The results are summarized in Figure 1.0

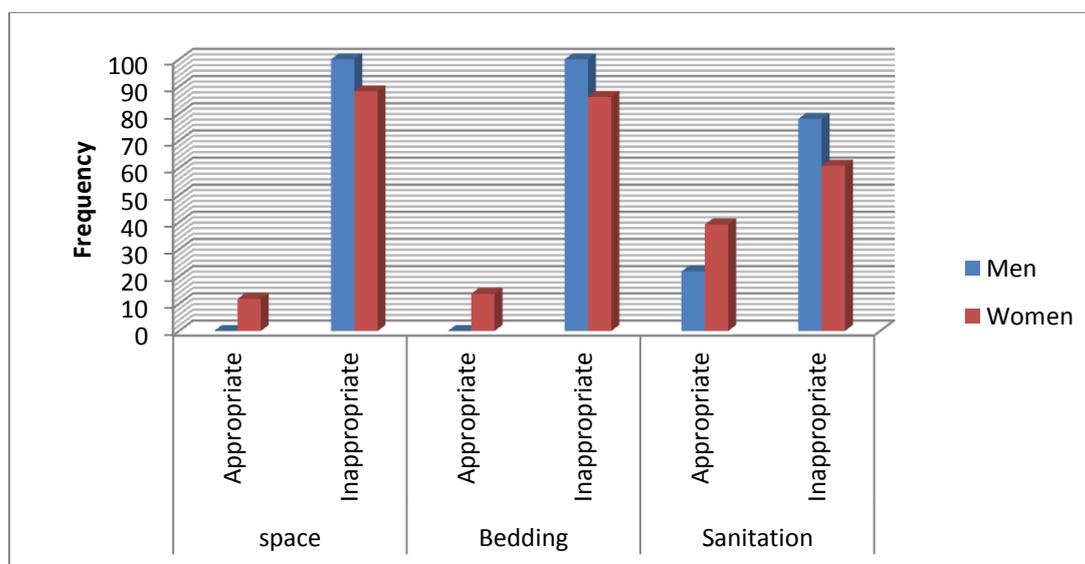


Figure 1.0 Accommodation

Source: Author computation

Space refers to the distance between two people or things that keep them from touching each other. The study shows that 100% of men inmates considered space inappropriate. Only 11.8% of women inmates considered space appropriate. Men inmates were affected by congestion in prison. The prison capacity was for 300 inmates, but at the time of the study, it was hosting 1000 inmates, both convicted and remands, which was a 333.3% occupancy rate. Moreover, Simon * had this to say;

The place we sleep in is very bad. We are congested. The ward's size is 18 by 15 feet, and its capacity is 20 inmates, but currently, in the ward I am in, we are 34 with only one bathroom cum toilet. There is no space between one person and another. One cannot even turn. If you go to the toilet, you will not find a place to sleep again.

Mary* had this say;

We are uncomfortable sleeping just next to each other though we cannot complain much. The space is relatively okay though there is no privacy.

From views shared by Simon*, it emerged that the space was inadequate. This state is stressful and thereby likely to affect the rehabilitation process of inmates. The views given by Mary* suggested that the space was relatively satisfying.

Bedding includes mattresses, blankets, bed sheets, and any other covers on a bed. Findings on beddings indicated that, 100% of men inmates considered bedding inappropriate. Only 13.7% of women inmates considered bedding appropriate. They stated that beds were not enough. Some inmates slept on the floor, and

preference was given to convicts who had children. Mosquito nets and bed sheets were not available. Lucy* an inmate stated that;

The mattresses are lice-infested. They are too old; we do not sleep because they bite us. Mosquitoes also bit us all night. It is such a stress. No one would ever want to come back here.

From the views shared by Lucy*, it is clear that women inmates were dissatisfied with the bedding provided. On the other hand, men inmates stated that there were no beds at all and the available mattresses were very thin, and some were completely worn-out. The blankets were not enough, and some were also in pieces. Fred* further narrated that;

There are no beds in this prison. We sleep on the floor. The mattresses are very thin, very dirty and old, not enough, and in pieces. Blankets are in tatters and also not enough. This is so dehumanizing.

The views shared by Fred* illustrate that the bedding was inappropriate and dissatisfying and thereby affecting men inmates.

Sanitation refers to access to safe water, showers, clothes, sanitary towels, toilets, sanitary towel disposal, enough light, and fresh air. The findings indicated that, 78.04% of men felt sanitation was inappropriate while 39.2% of women inmates considered sanitation appropriate.

In the women inmates' wing, every ward had one toilet cum bathroom shared by 70 convicted and remand inmates. Tissue papers were only given when donors brought them. For men inmates, there were no showers, and sometimes they shared bathing buckets. There was only one toilet cum bathroom. Sometimes they used buckets as toilets, which brought about bad odour, making the place very uncomfortable to live in. Water availability was a problem because there were days without water, and this brought about bad smell. Skin diseases such as scabies easily spread. Moses * narrated that;

Ventilation is poor, which can lead to the spread of infectious diseases such as tuberculosis. The wards are very hot, and the oxygen is not enough. The wards are full of foul smell due to buckets used as toilets and sweat smells from other inmates who fail to bathe.

From views shared by Moses* the following emerged: ventilation is poor, and diseases can easily spread. The prison, therefore, failed to work on the sanitation facilities, which consequently affected inmates negatively.

Evidently, illustrations given above indicate that the accommodation statuses are poor, which negatively affected inmates. They felt dehumanized by such conditions. This was in agreement with a study done by [22] on the impact of prison rehabilitation, which found out that 91% of the respondents rated accommodation as poor and only 8.1% rated it as good. The poor conditions in prison may contribute to the hardening of inmates instead of rehabilitating them. This goes against the requirement of Standard Minimum Rules (SMR), which states that all accommodation provided for the inmates shall meet all health requirements. This is due to climatic conditions, particularly to cubic content of air, minimum floor space, lighting, heating and ventilation [39]. The prison officers and the study key informants concurred with the inmates reports that the accommodation status was poor creating uncomfortable living conditions in prison. Humane living conditions are necessary for effective rehabilitation [40]. Hence, Thika prison should strive to implement this policy.

Food

The study sought to establish whether food had any effect on the process of rehabilitation in prison. Food was further subdivided into two variables; quantity and nutritional value. Quantity refers to whether the amount of food provided was adequate while in nutritional value, the study considered if the food was balanced diet. The results are summarized in Figure 1.1

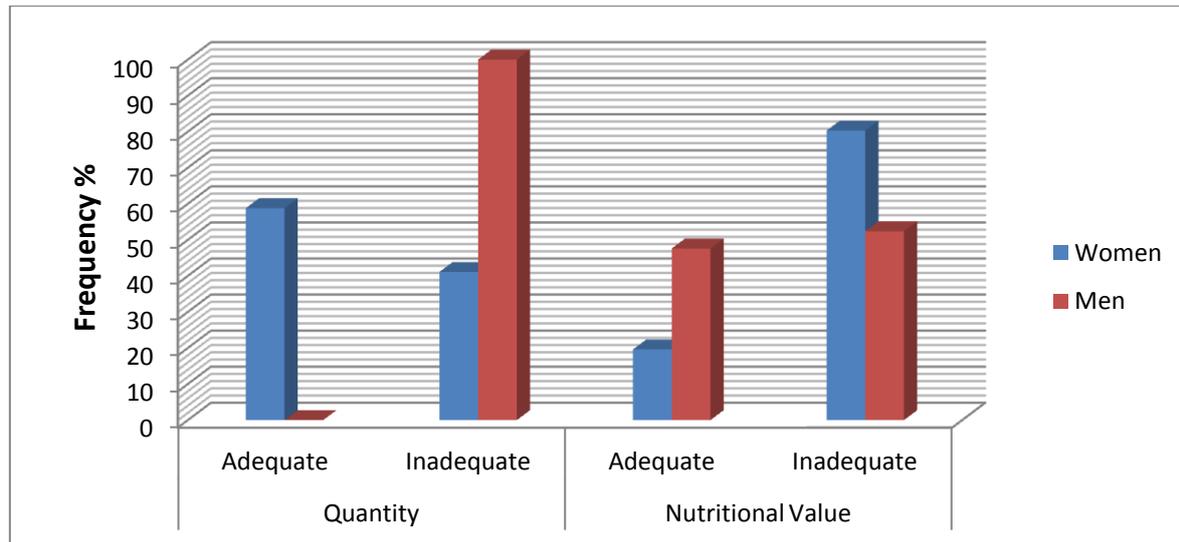


Figure 1.1 Food

Source: Author computation

The study showed that 58.8% of the women inmates were satisfied with the quantity of food, while 41.1% of them complained of quantity. On the other hand, 100% of men inmates considered food being inadequate. Simon* commented the following about food;

When I was imprisoned, I was 88kgs, but within three months, I dropped to 46kgs, but now I have adjusted to prison life, and I am 66kgs now. We live by the grace of God. The food is to keep us alive, nothing more. We eat for lack of any other choice.

It is illustrated that men were, to a large extent, not satisfied with the quantity of food provided in prison. This goes contrary to [41], who points out that food quality should be as high as financial considerations will allow. This is because good food reduces the discontent felt by inmates. A satisfied prison population will be peaceful, and this will, in turn, facilitate the efficient running of the institutions.

On the nutritional value of the food, women inmates at 47.6% felt that the nutritional food level was not to the standards because fruits were not provided. Sharon* explained the following;

We prefer eating rice and beans more often than Ugali because it is poorly cooked and tasteless. We eat Ugali for a lack of alternative food. Also, there are no special meals for pregnant women. All in all, the sick are given a double portion because of the medicine they are taking.

Faith* added the following;

The accompaniment to ugali is only one leaf of kales or one big leaf of cabbage. Moreover, Lunch is Ugali and vegetables' soup. Meat is only one piece, which is given on Mondays, Wednesdays, and Fridays. Besides, we are also not satisfied with the time we take our meals because breakfast is given at 7:00 am, lunch at 10:30 am, and supper at 3:00 pm.

From the views given by Sharon* and Faith*, it emerged that the quality of food was poor. The inmates were dissatisfied with the cooking process and the intervals at which the food was served. This finding agrees with that of [22], who points out that 90.3% of the respondents felt that the nutritional food value was poor, while 9.5% rated it as good. The prison officer also stated that food provision in the prison affected the inmates to a greater extent. This affected their rehabilitation program uptake because they felt dissatisfied complicating the prison life. The chaplains and counsellors also felt that food was a key factor to be considered in the rehabilitation of inmates. Lack of enough food made the inmates bitter. The study, therefore, established that men inmates were, to a large extent, affected by the quantity of food offered while women inmates were concerned about the quality. [24] states that food provision affects the inmates' state of mind, self-esteem, and dignity. This helped to explain how food had negatively influenced the rehabilitation of inmates in Thika prison.

Health Services

The study wanted to establish how health services affected the rehabilitation process in prison. The study considered the health facilities, medicine and personnel in the prison. The results are summarized in Figure 1.2

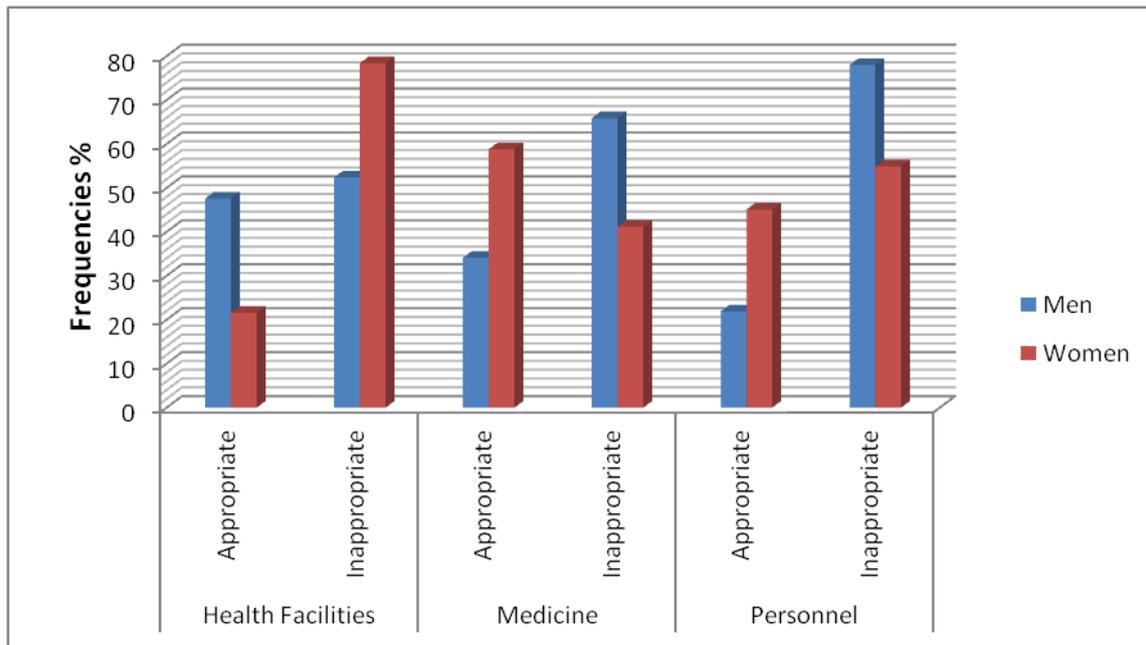


Figure 1.2 Health Services

Source: Author computation

The study established that 21.6% of women inmates considered health facilities appropriate, while 78.4% felt they were inappropriate. As for the men inmates, 47.6% considered health facility appropriate. The prison had a dispensary, which was shared by both men and women inmates. The dispensary catered for minor illnesses such as headaches and common cold. Serious cases were referred to Thika level five hospitals.

The study further established that 58.8% of women inmates considered medicine appropriate, while 41.2% of the medicine said it was inappropriate. 34.1% of men inmates considered medicine to be appropriate. However, medicine was not always available, and in such cases, one was expected to buy. The inmates without money were affected by this. The study also established that 45.1% of women inmates considered personnel appropriate, while 54.9% considered personnel inappropriate. 21.9% of men inmates considered personnel being appropriate. Besides, men inmates reported that sometimes it took too long to be taken to hospital. The doctor in charge was also not friendly, and he did not mind much about the sick. Henry* reported that;

Because I don't think they are doctors, the clinical officers give medication without a clear diagnosis. This sometimes may make one deteriorate when treated the wrong disease. One is given panadol for every disease.

The findings are in line with a study conducted by [42], which stated that sometimes prison officers only took an ill inmate to the hospital when they were near death and still had to provide for their own medicine. These findings illustrated the ineffectiveness of health services in Thika's main and women prison according to inmates. On the contrary, the prison officers felt that health matters affected the rehabilitation process to a small extent. The key informants never considered health matters as a key factor that inhibited the rehabilitation process of inmates. There were therefore divergent views concerning health issues by inmates and the prison officers and the key informants.

With the findings above on accommodation, food, and health services, it was established that inmates suffered inadequate basic goods and services. Inmates were uncomfortable with accommodation, food, and health status making rehabilitation program uptake complex. This is in line with the Derivation theory by [43], which states that inmates find themselves in harsh conditions due to inadequate goods and services provided, which include basic needs such as food, water, shelter, clothing, and proper medical care. The researcher established the extent of recidivism among the inmates themselves and found out that 3 out of 10 men and 1 out of 10 women inmates were serving a second or third term in prison. It is clear that recidivism is real in Thika's main and women prison and going by prison officers' report from the prison records, 1 in every 3 inmates reoffends. This happens despite the many resources the government has put in place, thereby explaining the failed rehabilitation process. The prison life, thus, increases maladjustment as inmates struggle to cope with the conditions of imprisonment.

V. CONCLUSION

The prison life greatly influenced the rehabilitation process of inmates in Thika Main and women prison. Both men and women inmates were uncomfortable with the accommodation, food, and health services offered in prison, which resulted from the congestion in prison. The service providence; therefore, failed to cater for individual inmate's needs.

VI. RECOMMENDATIONS

The study revealed that prison conditions were poor due to inappropriate accommodation status, inadequate food, and inappropriate health services, contributing to inmates' hardening. Therefore, the courts should employ non-custodial sentences such as community service, probation sentences, fines, parole, and bonding for petty crimes. The courts should also speed up delayed remands cases to ease congestion in prison. This practice would help decongest the overcrowded Thika prison and avoid straining the available resources.

Further study

- A similar study could be conducted in other prisons to examine the effectiveness of rehabilitation program uptake by inmates in Kenyan prisons.
- A study could be carried out on the impact of societal involvement in integration of inmates in Kenya

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