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AN ASSESSMENT OF QUALITY OF LIFE AMONG OPEN AND CLOSED PRISON INMATES AND NON-INMATES.

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and happiness. The QOL is one of the most commonly used self-assessment outcome measures. The QOL assessment tool provides new perspective on the issue related to individual health as it focuses on individual's own perceptions. WHO(1996) defines it as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. Physical health component of WHO definition consists of daily living, mobility, pain and discomfort, sleep and rest, work and capacity, etc. Psychological domain consists of six facets, which are bodily image and appearance, negative and positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking, learning,

ABSTRACT

The study attempts to assess the quality of life (QOL) among open and closed prison inmates and non-inmates. Understanding the QOL of the open and closed prison inmates to inform us on their current state. Measuring their QOL satisfaction can make baseline data to generate and design appropriate and effective rehabilitation programme. The current study includes total 240 participants which is 160 inmates; among them 80 were closed prison inmates and 80 were open prison inmates and 80 were non-inmates. The satisfaction level on the different domains of life of open and closed

prison inmates were assessed to determine their QOL using the WHOQOL-BRIEF. The result indicated that, the open prison inmates have higher on overall quality of life and its domains such as, physical, psychological, social relationship and environment than closed prison inmates and non-inmates are higher on overall QOL and all the domains than open and closed prison inmates.

KEYWORDS: Quality of Life, Open Prison, Closed Prison, Inmates, Non-inmates.

INTRODUCTION

Quality of life (QOL) is perception of an individual towards life, comfort

memory and concentration. Social relationships aspect of quality of life is related to personal relationships, social support and sexual activities. Environment domain consists of financial resources, freedom, physical safety and security, health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/ leisure activities, physical environment (pollution, noise, traffic, and climate) and transport (WHO, 1996).

A prison is supposed to be a protected place with expected discipline to be followed and, inmates here often reformed as inmates are also need to be respectfully treated. Inmates spend part of their lives in prison hence there should be conducive environment for them to rebuild themselves so that they are less likely to reoffend once they are back in society. As per the nature and intensity of crime, individual and social impact of crime on the victim, relatives and society, age of inmates, term declared for the crime when convicted, inmates are sent to various jails which are categorized as central jail, district jail, sub jail, women jail, open jail, borstal school, special jail, etc. Broadly, the classification is closed jail and open jail (NCRS, 2014). Closed prison is a detention center where inmates or prisoners are denied variety of freedoms under the authority of the state as a form of punishment. Open jail is the correctional policy in prison system. Open prisons are the prisons without walls having minimum security reliance on the prisoner's sense of self-discipline and social responsibility. An open prison is open in four aspects-Open to prisoners, Open in security, Open in organization and Open to public.(Prison manual, 1994) As per the latest data made available by National Crime Records Bureau (NCRB, 2014), total number of jails in the country are 1387(131 central jail, 364 district jails, 758 sub jails, 19 women jails, 54 open jails, 20 borstal schools, 37 special jails, and 4 other jails), with capacity of 3.56 lakh inmates (NCRB,2014). Major portion of the prison population consists of most marginalized groups of the society; also, this population is fairly underserved. Research studies have concluded that there is substantial burden of psychiatric morbidity in prison population of India. Prevalence of tuberculosis, substance abuse is also documented in Indian context. Vulnerability of health condition, shortage of infrastructure, lack of adequate services poses critical challenges to prisoner's health affecting their quality of life to the maximum extent. Measuring quality of life perceptions of prisoners is critical to design appropriate rehabilitation programs. Quality of life and health aspects are studied in Indian prisons in past.

In Indian context, Talwar (2000) examined the quality of life among the prisoners and found that, 10% of the inmates felt that they had a good quality of life. It is presumed those inmates who receive better social support will experience more positive social adjustment, higher quality of life and lower recidivism (Talwar, 2000). Donald ,Tracy , Peggyand Bruce (2010) studied Antisocial personality disorder (ASPD) in incarcerated offenders: Psychiatric comorbidity and quality of life. It is concluded that, ASPD is relatively common among both male and female inmates and is associated with comorbid disorders, high suicide risk, and impaired quality of life (Donald et. al. 2010). Johnsen,Granheim and Helgesen (2011) studied quality of prison life in context of prison environment in Norway, the study showed that the relationship between officers and prisoners seems to be of better quality in small prisons than in medium-sized and large prisons (Johnsen, et al. 2011). In multivariate analysis, Constantinou, Maria, and Dimitris (2014) identified a statistical relationship between health related quality of life and the conditions of detention, controlling for the effect of sociodemographic characteristics, morbidity, and mental problems. The use of narcotics in particular is significantly associated with lower health related quality of life (Constantinos, et al., 2014). Thein, Butler, Krahn, Rawlinson, Levy, Kaldor and Dore. (2006) examined the Effect of Hepatitis C virus (HCV) infection on Health – Related Quality of life (HR-QOL) in prisoners and reported that, prisoners found no measurable effect of HCV on HR-QOL, including that attributable to HCV viremia. Compared to uninfected Australian population norms, prisoners had lower HRQOL irrespective of HCV status (Thein et.al.,2006). Carcedo, Perlman, Lopez and Orgaz (2012) investigated the moderating effect of having vs. not having a heterosexual romantic partner inside the prison on the relationship between interpersonal needs and quality of life. Researchers reported that, higher levels of social loneliness and lower levels of sexual satisfaction were associated with lower levels of quality of life. In addition, the interaction between sexual satisfaction and romantic partner status was significant and a lower level of romantic loneliness, and a higher level of sexual satisfaction and global, psychological, and environment quality of life for the group of inmates with a heterosexual partner inside prison (Carcedo, et al. 2012). Samson-Akpan ,Ojong , Ella and Edet .

(2013) investigated quality of life of people living with HIV/AIDS in Cross River, Nigeria and found that, the highest quality of life score emanated from physical health and lower on psychological health, social and environment (Samson-Akpan et al., 2013). Plugge, Douglas and Fitzpatrick (2011) assessed the health-related quality of life of women on entry into prison and examined changes during a period of three months' imprisonment. Researcher found that, prison entry, women prisoners have lower mental component summary score (MCS) and physical component summary score (PCS) compared to women within the general population. The mental well-being of those 112 women still imprisoned after three months improved over this period of imprisonment, although remained poorer than that of the general population and the PCS did not improve significantly and remained significantly lower than that of the general population (Plugge et. al., 2011).

Khurana and Dhar (2000) has studied effect of Vipassana Meditation on Quality of life, Subjective well-being, and Criminal Propensity among inmates of Tihar jail, Delhi and found that, Vipassana meditation significantly improved Subjective wellbeing and reduced Criminal propensity of inmates of Tihar Jail.

Since the degree of freedom offered in open jails, it is presumed that quality of life of inmates will be better than that of inmates from the closed jails. In India, out of existing 54 open jails, only one dedicated open jail is for women inmates. Owing to efforts to bring gender balance and equality in society across various dimensions of life, prison system is no exception. Therefore, present study is aimed at studying quality of life differences between closed jail inmates and open jail inmates.

NEED AND SIGNIFICANCE:

A brief review of current literature has helped to understand that there are very few studies done in order to understand quality of life among open and closed prison inmates. The present study would be help for to highlight the quantified differences. Being one of the few psychological studies of the open and closed prison inmates in the Indian context, the findings of this study will be potentially provide directions for further research to psychologist, criminologists, and sociologists. Hence, the objective of study is framed as to study quality of life differences between open and closed prison inmates and following hypotheses are formulated.

- i. There will be significant difference between open and closed prison inmates and non-inmates on overall quality of life.
- ii. There will be significant difference between open and closed prison inmates and non-inmates on general health.
- iii. There will be significant difference between open and closed prison inmates and non-inmates on physical health.
- iv. There will be significant difference between open and closed prison inmates and non-inmates on psychological health.
- v. There will be significant difference between open and closed prison inmates and non-inmates on social relationships.
- vi. There will be significant difference between open and closed prison inmates and non-inmates on environment.

METHODS:

Sample:

The current study includes total 240 samples which is 160 inmates; among them 80 were closed prison inmates and 80 were open prison inmates and 80 were non-inmates. Open prison inmates were selected from Yerawada, Aurangabad and Paithan prisons, and closed prison inmates were selected from Yerawada and Aurangabad prisons and 80 non-inmates. All the participants were long-term prisoners and lifers. The purposive sampling method was used to collect the data for present study.

Procedure:

The researcher submitted a request letter addressed the DIG of west (Yerawada) and central (Aurangabad) region for seeking permission for collecting data from long-term prisoners and lifers. For the

present study, all the questions were translated in to the local language (i.e. Marathi) for the better understanding and comprehension of the sentences to the inmates. All the tests were administered on 1 to 5 inmates at a time.

Tool:

The tool used in gathering the data was a set of standardized questionnaire which is WHOQOL- BRIEF by WHO group. The WHOQOL-BREF is an abbreviated 26-item version of the WHOQOL-100. The WHOQOL-BREF contains one item from each of the 24 facets of QOL included in the WHOQOL-100, plus two ‘benchmark’ items from the general facet on overall QOL and general health (not included in the scoring). The facets were originally subsumed within one of six domains. Domains are not scored where 20% of items or more are missing, and are unacceptable where two or more items are missed (or 1-item in the 3-item social domain). The WHOQOL-BREF was self-administered by respondents but exceptionally, an experienced interviewer assisted administration by reading items aloud where self-completion was not possible, usually for reasons of literacy or disability. Standard instructions, socio-demographic details and an item on current health status were completed before answering the 26 items of the WHOQOL-BREF. Skevington, Lotfy and O’Connell (2004) reported Cronbach alphas reliability for four domains of WHOQOL-BRIEF as a physical (.82), psychological (.81), social (.68) and for environment (.80) after analyzing cross sectional data obtained from 23 countries.

Statistical Analysis:

The descriptive statistics were carried out for Quality of life’s total scores and its subscales, which were presented in table - 1 for all groups. Then after, analysis of variance (ANOVA) was carried out to investigate the group differences among open prison inmates, close prison inmates and non-inmates, the results were provided in Table- 2. The results of ANOVA showed that all three groups were differed significantly on total as well as subscale scores of quality of life.

Table -1: Descriptive statistics for Quality of life’s total scores and its subscales.

Variables	Close Prison		Open Prison		Non-inmates	
	Mean	SD	M	SD	M	SD
Total Quality of Life	70.65	13.84	85.45	8.53	95.80	9.25
Physical Health	24.16	5.28	27.20	3.29	29.19	3.23
Psychological Health	17.05	4.99	21.28	3.33	24.30	2.80
Social Relationship	8.56	2.47	11.14	2.05	12.20	1.59
Environment	20.88	4.07	25.84	3.41	30.12	3.75

Table-2: Results of ANOVA on Quality of Life’s total scores and its subscales.

Variables	Sum of Squares	Mean Squares	F
Total Quality of Life	25564.93	12782.47	109.62***
Physical Health	1024.76	512.36	31.30***
Psychological Health	2121.70	1060.85	72.03***
Social Relationship	559.76	279.88	65.42***
Environment	3419.56	1709.78	121.56***

Note: df = 2, 237, *** = significant at 0.001 level.

Table – 3: Post hoc comparisons for Quality of Life are total scores and its subscales.

Dependent variables	Comparisons		Mean Difference	Std. Error	Significance
Total QOL	Close Prison	Open prison	-14.80***	1.75	.001
		Non-inmates	25.15***	1.75	.001
	Open prison	10.35***	1.75	.001	
Physical Health	Close Prison	Open prison	-3.04***	.64	.001
		Non-inmates	5.03***	.64	.001
	Open prison	1.99***	.64	.01	
Psychological	Close Prison	Open prison	-4.23***	.61	.001
		Non-inmates	7.25***	.61	.001
	Open prison	3.03***	.61	.001	
Social Relationships	Close Prison	Open prison	-2.58***	.33	.001
		Non-inmates	3.64***	.33	.001
	Open prison	1.06***	.33	.001	
Environment	Close Prison	Open prison	-4.96***	.59	.001
		Non-inmates	9.24***	.59	.001
	Open prison	4.28***	.59	.001	

Note: *** = significant at 0.001 level.

DISCUSSION:

As results for total and subscales of QOL were highly significant, researchers decided to perform post hoc tests. The post hoc test consists of pair wise comparisons that are designed to compare all different comparisons of the treatment groups. As overall ANOVA results are highly significant researchers decided to perform Least Significant Differences (LSD) test (Field, 2010). The post hoc result from table - 3 for total QOL showed that open prison inmates have better QOL than close prison inmates ($p < .001$), non-inmates were showed better QOL then open prison inmates ($p < .001$) and close prison inmates ($p < .001$). Furthermore, for through analysis, all treatment groups were analyzed for QOL's subscales (see, table - 3). On subscale of physical health, psychological, social relationships and environment open prison inmates have better QOL than close prison inmates ($p < .001$), non-inmates were showed better QOL than open prison inmates ($p < .001$) and close prison inmates ($p < .001$).

More specifically, from the detailed analysis it was found that, among three groups open prison inmates have better physical health, psychological health, social relationships and environment as compare to close prison inmates. This might be happened due to differences in concepts, facilities provided in the open and closed prisons. In India closed prisons are generally overcrowding and more restricted in terms of physical facilities, whereas, in open prison inmates have unrestricted environment, minimum security and they are allowed to work freely.

In terms of psychological health, close prison inmates might have less acceptance and low self – esteem along with the grief. As a result, they become more lonely and introverted. Whereas, inmates who accepted themselves as they are and trying to more on their life though they were living in prison. As a result, prison administration shifted such kind of inmates in to open prison. In open prisons, inmates gets better facilities such as work in several places e.g. farming, offices, car washing centers, prison showrooms and much more under the control of prison administration. In addition, open prison inmates get additional facilities and benefits such as spending time with their families, participating in social activities, skilled based work, etc. Due to this open prison inmates psychological health improves.

In terms of social relationship, open prison inmates live in society accepted and supported activities. Additionally, open prison inmates and prison staff developed better and healthy relationships. Furthermore, in open prison, inmates have more freedom, physical safety, and security. As open prison inmates, get more opportunities in recreation and leisure activities such as, social functions, gathering, yoga and meditation activities, cultural events and religious activity. In summary, open prison inmates get better quality of life in terms of physical, psychological, social relationships and environment due to the basic differences and facilities provided to them in comparison with close prison inmates. Overall, open prison inmates live there life's as like respected human being and therefore they also willing to maintain their activities so that they keep taking benefits of open prison. Irrespective of close prison or open prison inmates, as they were living in prison environment and they must follow the rules and regulations they were all behind the non-inmates.

From the obtained results, it was observed that non-inmates were having better quality of life in comparison with close and open prison inmates. This might be happened due to various restrictions and barriers in terms of physical, environmental, social, and psychological aspects. Secondly, prisoners might be having guilt and realized about the crime and criminal activities they conducted. Prisoners have various restrictions; they are abiding to various rules and regulations as compare to non-inmates.

CONCLUSION:

It is concluded that, the open prison inmates have higher on overall quality of life and its domains such as, physical, psychological, social relationship and environment than closed prison inmates, and non-inmates are higher on overall QOL, physical health, psychological, social relationships and environment than open and closed prison inmates.

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