

## **Behind Bars, Beyond Health: The Untold Struggles of Female Inmates in Nigerian Correctional Centers**

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### **Abstract**

In recent years, behind the cold walls of the Nigerian correctional centers, the number of women has been gradually increasing, and a hidden population of female inmates struggles to survive. These women face a myriad of challenges that extend beyond the realm of basic healthcare due to their nature. This reality is combined with deprivation, discrimination, and marginalization, yet the administration of the Nigerian correctional centers is still based on the generalizations drawn from male inmates. Measures used to evaluate and put female inmates into various categories have been criticized by many intellectuals for having minimal relevance for women. The nonexistence of gender friendly factors has left many intellectuals questioning their rationality. This paper appreciates relative deprivation theory, thereby analytically exploring the multifaceted interplay between abuse, deprivation, and healthcare of female inmates in Nigerian correctional centers, and consequently recommends interventions that take into consideration these unique needs.

**Keywords:** Abuse, Correctional Centers, Female Inmates, Deprivation, Healthcare, Prisons.

### **Introduction**

The prison system in Nigeria is often viewed through the lens of crime and penalty. However, behind the bars, a deeper but often ignored realities exist: systemic neglect, gender-based challenges, and a struggle for self-worth. Female inmates account for a small but significant portion of the prison population, and they are at risk of deprivation and abuse. The plight of female inmates remains particularly distressing. Women face gender specific issues, including physical and sexual abuse, lack of access to special healthcare services, and lack of necessities that are unique to women. Recognizing and addressing their specific needs is important for promoting their overall well-being, which is a prerequisite for proper reintegration into society.

This paper intends to deliver a comprehensive and revolutionary framework that addresses the challenges of women behind bars, while emphasizing the philosophies of the right to healthcare, protection from physical and sexual abuse, and the provision of specific necessities. The recommendations put forth in this paper are realistic and actionable. Each recommendation is geared towards creating a correctional system that is humane and gender-friendly.

Women behind bars in Nigeria face unpleasant and challenging circumstances, much like their male counterparts, but with unique struggles related to their gender. Due to the larger numbers of male prisoners, especially in correctional centers that are overcrowded or lacking resources, authorities often focus on the situation and needs of men (Omorogiuwa, 2014). Although female inmates constitute only a small percentage at the global level, the challenges resulting from women falling under the provision of the penal system have prompted humanitarian organizations to consider female inmates as vulnerable prisoners who need particular measures to meet their unique needs. The scarcity of dedicated female correctional facilities means many women are housed in sections of male prisons, leading to inadequate attention to their unique needs (Omorogiuwa & Egoh, 2021).

The criminal justice system continues to overlook the milieu of female inmates and the reality of their needs. Correctional policy claims a gender-neutral stance, ignoring the psychological, physiological, and social differences between men and women. According to Sarkin (2008), where women are put together with men, they remain exposed to physical and psychological exploitation from male inmates, which inadequate prison staff cannot avert and indeed, occasionally join in the cruel acts. The misinformed nature of the criminal justice system has only worsened the problem of women behind bars (Elise Barlow 2014). The Nigerian Prisons Service (2009) asserted that prisons are assigned the double responsibility to promote the improvement and rehabilitation of offenders. Nevertheless, the rehabilitation programmes for female inmates in the Nigerian Correctional Services are in a dilemma because rehabilitation and practices are not well-suited for improving the situations of female inmates.

### **Theoretical Framework**

Deprivation theory, as developed in the context of prison sociology by Gresham Sykes in his book titled "The Society of Captives" (1958), offers a compelling framework for analyzing the experiences of imprisoned individuals. Sykes argues that imprisonment involves

not just the loss of freedom, but the imposition of multiple psychological, social, and material deprivations that intensely affect prisoners' well-being. This theory, which is one of the most applied theoretical traditions in penology, states that the prison environment contours the outcomes of imprisoned persons (Liebling, 2006). In this case, the prison is framed as a complete institution with a series of deprivations designated as "the pains of imprisonment" or conditions of confinement (Goffman, 1961; Sykes, 1958) as cited in (Edgemon & Clay-Warner, 2022). Certainly, past empirical research on prison from the viewpoint of deprivation theory has acknowledged how the "pains of imprisonment" are related to poor conditions (Edgemon & Clay-Warner, 2019; Slotboom, Kruttschnitt, Bijleveld, 2011).

Deprivation theory can be viewed either in absolute or relative terms. Nevertheless, there are definite deprivations that are even more serious among typical female inmates than male inmates due to the biological nature of women. Past work builds on the deprivation approach to specify how the "pains of imprisonment" might be associated with poor conditions for imprisoned persons, focused on the broader conditions, rather than focusing on the narrower conditions of specific segments of persons with special needs. For this reason, this paper anchors firmly on the Relative deprivation theory. Relative deprivation theory complements Deprivation theory by focusing not only on the objective lack (as in Sykes' work) but also on subjective perceptions of inequality and unmet expectations. The theory posits that people feel depressed not simply due to absolute suffering, but because they recognize a gap between their expectations and their actual conditions, especially in comparison to others (Runciman, 1966; Walker & Smith, 2002).

The acknowledgement that women face distinctive challenges due to their nature has led to further analytical consideration of the Relative Deprivation Theory as a gateway to understand "The Untold Struggles of Female Inmates". The concept of relative deprivation was introduced by Samuel Stouffer and his co-workers in their classic social psychological study "The American Soldier" in 1949 and gained popularity among Sociologists in the 1950s and 1960s (John & Gordon, 2005). The theory focused on the institutionalization of inequalities and the awareness of inequalities, and on the question of what should be accepted and what should be rejected by standards of social justice. Among female inmates in Nigerian correctional centers, this gap becomes apparent when they compare their conditions to those of male inmates.

Relative deprivation theory helps explain emotional distress due to perceived inequality and injustice, resistance or hopelessness as adaptive behaviors in prison, and gender

implications of imprisonment and post-imprisonment reintegration. The significance of the Relative Deprivation Theory to this work is that Female inmates are seen as unique prisoners who need particular measures to meet their specific needs, but are often deprived of these measures. For instance, maximum protection from physical and sexual abuse while in detention, provision of resources like sanitary utilities, and access to special healthcare services like gynecological care are all standards expected by social justice, because they emphasize the rights of imprisoned persons.

### **Challenges of Women behind Bars in Nigeria.**

The issue of women being a minority within the criminal justice system of most countries, including Nigeria, poses serious consequences as most correctional centers are male-oriented, fashioned to care largely for the male inmates without sufficiently reflecting female inmates, and thus are incompetent to care adequately for the special needs of female inmates. Prison systems and prison management have historically been designed for men. From the buildings, to security measures, to facilities for healthcare, training, and rehabilitation. These prisons usually do not offer female-appropriate services, including special health services like gynecological healthcare services and therapy for victims of physical and sexual abuse. Female inmates often face challenging circumstances with unique issues relating to their gender, such as Gynecological conditions, sexual health, physical and sexual abuse, Pregnancy, Postpartum, and Parenting, Menopause, Breast and Cervical Cancer.

#### **Gynecological conditions**

Studies have documented that imprisoned women are likely to have higher rates of gynecological disorders, such as irregular menstrual bleeding and vaginal discharge, than non-imprisoned women, and are likely to have limited access to gynecological care. For example, the chronic stress that typifies the lives of many imprisoned women, as well as factors such as rickety housing, change of environment, experience of trauma and violence, obsession to drugs, and mental illness, may influence menstrual bleeding. In a study, up to 40% of female inmates had irregular menstrual bleeding (Allsworth, Clarke, Peipert, Hebert, Cooper, & Boardman, 2007). Also, the majority of imprisoned women are young and therefore still menstruating, but they really do not have access to menstrual sanitary products, and if they do, it is usually unreliable and often inadequate (Kravitz, 2019).

### **Sexual health**

Sexually Transmitted Infections (STIs) are a common reported symptom among women in custody. Also, non-sexually transmitted infections like vaginosis, or physiologic discharge that women may not be aware of, are usually acquired from lavatories and recycled sundries due to an improper sanitary system. Women in detention have high rates of STIs. A Rhode Island study found that 33% of imprisoned women tested positive for an STI, including 26% with trichomoniasis. The rates of gonorrhea are as high as 3% (Javanbakht, Boudov, Anderson, Malek, Smith, Chien, & Guerry, 2014)) and chlamydia is as high as 14% (Willers, Piepert, Allsworth, Stein, Rose, & Clarke, 2008).

### **Physical and sexual abuse**

Female inmates are disproportionately vulnerable to sexual and physical abuse. Women entering prison are more likely to experience physical and/or sexual abuse either as minors or adults, as compared to men in detention. Empirical studies show that women have a heightened vulnerability to psychological and physical mistreatment in correctional centers. Many female inmates face cold-hearted and humiliating conduct during detention, including being exposed naked, threats, humiliations of rape, offensive body searches, and insults (United Nations Human Rights, 2014). According to a February 2020 report by the U.S. Commission on Civil Rights Research, at least 50 percent of women entering prison report that they experienced physical and/or sexual abuse in detention.

### **Pregnancy, Postpartum, and Parenting**

Some women enter correctional centers already pregnant. Sexually active women are prone to pregnancy until they go through menopause or undergo a hysterectomy. There is a dearth of data on pregnancy frequencies and outcomes for women in custody. Still, in 2019, a study reported that a total of 4% of women admitted to 22 state and all federal prisons were pregnant, and that 753 women gave birth in custody (Sufrin, 2019). Additionally, most imprisoned women are mothers and the principal caregivers to their children, ranging from 56% in federal prisons to 70% in local prisons (Glaze & Maruschak, 2010). Some women lose the opportunity to provide breast milk for their babies and to maintain contact with their children, and consequently, face the psychological difficulties that separation may cause them and their families.

### **Menopause**

Many correctional centers seem not to recognize the special essentials of older females (Reviere & Young, 2004), and as such do not adequately prepare for the physical, social, and psychological issues, such as menopausal symptoms like hot flashes, which can be challenging for women to cope with in the correctional centers. Confinement has also been linked to a greater incidence of hypertension, hepatitis, and cancer in women when compared to men, which indicates a need for better health care resources for older females (Binswanger, Krueger, & Steiner, 2009).

### **Breast and Cervical Cancer**

Rates of cervical and breast cancer are higher among imprisoned women, likely related to under-screening while in custody (Brousseau, Ahn, & Matteson, 2019; Pickett, Allison, Twist, Klemp, & Ramaswamy, 2018). Most cervical cancers are preventable with appropriate screening via Pap smears and HPV testing. The American College of Obstetricians and Gynecologists (ACOG; 2018) recommends screening all females ages 21 to 29 every 3 years, and those ages 30 to 65 every 3 to 5 years. Imprisoned women do not have the privileges for such services. According to Brousseau, Ahn, & Matteson, 2019; Pickett, Allison, Twist, Klemp, & Ramaswamy, 2018 prisoners have poor access to health care, especially in special areas.

### **Conclusion**

Although the number of women behind bars has increased lately, most correctional centers in Nigeria still have more male than female inmates. This has made most policies and programmes for inmates to be even, overlooking the point that women require specific attention due to their nature. Prison is seen mostly as “men’s realm”, and even though women have more issues, as well as more difficulties in accessing needed attention during detention than male inmates. Female inmates find themselves in a prison system that is basically run by men, and for men; hence, their specific needs are overlooked.

### **Recommendations**

To institute better, safer, and more gender-sensitive conditions for female inmates, the following recommendations are made:

- ❖ Adequate amenities and utilities that meet the unique needs of female inmates should be provided in line with international human rights standards.
- ❖ The government should establish a separate facility for female inmates to ensure their safety and privacy. Gender-specific amenities promote self-esteem and safety of female inmates.
- ❖ More female prison staff should be employed and deployed to female correctional centers, because they stand a better chance of understanding women's conditions.
- ❖ Suitable psychotherapy should be made available for female inmates to assure them of their sense of dignity. This should be regularly provided for all females behind bars upon entrance, because this is the most vulnerable period during which most female inmates experience depression and trauma.
- ❖ Special attention should be given to the unique health needs of the women behind bars. For instance, sincere concerns should be given to cases of cervical cancers, breast cancers, and gynecological problems.
- ❖ Qualified health professionals should be deployed to female prisons to attend to the health needs of female inmates, while attempts must be made to divert all special cases to specialists like gynecologists and oncologists for appropriate treatment.
- ❖ A swift and quality criminal justice delivery system to guarantee the reduction in the long period of pre-trial detention should be ensured.
- ❖ Obligatory moves should be made to ensure that female inmates are adequately protected from physical and sexual abuse by prison officials, police, court officials, and even male inmates.
- ❖ Alternative penalties should be approved (where possible) for mothers with young babies who are sentenced.
- ❖ Female inmates on the point of entrance or in detention should be screened, and where pregnancy is confirmed, be given suitable prenatal care and, after delivery, post-natal care. Well-staffed nurseries with suitable facilities should be provided in female correctional centers for the proper care of the babies who are with their mothers.
- ❖ All decisions made by any authority concerning the mother or baby should be taken in the interest of the baby.
- ❖ Adequate monitoring to guarantee compliance with international human rights standards in the treatment of female convicts should be established.

## References

- Allsworth, J. E., et. al. (2007). The influence of stress on the menstrual cycle among newly incarcerated women. *Women's Health Issues*, 17, 202-209. <https://doi.org/10.1016/j.whi.2007.02.002>.
- American College of Obstetricians and Gynecologists. (2018). *Practice advisory: Cervical cancer screening* (update). <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Cervical-Cancer-Screening-Update>.
- Binswanger, I.A, Krueger P.M, & Steiner, J.F (2009).. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *J Epidemiol Community Health*, 63(11):912-9. doi: 10.1136/jech.2009.090662. Epub 2009 Jul 30. PMID: 19648129.
- Brousseau, E. C., Ahn, S., & Matteson, K. A. (2019). Cervical cancer screening access, outcomes, and prevalence of dysplasia in correctional facilities: a systematic review. *Journal of Women's Health*, 28, 1661-1669. doi:10.1089/jwh.. 2018.7440.
- Edgemon, T. G., & Clay-Warner, J. (2019). Inmate Mental Health and the Pains of Imprisonment. *Society and Mental Health*, 9(1), 33-50. <https://doi.org/10.1177/2156869318785424>
- Edgemon, T.G. (2022). Coping with the 'pains of imprisonment': The interaction of institutional conditions and individual experiences on inmate mental health. In Marta Elliot (Ed.), *Research Handbook on Society and Mental Health* (pp. 348-365). Elgar Publishing.
- Elise B. (2014). *Understanding Women in prison: A review of gender specific needs and risk assessments and their policy and research implications*. An undergraduate thesis, Department of Sociology, Portland State University.
- Glaze, L. E., & Maruschak, L. M. (2010). *Bureau of Justice Statistics special report: Parents in prison and their minor children*. U.S. Department of Justice.
- Javanbakht, M., Boudov, M., Anderson, L. J., Malek, M., Smith, L. V., Chien, M., & Guerry, S. (2014). Sexually transmitted infections among incarcerated women: Findings from a decade of screening in a Los Angeles county jail, 2002-2012. *American Journal of Public Health*, 104(11), e103-9. doi:10.2105/AJPH.2014.302186.
- John S. & Gordon M. (2005). *Oxford Dictionary of Sociology*. Oxford University Press.
- Kravitz, R. (2019). *Correctional facilities and the menstrual equity movement*. <http://www.corrections.com/news/article/49956-correctional-facilities-and-the-menstrual-equity-movement>.
- Liebling, A. (2006). The role of the prison environment in prison suicide and prisoner distress. In G Dear (Ed.), *Preventing Suicide and other self-harm in prison* (pp. 16-28). Palgrave Macmillan.

- Nigerian Prisons Service (2009). *About the Nigerian prison services*.<http://www.prisons.gov.ng/about.php>.
- Omorogiuwa T. B. E. and Egoh P. R. (2021). Assessment of rehabilitation programmes on female inmates in Oyo.. *African Journal of Social Work*, 11(5), 264-272.
- Omorogiuwa, T. B. E. (2014). Assessment of factors affecting the effective rehabilitation of prison inmates: A study of Benin Prison, Benin City. *Benue State University Journal of Education*, 14, 126-132.
- Pickett, M. L., Allison, M., Twist, K., Klemp, J. R., & Ramaswamy, M. (2018). Breast cancer risk among women in jail. *Biores Open Access*, 7(1), 139-144. doi:10.1089/biores.2018.0018.
- Reviere, R., & Young, V. D. (2004). Aging behind bars: Health care for older female inmates. *Journal of Women and Aging*, 16, 55-69. Doi: 10.1300/J074v16n01\_05.
- Runciman, W. G. (1966). *Relative deprivation and social justice: A study of attitudes to social inequality in twentieth-century England*. University of California Press.
- Sarkin J. (2008). Prisons in Africa: An evaluation from a human rights perspective. *International Journal on Human Rights*, 5(9), 29-31.
- Slotboom, A.M., Kruttschnitt C., Bijleveld C. (2011). Psychological well-being of incarcerated women in the Netherlands: importation or deprivation? *Punishment & Society*, 13(2), 176-97. *Society and Mental Health*, 9, 33-50.
- United Nations Human Rights (2014). *Women and detention*. Office of the High Commissioner for Human Rights..
- Walker, I., & Smith, H. J. (Eds.). (2002). *Relative deprivation: Specification, development, and integration*. Cambridge University Press.
- Willers, D. M., Piepert, J. F., Allsworth, J. E., Stein, M. D., Rose, J. S., & Clarke, J. G. (2008). Prevalence and predictors of sexually transmitted infection among newly incarcerated females. *Sexually Transmitted Diseases*, 35, 68-72.