

THE POIGNANT STORY OF VULNERABLE WOMEN: NARRATIVE OF BECOMING A MOTHER IN PRISON

Syakirah Hamizi
Faculty of Medicine
Sungai Buloh Campus, Universiti Teknologi MARA (UiTM)
Email: syakirahhamizi20@gmail.com

Nur Fazliney Shuhada Shuhaimi
Faculty of Medicine
Sungai Buloh Campus, Universiti Teknologi MARA (UiTM)
Email: fazlineyshuhada96@gmail.com

Salmi Razali
Department of Psychiatry and Maternofetal and Embryology Research Group,
Faculty of Medicine,
Sungai Buloh Campus, Universiti Teknologi MARA (UiTM)
Email: drsalmi@gmail.com

ABSTRACT

Background: Nowadays, pregnant women are more empowered to decide what kind of treatment and care are the best for them and their newborns during the perinatal period, but not for pregnant women who are incarcerated. Their stories most often untold; their basic needs often neglected. Objective: Aims of this study was to explore how the mothers in prison described their perinatal experiences while being incarcerated. Methods: We interviewed in-depth face-to-face with three women who became mothers while in custody and described their accounts of being pregnant, giving birth and care for the babies postnatally. Results: In this poignant narrative, mothers in prison shared their lived experiences of being traumatized with the arrest, going through proceedings and imprisonment during pregnancy. They felt humiliated when being treated as a prisoner during the hospital visits and giving birth. Despite the psychological trauma, they were thankful that the antenatal and postnatal care for the newborns was satisfactory. They also felt grateful with the infant-mother care program provided by the prison authority. Conclusion: Becoming a mother in prison is a unique experience that requires proactive methods to facilitate a continued mother-child relationship and provide measures to deal with trauma before, during and after the incarceration.

Keywords: motherhood, mothering, mothers, prison, Malaysia

INTRODUCTION

Having a baby is a transition in life for (if not all) most women. The process of becoming a mother demands great effort from parents (especially women) to adjust with the overwhelming physiological, psychological and social changes. The changes of having a baby, be it for the first or the subsequent birth experience begins even before the conception and continue till the end of their life. The course is not smooth and forthright; the mother's state of mind are intricate, involving earlier experiences, ideas (at both conscious and unconscious levels) about her baby, herself as a mother, the baby's father, and the future. Whatever it takes, most parents wish for the best for both the mother and the baby. Hence, nowadays, pregnant women often decide for the best treatment and care for them and their newborns during the perinatal period. The journey of becoming mother is challenging for ordinary couples, more so for women who are incarcerated. Their misery of becoming a mother in prison most often untold. The basic physical and psychological needs of those in prison have been often neglected (Human Rights Commission of Malaysia, 2018).

According to a study, mothers in prison are vulnerable for many physical and mental health problems (Rose & LeBel, 2017). Pregnant women in prison are clearly a high-risk-obstetric group; more than 30% of them received inadequate prenatal care and a significant proportion has underlying high risk behaviour that may jeopardise their pregnancy such as cigarette smoking, excessive alcohol use and illegal drugs use (Knight & Plugge, 2005). They have higher risk for morbidity and mortality compared to general population (Hotelling, 2008). From psychological perspective, mothers in prison are vulnerable for psychological problems such as having significant distress, anxiety, depression and other major psychiatric disorders (Houck & Loper, 2002). Certainly, the psychological problems occur as a results of many underlying stressors and partly because of the effect of challenging motherhood experience in prison in particular separation form their family and children (Houck & Loper, 2002; Kane & DiBartolo, 2002).

Imprisonment of mothers also gives impact to children. Young children of incarcerated mothers develop insecure attachment presented with sadness, worry, confusion, anger, loneliness, sleep problems and developmental regressions (Poehlmann, 2005).

For older children of mothers in prison, they also experienced mental health problems as well as academic difficulties and at risk for delinquency and risky behaviours (Dallaire, 2007; Hissel, Bijleveld, & Kruttschnitt, 2011).

Mothers in prison are marginalized and vulnerable group of people whom their health, psychological condition and motherhood experience are most often neglected. While there are several studies on motherhood among women in prison elsewhere, there is no study yet has been carried out in this country. There are numerous gaps in researching motherhood of mothers in prison perhaps because of stigma or rather ignorance to explore this predicament among people once have done a wrongdoing. Researching motherhood among mothers in prison is essential because harmful motherhood experience could give negative impact to the mothers and children. Definitely, the innocent children have right to be brought up in healthy environment by healthy mothers.

It is vital to ensure good mothering and motherhood process while becoming a mother in prison because it helps to maintain the mother-child relationship, reduces stress among mothers in prison and increases family acceptance upon free from the incarceration (McCarty & Brunton-Smith, 2017). The continuous relationship between the women and family promotes positive resettlement process and opportunity for employment upon re-entry (Berry & Eigenberg, 2003; McCarty & Brunton-Smith, 2017). Moreover, preserving mother-child relationship in prison could indirectly increase the commitment of the mothers to behave well during the imprisonment and reduce the risk for future recidivism (McCarty & Brunton-Smith, 2017). Hence, this study aimed to explore and understand of how the mothers in prison described their experiences of becoming a mother while being incarcerated. The findings would be able to inform respective authorities (especially prison authorities, partner and family) of the best way to assist mothers in prison to go through the process of becoming a mother despite living in the restricted environment.

MATERIALS AND METHODS

This study is part of a qualitative research that investigating motherhood and mothering experiences of mothers in prison (Syakirah, Nur Fazliney & Salmi, 2018). Based on earlier study, understanding the lived experience can be learned from the expert of the phenomenon being explored – research participants themselves, thus talking to the mothers directly is necessary to understand their predicament. For the main study, we carried out in-depth interview face-to-face with ten mothers and of the total, stories of three mothers who shared about their accounts of becoming mothers in prison are presented in this study. The study was carried out in the Female Division, Kajang Prison, Malaysia in July 2018. The women were chosen purposely by the prison staff. After informed consent were given, in order to put women at ease, at the beginning, each mother was asked to talk about her routine activities in the prison. Then, demographic data were documented. The session continued with gentle prompts encouraged them to describe regarding their perinatal experiences such as “*Could you please share with us your stories and lived experiences about becoming a mother after coming here?*” and “*What is your opinion about your roles as a mother after coming here?*”. Most of the time open-ended questions were used. The participants were encouraged to give elaboration if their accounts were brief and not well understood by the researchers. For example, “*Just now you were saying that...could you please elaborate more?*”. Because the researchers were not allowed to bring and to use any audiotape, while interviewing the participant, detailed notes and verbatim accounts were taken by other researchers who were not interviewing and then written notes were verified with each woman immediately after the interview.

Analysis began by making sure all identifying details were disguised in or deleted from transcripts and pseudonyms were used. In our endeavour to understand the ways in which women made sense of their experience, we applied interpretative phenomenological analysis (Smith et al. 2004) to the notes and transcripts; further interpretation was guided by narrative theory (Razali, Fisher, & Kirkman, 2018). All authors discussed every aspect of the analysis and resolved any differences. The research was approved by the Prison Department, Malaysia (PRIDE.BDK.Rd.500.8/9/1 Jld.11 (23) and the Medical and Research Ethics Committee of Universiti Teknologi MARA, Malaysia 600-IRMI (5/1/6) REC/237/18, All participants gave informed consent.

RESULTS

Background of the mothers

- **Madam A**
Madam A was a 32- year-old woman who was convicted for 2 years and had been in prison for 10 months. She worked as an accountant before her incarceration. She was married and had seven children; 3 boys and 4 girls aged from 3 months to 12 years old. Her youngest child was born when she was in custody. The baby who was born in prison and at the time of interview living with Madam A in prison while the other six children lived with Madam A’s mother-in-law.
- **Madam B**
Madam B was a 34- year-old woman who was convicted for 1 year and 10 months and had been in prison for 1 year and 5 months. She was an accountant before being imprisoned. She was married with 2 children; a boy and a girl aged from 10 months to 8 years old. Her second child was born in prison and at the time of interview were staying with her in prison while the other child was taken care by her spouse.
- **Madam C**
Madam C was a 32- year-old woman who was convicted for 2 years and at the time of interview had been in prison for 1 year and 6 months. She worked as a receptionist at karaoke before her incarceration. She was divorced with 2 children. Both were

boys aged between 9 months and 6 years old. The second child was born in prison and were living with her in prison. The first child was taken care by the family-in-law.

Themes

From the analysis, three themes emerged that described the challenges in becoming a mother in prison. Madam A, B and C managed to share their experiences in details of how they endure all the challenges going through pregnancy, labour and birth process as well as postpartum care in prison. All three mothers described experiencing several physical and psychological problems while going through all these phases of parity.

Theme 1: Emotionally challenging experiences during pregnancy

All the three mothers A, B and C described severe emotional turmoil such as feeling worried and depressed when they were arrested and had to go through the judicial process while they were pregnant. A few described of feeling ashamed of being accused of wrongdoing while others had also ventilated that they were actually charged, prosecuted and sentenced for mistakes they did not commit. The uncertainties, anger and guilt feeling were overwhelming. At the same time, they were thankful that the emotional disturbances they experienced did not jeopardize their pregnancies.

While in prison, the adjustments to the new environment were difficult at the beginning and later improved. In fact, all the three of them were grateful to the prison authorities for providing opportunities to all pregnant mothers in prison attending proper antenatal check-up at the nearest hospitals, as Mother A said, *"I think I receive proper care here compared during I was outside."*

Theme 2: Difficulties while giving birth

Mother A, B and C experienced giving birth while serving the sentences. All of them praised prison authorities for acting fast sending them for labour at the nearest hospital. However, they felt aggrieved that they had to go through the labour process with difficulties. For example, Mother A who gave birth to her baby boy 6 months before our visit said, *"It is painful to have the contraction and to push (while treated as a prisoner).....and to face it alone. (I felt as if) It is a very long period of time"*. Another woman, Mother C shared her feelings and said, *"I am quite ashamed to go to the hospital I think everyone looked at me with a judgemental face"*. On the other hand, Mother B expressed her gratitude because the prison authority had contacted her husband and allowed him to be with her for the caesarean section.

Theme 3: Postpartum care for both mothers and babies

According to the mothers we interviewed, all mothers who nurtured their newborns in prison were separated from other women and provided an exclusive cell. The newborns and babies were provided with baby cots and clothes. All the necessary items to care for newborns were prepared both by relatives and prison authority, but in limited quantity. Mothers were grateful that they were allowed to be with their newborns during the postnatal period. For example, Mother B who worked at prison's sheltered workshop as part of rehabilitative activities said,

"Here (in the prison), I can take care of my child 24 hours. My first child was taken care by the babysitter when I am working (at prison's sheltered workshop), even though he receives lack of attention from me, but in prison (after coming from work) I have nothing to do, I can give all my attention to my children."

(Mother B -Translated)

Mothers also said that the prison authorities provide easy health care services for their babies. For example, Mother B elaborated further, *"Once I made a complaint that my child was sick, they directly referred my child to see the doctor"*. Furthermore, they also described that by having all mothers and their babies in one cell, they could help each other by taking care of others' babies too. However, they claimed the opportunity they had to nurture their own baby would only be limited to the first three years of a baby's life. After that, the baby would have to be given to their family outside the prison or to be cared for by the social welfare workers. All the three women never experience that predicament but heard stories from others that the separation was tremendously heartbreaking.

Mothers we interviewed feeling thankful of being able to take care of their babies by themselves in prison, they were not happy with the opportunity for practising the traditional way of *berpantang* or postpartum rituals. Despite the difficulties, they improvised the method such as those described by Mother A, *"I prepared my own 'tungku'. I will collect plastic bottles, put warm water into it and place it on my stomach"*. Further, they also complained that the mother did not receive enough nutrition for postnatal mothers as compared to diet served at home.

DISCUSSION

The purpose of this study was to contribute to our understanding towards motherhood experience among incarcerated women by interviewing the lived experiences of the mothers on raising their newborn behind bars and their opinion with mother's role during incarceration period. It was carried out by exploring the experiences of motherhood specifically, the findings would offer

a deeper clarification of how mothers perceive this challenging experiences. Further, we hope by giving voice to these mothers, the gap in understanding the struggles of mothers behind bars will become less distant.

Results of this study described the emotional disturbances such as being depressed and feeling worry when the mothers were arrested and had to go through the judicial process while they were pregnant. Although our finding showed that the emotional disturbances did not threaten their pregnancy, mothers' emotion may affect their quality of life. A study outside prison setting showed a substantial number of pregnant women have significant symptoms of depression and most of them do not receive treatment (Marcus, Flynn, Blow, & Barry, 2003). Moreover, antenatal depression is one of the most common mental health problems during pregnancy (Mohamad Yusuff, Tang, Binns, & Lee, 2016). Thus, intensive screening for depressive symptoms in obstetric setting especially in people who had stressful life event such as incarcerated pregnant women should be discussed further.

One of the important issue brought by the interview with the mothers in prison was difficulty while giving birth. A few researchers in criminology have described how difficult it is of being a prisoner while giving birth. Because of mother's position and movement are limited, it can endangered the life of both mother and the newborn (Clarke, 2013; Dishchyan, 2015; Hotelling, 2008; Vainik, 2008). As a prisoner, mother's movement while experiencing painful situation during contraction are limited, it may cause the mother less likely to give out forceful effort during pushing stage which may be harmful to both the children and mother. It has been suggested by many feminist criminologists and activists that women prisoners to be treated like other free women when giving birth because most of them are nonviolent offenders and up to date, there has been no escape attempts reported among those female inmates during labour (Clarke, 2013; Dishchyan, 2015; Hotelling, 2008; Vainik, 2008) Perhaps, the finding of our study that highlighted the voice of this vulnerable mothers could trigger further discussion among the relevant authorities.

Another finding showed that although incarceration may provide a beneficial change in living conditions for the mother and their newborn baby, however the mothers also have some difficulties in managing their postpartum period and during their abstinence period. The mothers did not receive an adequate nutritional supply as the meal they received are as the same as the other common prisoners. It is important that female inmates particularly pregnant women or those breastfeeding receive enough balance diet to ensure the health of both mother and the baby (Taylor, 2017).

The "right to health," regardless of a person's legal status is pivotal; it is a fundamental human right of every mother without discrimination even for mothers in prison. It is the rights of the mother as well as the children to have good mother-child relationship. Recognizing the importance of rights of this vulnerable group of people, the Human Rights Commission of Malaysia, has adopted the issue on "Right to Health in Prison" since 2013 (Human Rights Commission of Malaysia, 2018). It aims to address problems affecting the medical care of prison system, the staff and the inmates; including the pregnant women and mothers in prison. The effort in ensuring the rights of mothers in prison is in keeping with the United Nations Rules for the Treatment of Women Prisoners (Bangkok Rules) (UNODC, 2011). The rules safeguard the need of the mothers in providing adequate mothering to their children they raise while in prison. These include matters relate to child development and health care are; gender-sensitive programs such as parenting skills, self-help groups, managing domestic violence and child visitation programs.

In Malaysia, the Department of Prisons governs the prison according to the Prisons Act 1995 (Act 537), (Amendment 2008), Prison Regulations 2000 (Amendment 2003), Child Act 2001 and a few other rules and regulations (Refer Malaysian Prison Department; http://www.prison.gov.my/portal/page/portal/english/undang2_en.) One example of the regulations is Regulation 13 which describes the care for children of a female prisoner in prison. However, the act does not provide in details regarding the matters as in UNODC's provisions. From the interviews with the mothers we carried out, it seems that the Prison Department (Kajang Prison in particular) have provided adequate amenities and assistance to the mothers to nurture their children in prison. For example, as described by the mothers we interviewed, availability of onsite clinic, regular hospital visits and exclusive mother-infant cell help them to have routine pregnancy, birth and postpartum health care. Furthermore the Prison Department Malaysia, through its health, welfare, psychology, rehabilitation, educational, vocational and industrial unit is providing various programs to assist inmates going through their transformation process in prison (Refer <http://www.prison.gov.my/portal/page/portal/hijau/pemulihan> for details activities). Many of the mothers despite the known limitations, they felt grateful with the facilities and programs that allow them to function as mothers while in prison. .

CONCLUSION

Women becoming a mother in prison should receive appropriate care despite being incarcerated. From the findings of this study, mothers in prison were traumatized with the arrest, going through proceedings and imprisonment during pregnancy. Further, they felt humiliated when treated like a prisoner during the hospital visits and experienced various difficulties while giving birth. Despite the psychological trauma, they were thankful that the antenatal and postnatal care for the newborns was satisfactory. They also felt grateful with the infant-mother care program provided by the prison authority. This study has to be interpreted with care because all the participants were prisoners; known to be vulnerable to coercion directly or indirectly from authorities. Several limitations should be highlighted. The participants were selected conveniently and had gone through screening by the prison authority prior to the research interviews. In particular, the participants did not include those imprisoned for severe criminal actions that their motherhood experiences may be affected by the sentences and the prison setting. Furthermore, all mothers had at least a year stay in prison that may hinder them to recall in details initial experiences being incarcerated and that they may have adjusted well with the prison's environment.

ACKNOWLEDGEMENT

Part of this article have been discussed and submitted for publication in Malaysia Correctional Journal. We would like to acknowledge all the mothers participated in the study and the staff of the Prison Department, Malaysia. This study is sponsored partly by Bestari Perdana Grant Universiti Teknologi MARA, 600-IRMI/DANA 5/3/BESTARI (P) (007/2018)

REFERENCES

- Syakirah Hamizi, Nur Fazliney Shuhada Shuhaimi, & Salmi Razali (2018), Motherhood and Mothering: Accounts of Mothers in Kajang Prison, Malaysia; *Malaysia Correctional Journal*, In press
- Berry, P. E., & Eigenberg, H. M. (2003). Role strain and incarcerated mothers: Understanding the process of mothering. *Women & Criminal Justice*, 15(1), 101-119.
- Clarke, J. G. (2013). Shackling and separation: Motherhood in prison. *Virtual Mentor*, 15(9), 779.
- Dallaire, D. H. (2007). Children with incarcerated mothers: Developmental outcomes, special challenges and recommendations. *Journal of Applied Developmental Psychology*, 28(1), 15-24.
- Dishchyan, L. (2015). Shackled During Labor: The Cruel and Unusual Truth. *Whittier J. Child. & Fam. Advoc.*, 14, 140.
- Hissel, S., Bijleveld, C., & Kruttschnitt, C. (2011). The well-being of children of incarcerated mothers: An exploratory study for the Netherlands. *European Journal of Criminology*, 8(5), 346-360.
- Hotelling, B. A. (2008). Perinatal needs of pregnant, incarcerated women. *The Journal of Perinatal Education*, 17(2), 37.
- Houck, K. D., & Loper, A. B. (2002). The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry*, 72(4), 548-558.
- Human Rights Commission Malaysia. (2018). Right to Health in Prison. *Retrieved from <http://www.suhakam.org.my/right-to-health-in-prison/>*.
- Kane, M., & DiBartolo, M. (2002). Complex physical and mental health needs of rural incarcerated women. *Issues in Mental Health Nursing*, 23(3), 209-229.
- Knight, M., & Plugge, E. (2005). Risk factors for adverse perinatal outcomes in imprisoned pregnant women: a systematic review. *BMC Public Health*, 5(1), 111. doi:10.1186/1471-2458-5-111
- Marcus, S. M., Flynn, H. A., Blow, F. C., & Barry, K. L. (2003). Depressive symptoms among pregnant women screened in obstetrics settings. *Journal of Women's Health*, 12(4), 373-380.
- McCarty, D., & Brunton-Smith, I. (2017). Prisoner-family ties during imprisonment: Reassessing resettlement outcomes. *Prison Service Journal* (233), 23-27.
- Mohamad Yusuff, A. S., Tang, L., Binns, C. W., & Lee, A. H. (2016). Prevalence of antenatal depressive symptoms among women in Sabah, Malaysia. *The Journal of Maternal-Fetal & Neonatal Medicine*, 29(7), 1170-1174.
- Poehlmann, J. (2005). Representations of attachment relationships in children of incarcerated mothers. *Child development*, 76(3), 679-696.
- Razali, S., Fisher, J., & Kirkman, M. (2018). "Nobody came to help": interviews with women convicted of filicide in Malaysia. *Archives of women's mental health*, 1-8.
- Rose, S. J., & LeBel, T. P. (2017). Incarcerated mothers of minor children: physical health, substance use, and mental health needs. *Women & Criminal Justice*, 27(3), 170-190.
- Taylor, C. M. (2017). Helen's Diet Behind Bars: Nutrition for Pregnant and Breastfeeding Women in Prison. In *Custard, Culverts and Cake: Academics on Life in The Archers* (pp. 405-412): Emerald Publishing Limited.
- UNODC. (2011). United Nations Office on Drugs and Crimes; The Bangkok Rules, United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary. *Retrieved from https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf*.
- Vainik, J. (2008). The reproductive and parental rights of incarcerated mothers. *Family Court Review*, 46(4), 670-694.