Memories of the ‘inside’

Conditions in South African women’s prisons

Caroline Agboola*

agboolacaroline@gmail.com

http://dx.doi.org/10.17159/2413-3108/2016/v0n56a43

The inadequate conditions of South Africa’s correctional facilities are well known. Health care, sanitation, food provision, access to education and reading materials, and, in particular, overcrowding are considerable challenges faced by the Department of Correctional Services (DCS). Based on interviews with former prisoners, this article retrospectively examines the conditions under which female inmates are incarcerated in South Africa. Findings show that prison conditions in some female correctional facilities are poor and impact negatively on prisoners during, and sometimes after, their incarceration. (‘Prisons’ and ‘correctional facilities’ are used interchangeably in this article.)

Section 35(2) of the Constitution of the Republic of South Africa stipulates that all individuals, including female prison inmates, have the right to conditions of imprisonment that are in line with human dignity.¹ This includes access to exercise, adequate accommodation and diet, reading material and medical treatment. Similarly, Chapter III, Part A of the Correctional Services Act 1998 outlines proper conditions under which prisoners are to be incarcerated.² These documents stipulate that the human dignity of prisoners should be respected, and that they should be provided with adequate floor space, food and diet, sufficient clothing and bedding, exercise, health care, and reading material of their choice. However, as the testimonies of the former prisoners in this article illustrate, these rules and regulations are not always adhered to.

Conditions in South African prisons are described by Gordin and Cloete as ‘horrifying’.³ They note that conditions are unhygienic for many reasons, including an insufficient number of bathroom facilities, and inadequate supplies of toilet paper and soap.⁴ These conditions are made worse by a prison population that is growing faster than correctional infrastructure can cope with, in terms of both quantity and quality.⁵ Overcrowding places pressure on prison resources, and in turn generates tension and increases violence amongst inmates.

Between March 2007 and March 2015, female inmates represented between 2.2% and 2.3% of the total South African prison population.⁶ However, the population of female inmates in South African prisons is low compared to those of some other countries, which range between 2% and 9%.⁷ Perhaps not dissimilar to South Africa, research in Pakistan has shown that women who are imprisoned suffer poor health as a result of the structural challenges, such as poverty and undernutrition, that inform their pathways to crime.⁸ Even in Scotland, a

---

¹ Caroline Agboola holds a National Research Foundation Scarce Skills Postdoctoral Fellowship in the Department of Sociology, University of Johannesburg. She obtained her PhD in Sociology from the University of South Africa. Her research on women ex-prisoners was supported by the National Research Foundation (NRF) of South Africa, the University of Johannesburg and the University of South Africa.
comparatively wealthy country, there has been an inability to meet the international standards of imprisonment for women, resulting in healthcare being neglected. There is a relative scarcity of research on women's prisons in South Africa and other parts of the world. Like the inadequate resources allocated to female prisons, the lack of research on women's prisons can be attributed to the fact that female prisoners constitute a small percentage of the global prison population. This article therefore attempts to contribute to the under-researched area of female imprisonment.

Methods

This study forms part of a wider project that examines the experiences of women prior to, during and after incarceration in South Africa. This article draws on in-depth interviews with 10 female ex-prisoners who completed their prison sentences in correctional facilities in Pretoria, South Africa. The use of in-depth interviews is advantageous because it assigns participants a central role in the interview, fosters interpersonal interaction and allows participants to speak freely.

Ethical clearance was obtained from the Ethics Committee of the Department of Sociology, University of South Africa (UNISA) before the data gathering began. Interviews were conducted in a social worker’s office at the Department of Correctional Services (DCS), a shopping mall, two university campuses, the dormitory of a nursing school, and on the grounds of the Union Buildings, thus protecting participants from intentional harm. Participation was voluntary, and informed consent was obtained from all the participants. Pseudonyms were used to ensure anonymity.

Access to participants was facilitated by the DCS, which provided the names of female prisoners released from prisons in Pretoria between 2009 and 2014, and of female prisoners who were about to complete their parole in 2014. The participants in the second category, women on parole, were not imprisoned at the time but they reported to the DCS periodically throughout the duration of their parole.

All the women were first contacted telephonically and the study was introduced to them. Appointments were set up with those who were willing to be interviewed. Getting women ex-prisoners to participate in the study was challenging. Out of a total of 75 women ex-prisoners contacted for the broader study (of which this article is a product), only five agreed to take part. Their unwillingness may be informed by the stigma that is associated with imprisonment. Another 15 participants, from the broader study, were obtained through ‘snow balling’ and by making contact with the parolees when they reported to the DCS.

The interviews took between 30 minutes and five hours. The aim was to solicit detailed knowledge of and perceptions on participants’ experiences before, during and after incarceration. The interviews were transcribed, and, following Babbie, the transcribed interviews were analysed using open coding, axial coding and selective coding. In the open coding stage, labels were attached to data, in the axial coding stage, the main themes generated through open coding were connected and subsequently developed in the selective coding stage. Interview notes were also included in the data analysis. Although the interviews covered a range of topics, only those aspects that relate to the conditions of imprisonment are shared in this article. In the next section I discuss the study’s findings, which relate to conditions of imprisonment.

Findings

In discussing the conditions of their imprisonment, the participants focused on four broad themes. These were physical, educational, occupational and social conditions. Physical conditions included overcrowding, healthcare and food, hygiene and sanitation; educational conditions included access to education and reading materials; occupational conditions included prison work and skills acquisition; and social conditions included exercise and recreational facilities, and contact with the outside world.

Physical conditions

Overcrowding

Although the overcrowding in female prisons in South Africa is not as severe as it is in male prisons, all South African prisons are filled beyond their capacity, with some prisons recorded as housing two to three times their capacity between April 2013 and March 2014.
Overcrowding generates and exacerbates tension and violence in prisons through competition for resources, including toilets, showers, basins, beds and bedding. These tensions were illustrated by respondents:

They actually fight in the showers. When the first warden walks past and say ‘You can go bath’, you have to go bath at that time so as to avoid the rush to the bathrooms later, which may result in fights. (Bonolo)

Others spoke of how overcrowding negatively impacted their privacy and dignity:

[W]e have got this open shower where we bath. We, the ladies [inmates], made curtains to give us some privacy. Everybody that passes by the shower pulls aside the curtain and peeks into the shower where you are having your bath. That's not nice. They have got no respect for you. (Amanda)

I don't like people around me, it's very irritating. We sleep four to six people in one room and the room is like a cubicle, it's small. You haven't got any privacy … That's the most difficult thing, the lack of privacy. (Emelyn)

According to the participants, due to overcrowding two inmates sometimes had to share a single bed. Furthermore, the bedding provided was insufficient and often in a poor state. One participant noted that the cells were so overcrowded that she was made to sleep in the corridor:

They got me a bed and they put it in the corridor because there is no space. (Amanda)

The DCS acknowledges that overcrowding poses a challenge in South African correctional facilities, and has suggested the following measures to combat the problem:

The strategy to down manage overcrowding involved the reduction of the length of detention of remand detainees, the improved management of conversion of custodial sentences to community correctional supervision, the introduction of electronic monitoring, the effective functioning of the parole system, the piloting of halfway houses for parolees without monitorable addresses, the creation of additional bed space through centre upgrades and through the building of new facilities … The department intends to down manage the level of overcrowding to the extent that by … [the end of] 2017 the inmate population should be 151 208 with available bed space to the amount of 122 167.21

Due to the increasing female prison population, which may continue to grow in future, it is likely that inmates will continue to outnumber beds.22 Prison overcrowding is not a South African problem only. It remains a challenge in prisons worldwide, with many countries experiencing an increase in prison populations.23 As I explore below, overcrowding is the root cause of many other problems that female inmates in South Africa face. One of these is unhygienic conditions and inadequate healthcare.

Healthcare

Many prisoners in several countries suffer poor health, which sometimes precedes their incarceration.24 The state of healthcare in South African correctional facilities is reflected in the 2013/2014 annual report of the Judicial Inspectorate for Correctional Services (JICS) in response to the requests and complaints made by inmates regarding the alleged failure of correctional facilities to provide medical treatment. This was the second most common category of request and complaint recorded by the JICS in 2013/2014.25

This study found that the healthcare provision in certain South African correctional facilities was poor and inadequate. Participants reported that some institutions did not have doctors to attend to the medical needs of female prisoners. A number of pregnant female inmates did not receive medical care at any point in their incarceration, and some pregnancies allegedly went unnoticed by the authorities.26 While nurses were available to attend to inmates, participants claimed that there were too few of them to meet their healthcare needs.

In addition, respondents reported that wardens and nurses did not give proper attention to reports of ill-health from female inmates. As a result, inmates resorted to treating their illnesses themselves, using home-made remedies. Amanda explained the steps she took to alleviate the symptoms of a cold
after what she deemed inadequate attention and medication given to her by the prison nurse:

For colds, we usually make a mixture of … hot water, a spoon of maple syrup, a spoon of lemon juice, and two tablets of crushed … You learn survival skills in there [chuckles].

Self-medication was also common:

I never got any medicine from the Kas [clinic] while I was there [in prison]. I had an abscess in my mouth … I had to buy antibiotics from another woman [fellow inmate] who was taking antibiotics for her tooth that was removed by the dentist, because I would not have been attended to at the clinic because I smoke. (Emelyn)

Furthermore, the stigma felt as a result of being in chains during hospital visits dissuaded some inmates from reporting cases of ill health to the prison authorities:

Sometimes, the sick people are given the option of being taken to a hospital, outside the prison premises, but most of them decline because they are embarrassed by and dislike the shackles that are attached to their ankles whenever they are taken outside the prison. (Melitta)

The health of the female inmates, which is often compromised before incarceration, was reportedly made worse by the food available to them. Some inmates who had specific ailments and required specialised diets reported difficulties accessing these in the correctional facilities.

Food

The poor health of the female prisoners may in part be a reflection of the food that is provided at correctional facilities. It has been argued that prison food should be as nutritious as budget allocations will allow, because good food reduces prisoner discontent and ensures prisoners’ good health, which can lead to long-term cost savings for prison authorities.21 Most participants in this study reported being fed poor quality food during their incarceration. They claimed that the food was ‘terrible’ and in some cases not properly cooked. The food in some prisons was said to be rotten. As a result, some participants reported being close to starvation at times.

Participants also reported that prison food was monotonous and did not constitute a balanced diet. They reported that their diet consisted mainly of carbohydrates in the form of bread and pap (a porridge made from ground maize), which was sometimes served with cabbage and boiled eggs. Participants’ narratives suggest that some inmates could request special diets for health (diabetic and HIV-positive inmates) and religious (Halaal foods for Muslims) reasons, and that this food was generally of a better quality. Still, one participant who suffered from fibromyalgia reported that the food that she was given during her incarceration was not tailored to her health requirements, and this worsened her condition. The monotony of prison food made some participants develop a dislike for particular types of food; so much so that they did not eat these foods once released from prison.

Hygiene and sanitation

Along with the poor quality of food provided in correctional facilities, participants also complained of unhygienic and unsanitary conditions, which they believed may have contributed to ill health. The lack of cleanliness in prison was a source of major concern for participants, a worry heightened by the fact that they felt helpless when it came to improving the hygiene of their cells and/or prisons:

No tissues, no cleaning stuffs, they came after a long time. And you can get germs from the toilets. You can get sick. How are you going to clean the toilets? Imagine 50 or 60 people in one toilet. (Patricia)

Participants reported that the unhygienic conditions were worsened by the inadequate provision of water and cleaning materials, the insufficient number of toilets and bathrooms, and the location of toilets and bathrooms inside some cells:

[W]hile you are bathing, with soap all over your body, the water goes off. And now you have to wipe off soap from your body because you are all soapy, and then rinse yourself again tomorrow. It was sad. They give you this long bar of green soap, it’s for the whole block for the whole month. It’s ultimate survival in there, you have to be clever, intelligent to survive in there. (Bonolo)
The first time that I get to prison … there is only one toilet and bath for 50 to 60 inmates here. The toilet is at the back [behind] of the beds. There are no doors between the toilets and the cell rooms, the toilets are right inside the cells … (Emelyn)

The toilet and bathrooms are just beside where you eat and sleep. It’s not alright. It’s not hygienic. (Jessica)

The insufficient supply of toiletries reported by Patricia and Bonolo has been noted by the JICS as being widespread in facilities across South Africa.22 Respondents noted that conditions were made worse by the presence of pests such as rodents and cockroaches. The failure to address hygiene and sanitation problems may contribute to the spread of diseases in and outside prisons, in particular tuberculosis, which is rampant in South African prisons.23

Educational conditions

This section focuses on the access that the participants had to formal education and reading materials during their incarceration. The participants reported that they had varied access to formal educational opportunities and reading materials during their imprisonment.

Education

Some participants discussed their access to formal education while they were in prison:

I was studying. I was getting my N6 in business management. I was getting my diploma in theology. I did others courses in prison, like HIV/AIDS and drugs-related courses. I got my diploma in prison. (Grace)

However, the opportunity to study in prison was not without challenges. Some participants claimed that even though they wanted to enrol for formal education while in prison, they were prohibited from so doing by the prison staff. Others claimed that the short lengths of their prison sentences prevented them from enrolling, as only inmates with lengthy sentences were allowed to enrol in the prison school. Other participants felt that favouritism played a part, and that even though they indicated their desire to enrol for formal education during their incarceration, they were not granted this opportunity because they were not one of the prison warden’s favourites.

Access to reading materials

Only a few participants had access to reading materials during their incarceration, and these materials were not always sufficient or adequate. For instance, one participant claimed that there were very few books in her prison library and that she read them all before the end of her prison sentence. Other participants claimed that books in their prison libraries were outdated. However, visitors were allowed to bring inmates reading materials:

The library was closed because they said they do not have enough people to work there. Then my daughters started bringing me books on their visits. (Emily)

Some of the female correctional facilities lacked libraries, while others had their libraries shut down during the periods that the participants were incarcerated. Participants opined that idleness was exacerbated by non-existent or insufficient reading materials, although idleness was also reported as a reason why some inmates took to reading. Some of the inmates in correctional facilities where these services were available chose to alleviate idleness by learning skills or engaging in prison work, as discussed in the next section.

Occupational conditions

The work that the female inmates engaged in and the skills that they were taught are examined in this section.

Prison work and skills acquisition

The importance of work while in prison has been well established.24 Prison work provides inmates with emotional stability, and ensures order in these institutions.25 Prison work for female inmates in the present study consisted mainly of jobs that kept the correctional facilities running; for instance, cooking in the kitchens, working in the laundry or wash bay, cleaning the offices within the prison facility, and working in the crèche and tailoring workshop. Although the majority of prison work done by female
prisoners was unpaid, one participant said she received a little remuneration in return for work. It appears that the female prisoners who worked in the workshop of this particular prison received stipends in return for the work they did. This participant also discussed working for fellow female inmates in exchange for food and/or material things:

The ladies work for other ladies [prisoners work for fellow prisoners] and get paid with chocolates and phone cards. The ladies wash clothes for other ladies for something [in exchange for the above-mentioned items]. (Vanessa)

Even if they were not being paid, some female inmates did voluntary work in prison as it helped them pass time while they were serving their sentences. However, the majority of female prisoners remained idle throughout their incarceration.

Some participants reported that vocational training was offered to them while they were in prison, for instance tailoring, needlework and beaded jewellery making, but that most female prisoners opted not to participate in these training sessions. Other participants did not have any vocational training opportunities in their correctional facilities. The main reason women chose not to participate in vocational skills training was because the correctional facilities did not make this compulsory, and because the women did not think that it was important to learn these skills.

Social conditions

Exercise, recreation and contact with the outside world, in the form of telephone calls, electronic communication and visits from family and friends, constitute the social conditions that will be discussed in this section.

Exercise and recreation

Section 35 (2)(e) of the South African Constitution provides that ‘everyone who is detained, including every sentenced prisoner has the right to conditions of detention that are consistent with human dignity; including at least exercise …’. Similarly, the 2014/2015 Annual Report of the JICS states that ‘[e]very inmate must be given the opportunity to exercise sufficiently in order to remain healthy and is entitled to at least one hour of exercise daily. If the weather permits, this exercise must take place in the open air.’ Some participants claimed that the rights of prisoners to exercise were not always upheld. A few participants noted that they were given time to exercise in prison, while others reported that they were not. The confinement of prisoners has a negative impact on their opportunities for exercise. The majority of participants recounted the lack of opportunities for recreation in prison, resulting in idleness among the inmates, which sometimes led to fights:

There were a lot of [physical] fights between the inmates, some of which were caused by deciding which television channel to watch. Most fights break out without anyone, except the parties that are involved in the fights, knowing the causes of the fights. (Melitta)

Most of the recreational activities that female inmates engaged in were organised by the inmates themselves and took place inside their prison cells in the form of card and board games, with very few activities being performed outside of their cells. However, some of these activities had to be stopped by correctional officers because they were encouraging vices such as gambling. On public holidays, the prison authorities organised activities for the inmates and the inmates’ families were allowed to partake in some of these activities under the supervision of the wardens.

These activities formed part of the contact that the female inmates had with people from outside their correctional facilities; this is discussed in more detail in the next section.
female prisoners is prohibited and inmates reported that those who were caught in breach of this rule were often punished with solitary confinement. Inmates claimed that they were allowed to use public telephones located inside the prisons, but that calls to family and friends were often restricted by the prison authorities. There were specific days and times within which calls could be made, and the time allocated to calls was brief, approximately five minutes per inmate. This was because of the large number of inmates who wanted to use the telephones.

Although solitary confinement was outlawed in South African correctional facilities in 2008, participants reported that some female inmates were subjected to solitary confinement, often under the guise of segregation. Solitary confinement is defined as ‘being held in a single cell with the loss of all amenities’, while segregation involves ‘segregation of an inmate for a period of time, which may be for part of or the whole day and which may include detention in a single cell …’ According to the participants, the conditions for segregation were often not adhered to by the authorities so that at times their punishment essentially amounted to solitary confinement.

Participants reported that electronic communication was virtually non-existent and that there were no computers in their institutions. As a result, they did not send or receive electronic messages. However, one participant claimed that prisoners in good standing with the wardens had access to computers. According to this participant, these particular inmates performed chores for some wardens in their homes and used the wardens’ computers, with the wardens’ knowledge, to access social media, particularly Facebook.

In addition to the electronic communication that some participants had with the outside world, some received regular visits during their imprisonment, while others did not. On average, participants reported that they were allowed one visit per week. In her interview, Amanda noted:

We [she and her sister] were the people with the most visits in prison … It’s sad for the other people because there are some people that never had visitors while we were there … because their families live far away from the prison.

Conversely, when Elizabeth was asked how often she saw her family and friends during her imprisonment, she responded:

Not very often because I was in Durban [Westville prison]. It was not so easy. I see them [her family] when I go up and down to the courts [before she was sentenced], but after that one or two times.

Other inmates said that they received no visitors during their incarceration because their families lived far away from the correctional facilities and could not afford the transportation costs to visit. Some of the participants who received regular visitors shared the items their visitors brought with the inmates who did not receive visitors.

Conclusion

This study documented former inmates’ reports of poor conditions in female correctional facilities in South Africa. Some of the prison conditions reported are not peculiar to South Africa, as studies have shown that some countries experience the same, or worse.

Although the DCS is taking steps to improve the conditions under which female inmates are incarcerated, more needs to be done in this regard. The provision of adequate conditions of incarceration for female inmates can improve their health and reduce the tensions and fights that occur between inmates. By prioritising exercise for female inmates, many of the fights that break out in female prisons could be curtailed, as some of the aggression and idleness that leads to these fights can be channelled positively into exercise. The DCS also needs to place more emphasis on recreation for female prisoners. The participants’ narratives indicate that regular recreational activities, particularly those that are organised by prison authorities, are non-existent, or few and far between. The introduction of, or increase in, recreational activities may help reduce the idleness that currently pervades such institutions, and the resulting levels of aggression between inmates.

Prison staff should be trained and monitored to ensure they adhere to the DCS’s regulations and standards regarding the treatment of female inmates. Prison staff can increase the participation of female prisoners in vocational skills training by helping them to recognise the relationship between the acquisition of skills and
rehabilitation. This can be done by highlighting the link between skills and financial freedom, especially after release from prison. If skills that translate into employment upon release are taught in female prisons the inmates may be encouraged to participate more actively, because unemployment is one of the challenges that ex-prisoners experience.34

Another way of motivating prisoners could be to sell the items made in skills training centres and to give inmates a percentage of the sales (even if they would not have access to the money while incarcerated).

The inadequacies reported by former female inmates interviewed for this study with regard to the physical, educational, occupational and social conditions of incarceration in some South African female correctional facilities suggest that this situation needs to be improved as a matter of urgency.


Notes

4 Ibid.
5 Ibid.
8 A Khalid and N Khan, Pathways of women prisoners to jail in Pakistan, Health Promotion Perspectives, 3:1, 2013, 31–35.
13 Judicial Inspectorate for Correctional Services, Annual report 2013/2014, Treatment of inmates and conditions in correctional centres.
14 Gordin and Cloete, Imprisoned before being found guilty, 4.
18 Van der Bergh et al., Imprisonment and women’s health.
29 Ibid, 111.
31 Ibid.