

# Children of imprisoned mothers

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## Abstract

**Objectives** To describe the problems faced by children during separation from their imprisoned mothers, and evaluate the health of children who accompanied their mothers into prison.

**Design** A prospective observational study

**Setting** Welikada Prison, Colombo, Sri Lanka.

**Methods** 200 randomly selected mothers who had left their children at home were interviewed using a questionnaire. During a period of 8 months 30 children living with their mothers in prison underwent physical and developmental examination and tuberculin testing. The living conditions within the prison were evaluated.

**Results** During 18 months from January 1999, 4089 women were imprisoned. 88% were remanded, 20% awaited trial for more than one year in prison. 2416 were mothers. 1411 had at least one child under 12 years of age. The 200 mothers interviewed had 262 children under 12 years at home. Their care arrangements were: a relative (69%), father (16%), older sibling (4%), religious organisation (2.7%), neighbour (1.3%). None had received social services support. 70 children accompanied mothers into prison. In the 30 children followed up regularly 23% had scabies, 10% pediculosis, and 7% impetigo. No severe malnutrition was found and screening for tuberculosis was negative. 70% were breastfed. The child-friendly dormitory was inadequate to accommodate all children.

**Conclusion** Care arrangements and schooling were affected and no counselling services were provided during the imprisoned mothers' absence. The children within the prison enjoyed close bonds with the mothers and their physical needs were met. The child's best interest had not always been considered by court when deciding on custody during the mothers' imprisonment.

When courts of law, welfare institutes, legislative bodies or administrative authorities deal with children, the child's best interests shall be the primary consideration. *Convention on Rights of the Child - Article 3 (1)*.

Imprisonment of parents causes many hardships to children. Disruption of the home environment and child-care arrangements, and social stigmatisation are worse when the imprisoned parent is the mother. Eleven prisons in Sri Lanka accept women. Infants and children under 5 years of age of remanded or convicted mothers are admitted

into prison on a court order. Welikada, the largest prison in Sri Lanka, imprisoned 4089 women during January 1999 to June 2000. 70 children accompanied their mothers into the prison during this period.

The psychological effects of separation during childhood are well documented (2,3). Less so are the adverse effects of growing up in a prison environment (4). Several studies have shown that the risk of delinquency in children of imprisoned parents is exaggerated by the prolonged absence of the parent from home (5). We here describe problems faced by children in Sri Lanka during the imprisonment of mothers.

## Methods

We visited the prison regularly from January to August 2000. Data on family structure, offences committed and length of stay of women were gathered from prison records (6). 200 mothers who had left their children at home were randomly selected and interviewed regarding child care arrangements using a semi-structured questionnaire. All children living in prison with their mothers underwent physical and developmental examination, and a tuberculin survey. The nutrition, sanitation, health care and play facilities within the prison and opportunities for bonding were evaluated.

## Results

4089 women were imprisoned in Welikada prison during the study period of 18 months. Only 491% (12%) were convicted. 3613 (88%) were remanded, and the length of stay until trial was over 12 months in 20% of remanded women. The offences committed were mostly non-violent (Table 1)

Table 1. Types of offences of imprisoned women (n=200)

Type of offence	% of prisoners
Drug related	26
Sex related	23
Thefts and burglaries	16
Terrorist activities	9
Murder	5
Fraud, forgery and non-payment of fines	5
Others	16

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65% were first time offenders. 2416 imprisoned women were mothers. 1411 had at least one child under the age of 12 years. The 200 mothers interviewed had left behind 262 children under 12 years of age. On the basis of our findings and the available prison statistics we estimate that during a period of 18 months more than 3000 children under 12 years had their mothers imprisoned.

Of the 262 children left behind by the mothers interviewed, 108 (42%) had experienced a change of residence. Separation from siblings had occurred in 34 (13%). Forty eight (19%) had stopped schooling and 14 (6%) had changed schools. Education was considered to have been adversely affected in 59 (23%). Care arrangements of children left behind were as follows: a relative (69%), father (16%), older sibling (4%), a religious organisation (2.7%), neighbour (1.3%). Six (3%) mothers were not aware of the care arrangements of their children. The reason for the mother's absence had been fabricated as "in hospital", "gone abroad" or "gone away", in many instances leaving the child with a sense of abandonment. None of the children visited the mothers frequently. Between January and August 2000, we found 30 children under the age of 5 years living within the prison with their mothers. 8 children had both parents imprisoned. 8 children were born to mothers while in custody. The births took place in a tertiary level maternity hospital. We met mothers who were imprisoned while their soldier husbands were in combat in the north and east provinces.

The children were housed in a special dormitory with their mothers. The environment in this dormitory was cheerful and child-friendly, but other women prisoners had access, thereby exposing the children to bad language. The children were happy, active and interacting well. Although no in depth assessment of parenting was made our observation was that the mothers parented well. Children of those serving rigorous imprisonment accompanied their mothers to work. Living conditions of the children in prison are shown in Table 2.

The dormitory had facilities for only 12 mother and child pairs. When the number exceeded the available vacancies, children accompanied their mothers into overcrowded prison cells and we found neonates sleeping on the floor of a room shared by about 200 women (7).

70% of the children were breastfed. No separate menu was available to the children, who shared the meals served to the mothers at specified times. Table 3 shows the general health and nutritional status of the children. Examination showed no vitamin deficiencies or severe protein calorie malnutrition. None of the Mantoux reactions were significantly positive. Anthelmintics were prescribed at regular intervals. Immunisation was up-to-date and health records were maintained by medical officers of the prison hospital. The growth of the children was satisfactory.

There was adequate play material and play space. A preschool sponsored by a non-governmental organisation was held on weekdays. Exposure to the world outside the prison walls took place during two organised excursions in the 8 months of study.

**Table 2. Conditions faced by children inside prison (n=30)**

Living conditions	
floor area/person	36.8 square feet (recommended 54)
volume/person	368 square feet (recommended 540)
persons/toilet	24
Food and water	
drinking water	unboiled chlorinated tap water
special food	nil
Environmental hazards for children	
exposure to bad language	frequently
witnessing violence	almost daily
risk of accidental injury	minimal
Emotional security and stimulation	
presence of mother	continuous
preschool attendance	Monday to Friday

**Table 3. General health of children in prison**

		<i>Number of children (n=30)</i>
Age	neonates	6
	infants	11
	1 to 5 years	13
Breast fed		21
Growth		
Height -	stunting	8
Weight -	PCM 1	19
	PCM 2	2
	PCM 3	0
Personal hygiene		
	scabies	7
	impetigo	2
	head lice	3
	dental caries	2
Communicable diseases		
	Diarrhoea	none
	Respiratory infections	4
Mantoux > 10 mm		0

(PCM = protein calorie malnutrition)

## Discussion

We found that many children lose contact with their mothers who are imprisoned. Our finding that 1411 imprisoned mothers had children under 12 years during a period of 18 months may be an underestimate since some mothers were reluctant to reveal details of their children for fear of stigmatising them. The separated children hardly ever had an adequate substitute for the mother. They had not received any support from social or health services.

The legal framework of Sri Lanka as stipulated in the Prison Subsidiary Legislature states that "no child shall be taken into custody with his or her mother who is sentenced unless the child is breastfed or the superintendent makes such an order" and that "an infant is not entitled to be taken in with his or her mother if alternative accommodation can be found or unless he or she is in a fit condition"

We recommended that admission of children and infants with the mothers be not determined merely on whether the child is breastfed or by prison authorities on logistical considerations. The court should consider the child's best interests as paramount in this decision as stipulated in the Convention of the Rights of the Child (1). Children "orphaned by justice", with the mother imprisoned, when the father is in active combat, may represent a serious denial of child rights. Amendment to the prison laws and the inquisitorial system of justice may be necessary to ensure that the child's best interests are met. The minority of children who accompanied their mothers into prison enjoyed close bonds, were free of communicable disease and were protected from harm within a special unit.

However, this facility is inadequate in Welikada and unavailable in other Sri Lankan prisons. We found that a child sensitive approach is sometimes lacking, although the physical needs were met by the authorities. We recommend that child centred expertise should be available in the prison hospital or provided by the paediatrician of the nearest hospital. The long term psychological effects of

spending childhood inside a prison were not included in our study.

For the children left behind, facilities to keep in touch with the mothers should be provided. Home leave should be granted and wherever possible separation from mothers should be gradual, giving time for attachment to the substitute carer. Counselling services and supervision by family health workers and medical officers of health should be available throughout the period of absence of the mother. The stay in prison should be minimised for the many mothers in remand by expediting the legal process and improving the legal aid system. A coordinated effort by the departments of health and social services and the legal authorities is necessary to prevent these innocent children from being punished along with their mothers.

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