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Challenges and needs of women in prison: a study on social and health factors

Abstract. This scientific article presents a comprehensive study on the challenges and needs of women in prison, with a focus on social and health-related factors. The research aims to identify key problems faced by incarcerated women, analyze the social and economic factors contributing to their difficult situations, assess HIV infection rates, and evaluate HIV prevention activities within the prison system.

The study employed a mixed-methods approach, utilizing a formalized questionnaire consisting primarily of closed and semi-closed questions. Data collection was conducted online using the Google Forms platform, and the research database was processed using SPSS for statistical analysis. The survey was conducted from July to November 2021, involving 63 female respondents from Almaty city and Almaty region in the Republic of Kazakhstan.

The findings reveal significant issues affecting women in prison. The majority of respondents were women of reproductive age, and a substantial portion had multiple convictions, indicating challenges in resocialization efforts. The lack of identity documents emerged as a critical social and economic factor hindering successful reintegration. Additionally, acceptance by society after release was found to be a major concern, especially for those without contact with their relatives and close individuals. Regarding health indicators, the study highlights the prevalence of HIV and viral hepatitis B and C among incarcerated women. It emphasizes the need for targeted therapeutic activities and monitoring to address the specific needs of this population. The analysis also exposes the absence of compulsory systematic examinations by healthcare professionals in the prison system, particularly pertaining to gynecological and mammological care.

The research contributes to the Sustainable Development Goals by aiming to achieve health and wellness for all and to end discrimination against women and girls. It provides insights into the challenges faced by women in prison, guiding the development of policies and interventions to enhance their resocialization, health outcomes, and overall well-being.

Keywords: gender sociology, social adaptation, social factor, medical factor, violence.

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Introduction

The global issue of overcrowding in correctional facilities persists, despite efforts to address the problem. However, in the Republic of Kazakhstan, there has been a commendable decline in the percentage of the total prison population from 7.3% to 5.3% between 2015 and 2021 [1]. Similarly, the rate of women prisoners per 100,000 population has significantly decreased from 19.9 to 9.4 during the same period [1]. While these statistics indicate progress, it is crucial to acknowledge that human rights violations against women within criminal justice and penitentiary systems persist worldwide [2].

Several international standards and guidelines have been established to ensure the fair and humane treatment of prisoners, particularly the Bangkok Rules, the Standard Minimum Rules for the Treatment of Prisoners, and the Nelson Mandela Rules (United Nations Office on Drugs and Crime, 2021). However, many countries have not fully embraced these regulations, leaving women in prison vulnerable to various challenges and neglect.

Addressing the specific needs of women during incarceration or non-custodial measures is paramount. Notably, women have distinct psychological, health, and hygiene requirements that necessitate specialized attention, including prenatal and postnatal medical care. The European Prison Rules (Recommendation R (98)7), adopted by the Committee of Ministers of the Council of Europe in 2006, serve as an essential document regulating healthcare for prisoners.

The focus of this research article is to identify the unique needs of women in detention facilities in the Republic of Kazakhstan, particularly in terms of health and social well-being indicators. By shedding light on these specific requirements, the study contributes to the broader framework of achieving the Sustainable Development Goals, which aim to ensure health and wellness for all and eliminate discrimination against women and girls [3].

O'Brien and Feder's article provides a comprehensive analysis of the experiences of women in prison, emphasizing the gendered nature of social control and the unique challenges faced by incarcerated women. The authors call for a more nuanced understanding of women's pathways to incarceration and advocate for gender-responsive policies and interventions that can promote equity and justice within the criminal justice system.[4]

Furthermore, considering that HIV remains the leading cause of death among women of reproductive age globally, this research aligns with the efforts to combat the spread of HIV and promote comprehensive healthcare within prison settings. By analyzing the factors of social and economic nature that contribute to the difficulties faced by women in prison and evaluating HIV infection rates, the study aims to inform policy and intervention strategies to improve the well-being and overall outcomes of incarcerated women [5].

In conclusion, the plight of women in prison necessitates urgent attention to ensure their rights and well-being are upheld. This research seeks to provide valuable insights into the challenges faced by women in detention facilities in the Republic of Kazakhstan, with a specific focus on health and social well-being indicators. By doing so, it contributes to the global agenda of achieving justice, equality, and improved outcomes for women in the criminal justice system.

Methodology

The survey conducted for this research utilized a formalized questionnaire comprising primarily closed, semi-closed, and a few open-ended questions. The questionnaire was administered online using the Google Forms platform. The collected data from the survey was exported and processed using the statistical data analysis program SPSS.

To ensure a diverse and representative sample, the research enlisted the active involvement of volunteers from the NGO «Revansh». These volunteers played a crucial role in identifying and inviting respondents to participate in the survey.

The survey was conducted from July to November 2021, coinciding with the «second wave» of quarantine measures in Kazakhstan. This timeframe allowed for capturing the experiences and perspectives of the participants during this specific period.

A non-random sampling technique, known as the «snowball» method, was employed in this study. The snowball sampling method involves the identification of initial participants, often referred to as «informants,» who can provide contacts of individuals belonging to the desired target group. Subsequently, these contacts are approached and asked to participate in the survey, and the process continues by obtaining contacts from the newly recruited respondents. This sampling approach helps reach participants who may not be easily accessible through traditional sampling methods.

In total, sixty-three respondents participated in the study. The participant pool consisted of women living with HIV, women affected by HIV, women from key populations, and women

who were previously incarcerated. By including a diverse range of participants, the research aimed to gather comprehensive insights into the experiences and needs of women in prison.

The geographic scope of the study focused on Almaty city and the Almaty region. By concentrating on this specific area, the research aimed to gain localized insights that are representative of the experiences of women in prison in this region of Kazakhstan.

Overall, the combination of the formalized questionnaire, online administration, involvement of volunteers, snowball sampling method, and a geographically focused study area provided a robust methodology to explore the challenges and needs of women in prison in the specified region.

Discussion

The discussion section of this research article focuses on analyzing and comparing the obtained results with relevant studies and literature. The survey data provides valuable insights into the characteristics and experiences of women in prison, shedding light on key factors of social and economic nature that impact their post-release resocialization and potential for reoffending.

Regarding the demographic characteristics of the participants, the majority of survey respondents were women of fertile working age, with 38% falling within the age range of 30 to 40 years old, and 51% within the age range of 41 to 50 years old. This demographic profile aligns with the broader understanding that women of these age groups face unique challenges and needs within the criminal justice system. Understanding these trends is crucial for policymakers, researchers, and criminal justice professionals in formulating effective strategies to address the challenges of the jail system. [6;7].

The high percentage of respondents who had been tried multiple times is a concerning finding. The data reveals that 32% of the participants had been convicted more than three times, and 17% had experienced more than five convictions. This recurrence of criminal involvement signifies a lack of conditions for successful resocialization after imprisonment, leading to a closed circle of recidivism. These findings echo previous research that emphasizes the importance of implementing effective rehabilitation and reintegration programs to break the cycle of reoffending [8].

One significant social and economic factor hindering successful post-release resocialization is the lack of identity documents. This issue negatively affects various aspects of a person's life, including employment opportunities, housing, access to healthcare, and attachment to outpatient clinics at their place of residence. Without proper identification, women face numerous barriers in reintegrating into society and accessing essential services. This finding is consistent with previous studies that highlight the challenges associated with identity documentation for individuals leaving the criminal justice system [9].

Comparing these results with existing literature, it is evident that the identified challenges align with the broader international understanding of the needs and difficulties faced by women after release from prison. Similar studies conducted in different regions have highlighted the importance of addressing social and economic factors, including the provision of identity documents, to support successful reintegration and reduce recidivism rates [10].

Furthermore, another significant social factor that complicates the resocialization of women after incarceration is the acceptance by society. Reintegration into society becomes challenging when there is a lack of contact with relatives and close acquaintances. This lack of social connection and support makes it difficult to assess the level of trust and acceptance that imprisoned women receive from society. It is worth noting that 22.22% of the survey respondents reported being in a status of no fixed abode, indicating additional barriers to social reintegration [11].

The availability of support and resources plays a crucial role in successful resocialization efforts. In this study, one-third of the participants (27%) reported having served their sentence without complete isolation from society. These individuals were registered with the probation service, granting them access to official forms of social and legal assistance. This involvement with the probation service provides them with individual measures of control and socio-legal

support aimed at behavior correction, resocialization, social adaptation, and rehabilitation. However, a significant majority of respondents (73%) did not have access to such measures and were not registered with probation services. Consequently, they lacked access to vital resources for resocialization, social adaptation, and rehabilitation [12].

Comparing these findings with existing literature, it becomes evident that the absence of social support and limited access to resources hinder the successful reintegration of women after incarceration. Studies conducted in various contexts have consistently highlighted the significance of social support systems and individualized measures to facilitate the reintegration process [13].

The implications of these findings are far-reaching. To promote effective resocialization and reduce recidivism rates among women, it is essential to address the social factors that hinder successful reintegration. This includes implementing interventions that facilitate contact with relatives, close acquaintances, and broader community support networks. Additionally, expanding access to probation services and individualized measures of support can significantly contribute to the successful reintegration and rehabilitation of women in the criminal justice system.

The results of the study highlight the significant prevalence of HIV and viral hepatitis among the surveyed women in prison. Among the respondents, 30.16% tested positive for HIV, with 4.88% falling within the age group of 18-29 years old and 43.90% within the age group of 30-40 years old. These findings underscore the need for special conditions and therapeutic interventions, including medication and psychological assistance, during and after imprisonment for this particular category of individuals [14].

Additionally, the analysis reveals a considerable incidence of viral hepatitis B (14.5%) and C (33.87%) among the incarcerated women. These high rates emphasize the importance of special therapeutic monitoring and treatment for this group of respondents [15].

Furthermore, the study indicates a regression in the health indicators of the surveyed women both before and during their imprisonment in correctional facilities. This finding suggests that the prison environment may contribute to the deterioration of their health conditions. It is essential to recognize this regression and take measures to improve the healthcare provisions within the prison system [16].

The analysis also reveals a critical gap in the provision of systematic medical examinations for female prisoners within the Kazakhstan penitentiary system. Specifically, there is an absence of compulsory examinations by therapists, gynecologists, and mammologists. This finding highlights a significant area for improvement in ensuring the healthcare needs of incarcerated women are adequately addressed and comprehensive medical examinations are conducted [17].

Comparing these results with existing literature, the study findings align with global concerns regarding the health and healthcare access of women in prison. Similar studies conducted in different countries have also identified high rates of infectious diseases and gaps in healthcare provision within correctional facilities [18].

These findings emphasize the critical importance of prioritizing and improving the healthcare conditions and provisions for women in prison. Effective measures must be implemented to address the high prevalence of HIV and viral hepatitis, ensuring appropriate therapeutic interventions and monitoring. Moreover, there is a pressing need to establish mandatory systematic medical examinations by various healthcare professionals to safeguard the health and well-being of incarcerated women.

In conclusion, this study highlights the concerning prevalence of HIV and viral hepatitis among women in prison, as well as the regression in their health indicators during incarceration. The absence of compulsory medical examinations further exacerbates the healthcare challenges faced by this population. By addressing these issues, policymakers and stakeholders can work towards establishing comprehensive healthcare systems that prioritize the well-being and specific needs of women in the criminal justice system.

Results

The age distribution of the respondents in the study is as follows: 5% of the participants belonged to the age group of 18-29 years, 38% were in the age group of 30-40 years, 51% fell within the age group of 41-50 years, and 6% were in the age group of 51-60 years. These findings indicate that the majority of participants were women of fertile working age, with the highest percentage falling within the age range of 41-50 years (Table 1).

Table 1. Age Distribution of Respondents

<u>Age Group</u>	<u>Percentage of Respondents, %</u>
18-29 years	5%
30-40 years	38%
41-50 years	51%
51-60 years	6%

Among the respondents, a small proportion of participants, only 3% (n = 2), reported having no criminal record. This suggests that the majority of women in the study had a history of involvement with the criminal justice system. A substantial number of participants, 32%, had been convicted of a crime more than three times, indicating a pattern of repeat offenses. Furthermore, 17% of respondents had been convicted more than five times, indicating a higher level of recidivism (Diagram 1).

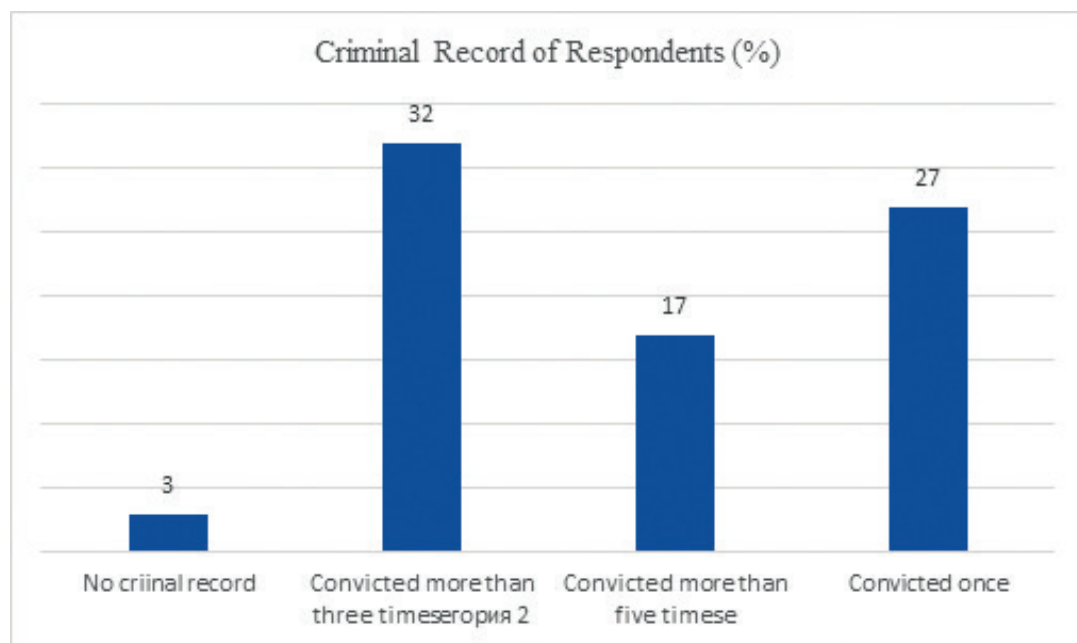


Diagram 1. Criminal Record of Respondents

Diagram 2 displays the responses of the participants regarding the support they received in prison prior to their release. The percentage indicates the proportion of respondents who answered each option.

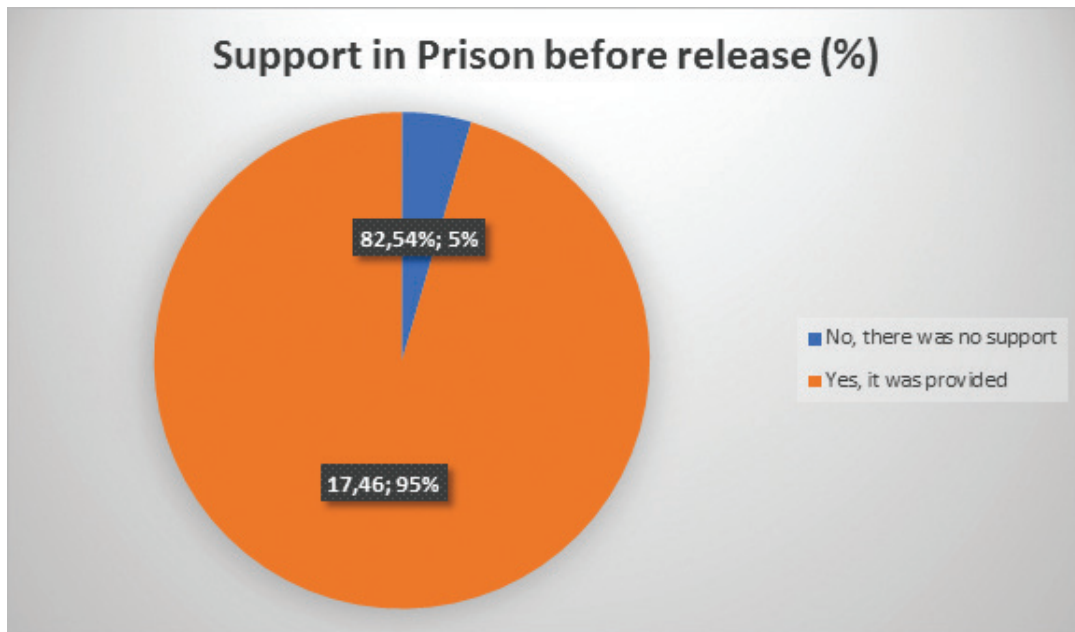


Diagram 2. Social support in prison

The data collected from the respondents revealed significant changes in the stability of housing situations after their release from prison. Prior to imprisonment, 14.29% of respondents reported experiencing housing instability. However, after their release, this indicator decreased to 1.59%, suggesting a notable improvement in housing stability for the majority of participants (Table 2).

Table 2

Housing Stability Before and After Release

Housing Status	Before imprisonment (%)	After Release (%)
Instability status	14.29%	1.59%
Crisis center	-	4.76%
Cohabitation with relatives/parents/cohabitants	20.63%	73.02%
Housing ownership/stability	65.08%	22.22%

The survey results revealed the HIV status of the respondents at the time of the survey. Among the participants, 68.25% reported being HIV-negative, 30.16% were HIV-positive, and 1.59% did not provide a definite answer regarding their HIV status (Diagram 3).

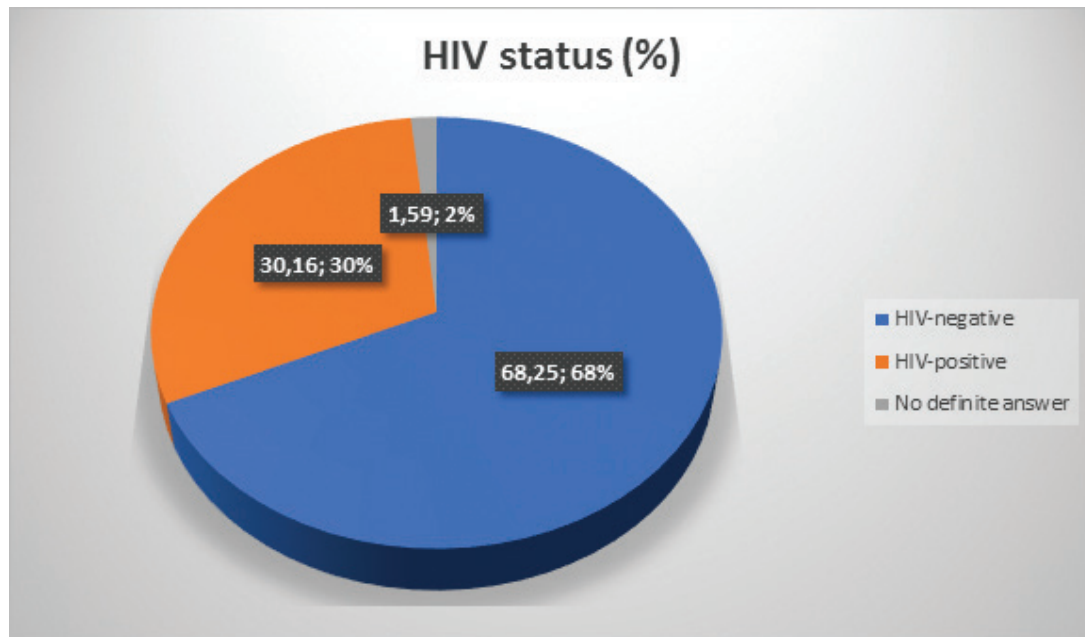


Diagram 3. HIV Status of Respondents

Among the 30.16% of respondents who reported being HIV-positive, the distribution across different age groups was as follows: 4.88% in the 18-29 age group, 43.90% in the 30-40 age group, and 51.22% in the 41-50 age group. This indicates a higher prevalence of HIV infection in the older age groups (Table 3).

Table 3

Distribution of HIV-Positive Respondents by Age Group

Age Group	Percentage of HIV-Positive Respondents
18-29 years old	4.88%
30-40 years old	43.90%
41-50 years old	51.22%

Furthermore, the data revealed that the determination of HIV status among the respondents occurred at different stages. The majority, 62.8%, had their HIV status determined during their incarceration, while 18.6% knew their status before their imprisonment, and another 18.6% were informed of their HIV status after their release (Diagram 4).

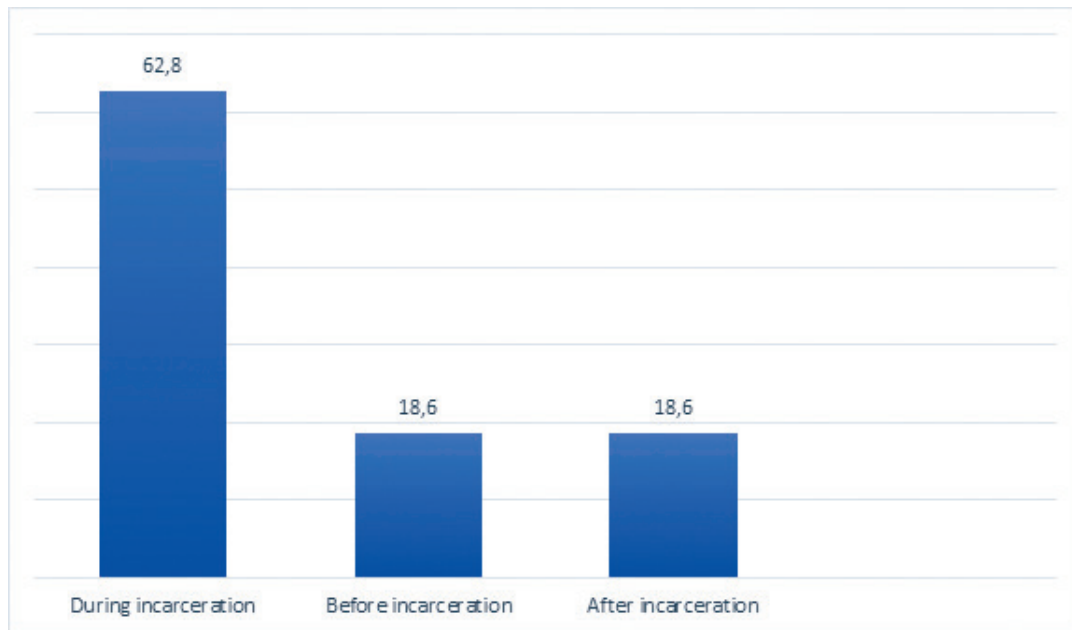


Diagram 4. Determination of HIV Status (%)

These findings highlight the importance of comprehensive HIV testing and awareness programs within correctional facilities to ensure timely detection and appropriate medical care. It also emphasizes the need for continued support and access to HIV prevention and treatment services both during and after incarceration to address the specific needs of individuals affected by HIV.

The data collected from the respondents revealed information about their Hepatitis C Virus (HCV) status. Among the participants, 80.65% reported having information about their HCV status, while 19.35% did not know their HCV status at the time of the survey (Table 4).

Table 4

HCV Status Awareness among Respondents

HCV Status Awareness	Percentage of Respondents
Yes	80.65%
No	19.35%

Among those who had information about their HCV status, 45.16% reported having a negative HCV status, while 33.87% had a positive HCV status. Additionally, 1.61% of respondents had already received treatment for HCV at the time of the survey (Table 5).

Table 5

HCV Status among Respondents

HCV Status	Percentage of Respondents
Negative	45.16%
Positive	33.87%
Already treated	1.61%
Unknown	19.35%

The data also revealed when respondents received information about their HCV status. Among the participants who were aware of their HCV status, 40.7% received the information after serving their sentence in prison, 37% found out during their stay in prison, and 22.2% knew their HCV status before their imprisonment (Table 6).

Table 6

Timing of HCV Status Awareness

Timing of HCV Status Awareness	Percentage of Respondents
After serving sentence	40.7%
During stay in prison	37%
Before imprisonment	22.2%

These findings emphasize the importance of providing HCV testing and awareness programs both within correctional facilities and after release. Access to information about HCV status is crucial for individuals to receive appropriate medical care, including treatment, and to prevent further transmission. Efforts should be made to ensure comprehensive HCV testing, treatment, and support services for individuals in correctional settings and during their transition back into the community.

Conclusion

In conclusion, this research sheds light on the challenges and needs of women in prison, particularly in the context of social and health-related factors. The findings highlight several key issues that impact the resocialization and well-being of incarcerated women.

Firstly, the high rates of repeated convictions among the respondents underscore the lack of effective measures for successful resocialization and the presence of a recidivism cycle. This emphasizes the need for comprehensive programs and support systems to address the underlying causes of criminal behavior and provide effective rehabilitation strategies.

Secondly, the findings reveal the importance of housing stability after release from prison. While there is a decrease in housing instability after imprisonment, a significant proportion of respondents still face challenges in achieving stable housing, with some relying on crisis centers. This calls for enhanced efforts in providing affordable housing options and support services to facilitate successful reintegration into society.

Thirdly, the prevalence of HIV and Hepatitis C among the respondents highlights the urgent need for comprehensive healthcare services within correctional facilities. The data show a higher prevalence of these infections among older age groups, emphasizing the importance of targeted interventions for different demographic profiles. Furthermore, the timing of HIV and HCV status determination, with a considerable proportion of individuals learning their status during or after incarceration, underscores the significance of proactive testing and prevention programs both within and outside prison settings.

To address these challenges, a multi-dimensional approach is required, involving collaboration between correctional institutions, healthcare providers, and social support organizations. The findings of this study support the need for the adoption and implementation of international standards, such as the Bangkok Rules and the European Prison Rules, to ensure the rights and well-being of women in prison.

The implementation and adaptation of such standards might be structured as the first step would be conducting a comprehensive assessment of the existing system, identifying areas that align with the standards, and noting areas of improvement. This phase involves studying the local context, legal system, culture, and the practical feasibility of implementing these international rules.

Based on the initial assessment, a clear strategy and action plan need to be designed. The strategy should include both short-term and long-term goals, identify responsible entities, provide a timeline for the implementation, and have mechanisms to monitor and evaluate progress.

In training and Capacity Building phase, efforts are made to improve the capacity of individuals, institutions, and systems that will be directly involved in the implementation. This includes training programs for prison officials, workshops, seminars, or creating handbooks and guides about the international standards and their relevance in local context. In accordance with Rule 35, staff in prisons and other institutions should be trained on the specific needs and rights of women prisoners to ensure that [19].

Before full-scale implementation, pilot projects could be run in selected regions or facilities to assess the feasibility and potential impacts of the changes. This allows for any necessary adjustments to be made before being scaled up.

Full-scale implementation involves rolling out the changes across all relevant facilities, taking into consideration the lessons learned from the pilot phase. This stage involves substantial changes in policy, procedures, and physical structures if needed.

Furthermore, the structure of the implementation process includes collaboration and coordination among various stakeholders. This may involve engagement with government institutions, prison authorities, legal experts, civil society organizations, and international bodies. The research paper highlights the importance of building partnerships and fostering cooperation to ensure a holistic approach to the implementation and adaptation of international standards. In line with Rules 6 and 57 of the Bangkok Rules, enhanced and expanded resocialisation programmes are required to better manage the root causes of reoffending. This should include not only educational programmes and vocational training, but also psychotherapeutic support and other measures to address criminogenic factors. By recognizing and addressing these health challenges, policymakers and practitioners can work towards more effective reintegration strategies and improve the overall well-being of individuals transitioning from prison to the community [19;20].

In accordance with Rule 45, it is proposed to develop and implement housing support programmes for women following their release from prison. This could include assistance in finding accommodation, financial support and transitional support following release [19].

Based on the monitoring and evaluation results, further adjustments and changes might be made. This is a continuous improvement process that ensures the best possible implementation of the international standards.

It is crucial to consider the limitations of this study, including the relatively small sample size and the specific context of the Republic of Kazakhstan. Future research should aim to expand the scope and scale of the investigation to provide a more comprehensive understanding of the issues faced by incarcerated women across different jurisdictions.

Overall, this research contributes to the existing body of knowledge on the challenges and needs of women in prison. It serves as a foundation for policy development and the implementation of evidence-based interventions to improve the resocialization, health outcomes, and overall well-being of women within the criminal justice system.

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Түрмедегі әйелдердің проблемалары мен қажеттіліктері: Әлеуметтік және медициналық факторларды зерттеу

Аңдатпа. Бұл ғылыми мақала, жас әйелдердің зорлықтары мен мұғалімдік-заңгерлік факторларына толық назар аударатын жалпы зерттеулерді ұсынады. Тексерулердің мақсаты, қамақтағы әйелдерге тиісті мәселелерді анықтау, олардың қиын жағдайына әсер ететін әлеуметтік факторларды талдау, АИТВ жұқтыру деңгейін бағалау және түрме жүйесінде АИТВ-ның алдын алу шараларын бағалау.

Зерттеу жұмысы сұрақтар сонымен қатар ашық және жасырын түрдегі сауалнамалар арқылы алынды. Деректер жинау онлайн режимінде Google Forms платформасын пайдаланып жүргізілді, жобалау базасында статистикалық талдау үшін SPSS пайдаланылды. Сауалнама 2021 жылы қыркүйек пен қазан аралығында жүргізілді, Қазақстан Республикасының Алматы қаласы мен Алматы облысындағы 63 әйел респондентті қамтыды.

Зерттеу нәтижесінде әйелдерге түрмеде кездесетін қиындықтар туралы талқыланды. Респонденттердің көпшілігі репродуктивті жастағы әйелдер және олардың көп бөлігі бірнеше рет сотталғандығы анықталды. Жеке құжаттарының болмауы алдығы өмірге қайта қалыптасуға кері әсерін тигізетін негізгі факторлардың бірі болды. Әйелдерге босап шыққаннан кейін туыстарының және жақын адамдарының болмауы қиындық тудырды.

Денсаулық белгілері бойынша, зерттеу түрмедегі әйелдер арасында АИТВ және В және С вирусалы гепатиттердің кең тарағанын көрсетеді. Бұл адамдар тобының маңызды қажеттіліктерін мекен-жайынан жақсарту жолдарын, арнайы терапиялық әрекеттерді және күту барысын жақсарту қажеттілігін белгілейді. Тауарлық күтушілердің жүйесінде ауруханалық және маммологиялық денсаулықтық қамтамасыз ету мәселелерінің барлығының бірліктік жалпы тексерулерін қамтамасыз етуді көрсетеді.

Бұл зерттеу, барлық адамдарға денсаулық сауаттықты жеңілдету және әйелдер мен қыздарға қорындауға бағытталған қолайлы даму мақсатын жасау арқылы Жоғары Даму мақсаттарына қосылатын қосымша жетекшіліктерді көрсетеді. Зерттеу жұмыстары түрмедегі әйелдердің міндетті дәрігерлік тескерістен өтпегендігін, оның ішінде гинекологиялық тескерістің болмағандығын көрсетеді.

Бұл зерттеудің нәтижелері әйелдердің түрмедегі мүмкіндіктеріне тиісті зорлықтарды анықтау арқылы, әйелдердің қайтадан өмір сүру, денсаулық нәтижелер мен барлық жағдайларды жетілдіру үшін саясаттар мен интервенцияларды дамытуға нұқсандықтарын ұсынады.

Түйін сөздер: гендерлік әлеуметтану, әлеуметтік бейімделу, әлеуметтік фактор, медициналық фактор, зорлық-зомбылық.

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Проблемы и потребности женщин в тюрьмах: исследование социальных и медицинских факторов

Аннотация. Данная научная статья представляет собой всестороннее исследование проблем и потребностей женщин, находящихся в тюрьмах, с особым акцентом на социальных и медицинских факторах. Цель исследования заключается в выявлении основных проблем, с которыми сталкиваются заключенные женщины, анализе социальных факторов, влияющих на их трудное положение, оценке уровня инфицирования ВИЧ и оценке профилактических мероприятий по предотвращению ВИЧ в системе тюрем.

В ходе исследования был использован смешанный подход, с использованием формализованного опросника, состоящего в основном из закрытых и полузакрытых вопросов. Сбор данных проводился онлайн с использованием платформы Google Forms, а база данных исследования обрабатывалась с использованием программы SPSS для статистического анализа. Опрос проводился с июля по ноябрь 2021 года и включал 63 женщины-респондента из города Алматы и Алматинской области в Республике Казахстан.

Результаты исследования выявили значительные проблемы, с которыми сталкиваются женщины в тюрьмах. Большинство респондентов были женщинами репродуктивного возраста, и значительная часть из них имела несколько судимостей, что указывает на сложности в работе по их ресоциализации. Отсутствие удостоверений личности стало одним из критических социальных и экономических факторов, затрудняющих успешную ресоциализацию. Кроме того, важной проблемой оказалось принятие обществом после освобождения, особенно для тех, у кого нет связи с родственниками и близкими людьми.

Относительно здоровья исследование подчеркивает распространенность ВИЧ и вирусных гепатитов В и С среди заключенных женщин. Оно подчеркивает необходимость целенаправленных терапевтических мероприятий и контроля для удовлетворения специфических потребностей

этой категории населения. Анализ также выявляет отсутствие обязательных систематических обследований со стороны медицинских специалистов в системе тюрем, особенно в отношении гинекологического и маммологического ухода.

Данное исследование вносит вклад в цели устойчивого развития, направленные на достижение здоровья и благополучия для всех и прекращение дискриминации женщин и девочек. Оно предоставляет понимание проблем, с которыми сталкиваются женщины в тюрьмах, что помогает разработке политик и мероприятий для улучшения их ресоциализации, здоровья и общего благополучия.

Ключевые слова: гендерная социология, социальная адаптация, социальный фактор, медицинский фактор, насилие.

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