
General Correctional Quality of Life in Oromiya State, Horro-Guduru Wallagga, Ethiopia.

Diriba¹

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Abstract

The study examined perception of offenders quality of Correction life in a sample of offenders and general status of quality of life. Totally, 357 offenders 306 (86%) males and 51 (14%) females with an age range of 19-65 were selected through probability sampling techniques followed by frequency, mean and standard deviation using Measured Quality of Prison Life scale to examine the offenders quality of life. The result showed that most of the offender's perception of quality of their life in correction was negative. Out of 19 subscales, except for ethnic relationship and drug control, offenders' current perception of their quality of correction life was rated negatively. Dimensionally, all five quality of correction life was rated negatively too. Thus, offenders were dissatisfied with their quality of life in the current correction.

Keywords: Quality of life, subscales, dimensions, offenders.

INTRODUCTION

Measuring the impact of health problems on people's everyday life was the premium role of quality of life since its beginning. Human life can be a scheme under the quality of life aspects such as physical and mental health, psychological state (cognitive and emotional), social relations, economic condition, recreational possibilities, and occupational life. Beyond this scheme, quality of life was used as an evaluative judgement built on objective and/or subjective indicators of one's physical, cognitive, and emotional state and of one's social life in various contexts (Power 2003; Costanza et al. 2008; Oort et al. 2005). As the current study focus, subjective well-being is a potent indicator of the quality of one's life which capitalizes on one's emotional state (e.g., happiness) and perception of different aspects of one's life, whether they meet the person's standards or expectations about their life.

The individual's assessment of their previous experience and their sense of self can shape individual's current quality of life. To measure these experience scales such as Measuring Quality of Prison Life (MQPL) and WHOQOL was used to measure people's general physical, mental and social wellbeing, and their sense of satisfaction or dissatisfaction with the conditions in which they are living relative to their goals, expectations, standards, and concerns (Bosworth, 2015). Psychological well-being is having good emotional and mental health as pillars of the quality of life in an individual (Lopez & Torres, 2001) and in a diverse context (Novoa-Gómez & Ballesteros, 2006). It includes the way people used to evaluate their lives in the present and in the past; these assessments cover the emotional reactions of people to events, moods, and judgments related to

the way they live their own lives (Diener, Oishi, & Lucas, 2003). The health status of offenders was reported to be affected by socio-economic background, childhood experiences, stressful life events, adverse experiences in prison, and experiences of victimization inside and outside the prison (Marshall et al, 2000). In addition, offenders have been found poor quality of life and vulnerable sub-section of the population compared to general population (Woodall, 2016). This is even severe in developing countries unambiguously in Africa (Kibuka, 2001). Current growing prison population and effect of imprisonment on offenders than before was reported make worse mental health problems (Bradley, 2009). Mental health problems are the caused by low quality of life (Singleton et al, 1999; Fazel & Danesh, 2002). Contrary to this result, (Blauuw et al, 2007) found that imprisonment can't exarbate mental health problems.

In most African countries health is a poorly funded area of social services including Ethiopia (UNDP, 1998). Specifically, mental health problems in several countries were escalated by poverty, rapid socio-cultural, technological and political changes, overcrowding, unemployment, rural-urban migration and lack of modern health care facilities make mental health a major health problem (WHO, 2001). Yet evidence suggest that correctional treatment can have an important influence on offenders' future health (Andrews et al., 1990). Health as a determinant of quality of life generates the impact on individuals' quality of life (Diener et al, 2003). Thus, WHO (1998) ones recommend that it is mandatory for a government to adhere to standards and obligations that create environments that are safe, secure, humane, and transparent. The improved health system in the criminal justice will reduce re-offending and health inequalities such as poor housing, low levels of social capital, stress, substance misuse, low educational attainment (Sherman, 2011). Therefore, establishing programs that can modify individual problems can produce positive results both in the community and within correctional institutions.

Donald (2001) defined the quality of life descriptively as people's emotional, social and physical wellbeing, and their ability to function in the ordinary tasks of living. Contrary to this definition, African correctional old buildings, poor ventilation, inadequate sewage systems, suitability for the transmission of communicable diseases, lack of space to sleep or sit, poor hygiene, and food and clothing more lessen the quality of offender's life (Kibuka, 2001). Diener (2000) identified factors such as SES, marital status or gender to age, perceived (and actual) health state, factors related to social life, sense of belonging to a community, and quality of interpersonal relationships were influenced subjective wellbeing and quality of life.

Prisons and prisoners in many African countries are afflicted by severe inadequacies including high congestion, poor physical, health, and sanitary conditions, inadequate recreational, vocational and rehabilitation programmes, restricted contact with the outside world, and large percentages of persons awaiting trial, among others (Pete, 2005). In some most African countries prisoners also suffer abnormal deaths. In 2002, 100 Ghanaian prisoners died of malnutrition and diseases resulting from lack of sanitation and overcrowding (Samakaya-Makarati, 2003). Similarly, hundreds of prisoners in Kenya, Nigeria, and Ethiopia have died because of similar conditions (Sarkin, 1998). Worse than before, due to poor care and safety for prisoners in Ethiopian maximum prison of Kilinto, at least 23 prisoners died of from "stampede, fire burns, and suffocation" (FBC news, 2016; Atsbeha, 2016; Aljazeera news, 2016; Whitnall, 2016).

In large part Mackenzie (2000), summarized as rehabilitation is a difficult end for many African prisons to achieve due to lack of resources. In addition, overcrowding and under-funding hamper the implementation of effective rehabilitation schemes. While rehabilitation remains the goal of many penal policymakers in Africa, lack of political commitment will impede its ultimate realization. For the countries planned rehabilitation of prisoners, knowledge of the quality of life of prisoners is crucial for prison systems to develop appropriate care programs for this population (Dumont, Dickman, Alexander & Rich, 2012). Considering the above issue the current study was examined the quality of offender's life in the correctional center.

METHODS

A cross sectional study was conducted in Horro-Guduru Wallagga Correctional Center, Oromia National Regional State, western Ethiopia. The population included both male and female inmates at Horro-Guduru Wallagga Correctional Center. Offenders with chronic mental illnesses and below 18 years of age were not included in the study population.

PROCEDURE

Sample size and sampling

A sample size of 357 was obtained by using the formula: $n = (z^2 \times p \times q / d)$ and increasing it by 10% to cater for refusals. In this formula, 'n' is the required sample size, 'd' is the margin of error set at 5%; 'z' is set at 1.96. The total number of criminals reported to and recorded by the police in Oromia regional state where the current study conducted in 2011/2012 was 96,300, which constitute 85,100 males and 11,200 female offenders (Jibat & Nigussie, 2015). The population was sampled using a simple random sampling technique. A sampling frame was constructed by enumerating all the names of the offenders with their corresponding numbers on the register. A Windows excel function was used to generate a list of random numbers which was used to select offenders from the sampling frame.

Instrumentation

Measuring Quality of Prison Life (MQPL)

From its development, the scale was used as a part of formal audit visits to measure prison quality of life. For the current study, the questionnaires were adopted from the questionnaire used by Offender Health Research Network (2010). The original checklist has 112 items. For better understanding, the questionnaire was translated into a local language which is Afaan Oromo by experts. Due to the culture of the people under study and environmental situations four items were cancelled after translation to the local language as well as pilot study. Totally, 108 items were selected for the current study having Cronbach Alpha reliability of .91. The questionnaires were conceded under four dimensions: Harmony, professionalism, security, family and conditions and wellbeing. For the present study to examine offender's perceptions of their quality of life in the correctional center the original questionnaire composed of 19 subscales was adapted. The questionnaire was as a self-report checklist to detect offender's perception on a 5 point Likert-type scale ranging from 1='Strongly agree' to 5='Strongly disagree'. The overall dimension score of three was considered as neutral rating, a score above three was considered as a negative rating and a score below three is deemed to be positive rating in this study. Moreover, offenders were asked to express their agreement or disagreement on 108 statements relating to their treatment and experiences within a correction.

Ethical issue

The ethical issue was addressed to the research participants through the consent initiated from a psychologist working in that correction center. Thus, all the participants were volunteers who were informed fully of the requirements of the study.



RESULTS

Characteristics of the Participants

Table 1. Socio-demographic characteristics of the participants (N=357)

Variable(s)	Categories	N	%	M + SD
Gender	Male	306	86.3	
	Female	51	13.7	
Age	19-23	107	30.0	
	24-34	122	34.2	33.01±11.15
	35-44	65	18.2	
	45 and above	63	17.6	
Marital Status	Married	138	38.3	
	Unmarried	219	61.3	
Education	No Education	137	36.8	
	Primary	110	32.1	
	High School	67	18.6	
	College/University	43	12.5	
Previous Occupation	Employed	112	31.4	
	Unemployed	245	68.6	
Term of Sentence	>1year	154	45.7	
	<10 year	180	49.6	
	>10 year	23	4.8	

The study accommodates 86% (306) males and 14% (51) females which are totally 357 with an age range of 19-65 with a mean age of 33.01+11.15 SD. Most of the respondents were aged between 24-34 years (N=122, 34%) and 137(38%) of the respondents were uneducated (See Table 1). Most the offenders (61%) were unmarried. More than 50% of the respondents are sentenced more than one year and less than ten years (See Table 1).

Table 2. Prevalence of offender's quality of their life on each subscale (N=357).

Characteristics	Negative		Positive		M	SD
	F	%	F	%		
Entry into Custody	185	51.8	172	48.2	4.32	2.32
Respect	217	60.8	140	39.2	16.67	3.73
Dignity	199	55.7	158	44.3	18.67	3.83
Relationships	203	56.9	154	43.1	35.18	6.08
Race Relation	134	37.5	223	62.5	12.13	3.15
Care for Vulnerable	202	56.6	155	43.4	21.34	3.89
Clarity	232	65.0	125	35.0	6.10	1.82
Fairness	225	63.0	132	37.0	25.55	4.65
Order and Security	213	59.7	144	40.3	13.94	2.79
Physical Safety	196	54.9	161	45.1	15.75	3.26
Addressing offending behavior	222	62.2	135	37.8	25.18	4.86
Entry support	242	67.8	115	32.2	10.44	2.55
Drug control	128	35.9	229	64.1	6.07	1.98
Frustration	188	52.7	169	47.3	18.86	4.98
Family contact	230	64.4	127	35.6	9.91	2.27
Personal Development	256	71.7	101	28.3	32.07	6.08
Overall Distress	245	68.6	112	31.4	44.62	9.04
Individual Care	237	66.4	120	33.6	14.69	3.07
Contact and Safety	215	60.2	142	39.8	21.62	3.71

From Table 2 above it can be seen that for 15 out of the 19 subscales identified, with more mean differences and frequency offenders rated negatively their quality of life than positively. This means mostly offenders were dissatisfied towards their current quality of life in the correctional center. With a little difference, out of 19 dimensions, two areas namely entry into custody and frustration was among averagely rated areas of quality of life. However, ethnic relationship and drug control were the only subscales rated more positively than negatively among offenders in the current correctional center. For this perception, the current sampled populations socio-cultural and ethnic group similarity might have contributed.

Subscales such as personal development, overall distress, entry support, individual care, clarity and family contact were the most negatively rated frequencies ranging from 64% -72% compared to other subscales. Compared to negatively rated dimensions' quality of life in current correctional center, personal development (N= 256, M= 44.62, SD=9.05, f (72%)) and overall distress (N= 245, M=14.69, SD= 3.07, f(69%)) was shown high respondents, mean difference and frequencies.

Table 3. Prevalence of quality of life among offender's Overall quality of life perception(N=357).

Characteristics	Perception	F	%	M	SD
General Quality of Life	Negative Perception	194	54.3	1.46	.50
	Positive Perception	163	45.7		

Overall Offenders perception of their quality of life was shown in the below table distributed per MQPL questionnaire. It screened as offenders were negatively perceived (54%) than positively at (M=1.46, SD= .50) of their current quality of life in a correction (See Table 3). This result shows that offenders feel bad about the quality of their current life in this correctional center.

Table 4. Perceptions of offenders on the overall quality of life by Dimensions.

Dimensions	Negative		Positive	
	F	%	f	%
Harmony	189	52.72	168	47.28
Professionalism	229	64	128	36
Security	199	55.53	158	44.43
Family and conditions	215	64.4	142	39.95
Wellbeing and Development	238	66.73	119	33.28

From the above Table 4, out of five dimensions' wellbeing and development, family and conditions, and professionalism were rated negatively rated their quality of life. To some extent security and harmony were less negatively rated area compared to other dimensions. These results suggest that the frequency of negative quality of life perception experienced by offenders was high than the positive quality of life perception in the current correctional life.

DISCUSSION

The study accommodates 306 (86%) male and 51 (14%) female offenders were examined using Quality of Prison Life scale to examine offenders' quality of life perception. From the age range of 19-65 about 34% of the respondents were found between the age brackets of 24-34. About 38%, 61% and 69% of the them were uneducated, unmarried and unemployed respectively. More than 50% of the respondents are sentenced more than one and ten year (Table 3).

This study found that 17 out 19 subscales in the scale was negatively perceived while only two scales positively rated. Offender Health Research Network (2010) also confirmed this result.

However, two areas of prison performance ethnic relationships and drug control was found to be positively perceived in the current study. Again, this result was found in Offender Health Research Network (2010) and Bosworth and Kellezi (2012). Contrary to the current result (Fazel et al, 2006) found drug control has been a problem in prison. Beyond the control of staff the positive perception found on the ethnic relationship and drug control in the current study might be due to sampled populations socio-cultural and environmental similarity, and unemployment status contributed to the perception.

Compared to other subscales personal development, overall distress, entry support, individual care, clarity and family contact were negatively rated with high frequencies. Bosworth and Kellezi (2015) confirm the results subscales mentioned. Moreover, subscales measuring personal development and overall distress were more negatively rated. Same result was found by Dachev et al (2015) and Bosworth and Kellezi (2015). Contrary to the current result Ibrahim et al (2015) found moderate distress level. Compared to all subscales in the study personal development is the most negatively rated estimated to 72%. This suggested that the center missed a motive or service that can satisfy offenders to lead a law-abiding life on release in the community, stop committing offences on release from custody, help them to develop a positive outlook towards their future, and encouraging them to think about and plan for their release. Unlike, Liebling (2012) suggested that correctional center was expected to help prisoners to address their offending behavior, prepare for release and develop their potential.

Average frequency score was found on entry into custody and frustration subscales compared to others in the study. Using the same MQPL scale, Offenders Health Research Network (2010) and Bosworth and Kellezi (2012) fail to accept this result. However, the current result was confirmed by Dhami et al (2007). The level of offender's satisfaction related to clarity of daily application of prison rules and procedures as well as keeping their physical safety were negatively rated in the current study. As one objective of correctional system the current center fails to address the regulation which stated as 'Any prison shall provide prisoners with the necessary and conducive physical education and exercises.' Contrarily (Offender Health Research Network, 2010; Dhami et al., 2007) found positive result. Fairness, respect and dignity level of the current prison staff was negatively rated. Still, this violates the policy which stated as "respect for their human dignity unless restricted by the penalties imposed on them". This result substantiates Bosworth and Kellezi (2012) which conducted in the UK. Liebling and Arnold (2002) suggested exploring the relationships between dimensions and looking closely at lowest and highest scoring dimensions tells us much about the contemporary prison experience. In the present study, all five dimensions' quality of life were rated negatively. Negative treatment of offenders costs the community and suffer themselves, and create negative emotions (Zamble & Porporino, 2010). Immoral interpersonal and relational aspects of the offender's prison experience dismantle institutional stability (Liebling, 2000).

Researchers (Liebling, Hulley, and Crewe, 2012) found that staff professionalism was helpful in determining prison quality. For example, in shaping the way that staff uses their authority and in mediating the attitudes of prison staff and their ability to deliver regimes that are fair, safe, respectful, reliable, and responsive. Non-professionalism affects prison quality via undermining staff confidence and solidarity (Liebling, Hulley, and Crewe, 2012).

Securing offender's environment was concerned with the rule of law and the proper use of authority, the regulation of behavior, and the provision of safety. Caie (2012) found that imprisonment worsen physical health of offenders. It is even severe sometimes during the admission to custody and the conditions within prison. Therefore, to facilitate the smooth flow of prison life the policing of the prison environment requires a careful balance between imposing and under-enforcing the rules (Liebling, 2000). Dhami et al (2007) founded that perceived discrimination in the distribution of rewards and treatment was contributed to dissatisfaction, maladjustment, and prison violence. Lanier (1993) found less visited inmates were more

depressed. The frequency of prisoners' thoughts about missing their freedom and family and friends was inversely related to prison security level (Dhami et al., 2007). The current finding was reverse action with the prison regulation of the country, Ethiopia, which stated as "prisoners shall have the right to communicate with their spouses, close relatives and friends, medical officers, legal counselors and religious fathers." Generally, the overall quality of life was perceived negatively than positively in the current correctional center. This study result was confirmed by Bosworth and Kellezi (2015). However, this result was contrary to (Liebling, 2014).

CONCLUSION

The examined perception quality of correctional life among the offenders' in Horro-Guduru Wallagga population of western Ethiopia was negative. The negative quality of life perception means that offenders are facing poor care and services as a correctional so that they seek immediate attention. Using the scale Measured Quality of Prison Life (MQPL) provides an opportunity to examine offenders' quality of life in one of Ethiopia's many corrections. The cross-sectional study result of this finding could be incorporated as part of correctional facility routine operational procedures so that current and new correctional staff are aware of the perception. Staff should cooperate to improve offender's quality of life. This study can be used as a baseline information to inform future research in quality of offenders' life among individuals in the correctional system. More comprehensive research should be done nationwide to determine the true perception of offenders among all incarcerated individuals in Ethiopian correctional system and to help ensure that those who need it get adequate treatment.

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