



School of Global Studies

Mental Health Rights of Incarcerated Mothers who are Accompanied by their Children in a Kenyan Prison

By

Elin Pierre

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Supervisor: Lisbeth Segerlund

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Abstract

The purpose of the study is to examine how incarcerated mothers accompanied by their children in prison are able to claim their right to mental health care as well as if and how this right is fulfilled. Instead of the child's perspective, albeit important, the mother's perspective and her story is the focus of the research due to the limited research in the field. The aim is to gain an understanding of the incarcerated mothers' experiences and how this affect their mental health in the prison. A qualitative method constitutes the foundation for the research with 19 semi-structured interviews. The interview subjects are incarcerated mothers accompanied by their children in the Lang'ata Women's Prison in Nairobi, Kenya. International and regional law surrounding the right to mental health, an intersectionality perspective and deprivation theory constitutes the theoretical framework for the study. Among the major results are that the mental health of these incarcerated mothers accompanied by their children is rigorously affected by the prison environment, which confirms previous research. Furthermore the mental health care that is available to the mothers is deficient and in need of improvement. This regarding first and foremost the distribution of information to the mothers regarding available mental health care in the prison as well as an improvement of this care. Reforms in order to change the status of mental health issues in Kenya, especially among incarcerated mothers accompanied by their children, is wanted.

Keywords

Kenya, Mental health rights, Incarcerated mothers, Intersectionality, Deprivation theory.

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1. INTRODUCTION

The intricate and significant connection between mental health and human rights is since the recent decades a developing field for research and practice (Dudley, Silove & Gale 2012:1). International agendas neglect the aspect of mental health to the advantage of physical health even though the mental aspect of health is imperative for health in general (Dudley, Silove & Gale 2012:2). Further, the public health and the health in prisons are intrinsically connected to one another and therefore to contribute to the public health the prison health is required to be addressed. Mental health is moreover a large part of public health since the prevalence of mental health issues among inmates is high (Van den Bergh, Gatherer, Fraser & Moller 2011:689).

Women are differently affected by incarceration in comparison to men. Women are taken away from their homes and often their children in the process which can be of great harm to them since the family often constitutes a significant dimension of a woman's identity. Further, women are often geographically placed far away when incarcerated from their families which impedes visiting. Additionally, women are more probable than men to suffer the loss of their previous life situation where their home and children are taken from them due to imprisonment (Corston 2007:16).

It is significantly more probable that an incarcerated woman will have mental health issues compared to a woman that is not. Regarding imprisoned women, the issue of health further reflects gender inequality. Self-harm among women in prison is considerably more common than among prisoners of the opposite sex and this includes attempted suicide as well. Among the most common mental health problem among incarcerated women is depression (Van den Bergh, Gatherer, Fraser & Moller 2011:690). Current programmes to address mental health issues among imprisoned women are either not available at all or not adjusted in a satisfactory way for women and their specific needs (Van den Bergh et al 2011:691).

The debate about whether women should be able to have their young children with them in prison or not has taken place across the world for decades. In Canada and other countries the governments have observed an improved psychological well-being of women if they are

allowed to have their children with them while serving time in prison. Nevertheless, the issue of children being the victims in these type of situations has been debated rigorously (Gandhi 2008). A prominent reason for allowing women to have their children in prison is that the children are looked upon as a motivator. This in order for the mothers to change their lives and to become law-abiding citizens as well as to create and strengthen the bond between mother and child (Valiente 2014).

In Kenya mothers are allowed to have their children with them in prison under special circumstances. The child can be allowed to remain with the mother until the child turns 4 years old or obtains an alternative caregiver outside of the prison before this age (Prison Act 1962: § 30 (4), 16). In the year of 2012 there were 2756 women imprisoned in Kenya (Walmsley 2015:4). Approximately 3000 women were incarcerated in Kenya 2015 states Gitonga referring to an independent source whereof a 100 of these women had children with them in the prison (Gitonga 2015). In the capital of Kenya, Nairobi, a maximum security prison is located known as Lang'ata Women's Prison. Here, they have a daycare center where the children can reside during the day. Approximately 45 young children were living together with their mothers in the prison in the beginning of 2013 with around 700 women inmates in total (Craig 2013).

The Universal Declaration of Human Rights (UDHR) protects the right to health as well as mothers and children who have the right to special care and assistance (UDHR 1948: Art. 25). The right to mental health is furthermore stated in the International Covenant on Economic, Social and Cultural Rights (ICESCR 1966: Art. 12 (1)). A Covenant that Kenya ratified 1972 (United Nations Treaty Collection n.d.). Mental health care is in addition considered to be a fundamental freedom and basic right in the United Nations principles of the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, "All persons have the right to the best available mental health care, which shall be part of the health and social care system" (United Nations 1991: Art. 1). The Standard Minimum Rules for the Treatment of Prisoners (1955:Art. 22) states the importance of having available mental health services in the prisons. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders or the Bangkok Rules (2010) are intended to complement the Standard Minimum Rules for the Treatment of Prisoners and the United

Nations Standard Minimum Rules for Non-custodial Measures. The basic principle of the Bangkok Rules is to take women's specific needs into consideration in prison in order to achieve gender equality (Bangkok Rules 2010:Art. 1). Rule 42 in the Bangkok Rules (2010) states that endeavors should be made in order to make programmes available intended for women with children in prison.

Kenya has moreover ratified regional instruments stating the right to health which include the African Charter on Human and Peoples' Rights (1981:Art. 16) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003: Art. 14 (1), 1 (g) also called the Maputo Protocol (African Commission on Human and Peoples' Rights n.d.). During 2015 Kenya reveals a mental health policy in order to attain a higher standard of mental health within the country through system reforms. One of the guiding principles is mental health as a human right that cannot be discriminated in any way (Kenya Mental Health Policy 2015:3ff). Further, women and prisoners are recognized as particularly vulnerable groups regarding mental health problems and interventions are called for (Kenya Mental Health Policy 2015:19f).

Research on health in African prisons is a neglected area and has mainly focused on major diseases if given any attention at all (Dixey, Nyambe, Foster, Woodall & Baybutt 2015:95). Women in particular are an overlooked category and this is especially true for mothers in prison (Vetten 2008:134). Therefore, the present dissertation can be of value in the matter of raising the issue with incarcerated mothers accompanied by their children and the mothers' mental health in these situations in the setting of an African prison. The aspect of health that will be raised in the present dissertation is mental health care in a women's prison in Kenya. From a genus perspective relevance is given to the present research topic due to studies about incarcerated women not being as common as their male counterparts within the field. Further the studies about women's own stories of health in prison are scarce and barely addressed even in the Global North (Dixey et al. 2015:96). A more detailed description of the problem statement of the research will subsequently follow.

1.1 Problem statement

Incarcerated mothers are ever so often the only caregiver for their children (Van den Bergh et al 2011:690). The absence of a father often leaves mothers with the sole responsibility for the children which constitutes a source for emotional pressure on them in the absence of a father who can take over the responsibility if the mother is imprisoned (Siegel 2011:26). Allowing young children (infants and toddlers) in the Kenyan prisons will probably have both negative and positive influences on the mothers as well as the children. It is highly conceivable that mothers psychological well-being will be negatively impacted if they have to abandon their young child when incarcerated with limited possibilities of seeing the child. Survey interviews with women shows a pattern where incarcerated women are anxious about their young children not being with them. This includes worrying about the bond between the mother and child being affected negatively and the confusion for the child of having their mothers taken away from them (Cunningham & Baker 2004:4). However, the emotional well-being of the mother might also be negatively influenced due to having to expose a child to a prison environment. According to Gitonga (2015) women worry considerably and experience remorse about their children growing up inside of a women's prison in Naivasha, Kenya. Furthermore, in the Lang'ata Prison women express the same kind of distress and adds the nutrient issue as another concern (Nordahl n.d.). This constitutes a paradox where the imprisoned mothers' psychological wellbeing of having their children inside of the prison with them could possibly both benefit and impede their mental well-being. Nonetheless, the women incarcerated with a child are in a vulnerable situation regarding emotional well-being and require specific and adjusted mental health care services available to them within the prison. In the following section the purpose and research questions will be introduced.

1.2 Purpose and research questions

The interest of the study is to examine how women in a particularly marginalized and vulnerable situation, being both incarcerated as well as mothers accompanied by their children inside of a prison, are able to claim their right to mental health care and if and how this right is fulfilled. The aim is to examine the mothers' perspective regarding those who are accompanied by their young children in prison and whether they can benefit the right to mental health care which thereby affect their psychological well-being. As demonstrated above, apart from the imprisonment itself women can experience further stress being incarcerated with their children. Therefore, this study will first and foremost focus on the

mental health problems as for depression and anxiety and examine whether the right to mental health care is fulfilled in the prison for the mothers. The scope of the study is narrowed down to Kenya and more specifically Lang'ata Women's Prison in Nairobi which is a maximum security prison where convicted women from all over Kenya are confined (Nordahl n.d). The main research question for the study has three sub questions in order to define and clarify the former. The research questions for the study are as follows:

- How do the incarcerated mothers who are accompanied by their children in the Lang'ata Women's Prison in Kenya experience their mental health care rights being fulfilled in the prison?
- How much information do the incarcerated mothers have about the available mental health care in the Lang'ata Women's Prison?
- How available are mental health care services in the prison for incarcerated mothers?
- How do the incarcerated mothers experience their psychological and emotional well-being and needs of mothers being affected by the prison environment?

1.3 Delimitations of the research

The research is limited to mothers deprived of their liberty while at the same time caring for their young children behind bars in Nairobi, Kenya. The perspective of the child in these circumstances is obviously of uttermost importance as well even though the scope for this study cannot include this perspective. Researchers often embrace the child perspective and there is far more extensive research covering this aspect than the mothers. Therefore, the decision to limit the study to the perceptions and experiences of confined mothers accompanied by their young children can be of value in the research field. According to Stanley and Byrne (2000:4) referring to LeFlore and Holston the research gap is prominent where the incarcerated mothers needs and motherhood issues are not addressed. The mental well-being of the mother is further likely to influence her children's well-being and therefore the women's perspective has significance to examine for both imprisoned mothers and their young children's sake as well. The limitations regarding time and scope for the dissertation is of importance as well in the decision to limit the study to the mothers' perspective.

A fundamental part of fulfilling the right of health for mothers who are accompanied by their young children, is that the prisons offer basic mental health care as for support and counselling. Further, these services are required to be provided by professionals as well as to

be of good quality. Consequently, this study is limited to mental health care rights for incarcerated mothers accompanied by their young children in prison. Next, the disposition for the dissertation will be presented.

1.4 Disposition

To begin with, the methodology for the research will be presented. Here, an overview of the study and its methodology will be given together with ethical considerations, source criticism and further reflections. The chapter will be followed by a section combining previous research together with the theoretical perspective for the study. The results and the analysis will be presented together subsequently. Finally, a discussion which summarizes and answers the research questions for the study as well as presents some recommendations regarding a way forward.

2. METHODOLOGY

The chapter commences with an introduction of the methodological choice that was adopted and the reason for why this approach was selected for the study. The sample of interview subjects will then be presented followed by the method of data collection. The data analysis process of the gathered material will thereafter be presented. Ethical considerations for the study will subsequently follow and thereafter the validity and reliability of the study will be discussed. Finally, some reflections concerning the study as a whole.

2.1 Methodological choice

In this study a qualitative approach is adopted with interviews as its primary source. The interviews are of the individual kind. The reason why individual interviews are preferred for the present study is because of the language barriers a free group discussion would raise. The researcher and the interviewees do not share a mother tongue which would obstruct the documentation of the discussion and group dynamic among other. Furthermore, an individual type of interview method is able to provide interviewees with a considerable higher extent of anonymity compared to group or focus group interviews. Another disadvantage of using group interviews for the present study is the potential risk of an inmate being exposed by fellow inmates if an inmate would share a story that other inmates would find offensive or otherwise disagreeable in any way.

The interviews in the present study are semi-structured. Semi-structured interviewing is the foremost feminist method in order to gain an understanding of the lives of the interviewees. Some of the benefits with this method include the open discussion taking place between the researcher and the interviewee as well as allowing explanations for the interviewee when required (Reinharz & Davidman 1992:18). Especially when interviewing women the aspect of the women being able to share their stories in their own words is of importance since their stories have been neglected historically (Reinharz & Davidman 1992:19). Semi-structured interviews further allows the researcher to interpret the life of an interview subject. The researcher can obtain the experiences and meaning of the interviewees' perspective of the world. Therefore the interview has a purpose as well as a specific technique and emanates from a theme based interview guide. The interview nevertheless shares resemblances with an ordinary conversation (Kvale & Brinkmann 2009:43f).

2.2 Selection of interview subjects

The sample for the study was mothers incarcerated together with a young child which they were the primary caregiver of. The study was conducted in Kenya's capital Nairobi where merely one women's prison was located, namely the Lang'ata Women's Maximum Prison. Initially, an application to conduct research in the prison was submitted to the Kenya Prisons Service in Nairobi. A couple of months later an interview at their headquarters took place where an approval was granted to conduct the research in the prison. A personal visit to Lang'ata Women's Prison followed where they further supported the research and a final approval to conduct interviews within their premises was given. Mornings on Tuesdays and Thursdays for a month's time was the time frame that the research was given at the prison.

The interview subjects at the prison were mothers who resided with their young children in the prison. Alternatively the mothers had resided with their young children in the prison previously and the child was no longer allowed to stay in the prison for different reasons. One of the mothers participating in the study had her child taken from her and from the prison due to a court order declaring her incapable as a parent because of psychological issues. Further, one woman who was not the biological mother of the child was included in the study since she nevertheless was the primary caregiver of the child and saw the child as her own.

According to Kvale and Brinkmann (2009:129) there is no specific limit for how many interview subjects that should or should not be included in a study. Rather, the purpose of the study is the determinant for how many interviewees that are necessary for an optimal result. Since the present study emphasized individual stories and experiences of the interviewees combined with the narrow timeframe a large number of interviews were not possible to conduct. A total number of 19 interviewees were however included in the study. Two potential interviewees in the prison did nonetheless refuse to participate after an introduction which explained the purpose, intentions and ethics around the research. Moreover, there were 20 interviewees from the beginning. One of the interviewed mothers was however excluded from the study due to not having or never had a child with her in the prison since all of her children resided outside of the prison.

The interview subjects' age ranged between 16 to 50 years old with an average age of 27 years old. All of the interviewees except for three of the incarcerated mothers were not married. The majority of the mothers interviewed were in custody. Merely two of them were convicted at the time of the interviews. The time the interviewees had spent in custody ranged from three months to over two years. The main offences that they were accused of or convicted of were murder and manslaughter as well as different kinds of drug offenses. Mainly, the interviewees had a low educational background with one interviewee not having any education whatsoever. The majority of the interview subjects had attended high school even though several had not finished this level of education. There were a few exceptions however where two interviewees had attended some type of higher education with one interviewee having a bachelor degree from a University. The remainder of the interviewees had attended a primary school level. All but five of the mothers interviewed had more children outside of the prison. The age of the children of the interview subjects that resided in the prison ranged between two days and three years old. The interviewed mothers were the primary caregivers of the children in all of the cases. Most of the children's fathers were not involved in neither the child's nor the mothers life. A few had deceased whereby some by the mothers own hands and one of the fathers was in prison. Merely three of the fathers were still on good terms with and highly involved in both the mothers and the child's life. Two of the fathers were only still involved in the child's life in some way. None of the interviewees had ever been in prison before the time of the interviews.

2.3 Method of data collection

A total of 19 interviews took place in the Lang'ata Women's Maximum Prison in Nairobi with imprisoned mothers who had their young children with them in the prison. The exact place for the interviews within the prison varied greatly and were always more or less improvised. The interviews took place in the prison offices, classrooms, outside in the yard area etc. The interviews were semi-structured since they originated from an interview guide which derived from specific themes. The interviews lasted in duration between 45-60 minutes. Since the prison forbade any type of recording devices inside of the prison manual notes had to be taken during the interviews as an alternative. Even though this limited the recording of complete statements, nonetheless many quotes were able to be documented. The remainder of the interview statements were recorded as summaries as a substitute.

All of the interviews except for two were conducted with only the interviewer and the interviewee present. At the two other interviews an interpreter was present as well due to two of the interviewees not being very proficient in English and therefore they preferred to speak in Swahili during the interview. The interpreter worked as a prison officer in the Lang'ata Women's Prison. Nevertheless, she was also an educated psychologist and was therefore familiar with a research process as well as the confidentiality part of it. Therefore, the judgement was made that she could be a reliable interpreter for the interviews.

Finally, the majority of the mothers interviewed expressed positive emotions about being interviewed. Many of the interviewees were happy to be able to share their stories with someone from outside of the prison. Several of them wanted to stay after the interview to discuss other things in their lives. The interviewees told their life stories and became very emotional during the interviews which could be an indication of their need of unbosoming.

2.4 Method of data analysis

For the data analysis one of the most common methods was applied, namely coding. The data collected during the interviews was read through carefully and thereafter coded. As recommended, notes were taken where the term and denotation for each relevant section was

documented (Kvale & Brinkmann 2014:241f). Structural coding was applicable since the research was qualitative with semi-structured interviews and several respondents (Saldaña 2009:66f). Thematic analysis was then applied to the data which was appropriate for the structured codes (Saldaña 2009:69). Themes were identified in the text where segments which illustrated the same things were categorized under the different themes (Gibbs 2007:38). The term theme was used due to the research’s purpose of attaining knowledge about individuals’ experiences (Gibbs 2007:39). Further, the themes identified through coding originated from the theoretical framework for the study.

The manual notes from the interviews was first transcribed to digital form and thereafter printed. The material was thereafter read in-depth and coded through highlighting text with color according to specific labels as for a concept-driven type of coding. Initially thematic ideas about the text were formed based on the literature review combined with reading parts of the transcripts (Gibbs 2007:45). The initial thematic ideas were “the identity as a mother and a criminal”, “incarcerated mothers and depression/anxiety” and “mental health care rights in the prison”. During the coding process the initial thematic ideas could be structured into specific categories with associated codes and sub codes. “We and them – the fortunate mothers and the unfortunate others”, “the ambivalent feelings of being a mother with a child in prison” as well as “mental health and care in the prison” became the final themes through the data analyzing process. The theme of mental health and care in the prison combined two different codes because of the codes interrelation with each other and therefore they could beneficially be jointly analyzed under one theme. Sections were then formed where different similarities and dissimilarities between the statements were identified and analyzed. Below the themes, categories, codes and sub codes from the data analysis are summarized in a chart.

<i>Themes</i>	<i>Categories</i>	<i>Codes</i>	<i>Sub codes</i>
We and them – The unfortunate mothers and the fortunate others	- Differences between the interviewees and other people	- We and them	- Money/No money - Caring family/No family present - Being a mother and a criminal – Societal reaction - Being a mother/not being a mother

The ambivalent feelings of being a mother with a child in prison	<ul style="list-style-type: none"> - Ambivalence over being incarcerated with a child 	<ul style="list-style-type: none"> - Ambivalent feelings 	<ul style="list-style-type: none"> - Mothering from a distance/mothering in prison - Positive/negative feelings of having a child in prison
Mental health and care in the prison	<ul style="list-style-type: none"> - Emotional well-being of the incarcerated mothers - Available mental health care in the prison 	<ul style="list-style-type: none"> - Depression and anxiety symptoms - Mental health services 	<ul style="list-style-type: none"> - Suicidal thoughts - Expressed negative feelings - Available professionals - Available services

Advantages with the type of coding analysis applied were that the material was thoroughly processed and analyzed which assisted the analyzing process and provided a more clear overview of the collected data material (Kvale & Brinkmann 2014:242). A disadvantage with the method could have been entering the coding process with already set themes which derived from the theoretical perspective of the study. This could have limited the coding process into a narrow focus as well as inhibited new viewpoints on and innovative ways of analyzing the material.

2.5 Ethical considerations

The purpose for the present study required special ethical considerations since mental health was a subject that could be a private matter and infringe on a person's integrity and therefore be a problematic subject to discuss. The interviewed mothers were in a particularly vulnerable position as well being incarcerated. Therefore, the introduction was especially thorough and the interviewer treaded carefully through the interviews. This was in order to not deceive anyone into participation or to upset anyone who took part in the interviews.

In order for the four main research requirements recommended by Vetenskapsrådet (2002) to be fulfilled specific measurements and considerations were made. First, the interview subjects were informed in their preferable language of the study's overall objective. This included how the study would affect them as well as the interviews structure and content. The interview

subjects were further informed about their right to refuse to answer any question and to terminate their participation at any time. The interviewees' absolute anonymity in the final dissertation was further clarified. They were moreover informed of how the data material would solely be used for research purposes and that it was not intended for any commercial purposes (Vetenskapsrådet 2002). As a final point, the interviewer opened up for any potential questions the interviewees might have had before the consent from the interviewees was finally obtained. Thereafter, the interviews proceeded to take place.

Ethical considerations in the interview situation itself were likewise of significance. Since the researcher outlined and regulated the situation, the researcher and the interview subject were not equal during the interview and a power asymmetry therefore existed (Kvale & Brinkmann 2009:48f). In the study the interview subjects were in a specifically vulnerable situation beforehand and therefore the inequality in the interview situation was most likely even greater. To diminish the power asymmetry is a difficult process. The researcher attempted with this in mind to create a safe, relaxed and open environment during the interviews in order for the interviewees to feel safe enough to be able to share their opinion, experiences and feelings candidly. Referring to the collected material from the interviewees which demonstrated an emotional insight into the interviewees lives, this could perchance have been the case at least to some extent.

The names of the interviewees were altered in order to preserve their anonymity, they were referred to in the result presentation as respondent 1, 2 and 3 and so on. Similarly, anything that was possible to directly derive to the interviewees identity from their statements as well as any delicate personal information that was not relevant for the study itself, was excluded from the presentation of the results. Since the women's own words and stories were in focus, quotes that were able to be documented and that were presented in the results was not altered apart from when information that could expose their identity was mentioned.

2.6 Validity and reliability

Since the study relied on the interviewees own stories and experiences the reliability could be questioned. Differences in the participating individuals' mental states, distortions of the

memory as well as their own perception of the situation could potentially have changed the results in a replicating study. Moreover, the generalizability of the study was not as extensive as a quantitative study would have been able to offer. On the other hand, this was not the purpose of the study either since it envisioned to examine a few women's experiences in-depth. This would not have been possible within the limited timeframe of the study if a quantitative approach would have been embraced or even if a larger qualitative study would have been conducted.

The inequality in the interview situation could perchance have alternated the interviewees' responses in favor for what they believed the researcher was searching for. The risk of this was however reduced due to the information given to the interviewees regarding the study and that there were no immediate gains for the interviewees from their participation in the study.

2.7 Source criticism

The *general reliability* of the sources applied in the study may well be considered to be of a relatively high reliability overall. The content is first reviewed from a common sense perspective and on the authors' personal knowledge on the subject. The openness and competence is moreover taken into account as well in the consideration of the sources general reliability. The websites are reviewed with the purpose of finding the author or responsible originator in order to evaluate the general openness of the sources. Since the sources do not attempt to hide their originators the openness is an indicator of the general reliability of the sources. The competence of the sources is based on the relation to a recognized research institute or University concerning the previous research referred to throughout the dissertation. The means of expression in the sources are an additional factor supporting the general reliability with correct formalities in the sources applied (Thurén & Strachal 2011:11f). Concerning the international and regional human rights law cited above the sources originate directly from the primary sources as for the United Nations website which reduces the risk of corrupt information and strengthen the *authenticity* which Thurén and Strachal (2011:13, 16f) refers to. Regarding the other sources applied primary sources is as far as possible used with the intention of ensuring the authenticity of the sources. The *time* frame of source criticism is further taken into consideration since the sources applied is reviewed by the date they are updated as well as cross checked against other sources in order to review the

dependency of the sources (Thurén & Strachal 2011:14ff). The *tendency* of the sources is furthermore reviewed through comparing different sources, as for example comparing the western world's view to Kenya's when required (Thurén & Strachal 2011:18ff).

The interview material accumulated during the research can be disputed as a result of being gathered from mothers in an exposed situation, being incarcerated. Since the prison staff initiated the first contact with the interviewees' one can imagine that the inmates are keen to please them by means of participating. Additionally, the same bias can apply to the interviewer where the interviewees are saying what they believe the interviewer wishes to hear. Considering that two of the potential interviewees actually refused to participate after an introduction of the study and ethical aspects, it reduces the risk of this being the case. Further, there is no monetary gain for the interviewees to share their stories. The interviewees were also informed that no other immediate gains for them was to come from them participating in the study. Therefore the issue with them sharing incorrect and invalid information decreases along with the tendency of the sources (Thurén & Strachal 2011:18). The dependency of the sources is cross checked since there are several interviewees participating who shares similar stories although not identical which endorses the reliability of the sources (Thurén & Strachal 2011:15f). Since the interviewees are in the prison at the time of the interviews it is unlikely that they will forget or distort the information they give and therefore the time aspect of source criticism is taken into consideration as well (Thurén & Strachal 2011:14f). In conclusion, bearing in mind the principles of source criticism in combination with the authors' personal knowledge the sources applied in the study acquires a general high reliability.

2.8 Reflections

The initial intention was to have an interpreter present during all of the interviews which could have benefitted the interviewer to fully comprehend the respondents' statements as well as offered the option for the interviewees to have used the language they preferred. However, the prison was reluctant to allow an interpreter into the prison and as an alternative they offered the assistance of the prison officers when required. The language barrier was therefore noticeable during several of the interviews which presumably affected the interviews in a negative way. This was attributable to details potentially being left out of the interviewees

stories due to the interviewees' limited vocabulary in the English language. Another obstacle regarding the language barrier was the prohibition of recording the interviews. Because of this, an absolute transliteration was not possible and as a result some of the interviewees statements were inevitably lost which most likely negatively affected the final results. Despite this, large parts of the interviewees' literal statements were possible to capture by hand. Additionally, two of the interviews included of necessity a prison officer to function as an interpreter. This could also have had a negative impact on the results by reason of merely the interviewer and the interviewee being present at the remainder of the interviews conducted.

Last but not least, a narrative analysis method was originally intended. However, since a narrative analysis required considerable space in order to present the narratives from each and every one of the interviews, this proved to be impossible. The relatively high number of interviews conducted in the study in combination with the limited space for the presentation of the same would have made the results suffer significantly. The subsequent chapter will present a literature review with previous research and the theoretical perspective of the study.

3. PREVIOUS RESEARCH AND THEORETICAL PERSPECTIVE

3.1 Previous research

There are several research studies conducted about mothers in prison who are accompanied by their children in the Western world. Unfortunately, the African and more specifically the Kenyan setting are scarce in this type of research as mentioned previously. The studies referred to in the chapter are relevant for the purpose of the present study in the meaning that they combine the studies of female inmates, motherhood and mental health both in an international setting as well as an African and Kenyan setting. The international research referred to problematize mental health in women's prisons and are therefore significant to include as a contextual background for the research referred to emanating from Kenya. At the outset, health in prisons internationally will be discussed followed by mental health in African prisons and thereafter Kenya's mental health situation. To conclude the previous research about mental health the discussion will finally be narrowed down to women's mental health situation in Kenyan prisons. Background information stemming from research on the

incarcerated mothers in Lang'ata Women's Prison, the location for the research of the present study, will subsequently be introduced.

3.1.1 Health in prisons internationally

A study conducted in the United States involves pregnant women in prison where more than half of the participants are black women (Fogel 1993:35). The women in the study report experiencing high levels of anxiety and depression symptoms. They further report that they believe the imprisonment is a health issue that can potentially affect their children negatively. Of the participating women, 52.3% do not receive sufficient health care during their pregnancy while incarcerated with 4.4% not receiving prenatal care of any kind (Fogel 1993:36). The results display a significantly higher prevalence of insufficient prenatal care for non-white women (Fogel 1993:37).

Both the physical health and the mental health are affected by incarceration, the inmates' states in two women's prisons in England. The physical health is affected in prison because of the poor nutrition they receive combined with idleness. The mental health is affected due to separation from their families, self-harming while in prison and that women suffer from mental health problems when incarcerated. The study indicates that the separation from their children in particular has a severe negative impact on the mental health of women in prison. Not to go unnoticed, some women experience incarceration as a positive influence on their physical health due to being able to receive their elementary needs of food and shelter (Douglas, Plugge & Fitzpatrick 2009:752). Other studies results likewise indicate that the separation from the children is a major issue regarding women's mental health in prison which can lead to depressive symptoms. The separation from their children often induce feelings of guilt (Poehlmann 2005:353f). In two studies with a majority of Afro-Americans participating the incarcerated mothers shows signs of depression, anxiety and elevated stress levels due to parenting stress (Houck & Loper 2002:552ff). In addition, the more contact the mothers have with their children while in prison the lower their stress levels are and the better their emotional well-being is (Tuerk & Loper 2006:37).

3.1.2 Mental health in African prisons

A study conducted in six prisons in Botswana housing female inmates indicate a high prevalence of mental and physical health problems in relation to criminality. The correlation between the two is significant with depression and anxiety included as the most prevalent health issues among the female inmates (Modie-Moroka & Sossou 2001:22). The mothers highlight their desire to be good mothers when they are released from the prison and they display their deep concern of their children (Modie-Moroka & Sossou 2001:20). The authors' further states that specifically modulated programmes for the specific needs of women is required. Further research regarding women and their health, children as well as criminality and how these factors interrelate is additional recommendations they provide (Modie-Moroka & Sossou 2001:23).

3.1.3 Mental health in Kenya

In a cross-sectional survey at ten health facilities in Kenya, the scant majority of the participants are women. The study shows that 4.1 % mental disorders are detected in patients by doctors at the facilities. Among others, these mental disorders include depression (Ndetei et al 2009:2f). The interesting part of the results is that the diagnoses when assisted by instruments show a general rate of 42.3 % of depressive symptoms. A number which even increases in some of the health centers in the study with numbers up to 66.2 % (Ndetei et al 2009:6). In Kenya the budget for mental health and the number of professionals in the area are severely limited with approximately 6 new psychiatrists being trained in Nairobi every year (Kiima & Jenkins 2010:4). Employees at health centers and dispensaries have a minimum of education in the area of mental health. Depression and anxiety which constitutes two of the most common mental health problems often goes untreated even in the exceptional occasion when it is diagnosed (Kiima & Jenkins 2010:5).

A survey in Kenya indicate that the general population rely on their religious and traditional leaders rather than modern health workers concerning curing less severe psychiatric disorders. Participants consider a depression to originate from circumstances as poverty, social issues and dwelling on things as well as major life events (Muga & Jenkins 2008:471). When someone is depressed the participants regard a person's social network of family and friends as the most favorable assistance. An exception from this is the more severe forms of mental

health disorders, in those cases a hospital is favored. Furthermore, the participants wish for specialized psychiatric services to be accessible for everyone with specialized hospitals available in Kenya (Muga & Jenkins 2008:472). In general, depression is not seen as a disease and not something to be counselled through and seek assistance for in a hospital. The hospital is seen as something you merely get medication from. Treatment is therefore for the Kenyan population associated with medication rather than counselling (Muga & Jenkins 2008:473).

3.1.4 Women's mental health in Kenyan prisons

The majority among incarcerated women in Kenya are depressed, a study about depression concludes conducted in four prisons housing female inmates. A typical symptom of depression among the women as for sleeping the whole day is indicated in the study. According to the results a majority of the women incarcerated in Kenya are even considering suicide (Mwithalii Kamoyo, Barchok, Mburugu & Nyaga 2015:59). Another study conducted in Lang'ata Women's Prison and one additional prison in Kenya further indicates the psychological impact incarceration has on women. The results demonstrate the vast majority of women reporting this psychological impact (Osebe 2011:43). Additionally, a majority of the women states the impact on their health due to incarceration as well (Osebe 2011:51). A majority of the incarcerated women in a Kenyan study about relationships do not find the prison environment pleasant. The women take comfort in interpersonal relationships, they do not want to be by themselves and wish to interact with others. The women who are separated from their children when imprisoned experience a larger negative impact regarding relationships. To preserve a caring family when incarcerated is correlated to strengthening women and assisting them in any complications they encounter in the prison ((Mwithalii Kamoyo, Barchok, Mburugu & Nyaga 2015:188f).

3.1.5 Lang'ata Women's Prison in Kenya

The Kenyan prisons are more than two times over their capacity level regarding occupants and are therefore significantly overcrowded. The inmates are affected by this in negative ways as regards to cleanliness among other things. The largest women's prison in Kenya is Lang'ata where a prison nursery is available and the children of the incarcerated mothers are able to reside until they turn four years old. There is approximately over 50 children residing in Lang'ata together with their incarcerated mothers. The mothers either bring the children

with them to the prison or they give birth while inside of the prison. Incarcerated mothers in Lang'ata testifies of horrendous health conditions where they are afraid of their children's lives. Regardless of this, the mothers prefer to have their children with them inside of the prison rather than on the outside. Since a daycare center opened in Lang'ata in 2013, the mothers and their accompanying children can supposedly enjoy enhanced life conditions in the prison (Warner 2014:80f). The next section will provide an overview of the theoretical perspective of the study.

3.2 Theory

Firstly, the intersectionality perspective will be introduced and thereafter deprivation theory with the deprivation model. Criminological theories are often based upon research on men states Adler (2011:236f) which likewise includes the deprivation model which is based on male inmates in the United States (Wooldredge 2010:4) The women included in the present study are not just of the opposite sex from the respondents in the common theories about incarceration but they are also mothers and more importantly mothers who are accompanied by their children in prison. The intersectionality theory perspective presented below is intended to diminish the consequences of applying a theory grounded on observations of the male gender. By placing the research in a setting which includes women in the theorizing as well as other important analysis factors as being a mother (gender), the level of education (class) and finally the contradictions within the nation (race/ethnicity) a more adjusted analyze for the interviewees of the study is possible.

3.2.1 Intersectionality

In the beginning feminist theory solely focused on gender and women's gender roles. Further on theory that was based on and inclusive of women developed to incorporate other aspects of women's life as race, class as well as gender (Adler 2011:242).

There are many different ways to define *intersectionality*. Intersectional gender can be considered to constitute the foundation for a theoretical framework for feminists, a category which then are built upon in different ways (Lykke 2010:52). Intersectionality is defined as a theoretical perspective by de los Reyes and Mulinari (2005:23) and Lykke (2010:50).

Intersectionality can be used as a methodological tool to reveal the underlying links of power structures and other sociocultural categories that make inequality possible. Emphasis is on the way that different social labels of people as for gender, class, race, ethnicity and nationality are linked to one another and interrelate. Together the different labels creates a foundation for power relations and inequality (De los Reyes & Mulinari 2005:24; Lykke 2010:67). Important to acknowledge is that the different *categorizations* which intersectionality combines in order to illustrate inequality can be theorized differently depending on the framework of the study. *Power/disempowerment, privilege/lack of privilege* as well as *in/exclusion* are examples of such categorizations that are relevant to be theorized in the present study (Lykke 2010:51). For the present framework the intersections between gender, ethnicity and class are further prominent main categorizations to analyze.

Referring to Balibar and Wallerstein who emphasize the importance of the nation in their intersectionality de los Reyes and Mulinari (2005:30ff), further develops a version of the intersectionality perspective. This include the nation's role in the construction of "others" in a social and symbolical meaning. The construction then constitutes the foundation for ethnical/racial differences or contradictions within the nation regarding social and economic relations. The main point is that the labels of race, nation and class are required to be analyzed within its context, the historical and ideational setting.

For the present study the contradictions within the nation are of great importance in order to conduct an analysis from an intersectional perspective. Kenya is a country with major financial and social differences which are in addition related to gender, class and race/ethnicity.

3.2.2 The deprivation model

The deprivation model consider imprisonment to be a situation in which the inmates are deprived and degraded. Among other things the inmates are deprived of such rights as freedom as well as goods and services which Sykes (2007) refers to as the *pains of imprisonment*. Although these forms of punishment are not alike the physical type of punishment they have substituted, they are nonetheless depriving for someone's psyche and

mental health (Sykes 2007:63f). “Such attacks on the psychological level are less easily seen than a sadistic beating, a pair of shackles in the floor, or the caged man on a treadmill, but the destruction of the psyche is no less fearful than bodily affliction and it must play a large role in our discussion” (Sykes 2007:64).

Sykes identifies five pains of imprisonment to be the most common when incarcerated. *The deprivation of liberty* means apart from the evident physical restrictions imposed on the inmates that their social relations are unwillingly restricted. The inmates therefore cannot communicate with their close ones without restrictions. This can moreover in many cases lead to inmates losing the contact with their family and friends on the outside as time goes by. The loss of the relationships on the outside can lead to loneliness and other painful emotional consequences for the inmate. The utmost hurtful part of this for the inmates is nonetheless the stigmatization that this type of treatment exhibits. Due to the fact that their own family and friends are part of this rejection from the society it becomes all the more hurtful (Sykes 2007:65f).

The deprivation of goods and services constitute the second pain of imprisonment. The inmates do not have the same accessibility to the same extent of the goods and services that they would have access to outside of the prison. The basic needs of a human being regarding food, clothes, shelter and such things are being fulfilled but merely to a minimum extent. Health care is further included in these services which is simply to be on a tolerable level in the prison. The inmate is deprived of anything more than the sufficient, as for a more interesting diet, privacy or space in the prison (Sykes 2007:68).

The author’s third pain of imprisonment is the *deprivation of heterosexual relationships*. A deprivation originating from not only sexual frustration but also the way a man cannot define himself without a woman (Sykes 2007:70ff). The deprivation of heterosexual relationships will not be included in the present analysis. The interviewees are the primary caregivers of their children and the fathers are in the majority of the cases absent from their lives even before the interviewees were incarcerated. To analyze the interviewees’ deprivation of heterosexual relationships is moreover not relevant for the aim of the study nor for a feminist

study. This part of the deprivation model will not contribute to answering the research questions for the study.

The deprivation of autonomy constitutes the fourth pain of imprisonment in the deprivation model. It translates into the restricted decision-making the inmates have regarding themselves (Sykes 2007:73). This poses a threat to people's self-image and further infantilize the inmates and place them in a kind of state where they are in a helpless condition and at the mercy of the prison staff. The author claims that the deprivation of autonomy can lead to severe anxiety because of being reduced to and treated as a helpless child even though you are an adult (Sykes 2007:75f). The final pain of imprisonment is *the deprivation of security*. For an inmate this situation can lead to severe anxiety due to constantly having to fear the people surrounding them. A loss of security is experienced for the inmates when always having to be on your guard (Sykes 2007:76f).

Either the inmates can adapt to the pains of imprisonment or react to them in order to relieve some of the psychological frustration descending from these deprivations (Sykes 2007:106f). The consequences resulting from the pains of imprisonment are either individualistic where no one else is taken into consideration but the prisoner. Aggressiveness and violence can be the outcomes of this. An alternative is that the inmates come together and form a combined resistance against the guards. To form a social group which the inmates can identify with leads to cooperation between the inmates and make it easier for the inmates to adapt to the pains of imprisonment. This is due to cooperation providing the inmate with a social network for emotional support in the prison which taking the individualistic road to relieve the pains of imprisonment do not (Sykes 2007:106f, 131).

The theories presented in this chapter will be used jointly in order to answer the research questions for the study in the following chapter. The deprivation model will function as theoretical instrument to analyze what the incarcerated mothers accompanied by their children are wanting in the prison and how this affect their mental health. The intersectionality perspective will provide a foundation for the analysis factors which the deprivation model excludes due to the model being based on research on the opposite sex. The intersectionality

perspective takes into account the factors in the interviewees' lives that are required in order to be able to analyze the injustice, inequality and inequity of their situation. The theories will therefore together create the theoretical framework and tools for answering the research questions of the study. In the following chapter the results and the analysis of the gathered data material will be introduced.

4. RESULTS AND ANALYSIS

The chapter combines the results of the study with an analysis of the same where the theoretical perspective of the study will be applied. The chapter is divided into the three main themes which derives from the gathered material of the research. To begin with, the theme we and them – the unfortunate mothers and fortunate others will be introduced. Thereafter, the ambivalent feelings of being a mother with a child in prison. Finally, mental health and care in the prison. Summaries as well as quotes from the interviewees' statements will be presented. The summaries are intended to complement the quotes at times when the literal quotes have not been able to be documented.

4.1 We and them – The unfortunate mothers and fortunate others

[...] If you're outside you can do what you want as a mother but here you're tied down. You're limited in prison
(Respondent 6).

Many of the interviewees describe how much easier it is for the women in prison who do not have a child with them in the prison. The women with no children have no one to care for which is hard work. The other women are furthermore able to access the kitchen in order to retrieve more food which the mothers accompanied by children are not. Being an incarcerated mother accompanied by children seems to be discriminating in multiple ways. From an intersectionality perspective their position as mothers and criminals are not compatible where the society judge them harder for being incarcerated mothers and in addition incarcerated with their children. The mothers are punished not just through incarceration but also through the society and the stigmatization their imprisonment leads to as a pain of imprisonment. A stigmatization and deprivation of liberty which is made worse since the mothers are

incarcerated together with their children and their family is a part of the society that judge them. Respondent 1 express her worry about what the society will say to her child about her as a mother as well as the crime she is in custody for and states:

My mother doesn't want to see me or the other children I have. I get no visits [...]. It's very bad and it's very shame, so you feel guilty. [...] Society will abuse you [...] (Respondent 1).

Some family just wash your hands off you, think you're a bad person cause you're in prison [...]. Also, people talk badly about the mothers in prison to their children. When the children are young it's hard for them to hear those things. Peers and even teachers will mock and gossip about the mother in prison (Respondent 10).

When you're in prison you don't have any friends, they fear you... they on the outside. It will take time to get friends again on the outside. When people hear you're in prison they think it's a bad, bad place and they think you learn bad things here (Respondent 13).

[...] Sometimes I feel rejected by my family cause they don't come to visit. You feel hated by your family members. The society talk, say you're bad (Respondent 15).

All of the interviewees except for one repeatedly refer to the goods and services that they are deficient of in the prison. The more prominent goods the interviewees refer to are food, clothes and health care. Baby wipes, diapers and soap are frequently mentioned as well. The interviewees consider the lack of these goods to be a major issue especially for them who have children with them in the prison. They have to rely on visitors to provide these things or the money they are in need of in order to purchase these things. However, since many of the interviewees do not have anyone to visit alternatively do not have any family or relatives able to visit them. This can be due to them living far away and not being able to afford the transportation to the prison.

Life is not good here. If I could get someone to get for my kid clothes. When it's raining now, when I wash them I don't have any napkins for my baby. And I don't have money to buy pampers. Here, in prison apart from basic needs you can't get anything else. You don't have the privilege to get anything more than basic needs. If you get money you buy fruits, milk. Can't get oils, perfumed soaps. We only have the selected ones (Respondent 15).

It's hard because we say for example the baby needs tissue, clothes. You don't have anyone to see you so it gets hard. Sometimes you get stress cause your baby is sick. You go to the clinic here and they just say go away. Maybe if the child has malaria they just give painkillers. It takes a long time to be able to go to Kenyatta hospital. The diet the people here are getting is poor so if you don't have money to buy things like fruits
(Respondent 15).

My son was crying when he saw children with foods, snacks cause I didn't have money to buy. He was crying always. It was very bad, it was making me feel bad feelings about my issues and why I am here. It was very depressing and no one came visiting with food or tissue (Respondent 8).

I feel so bad. Because I see other children eat good things. They buy in shop but me I don't have anything. Sometimes food is so bad [...]. Sometimes I see other children are very smart but not mine cause I don't have anyone to visit to give me clothes (Respondent 19).

Merely one interviewee states that the prison will provide the inmates with goods and services that they need if they cannot receive these things elsewhere.

People here who have kids... If you don't have family who come, the prison gives you everything that you need
(Respondent 10).

Moreover, the interviewees frequently states that it is easier for mothers who have their freedom to access such things as health care. The statements reflect the deprivation of goods and services in the prison where the interviewees merely can access health care to a minimum extent and to a limited quality. Of the interviewees, 13 of them say that it is harder to access health care inside of the prison. Respondent 9 for example states that it is harder for mothers in prison to access health care than mothers on the outside and she explains why:

If child gets sick, you go to madams¹ and explain what the problem is and the chain takes too long to get help here (Respondent 9).

¹ The prison officers and the other female staff in the prison.

It's easier on the outside because you're free. You can go anytime (Respondent 14).

It's not good. The child is not feeling good. They just give you a pill if you go there, nothing else. We have a dispensary. During nights you call the madams and they call the doctor. You go at mornings, not during daytime because the doctor comes at certain times (Respondent 9).

And here, a child dies of pneumonia because they only give you Panadol. If you go here with malaria they say you don't have and when you go to hospital they say you have because they don't have good enough instruments here to know and they're too slow! It takes a long time to get help [...] (Respondent 18).

A total of four interviewees states that it is easier to access health care inside the prison than for mothers on the outside. Two interviewees states that there is no difference regarding access whether they are in the prison or outside. The reason why they think it is easier is mainly due to the financial struggles they experience on the outside. Most of the women do not have a high education or a family who are able to assist them financially which is probably why a prison environment in many ways can seem as an improvement in their lives regarding access to health care and other goods and services.

In prison it's easy to access health care. On the outside you have to pay so can be hard if you don't have money. Here, government will pay (Respondent 10).

To have money and to have a family who come to visit is further mentioned by several of the interviewees as a source of support albeit the majority of the interviewees lack this privilege. If you have money then the life in prison is alleviated and not so bad in their opinion. To have a family who can afford to come and visit them and also have spare money to give to the inmate, in contradiction who do not have this luxury is a sign of both class differences and contradictions within the nation. Albeit the majority of the incarcerated mothers do not come from an upper-class the differences, even small, can mean the difference between having medication for your child or not. To be able to give their children some extra food is further of importance for the interviewees, something they are not in a position to do. Without money,

family or the possibility of working for other inmates, as for example doing their laundry, the interviewees are deprived of the goods and services that they require. Respondent 1 tells me she is still breastfeeding due to her not having money to buy any other food for her child.

Some women come with money and have family and then it's not that bad. When you can buy things it's okay. Otherwise it's a big problem when you don't have money [...]. Here, when you don't have money you end up eating prison diet (Respondent 8).

They deny you some rights. If you have a visitor they take some of the items they come with [...]. When you don't have money here, you're no one. If someone bribes, pay something small they can keep their socks for example (Respondent 18).

Money is moreover something the interviewees refer to as a resource through which people can be released from prison as well. According to many of the interviewees all of the women in custody remain there since they themselves or their family cannot afford to pay their bail for them. If you have money you do not have to stay in prison. This is an indication of the contradictions within the nation combined with their class and education level together with them being women as well as mothers. These social labels and categorizations jointly work in order to place them in a more vulnerable situation than most people. This results in the interviewees not being able to pay their bail or take advantage of a corrupt system by bribing their way out of the prison.

I always feel so bad because I was brought here innocent and the police knew but because they are corrupt and I couldn't give them money...

Because we are always taught in our Constitution they are fighting for justice and most people here are innocent. We didn't have money to give to the judge. People with money come for two days and then go! (Respondent 16).

The interviewees often express that they have to accept their situation and that there is nothing that can change their life situation. The interviewees seem to by some means have integrated the society's view upon themselves which includes the view of their families, the prison and

the rest of the outside world. They have accepted their exclusion from the society where they are the ones who lack privilege and are disempowered.

Don't think you can get good life in prison. [...] We must accept the situation cause we have no other alternative
(Respondent 5).

Initially I was fighting everything. I have calmed down now and accepted the situation (Respondent 7).

Mothering can in addition be seen as one of the social groups that is created within the prison. The mothers can relate to each other which constitutes an adaption to the pains of imprisonment through cooperation. Many of the interviewees states that the mothers who are accompanied by their children in prison are in a very different position than the women who do not have a child with them in prison. Some of the interviewees further express that mothers assist each other with babysitting when required while others state that the mothers do not assist each other.

It's easier for those who don't have children in prison, they can take up small courses. You're not allowed to when you have children. [...] Other women carry their own burden (Respondent 7).

They don't have to do anything, you... you have to take care of your baby. There is difference. We have to be on our watch all the time for babies. The other women are free to relax. What a single person can do I can't as a mother. If I want to go and dance, I can't. I have to take care of baby. I have to feed her first before I eat. Have to care for baby first, not me (Respondent 6).

Mothers, we have the children here. We are so stressed but the others they don't have many things. Mothers have more to do (Respondent 9).

A mother with a child in here have a hard time. If you don't you can sit down and focus on your case. If you have, you don't have time. You're still focused on case but have to give food to child. Sometimes no water then have to go look for water (Respondent 16).

A kind of “we and them” is created within the prison separating the mothers and especially the mothers accompanied by their children from the remainder of the inmates. The interviewees moreover states that the prison make this separation as well which is an example of the deprivation of autonomy. The interviewees are in the mercy of the prison staff in order for them and their children to survive. The mothers with their children are separated from the rest of the inmates regarding where they reside and what food they are given among others things. Mothering can be seen as a form of subculture which the interviewees submit to in order to adapt to the pains of imprisonment.

The mothers here with children are taken care of well sometimes than the ones who don't have children. We sleep with three blankets at night. One for baby and two for you. You are given food for the babies but the other ones they eat the normal one (Respondent 18).

Madams favor for those who have children, give better foods and water (Respondent 3).

For sleeping, others they're sharing for two beds three people and I share one bed with my kid. The room we're staying are just twelve. Other are hundred and over. They have two blankets per person and we have three (Respondent 15).

However, relatively few examples of the inmate cooperation adaptations that often follow the pains of imprisonment are visible among the interviewees. Other factors as having more than one role in the prison as for also being a mother, a woman etc. can have an effect on these results. Several of the interviewees are nonetheless displaying an individual position in the prison where they are often keeping to themselves and not wanting to rely on other people in the prison. For example, respondent 13 describes how lonely she is in prison and that she does not have anyone to talk to. The feelings of loneliness can be induced by the women not having anyone to visit them which seems to make them more inclined to feel like the world is against them. The previously mentioned stigmatization of the interviewees from the society due to the deprivation of liberty is an explanation to the visits being scarce for them. This can be a prominent reason why they choose a solitary path in order to relieve the pains of imprisonment.

I'm feeling guilty, lonely, painful. Because if my people are not coming to see me I'm feeling like a vandal
(Respondent 14).

When the interviewees are asked about what their fears and worries are, different pains of imprisonment become obvious in their statements as for the deprivation of goods and services, the deprivation of security and the deprivation of liberty. Some of the interviewees experience their security being deprived due to other inmates. They describe seeing violence and aggression in the prison which can be another expression of taking the solitary road regarding adaption to the pains of imprisonment. There are further some interviewees who states they do not have anyone in the prison to turn to and one of the interviewee's claim she has never talked much to anyone else in the whatsoever. On the other hand, the majority of the interviewees' states that the mothers cooperate regarding babysitting for example as mentioned previously. Moreover, some of the interviewees describe getting advice from their fellow inmates and being counselled by them which is a sign of them turning to the other inmates for emotional support through inmate cooperation.

I have a lot of frustration and anger because of the way we are treated here, you can't take care of your children.
It's hard to get along with everyone because everyone are different which causes a lot of anger and fighting.
Court also frustrates the inmates (Respondent 7).

Dirtiness, water for children's sake, hygiene, other inmates, clothes, detergents, soap for the baby, blankets
(Respondent 8).

My worries here is for me and my child to get sick because of the way they are delaying treatment. The other thing, they're different people here. Some have killed (Respondent 18).

Moreover, the "we and them" regarding the mothers accompanied by their children in the prison and the rest of the inmates displayed in quite a few of the interviewees statements indicate adaption through cooperation. The interviewees do not however display a combined resistance to the guards, rather among themselves directed to "other" inmates. Some of the interviewees' statements are negative about the prison staff and therefore it is hard to decide if the interviewees are afraid to speak badly about the prison staff or not. Respondent 16 states

that “some have bad hearts, they don’t come immediately” and refers to the prison officers having the authority to decide when to call for a doctor or when the inmates are allowed to go to the hospital. The respondent refers to the deprivation of autonomy she experience when her and her child’s physical well-being is dependent on the mercy of the prison staff.

I no love them. [...] Some madams here they know you, they will take you for granted. Some will laugh at you
(Respondent 15).

4.2 The ambivalent feelings of being a mother with a child in prison

The women are either pregnant when they arrive to the prison or the children come with their mother to the prison directly from the police station or the court. Most of the interviewees do not have anyone to care for their child on the outside. Therefore, they have to bring their child with them in order for the child not to end up in a children’s home.

I don’t think it’s the best thing to have a child in prison. Most mother’s here don’t have an alternative so it’s better to have them here than in a children’s home but it’s not good to have babies in prison (Respondent 7).

Some of the interviewees want their child to be with them in the prison and some do not. The majority of the interviewees are nevertheless ambivalent in this question and says on one hand they want their child in the prison but on the other hand they want their child to be on the outside. Respondent 4 says that she wants her child to be on the outside in order for her to meet her relatives. However, further on during the interview she says that it is better to be together with your child in prison. She is experiencing a lot of guilt about having her daughter with her and that her daughter is growing up in a prison. Furthermore the interviewees often refer to their children being with them in prison as a punishment for the child caused by their mother. The stigmatization the society has placed on them is being transferred to their children as well.

It’s hell having your child here! (Respondent 6).

Most of the time you sympathize with the child because of what he goes through. [...] It's unfair for the child to carry the burden of prison life with us mothers (Respondent 7).

The only advantage I see is I can see him. I can take care of him. You get different feelings at times. Sometimes I wish he could be outside because of the circumstances but most of the time I feel good seeing him even though it's bad to have him in prison. [...] sometimes you get provoked for your child. When you are punished, your child gets punished as well (Respondent 7).

For me, it's like I'm punishing her even. The life here isn't what she would have outside. She only sees one environment, she only sees one garden and one flower. She calls a cow a horse and a horse a cow (Respondent 6).

Personally, since I'm in remand it's okay cause if he was outside I would be so stressed [...]. If he was outside it would be so hard for me. I would wonder how he is. It's better to have him inside, I feel better (Respondent 10).

The pains of imprisonment affect the interviewees in a visible and explicit way as demonstrated from their statements. However, the children will also inevitably be affected by these deprivations which make the mothers suffering worse. On one hand the interviewees are happy because they have their child with them and are able to keep their child safe in some ways. On the other hand it makes the interviewees feel worse since the child has to endure the same deprivations and environment solely because they are their children. The pains of imprisonment the interviewees states that they experience are further mostly focused on their children and their children's needs. Being an incarcerated mother can be viewed upon as a form of double punishment with the mothers not only having to suffer themselves but also having to see their children suffer.

Sometimes I look at her I feel like crying. I can't give her what she needs in life. (Respondent 6).

It's very bad cause no good things baby learn here. When you have a baby in prison you feel pain cause that baby is serving something she doesn't know (Respondent 13).

[...] when I start thinking about her sister or when I'm stress... I have stress here, I stress Sophia² and when she does something bad I beat her because you have stress. So I affect her. I would feel less stress if she was outside... and you can beat your baby badly if she is here (Respondent 13).

The deprivation of liberty is evident when the women speak of their families on the outside and mothering from a distance. The loss of relationships is a source of stress for many of the women. The major fears and worries the interviewees have concern their children, both the ones in the prison and the ones on the outside. Respondent 9 tells me that she is worried about having to leave her other children on the outside. Her sentence worries her as well because if she will finish her whole sentence then her children will be all grown up. Furthermore her child that lives with her in the prison will turn four years old before she can finish her sentence and the child then will have to leave the prison and her. She moreover states that she does not want her children to know that she is incarcerated.

The largest fear is losing my child in prison. He was recently very sick and we couldn't access medication until morning. I'm also afraid that they will take my son to a children's home. They can take your child even before four years old if they don't think you're taking care of him properly (Respondent 7).

A big difference if women with kids have a long sentence. It's a challenge for those who don't have kids here especially when long sentenced because they can't see their children. It's good when you have your child here but when they're four years old taken to the children's home. Baby makes you feel like no stress because you can at least see your child. Your child is your family here, makes you happy... no stress (Respondent 8).

Many of us here have left children outside and have them here, we think a lot of them (Respondent 9).

Many examples of the loss of relationships as the time passes by as a result of the deprivation of liberty are expressed in the statements. They describe how they have not seen their family since they came to the prison or have lost contact with their family and even their own children. Respondent 14 tells me she does not know where her other children are due to being separated from her other two children when incarcerated. She does not know where they were taken. "Pain, painful" is the reply she gives when being asked about her other children outside

² The child's name has been altered.

of the prison. She is desperate to know where they are and she is deeply worried about them. The prison has not been able to locate where they are either.

It's painful. No one comes to visit you. Family is far (Respondent 3).

Initially they used to come because I had some money in the bank but when they exhausted the bank they stopped coming (Respondent 7).

The deprivation of liberty is every so often interrelated with the deprivation of autonomy for the interviewees. The interviewees describe not being able to call their families whenever they desire to. They further express concerns about not being able to take their children to a hospital immediately but instead having to wait. Examples in their statements like these indicate that the deprivation of autonomy is connected to their children for the mothers and not being able to be the best for their children.

4.3 Mental health and care in the prison

The interviewees continuously talk about how awful they feel emotionally and mentally. This is an indication that these mothers are in great need of emotional support and mental health care in order to be able to relieve some of the emotional burden they experience. The women moreover have limited networks to vent and alleviate their negative feelings which places the women in a particularly vulnerable situation regarding depression and anxiety. The pains of imprisonment are continuously reflected in their statements. Respondent 7 describes the deprivation of autonomy as for not being able to make decisions for yourself which is a source of anxiety for her:

[...] Outside you can choose, you have an option but here you can't. I feel stressful. I'm not mentally stable here. I hope I will be the same person when I come out. [...] (Respondent 7).

Feel bad here because I have my daughter. She doesn't have her freedom and my life is bad (Respondent 2).

I'm not sick but on the inside I'm not good but when people ask me I say I'm good (Respondent 19).

One interviewee even express suicidal thoughts. Suicidal thoughts are for this interviewee a sign of the severe negative influence the prison environment has on her mental health and emotional well-being.

[...] I feel so bad. I think I feel like I could kill myself (Respondent 19).

According to the interviewees the prison does not adequately provide any mental health care services. Nine of the interviewees states that there is no mental health care services available whatsoever in the prison. Ten of the interviewees do state that there is counselling available in the prison. All of them except for two say that the prison officers are the available counsellors and further express that there are no professionals available in the prison. However, one of these women has not herself taken advantage of the available counsellors she is referring to and the other woman claims that they will send for a counsellor from outside of the prison if required. One of the other interviewees stating there is counselling in prison says that the only time she has been counselled in prison was at a church retreat at the time her church visited the prison. Merely one of the interviewees express that the mental health care services in the form of counselling in the prison is of good quality. Of the ten respondents stating that there are counsellors available two of them do not know how to access these services and therefore do not have an opinion on the quality of the services. Moreover these interviewees solely mention counselling as a mental health care service and some of them further reject the counselling in the prison as not being helpful to them. One of the interviewees states that there used to be counsellors coming to the prison, however they do not come anymore.

No counsellors present but you can talk to madams and someone can come from outside (Respondent 9).

Yes, if you are stressed you can get psychiatric drugs if you go to hospital and see therapist. [...] if it's serious they send you to the hospital. There's counselling here, I have been. It's good (Respondent 8).

Yeah, we have counselling. But they're not professionals. You only talk to them [...]. Most of us are extremely stressed. Many were stressed on the outside but couldn't access it. I was seeing one outside and got meds to lower my stress level but I haven't got those meds here (Respondent 7).

Respondent 7 further states that she has been to counselling in the prison once but she did not find it helpful. She would however like to go to a professional if there was one available in the prison. All of the interviewees except for one say that they would like to have a professional therapist in the prison that they can have access to. The only interviewee who says she is alright without one states this is because she has so many visits from her family that she does not require anyone else to talk to. The respondent in question does not seem to experience the deprivation of liberty as severe as the rest of the interviewees due to her being able to communicate with her family regularly and therefore maintaining her relationships on the outside.

I would like one cause some people are so stressed, mentally ill. Some people can even end up killing themselves, can be very dangerous (Respondent 8).

I would like to see them. I like to talk with them about many things. If I am thinking of something at least I can talk and feel good. I don't have anyone in the prison to lean on. I would want someone to talk with about problems (Respondent 9).

Yes, I can like. They can make my mind relax and I can feel the love to the heart (Respondent 14).

Would be better to take people from the outside to counsel instead of madams. [...] Someone from outside she don't know you. She will take it serious. It's better to reveal something than to keep it on the inside. Better to talk it out so you can get help. They can advise you (Respondent 15).

The chapter presented the results where the collected data was intertwined with an analysis of the same data based on the theoretical framework of the study. A chapter where the conclusions of the study as well as a discussion is introduced will subsequently follow.

5. CONCLUSIONS AND DISCUSSION

The chapter will commence with a brief summary. Thereafter, the major results will be presented and the research questions of the study answered. The study's results in comparison with the previous research referred to is then presented followed by a methodology discussion. Finally, a discussion of a way forward regarding interventions and further research springing from the major results the previous chapter have presented will subsequently follow.

The purpose of the study was to examine how incarcerated mothers who are accompanied by their children in prison were able to claim their right to mental health care in the prison. The inmates own stories and experiences were the interest of the study. This in regard to if and how their right to mental health care was fulfilled according to them in the Lang'ata Women's Prison located in the capital of Kenya. Firstly, the sub questions of the main research question of the study will be answered and thereafter the main research question.

- How much information do the incarcerated mothers have about the available mental health care in the Lang'ata Women's Prison?

Due to nine out of 19 interviewees not having any information whatsoever about available mental health care services in the prison they do not seem to have been informed about such services. Among the remainder of the interviewees who states that there is available mental health care services in the prison great information gaps regarding these services are evident.

- How available are mental health care services in the prison for incarcerated mothers?

Of the interviewees who do state there are available mental health care services, two out of ten interviewees do not know how to access these services. The majority of this group of ten interviewees have not accessed a mental health service more than once. The remainder of the nine interviewees have not accessed any mental health care service whatsoever and do not know how they can access them even though they desire to.

- How do the incarcerated mothers experience their psychological and emotional well-being and needs of mothers being affected by the prison environment?

From the interviewees statements the pains of imprisonment they experience in their prison life are evident and deeply affect their psychological and emotional well-being. The interviewees needs as mothers are on one hand privileged due to the interviewees stating that the prison favor the mothers accompanied by their children. On the other hand the interviewees continuously express their wants and needs as mothers not being fulfilled in the prison.

How do the incarcerated mothers who are accompanied by their children in the Lang'ata Women's Prison in Kenya experience their mental health care rights being fulfilled in the prison?

To summarize the conclusions deriving from the sub questions of the study, the incarcerated mothers accompanied by their children in Lang'ata do not experience their mental health care rights adequately fulfilled. Above all, the deficiency regarding information about available mental health services in the prison is wanting. Albeit around half of the interviewees are aware of some of the available services in the prison the majority of these interviewees do not find the services to be of a good quality.

As research by Warner (2014) revealed the interviewees in the present study likewise report either bringing their child with them to Lang'ata alternatively giving birth inside of the prison. The prison environment in Lang'ata is not pleasant to the majority of the interviewees, a result which Mwithalii Kamoyo et al (2015) correspondingly find in Kenyan prisons among incarcerated women.

The majority of the interviewees are worried about their children's health in the prison due to not having suitable accessibility to health care which correspondingly Fogel (1993) report from an international perspective and Warner (2014) reports from the Lang'ata prison. A few of the interviewees in the study are of the notion that access to health care, food and so on are of better quality and accessibility in the prison than on the outside. This notion is in line with Douglas, Plugge and Fitzpatrick (2009) study which report some women experiencing incarceration as an improvement on their physical health.

Although the interviewees describe the horrible conditions they live in and how reluctant they are to have their child grow up in the prison environment, the majority do prefer to have their children with them which Warner (2014) and Tuerk and Loper (2006) find as well. Many interviewees describe leaving their other children at home as stressful and this separation seem to cause them severe anxiety as Poehlmann (2005), Douglas, Plugge and Fitzpatrick (2009), Houck and Loper (2002) and Mwithalii Kamoyo et al (2015) further find in their studies. The majority of the interviewees are affected negatively of the experienced loss of relationships, their family and friends, on the outside of the prison supportive of the results of Douglas, Plugge and Fitzpatrick (2009). The result of a study conducted by Mwithalii Kamoyo et al (2015), that maintaining a caring family when incarcerated is a source of strength for women seems further to be supported by these results.

Support of the findings of Mwithalii Kamoyo et al (2015) as well as Modie-Moroka and Sossou (2001) in the present study is that the majority of the interviewees describe how bad their emotional well-being is and refer to symptoms of depression and anxiety. Only one of the interviewees express suicidal thoughts which Mwithalii Kamoyo et al (2015) in their study find to be very common in Kenyan prisons. However, in line with Osebes (2011) results the psychological impact incarceration have on the interviewees is evident from the study.

The limitations with the present study concerns the interviews first and foremost. The validity and reliability of the study can be questioned. This is because of the language barriers confronted with due to not having an objective interpreter from outside of the prison as well as not being able to record the interviews. However, large quantities of statements have been able to be captured despite this as well as several literal quotes from the interviewees. An interpreter who is a psychologist and who works at the prison further translated the interviews where English was not possible. Furthermore, since the topic of the study is scarce on previous research this chapter in the study is wanting. One of the main theories applied is moreover grounded on incarcerated men which can have an influence on the applicability of the theory onto incarcerated mothers. The intersectionality perspective is on the other hand adopted too counteract this notion. Moreover, the study does not possess a high generalizability. This is nonetheless not the purpose of the study because of the stories of a

few women being in focus where their individual experiences, feelings and opinions are of value.

Of possible ways forward, raising awareness of mental health rights is necessary throughout the country which is especially true regarding the prisons. Education for staff at the Kenyan prisons in mental health and mental illness could alleviate the critical need of mental health professionals and improve the situation for female inmates in the prisons. Furthermore, available mental health services in the prisons is required to be of a good quality and the inmates should when incarcerated be thoroughly informed about the available services.

The results accumulated from this study fills a research gap especially regarding the African and Kenyan research on the topic of incarcerated mother accompanied by their children in prison. With these results it would be possible to conduct further research in order to develop and implement interventions for incarcerated mothers in Kenya. The incarcerated mothers in Kenya can benefit from research on interventions and programmes especially designed to meet their needs and wants, where their mental health is taken into consideration. Further research on incarcerated mothers' right to mental health care is essential both in order to maintain this particular group of women's right to health and in order to maintain the public health in the whole society.

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Appendix 1

Interview guide

Personal information

1. Name & age
2. Marital status
3. What is your level of education?
4. How long is your sentence?
5. For how long have you been in prison?
6. Would you be open to telling me what happened that made you end up here?
7. How many children do you have?
8. How old are your children?
9. Any previous convictions?
 - If yes: Have you been in this situation before having your child with you in prison?
10. What does the father think of the child being here with you?

Background

1. How were you able to get permission to have your child with you in the prison?
2. For how long have you been able to have your child with you in the prison?
3. (If have more children on the outside) How often do you get to contact/meet your other children?

Being a mother in prison with a child

1. Can you tell me about your experience and your feelings about having your child with you in prison?
 - In your opinion, how does it work to have children here inside the prison?
 - Do you get to see him/her
 - Who takes care of him/her when you are not around/not able to take care of him/her?

2. Tell me about what the optimal situation for you and your child would be at the moment being here inside the prison?
3. What is the difference between mothers in prison and other women in prison?
4. Do you see any difference between mothers who have children with them in prison and them who have them outside of the prison?

Mental health/Feelings

1. Would you like to tell me about your current well-being?
 - Has your mental well-being changed since you were incarcerated?
 - Has having your child with you in prison had an influence on your mental well-being?
 - Tell me about your current fears and worries if you have any?
2. Can you tell me about the resources available in the prison to you if you are in need of health care?
 - Do you have a clinic or other facility available or can you go to the hospital?
 - Have you ever used these available resources?
 - How often are you able to access it?
 - Do they take care of your emotional health?
 - If not: Would you like to be able to access a therapist/counsellor? In that case: How come?
 - Do you bring your child?