



Correlates of different categories of crimes by male prison inmates at a central jail in Northern India

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Abstract:

Introduction: The number of prison inmates is increasing following increase in crime in different categories. However, the health of prisoners is a neglected area especially in developing country like India. **Objectives:** (i) to study the prevalence of psychiatric morbidity among male inmates, (ii) to study the factors which were related with crime, and (iii) to know the use of health services for the psychiatric disorders during imprisonment. **Material and methods:** The cross-sectional study was conducted from Aug 2007 to Jul 2008. Two hundred male inmates were recruited from four different categories of crime (fifty from each category) after stratification. The inmates were interviewed by using a pre-designed pre-tested questionnaire. General Health Questionnaire-12 was used to assess the psychological status of inmates. **Results:** The prevalence of psychiatric morbidity was found among 63% inmates. There was significant difference found between residence of inmate and crime ($p < 0.05$). History of alcohol intake in family member and/or friends was significantly related to history of alcohol intake in inmate ($p < 0.05$). Rest of factors were not found to be significantly related with crime by inmates. **Conclusion:** There is substantial burden of psychiatric morbidity among inmates in prison. However, the medical services for same are inadequate. There is definite need for improvement in provision of medical services for psychiatric disorders in the prison.

Key words: Crime; Factors; India; Prison; Psychiatric morbidity

Introduction

Crime has a vast range, from an act of gambling to murder. The nature and extent of crime vary from person to person and time to time. It is related to the social and economic conditions of society and the changes taking place in the moral value system at a given point of time. The family and peer group have large impact on what we learn. All the boys in the study at New Delhi, who had been consuming drugs, had a peer group, which had introduced them to the drugs [1].

Crime is by no means non-existent in rural areas. In the changed scenario, the traditional agrarian castes at the middle and lower middle levels were able

not only to enhance their economic standards, but also acquired considerable political power. This has several important implications for the emerging patterns of caste related crimes and violence in rural areas [2]. The higher levels of unemployment and poverty were also found to be associated with higher levels of crime [3,4]. Grella et al revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse in substance-abusing offenders [5].

The health of prisoners is a neglected area. The increased rates of mental disorders amongst prisoners argue strongly for increased service provision to

prisoners both to treat the treatable mental disorders and to contribute to reducing the risk of re-offending [6,7].

However, there is very limited literature is available on factors related with crimes by prisoners in developing countries including India. Against this background, present study was carried out among inmates at Central Jail, Patiala with objectives: (i) to study the prevalence of psychiatric morbidity among inmates, (ii) to study the factors which were related with crime, and (iii) to know the use of health services for the psychiatric disorders during imprisonment.

Material and Methods

The cross-sectional study was done at the Central Jail Patiala (Punjab) in Northern India with the permission of the Additional Director General of Police (Prison) Punjab, Head Quarter Chandigarh. The study was approved by the Institutional Ethics Committee. The study was conducted for one year from August 2007 to July 2008. The prison had a capacity to keep 1500 inmates (1470 male and 30 female inmates), but 1555 inmates (1490 male and 65 female) were present.

The male inmates were recruited in study after stratified sampling according to category of crime. Only those categories were included under which there were more than 50 sentenced inmates presents at time of study. Those who did not give their consent and inmates who were in maximum security cell were excluded. From each selected category, 50 inmates were nominated for study to ensure adequate representation, thereby reaching sample size of 200 male sentenced inmates. The selected four categories of crime were drug related offences (under Narcotic Drug & Psychotropic Substances act), murder (Sec 302), fraud (Sec 420 Indian Penal Code) and theft (Sec 411 Indian Penal Code).

The interview technique was adopted. It involved gaining informed consent, and obtaining data on a pre-designed pre-tested questionnaire. The inmates were interviewed by author himself after establishing a rapport with them and confidentiality was maintained.

General Health Questionnaire-12 (GHQ-12) was used to assess psychological status of inmates [8]. It contained 12 questions, each score from 0 to 3 on Likert scale (Total score range 0 to 36). The score >15 suggests evidence of distress and score >20 suggests severe problems and psychological distress. It has been validated in India [9].

After the collection of data, it was analysed statistically, using Chi-square test and analysis of variance (ANOVA) for comparisons between groups wherever required. All statistical tests were considered significant if $p < 0.05$.

Results

The present study consisted of 200 male prison inmates at Central Jail, Patiala. The evidence of distress was found in 35% of inmates and another 28% of inmates had severe problem and psychological distress (Table 1).

Table 2 summarizes the various factors related with crime by inmates. The inmates were maximum in age group 30-50 years (51.5%). Nearly three-fourth of them belonged to rural area. Majority of the inmates (52.5%) belonged to Sikh religion followed by Hindus (42.0%). Majority (64.0%) of the inmates belonged to General caste followed by Schedule Caste (23.5%). Nearly one-third of them were illiterate while 22.5% were educated up to primary level. There were 36.5% inmates who were skilled workers followed by 24.0% had own shop/own farm/clerical job. Only six inmates were unemployed. Around half of the inmates (50.5%) belonged to lower class followed by middle class (47.5%). The inmates belonging to upper class were merged with middle class due to their very less number.

More than half (61.5%) of the inmates were living in joint families followed by nuclear families (19.5%). More than half (58.5%) of the inmates were married. The overcrowding was present in house of 59% of the inmates. Less than one-fifth (17.5%) inmates had history of untoward happening during childhood.

There was history of alcohol/substance intake in family and friends of 38.0% and 40.5% of inmates, respectively. Nearly half of them (51.0%) had history of alcohol/substance intake before imprisonment while only 11.5% had taken alcohol/substance at the time of crime. The inmates charged for murder had highest mean GHQ-12 score (19.18) followed by those charged for drug related crimes (18.80). There was statistical significant difference between GHQ-12 score among four categories ($F = 3.34, p = 0.02$) (Table 3).

Around one-third of the inmates (33.5%) had taken medical services for various psychological problems during imprisonment (Table 4). Majority (63.0%) of them had taken it from Doctor at Central Jail. There was no regular psychiatrist in the prison. However, only 31.0% inmates were satisfied with treatment at Central jail.

Table 1: GHQ-12 Score of inmates

GHQ-12 score	No. of inmates (%)	Mean (S.D.)
15 & Below	74 (37.00)	11.61 (2.25)
16 – 20	70 (35.00)	17.81 (1.18)
Above 20	56 (28.00)	25.48 (3.60)
Total	200	17.66 (6.06)

Table 2a: Factors related with crimes by inmates

	Drug related N=50 (%)	Fraud N=50 (%)	Murder N=50 (%)	Theft N=50 (%)	Total N=200 (%)	p value
Age group (years)						
18-30	10 (20.0)	09 (18.0)	17 (35.0)	16 (32.0)	52 (26.0)	
30-50	31 (62.0)	25 (50.0)	21 (42.0)	26 (52.0)	103 (51.5)	
Above 50	09 (18.0)	16 (32.0)	12 (24.0)	08 (16.0)	45 (22.5)	
Mean Age (S.D.)	39.3 (12.9)	42.7 (14.0)	38.4 (13.9)	37.2 (12.1)	39.4 (13.3)	0.19
Area						
Rural	43 (86.0)	35 (70.0)	31 (62.0)	44 (88.0)	153 (76.5)	0.00*
Urban	07 (14.0)	15 (30.0)	19 (38.0)	06 (12.0)	47 (23.5)	
Educational status						
Illiterate	16 (32.0)	12 (24.0)	15 (30.0)	17 (35.0)	60 (30.0)	0.72
Literate	34 (68.0)	38 (76.0)	35 (70.0)	33 (66.0)	140 (70.0)	
Occupation						
Unskilled/ Semi-skilled/ Skilled worker	33 (66.0)	33 (66.0)	33 (66.0)	31 (62.0)	130 (65.0)	0.77
Clerical/shop/farm/ Semi-professional/Professional	17 (34.0)	15 (30.0)	13 (26.0)	19 (38.0)	64 (32.0)	
Socioeconomic Status of Family						
Lower class	25 (50.0)	25 (50.0)	22 (44.0)	29 (58.0)	101 (50.5)	0.58
Middle/Upper class	25 (50.0)	25 (50.0)	28 (56.0)	21 (42.0)	99 (49.5)	

*Significant

Table 2b: Factors related with crimes by inmates

	Drug related N=50 (%)	Fraud N=50 (%)	Murder N=50 (%)	Theft N=50 (%)	Total N=200 (%)	p value
Type of Family						
Nuclear	17 (34.0)	14 (28.0)	17 (34.0)	17 (34.0)	65 (32.5)	0.98
Joint	22 (44.0)	25 (50.0)	24 (48.0)	24 (48.0)	95 (47.5)	
Broken	11 (22.0)	11 (22.0)	09 (18.0)	09 (18.0)	40 (20.0)	
Marital Status						
Unmarried	15 (30.0)	13 (26.0)	18 (36.0)	16 (32.0)	62 (31.0)	0.75
Married	34 (68.0)	32 (64.0)	22 (44.0)	29 (58.0)	117 (58.5)	
Divorced/Widower	01 (02.0)	05 (10.0)	10 (20.0)	05 (10.0)	21 (10.5)	
Overcrowding in house						
Present	32 (64.0)	28 (56.0)	32 (64.0)	26 (52.0)	118 (59.0)	0.53
History of alcohol/substance intake in						
Family member	17 (34.0)	21 (42.0)	17 (34.0)	21 (42.0)	76 (38.0)	0.02*
Friends	23 (46.0)	21 (42.0)	19 (38.0)	18 (36.0)	81 (40.5)	
Inmate	30 (60.0)	26 (52.0)	23 (46.0)	23 (46.0)	102 (51.0)	
Alcohol/substance use by inmate						
At the time of crime	06 (12.0)	02 (04.0)	11 (22.0)	03 (06.0)	23 (11.5)	0.18

*Significant

Table 3: Distribution of inmates according to category of crime and GHQ-12 Score

Category of crime	GHQ-12 Score Mean (S.D.)
Drug related	18.80 (5.32)
Fraud	16.22 (5.45)
Murder	19.18 (7.28)
Theft	16.46 (5.57)
p value	0.02*

*Significant

Table 4: Utilization of medical services for psychiatric problems by inmates during imprisonment and opinion about treatment rendered

	Source of medical services for psychiatric problems during imprisonment		
	At Central Jail N (%)	At Medical College & Hospital N (%)	p value
Satisfied	13 (30.95)	21(84.00)	0.00*
Not satisfied	29 (69.05)	04 (16.00)	
Total	42	25	

*Significant

Discussion

In present study, the prevalence of psychiatric morbidity was found among 63% inmates (35% having evidence of distress and another 28% had severe problem and psychological distress). Goyal et al found that 23.8% prisoner had psychiatric illness.

The mean age of inmates was 39.9 years in our study which was comparable to study done in Amritsar (mean age was found to be 36.4 years) [10]. Maximum inmates were in age group 30-50 years. This could be explained on the basis that there was greater mobility and less restraints on males in this age-group. In our study, majority (76.4%) of inmates were from rural area as were found in other studies [10-12]. This could be due to the fact that majority of population (62%) in Punjab live in rural area [13].

The religion wise and caste wise distribution of inmates was comparable to demographic profile of Punjab. There were 52.6% Sikhs, 43.3% Hindus, 2.6% Muslims and 0.9% Christians in Punjab [14]. There were 32% SC, 9.5% BC, 0.1% ST and 56% Others in Punjab [14]. So, it was difficult to say criminality was high among any particular religion and caste when compare with general population.

There were 30% illiterate inmates in our study which was comparable to another study done in Amritsar (45% inmates were illiterate) [12]. However, this was in contrast to 77% convicts found illiterate four decades ago in Lucknow [11]. This could be due to fact that there has been improvement in literacy rate in India over the period of time. There were only 3% unemployed males. This could be because they had responsibility to earn for their families. Also, there is vast agricultural land in Punjab and other job opportunities.

Majority of inmates (76%) were from lower and middle class (Grade III to V) could be due to reasons like needs for livelihood, desire to become rich and low educational level in them. Similar findings were seen in other studies where 74% and

73.6% prisoners were from Grade III to V, respectively [10,15].

Majority of inmates (58.50%) were married. About 65.6% and 70% of the prisoners were married in other studies [10,15]. This could be due to universalisation of marriage in our country. In western countries, most of the offences are committed by young unmarried persons.

Family accommodation affects the conditions of lodging, dwelling, amenities enjoyed, as also the sanitary conditions, which in turn, affects socialization, supervision and control of the members within the family. The situation in the family becomes more aggravated when the bigger sized families are housed in small, inadequate accommodation. The overcrowding could be the precipitating factor for crime. All this can lead to any untoward happening in childhood. Such act has negative impact on behaviour of child and predisposes him to commit crime later in life.

The alcohol/substance intake in family members and in peers influences one's behaviour towards these things. In study at New Delhi, it was found that peer groups played a major role in initiation of drug use among juveniles [1]. All the boys who had been consuming drugs had a peer group, which had introduced them to the drugs.

It was found that in study at Amritsar, 9.4% prisoners had used alcohol at time of committing crime which was comparable to 11.5% inmates in present study [16]. However, in study in USA, 58% of the inmates reported that they were acutely intoxicated with one or more substances at the time of the crime [17]. This contrasting result may be due to differences in social and geographical variations.

Only 31% male inmates were satisfied with treatment from doctor at Central jail for psychological problems while 84% inmates, who were taken to Department of Psychiatry, Medical College & Hospital, were satisfied. This showed that medical

services for psychiatric problems in jail were inadequate.

The evidence of psychological distress in 56 male inmates was somewhat near to number of inmates (67 inmates) who had taken medical services for psychiatric problems during imprisonment. Thus, objective assessment of psychological distress was almost same as subjective feeling by inmates. These inmates require mental health services in form of consultation by psychiatrist, medicines, counselling, yoga, recreational activities etc. in the jail.

The rural social problems related to agriculture, land, property dispute etc. should be tackled more stringently. There is substantial burden of psychiatric morbidity among inmates in prison. There is definite need for improvement in provision of medical services covering psychosocial aspects for psychiatric disorders in the prison. There should be a provision of rehabilitation homes. Non-governmental organizations should be encouraged to start rehabilitation programmes for offenders. This would help in prevention of recidivism and better acceptance of ex-prisoners by their family members and society.

Acknowledgment

The authors thank the prison authorities, the staff and inmates for their participation and facilitation of this study.

Source of Funding:

There was no funding by any agency.

Source of Conflict: None.

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Website: www.ijrhs.com

Submission Date: 05-10-2013

Acceptance Date: 08-10-2013

Publication Date: 31-10-2013

How to cite this article:

Navpreet, Kaur P, Sidhu BS, Singh G, Goel NK, Kumar D. Correlates of different categories of crimes by male prison inmates at a central jail in Northern India. *Int J Res Health Sci* 2013;1(3):158-64.

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