

# Relationship between Mental Health with Incarceration Period on Inmates of Class IIA Women's Prison in Medan

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**Abstract**— *Class IIA Women's Prison in Medan is one of the five densest prisons in Indonesia after the Palembang Class IIA Women's Prison. Over capacity is a factor that can affect both physical and psychological conditions of inmates such as mental health. This research aims to determine the relationship between mental health and incarceration period. The research uses 471 subjects from Class IIA Medan prison female inmates, and using spearman test analysis. Data collection used a mental health scale from the mental health dimensions of Maslow and Mittlemenn. Statistical test shows there was no relationship between mental health with incarceration period at the Class IIA Medan Women's Prison ( $p = 0.657$ ,  $r = -0.020$ ).*

**Keywords**— *Mental health, incarceration period, female inmates.*

## I. INTRODUCTION

Reporting on crime or criminality in the mass media shows the increasing destructive behavior that is considered to violate values in society. The North Sumatra Regional Police is an area that has the highest crime interval after the Polda Metro Jaya (Paramita, 2018). The number of crimes that have been resolved by the police in 2017 is above 50%. The perpetrators of crimes must receive punishment for the crimes they have committed, spending their time in prison in accordance with the prosecutors 'demanded and judges' decisions.

The increasing number of crimes and the increase in inmates in prison, caused the capacity provided in the prison unable to accommodate inmates. Medan Class IIA Women's Prison is one of the five densest prisons in Indonesia after the Palembang Class IIA Women's Prison. Overcapacity is a factor that exacerbates and raises physical and psychological problems such as conflicts between inmates, physical or health problems and the other problems. Overcrowded can cause behavioral disorders and affect a person's mental health (J Garcia & A Marco, 2012) and is related to the level of depression (Virtanen, 2008) and suicide (Leese, 2006; Fruehwald, 2002).

Female inmates's mental health is closely related to her gender role. If female inmates has children, she will experience more difficulties than male inmates. Because women cannot escape from their children, while men who go to prison can still leave their children with their wives or other people (Morash, 2004). In addition, female inmates rarely get visits from their children then male (Snel & Morton, 2004). Related to children, female inmates are more likely to lose their households than male (Wolfe, 2004). In addition, the negative thoughts that arise in female are also large. After

being released, the stigma of being in prison is more difficult for women than men. In some countries, women are discriminated and cannot return to their communities after being released from prison, even their husbands discriminate them too. The label of "monster female" has been embedded in the mind about women who have been in prison (Cameron, 2004).

The various problems described above, can automatically worsen the mental health, especially female inmates. The mental health problems most often experienced by women in prison are depression (56.6%), anxiety (42.4%) (Plugge, Douglas & Fitzpatrick, 2006). Research conducted by Butler, Alnutt, Cain and Muller (2005) shows that 36% of mental health problems felt by inmates are anxiety and women have a higher incidence than men, namely 61%: 39%. In America, Steadmale, Osher, Robbins, Case, and Samuels (2009) conducted a study of more than 10,000 populations to see the level of mental illness in inmates men and women. 14.5% of male inmates and 31% of female inmates experience serious mental illness. Other disorder are major depressive disorders, bipolar disorders, schizophrenia spectrum disorder; schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder; and psychotic disorder.

Bilal and Saeed (2011) found that 19.5% of female inmates in Pakistan had depressive disorders, 10.2% anxiety related disorders, and 13% stress. In addition, Math, Murthy, Parthasarthy, Kumar, and Madhusudhan (2011) found 16.7% of female inmates in Bangladesh had depressive episodes and 4.6% had specific phobias. Whereas in Norway, 60% of female inmates had depression and 63% anxiety (Kjelsberg, 2006).

Not only overseas, more recently, research conducted by Gladista and Hasnida (2018) shows that 27 of 108 female inmates in Medan generally has moderate depression and 2 inmates are at the level of extreme depression. In addition, based on the results of research conducted by James and Glaze (2006), female inmates have a higher level of mental health problems (73%) than male (55%) in State Prisons and local prisons 75% female and 63% male in the United States. From the various data described above, it can be seen that female have a higher percentage in experiencing psychological disorders and show women are more susceptible to mental health problems than men related to the situation or conditions in prison.

## II. LITERATURE REVIEW

### A. Mental Health

Mental health has been defined from a variety of different cultures. What can be done in a particular culture can be strange and abnormal in other cultures, and vice versa (Sias, 2006). Semion (2006) said that mental health science is a translation of the term mental hygiene. Mental comes from the Latin word *mens*, *mentis* which means soul, life, soul, spirit, and spirit, while hygiene comes from the Greek word *hygiene* which means knowledge about health. So mental health is the science of talking about humale mental life by looking at humales as complex psychophysical totalities.

Wong et al (2006) some researchers in the field of psychology and psychiatry conceptualize mental health with the absence of mental illness, while others conceptualize mental health more at the functioning of individual psychological conditions. Therefore Wong et al (2006) then use negative mental health categories (eg depression, anxiety, fear, hostility, neurotic, psychotic) and positive mental health (eg psychological well-being, self-acceptance, good relationships with others, positive attitudes in others, positive feelings) in his research.

Notosoedirjo and Latipun (2005), say that there are maley ways to define mental health, namely: (1) because they do not experience mental disorders, (2) do not fall ill due to the processor, (3) according to their capacity and in harmony with their environment, and (4) grow and develop positively.

The World Federation for Mental Health formulates the following mental health definitions. (1) Mental health as a condition that enables optimal development both physically, intellectually and emotionally, insofar as it is in accordance with the circumstances of others. (2) A good society is a society that allows this development to be shared with members of the community while at the same time guaranteeing itself to develop and be tolerant of other communities. In the context of the World Mental Health Federation it is clear that mental health is not enough in mere individual views but at the same time gets support from the community to develop optimally.

### B. Dimensions of Mental Health

Maslow and Mittlemenn (in Notosoedirjo & Latipun, 2005) outline his views on the principles of mental health, which call it maleifestation of psychological health. Maslow called the condition psychologically healthy with the term self actualization as well as the peak of the needs of the hierarchy theory of needs that followed. Healthy mental maleifestations (psychologically) according to Maslow and Mittlemenn are reflected in the eleven mental health dimensions which are as follows:

1. Adequate feeling of security (adequate security). Feelings feel safe in relation to work, social, and family.
2. Adequate self evaluation (ability to judge oneself adequately), which includes (a) Having adequate self-esteem and feeling there is a comparable value between the actual state of self (self potential) and achievement, (b) Having a useful feeling of self themselves, namely feelings

that are morally reasonable, and not bothered by excessive guilt, and are able to recognize some things that are socially and personally unacceptable to the general will that always exists throughout life in society.

3. Equivalent spontaneity and emotionality (having adequate spontaneity and feelings with others), this is characterized by the ability to form strong and lasting emotional bonds, such as relationships of friendship and love, being able to express dislike / disapproval without losing control, the ability to understand and share feelings for others, the ability to like oneself and laugh. When someone is unhappy at a time, then he must have the right reason why he is not happy.
4. Efficient contact with reality (having contacts that are efficient with reality) This contact covers at least three aspects, namely the physical, social, and self and internal world. This is indicated by (a) Excessive lack of fantasy (delusion and delusion), (b) Having a realistic and broad view of the world, accompanied by the ability to face difficulties in daily life, such as illness and failure, and (c) The ability to change oneself if an external situation (environment) cannot be modified (changed) and can cooperate without feeling depressed (cooperation with the inevitable)
5. Adequate bodily desires and gratification to them (adequate physical desires and the ability to satisfy them). This is indicated by (a) A healthy attitude towards physical function, in the sense of receiving physical functions but not mastered by physical functions, (b) The ability to obtain pleasure and happiness from the physical world in life such as eating, sleeping, and recovering from fatigue, (c) Reasonable sexual life and a healthy desire to satisfy it without fear and conflict, (d) Ability to work, (e) There is no excessive need to participate in various activities.
6. Adequate self knowledge. These include (a) Enough to know about: motives, desires, goals, ambitions, obstacles, competencies, defense, and feelings of inferiority, (b) Self-realistic assessment of both strengths and weaknesses, (c) Able to assess themselves be honest (honest with yourself), able to accept yourself as you are, and recognize and accept a number of desires or thoughts even though some of those desires are socially and personally unacceptable
7. Integration and consistency of personality (intact and consistent personality). This means (a) Enough good self-development and personality, intelligence, and interest in some activities, (b) Having moral principles and conscience that are not too different from the group's views, (c) Able to concentrate, and (d) No conflict -big conflict in his personality and not dissociation of his personality.
8. Adequate of life goals (having a reasonable life purpose). This means (a) Having a life goal that is in accordance with itself and can be achieved, (b) Having a diligent effort in achieving that goal, and (c) That goal is good for oneself and society.
9. Ability to learn from experience (ability to learn from experience). The ability to learn from his own life experience. Increased knowledge, skills and work skills

based on the results of learning from his experience. In addition, it also includes the ability to learn spontaneously.

10. Ability to satisfy the requirements of the group. Individuals must: (a) Can meet the demands of the group and be able to adjust to other group members without having to lose their personal and personal identities, (b) Able to accept the norms that apply in their groups, (c) Able to inhibit self-encouragement and desires that are prohibited by the group, (d) Want to try to meet the demands and expectations of the group: ambition, accuracy, friendship, sense of responsibility, and loyalty, and (e) Interested in carrying out activities or activities which the group likes.
11. Adequate emancipation from the group or culture (having adequate emancipation from groups or cultures). This includes: (a) The ability to judge something is good and the other is bad based on self-assessment without being too influenced by habits and culture and groups, (b) In some cases depending on group views, (c) There is no need excessive to persuade (lick), encourage, or approve groups, and (d) be able to respect cultural differences.

**C. Inmattess Incarceration**

Inmattess are convicts who undergo criminal offenses in prisons, namely someone convicted based on a court decision that has obtained legal force (Law No.12 of 1995). Inmattess who are accepted or entered into prisons or state detention centers must be reported whose process includes: recording court decisions, identity, goods and money brought, health checks, making pasphoto photos, fingerprinting and making minutes of the handover of the convicts. have rights and obligations that have been further regulated by Government Regulation. Inmattess detained by the director in a certain malener according to Law No. 8 of 1981 concerning criminal procedure law (KUHAP) article 1 is carried out during the process of investigation, prosecution and examination to be tried in court. Parties who detain are Investigators, Public Prosecutors, Judges and Supreme Courts. In Article 21 the Criminal Procedure Code can only be held against suspects committing a crime include theft. Detention deadlines vary from being held up to 110 days according to the case and the applicable provisions.

**III. METHOD**

This research was conducted at Class IIA Medan Women’s Prison in May 2019. This study used this research to use cross sectional design. The type of data used in this study is the primary data type in the form of a mental health questionnaire and demographic data filled by the subject. The subjects of this study were 471 people in all Class IIA Medan prison inmates. Data analysis was performed using a correlation test, the *spearman* test.

**IV. RESULTS**

**A. Overview of the Research Subject**

The most subjects in this study were 101 (21.44%) subjects with an age range between 26-30 years, subject with a junior high school are 174 people (36.94%), type the most alleged

crimes were drugs of 375 people (79.62%), while the incarceration period was 5-10 years, 240 (50.96%) people.

TABLE 1. Overview of research subjects

Age		
Category	N	%
20-25 years old	68	14,44%
26-30 years old	101	21,44%
31-35 years old	86	18,26%
36-40 years old	81	17,20%
41-45 years old	59	12,53%
46-50 years old	31	6,58%
51-55 years old	28	5,94%
55-60 years old	16	3,40%
>60 years old	1	0,21%
Education		
Without formal schooling	27	5,73%
Elementary school	73	15,50%
Junior high school	174	36,94%
Senior high school	168	35,67%
Associate degree	19	4,03%
Bachelor degree	11	2,34%
Type of crime		
Murder	13	2,76%
Drugs	375	79,62%
Theft	13	2,76%
Robbery	2	0,42%
Human Trafficking	10	2,12%
Persecution	7	1,49%
Fraud	3	0,64%
Embezzlement	23	4,88%
Fencing	3	0,64%
Destruction	2	0,42%
Child protection	4	0,85%
Domestic violence	3	0,64%
Immoral	1	0,21%
Other	12	2,55%
Lama masa tahanan		
1-5 years	184	39,07%
5-10 years	240	50,96%
10-15 years	33	7,01%
15-20 years	11	2,34%
>20 years – lifetime	3	0,64%

**B. Overview of Subject Mental Health**

The mental health category owned by inmates is mostly in the good category are 44.59%, then the moderate mental health category are 119 people (25.27%), the very good mental health category are 113 people (23.99 %), then 28 inmates have poor mental health, and 1 inmates who has worst mental health. So it can be concluded in general, the mental health women inmates Medan is in the good category.

**C. Bivariate Analysis**

Bivariate analysis was carried out to find the relationship between mental health and period incarceration. Bivariate analysis in this study was conducted using the *Spearman* test. Hypothesis testing carried out using the *spearman* test obtained  $p = 0.657$  ( $p > 0.05$ ) indicating that the relationship between mental health and period incarceration were not statistically significant. The value of the correlation coefficient (r) of -0.020 shows a negative correlation with a very weak correlation strength and not clinically significant.

V. DISCUSSION

Mental health of inmates in the Class IIA Medan Women's Prison in the good category shows that the subjects generally met the criteria of 11 dimensions of mental health by Maslow and Mittlemenn (in Notoesdirjo & Latipun, 2005). This research has been in line with the research conducted by Asri (2015) which shows that female inmates in the X Bandung have a high level of psychological well being of 50.6%. It can be concluded that, psychological well being which is one aspect of mental health in inmates is generally good. This research was also supported by other studies by Triseptiana and Herdiana (2013) which showed that mental health in inmates who were well influenced by the concept of *nrimo* - in internal form. This concept is more about local culture which shows that *nrimo* is a situation where the individual is at the point of surpassing the positive feelings represented by the word *calm*. This calmness is related to one's ability to accept everything that is present in his life. This concept also relates to period incarceration. So, even though inmates have long time in prison, the concept of *nrimo* might will make inmates able to accept and influence their mental health for better.

Brown and Ireland (2006) said that inmates who have anxiety (which is a discussion related to mental health) in the UK is significantly reduced after 6 weeks of serving a criminal period. Shulmale and Cauffmale (2011) in California inmates who found that psychopathological symptoms dropped after the first month of the criminal period. This shows that the longer the time inmates spend in prison, the more individuals can deal with their anxieties and lead to better mental health.

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