**A QUALITATIVE ANALYSIS OF RESTORATIVE PRACTICES IN PRISONS FOR WELLBEING AND HEALTH LAWS**

**Dr. K.S. Rekh Raj Jain Assistant Professor,**

**ICFAI Law School, Hyderabad**

**IFHE University**

**Hyderabad, India**

**nabariya\_jain@yahoo.co.in**

**097040 93588**

**INTRODUCTION:**

**INTRODUCTION:**

A society without crimes and criminals is unimaginable. No society primitive or modern, developed or developing is free from its clutches. As society is confronted with the problem of criminality, it is the obligation of the State to grapple with crimes and criminals. The criminal justice system of a Nation operates in accordance with specific criminal statutes and the modern criminal justice opines punishment as a primary response to criminality. Punishing the wrongdoers is a paramount duty of all civilized States. The justification of punishment is usually in grounds of "retribution," "deterrence," and "reformation." The trend in modern countries has been toward humanizing punishment and toward the reduction of brutalities.[[1]](#footnote-1) The penal practice of punishing the offender is imprisonment. So imprisonment of offenders is a central and seemingly indispensable devise used to respond to crime in contemporary societies as the State being the prime victim of criminal acts and casting victims and prisoners in passive roles.[[2]](#footnote-2)

Sentencing is the ultimate object of a criminal trial. Sentencing in law refers to punishment, which is the final explicit act of a judge and the sentencing authority has to ultimately determine the quantum and nature of punishment as per the statutes to suffice the ends of justice. Levels of severity in sentencing vary considerably between countries, and identifying trends in the proportionality and length of sentences is not straightforward.[[3]](#footnote-3) A prison term begins on the day the prisoner is sentenced. The tail-end of the criminal justice is prison.

Prison is an institution to house under trials and prisoners which portrays life as rule bound, rigid structure, loss of individual freedom and a space of constant surveillance. Prison environment vary widely around the world and the wide range of prison conditions reflect how each country treats its criminals.[[4]](#footnote-4) The conditions in many prisons around the world do not meet even the most basic of standards. A majority of the world’s prison systems do not function at the level of the United Nations Standard Minimum Rules for the Treatment of Prisoners.[[5]](#footnote-5)

A country’s prison administration depends upon several variable and practical considerations. Thus prison’s administration should not be limited to the deprivation of liberty alone but must include opportunities to acquire knowledge and skills for holistic development including comprehensive medical and psychological treatment that can assist them in their successful reintegration and wellbeing upon release. It was proved that prisoners who experience punitive conditions and mistreatment in prisons are likely to return to society psychologically shattered and in poor or worse state of physical and mental health than when they entered.[[6]](#footnote-6)

With the evolution of prison reforms and prisoners’ rights across the globe the punitive reaction approach paved the way to scientific societal approach to treat and cure the prisoners. The corrective initiative philosophy or rationale was to reform or restoration. Proper restorative practices and approach in prisons pertinent to healthcare are inherent that dominate prison governance and dynamics and for overall wellbeing and better integration into the community. However, prisoners suffer a disproportionate burden of health problems as their health needs are often neglected. The United Nations (1990) Basic Principles for the Treatment of Prisoners set out that "prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation"[[7]](#footnote-7)

This discursive paper takes the stock of the current context and aims to bring greater clarity pertinent to the thematic area of concerns and highlight some of the aspects impinging prison environment, effect of prison environment on wellbeing, therapeutic and medical services provided to prisoners, challenges faced by the prisoners and authorities in effective implementation of restorative measures, addressing the burning issue of whether adequate restorative practices are practiced for wellbeing of prisons across the globe in pertinence to health laws.

**RESTORATIVE JURISPRUDENCE:**

Prisons are enduring structure of confinement and the evidence reveals the prisons environment across the globe is abysmal. The prison environment can have a profound and negative impact on the physical, mental, and emotional wellbeing of inmates.[[8]](#footnote-8) Around the globe there has been an emergence of restorative jurisprudence in the prisons as a holistic solution to addresses the healthcare system.

Restorative jurisprudence asserts to promote positive effects on wellbeing. Restorative jurisprudence renders humanistic approach strategies that allow treatments for wellbeing in incarceration. Restorative jurisprudence would assist in treating prison population with identified diseases, mental illness and substance abuse.

Restorative jurisprudence further ensures that prison authorities have a responsibility to ensure that the supervision and treatment of prisoners is in line with the rule of law, with respect to individuals’ human rights, and that the period of imprisonment is used to prepare individuals for life outside prison following release.[[9]](#footnote-9)

**DETERMINANTS OF HEALTH IN PRISONS:**

The determinants which influence health are multiple and interactive. The determinants which influence prisoners’ health include institutional, environmental, political, economic, physical and mental constitutions of persons themselves.[[10]](#footnote-10)

The expansion of the penal system has been one of the most dramatic trends in contemporary world and has affected all demographic groups. The impact of incarceration range from chronic health conditions to mortality. Incarceration not only effect prisoner’s heath including mental but also impacts family, neighbourhood and population health.

Most of the inmates enter the prisons with infections and the prison also places the prisoners at a disproportionate risk of acquiring infectious diseases such as tuberculosis, hepatitis, and sexually transmitted infections.[[11]](#footnote-11) The prevalence of communicable diseases among people in prisons is recognized as a major risk for the health of both people living and working in prisons and for the general population. A higher prevalence of communicable diseases among people in prison compared with the general public is recognized as a public health issue as well as a major concern for the people affected, as the majority of incarcerated people return to their communities.[[12]](#footnote-12)

Incarceration is an acute stressor. Daily stressors in prison can include lack of privacy, overcrowded conditions, antagonistic relationships with guards and inmates, witnessing violence, and the threat of violent victimization.[[13]](#footnote-13) Prolonged exposure to stress leaves the body in a heightened state of awareness that ultimately taxes the cardiovascular and immune systems. This leaves individuals at increased risk for both mental and physical health problems.[[14]](#footnote-14) The incarcerated population bears a disproportionate burden of many diseases.[[15]](#footnote-15) “Sense of place” is a widely used term that connotes the atmosphere of a place, the quality of its environment. This matters because the features of a place affect in many ways and has potential impact on health. The appreciation that place matters for health is not new. A “sense of place” has benefits for health and wellbeing.[[16]](#footnote-16)

The prison environment is grey and visually impoverished.[[17]](#footnote-17) Jamie Fellner (Human Rights Watch) described prisons as “toxic environments” with a negative impact on inmate health.[[18]](#footnote-18) The physical and social environments of a prison also play an important role in determining the health and wellbeing of prisoners. The range of factors that have negative effects on mental health includes overcrowding, violence, enforced solitude, lack of privacy, lack of meaningful activity, isolation from social networks and insecurity about future prospects. The risk of suicide is, unfortunately, one common manifestation of the cumulative impact of these factors.[[19]](#footnote-19) Adverse experiences in prison and experiences of victimization inside and outside prison have a detrimental effect on physical, psychological, emotional and social.

Prisons in general and prison health in particular are rarely high on the political agenda.[[20]](#footnote-20) There is a strong political imperative to regard the prison as a key social setting for health promotion.[[21]](#footnote-21)

Incarceration has greater impact on the economics of individual, family, society and prison. The most effected is the family. The effects of incarceration on employment and earnings are varied but substantial. Formerly incarcerated person face structural barriers to securing employment. They have lower rate of access to career-oriented occupations and often relegated to undesirable or substandard job work paving to remarkably disruptive for social integration. In certain countries they would be deprived of medical insurance. Incarceration lowers an individual’s position in the social hierarchy due to acquired stigma and the related and employment deficits.

Employment would enable them to gain economic stability and reduces recidivism, promoting greater public safety to the benefit of everyone. When it comes to the economic impacts of incarceration, one point becomes very clear: men who experience incarceration maintain lower levels of wealth throughout their lifetimes compared to men who are never incarcerated.[[22]](#footnote-22) It could be hypothesize that incarceration impacts health by lowering income and employability even after their release.

Compared with the general population, the prison populations have higher rates of physical and mental health problems.[[23]](#footnote-23) Physical and mental health is prominent issues not only during incarceration but also subsequently because a vast majority of prisoners eventually return to the community along with their health conditions.

Physical health is related to individual’s abilities to control their life and participate fully in prison activities. In course to time the physical health deteriorates. Prison food is known for being awful and lacking in nutrition, which can affect prisoners’ physical and mental health and reduce their ability to contribute and reintegrate back into society when they are released.[[24]](#footnote-24) The World Health Organization reports that food “not only affects physical and mental health,” but is also key to an inmate’s successful restoration and resettlement upon release.[[25]](#footnote-25)

The prisoner enters in the new world of environment which is very different from their own culture. Controlled environment, physical restraints and restrictions on physical movement can have adverse effects on both physical and mental health. Conducive atmosphere must be designed that ensure wellbeing of the prison population. The prisoners must be encouraged and assisted how they could utilize their time in prison rather than whiling away the time and being slumber. Active participation would definitely improve overall health and wellbeing.

Mental illness among today's inmates is pervasive[[26]](#footnote-26) and prisoners with mental disabilities are treated inhumanely in most nations. Prevalence studies in many countries show that ten to fifteen percent of the prison population suffers from severe and enduring mental illnesses, such as such as schizophrenia, bipolar disorder and autism disorders.[[27]](#footnote-27) Most prevalence studies have been conducted in developed countries and show consistently that a very high proportion of prisoners suffer from mental health[[28]](#footnote-28) even the severity of inmates’ illnesses is on the rise as well. The high proportion of mental disorders in prisons is related to several factors. Non provision of right medication and psychological treatment severely impact physical health. There is strong evidence that the older population in prison experience a high burden of physical and mental health problems.[[29]](#footnote-29)

A long period of being locked up with little mental stimulation is bad for the mental health of prisoners.[[30]](#footnote-30) Many inmates with mental illness need intensive treatment. Mental health programmes and services must be provided at the appropriate time. Primary treatment modalities may include psychopharmacology, group or individual psychotherapy, substance abuse treatment and relapse prevention programme.[[31]](#footnote-31) Research has consistently shown that prisoners have high rates of psychiatric disorders, and in some countries there are more people with severe mental illness in prisons than psychiatric hospitals.[[32]](#footnote-32) Rates of physical victimization for males with any mental disorder were 1.6 times (inmate-on-inmate) and 1.2 times (staff-on-inmate) higher than that of males with no mental disorder. Female inmates with mental disorder were 1.7 times more likely to report being physically victimized by another inmate than did their counterparts with no mental disorder.[[33]](#footnote-33)

Prisons that can be detrimental to inmate physical and mental health, includes poor diets, poor hygiene, infested food, poor ventilation, stress, sound, lack of privacy, lack of family visits and physical and sexual abuse.

Incarceration is extremely disruptive to social integration and prosocial bonds. Access to recreation, education, vocational training and art of facilities can inspire as sense of mastery, positive self-concept and the possibility of creating a prosocial life.

**NOTION OF A HEALTHY PRISON:**

Prison is complex social world comprising of heterogeneous population that is highly vulnerable or susceptible to poor health which possibly reduces the chances of returning to society in a fit state to rebuild their lives. Prison as agencies of disempowerment and deprivation, prisons epitomize the antithesis of a healthy setting.[[34]](#footnote-34)

The social world of prison, its regime, architecture and time spent influence the health and wellbeing. It may be more appropriate, in seeking to explain why prisoners experience poorer health than the general population. Research highlights the prevalence and severity of health problems and confirms that prisoners experience generally poorer levels of physical and mental health than the general population for various reasons.

The concept of a healthy prison was first set out by the World Health Organization.[[35]](#footnote-35) The concept of the ‘‘healthy prison’’ is the product of an environment that, within the confines of the law and the penal system, promotes and maintains health.[[36]](#footnote-36) The ideology of healthy prisons is to promote the health of prisoners by identifying prisoners with health problems, assess health needs, reduce prisoners' health risks, balance prisoners' rights with a security regime, and deliver treatment or refer to other specialist services as appropriate. Along with the health care and services the prisons must also provide comprehensive health education, prevention and other health promotion interventions to meet the assessed needs of the prison population. Indeed, the whole prison regime and environment should demonstrate a commitment not only to reducing ‘negative’ health outcomes but also to promoting ‘positive’ health and wellbeing through a salutogenic perspective underpinned by supportive policies and practices.[[37]](#footnote-37)

The emphasis on a healthy prison arises from the recognition that ‘‘prison service is a public service’’. As the goal of healthy prison is to maximize disease prevention thus provision of equivalent healthcare and services to the prisoners as that of community healthcare and services must be ensured. The movement of infected prisoners or high risked back in community without effective treatment or indeed preventive measures gives rise to the spread of diseases inside the prison and beyond it.

Theoretically, healthy prison concept is not all about prisoners’ health who are incarcerated but also seeks to consider health of the staff. If the healthy prison concept is to progress, several theoretical and practical issues require further thought. For promotion of healthy prison the stakeholders must comprise of academics, prison regime, prison staff, policy makers and prison population. Thus healthy prisons not only benefits prisoners and staff but it can contribute to improving the health of society as a whole.

The concept of ‘‘Healthy Prison’’ can only come by rethinking or reshaping to some degree the concept of the prisoner and prison health. Healthy prison connotes just not space-occupying body, but a body with medical and mental health care needs, proper treatment and maintenance of health and a potentially healthy body rather than just a correctional entity. The concept of the healthy prison is an attempt to integrate the penal and the medical in the persons of the prisons and the custodial staff, both of whom have a right to a healthy and safe prison environment.[[38]](#footnote-38) One of the underpinning principles therefore, includes a focus on all those within the setting and a ‘whole prison approach’ to health and wellbeing.[[39]](#footnote-39) A healthy prison must be perceived as an integral part of the concept of restorative jurisprudence focusing on health in prisons and public health. An effective, efficient and healthy prison requires adequate levels of staffing, with proper training, a mix of disciplines and specific expertise in key important areas.[[40]](#footnote-40)

Healthy Prisons Agenda proposed by the World Health Organization, aims to reduce health risks among prisoners, recognize prisoners’ human rights while maintaining a security regime, ensure the equivalence of prison health services to community health services, and promote health and welfare in prisons.[[41]](#footnote-41)

The Health Promoting Prisons project began in 1995 in the WHO EURO region, in view of the recognition of inequality between public health and prison health.[[42]](#footnote-42) The first international conference on Healthy Prisons was held in 1996, proved a catalyst to foster discussion, along with opportunity for World Health Organization to reaffirm their commitment.[[43]](#footnote-43) In 2007, the World Health Organization published ‘‘Health in Prison” a document that summarizes the philosophy and practice of a ‘‘whole prison approach toward achieving health in prisons.[[44]](#footnote-44) The notion of ‘healthy prison’ remains something of an oxymoron without significant reform of the way prisons are managed and offenders are treated.[[45]](#footnote-45)

**PRISON HEALTHCARE:**

Prisons are microcosms of society in the free world. Lack of proper healthcare and treatment of prisoners and recognition of wellbeing in prisons has been a matter of intense debate among the Nations. Healthcare in prisons may therefore be better understood with greater insight into how people respond to imprisonment – the psychological pressures of incarceration, the social world of prison, being dislocated from society, and the impact of the institution itself with its regime and architecture.[[46]](#footnote-46)

The concept of healthcare in prisons evolved due to the commitment of individual countries and the World Health Organization itself. Prison healthcare is the medical specialty in which healthcare practitioners provide treatment and care for prisoners. Healthcare is the process of providing comprehensive healthcare services in prison.[[47]](#footnote-47)

Prisoners often come from communities which are not free from health related issues. Most of the prisoners had no proper access to healthcare in the community before being incarcerated. Such persons contribute for flourish and spread of diseases inside of prison affecting general prison population. Even the impoverished environments of prisons are breeding grounds for hepatitis, tuberculosis and HIV/AIDS; drug abuse; and violence.[[48]](#footnote-48) Thus prisons are breeding ground for epidemics. Hence access to, as well as quality of healthcare and services in prison is philosophical and practical starting point for thinking about healthcare in prisons.

Healthcare must be based on an assessment of needs of the prison population. Such assessment can build the physical, mental and social health of prisoners enabling health protection during incarceration and encourage prisoners to adopt healthy behaviours but also facilitate the health services authorities to identify and quantify healthcare needs of the prison population. There is neither strategic vision nor practical guidance on healthcare promotion in prison and there is little direct evidence of the effectiveness of healthcare in a prison setting.[[49]](#footnote-49)

Besides various healthcare concerns one of the major concerns in prisons is HIV/ AIDS. Epidemiological studies of prison populations in most countries have consistently reported rates of HIV infection that exceed those in the general population. Female prisoners generally had higher HIV infection rates than male prisoners.[[50]](#footnote-50)

The range and frequency of health problems experienced by prisoners appears to be similar to that of people in the community.[[51]](#footnote-51) The principle of equivalence of care implies that all individuals in prison have the right to access the same standards of quality of healthcare as the general population.[[52]](#footnote-52) Prison healthcare is an inevitable part of public health, there is an intensive interaction between prisons and society.[[53]](#footnote-53)

Aging prison population worldwide has escalated dramatically and this is been referred in many nations as a correctional “ageing crisis”. In the United Kingdom between 2000 and 2009, the population over the age of 60 grew by 216% and in the Japan, the number of prisoners over the age of 60 increased by 160% between 2000 and 2006 and in the United States from 1990 to 2009 the number of incarcerated individuals aged 55 or older increased by 300%.[[54]](#footnote-54)

Geriatric prison population experience multiple chronic physical and/or mental health conditions, physical disabilities and suffers from higher disease prevalence than the general population which poses an urgent challenge for financial, medical and prison healthcare systems, especially those poorly equipped to meet the complex needs such prison population. Prisoners who continue to age behind bars will eventually require assisted living and nursing home levels of care while incarcerated.[[55]](#footnote-55)

**PRISON STAFF HEALTHCARE AND WELLBEING:**

Incarcerated individuals are a piece of prison world, but they are not the entire group. There is a population of prison officers, health care workers, and other professionals that undergo reentry on a daily basis.[[56]](#footnote-56) Persons working in prison live between two worlds – prison life and the life over the wall. Thus prison healthcare is not just all about prisoners’ wellbeing but also include wellbeing of inner core prison officials.

Prison staffs share the similar environment that of the prisoners and face the same physical hazards of the prison environment which impacts the overall health. Research shows that working in a hyper-violent environment has serious repercussions on the minds and bodies of prison staff. Day-to-day threats of conflict and violence coupled with being locked in an institution far from the general population, high degree of professional isolation, general safety and wellness are unique concerns. The negative physical and mental health outcomes for prison officers can have harmful effects on the wider prison institution.[[57]](#footnote-57) Adverse events and long-term poor working environments can result in post-traumatic stress disorder.

Along with the effective prison practices and management the prison staff must be trained in health matters and health laws to achieve adequate levels of wellbeing in all aspects of prisoners and themselves. Health awareness in prisons by staff would create a fertile environment for both prevention and protection from epidemics.

Aside from maintaining the quality of clinical practice all health professionals working in prisons must aim at wellbeing of prisoners as well as prison staff and also to coordinate with all professional organizations within the vicinity for integration of prison health services with public health services.[[58]](#footnote-58)

The healthy workplace should be a realistic goal for all prison employers, and most countries require prison systems to comply with health and safety laws, regulations and conventions.

**SOLITARY CONFINEMENT AND WELL BEING OF PRISON INMATES**

Solitary confinement is a form of imprisonment in which the prisoner is isolated away from other prisoners with minimal environmental stimulation and minimal opportunity for social interaction this may be done for punitive, disciplinary or purportedly protective reasons and practiced worldwide. The issue of solitary confinement is a complicated and controversial one. Excessive use of solitary confinement in prisons around the world is becoming an increasing concern.[[59]](#footnote-59)

The effect of solitary confinement depends on duration and circumstances and is mediated by prisoners’ individual characteristics, but for many prisoners, the adverse effects are substantial.[[60]](#footnote-60) Solitary confinement creates a ripple of unintended effects on the psyche.[[61]](#footnote-61) The majority of research suggests a wide range of psychological and psychiatric effects associated with solitary confinement.

Solitary confinement can cause serve mental and psychiatric effects. Solitary confinement seems to exacerbate symptoms of mental illness including anxiety, panic, insomnia, paranoia, aggression and depression.[[62]](#footnote-62) Solitary developed psychopathologies at higher rates than those in the general population (28% vs. 15%).[[63]](#footnote-63)

The psychiatric effects associated with confinement in solitary are producing a stuporous condition associated with perceptual and cognitive impairment and affective disturbances. In more severe cases, inmates so confined have developed florid delirium - a confusional psychosis with intense agitation, fearfulness, and disorganization.[[64]](#footnote-64) Other than psychiatric and psychological effects prisoners in solitary confinement have been found to engage in self-mutilation at rates higher than the general population.[[65]](#footnote-65) Solitary confinement leads to suicide.

It is estimated that more 80,000 prisoners are currently in solitary confinement in “supermax” prisons across the United States, according to the Bureau of Justice Statistics.[[66]](#footnote-66) A new survey conducted by Yale law researchers and the Association of State Correctional Administrators found that more than 4,000 prisoners suffering from serious mental illness in the United States are being held in solitary confinement.[[67]](#footnote-67) One in four Canadian inmates spends time in segregation, and of those, one in six is there for 120 days or more.[[68]](#footnote-68) German statute permits solitary confinement only when it is deemed indispensable and even then, restricts it to three months a year.[[69]](#footnote-69) In France, the use of solitary confinement is subject to judicial review, both on its initiation and at thirty-day intervals thereafter; however, prison authorities often disregard these rules.[[70]](#footnote-70)

Seeing into Solitary: A Review of the Laws and Policies of Certain Nations Regarding Solitary Confinement of Detainees report presented to the United Nations in 2011, reveals that for the first time declared that solitary confinement may amount to cruel, inhuman, or degrading treatment and in some cases torture, and may thus, under certain conditions, be prohibited under international law. It further stated that there shall be ban on the people with mental illness to solitary confinement, and to end the practice of prolonged and indefinite solitary confinement.[[71]](#footnote-71)

Decades of research on solitary confinement has established the negative impacts of the practice on human beings generally. It appears that global approaches to the problem of solitary confinement vary significantly and as per statistical information United States imposes among the most punitive regimes of solitary confinement in the world.

**PRISON VICTIMIZATION AND WELL BEING OF PRISON INMATES:**

Victimization is widespread and common occurrence within prisons and rates are notoriously high. The varied forms of victimization that occur in prison include physical, psychological and sexual.[[72]](#footnote-72) The most common form of victimization in prisons is physical abuse which may be used for a variety of reasons. The use of threat, action or coercive tactic and exhibition of higher levels of maladjustment to prison life leads to psychological victimization.

Prison victimization has long been recognized as significant problem across the globe. Due to possession of certain characteristics make prisoners vulnerable and susceptible to victimization. The magnitude of victimization in prison is comparatively higher than in the community. The rate of victimization is difficult to ascertain as the problem of victimization is complex, multi-faceted and rapidly evolving. The changing dynamics of victimization present new challenges on the various aspects and health consequences and demand a series of reforms in the prison environment.

The forms of victimization in prisons comprises of sexual, economic, psychological, and social victimization. Sexual victimization includes nonconsensual, abusive, willing, and unwilling sexual activity. There are several variables that cause prison victimization and the research evidence reveals that rates of victimization are higher in prison settings than in the general community.[[73]](#footnote-73) Overall, prisons with poorer climates had higher rates of inmate‐on‐inmate and staff‐on‐inmate victimization.[[74]](#footnote-74)

Research evidence on the prevalence of physical victimization inside prison settings has grown in precision and specificity. Prison victimization has number of psychological effect such as delusions, depression, panic, stress, phobia, substance abuse, criminal activity, along with dependence on institutional structure, psychological distance, social withdrawal and isolation, diminished sense of self-worth and personal value and post-traumatic stress to pain of imprisonment.[[75]](#footnote-75) The Standard prison experiment revealed that psychological healthy individual could become aggressive or depressed when placed in a prison environment.[[76]](#footnote-76)

Sexual victimization in prisons is a widely controversial issue. Research reveals the prevalence of sexual victimization but rates of sexual victimization in prison vary across the nations. Sexual victimization includes a range of behaviors from sexually abusive conduct to nonconsensual sexual assaults and has a variety of severe health consequences.[[77]](#footnote-77)

Sexual contact of any kind with an incarcerated person is illegal but women in prisons across the nations face rampant sexual abuse. Patterns of sexual victimization are inmate-on-inmate and women at the hands of prison officials. Rape provides an opportunity for spreading sexually transmitted diseases, a matter of particular concern in prisons, where HIV infection rates are higher than in the general population.[[78]](#footnote-78) Prisons are a high-risk environment for HIV transmission. Of the late sexual victimization in prison has received considerable attention due increase incidence of HIV and AIDS.

The Prison Rape Elimination Act of 2003 (PREA) is the first United States federal law intended to deter the sexual assault of prisoners.[[79]](#footnote-79) In spite of it the Bureau of Justice estimates that 200,000 people are sexually abused in United States detention facilities in a single year.[[80]](#footnote-80)

Victimization has influence on both body and mind and the forms of prison victimization definitely effect the post-release adjustment. Sexual abuse in prison is a global human rights crisis. Sexual abuses in prison are recognized internationally as forms of torture. It is the absolute responsibility of government to protect the safety of inmates. Sexual abuse in prison, regardless of the perpetrator, represents a government’s failure to uphold this responsibility.[[81]](#footnote-81)

**PRACTICAL CHALLENGES OF PRISON HEALTHCARE:**

Prison is a very complex social system with an organizational composition of hierarchal prison staff and prisoners and its ecosystem. All prisons are different, but they share common challenges. Prison is a unique environment that has particular challenges when it comes to promoting health.

Prisons are authoritarian and hierarchical, making it difficult to develop prisoner autonomy.[[82]](#footnote-82) The primary aim of the prisons is confinement and to serve a sentence and maintaining safety and security through administrative control. Each of these purposes can pose a challenge to the provision of high quality healthcare. The provision of healthcare for prisoners has several pervasive, though not unique, characteristics.[[83]](#footnote-83)

Prisoners themselves are a challenging population to treat effectively. Prisoners represent a heterogeneous population, belonging to socially diverse and economically disadvantaged sections of society with limited knowledge about health and healthy lifestyles.[[84]](#footnote-84) Health, mental health and substance abuse problems often are more apparent in jails and prisons than in the community.[[85]](#footnote-85)

The physical and social environments of a prison presents special challenge in the promotion of healthcare of prisoners as it often undermines the values aligned to healthcare and wellbeing. Prison environment must embrace the health of both prisoners and its staff for effective and efficient operational. Evidently the prison environment presents special challenge in the promotion of healthcare and wellbeing of prison staff.

Promoting and maintaining a healthy lifestyle in this vulnerable population is therefore a key challenge for prison staff, prison healthcare staff and visiting healthcare professionals.[[86]](#footnote-86) Prison staff disregards health promotion, frequently perceiving it as constituting additional work or something which is outside their remit.[[87]](#footnote-87) Prison health officials state that the government is obligated to provide healthcare for prisoners because incarceration prevents prisoners from obtaining care on their own.

Incarceration complicates the ethical provision of healthcare. Thus an ethical challenge in prison setting is incarceration and languishing without appropriate treatment or housing prisoners with serious mental illness.

The health professionals in prisons have a conflict between the primary healthcare and wellbeing and the duty to follow the rules of prison management. As the prisoners are not primarily patients but rather objects of surveillance, punishment or rehabilitation. Hence the health professionals often have a dual loyalty to their patients and to the institution.

Prisoners have no choice for selection of their healthcare professionals and services as available to the general population. A patient in prison has very little autonomy, control and access to medication and appointments.[[88]](#footnote-88) Therefore prison population lack access to adequate medical and mental healthcare. Chronic illnesses go untreated, emergencies are ignored and patients with serious mental illness and HIV positive fail to receive necessary care that present substantial challenges for health professionals.

Among the various challenges the one which pertains is emergencies. In such cases difficulty arises in securing transportation and also the cost and security measures. The prison healthcare importance is insufficiently recognized and the failure to provide prisoners with access to needed health care too often results in tragedy. Healthcare behind bars is so poor in some prisons that offenders die because staff does not respond properly to medical emergencies.[[89]](#footnote-89)

Prison population have risen steadily over most of the globe in recent decades and the latest World Prison Population List, 2016, reports roughly about eleven million prisoners officially imprisoned worldwide.[[90]](#footnote-90) The rise in prison populations in many countries has resulted in considerable overcrowding paving to serious physical and mental health problems. Overcrowding put all sorts of extra pressures on prisoners due to which the standards of hygiene and sanitation decline so that infections and infestations become more common.[[91]](#footnote-91) Overcrowded prisons around the world create difficult and widespread challenges to maintaining prisoner health and providing a safe environment.[[92]](#footnote-92) Overcrowding increase suicide rates because it makes prison life more intolerable.

Substance abuse among incarcerated population is a glaring reality and the proportion of drug abusers in the prison systems all over the world has grown enormously in recent decades.[[93]](#footnote-93) The management of healthcare problems of addiction and developing viable and evaluable programs for substance abuse treatment in prisons across the nations is the greatest challenge.

A burgeoning geriatric prisoner population has important financial, practical, and moral implications.[[94]](#footnote-94) The utmost challenge is the provision of geriatric healthcare in the prison setting across the nations. Medical spending among this group is increasingly costly because of their greater medical needs.

Lack of resources and staffing in the prisons across the nations is one of the greatest challenges for the entire prison system and it raises the concern of ensuring safety and decency standards expected in international rules and standards.

The prison environment is not totally closed to the outside world hence the prisoners move out through different parts of the corrections system - probation and parole, the healthcare they receive, if any, is completely disjointed.[[95]](#footnote-95)

The contribution of prisons maladies is mysterious, although shortcomings in treatment and aftercare provision contribute to adverse outcomes. Poor health and poor health coverage have been major challenges for former prisoners trying to reintegrate into the community.

Prisoners enter and leave prisons. Prisoner reentry is a precursor to successful community reintegration. Recidivism can negatively impact the wellbeing of prisoners as well as communities. Hence recidivism has emerged as a growing challenge to the prison healthcare.

Many aspects of institutionalized life make providing healthcare difficult. Translating the health promoting prisons concept into practice is a real challenge. Overall challenging areas in health management pertains to medication, medical services, medical care emergency services, medical professionals and sustainable health networks.

**Women prisoners:**

Women prison populations differ from their male counterparts in several significant ways. Women prisoners constitute around seven per cent of the global prison population but in recent year there is noticeable rise of women prisoners. The health needs of women prisoners are complex and in the world of prisons there are widespread and persistent inequities. A review of gender equity in health states that the present position is “unequal, unfair, ineffective and inefficient”.[[96]](#footnote-96)

Women prisoner imprisoned away from the home causes difficulty in maintaining her family tie and if she is mother then the entire family is at stake. Women with a history of incarceration face a greater burden of disease than men with a history of incarceration.[[97]](#footnote-97) Women prisoner have specific health problems, most of them have less awareness regarding their own health status and healthy lifestyles, suffer from mental health disorders, experienced physical or sexual abuse before their imprisonment, dependence of drugs and alcohol, carrier of sexually transmitted infections. The specific health issues pertain to reproductive health such as menstruation, menopause, pregnancy and breastfeeding.[[98]](#footnote-98) By virtue of both biological sex and gender, incarcerated women have health needs different from those of their male counterparts.[[99]](#footnote-99) Women in prison generally have more, and more specific, health problems than male prisoners and tend to place a greater demand on the prison health service than men do.[[100]](#footnote-100)Women’s prisoners’ specific needs are often unmet by prison administration and services. It indicates that there is greater demand for precise healthcare system and services.

**LEGAL BASIS FOR HEALTHCARE FOR PRISONERS AND HEALTH LAWS:**

Incarceration deprives not only liberty but has an impact on physical and mental health. Prisons have very serious health implications. It makes sense from a legal, ethical, social, and public health point of view to provide healthcare to prisoners

Since 1775, incarceration rates have grown exponentially creating the need for healthcare, medical services and medical professionals. Prison medicine began in its most rudimentary form in Victorian England, under the health reforms promoted by wealthy philanthropist and devout ascetic John Howard and his collaborator, well-to-do Quaker physician John Fothergill and also the work of Louis-René Villermé a physician and pioneering hygienist.[[101]](#footnote-101) The work initially inspired German, American, and British. Subsequently this spurred an intense urge for promoting healthy prisons and healthcare in prisons across the world.

International treaties and covenants have a right to healthcare and most certainly have a right not to contract disease in prison.[[102]](#footnote-102) Several international standards define the quality of healthcare that should be provided to prisoners. The [Standard Minimum Rules for the Treatment of Prisoners](https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf) 1955, constitute the universally acknowledged minimum standards for the management of prison facilities and the treatment of prisoners, and have been of tremendous value and influence in the development of prison laws, policies and practices in Member States all over the world. In December 2015, the UN General Assembly adopted the revised rules as the “United Nations Standard Minimum Rules for the Treatment of Prisoners”. The revised rules are to be known as "the Nelson Mandela Rules"[[103]](#footnote-103)

The provision in Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes the right of everyone to “the enjoyment of the highest attainable standard of physical and mental health”.[[104]](#footnote-104) It is applicable even to prisoners just as any other human being. Hence those who incarcerated are not denuded the fundamental right to enjoy good health, both physical and mental, and retain their entitlement to a standard of healthcare that is at least the equivalent of that provided in the wider community.

The enjoyment of the highest attainable standard of physical and mental health is a fundamental human right of every human being without discrimination. The United Nations (1990) Basic Principles for the Treatment of Prisoners set out that "prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation"[[105]](#footnote-105) It ensures that prisoners have right to appropriate healthcare. This principle is reinforced by Council of Europe Recommendation NO. R (98) 7 of the Committee of Ministers Concerning the Ethical and Organizational Aspects of HealthCare in Prisons.[[106]](#footnote-106)

Prison health care and medical ethics manual is addressed to prison healthcare workers and other prison staff with responsibility for prisoners’ wellbeing. The manual is conceived as a comprehensive policy guide and a management tool comprises ofgood practice from across Europe.[[107]](#footnote-107)The European Court of Human Rights is also producing an increasing body of case law confirming the obligation of states to safeguard the health of prisoners in their care.[[108]](#footnote-108)

American Bar Association Criminal Justice Standards on the Treatment of Prisoners, 2010 part VI make a provision for healthcare for the prisoners**.**[[109]](#footnote-109) Prisons and Health book, 2014 published by World Health Organization outlines important suggestions by international experts to improve the health of those in prison and to reduce both the health risks and risks to society of imprisonment.[[110]](#footnote-110)

Human rights and prisons, manual on human rights training for prison officials, 2005 of section IV emphasize on the health rights of prisoners which states that proper health care is a basic right which applies to all human beings and that the conditions of health care in prisons affect public health.[[111]](#footnote-111) United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment to monitor and promote the health rights of prisoners at the international and domestic levels. Thus human rights instruments call for prisoners to receive healthcare at least equivalent to that available for the outside population.

Every nation’s prison manual contains provisions pertinent administration and management which includes health and wellbeing.

**RESTORATIVE PRACTICES WITHIN INSTITUTIONAL CONTEXTS:**

Prisons are our oldest enduring structure for penal confinement used in attempt to achieve various goals of criminal sanctioning.[[112]](#footnote-112) The prisons endure the scenes of brutality, violence and stress[[113]](#footnote-113) and the pains of institutionalization affect all prisoners in different ways as they are exposed to a new environment, which is very different from their own culture. Once a prisoner is surrounded by the prison walls, prisoner becomes subject to the operation and function of the institution.[[114]](#footnote-114) Prisoners represent a heterogeneous population, belonging to socially diverse and economically disadvantaged sections of society with limited knowledge about health and healthy lifestyles.[[115]](#footnote-115)

A dilemma prevails pertinent in providing healthcare within environments that may in many ways undermine inmate health. It is professional and ethical responsibilities to advance the quality of prison healthcare and health services particularly specialists to deliver effective medical and mental healthcare and specific importance to the public health.

The pains of institutionalization affect all prisoners in different ways as they are exposed to a new environment, which is very different from their own culture. Hence providing decent living conditions, addressing healthcare needs and ensuring constructive relationships between prison staff and the prisoners for whom they are responsible are arguably even more fundamental requirements, without which even the most innovative rehabilitation programmes are unlikely to succeed.[[116]](#footnote-116) In absence of such provisions the entire effort of restorative jurisprudence would go in vain and the prisoners would return to their “old ways” of criminal behaviour.

Prisoners are reliant on prison staff for almost every aspect of their existence due to their limited ability therefore prisoners should be treated with humanity. The attitudes and actions of prison staff will determine whether or not prisoners are treated with humanity.[[117]](#footnote-117) Prison officials must respect the individuality of all prisoners, and what is required to take care to the needs of their healthcare needs and services of the individual prisoner. Positive attitudes towards prisoners are important in securing the effectiveness of various correctional rehabilitation programs and the successful reintegration of prisoners after release.[[118]](#footnote-118)

Prison conditions should not be an additional punishment. Implementation of credible interventions to minimize the adverse impacts of prison settings exert on the epidemiology of infectious diseases particularly with respect to inmates. Ensuring humane prison conditions and effective medical services that are in contour with international and regional standards for the treatment of prisoners is key to the establishment of fair and effective restoration of wellbeing of the prisoners.

Prison is a place where prisoners live and staff work. Health promotion in prison has been the omission of prison staffs’ health and wellbeing. Hence initiatives to promote the health of staff should be encouraged both for their own wellbeing and in recognition that a healthy and motivated workforce is more able to promote the health of prisoners.

Leading a busy life in prison would facilitate a better physical and mental health. Therefore prisoners must be encouraged and assisted how they could utilized their time in prison and also providing a valuable opportunity to redress their health issues, promoting the notion of healthy prison and to ensure that on release that would lead a healthy and prosperous life.

Geriatric prisoners’ health needs vary as they likely to have chronic, disabling and terminal illnesses. Prisoners who continue to age behind bars will eventually require assisted living and nursing care while incarcerated. Provision of nursing training to the young prisoners would enable to manage the commonly existing health problems among geriatric in the prisons. On release they could be appointed in hospital and health services centre. Therefore the prison healthcare facilities must be designed to address the specific needs of such prisoners.

As restoration covers a wide variety of activities including medical and psychological treatment, counselling and cognitive-behavioural programmes therefore the provision of constructive activities in prisons assists in cultivating a positive attitude toward prison environment, prison staff including medical professionals with an ultimate object of healthy life styles.

When liberty is deprived in accordance with procedure established by law it is the responsibility of the State to take care of the prisoners’ health and the treatment that may be necessary. Prison administrations have an obligation to establish conditions that promote the wellbeing of prisoners. Prisoners should not leave prison in a worse condition than when they entered.

Suicide is the leading cause of death in prisons. As a group, inmates have higher suicide rates than their community counterparts. The best practices for preventing suicides in prison settings should include elements such as training programs, screening procedures, communication between staff, documentation, internal resources, and debriefing after a suicide.[[119]](#footnote-119)

The core aim of prisons must be restorativeness. The purpose of healthy prison must be not just to prepare prisoners as law abiding citizen but a healthy individual free from diseases and transition of care for those released back to the community.

Reentry is the transition from incarceration. Health problems influence reentry outcomes, and that nearly all returning prisoners have health issues, an assessment of health needs should be part of each individual’s reentry planning process.

The enjoyment of the highest attainable standard of physical and mental health is a fundamental human right of every human being without discrimination. However, prisoners suffer a disproportionate burden of health problems as their health needs are often neglected. Approaches and programmes pertinent to restoration of health in prisons shall address the multiple levels needs of prisoners with focus on restoration.

Prisons should adopt more of a public health model that focuses on wellness, disease treatment and management, prevention and creating a continuum of care during and after incarceration.[[120]](#footnote-120)

Integrated approach to prison healthcare that is consistent with the best interests of prisoners and sound public policy can improve prison health and preserve public resources.[[121]](#footnote-121)

Despite the minimal amount of information available, pertinent to healthcare and services across nations a growing social movement has advocated for an increased role for prisons in restorative practices within institutional contexts to preserve the physical and mental health making possible that recently released prisoners be free of disabling diseases.

**ECONOMICAL IMPACT:**

A question arises why health of prisoners seems more important to the Nations than the health of general population. Prison Health care has emerged as fiscal pressure points for Nations in recent years. Prisoners are expensive to maintain. The impact of growing prison populations places an enormous financial burden on governments at a great cost to the social cohesion of society. The average cost of incarceration in the United States is anywhere between $20,000 and $40,000 per year to house inmates in Federal and State correctional facilities.[[122]](#footnote-122) For United Kingdom, it costs £65,000 to imprison a person and further £40,000 for each year they spend incarcerated.[[123]](#footnote-123) Whereas for Australian it costs $110,000 per-prisoner per year.[[124]](#footnote-124) In India the annual average expenditure on a prison inmate is about Rs. 29,538.[[125]](#footnote-125) In India prisons is a state subject and are managed by the state governments. Hence there exist variations on the annual expenditure per inmate. Restorative jurisprudence would invariably reduce the price of prisons and save taxpayer money.

Medical spending among incarcerated individuals is therefore a key for healthcare governance in prisons.[[126]](#footnote-126) Prisoners with better health would render cost saving not to prison expenditure but would also benefit economically and socially after their release.

**CONTINUITY OF CARE:**

Continuity of care during incarceration highlights a positive attitude of prison officials which ensures better standard of care.[[127]](#footnote-127) Continuity of care not only pertains to health and other related matters but also provides specific guidance on managing on entering prison from the community, while in prison and exiting prison along with provision of treatment and support.[[128]](#footnote-128)

Incarceration has many implications and the transition from prison to society is not easy after being incarcerated for a number of years. Transitional moments are the moments of greatest vulnerability. Screening and diagnosis of infectious and other diseases is necessary to ensure that care begun during incarceration is continued following release for wellbeing of the prisoner and the community.

Partnerships with community-based medical, public health practitioners’ and voluntary agencies coordination as means of providing support to continuity of care for inmate throughout their incarceration and beyond. Health care provision shall be according the needs and must be a continuous process.

**INDIAN SCENARIO:**

Regular prison system was not in existence in ancient India and the prisons were only places of detention where an offender was detained until trail and judgement and the execution of the later.[[129]](#footnote-129) In medieval period the regular jails for confining convicts existed.During the British governance it was Lord Macaulay who drew the attention of the Government towards extremely awful and inhuman conditions of prisons. On his suggestions, a committee was appointed in 1836 to look into the conditions of Indian jails and report thereon. Subsequently various committees and commission were appointed for prison reforms. After independence various committees were constituted apparently to achieve a certain measure of humanization of prison conditions and the treatment of offenders on a scientific footing. Indeed, the condition of modern prison system is far better than that in the past but still much remains to be done in the direction of prison reforms for humane treatment of prisoners. The institution of prisons and its allied subjects owes its origin to British model and were introduced as part of British administration.The prison system as it operates today in India is a legacy of the British rule.[[130]](#footnote-130) The management and administration of prisons in India falls exclusively in the domain of the State governments, and is governed by the Prisons Act, 1894 and the Prison manuals of the respective state governments.

Indian Prisons represent a heterogeneous population, belonging to marginalized socially diverse, uneducated and economically disadvantaged sections of society with limited knowledge about health and healthy lifestyles. The prison environment epitomizes unhealthy atmosphere, lack of basic amenities, unhygienic food, limited space, overcrowding of inmates, lack of healthy lifestyle and poor medical facilities. Indian prisons are also encountered by the problems of drug abuse, alcoholism, trauma, homicide, suicide, violence, neuropsychiatric diseases, epilepsy, stress manifestations, HIV infection and AIDS, sexually transmitted diseases, tuberculosis, hepatitis B, hepatitis C skin infections, and so on.[[131]](#footnote-131) Prisoners in India are not even tested for specific infectious diseases, although all prisoners undergo a medical examination when they begin serving their sentence. There is considerable evidence to show that prisoners in India have an increased risk of physical, mental disorders including self-harm and are highly susceptible to various communicable diseases.[[132]](#footnote-132)

Healthcare in incarceration is poorly defined, poorly classified and poorly understood in most countries to which India is not an exception. Most of the Indian prisons lack of training, personnel and infrastructure to deal the exigencies of health problems of the prisoners. Medical staff is grossly inadequate to address the primary medical needs of the prisoners. No special branch to suit the particular health requirement of prisoners. The Indian Judiciary has played a proactive role for the improvement of prison healthcare and healthcare services and in series of cases held “right to healthcare” as an essential ingredient under Article 21 of the Constitution but still the issues relating to prison healthcare and services in the country continue to pose a big hurdle.

Prison inmates who are completely dependent on the State for provision of even basic medical care are often side-lined citing security and safety concerns.[[133]](#footnote-133) A previously published human rights report suggests that even the primary healthcare services being provided in Indian jails is of poor quality.[[134]](#footnote-134) The need to control disease in prisons as a part of the larger agenda of public health and a part of primary healthcare is a concept yet to catch up in India.

Undertrial detention is India’s most ignored problem. Two-Thirds of prison inmates in India are undertrials.[[135]](#footnote-135) As most of the under trials spend long periods of time in prisons awaiting their verdict, it effects their mental health functioning.[[136]](#footnote-136)

Owing to increasing crime rates and higher conviction rates there is severe overcrowding in India. It not only results in deterioration of the general living conditions of the prisoners but also leads to inadequate infrastructural facilities and lack of essential services to the prison inmates. Prison overcrowding not only effect the health and wellbeing of the prisoners but also increase the prevalence of diseases, particularly infectious and psychiatric disorders.[[137]](#footnote-137)

Women prisoners represent a distinct and vulnerable health group needing priority attention in area of physical, sexual and reproductive health. Concerns of mental health are often not given adequate importance, and women suffering from mental illnesses are often housed in prisons due to lack of other appropriate facilities.[[138]](#footnote-138)

The geriatric crisis in prison continues to gain attention due to complex physical, mental health, and social care needs. A major concern still remains the flaws in interpretation of age of elderly inmates in the Indian jailing system. The requirements of older inmates have been overlooked by the Indian prison authorities that have made prisons a notably painful place to age.[[139]](#footnote-139)

The very fact that almost all prisoners return back to the community makes it imperative to link prison health with the public health system. If the inmates are not treated adequately in prisons they will return to the community further burdening the existing healthcare facilities of the country. Factors which propagate the spread of disease from communities to prisons and vice versa need to be studied and interventions to control them must be implemented.

The Government budget for prison healthcare is inadequate. In India the policy makers tend to allocate the resources “as per law” rather than “as per needs. The need of the hour is a major renovation of prison health policies. Healthcare in prisons is one of the neglected health areas in India. There is an urgent need for research on various aspects of prison healthcare and particularly its epidemiology. The model prison manual for India has iterated in details the constituents and requirements of medical care to prisoners.[[140]](#footnote-140)

Despite rules laid down in respective State manuals, the physical and mental health of prisoners often suffers.

**CONCLUSION:**

Prisons across the globe seem to have become warehouses of prisoners. The unrelenting growth of prison population across the globe raised concern pertinent many issues and challenges. One among the issues and challenges is the provision of effective healthcare and medical services. Most of the research and statistics on prisons demonstrates that current practices do not adequately address, prisoners’ needs pertaining to health. Health inequalities are enmeshed within the workings of the prison system itself. The threat of transmission of infectious diseases in prisons and ultimately from prisons to general society demonstrates the importance of ensuring better access to healthcare and health promotion in prisons. It is legal, ethical, social, and public health implication to provide better environment, healthcare, medical services including emergencies and professional opinion to all persons in custody for their wellbeing and community at large.

The harsh conditions and the prison environment within prisons have been demonstrated neither to ensure physical and mental health nor proper healthcare, medical services, promotion of healthcare and practice of healthy lifestyles. It is time to acknowledge that prisons are constitutionally required to provide basic necessities including healthcare. Thus prison healthcare, medical services and professional help must be made accessible to the greatest extent possible within the available resources and norms of the country. Every prison must have medical, nursing, psychological and pharmacy services with administrative support. Accessibility of health services must be within the reach and at all hours. Restorative practices can provide a solution to healthcare and healthcare services enabling the medical professionals in prisons to achieve the highest wellbeing of the prisoners.

If the concept of healthy prison is to be cherished it must advocate to address health disparities, inequities, and disproportionate effects of incarceration and initiative to improve the health of prisoners by reducing the burden of infectious and chronic diseases, suicide, violence, victimization and counteracting the cycle of recidivism.

To overcome the confrontation of health professionals between the primary healthcare and wellbeing and the duty to follow the rules of prison management the prison healthcare and services should be fully independent of prison administrations.

The challenges of providing healthcare and medical services in prisons are complex and enduring. Institutionalizing healthy prisons and healthcare promotion must be the agenda of prisons.

Prison staffs share the similar environment that of the prisoners. Hence the prison staff is also vulnerable to most of the diseases of which prisoners are at risk. Even the prison staff must be provided medicine and medical services as of restorative jurisprudence.

Women prisoners constitute minor proportion of the total prison population. The health problems and issues of women prisoners are specific and distinct than male prisoners. The evidence and the research highlights that woman’s specific needs are often unmet by prison services and by the prison environment and also the standards of humane care called for by international bodies. The situation calls for an urgent need to address health problems and issues of women prisoners and also for a specific health policy. Mounting evidence epitomizes geriatric crisis. This crisis needs a holistic integrated healthcare response to meet the complex needs of such prison population.

Accurate data pertaining to healthcare and health services of world prisons is not available. Therefore it is difficult to estimate accurately the health care and health services in the prison settings. Statistics on prison infectious disease rates, mental health, suicides, deaths and provision of healthcare and healthcare services should be publicly available.

International covenants and the statutory provisions of prison manual of the Nations ensure the provision of healthcare and health services. Even World Health Organization authorize that government of nations should provide prisoners with the best possible healthcare. In spite of it there exists vast disparity in healthcare and health services between prisoners and the general population. The premise is that individuals detained in prison must have the benefit of care equivalent of that available to the general public. There is urgent need to address the burgeoning healthcare inequalities within penal institutions across the world.

Denial of medical treatment to prisoners is repugnant to the conscience of mankind. We need to perceive how laws can be used to recognize and strengthen the role of prisons as health-promoting institutions and protection health care. Health Laws can be empowering, providing innovative solutions to the most implacable health problems.

Health needs assessments of the prison population have played an important role in developing healthcare services but it is not proportionate across the prisons of the Nations. Prison based healthcare and services promotion is not an easy task to execute. Hence the prisons must create links between prison health and public health services.

Planning and executing healthcare and medical services for the prison population is an institutional concern. Prison healthcare and services varies substantially in prisons throughout the world. There is strong concern across the world that prison can no longer afford to ignore prison healthcare and services. Mechanisms of accountability are crucial for ensuring better healthcare and healthcare services.

The overwhelming majority of people behind bars will someday be released. Providing prisoners with better healthcare and health services today means having healthier neighbours and communities tomorrow. A resilient partnership between healthcare professionals and prison authorities can pave the way for achieving the desired changes in the existing prison healthcare system, thereby increasing the overall wellbeing of those serving their sentences and the community as a whole.

Indeed, many inmates leave prisons less healthy, physically and mentally, compared with their health status at incarceration. The health problems present barriers to the successful reintegration of ex-offenders. Prison Healthcare and prison medical services need improvement. Improving prisoners’ healthcare must be the central motto of every prison. Nations need to analyze the kind of healthcare they are providing to prison populations in order to avoid a public health crisis once prisoners re-enter society.

The right to the highest attainable standard of health is a human right recognized in international human rights law. A person deprived of liberty shall be treated with humanity and with respect for the inherent dignity of the human person. Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation. International human rights standards applicable to prisoners. Prison healthcare should promote the protection of human rights

Very minimal research is found in the areas pertinent to healthcare and professional health services and the research available is only from the developed countries. The research studies conducted reveals that overwhelming majority of prisoners’ healthcare and health care services are not taken as priority and thanks to unhealthy and unhygienic prison conditions and poor control of infectious diseases.

Healthcare protection in prisons is a serious public health issue. The prison administration must realize the vast majority of prisoners will return to the community at the end of their sentence. If the community is to thrive, the prisons, the government of Nations need to create awareness of such marginalized community, adequate healthcare, healthcare services, adequate health polices, initiatives implementing and enforcing equity healthcare and protective health laws.

An array of measures shall be provided to prevent further victimization and proper provision of healthcare and healthcare services within the prison system. The prison system of the nation shall not be insensitive towards prisoners. The law of the land shall ensure not only their dignity but also provide protection to their health needs.

Prisons are not designed for therapeutic care. The prison, the prisoners and the community as stakeholders has to take effective steps to promote healthcare and wellbeing and becoming productive members of society. Proper education pertinent to overall wellbeing and protection and prevention from infections disease shall be on the agenda of the prison policy of every nation. Ultimately the courageous concern discussed would see the light of hope. Let’s be supportive, receptive and associative in spite of challenges.

1. Jackson Toby, Is Punishment Necessary, Journal of Criminal Law and Criminology, Volume 55, Issue 3, September 1964, p. 332. [↑](#footnote-ref-1)
2. Restorative Justice in Prisons: Methods, Approaches and Effectiveness, https://rm.coe int/16806f9905, Retrieved on 3rd September 2018. [↑](#footnote-ref-2)
3. Penal Reform International’s Global Prison Trends, 2018, https://www.penalreform.org/wp.../04/PRI\_Global-Prison-Trends-2018\_EN\_WEB.pdf , Retrieved on 11th February 2019. [↑](#footnote-ref-3)
4. Prison cell photos around the world show how differently countries treat their criminals, https://www.businessinsider.in/These-photos-of-prison-cells-around-the-world-show-how-differently-countries-treat-their-criminals/articleshow/63356326.cms , Retrieved on 14th September 2018. [↑](#footnote-ref-4)
5. Report on International Prison Conditions - US Department of State https://www.state.gov/documents/organization/210160.pd, Retrieved on 14th September 2018. [↑](#footnote-ref-5)
6. Prison conditions: the issue - Penal Reform International https://www.penalreform.org/priorities/prison-conditions/issue/ , Retrieved on 14th September 2018. [↑](#footnote-ref-6)
7. World Health Organization-Prisons, https://www.who.int/topics/prisons/en/, retrieved on 15th March 2019. [↑](#footnote-ref-7)
8. Bradford, Andrew Ryan, "An Examination of the Prison Environment: An Analysis of Inmate Concerns across Eight Environmental Dimensions, 2006, p.28. [↑](#footnote-ref-8)
9. Prison Reform and Alternatives to Imprisonment, United Nations office on Drugs and Crime, p.11. [↑](#footnote-ref-9)
10. Nick de Viggiani, Unhealthy prisons: exploring structural determinants of prison health, Sociology of Health & Illness Vol. 29 No. 1 2007, p. 115. [↑](#footnote-ref-10)
11. Michael Massoglia, William Alex Pridemore, Incarceration and Health, Annu Rev Sociol. 2015 Aug; 41: 291–310. [↑](#footnote-ref-11)
12. European Centre for Disease Prevention and Control and the European Monitoring Centre for Drugs and Drug Addiction. Systematic review on active case finding of communicable diseases in prison settings. Stockholm, November 2017, p.1. [↑](#footnote-ref-12)
13. Michael Massoglia, William Alex Pridemore, Incarceration and Health, Annual Review Social. 2015 Aug; 41: 291–310. [↑](#footnote-ref-13)
14. Michael Massoglia, Incarceration, Health, and Racial Disparities in Health, Law & Society Review, 2008, p.278. [↑](#footnote-ref-14)
15. Understanding the Impacts of Incarceration on Health, https://www.rethinkhealth.org/wp-content/.../ReThink-Health-March-17-Report-1.pdf, Retrieved 13th March 2019. [↑](#footnote-ref-15)
16. Howard Frumkin, Healthy Places: Exploring the Evidence, American Journal of Public Health, Vol 93, No. 9, September 2003, p. 1451-52. [↑](#footnote-ref-16)
17. Prison environment and health - The BMJ https://www.bmj.com/content/345/bmj.e5921, Retrieved 9th September 2018. [↑](#footnote-ref-17)
18. Impact of Incarceration on Health - Health and Incarceration - NCBI – NIH https://www.ncbi.nlm.nih.gov/books/NBK201966/, Retrieved 15th March 2019. [↑](#footnote-ref-18)
19. Michelle Baybutt, Khadoudja Chemlal, Health-promoting prisons: theory to practice, Global Health Promotion, 19th May, 2016, p.68. [↑](#footnote-ref-19)
20. Stuart A. Kinner and Jesse T. Young, Understanding and Improving the Health of People Who Experience

    Incarceration: An Overview and Synthesis, Epidemiologic Reviews, Vol. 40, 2018, p.7. [↑](#footnote-ref-20)
21. James Woodall, (2011) "Social and environmental factors influencing in‐prison drug use", Health Education, Vol. 112 Issue: 1, pp.31-46, https://doi.org/10.1108/09654281211190245. [↑](#footnote-ref-21)
22. Prison Policy Initiative, The Crippling Effect of Incarceration on Wealth, https://www.prisonpolicy.org/blog/2016/04/26/wealth/, Retrieved 3rd March 2019. [↑](#footnote-ref-22)
23. Health in prisons - Penal Reform International, https://www.penalreform.org/priorities/prison-conditions/key-facts/health/, Retrieved 19th March 2019. [↑](#footnote-ref-23)
24. Prison Food: What Could Happen If Prisoners Ate More Nutritious Food? https://foodrevolution.org/blog/prison-food/, Retrieved 19th March 2019. [↑](#footnote-ref-24)
25. Ibid. [↑](#footnote-ref-25)
26. Incarceration nation - American Psychological Association https://www.apa.org/monitor/2014/10/incarceration.aspx, Retrieved on 17th March 2019. [↑](#footnote-ref-26)
27. WHO/Europe | Prisons and health - Data and statistics, www.euro.who.int/en/health-topics/health.../prisons-and-health/data-and-statistics, Retrieved 20th March 2019. [↑](#footnote-ref-27)
28. WHO/Europe | Prisons and health - Mental health www.euro.who.int/en/health.../health-determinants/prisons-and-health/.../mental-health, Retrieved on 17th March 2019. [↑](#footnote-ref-28)
29. Health and social care needs assessments of the older prison population, Public Health England, November 2017, p.11. [↑](#footnote-ref-29)
30. Prison environment worsens mental health - NCBI – NIH, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC188365, Retrieved 9th September 2018. [↑](#footnote-ref-30)
31. William A. Darity, International Encyclopedia of the Social Science, 2nd edition, Volume 6, 2008, Thomson/Gale, P.470. [↑](#footnote-ref-31)
32. Prof Seena Fazel, Dr Adrian J Hayes, Katrina Bartellas, Dr Massimo Clerici, Prof Robert Trestman, The mental health of prisoners: a review of prevalence, adverse outcomes and interventions, Lancet Psychiatry. 2016 Sep, 3(9): 871–881. [↑](#footnote-ref-32)
33. Blitz CL, Wolff N, Shi J. Physical victimization in prison: The role of mental illness. Int J Law Psychiatry, 2008; 31:385–393. [↑](#footnote-ref-33)
34. Unhealthy prisons: exploring structural determinants of prison health, https://www.ncbi.nlm.nih.gov/pubmed/17286709, Retrieved on 20th March. [↑](#footnote-ref-34)
35. Healthy prison report - Queensland Corrective Services https://corrections.qld.gov.au/documents/reviews-and-reports/healthy-prison-report/, Retrieved on 20th March. [↑](#footnote-ref-35)
36. Michael W. Ross and Amy Jo Harzke, Toward healthy prisons: the TECH model and its applications, INTERNATIONAL JOURNAL OF PRISONER HEALTH, VOL. 8 NO. 1 2012, p.16. [↑](#footnote-ref-36)
37. Michelle Baybutt, Khadoudja Chemlal, Health-promoting prisons: theory to practice, Global Health Promotion, 19th May, 2016, p.66. [↑](#footnote-ref-37)
38. Michael W. Ross and Amy Jo Harzke, Toward healthy prisons: the TECH model and its applications, INTERNATIONAL JOURNAL OF PRISONER HEALTH, VOL. 8 NO. 1, 2012, p.18. [↑](#footnote-ref-38)
39. Health promoting prisons: an overview and critique of the concept eprints.leedsbeckett.ac.uk/.../Article%20for%20consideration%20in%20PSJ\_Health%2, Retrieved on 20th March 2019. [↑](#footnote-ref-39)
40. Prisons and Health, 22 Staff health and well-being in ... - WHO/Europe www.euro.who.int/\_\_.../Prisons-and-Health,-22-Staff-health-and-well-being-in-prison, Retrieved on 20th March 2019. [↑](#footnote-ref-40)
41. Ismail, N.; Woodall, J. R.; de Viggiani, N., USING LAWS TO FURTHER PUBLIC HEALTH CAUSES: THE HEALTHY PRISONS AGENDA, eprints.leedsbeckett.ac.uk/.../UsingLawstoFurtherPublicHealthCauses\_theHealthyPrisons..., Retrieved on 22nd April 2019. [↑](#footnote-ref-41)
42. WHO | Types of Healthy Settings - World Health Organization https://www.who.int/healthy\_settings/types/prisons/en/, Retrieved on 20th March 2019. [↑](#footnote-ref-42)
43. James Woodall, A critical examination of the health promoting prison two decades on, Critical Public Health, 2016, VOL. 26, NO. 5, p. 616. [↑](#footnote-ref-43)
44. Toward healthy prisons: the TECH model and its ... - Semantic Scholar https://pdfs.semanticscholar.org/c5dd/bfbbd3e68b37b48999de28f28b8ef92bf702.pdf, Retrieved on 20th March 2019. [↑](#footnote-ref-44)
45. Nick de Viggiani, Unhealthy prisons: exploring structural determinants of prison health, Sociology of Health & Illness Vol. 29 No. 1 2007, p. 131. [↑](#footnote-ref-45)
46. Nick de Viggiani, Unhealthy prisons: exploring structural determinants of prison health, Sociology of Health & Illness Vol. 29 No. 1 2007, p. 115. [↑](#footnote-ref-46)
47. Toward healthy prisons: the TECH model and its ... - Semantic Scholar https://pdfs.semanticscholar.org/c5dd/bfbbd3e68b37b48999de28f28b8ef92bf702. Pdf, Retrieved 13th March 2019. [↑](#footnote-ref-47)
48. Zulficar Gregory Restum, Public Health Implications of Substandard Correctional Health Care, American Journal of Public Health, 2005 October, 95(10): 1689–1691. [↑](#footnote-ref-48)
49. Dr Tom Marshall, Dr Sue Simpson and Professor Andrew Stevens, Health care in prisons: A health care needs assessment, February 2000, p.2. [↑](#footnote-ref-49)
50. Wormser GP, Krupp LB, Hanrahan JP, Gavis G, Spira TJ, Cunningham-Rundles S. Acquired immunodeficiency syndrome in male prisoners. New insights into an emerging syndrome. Ann Intern Med 1983; 98: 297–303.

    Dolan K, Kite B, Black E, Aceijas C, Stimson GV, for the Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users in Developing and Transitional Countries. HIV in prison in low income and middle-income countries. Lancet Infect Dis 2007; 7: 32–41. : Seena Fazel, Jacques Baillargeon, The health of prisoners, Lancet 2011, 377, p.958. [↑](#footnote-ref-50)
51. Health Care in Prisons - University of Birmingham https://www.birmingham.ac.uk/Documents/college-mds/haps/.../11HCNA3D3.pdf, Retrieved 13th March 2019. [↑](#footnote-ref-51)
52. Karine Moschetti, Véra Zabrodina, Tenzin Wangmo, Alberto Holly, Jean-Blaise Wasserfallen, Bernice S. Elger, and Bruno Gravier, The determinants of individual health care expenditures in prison: evidence from Switzerland, BioMed Central Health Services Research, Volume 18, 2018, 18:160. [↑](#footnote-ref-52)
53. Imprisonment and women’s health: concerns about gender sensitivity, human rights and public health, https://www.who.int/bulletin/volumes/89/9/10-082842/en/ Retrieved on 20th March 2019. [↑](#footnote-ref-53)
54. Rachael Bedard, Lia Metzger, Brie Williams, Ageing prisoners: An introduction to geriatric health-care challenges in correctional facilities, International Review of Red Cross, 2016, 98(3), p.918. [↑](#footnote-ref-54)
55. The Aging Prison Population in the United States | HRW, https://www.hrw.org/report/2012/01/27/old.../aging-prison-population-united-states, Retrieved on 20th March 2019. [↑](#footnote-ref-55)
56. National Institute of Justice, “Correctional Officer Safety and Wellness — What We Learned from the Research Literature,” July 24, 2017. NIJ.gov: https: //nij.gov/topics/corrections/institutional/pages/correctional-officer-safety-wellness.aspx., Retrieved on 20th March 2019. [↑](#footnote-ref-56)
57. Ibid. [↑](#footnote-ref-57)
58. Jörg Pont, Heino Stöver, , Hans Wolff, Resolving Ethical Conflicts in Practice and Research, American Journal of Public Health, March 2012, Vol 102, No. 3, p. 474. [↑](#footnote-ref-58)
59. Solitary confinement - Penal Reform International https://www.penalreform.org/priorities/prison-conditions/key.../solitary-confinement, Retrieved on 20th March 2019. [↑](#footnote-ref-59)
60. PS Smith, The effects of solitary confinement on prison inmates: A brief history and review of the literature, Crime and justice 34 (1), 441-528. [↑](#footnote-ref-60)
61. The hidden damage of solitary confinement - Knowable Magazine https://www.knowablemagazine.org/article/.../hidden-damage-solitary-confinement, Retrieved on 21st March 2019. [↑](#footnote-ref-61)
62. Alone, in 'the hole' - American Psychological Association https://www.apa.org/monitor/2012/05/solitary, Retrieved on 21st March 2019. [↑](#footnote-ref-62)
63. Fact Sheet: Psychological Effects of Solitary Confinement, https://solitarywatch.org/wp-content/.../06/fact-sheet-psychological-effects-final.pdf, Retrieved on 21st March 2019. [↑](#footnote-ref-63)
64. Stuart Grassian, Psychiatric Effects of Solitary Confinement, Washington University Journal of Law & Policy, Volume 22, p.324. : http://openscholarship.wustl.edu/law\_journal\_law\_policy/vol22/iss1/24. [↑](#footnote-ref-64)
65. Haney, C., & Lynch, Mona. (1997), ― Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement.‖ New York University Review of Law and Social Change 23: 477-570. [↑](#footnote-ref-65)
66. Solitary confinement facts | American Friends Service Committee, https://www.afsc.org/resource/solitary-confinement-facts, Retrieved on 21st March 2019. [↑](#footnote-ref-66)
67. More Than 4,000 Prisoners With Serious Mental Illness Are Held in Solitary Confinement, Study Finds, fortune.com › Briefing › mental health, Retrieved on 21st March. [↑](#footnote-ref-67)
68. Sean Fine & Josh Wingrove, “Retired Supreme Court justice Arbour slams practice of solitary confinement”, The Globe and Mail (11 December 2014). : Solitary Confinement in Canada and Abroad, https://intergentes.com/solitary-confinement-in-canada-and-abroad, Retrieved on 21st March. [↑](#footnote-ref-68)
69. “The Inhumane Practice of Solitary Confinement” (11 April 2013), Bloomberg View (blog). : Solitary Confinement in Canada and Abroad, https://intergentes.com/solitary-confinement-in-canada-and-abroad, Retrieved on 21st March. [↑](#footnote-ref-69)
70. Ramirez Sanchez v France [GC], No 59450/00 [2006] IX ECHR 82. Notably, the French government has proposed the use of solitary confinement on large numbers of potential Islamic radicals, in the wake of the January 7 2015 attacks in Paris, “‘Jailed radicals must be in solitary confinement’”, The Local FR (12 January 2015). :Solitary Confinement in Canada and Abroad, https://intergentes.com/solitary-confinement-in-canada-and-abroad, Retrieved on 21st March. [↑](#footnote-ref-70)
71. UN Report Compares Solitary Confinement Practices in the U.S. and Around the World, https://solitarywatch.org/.../un-report-compares-solitary-confinement-practices-around, Retrieved on 22nd April 2019. [↑](#footnote-ref-71)
72. Leslie A. Swales, Prison victimization: High-risk Characteristics and Prevention, 2008. P.2. [↑](#footnote-ref-72)
73. Nancy Wolff,, Jing Shi, Jane A. Siegel, Patterns of Victimization Among Male and Female Inmates: Evidence of an Enduring Legacy, PMC, Violence Vict. 2009; 24(4): 469–484. [↑](#footnote-ref-73)
74. Nancy Wolff, Jing Shi & Jane Siegel (2009) Understanding Physical Victimization Inside Prisons: Factors that Predict Risk, Justice Quarterly, 26:3, 445-475, DOI: 10.1080/07418820802427858. [↑](#footnote-ref-74)
75. Shivani Tomar, The psychological effect of incarceration on inmates: Can we promote positive emotions in inmates, Delhi Psychiatric Journal, April 2013, Volume 16 No.1, p.66. [↑](#footnote-ref-75)
76. Ibid. [↑](#footnote-ref-76)
77. Sexual Violence Inside Prisons: Rates of Victimization, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2438589, Retrieved on 23rd April 2019. [↑](#footnote-ref-77)
78. . Dumond RW, Dumond DA. The treatment for sexual assault victims. In: Hensley C, ed. Prison Sex, Practice and Policy. London: Rienner Publishers; 2002:67– 88. : Sexual Violence Inside Prisons: Rates of Victimization - NCBI

    https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2438589/, Retrieved on 23rd April 2019. [↑](#footnote-ref-78)
79. PREA / Offender Sexual Abuse | National Institute of Corrections, https://nicic.gov/prea-offender-sexual-abuse, [↑](#footnote-ref-79)
80. The Prison Rape Elimination Act and beyond: sexual violence in detention, https://www.penalreform.org/.../prison-rape-elimination-act-beyond-sexual-violence, Retrieved on 23rd April 2019. [↑](#footnote-ref-80)
81. Sexual Abuse in Prison: A Global Human Rights Crisis, [↑](#footnote-ref-81)
82. Restorative Justice in Prisons, restorativejustice.org/am-site/media/restorative-justice-in-prison.pdf, Retrieved on 27rd April 2019. [↑](#footnote-ref-82)
83. Jorg Pont, Stefan Enggist, Heino Stover, Brie Williams, Robert Greifinger, Hans Wolff, Prison Health Care Governance: Guaranteeing Clinical Independence, American Journal of Public Health, 2018 April; 108(4): 472–476. [↑](#footnote-ref-83)
84. Soumyadeep Bhaumik, Rebecca J. Mathew, Health and beyond…strategies for a better India: using the “prison window” to reach disadvantaged groups in primary care, Journal of Family Medicine and Primary Care, 2015 Jul-Sep; 4(3): 315–318. [↑](#footnote-ref-84)
85. Correctional Health, https://www.cdc.gov/correctionalhealth/default.htm, Retrieved on 12th March 2019. [↑](#footnote-ref-85)
86. National Guideline Centre (UK). Physical Health of People in Prison: Assessment, Diagnosis and Management of Physical Health Problems. London: National Institute for Health and Care Excellence (UK); 2016 Nov. (NICE Guideline, No. 57.) 7, Promoting health and wellbeing. Available from: https://www.ncbi.nlm.nih.gov/books/NBK401642/. [↑](#footnote-ref-86)
87. A critical examination of the health promoting prison two decades on, https://www.tandfonline.com /doi/full/10.1080/09581596.2016.1156649, Retrieved on 23rd March 2019. [↑](#footnote-ref-87)
88. Poor healthcare in jails is killing inmates, says NHS watchdog, https://www.theguardian.com/.../prisoners-dying-poor-care-services-prisons-mental-health, Retrieved on 22nd March 2019. [↑](#footnote-ref-88)
89. Poor healthcare in jails is killing inmates, says NHS watchdog, https://www.theguardian.com/.../prisoners-dying poor-care-services-prisons-mental-health, Retrieved on 22nd March 2019. [↑](#footnote-ref-89)
90. Roy Walmsley, World Prison Population List, (tenth edition), International Centre for Prison Studies, p.1. [↑](#footnote-ref-90)
91. Richard Smith, The physical health of prisoners, British Medical Journal, London, Volume 288, 14th January 1984, p.131. [↑](#footnote-ref-91)
92. Morag MacDonald, (2018) "Overcrowding and its impact on prison conditions and health", International Journal of Prisoner Health, Vol. 14 Issue: 2, pp.65-68, https://doi.org/10.1108/IJPH-04-2018-0014. [↑](#footnote-ref-92)
93. Drug abusers in prisons managing their health problems, WHO Regional Publications, European Series, No. 27, p.1. [↑](#footnote-ref-93)
94. old behind bars - Human Rights Watch, https://www.hrw.org/sites/default/files/reports/usprisons0112\_brochure\_web.pdf, Retrieved on 22nd March 2019. [↑](#footnote-ref-94)
95. Prison Health Care: CQR, https://library.cqpress.com/cqresearcher/document.php?id=cqresrre2007010500, Retrieved on 25th March 2019. [↑](#footnote-ref-95)
96. Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it

    Final Report to the WHO Commission on Social Determinants of Health September 2007, https://www.who.int/social\_determinants/resources/csdh.../wgekn\_final\_report\_07.pdf, Retrieved on 22th March 2019. [↑](#footnote-ref-96)
97. Incarceration - Healthy People 2020, https://www.healthypeople.gov/2020/topics...determinants-health/.../incarceration, Retrieved on 22th March 2019. [↑](#footnote-ref-97)
98. Imprisonment and women’s health: concerns about gender sensitivity, human rights and public health, https://www.who.int/bulletin/volumes/89/9/10-082842/en/ Retrieved 13th March 2019. [↑](#footnote-ref-98)
99. Holly M. Harner, and Riley, Suzanne B, "Factors Contributing to Poor Physical Health in Incarcerated

    Women" Urban Public Health and Nutrition, Journal of Health Care for the Poor and Underserved 24 (2013), p.788. [↑](#footnote-ref-99)
100. Imprisonment and women’s health: concerns about gender sensitivity, human rights and public health, https://www.who.int/bulletin/volumes/89/9/10-082842/en, Retrieved 17th March 2019. [↑](#footnote-ref-100)
101. The Question of Access to Healthcare in Prison, https://gimmun.gimptuj.si/reporti/WHOHealthcarePrisons.doc, Retrieved 19th March 2019. [↑](#footnote-ref-101)
102. Health and human rights in prisons - ICRC - International Committee https://www.icrc.org/eng/resources/documents/misc/59n8yx.htm, Retrieved on 25th April 2019. [↑](#footnote-ref-102)
103. Standard Minimum Rules for the Treatment of Prisoners, Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955. [↑](#footnote-ref-103)
104. International Covenant on Economic, Social and Cultural Rights 1966, Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966. [↑](#footnote-ref-104)
105. Basic Principles for the Treatment of Prisoners, 1990, Adopted and proclaimed by General Assembly resolution 45/111 of 14 December 1990. [↑](#footnote-ref-105)
106. Council of Europe. Recommendation No. R (98) 7 concerning the Concerning the Ethical and Organizational Aspects of Health Care in Prison, hrlibrary.umn.edu/instree/coerecr98-7.html, Retrieved on 25th April 2019. [↑](#footnote-ref-106)
107. Andres Lehtmets Jörg Pont, A manual for health-care workers and other prison staff with responsibility Council of Europe, November 2014, p.5.

     for prisoners’ well-being [↑](#footnote-ref-107)
108. Prisons and Health, 2 Standards in prison health the prisoner as a patient, www.euro.who.int/\_\_.../Prisons-and-Health,-2-Standards-in-prison-health-the-prisone, [↑](#footnote-ref-108)
109. Standards on Treatment of Prisoners (Table of Contents) https://www.americanbar.org/groups/.../crimjust\_standards\_treatmentprisoners/, Retrieved on 25th April 2019. [↑](#footnote-ref-109)
110. Prisons and Health - WHO/Europe - World Health Organization www.euro.who.int/\_\_data/assets/pdf\_file/0005/249188/Prisons-and-Health.pdf, Retrieved on 25th April 2019. [↑](#footnote-ref-110)
111. Human rights and prisons – OHCHR, https://www.ohchr.org/Documents/Publications/training11en.pdf, Retrieved on 25th April 2019. [↑](#footnote-ref-111)
112. William A. Darity, International Encyclopedia of the Social Science, 2nd edition, Volume 6, 2008, Thomson/Gale, P.475. [↑](#footnote-ref-112)
113. The problems of prisoners: an analysis - Shodhganga.inflibnet.ac.in/jspui/bitstream/10603/149011/11/11\_chapter%203.pdf, Retrieved on 5th September 2018. [↑](#footnote-ref-113)
114. Bradford, Andrew Ryan, "An Examination of the Prison Environment: An Analysis of Inmate Concerns across Eight Environmental Dimensions, 2006, p.12. [↑](#footnote-ref-114)
115. Soumyadeep Bhaumik, Rebecca J. Mathew, Health and beyond…strategies for a better India: using the “prison window” to reach disadvantaged groups in primary care, Journal of Family Medicine and Primary Care, 2015 Jul-Sep; 4(3): 315–318. [↑](#footnote-ref-115)
116. Roadmap for the Development of Prison-based Rehabilitation Programmes, CRIMINAL JUSTICE HANDBOOK SERIES, United Nations, October 2017, p.4. [↑](#footnote-ref-116)
117. Andrew Coyle, Humanity in Prison Questions of definition and audit, 2003, International Centre for Prison Studies United Kingdom P.14 [↑](#footnote-ref-117)
118. Ellen Kjelsberg, Tom Hilding Skoglund Aase-Bente Rustad, Attitudes towards prisoners, as reported by prison inmates, prison employees and college students, BMC Public Health, 2007, 7:71, P.1. [↑](#footnote-ref-118)
119. Pompili M, Lester D, Innamorati M, Del Casale A, Girardi P, Ferracuti S, Tatarelli R., Preventing suicide in jails and prisons: suggestions from experience with psychiatric inpatients, Journal of Forensic Science 2009 Sep;54(5):1155-62. [↑](#footnote-ref-119)
120. Prison health systems need better integration into the community, https://www.modernhealthcare.com/.../prison-health-systems-need-better-integration, Retrieved on 20th March 2019. [↑](#footnote-ref-120)
121. Josiah D. Rich, Scott A. Allen, Brie A. Williams, The Need for Higher Standards in Correctional Healthcare to Improve Public Health, Journal of Internal Medicine, 2015 Apr; 30(4): 503–507. [↑](#footnote-ref-121)
122. What is the Average Cost to House Inmates in Prison, https://thelawdictionary.org/article/what-is-the-average-cost-to-house-inmates-in-prison, Retrieved 13th September 2018. [↑](#footnote-ref-122)
123. The Cost of Prisons | Focus Prisoner Education www.fpe.org.uk/the-cost-of-prisons, Retrieved 13th September 2018. [↑](#footnote-ref-123)
124. The expensive problem with our prisons: Why spending more doesn't make us feel safer, www.abc.net.au/news/2017-08-08/expensive-prisons-dont-make-us.../8781074, Retrieved 13th September 2018. [↑](#footnote-ref-124)
125. How much is spent on a prisoner in India? https://www.newslaundry.com/2016/06/22/how-much-is-spent-on-a-prisoner-in-india, Retrieved 11th September 2018. [↑](#footnote-ref-125)
126. Karine Moschetti, Véra Zabrodina, Tenzin Wangmo, Alberto Holly, Jean-Blaise Wasserfallen, Bernice S. Elger, and Bruno Gravier, The determinants of individual health care expenditures in prison: evidence from Switzerland, BioMed Central Health Services Research, Volume 18, 2018, 18:160. [↑](#footnote-ref-126)
127. Continuity of Care During Incarceration, https://www.ncchc.org/spotlight-on-the-standards-22-4, Retrieved on 7th September 2018. [↑](#footnote-ref-127)
128. Drug Misusing Offenders: Ensuring the continuity-of-care between prison and community, https://lx.iriss.org.uk/content/drug-misusing-offenders-ensuring-continuity-care-between-prison-and-community, Retrieved 11th September 2018. [↑](#footnote-ref-128)
129. Amarendra Mohanty and Narayan Hazary, Indian Prison System, 1990, Ashish Publishing House, New Delhi, P.19. [↑](#footnote-ref-129)
130. Jaytilak Guha Roooooy, Prisons and Society – A Study of the Indian Jail System, 1989. Gain Publishing House, New Delhi, P.8. [↑](#footnote-ref-130)
131. Sunil D. Kumar, Santosh A. Kumar, Jayashree V. Pattankar, Shrinivas B. Reddy, Murali Dhar, Health Status of the Prisoners in a Central Jail of South India, Indian Journal of Psychological Medicine, 2013 Oct-Dec; 35(4): 373–377. [↑](#footnote-ref-131)
132. Soumyadeep Bhaumik, Rebecca J. Mathew, Health and beyond…strategies for a better India: using the “prison window” to reach disadvantaged groups in primary care, Journal of Family Medicine and Primary Care, 2015 Jul-Sep; 4(3): 315–318. [↑](#footnote-ref-132)
133. Ibid. [↑](#footnote-ref-133)
134. Human Rights Watch, New York: 1991, Prison Conditions in India. [↑](#footnote-ref-134)
135. Two-thirds of prison inmates in India are undertrials – Amnesty International India, https://amnesty.org.in, Retrieved on 27th March 2019. [↑](#footnote-ref-135)
136. Rabiya S, Raghavan V. Prison mental health in India: Review. Indian Journal Social Psychiatry 2018; 34:193-6. [↑](#footnote-ref-136)
137. García-Guerrero J, Marco A, Overcrowding in prisons and its impact on health, Rev Esp Sanid Penit 2012; 14: 106-113. [↑](#footnote-ref-137)
138. Women in Prisons - India - Ministry of Women & Child Development, https://wcd.nic.in/sites/default/files/Prison%20Report%20Compiled\_0.pdf, Retrieved on 27th March 2019. [↑](#footnote-ref-138)
139. Ageing Behind Bars: An Analytical View - National Law University, www.nluo.ac.in/wp-content/uploads/nluo-slj-v003p024.pdf, Retrieved on 27th March 2019. [↑](#footnote-ref-139)
140. New Delhi: Ministry of Home Affairs Government of India; 2003. [Last accessed on 2015 Jan 23]. Bureau of Police Research and Development, Model prison manual for the superintendence and management of prisons in India. Available from: http://www.bprd.nic.in/writereaddata/linkimages/1445424768-Content%20%20 Chapters.pdf. [↑](#footnote-ref-140)