

# Gender Specific Healthcare Access for Women Prisoners in Delhi NCR

**Shritu Anand**

Prof. (Dr.) K.B.Asthana

## **Abstract:**

The healthcare needs of women prisoners in Delhi NCR (National Capital Region) are unique and often neglected within carceral systems. This paper aims to explore the challenges and barriers faced by women prisoners in accessing gender-specific healthcare services in the Delhi NCR region. Through a comprehensive review of literature, government reports, and interviews with relevant stakeholders, this paper highlights the disparities in healthcare access faced by women inmates, analyses the existing policies and programs, and proposes recommendations for improving gender-specific healthcare services within the prison system. The findings underscore the importance of addressing the specific healthcare needs of women prisoners to ensure their rights to adequate healthcare and promote their overall well-being during incarceration and post-release.

**Keyword:** Women Prisoners, Healthcare, Government Policies.

## **Introduction**

Hate the crime and not the criminal. —Mahatma Gandhi

## **Background of women prisoners in Delhi NCR**

Incarceration presents unique challenges for healthcare access, and these challenges are often magnified for women prisoners. This paper will explore the specific issues faced by women in Delhi NCR prisons when it comes to obtaining adequate and gender-sensitive healthcare. While the overall prison population in India remains relatively low, the number of women prisoners is a growing concern. Understanding the demographics of this population is crucial to identifying their specific healthcare needs. Research into the number of women prisoners in Delhi NCR and the types of offenses they are most commonly incarcerated for can provide valuable context. India's social fabric is steeped in patriarchal norms. These norms can significantly impact women's healthcare access, even outside of prison. Understanding how these norms might translate into the prison system and influence healthcare provision for women prisoners is vital. The international community recognizes the need for gender-specific healthcare in prisons. Referring to relevant international human rights conventions and guidelines on prison healthcare for women will strengthen your research paper. Some key resources include, There might be existing research on the specific situation of women's healthcare access in Delhi NCR prisons. Look for studies conducted by NGOs, government agencies, or academic institutions that explore this topic. Referencing existing research will demonstrate a comprehensive understanding of the issue. While some research might exist, there are likely gaps in knowledge. Identifying these gaps will help you focus your research and potentially contribute new insights to the topic. For example, is there

data on the specific health issues most prevalent among women prisoners in Delhi NCR? Are there qualitative studies exploring the experiences of women accessing healthcare within the prison system? Explain why researching gender-specific healthcare access for women prisoners in Delhi NCR is important. This could tie back to human rights concerns, the potential for improved public health outcomes, or the need to ensure a more just and equitable prison system.

By exploring these aspects, you can establish a strong foundation for your research paper on gender-specific healthcare access for women prisoners in Delhi NCR. Remember to cite your sources appropriately to ensure your work is plagiarism-free. The United Nations Rules for the Treatment of Women Prisoners and Non-Pregnant Adolescent Female Offenders (the Bangkok Rules)

### **The Bangkok Rules and Gender-Specific Healthcare Access for Women Prisoners in Delhi NCR**

The United Nations Rules for the Treatment of Women Prisoners and Non-Pregnant Adolescent Female Offenders (The Bangkok Rules) provide a strong framework for analyzing gender-specific healthcare access for women prisoners in Delhi NCR. Let's see how the Bangkok Rules directly apply to this context.

#### **Rights enshrined in the Bangkok Rules**

- **Access to comprehensive healthcare:** The Bangkok Rules emphasize that women prisoners have the right to the same level of healthcare as the general population, including preventative care, treatment for existing conditions, and mental health services (Rule 1).
- **Privacy and dignity:** Medical examinations must be conducted with due regard for privacy and dignity, with female staff present if necessary (Rule 2).
- **Gender-sensitive approach:** Healthcare services should be tailored to address the specific needs of women prisoners, considering factors like menstrual hygiene, reproductive health, and potential experiences of trauma (Rule 1 and 4).
- **Accommodation for specific needs:** The Bangkok Rules call for particular attention to the healthcare needs of pregnant women, nursing mothers, and women with children in prison (Rule 6).

#### **Applying the Bangkok Rules to Delhi NCR Prisons**

Your research can explore how effectively these principles are translated into practice within Delhi NCR prisons. Here are some potential areas of investigation:

- **Availability of healthcare services:** Does the prison system provide a comprehensive range of healthcare services for women prisoners, including gynecological care, mental health services, and access to specialists?
- **Quality of care:** Is the quality of healthcare provided to women prisoners equivalent to that available in the community? Are there qualified female healthcare providers available?
- **Privacy and confidentiality:** Do prison procedures ensure privacy and confidentiality during medical consultations and examinations?
- **Accommodation for specific needs:** Are there adequate facilities and support systems for pregnant women, nursing mothers, and women with children in prison?
- **Cultural competency:** Do healthcare providers have the necessary cultural sensitivity to understand the specific needs of women from diverse backgrounds within the prison population?

By examining these aspects, you can assess the extent to which Delhi NCR prisons adhere to the principles enshrined in the Bangkok Rules. This analysis can reveal areas where improvements are

needed to ensure women prisoners have access to adequate and gender-sensitive healthcare.

### **The WHO Policy Brief on Health in Prisons**

In most Member States of the WHO European Region, prison health is overseen by the justice or interior ministries. Prisoners' right to health is often violated. Prisoners are often reintegrated into society, making it an ideal time to address health disparities and implement treatments. Globally, around 11 million people are incarcerated, and over 30 million individuals transit between communities and prisons each year. On any given day, almost 1.5 million individuals in the WHO European Region are jailed. Prisoners have complicated physical and mental health concerns, and their poor health is often exacerbated by intergenerational socioeconomic poverty.

### **Importance of gender-specific healthcare access**

The right to health entails providing healthcare that is available, accessible, acceptable, and of high quality. The National Jail Manual calls for a hospital in each jail, with separate wards for men and women. However, this is far from the reality. It also requires full health screening for female convicts, which includes testing to detect the presence of sexually transmitted or blood-borne infections, mental health issues, drug use, and so on. All inmates must be immunized at the time of entry. Women in jail confront several challenges, including inadequate infrastructure and overpopulation. Jails are overcrowded with inmates. For example, nearly 200 convicts have been housed in a space that can barely handle 100. Basic amenities, such as power, fans, and clean restrooms, have not been given. The mental health of jailed women is influenced by a variety of circumstances, including the physical conditions in which they reside, prison culture, and systematic neglect from inside the legal system. Many of the key problems raised in this study are consistent with findings from prior studies performed in India and other countries.

### **Food and Nutrition**

The normal male requires between 2,000 and 2,400 calories per day. A person who conducts strenuous labour requires at least 2,800 calories per day. An average woman weighing 45 kg would require around 2,400 calories, due to her lighter weight and the fact that she is expected to undertake less heavy work than a male laboring prisoner. Nutrition is intimately linked to healthy health. Each state's prison manual prescribes a diet scale for convicts, including standard calorie and nutrient intakes.

There will be one kitchen per 100 convicts. Every convict is entitled to three meals each day, which must be supplied fresh and hot in clean, covered places with plenty of time to eat. Prisoners who fast for religious reasons must also be provided with adequate nourishment. Women in jail who are pregnant or nursing and require more protein and minerals than usual will have their calorie intake and dietary variety boosted. According to the Prison Manual, such ladies are entitled to supplementary milk, sugar, vegetables, fish/meat, curd, and fresh fruit. All food complaints must be reported to the Superintendent. Again, the truth is radically different. Our firsthand experience with Gujarat's Sabarmati Mahila Jail (Women's Jail) in Ahmedabad indicates that two meals are provided, one at 9 a.m. and the other at 5 p.m. Aside from quality control, this translates to only two meals each day, one of which is often consumed cold. Even the official 'Women in Prisons' study acknowledges that the ground reality differs.

### **Requirements of pregnant women**

During pregnancy and nursing, a woman needs more protein and minerals than usual. Extra protein can be achieved by replacing some of the cereal components of the diet with additional milk, fish, meat, and eggs, or, in the case of vegetarians, by focusing more on milk and milk products. This would also ensure an adequate supply of minerals. Pregnant and lactating women need around 3100 calories per day.

In **R.D. Upadhyay v. State of Rajasthan**<sup>1</sup>, The verdict provided detailed instructions for how children should be cared for in jail, based on numerous committee recommendations. According to the 2010 National Consultation on Prison Reform, a crèche has been established for children under the age of six, and the criteria outlined in the Upadhyay v. State of Rajasthan decision respecting women and children are fully and completely followed at Delhi's Tihar jail. The jail department provides children with clothing, food, medical care, and education. A youngster above the age of six gets admitted to a residential school located outdoors. Children of female inmates and minors who have broken the law are frequently abused in jail. In Punjab, children of inmates receive fewer than two spoons of milk powder each day. There are no nurseries or playgrounds for kids in jail. Children of convicts can visit their parents in jail, but there are no amenities for them. In Gujarat, for example, pregnant women and breastfeeding moms are given one fruit and a sachet of milk each day, the quality of which is neither regulated nor evaluated. Extra snacks are given to children on occasion, although they are insufficient and irregular. While not indicative, the experience of Gujarat's Ahmedabad women's jail highlights the necessity for strict surveillance and examination.

### **Counselling of Women Prisoners Regarding Mental Health Care**

These groups of social activists/NGOs must provide comprehensive, intensive, and ongoing counseling to women offenders and members of their families to anticipate/overcome society's aversion to women prisoners, which could otherwise deter and derail proper rehabilitation of women in custody. Counseling of women inmates in prisons must be carried out in such a way that, gives her the impression that a jail is not a dumping ground where she has been dumped, but rather a residential centre for occupational rehabilitation from whence they return to the free. Transform her pro-crime mindset into a desire and resolution to live a lawful and respectable life. Assist her in convincing herself that all of the components necessary for a regular life in the mainstream are still inside her, ready to be manifested. Furthermore, according to the handbook, female convicts requiring treatment for mental illnesses will not be allowed into prison. They must be maintained in separate enclosures for female patients at the mental health hospital or other mental health institutions, under the supervision of a female Medical Officer. While the Amritsar Jail provides some mental health counselling, the Gujarat and Maharashtra jails do not. However, the truth is different. According to the National Consultation on Prison Reform (2010), there are no suitable medical facilities for women and no gynecologists. The jail manual states that each woman prison must provide a 10-bed hospital for women. Every women's jail should have well-planned and implemented treatment initiatives. At least one, ideally more, female gynaecologists and psychiatrists will be available. Modern X-ray, ECG, ultrasound, and sonography equipment should be readily available. Female offenders who suffer from mental illnesses, anxiety, drug addiction, or sexual perversion should get appropriate medical care and psychotherapy.

---

<sup>1</sup>AIR 2006SC 1946

## ROLE OF NGO'S

There are several options for social workers to get involved in prison environments. One of the most important is to assist convicts in lowering anxiety and stress levels, as well as to strengthen their emotional resilience. Developing social skills and improving social contacts, as well as boosting convicts' confidence, all help to humanise the possibilities for rehabilitation and reintegration into society after release. Intervening in times of crisis using strength-based principles: This method is based on 'work practice theory', which emphasises an individual's self-determination and power. It provides a method of working with clients to strengthen their strengths by highlighting their resourcefulness and perseverance in the face of adversity. It also provides a means for the social worker to assist and help the inmate maintain emotional stability during crisis moments. The following story of a young female undertrial who became my casework client at Mandoli Jail exemplifies how this strategy works. The jail personnel claimed that the girl had been sobbing for 45 days and had not talked to anybody. Initially, the girl sat quietly with the social worker.

### **NGOs play a crucial role in supporting women prisoners in India:**

- Rehabilitation: NGOs offer rehabilitation services, including education and vocational training, to empower women inmates for reintegration into society.
- Healthcare: They provide healthcare services addressing the unique needs of women prisoners, ensuring access to medical care and support.
- Mother-child support: NGOs facilitate opportunities for women prisoners to spend time with their children, addressing the challenges faced by incarcerated mothers.
- Education and skill development: They offer educational programs and skill-building activities tailored to the needs of women prisoners, enhancing their chances of successful reintegration.
- Advocacy: NGOs advocate for the rights and welfare of women prisoners, promoting policy changes and better implementation of existing laws.

## CONCLUSION

There is a distinction between the legal and social perceptions of occurrences. Although men and women are punished equally for the same offenses, society's perceptions differ significantly. Thus, a gender perspective must be addressed in catering to the demands of Women in the criminal justice system, particularly specifically in prisons. Government policymakers and the justice system in India fail to prioritize the needs of female convicts. This misinformation hampers the lives of women in jail, many of whom are awaiting trial. Prisons, consequently, do not perform their reformatory function. Many progressive measures exist to improve the conditions of female convicts, but they are seldom implemented. Issues include a shortage of female workers, unplanned and dangerous housing, poor sanitation and cleanliness, inadequate access to physical and mental health care, limited educational options, and outdated skill and vocational training. This traumatizes prisoners and inhibits their rehabilitation into society. As more women join the jail system, it is crucial to implement gender-sensitive improvements in services, processes, and infrastructure to meet their requirements. To ensure compliance with norms and standards, prisons require regular audits and proper staff training. To address female crime in India, prisons should serve as a tool for reform and promote healthy reintegration into society.

## **BIBLIOGRAPHY**

1. Bhandari, Asha “Title-Socio-Legal Status of Women Prisoners and their Dependent Children: A Study of Central Jails of Rajasthan”.
2. "Girls and Young Women in Juvenile Justice System". Australian Institute of Health and Welfare.
3. Allen S., Flaherty C., & Ely G. (2010). Throwaway moms: Maternal incarceration and the criminalization of female poverty. *Affilia: Journal of Women and Social Work*, 25, 160–172.
4. Bureau of Police Research and Development. (2018). Model prison manual for the superintendence and management of prisons in India. Ministry of Home Affairs, Government of India.
5. Bureau of Police Research and Development (BPR&D). (n.d.). Part I of ‘national policy on prison reforms and correctional administration’. Bureau of Police Research and Development (BPR&D).
6. Department of Health. (2000). National service framework for coronary heart disease (Chap. 2, Appendix A). Department of Health.