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Morbidity and Health Care in Prison: Study of Elderly Women Inmates of Selected Jails of Western Uttar Pradesh

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Abstract

The health of elderly women prison inmates remains an under-researched area in India despite the growing ageing prison population. The present study examines the morbidity profile, health-related challenges and availability of healthcare facilities among elderly women prisoners aged 65 years and above in selected prisons of Uttar Pradesh. An exploratory and descriptive research design was adopted using a quantitative approach. Primary data were collected through a structured interview schedule from all 23 elderly women prisoners available in five selected prisons, namely Aligarh District Jail, Agra District Jail, Bulandshahr District Jail, Gautam Budh Nagar District Jail and Agra Central Jail. The findings reveal that a majority of the respondents entered prison with pre-existing chronic illnesses, particularly musculoskeletal, cardiovascular and respiratory disorders, while 87% reported developing additional health problems during incarceration. Further, 70% experienced stress, anxiety and worry during imprisonment, indicating significant psychological vulnerability. Although respondents generally reported access to doctors, medicines, routine medical examinations and emergency healthcare services, the continued burden of chronic illness highlights the need for age-specific and gender-responsive healthcare. The study concludes that strengthening geriatric healthcare, preventive health services, mental healthcare and age-friendly prison infrastructure is essential to safeguard the health, dignity and well-being of elderly women prisoners. The findings contribute to the limited empirical literature on prison health in India and provide evidence to inform policy and prison healthcare reforms.

Keywords: Elderly women prisoners, Prison healthcare, Morbidity, Geriatric health

Introduction

Prison healthcare occupies a central place within the broader public health system because it protects not only the health of incarcerated individuals but also that of the wider community while advancing the principles of social justice. Prison populations have a disproportionately high prevalence of infectious diseases, chronic illnesses and other untreated health conditions, many of which predate incarceration. As most prisoners eventually return to society, untreated or inadequately managed health conditions can contribute to the burden of disease in the community, making the provision of timely and appropriate healthcare within prisons a matter of public health importance. At the same time, prisoners are predominantly drawn from socially and economically disadvantaged backgrounds and often have experienced poverty, limited educational opportunities, unstable employment and restricted access to

healthcare before imprisonment. For many, incarceration provides the first opportunity to receive regular medical care, adequate nutrition and continuity of treatment. Consequently, prison healthcare serves not only to improve individual health outcomes but also to reduce longstanding health inequalities and promote greater equity in access to healthcare services (World Health Organization, 2014).

The number of older prisoners has been increasing steadily across correctional systems worldwide, reflecting broader demographic ageing as well as longer prison sentences and delayed prosecutions. Prisoners aged 50 years and above are widely recognised as the fastest-growing segment of the prison population. They experience a substantially higher burden of non-communicable diseases than younger prisoners and individuals of the same age in the general population, highlighting the need for age-appropriate healthcare services within prisons (Munday et al., 2019). Beyond pre-existing health conditions, the prison environment itself may contribute to poor health outcomes. Institutional restrictions, overcrowding, limited privacy and the psychological demands of incarceration can negatively affect prisoners' physical, mental and emotional well-being, thereby increasing their healthcare needs (Viggiani, 2007).

The ageing of prison populations is also evident in India. According to the Prison Statistics India 2024 report, there were 40,957 undertrial prisoners and 28,432 convicted prisoners aged 50 years and above across the country. Uttar Pradesh alone accounted for 7,736 elderly undertrial prisoners and 7,484 elderly convicted prisoners, indicating a substantial concentration of older inmates within the state's prison system. The report further recorded 81 natural deaths attributed to old age and 1,656 natural deaths due to illness among prison inmates, reflecting the considerable burden of age-related and chronic health conditions within correctional institutions (National Crime Records Bureau). These figures underscore the growing importance of understanding the health status, morbidity patterns and healthcare needs of elderly prisoners, particularly in states with large prison populations.

Older prisoners are particularly vulnerable to health problems because of the physical and structural conditions within prisons. Overcrowding, inadequate sanitation, poor living conditions and the lack of basic amenities can adversely affect their physical and mental well-being and aggravate existing chronic illnesses. These challenges are further intensified by deficiencies in prison healthcare, including limited access to timely medical treatment, inadequate healthcare resources and institutional neglect. As a result, elderly prisoners often face significant barriers in obtaining appropriate healthcare, increasing their vulnerability to morbidity and reducing their overall quality of life (Kaushik & Sharma, 2009).

The present study investigates the morbidity profile and availability of healthcare facilities among elderly women prisoners aged 65 years and above in selected prisons of Uttar Pradesh. By generating empirical evidence on their health conditions and access to healthcare, the study seeks to contribute to the limited literature on elderly women prisoners in India and inform efforts to strengthen prison healthcare services for this vulnerable population.

Rationale of the Study

Despite the growing number of elderly prisoners, limited scholarly attention has been paid to the health status and healthcare needs of older inmates during incarceration. Existing prison research has primarily focused on prison conditions, legal rights and the general experiences of prisoners, while the morbidity profile and access to healthcare among elderly prisoners remain largely underexplored. This gap is even more pronounced in the Indian context, where empirical evidence on elderly women prisoners is extremely limited. Given the unique health challenges associated with ageing and the specific vulnerabilities

experienced by older women in custodial settings, there is a pressing need for systematic research in this area. The present study seeks to address this gap by examining the morbidity profile and availability of healthcare facilities among elderly women prisoners in selected prisons of Uttar Pradesh.

Objectives of the Study

The present study was undertaken with the following objectives:

1. To examine the morbidity profile of elderly women prisoners aged 65 years and above in selected prisons of Uttar Pradesh.
2. To identify the major health-related challenges experienced by elderly women prisoners during imprisonment.
3. To assess the availability and accessibility of healthcare facilities provided to elderly women prisoners in the selected prisons.

Literature Review

Fazel and Danesh (2002), in their systematic review Serious Mental Disorder in 23,000 Prisoners: A Systematic Review of 62 Surveys, examined the prevalence of major psychiatric disorders among 22,790 prisoners across twelve countries. The review found that psychotic disorders affected 3.7% of male prisoners and 4.0% of female prisoners, while major depression was reported among 10% of men and 12% of women. Personality disorders were also highly prevalent, affecting 65% of male prisoners and 42% of female prisoners. The study concluded that prisoners experience substantially higher rates of severe mental illness than the general population, highlighting the need for comprehensive mental healthcare services within prisons.

Kaushik and Sharma (2009), in Human Rights of Women Prisoners in India: A Case Study of Jaipur Central Prison for Women, investigated the living conditions and healthcare experiences of 150 convicted women prisoners in Rajasthan. The study documented overcrowding, inadequate sanitation, poor nutrition, insufficient bedding and deficiencies in prison healthcare services. Most women prisoners belonged to socially and economically disadvantaged backgrounds, which further restricted their awareness of legal rights and access to healthcare. The authors stressed the importance of improving prison infrastructure and ensuring equitable healthcare services for women prisoners.

Herbert et al. (2012), in their systematic review Prevalence of Risk Factors for Non-Communicable Diseases in Prison Populations Worldwide, examined behavioural risk factors associated with non-communicable diseases among prisoners across fifteen countries. Female prisoners were found to be more likely to be obese than women in the general population. The review also observed that prison diets frequently exceeded recommended sodium intake and were largely designed for male inmates without considering the nutritional requirements of women. The authors identified prisons as an important setting for promoting healthier lifestyles and preventing non-communicable diseases.

Ayirolimeethal et al. (2014), in Psychiatric Morbidity among Prisoners, conducted a cross-sectional study of 255 inmates in Kerala using the MINI-Plus diagnostic instrument. The study reported an overall psychiatric morbidity of 68.6%, with substance use disorder emerging as the most common diagnosis, followed by antisocial personality disorder and adjustment disorder. Psychiatric disorders were considerably more prevalent among male prisoners than female prisoners, and suicide risk was significantly associated with mood, anxiety and psychotic disorders. The authors emphasised the need to strengthen mental healthcare services within Indian prisons.

World Health Organization (2014), in Prisons and Health, examined the importance of prison healthcare from a public health perspective. The report emphasised that states have a responsibility to ensure that prisoners receive healthcare equivalent to that available in the wider community. It further observed that overcrowding, poor hygiene and inadequate prison conditions adversely affect both physical and mental health and contribute to the spread of communicable and non-communicable diseases. The report recommended that prison healthcare services should be professionally independent, of high quality and fully integrated into national health systems to ensure continuity and equity in healthcare provision.

Crewe et al. (2017), in The Gendered Pains of Life Imprisonment, compared the experiences of male and female prisoners serving life sentences. Women reported greater emotional distress, poorer psychological well-being and higher levels of self-harm than their male counterparts. The study also noted that many female prisoners had experienced physical and sexual abuse before incarceration, which significantly influenced their adjustment during imprisonment.

The Ministry of Women and Child Development (2018), in its report Women in Prisons, examined the conditions of women prisoners in India and proposed 134 recommendations to improve their welfare. The report emphasised gender-sensitive healthcare services, including antenatal and postnatal care, nutritional support, mental health counselling and improved sanitation facilities. It also highlighted overcrowding, inadequate healthcare infrastructure, poor living conditions and social stigma as major challenges affecting women prisoners and recommended legal and administrative reforms to improve their overall well-being.

Kamthan (2018), in Women Prisoners in India: Tracing Gender Gaps in Theorising Imprisonment, examined the gendered dimensions of imprisonment in India. The study highlighted that prison administration has historically been organised around the needs of male inmates, leaving women's biological and healthcare needs inadequately addressed. It further reported overcrowded and unhygienic living conditions, inadequate sanitation facilities and limited access to healthcare services. Although the study did not specifically focus on elderly women prisoners, it provides an important context for understanding the multiple vulnerabilities experienced by older female inmates.

Munday et al. (2019), in The Prevalence of Non-Communicable Disease in Older People in Prison: A Systematic Review and Meta-analysis, reviewed twenty-six studies involving 93,862 prisoners aged 50 years and above. The study reported a high prevalence of cardiovascular disease (38%), hypertension (39%), diabetes (14%) and cancer (8%) among older prisoners. Disease prevalence was substantially higher than that observed among younger prisoners and age-matched individuals in the general population. The authors also noted that prison infrastructure is generally not designed to meet the needs of ageing inmates and recommended adopting a whole-prison approach to provide age-appropriate healthcare.

Favril et al. (2024), in Mental and Physical Health Morbidity among People in Prisons: An Umbrella Review, synthesised evidence from seventeen meta-analyses to examine the burden of mental and physical illnesses among prisoners worldwide. The review reported a high prevalence of depression, post-traumatic stress disorder, psychotic disorders, substance use disorders and infectious diseases, particularly hepatitis C. The authors emphasised integrating prison healthcare into national health systems and strengthening primary and mental healthcare services to reduce health inequalities.

Emilian et al. (2025), in Prevalence of Severe Mental Illness among People in Prison across 43 Countries: A Systematic Review and Meta-analysis, analysed data from 58,838 prisoners across forty-three countries. The study estimated a pooled prevalence of 12.8% for depression and 4.1% for psychotic disorders. Depression was more prevalent in low- and middle-income countries than in high-income countries. The

authors concluded that severe mental illness continues to pose a major public health challenge within prison settings and highlighted the need for improved screening, diagnosis and treatment services.

Methodology

The present study is exploratory and descriptive in nature and adopts a quantitative research approach. The study was undertaken to examine the morbidity profile and availability of healthcare facilities among elderly women prisoners aged 65 years and above.

The study was conducted in five prisons of Uttar Pradesh, namely Aligarh District Jail, Agra District Jail, Bulandshahr District Jail, Gautam Budh Nagar District Jail and Central Jail, Agra. These prisons were selected to assess the health status and healthcare facilities available to elderly women prisoners.

Primary data were collected through a structured interview schedule administered to elderly women prisoners aged 65 years and above in the selected prisons. Prior permission to conduct the study was obtained from the Office of the Director General/Inspector General of Prisons, Uttar Pradesh, and from the Superintendents of the selected prisons before data collection commenced. Before the interviews, all respondents were informed that the study was being conducted solely for academic and research purposes. They were assured that their participation was voluntary, no personally identifiable information would be recorded or disclosed, and the information collected would be kept confidential and stored securely. The findings have been presented only in aggregated form to protect the privacy of the respondents.

Since the number of elderly women prisoners aged 65 years and above in the selected prisons was limited, all eligible inmates available during the period of data collection were included in the study. Thus, the study covered the entire accessible population of elderly women prisoners rather than selecting a representative sample. Due to the small number of eligible respondents (n = 23), the analysis was restricted to descriptive statistics.

A total of 23 elderly women prisoners aged 65 years and above were interviewed. Of these, six respondents were from Aligarh District Jail, eight from Agra District Jail, seven from Bulandshahr District Jail and two from Gautam Budh Nagar District Jail. No elderly woman prisoner aged 65 years and above was lodged in Central Jail, Agra, at the time of data collection.

The data collected through the structured interview schedule were coded, classified and tabulated for analysis. Descriptive statistical techniques, including frequencies and percentages, were used to analyse and interpret the findings. As the study included 23 respondents, percentage values have been rounded to the nearest whole number for ease of presentation. Consequently, the totals in some tables and figures may not equal exactly 100% due to rounding

Table 1. Number of Elderly women inmates Jail wise

Name of Jail	No. of Female Prisoner (aged 65 and above)
Aligarh District Jail	06
Agra District Jail	08
Bulandshahr District Jail	07
Gautam Budh Nagar District Jail	02
Agra Central Jail	Nil
Total	23

Source: Authors' field survey, 2023.

The data were classified and tabulated for analysis. Descriptive statistical techniques, including frequencies and percentages, were used to analyse and interpret the findings. As the study included 23 respondents, percentage values have been rounded to the nearest whole number for ease of presentation.

Pre-Imprisonment Health Status of Elderly Women Prisoners

The health status of elderly women prior to incarceration serves as an important baseline for understanding whether their healthcare needs existed before imprisonment or developed during their stay in prison. The present analysis is based on responses obtained from 23 elderly women prisoners aged 65 years and above lodged in selected prisons of Uttar Pradesh. The findings indicate that many respondents entered prison with pre-existing chronic illnesses and a history of seeking medical care, although routine preventive healthcare practices, particularly periodic medical examinations, were relatively uncommon.

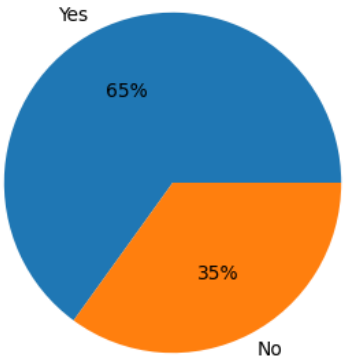

Figure 1. Presence of morbidity before imprisonment

Figure 1 presents the proportion of respondents who reported suffering from any disease before imprisonment. Nearly two-thirds (65%) stated that they had one or more health conditions prior to incarceration, while 35% reported no major illness before entering prison. These findings suggest that a substantial proportion of elderly women prisoners entered the correctional system with existing health problems, highlighting the need for continued medical management during incarceration.

Table 2. Distribution of pre-incarceration morbidities among the respondents.

Morbidities before Imprisonment	Percentage (%) of Total Reported Morbidities
Musculoskeletal	29
Cardiovascular	18
Respiratory	14
Diabetes	7
Digestive/Gastrointestinal	7
Head and Neck	7
Nephrological	4
Ophthalmic	4
Reproductive	4
Others	7

Source: Authors' field survey, 2023

Among the 23 elderly women prisoners included in the study, 15 reported experiencing one or more health conditions before imprisonment. As several participants had multiple pre-existing morbidities, the percentages presented in Table 2 are based on the total number of reported morbidity cases. Musculoskeletal disorders constituted the largest share of the reported morbidities (29%), followed by cardiovascular diseases (18%) and respiratory disorders (14%). Diabetes, digestive or gastrointestinal disorders and head and neck conditions each accounted for 7% of the reported morbidities, while nephrological, ophthalmic and reproductive disorders each represented 4%. Other reported conditions accounted for the remaining 7% of the total reported morbidities.

Health Status of Elderly Women Prisoners During Imprisonment

The period of incarceration presents several health-related challenges for elderly women prisoners, many of whom enter prison with pre-existing chronic illnesses that may worsen over time. In addition to age-related health conditions, elderly inmates may experience the onset of new morbidities, psychological distress and other health concerns requiring continuous medical attention. This section examines the major health-related challenges reported by the respondents during their imprisonment, including the development of new ailments, mental health concerns, geriatric support needs and medical emergencies.

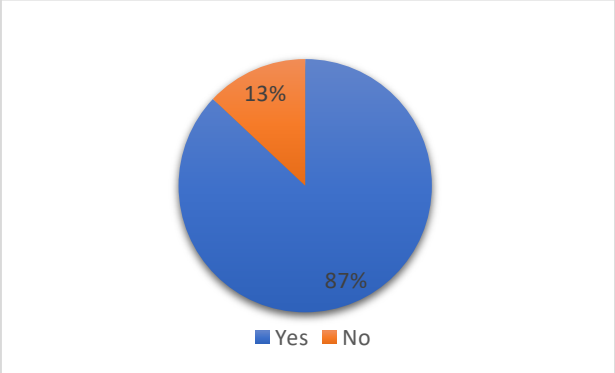

Figure 1. Morbidities developed during imprisonment

87% of the elderly women prisoners reported developing one or more ailments during their stay in prison, whereas only 13% stated that they did not experience any new health problems after incarceration. The findings indicate that the occurrence of morbidity during imprisonment was reported by a substantial majority of the respondents, suggesting that elderly women continued to experience considerable health challenges while in custody.

Table 3. Distribution of morbidities develop during imprisonment

Morbidities After Imprisonment	Percentage (%) of Total Reported Morbidities
Musculoskeletal	16
Respiratory	14
Digestive/Gastrointestinal	13
Cardiovascular	11
Neurological	9
Ophthalmic	9

Dermatological	7
Diabetes	2
Head and Neck	2
ENT	2
Reproductive	2
Others	14

Source: Authors' field survey, 2023

Among the 23 elderly women prisoners included in the study, 20 reported experiencing one or more health conditions during imprisonment. As several participants developed multiple morbidities, the percentages presented in Table 3 are based on the total number of reported morbidity cases. Musculoskeletal disorders emerged as the most frequently reported health problem developed during imprisonment, accounting for 16% of all reported morbidities. Respiratory illnesses (14%) and digestive or gastrointestinal disorders (13%) were also commonly reported, followed by cardiovascular conditions (11%). Neurological and ophthalmic disorders each constituted 9% of the reported morbidities, while dermatological conditions accounted for 7%. Diabetes, head and neck disorders, ENT conditions and reproductive disorders each represented 2% of the reported morbidities. The category 'Others' (14%) comprised less frequently reported conditions, including cysts, fever, sleeping disorders, swelling, weakness, surgery-related complaints and age-related ailments. Overall, the findings indicate that elderly women prisoners experienced a wide range of health problems during incarceration, with chronic and age-related conditions constituting a substantial health burden.

Table 4. Experience of Stress, Anxiety and Worry during Imprisonment

Response	Number (n=23)	Percentage (%)
Yes	16	70
No	7	30
Total	**23**	**100**

Source: Authors' field survey, 2023

The findings reveal that 70% of the respondents reported experiencing stress, anxiety or worry while in prison, whereas 30% stated that they did not experience such psychological distress. These findings indicate that emotional and psychological problems are common among elderly women inmates. Factors such as separation from family, uncertainty regarding legal proceedings, chronic illnesses, ageing-related vulnerabilities and the restrictive prison environment may contribute to heightened levels of stress and anxiety.

Availability and Accessibility of Healthcare Facilities

The provision of accessible and appropriate healthcare is essential for ensuring the well-being of elderly prisoners, who often require continuous medical care because of age-related illnesses and chronic health conditions. The availability of healthcare services within prisons reflects the capacity of correctional institutions to respond to the physical health needs of older inmates and uphold their right to healthcare. This section assesses the availability and accessibility of healthcare facilities provided to elderly women prisoners in the selected prisons of Uttar Pradesh. The analysis focuses on healthcare services available at

the time of admission, access to medical treatment, doctors and medicines, geriatric support, emergency healthcare services, and environmental health facilities such as water, sanitation and hygiene.

Table 5. Healthcare Facilities Available to Elderly Women Prisoners

Indicator	Findings
Medical examination at admission	Antigen Test (46%), HIV Test (38%), Medical Fitness Examination (16%)
Treatment for existing ailments	65% received medicines
Medical facility received	100% received allopathic medicines and medical check-up
Access to doctors	100% reported easy access
Access to medicines	100% reported easy access
Sufficiency of medical staff	100% considered the staff sufficient

Source: Authors' field survey, 2023

The findings indicate that medical screening was conducted for all respondents at the time of admission, with 46% undergoing an antigen test, 38% an HIV test and 16% a medical fitness examination. Among the respondents who entered prison with pre-existing illnesses, 65% reported receiving medicines for their existing health conditions. Furthermore, all respondents stated that they received allopathic treatment and regular medical check-ups during incarceration. Every respondent also reported having easy access to doctors and medicines and considered the available medical staff sufficient to meet their healthcare needs. These findings suggest that basic healthcare services were available and accessible to elderly women prisoners in the selected prisons.

Table 6. Geriatric healthcare support

Indicator	Yes	No	Other
Require support while moving	17%	83%	-
Require geriatric support services	26%	74%	-
Rest according to medical requirement	96%	4%	-
Diet according to medical requirement	65%	9%	26% (During prison hospital admission)
Frequency of medical check-up	96% (As per medical requirement)	-	4% (Weekly)

Source: Authors' field survey, 2023

The findings show that only 17% of the respondents required assistance while moving, whereas 26% reported the need for geriatric support services such as wheelchairs or walking sticks. Nearly all respondents (96%) stated that they received adequate rest according to their medical requirements, while

65% reported receiving an appropriate diet as part of their treatment. A further 26% indicated that a special diet was provided when admitted to the prison hospital. Medical examinations were generally conducted according to medical need, as reported by 96% of the respondents, whereas only 4% underwent weekly routine medical check-ups. These findings indicate that healthcare services were largely need-based and responsive to the medical condition of the inmates.

Table 7. Emergency healthcare services

Indicator	Yes	No
Required first aid	13%	87%
Experienced medical emergency	22%	78%
Received first aid care	13%	87%
Satisfied with first aid	13%	87%
Satisfied with emergency medical services	22%	78%

Source: Authors' field survey, 2023

The finding shows that 13% of the respondents reported requiring first aid during imprisonment, while 22% experienced a medical emergency. The findings further show that respondents who required first aid received the necessary care, and those who experienced medical emergencies expressed satisfaction with the services provided. As the remaining respondents did not require first aid or emergency treatment, they were recorded as not applicable. Overall, the findings suggest that relatively few elderly women required emergency medical intervention during incarceration.

Table 8. Emergency medical response

Indicator	Findings
Emergency attended by	Prison doctor in Agra and Gautam Budh Nagar, Pharmacist in Aligarh and Bulandshahr
Emergency management	Prison hospital admission (9%), Government hospital admission (4%), Medicines/Symptomatic treatment (9%) and not required (78%)

Source: Authors' field survey, 2023

The findings indicate that emergency cases were primarily managed by prison doctors, while pharmacists assisted in providing emergency care in selected prisons. Depending on the severity of the condition, respondents received symptomatic treatment within the prison, were admitted to the prison hospital or were referred to a government hospital for further treatment. These findings demonstrate that different levels of medical care were available to address emergency healthcare needs among elderly women prisoners.

Table 9. Water, Sanitation and Hygiene Facilities Available to Elderly Women Prisoners

Indicator	Findings
Drinking water	100% available
Water for washing/cleaning	100% available
Hot water	70% available, 4% on demand, 26% unavailable

Western toilets	92% reported availability
Cell ventilation	100%
Daily cell cleaning	100%
Daily washroom cleaning	96%

Source: Authors' field survey, 2023

All respondents reported adequate availability of drinking water as well as water for washing and cleaning purposes. Hot water was regularly available to 70% of the respondents, while 4% stated that it was provided on demand and 26% reported that it was unavailable. Most respondents (92%) confirmed the availability of western toilets. In addition, all respondents reported that prison cells were adequately ventilated and cleaned daily, while 96% stated that washrooms were cleaned regularly. These findings indicate that the selected prisons generally maintained satisfactory environmental hygiene and sanitation facilities for elderly women prisoners.

Table 10. Recreational Activities

Indicator	Findings
Major recreational activities	Bhajan-Kirtan, Cultural Programmes, LED television, Prayer sessions, Ragini, Festival Celebrations, Yoga sessions, Outdoor Games, Indoor Games, Jail Radio

Source: Authors' field survey, 2023

The findings show that prisons provided a range of recreational activities, including Bhajan-Kirtan, cultural programmes, LED television, prayer facilities, Ragini, festival celebrations, yoga, outdoor games, indoor games, and jail radio. These recreational activities contribute to the social and psychological well-being of elderly women prisoners by providing opportunities for social interaction, cultural engagement, spiritual expression, and leisure.

Discussion

The present study indicate that elderly women prisoners experience a considerable burden of physical and psychological health problems during incarceration. A substantial proportion of the respondents entered prison with pre-existing chronic illnesses, and the majority reported developing additional health problems while in custody. Musculoskeletal, cardiovascular and respiratory disorders were the most common conditions reported. These findings are consistent with Munday et al. (2019), who observed a higher prevalence of non-communicable diseases among older prisoners than among younger inmates and the general population. Similarly, de Viggiani (2007) noted that the prison environment itself may contribute to poor health outcomes by aggravating existing illnesses and increasing healthcare needs.

Mental health also emerged as a significant concern. Most respondents reported experiencing stress, anxiety and worry during imprisonment, indicating that psychological distress is common among elderly women prisoners. This finding supports earlier studies by Fazel and Danesh (2002), Ayirolimeethal et al. (2014) and Emilian et al. (2025), which reported a high prevalence of mental health problems among prison populations. The results suggest that healthcare services for elderly women should include regular mental health assessment and counselling in addition to treatment for physical illnesses.

The study further found that respondents generally reported easy access to doctors, medicines and routine medical care within the selected prisons. This differs from the findings of Kaushik and Sharma (2009) and Kamthan (2018), who highlighted deficiencies in healthcare services available to women prisoners in India. However, despite the reported availability of healthcare services, chronic illnesses and new health problems remained common among the respondents. This indicates that existing healthcare largely focuses on treating illness rather than preventing it. The findings therefore highlight the need for a more comprehensive approach that includes preventive healthcare, regular geriatric assessment, mental health support and age-specific healthcare services. Strengthening these components would contribute to improving the health and overall well-being of elderly women prisoners.

Conclusion

The present study examined the morbidity profile and availability of healthcare facilities among elderly women prisoners aged 65 years and above in selected prisons of Uttar Pradesh. The findings indicate that many respondents entered prison with pre-existing chronic illnesses, while a substantial majority developed additional health problems during incarceration. Stress, anxiety and worry were also commonly reported, highlighting the physical and psychological vulnerabilities of elderly women prisoners. Although respondents generally reported access to healthcare services, including doctors, medicines and routine medical care, the persistence of chronic illnesses underscores the need for age-specific and gender-responsive healthcare within prisons. Strengthening geriatric healthcare, mental health services and preventive care will be essential to improving the health and well-being of elderly women prisoners and ensuring their right to equitable healthcare during incarceration.

Limitations

The present study has certain limitations. It was conducted in five selected prisons of Uttar Pradesh and included only 23 elderly women prisoners aged 65 years and above. Consequently, the findings cannot be generalised to all women prisoners or to prison populations in other states of India. The study adopted a cross-sectional design and relied on self-reported information collected through structured interviews, which may be influenced by respondents' perceptions and recall. Despite these limitations, the study provides valuable empirical evidence on the morbidity profile and healthcare facilities available to elderly women prisoners, an area that has received limited scholarly attention in India.

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References

1. Ayirolimeethal, A., Ragesh, G., Ramanujam, J. M., & George, B. (2014). Psychiatric morbidity among prisoners. Indian Journal of Psychiatry, 56(2), 150–153.

2. Crewe, B., Hulley, S., & Wright, S. (2017). The gendered pains of life imprisonment. British Journal of Criminology, 57(6), 1359–1378. https://doi.org/10.1093/bjc/azw088
3. de Viggiani, N. (2007). Unhealthy prisons: Exploring structural determinants of prison health. Sociology of Health & Illness, 29(1), 115–135. https://doi.org/10.1111/j.1467-9566.2007.00474.x
4. Emilian, C., Al-Juffali, N., & Fazel, S. (2025). Prevalence of severe mental illness among people in prison across 43 countries: A systematic review and meta-analysis. The Lancet Public Health, 10(2), e97–e110. https://doi.org/10.1016/S2468-2667(24)00280-9
5. Favril, L., Rich, J. D., Hard, J., & Fazel, S. (2024). Mental and physical health morbidity among people in prisons: An umbrella review. The Lancet Public Health. Advance online publication. https://doi.org/10.1016/S2468-2667(24)00023-9
6. Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. The Lancet, 359(9306), 545–550.
7. Herbert, K., Plugge, E., Foster, C., & Doll, H. (2012). Prevalence of risk factors for non-communicable diseases in prison populations worldwide: A systematic review. The Lancet, 379(9830), 1975–1982. https://doi.org/10.1016/S0140-6736(12)60319-5
8. Kamthan, M. (2018). Women prisoners in India: Tracing gender gaps in theorising imprisonment. Forensic Research & Criminology International Journal, 6(6), 470–478. https://doi.org/10.15406/frcij.2018.06.00246
9. Kaushik, A., & Sharma, K. (2009). Human rights of women prisoners in India: A case study of Jaipur Central Prison for women. Indian Journal of Gender Studies, 16(2), 253–271.
10. Ministry of Women and Child Development, Government of India. (2018). Women in prisons in India. https://wcd.nic.in/sites/default/files/Prison%20Report%20Compiled.pdf
11. Munday, D., Leaman, J., O'Moore, É., & Plugge, E. (2019). The prevalence of non-communicable disease in older people in prison: A systematic review and meta-analysis. Age and Ageing, 48(2), 204–212. https://doi.org/10.1093/ageing/afy186
12. National Crime Records Bureau. (2026). Prison statistics India 2024. Ministry of Home Affairs, Government of India. National Crime Records Bureau.
13. Press Information Bureau. (2018, June 25). Report on "Women in Prisons" launched by the Ministry of Women and Child Development. Press Information Bureau, Government of India. https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1536513&reg=48&lang=2
14. World Health Organization. (2014). Prisons and health. WHO Regional Office for Europe.https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/2014_WHO_UNODC_Prisons_and_Health_eng.pdf