CHAPTER-VII

Prisons Staff
Successful prison systems ensure safe custody and good order for detainees. It also provides opportunities for rehabilitation and reintegration on release back into the community. Effective prison system provide health care to a standard equivalent to that available in the community which can only be achieved when prison management and staff all understand and promote health and health care within a healthy prisons approach. Good health in prisons cannot flourish without an environment of safe custody and good order as well as without prisoners and staff feeling safe. There is a significant opportunity for staff to create a healthy prison system that benefits prisoners, staff and the wider community because good prison health is essential to good public health. Further, prison is a place where detainees live and staff work often each group perceives that they lead separate lives, but prisoners and staff have many aspects in common often similar social backgrounds, and in small communities possibly similar social networks. In prisons, staff and prisoners share the same space, air for breathing and water for washing and drinking and face the same physical hazards of the prison environment.

Prison staff has several roles with a focus on control and security within a high risk environment balanced with health care for people with complex characteristics (www.euro.who.int/-data/assets/pdf). Among a number of factors that determine how well women cope with the prison environment is the quality of relationships with custodial staff. Officers who help women prisoners solve their problems and show that they are concerned about their welfare are noted and praised. However, an effective efficient and healthy prison requires adequate levels of staffing with proper training a mix of disciplines and specific expertise in health care (birthcompanians.net/media/public/report). Prison staff training is crucial in providing health care and suicide prevention. The essential component to any programme is properly trained correctional staff that form the backbone of any jail or correctional system. Identification of cases counselling and referral is done by the staff hence they need to be sensitized by providing adequate training. Correctional officers are often the only staff available twenty four hours a day thus they form the frontline of defense
in preventing suicides and other health problems (www.nimhans.kar.nic.in/prison/chapter_14_way_forward.pdf).

1.1 Well-Being of Women in Prisons
Well-being here refers to the overall physiological, psychological and maternal health of women at the time when they enter prison. It was learnt from the prison staffs that women exhibit less symptoms of physiological ill-being and more of psychological ill-being. Young women in the age group of 20 to 40 years are rarely informed to the physiological health problems. However, elderly women (above 60 years) report of age specific health problems i.e., arthritis, cataract, hypertension and so on.

Prisons staff of the three District Jails (Aligarh, Bulandshahar & Meerut) were of the view that although physiological ailment was not common among women of all age-groups but psychological ill-being was manifested by the women irrespective of their age. Women are found to experience sadness, anxiety, anger, helplessness and fear on entering prison. Women are the primary caregiver in every household irrespective of religion and culture. She obtains satisfaction, contentment and fulfillment by performing their role and responsibility. Imprisonment and arrest creates a lot of anxiety and worry among women. They often are worried about the well-being of their children. Unable to perform the maternal role they experience a sense of loss and unfulfillment. They are afraid of the loss of mother child bonding and also the response of the family members towards their imprisonment. The one common matter of concern among most of the women is their acceptance by the family members once they are out of the prison. Most of them have been economically dependent and with no skill and training are unsure of their post-release future. The thought of staying away from the family members and among strangers create a lot of fear. They have to depend for all their needs on the prison staffs and are also dependent for their release. They do not know whether their family would help in their release. Since most of them are illiterate they are unaware of the legal procedure and being in prison further makes them helpless. For the elderly women being in prison during the later part of their life is very traumatic. They rarely hope for their release and try their best to prepare themselves of not ever having the chance to come out of the prison. These and many other emotions lead to their emotional ill-being which is exhibited in various forms i.e., uncontrolled crying and numbness. Women generally do not respond to the prison staffs query regarding psychological ill-being.
They prefer keeping their problems to themselves or the problems are so many that they are difficult to share. After entering prison it is found that for several days they refuse to eat. They keep crying, sleep very little and experience severe headache. Since new women prisoners enter prison every day it is difficult to keep track of the previous ones. The female constables expressed their concern as:

We feel sorry when they cry continuously and want to know what all bothering them. But even after asking several times if they do not respond we move on to new prisoners.

1.2 Health of Women and Men in Prisons
The gender differences between men’s and women’s health conditions and needs are considerable, discrepancies observable in both free society and in correctional system. Gender differences exist in the behavioral manifestations of mental illness, with men generally turning their anger outward while women turn it inward. Men tend to be more physically and sexually threatening and assaultive, while women tend to be more depressed, self abusive and suicidal. Depression, anxiety and other mood disorders are more common among women than men. Furthermore, the issues related to maternal health i.e., events of pregnancy and childbirth give women unique morbidity risks not experienced by men. Women’s more complex reproductive system increase their risk of other female-specific disorders i.e., menstrual and menopausal disorders, neoplasm of breast, genital disorders etc. Besides, compared to men women have higher illness rates for infective disease, respiratory and digestive system conditions, injury, ear disease, headaches skin and musculoskeletal diseases. The health problems faced by elderly women prisoners, in comparison to their male counterparts are even more acute because of their gender specific needs. Moreover, pregnant and lactating women experience the specific problems which include lack of prenatal and post natal care, inadequate education regarding childbirth and parenting.

Prisons staff of the three District Jails (Aligarh, Bulandshahar and Meerut) were of the view that women in prison experience more health problems than the male counterparts. Majority of the women in prison are married, have dependent children and are the primary caregivers. They are committed to provide care and service to the family members. This responsibility occupies an important place in their life and they seek contentment and happiness in the fulfillment of these roles. Once, they are in
prison they are dissociated with this prime responsibility. This leads to discontentment and a sense of loss. They feel worthless and are afraid that their family will learn to live without them. If they lose their position in the family it is likely that the family members may not visit them, help in their release and accept them after release. Such feelings lead to psychological ill-being which also affects their physiological well-being. Separation from the family is more traumatic for the women as compared to men. Further, there are several health issues which are gender specific i.e., menstruation, pregnancy, lactation, menopause and so on. Absence of full time lady doctor and facilities for hygiene make their stay in prison more difficult as compared to men. Women also face difficulties in adjusting with the prison environment and co-inmates. Their experiences of prior violence and abuse also contribute to their ill-being in prisons. Absence of full time lady doctor and gynecologist make it difficult to attend to their needs in case of emergency.

One of the prison staff expressed the difficulties of women prisoners which affect their overall well-being

*Women in prison do not receive as much family support as men. Separation from children and uncertainty of stay in prison makes them vulnerable to ill-being. They experience gender specific health problems which are difficult to attend in prison.*

1.3 Challenges of Working with Women in Prisons

Being in prison is stressful and can create physiological as well as psychological problems. Women in prison tend to have serious health problems due to a combination of factors. Prison medical care is an arena of chronic condition, with administrators trying to keep costs down and inmates suffering from lack of appropriate care, prompt response, and adequate staffing. Along with overcrowding lawsuits concerning health and treatment matters top the litigation concerns of inmates, especially for treatment, whose medical care is often worse than men. Besides, fewer in number than men, women are given much less attention in correctional budget and their specific needs are silently neglected. Most prison system concentrate inmates with chronic medical needs, long term illness and pregnancies into one prison. Although, the costs of staffing and equipment limit what prisons can do, it is also expensive to provide security when taking inmates out into the
community for treatment. Moreover, separation from their families is a tremendous cause of depression among inmates and those who are mothers suffer more from anxiety. Women generally are housed farther from their families making visiting difficult and less frequent. Anxiety regarding release is increased because of absence of preparation and support.

Prisons staff of the three District Jails (Aligarh, Bulandshahar & Meerut) were of the view that most prisons do not have separate female hospitals. As such women inmates are sent to District hospital more often than men. Insufficient female escorts make this task all the more difficult. Many a time women cannot be sent to the hospital because the lady constable is not available. Full time lady doctor is also not available in every prison. They visit the prison once or twice a week. In case, they are on leave the visit is further extended. As a result women have to continue with their unattended health problems. The prison staff is helpless and despite their concern they can be of no help. Women in prison are very often hesitant. They do not share their problems readily and approach the staff only when they have some serious issue. The administrative constraints’ attending them urgently is not only difficult but sometimes it becomes impossible. Those having children with them are preoccupied with the problems of their children and are overprotective towards them.

One of the prison staff shared his views concerning difficulties that bothered in dealing with the issues specific to women inmates. He said:

*The moment women enter prison their difficulties and problems multiply. Prison is about coping with loss of control and restriction of freedom as well as about their unmet needs and constant pressure. They pile up their problems and do not trust the prison staff enough to share with them. Dealing with accumulated problems becomes difficult. Further, they also do not follow what is prescribed to them and the problem goes on for long.*

1.4 Extending Health Care to Women in Prisons

The prison being a total institution has the responsibility of protecting and maintaining the physical and mental health of the prisoners. Women prisoners are more vulnerable to ailments i.e., gynecological problems, headaches, stress and emotional disturbances. Imprisonment causes considerable distress to
women especially for mothers, whether the child is brought up in the prison or is separated from the mother. Therefore, women need specific care and treatment in prison. Barriers to care include unavailability of adequate medical and Para-medical staffs, frequent delays in medication, failure to provide preventive care and a shortage of qualified medical professionals. Most of the time medical treatment is unavailable, inappropriate and inconsistent. Besides, most of the prisons do not have arrangements to take care of pregnant women. Pregnant and nursing mothers deprived of proper health care facilities and all the essentials for a healthy pregnancy are missing in prison i.e., nutritious food, fresh air, exercise, extra vitamins sanitary conditions and post-natal care. Lack of space and constant movement of high number of women in and out of institution is also a problem in availing health care facilities. Overcrowding is one of the major problems of prisons in India. Overcrowding, coupled with poor health and hygiene conditions in jails leads to tuberculosis, hepatitis, and HIV/AIDS as additional risks for the women inmates. In addition to the general medical attention required by the women, the female prison population is disproportionately affected by mental health problems with higher levels of depression compared to both the general population and the male counterparts. However, women prisons are often ill-equipped, poorly financed and have poor medical educational and vocational facilities than male prisons. Women prisoners have specific health needs which differ from those of male prisoners. They also experience more poor physiological psychological and maternal health in prison.

Prisons staff of the three District Jails (Aligarh, Bulandshahar & Meerut) were of the view that the provisions relating to health care of women prisoners mentioned in the Jail Manuals are not actually accessible. This is because of certain ground realities. Firstly, there are many District Jails where there is no full time lady doctor. The lady doctor visits prisons occasionally who are actually appointed in the District Government hospital. In the absence of a full time lady doctor the common health problems remain unattended and may become serious by the time the doctor visits. Women often wait for the doctor to visit and they avoid sharing the problem with the warders. Even if they inform the warders or other prison staff help is not provided to them until the issue is
discussed with the male doctor. This process is time consuming and even in case of emergency the problem is not attended right away. Every one, besides the doctor feels that it would be unsafe to intervene in issues relating to disease and illness. Secondly, women prisoners are usually found to be in the habit of managing things on their own. They prefer self-medication and only when things are out of control that they opt to inform the prison staff. Under the existing administrative constraints it is difficult to attend to the emergency. Wrong medication also leads to unnecessary complications which further make things difficult. Lastly, women in prison are so occupied with issues relating to children and family that they often neglect themselves. Their prime concern is return to the family and they believe that prison is a place where they can hardly be fine and healthy. They mistrust the staff and the health care delivered to them. One of the prison staff shared his view as:

Women in prison are a vulnerable group. They need extra care and attention. We have to manage with the available resources and despite our willingness to help them we cannot be of much help to them.

Thus, it can be summarized prison is always an unattractive place, especially unsatisfactory living condition, manpower shortage, lack of health care facilities, overcrowding and unhygienic practices makes it more unattractive. Further, the jail administration and stringent rules is other tedious thing to face in prison life. Primarily, prison facilities are designed according to male needs rather according to female needs. As the women prisoners are less in number they are neglected from the benefits and development of prison. The present study shows that women in prison represent more specific needs and require much care and attention in comparison to their male counterparts. Women’s specific needs emanate from their status and role which they suppose to perform in society i.e., role of caregiver, daughter and wife. Therefore, women experience more symptoms of psychological ill-being than men in prisons. However, women face institutional obstacles (e.g., lack of female doctor, gynecologist, counselor and applying for care in writing) in accessing health care facilities in prison. Further, overcrowding exacerbate the problem of women by affecting their overall well-being. In addition, without adequate
treatment harsh conditions of prison tend to exacerbate their problem. However, women experiencing poverty, continuous abuse and physiological health issues are positively impacted because of imprisonment. Prison provides them the minimum level of care and safety which was unattainable to them prior to imprisonment. Finally, women’s needs in prison continue to escalate, yet remain largely unaddressed despite the best efforts of prison authorities.