

THE PROBLEMS OF PRISONERS: AN ANALYSIS

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ABSTRACT:

Prisons are environment that are likely to contain a higher number of socially excluded people. The basic reason for the existence of prisons in the society, which expresses its wishes through the means of courts, finds it necessary to separate and isolate some people who have broken the law. The concept of this segregation is as old as the society itself. This article deals with Prison Management in India, purpose Of prison, types Of Prison in India. Prisons do little to solve crime problems and that they sometimes do much damage to inmates. It notes that some individuals are dangerous and need to be removed from society, but disagreement exists regarding who should be incarcerated and for how long. Explore the ideology that formed the rationale for the creation of prisons, the history of prisons, the sentencing patterns that led to current overcrowding problems, and the extent and effects of prison overcrowding. The next section examines inmate classification, vocational programs, inmate education, prison industries, rehabilitation programs, and the inmate subculture, with special attention to the historical and current experiences of minorities and women. Article examine prison management issues and the role and experiences of correctional officers. Further article focuses on inmate litigation and specific areas of prisoners' rights; privatization in corrections; and jail functions, operations, administration, socialization, and subcultures. The final chapter examines the future of prisons and prison issues, with emphasis on the impact of drug laws, overcrowding, race, inmates' rights, prison violence, prison industries, other prison programming, and the role of correctional professionals. The analysis concludes that prisons will probably continue in the future much as they have since their inception.

INTRODUCTION

The contemporary societal reactions to crime are manifested in different forms with variety of objectives, all converging to the crime control. Society wants that criminals are changed so that they will not commit crimes in future and therefore, there is a need for reformative methods to be enforced, rehabilitative programmes launched and treatment of criminals are undertaken. The process of 'reformation' can be conducted in prison. In as much as society wants protection from criminals. The prison serves this purpose by isolating the criminals from the society so that criminals do not have opportunity to commit crimes against the society. The society also expects retribution.

As criminals have inflicted pain and made the life of the public unpleasant the same and equal treatment shall have to be meted out to the criminals in prison. These are some of the objectives of imprisonment as envisaged by Robinson.

The transition from corporal punishment to prison as punishment took place in the 18th century. Among the reasons for the substitution of imprisonment for corporal and capital punishment is undoubtedly the spirit of humanitarianism that arose during the enlightenment. People began to realize the horrors inherent in the ways offenders were treated by society. French philosophers, like Voltaire, horrified by what they called “judicial murder”, sought for changes in the criminal Justice

system. Historically, imprisonment was based on punishing those who committed a crime against society, by inflicting suffering of the body – similar to the pound of flesh depicted within Shakespeare's Merchant of Venice. In contrast to this concept, today's imprisonment is no longer simply intended as an acute form of corporal punishments, but a method by which to work on a person's mind as well as his body, through 3 distinct areas – which include Punishment, Deterrence and Rehabilitation. These three unique areas, when interlinked into a single process are intended to allow society to remove criminals from a position where they may continue their criminal behavior, place them into an institution that satisfies the masses who desire some form of retribution, persuade other would be criminals that such activities are not beneficial, and in time sculpt them into productive and law abiding citizens through positive psychological conditioning who may later be re-integration into society. In theory, such a concept fairs well – but unfortunately in reality, a large range of negative psychological experiences encountered within prison do not lead to this otherwise well thought out plan.

Let us begin by looking at the textbook objectives and responsibilities of prisons – which once again are three. They are safekeeping of all inmates; the maintaining and improving of welfare of all confined within it; and the performance of these objectives with the maximum of efficiency and economy. Safe keeping generally comprises of keeping inmates locked away, counted, and controlled whilst allowing for isolated moments of welfare activities to satisfy needs through recreation, education and counseling. Unfortunately, the welfare and psychological freedom of the individual inmate does not depend on how much education, recreation, and counseling he receives but rather, on how he manages to live and relate with the others inmates who constitute his crucial and only meaningful world. It is what the prisoner experiences in this world; how they attain satisfaction, and how they avoid its detrimental effects through the adjustment process known as prisonisation that ultimately decides how, if ever, they will emerge. It has also been recognized, through simulations of prison environments, that lockups and isolation have the habit of dehumanize prisoners by making them feel anonymous, and breeding ill feelings because of their rejection and condemnation by society as a whole. Likewise, it must be remembered that offenders have been drawn from a society in which possessions are closely linked with concepts of personal worth by numerous cultural definitions. However in prison, inmates find themselves reduced to a level of living near bare subsistence. Whatever physical discomforts this deprivation may entail, it has deeper psychological significance as to the prisoner's conception of his personal adequacy, particularly when surrounded by other inmates, whom 20% are estimated as mentally deficient, and 5% as psychotic. The entire prison structure is based on solitude and separatism. Firstly, the convict is isolated from the external world and everything that motivated his/her offences. Secondly, they are to a large degree isolated from one another.

During the 18th century this concept was taken to extremes, whereby prisoners were even forced to wear facemasks that did not allow vision or communication during exercise periods. This concept is based on the promotion for total submission, and in older prisons dually acted as a form of buffering with which to control the outbreak of diseases. Early attempts at submission and rehabilitation were far from perfect. The use of solitary confinement was originally designed to allow prisoners to rediscover their own conscience and better voice through spiritual conversion. Unfortunately, it was later discovered that no form of torture could have been worse than solitary confinement because it ended up causing within many prisoners adverse psychological effects such as Delusions, Dissatisfaction with life, Claustrophobia, Depression, Feelings of panic, and on many instances madness. All of which are symptoms

of chronophobia – a state often referred to as prison neurosis. It wasn't until 1850 that these disturbing effects of confinement to small quarters was finally abandoned, and only utilized as an instrument of potential terror to keep inmates in line.

Furthermore, it brought attention to the need to redesign rooms that housed each prisoner. But even to this day, confinement within prison, though vastly improved by comparison, continues to have similar adverse psychological effects. Timetables also play a large factor in rehabilitation by establishing rhythms, and cycles of repetition. This combined with convict's personal needs for reward and acquisition through penal labour, turns the criminal into a somewhat docile worker. It imposes on the convict the moral form of wages as the condition of his existence. Prisons issued uniforms also plays a large part in destroying personal identity, and crashing individual spirits. These somewhat bland, yet repetitive outfits are a way whereby unification maybe achieved within inmates, through the portrayal that they are no longer individuals, but are part of a whole. That whole is symbolic of - society. Overall, the entire prison experience with its symbolic mechanisms of justice that encompass every lock, piece of barbed wire, the thick walls, the never ending supervision and segregation, the harsh solitude, and minimalistic lifestyles, are deliberately designed to not only incapacitate, but psychologically curb any prisoner's personality traits that have been deemed by society as undesirable or dangerous. Prisons are often the scenes of brutality, violence and stress. Prisoners are faced with incidence of violence and are always concerned for their safety. A long-term prisoner named Jack Abbott had stated "everyone is afraid. It is not an emotional or psychological fear.

It is a practical matter. If you don't threaten someone at the very least, someone will threaten you...Many times you have to "prey" on someone, or you will be "preyed" on yourself." Prisons aim to cure criminals of crime however their record has not been encouraging. Instead prisons do more harm than good. The pains of jail confinement affect all prisoners in different ways. To begin with the prisoners need to withstand the entry shock by adapting quickly to prison life. Prisoners are exposed to a new culture, which is very different from their own culture. For some prisoners the major source of stress would include the loss of contact with family and friends outside the prison. There is also the fear of deterioration. There is lack of personal choice within the prison environment which many effect prisoners. After many years of being told what to do they may well lose the ability to think for themselves and make their own decisions and choices freely.

THE PROBLEMS OF PRISONERS

As mentioned previously, the jails are facing vast number of problems in their performance and in achieving the object of criminal justice system. The major problems the Indian prisons are facing are as follows:

OVERCROWDING IN JAIL

The problem of overcrowding in Indian prisons is not a new feature and is synonymous with all the other problems of imprisonment. It cripples every attempt to humanize living standards behind bars, and its implications are too obvious and too serious to neglect. Yet the phenomenon has remained unresolved for more than a hundred years. The occupancy in almost every prison varies from day to day due to induction or addition of new convicts and new under trials and release old convicts and old undertrials. Still an estimate of population of inmates at the end of a year serves as a fairly reliable indicator for determining prison population. Each prison has authorized capacity, percentage of inmates against authorized capacity (inmate population multiplied by hundred and divided by total capacity) is called occupancy rate.

This rate depicts the extent of overcrowding. The presence of under trials is the principal reason for overcrowding in prisons. Overcrowding strains prison infrastructure, hampers correctional services, spreads contagious diseases and leads to multiple problems for prison administration including larger incidence of indiscipline and violence, and diversion of prison staff for routine duties such as distribution food, security and guarding. According to Lord Wolf, "owing to overcrowding, very often a substantial number of prisoners leave jails more embittered and hostile to society than when they arrived." Overcrowding of prisons is a global phenomenon and a cause of major concern for prison administration over the world. The comparable rate of imprisonment (prisoners per 100,000 populations) during the year 2010 for some of the major countries is as follows.

The rate of imprisonment in India being 32 prisoners per 1, 00,000 of population is very low in comparison to corresponding rates in United State of America (743 Prisoners), Russia (598 Prisoners), South Africa (316 Prisoners), Canada (117 Prisoners), United Kingdom (132 Prisoners), France (96 Prisoners), Japan (58 Prisoners), Thailand (328 Prisoners), Australia (133 Prisoners).⁷⁰ The Indian Prisons are afflicted with over-crowding prison community. This is due to unequal distribution of population amongst the existing jails. Large number of undertrial

prisoners in Indian jails may be due to delay in police investigation, non-furnishing of bail by economically weak prisoners, non-appearance of witnesses in courts on the dates of hearing. Obviously, if prison overcrowding has to be brought down, the under-trial population has to be reduced drastically. This, of course, cannot happen without the courts and the police working in tandem. Readers would now understand how the three wings of the criminal justice system would have to act in harmony, if the current mess that the criminal justice system is has to be cleared. Too many under-trial prisoners are a blot on those who administer justice in the country.

Speedy trials are frustrated by a heavy court workload, police inability to produce witnesses promptly and a recalcitrant defence lawyer who is bent upon seeking adjournments, even if dilatory tactics harm his client. Fast track courts have helped to an extent, but have not made a measurable difference to the problem of pendency. Increasing the number of courts cannot bring about a desired difference as long as the current 'adjournments culture' continues.⁷¹ One effective way to curb the rise in prison populations would be to offer alternatives to imprisonment for non-violent and civil offenders. From the above statistics, it shows that from the year 2005 the percentage of occupancy rate has been reduced but it is evident from the above statistics that the occupancy rate has not come down to the exact capacity of the jails that means there is a clear image of overcrowding and it is sad that even prison officials admits the fact. The rate of imprisonment in India per one hundred thousand of population is one of the lowest in the world. Overcrowding in Indian prisons is not primarily due to the higher rate of imprisonment but because of high number of under-trial prisoners. An analysis of prison population in the prisons during the last five years shows that undertrial population in Indian prisons is around 69% of the total population of prisoners

DEATHS IN JAILS

Death of an inmate is a matter of serious concern for prison administration. Sometimes, public takes to street in protest against such deaths. It invites flak from media, Non Governmental Organization's concerned with civil liberties and Human Rights Commission. Deaths in jails have been broadly classified into two categories i.e. Natural Deaths and Unnatural Deaths. Unnatural deaths include Suicides, Execution, Murder by inmates, Due to firing, Due to negligence or excess by jail personnel etc. One of the most striking and positive features of these prisons, however, is that they do have ambulances for use in emergencies. Interestingly, the prisons in Karnataka have recorded consistently less deaths compared to other states.

UNSATISFACTORY LIVING CONDITIONS

Overcrowding itself leads to unsatisfactory living conditions. Although several jail reforms outlined earlier have focused on issues like diet, clothing and cleanliness, unsatisfactory living conditions continue in many prisons around the country. A special commission of inquiry, appointed after the 1995 death of a prominent businessman in India's high-security Tihar Central Jail, reported in 1997 that 10 000 inmates held in that institution endured serious health hazards, including overcrowding, "appalling" sanitary facilities and a shortage of medical staff. Lack of hygiene is one of the most pressing problems created by overcrowding in Karnataka's prisons. Since the existing prisons do not conform to the appropriate standards structurally, they are not able to provide acceptable conditions

even where the prisons are not overcrowded. Yet, for years, those prisons have been housing double the number of prisoners they should accommodate.

Not a single prison can claim that it has sufficient water for daily use as given in the prison manual. The inadequacy of facilities and the level of overcrowding mean that in the prisons of Madikeri, Bidar, Gulbarga, Bellary and Bangalore, about 75 inmates are forced to use a single toilet on any given day. While the Model Prison Manual specifies one toilet for every seven inmates, in most of the recently constructed prisons, there are just two toilets for use by 60 inmates during the night. In several prisons, even day-time toilets outside the barracks are insufficient. Though there is ample space available, adequate toilets are not constructed. In most prisons both ground and municipal water for drinking is extremely scarce. As a result, the toilets both inside and outside the barracks are filthy. In many prisons the inmates cannot bathe for weeks and even months. Till as recently as September 2007, there was no provision of either toothpaste and bathing soap for the inmates.

This is nothing short of gross indifference to the rights of prisoners who suffer at the hands of their caretakers. Inmates being locked up for 23 hours a day in these conditions due to shortage of staff who can monitor them means long lock-up hours, which further suggests that cells and barracks stink of sweat. The situation is made worse with unwashed and half-dried clothes hanging all over the barracks without access to fresh air and sunlight. Algae float in the water tanks because no cleaning or maintenance of such facilities takes place for months. Such is the situation of neglect in these prisons where, ironically, huge reserves of manpower remain idle for months and years together. The drive to get anything done through various departments that are responsible for controlling and managing the inmates, or to undertake any useful activity to improve prison conditions among the prison officials is extremely low. Even for minor essential repairs and constructions of day toilets, sewerage and drainage the prison department looks helpless and waits for days without end for directions from either the prison headquarters or the Public Works Department to carry out repairs.

The lowest priority accorded to prisons in allocating resources by various departments and the government explains the situation. One of the primary reasons for the overwhelming lack of hygiene is the non-performance of duty by the Public Works Department. On the pretext of lack of sufficient funds, the prisons are not given regular whitewash, and the drainage and sewerage works are kept pending for years. Though prisons need to be Each prisoner is entitled to receive 50 grams of toothpowder at the cost of Rs. 12 and 150 grams of bathing soap at the cost of Rs. 17 per month. The government issued an order on 5 September 2007. The expenditure per year works out to Rs. 43, 05,108 per year. whitewashed once a year, the Central Prisons at Bellary and Dharwad have been waiting for a clean-up since 2003. The construction of bathrooms, underground drainage and water tanks with a storage capacity of 90,000 litres have been pending in Belgaum Prison since 2005. The situation is more or less the same throughout the state. The prison officers say that negligence of the Public Works Department has increased of late as a result of the government's decision to entrust the responsibility of constructing new prisons – under the first phase of the modernization scheme – to the Police Housing Corporation. No one wants to go to prison however good the prison might be. To be deprived of liberty and family life and friends and home surroundings is a terrible thing. To improve prison conditions does not mean that prison life should be made soft; it means that it should be made human and sensible.

POOR SPENDING ON HEALTHCARE AND WELFARE

In India, an average of Rs.17725.90 per inmate per year was spent by prison authorities during the year 2009, distributed under the heads of food, clothing, medical expenses, vocational/educational, welfare activities and others. This is in contrast to the US, where the average annual operating cost per state inmate in 2001 was \$ 22,650 (the latter presumably also includes salaries of prison staff). The maximum expenditure in Indian prisons is on food. West Bengal, Punjab, Madhya Pradesh, Uttar Pradesh, Bihar and Delhi reported relatively higher spending on medical expenses during that year, while Bihar, Karnataka and West Bengal reported relatively higher spending on vocational and educational activities. Tamil Nadu, Orissa and Chhattisgarh reported relatively higher spending on welfare activities. For a person entering a prison for the first time, the experience can be horrifying. The closed walls, the cramped living space, the unpleasant memories of ill-treatment at the hands of the police, the ostracizing glances from bystanders, and anxieties about leaving home haunt every prisoner for the first few days.

Nowhere are trained psychiatric counselors more in demand than in the closed settings of a prison. While it may not be possible to appoint psychiatrists in all the prisons of the state, at least all the seven central prisons should be prioritized. But the government has sanctioned just two posts – one at the Bangalore Central Prison and the other at Belgaum. While the post in Bangalore has always been filled, the one in Belgaum has been lying vacant for the last five years. The absolute dearth of trained counselors speaks volumes of the negligent attitude towards the mental health of prisoners. The general lack of nutrition or physical exercise, the excessive lock-up hours due to lack of staff, heavy smoking and widespread anxiety among the prisoners, illegal cooking inside the barracks, and unhygienic living conditions in general, all take a heavy toll on the physical and psychological health of the prisoners.

SHORTAGE OF STAFF AND POOR TRAINING

Prisons in India have a sanctioned strength of 49030 of prison staff at various ranks, of which, the present staff strength is around 40000. The ratio between the prison staff and the prison population is approximately 1:7. It means only one prison officer is available for 7 prisoners, while in the UK, 2 prison officers are available for every 3 prisoners. Lack of sufficient medical staff is one of most important issues facing the state's prisons. The government formally sanctioned 83 posts for medical staff to cater to the needs of more than 12,000 prisoners. This would amount to one medical personnel for every 144 inmates, but only 42 per cent of the total sanctioned force is currently working with the rest of the posts remaining unfilled.

Most of the doctors available are in the central prisons with the exception of prisons in Bidar and Shimoga. In general, there is no resident doctor in a district prison. Instead, these prisons are managed by visiting doctors and paramedical staff. In the Raichur District Prison, no doctors have been appointed since 2000. Instead, the pharmacist from the district hospital visits the prison three times a week. Similarly, in Mangalore District Prison no doctor has ever been on visits after the demise of the previous serving doctor in September 2007. In such cases, the norm is two doctors from the district hospital will visit the prison twice a week. However, prisoners in Kolar and Chikmagalur complained that doctors from the local hospitals rarely visited them. In those prisons where

doctors do visit, prisoners have to wait in long queues to get treatment. The lack of timely health care was one of the most common concerns recorded from prisoners across the state. The Department of Medical Health deposes medical staff to prisons for three-year periods. The allocation of doctors to prisons is again low on their priority list and for doctors, like the vast majority of the public in general, prisons are not preferred places of work. In fact, being stationed in a particular region is more a matter of personal interest rather than a professional decision. Compounding an already lackadaisical attitude towards offenders, doctors and medical staff do not receive any encouragement or incentives from the government to choose this job. In addition, lack of professional independence given to the doctors in a prison set-up, especially when they are working under prison officials, contributes to their disinterest in their work.

LACK OF LEGAL AID AND OVERSTAYS

Access to justice for all is unimaginable without access to free legal aid by the weaker sections of society. The fundamental source of the legal aid concept, Article 39-A was inserted in the Constitution of India through the 42nd Amendment. The article mandates the state to promote justice on the grounds of equal opportunity and provide free legal aid to “ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities”. In *Hussainara Khatun v. State of Bihar*,⁷³ the apex court read the right to legal aid as implicit in Article 21 of the Constitution of India. The Court, shocked by the fact that undertrials were languishing in the prisons of Bihar for years without legal representation, declared: “There can be no doubt that speedy trial, and by speedy trial, we mean reasonably expeditious trial is an integral and essential part of the fundamental right to life and liberty enshrined in Article 21”. The court pointed out that Article 39-A, emphasised that free legal service was an inalienable element of “reasonable, fair and just” procedure and that therefore the right to free legal services was implicit in the guarantee of Article 21. It described legal aid as “the delivery system of social justice”. It also expressed the hope that every state government would provide legal aid to avoid derailment of the spirit of Article 21. In another case,⁷⁴ the court stated that free legal aid at the cost of the state is a fundamental right of the accused and “implicit in the requirement of reasonable, fair and just procedure prescribed by Article 21”

Justice Krishna Iyer, in yet another case⁷⁵ declared that if a prisoner is unable to exercise his constitutional and statutory right for want of legal assistance, the Court, under Articles 14, 21 and 39-A of the Constitution has the power to assign counsel for rendering complete justice. While explaining the rationale for legal aid he said: “The spiritual essence of a legal aid movement consists of investing law with a human soul. Its constitutional core is the provision of equal legal service as much to the weak as to the strong and affluent, and the dispensation of social justice through the legal order. The political thrust of the movement is that if legality lets down the masses and protects, in actual working, only the upper bracket, anti-law will become a way of life of the numerous poor, the people being prone to seek justice in the streets in preference to the law in the courts.” The Mullah Committee, most prison inmates belong to the economically backwards classes and this could be attributed to their inability to arrange for the bail bond. Legal aid workers are needed to help such persons in getting them released either on bail or on personal recognizance. Bail provisions must be interpreted liberally in case of women prisoners with children, as children suffer the worst kind of neglect when the mother is in prison. Following these pronouncements

by the Apex court, the Government of India passed the Legal Services Authority Act in 1986. The Government of Karnataka, like other states, also formulated rules for the implementation of the Act. The rules mandate district legal services authorities to seek from the jail authorities, information of those indigent convicts and undertrial prisoners in need of legal representation and the list of accused in compoundable cases which could be disposed under LokAdalats, if organized in prisons regularly. It also recognizes the need to appoint conciliators and legal advisors to help the poorer prisoners in legal aid and awareness programmes. The reality is that in every prison there are hundreds of poor prisoners without legal representation. They have no clue about the status of their cases, they are not aware of their entitlement for legal representation or advice, and neither are they informed of it. They look puzzled when told they are entitled to free legal representation at the expense of the State. About 74 per cent of the 144 prisoners interviewed said they had heard of legal aid from the senior inmates. There is no evidence of attempts to provide informed and involved legal aid to prisoners. There are no law officers appointed, no legal aid forms available with the prison authorities, no maintenance of the records of applicants or their replies from the courts. The Central Prisons of Bangalore, Gulbarga, Belgaum and Bijapur, and the District Jails of Raichur, Chikmagalur, Tumkur and Mandya are the only prisons offering any semblance of legal aid activities, though without much impact. Prison officials admit that prisoners have no faith in the efficacy of the legal aid system. Neither do the personnel. In a survey conducted by Commonwealth Human Rights Initiative⁷⁶, 23 percent of the prisoners said they were not aware of visits from any legal services authority; 49 percent held that rarely did the representatives of the district legal services authority visit the prison; and 28 percent said that the magistrate visited the prison between once a month and once in three months. The Judicial Magistrate, First Class, or the Chief Judicial Magistrate, who visits once a month, opens the complaint boxes. The visitors' notes show that they visit mostly during the evening hours for a few minutes, pay attention to the presence of juveniles and mentally ill prisoners and record the same. Prisoners said that they stopped depositing any requests or complaints as they were never addressed.

ABUSE OF PRISONERS

Physical abuse of prisoners by guards is another chronic problem. The prisoners are subjected to untold suffering in the prisons. There are many cases in which the Prisoners are beaten to death by the prison authorities. Still worse the officials were able to obtain false certificates from doctors to prove that the deceased had committed suicide.

Conditions of detention in prisons of Karnataka. Commonwealth Human Rights Initiative, New Delhi, India. The forms of abuse adopted by prison authorities against prisoners include brutal assault, Solitary Confinement, blindfolding them with Glycerine soaked clothes, making them bend for long hours, frightening them with sudden bursts of teargas shells, making them to stand in water for hours, forcing them to remove their moustache or tonsure from their heads, keep them nude, frightening them with sudden gunshots, not providing them water, food or medical facilities, and forcing them to sign papers written in a language not known to them. Sexual assault on women prisoners is common in India. It is ordinary in Indian Jail that prisoners with their hands bound behind their backs are dragged to the main grounds and beaten. Another important problem prevailing in Indian Jail is overcrowding. Many prisoners are languishing in jails without trial for petty offences.

Women prisoners are particularly vulnerable to custodial sexual abuse. The problem was widespread in the United States, where male guards outnumbered women guards in many women's prisons. In some countries, Haiti being a conspicuous example, female prisoners were even held together with male inmates, a situation that exposed them to rampant sexual abuse and violence.

CONSEQUENCE OF PRISON STRUCTURE AND FUNCTION

Physical and psychological torture resulting from overcrowding, lack of space for segregation of sick, stinking toilets for want of proper supply of water, lack of proper bedding, restrictions on movement resulting from shortage of staff, parading of women through men's wards for lack of proper separation, non- production of undertrial prisoners in courts, inadequate medical facilities, neglect in the grant of parole, rejection of pre-mature release on flimsy grounds, and several such afflictions result not from any malfeasance of the prison staff but from the collective neglect of the whole system. In many places, non-governmental organizations provide rehabilitation programmes and a few provide aftercare. Some notable examples include the Prison Fellowship International. Most prisoners are ill prepared for release. No steps are taken to minimize their chance of committing re-offences. Programmes to develop a set of values, the ethos of honest labour and to build pro-social ties with the community are essential. Well- established prisons with continuous good leadership generally impart literacy to the illiterate inmate and offer facilities for higher education to those who are already reasonably educated and are willing to improve on their knowledge so that they are usefully employed after getting back to the community.

HEALTH PROBLEMS IN PRISONS

The overcrowding, poor sanitary facilities, lack of physical and mental activities, lack of decent health care, all increase the likelihood of health problems in prisons. Kazi and others mention that prisons are “excellent venues for infectious disease screening and intervention, given the conditions of poverty and drug addiction.” It is

surprising and indeed shocking that despite the large prison population in India, there is a complete dearth of published information regarding the prevalence of health problems in prisons. An exception is a small study in the Central Jail at Hindalga in the Belgaum district of Karnataka, 850 prisoners were evaluated (letter in the Indian Judiciary Community Medicine, Bellad and others 2007). Follow-up of these prisoners for a period of one year revealed that anemia (54.82%) was the commonest morbidity among chronic morbidity followed by respiratory tract infections (21.75%) and diarrhea (13%) for acute morbidity. Pulmonary TB and HIV contributed 2% and 1.5% respectively. Other morbidity included, diabetes (3.6%), senile cataract (7%), pyoderma (12%) etc. Very few details are available of this work including criteria for diagnosis, investigations carried out etc. In another study, anemia was the common physical problem noted in prisons. The International principles on Prisoners' Health Rights are recognised as follows: Article 12 of the International Covenant on Economic, Social and Cultural Rights establishes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

Those who are imprisoned retain this fundamental right and their entitlement to a standard of medical care that is at least the equivalent of that provided in the wider community.⁷⁹

When a state deprives people of their liberty, it assumes responsibility for their healthcare. Ensuring that prisoners maintain good health is essential for success of public health policies, as disease in prisons is easily transferred to the public via staff and visitors, with almost all prisoners eventually returning to the community and potentially transmitting infections to others. Faced with the alarming increase of TB and HIV in prison worldwide, it is essential to recognize this reality, and take all necessary precautions to prevent the spread of transmissible diseases.

It is vital that all prisoners undergo a medical examination and health screen on entry, on an individual basis.⁸⁰

This is important to ensure that the prisoner starts receiving proper treatment for any health conditions immediately. It is also critical that to identify any signs of ill-treatment in previous detention/custody; and to diagnose the presence of any transmissible disease such as TB. Ideally detainees and prisoners should also be encouraged to undergo voluntary testing for HIV, with pre- and if it is necessary through post-counseling.

TB, HIV and STI's, TUBERCULOSIS (TB):

Tuberculosis notification rates in prisons are many times greater than that for the general population. Tuberculosis is considered to be the single biggest cause of death among the world's prison populations. Despite Tuberculosis⁷⁹Principle 9 of Basic Principles for the Treatment of Prisoners, 1990 UNHRC. ⁸⁰Principle 24 of Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment, UNHCR. endemic nature in Asia, Tuberculosis among prisoners is not well documented.

Prisoners are vulnerable to Tuberculosis because:

They are from the most disadvantaged socioeconomic strata of society, mostly young males, and therefore may enter the prison with a high risk of prior Tuberculosis infection/disease. They have poor nutrition, before entering the prison as well as the poor diet inside the prison plays a contributing role. They may be Human immunodeficiency virus -positive before due to injecting drug. In some countries, up to 70% of prisoners with Tuberculosis are also infected with Human immunodeficiency virus. The vulnerability of prisoners to punishment,

sexual violence can increase the risk of transmission of Human immunodeficiency virus which accelerates the progression to Tuberculosis.

Prisons are overcrowded and have poor ventilation, Budgetary allocations for health care are low and poor treatment is inadequate. Anti-tuberculosis treatment may not be completed prior to release or transfer. Prisons are reservoirs of Tuberculosis and threaten not only the inmates, but the prison staff, visitors and community. As with any confined and limited environment effective Tuberculosis control activities can be initiated. Tuberculosis (Tuberculosis) is a serious problem among prison populations around the world. The spread of Tuberculosis was especially worrisome in Russia, in the light of the country's enormous inmate population--over one million prisoners as of September 2000--and the increasing prevalence of multi- drug resistant (Multi Drug Resistance) strains of the disease. Approximately one of out every ten inmates was infected with tuberculosis, with more than 20 percent of sick inmates being affected by Multi Drug Resistance strains, constituting a serious threat to public health. High rates of Tuberculosis were also reported in the prisons of Brazil and India.

Human immunodeficiency virus /Sexually Transmitted Infection:

The Human immune deficiency virus /AIDS epidemic ravaged prison populations, with penal facilities around the world reporting grossly disproportionate rates of Human immunodeficiency virus infection and of confirmed AIDS cases. Inmates around the world frequently died of AIDS while incarcerated, often deprived of even basic medical care. In countries like India, Indonesia and Thailand, Human immunodeficiency virus prevalence in prisons is between two and 15 times greater in the prison populations than in the general community. This could be on account of risky heterosexual or homosexual encounters, voluntary or coerced, injecting drug use, and interpersonal violence or on account of practices like tattooing (reported from the other countries). Tuberculosis / Human immunodeficiency virus co-infection is also well known. Human immunodeficiency virus prevalence in prisons in India is much higher

Human Immunodeficiency Virus Infection / Acquired Immunodeficiency Syndrome

Than in the community (1.7–6.9%, compared with 0.36%). Among female prisoners, prevalence levels of 9.5–14.2% have been reported. Most prisoners bring in Human immunodeficiency virus infection when they enter the prison. High risk sexual behaviors are common in prisons, and combined with a lack of poor knowledge of Human immunodeficiency virus /other Sexually Transmitted Infection transmission and a paucity of services makes this a very hidden and difficult problem to tackle. The tedious prison environment, crowding and hostility, lack of occupation of mind and body and just plain boredom lead to accumulated frustration and tension. This environment leads to high risk activities such as use of drugs and unprotected sex. Some become involved because of monetary gain. Risky lifestyle leads to the transmission of diseases from one prisoner to another and poses a serious public health risk if unchecked. There continues to be stigma associated with discussing Human immuno deficiency virus / Acquired Immuno Deficiency Syndrome (AIDS), particularly in correctional settings where many Human immuno deficiency virus risk behaviors (e.g. injection drug use, unprotected anal sex) are disallowed. However, there are hardly any reports of sexual activity in prisons in India and no prevalence data is available. A study from Thailand shows that of 689 male inmates, one quarter reported ever having sex with men; of them, more than 80% reported sex with men during incarceration. Sex between men is reported to be common in prisons in India, though homosexuality is illegal in India. In a study conducted in Arthur Road Jail, 71.6% of 75 employees and 677 inmates

said that they thought sex between men was common in prisons. Eleven per cent of inmates and staff are engaged in homosexual activity in prisons. A study in a district jail near Delhi found that 28.8% of 184 male inmates had a history of sex with men.

A study conducted in Chennai in 2005 found that the Human immunodeficiency virus (HIV), prevalence was 37% among 48 Interface Demonstration Unit (IDUs), who were “ever in jail”, compared with 21% among 20 IDUs who had never been incarcerated. The authors found that 16% of Human immunodeficiency virus (HIV) risk among Interface Demonstration Unit (IDUs), in Chennai could be attributed to having been imprisoned.

The co-infection rates between tuberculosis and Human immunodeficiency virus (HIV), are very high. In a random selection of 365 imprisoned men in Karachi, Pakistan, found the prevalence of confirmed tuberculosis was 2.2%, 2.0% were Human immunodeficiency virus (HIV)-infected; syphilis was confirmed in 8.9%, HBV in 5.9%, and HCV in 15.2%. By self-report, 59.2% had used any illicit drugs, among which 11.8% had injected drugs. In India, there is no clear policy on testing for Human immunodeficiency virus (HIV), in prisons in general, nor is there a uniform policy on access to voluntary counseling and testing. Anecdotal reports suggest that a few state prisons require testing at entry; some require it during custody and others before release. Lack of privacy is a common issue for those diagnosed as Human immunodeficiency virus (HIV), positive. There are ad hoc interventions on Human immunodeficiency virus (HIV) education, information and communication in Indian prisons. These are listed in the accompanying box. The national policy on segregation of prisoners with Human immunodeficiency virus (HIV) is unclear. There are reports of segregation of Human immunodeficiency virus (HIV), -positive prisoners, with approximately 20 Human immunodeficiency virus (HIV), positive inmates in Maharashtra’s prisons lodged in separate cells. In Arthur Road Jail, there is an Human immunodeficiency virus (HIV), barrack, which houses all Human immunodeficiency virus (HIV)-positive prisoners.⁸² There are no ongoing programmes for drug abuse treatment (except in Tihar Jail), no programmes for reduction of Human immunodeficiency virus (HIV), risk for high risk sexual behavior like condom distribution or reducing risk in injecting drug users, like needle syringe exchange programmes, bleach distribution (for cleaning injecting equipment) or opioid substitution programmes. In some prisons in India, antiretroviral treatment is provided to persons who are Human immunodeficiency virus positive, but the numbers are not clear. Treatment for STI (Sexually Transmitted Infections) is also provided in some prisons as are ad hoc support and care services.

PROBLEMS OF WOMEN PRISONERS

Women constitute a very small proportion of the general prison population worldwide, usually between 2% to 9% of a country’s prison population. Only 12 prison systems worldwide report a higher percentage than that.⁸⁴ Unfortunately, this means that most prison arrangements are male centered and do not pay attention to the problems and needs of women in prison. As prison systems have been primarily designed for men, who comprise more than 95% of the prison population in most countries, prison policies and procedures often do not address women’s health needs. Data on the health of women in prison and the health care provided for them is inadequate, because most prison data are not gender specific. Mental health problems among women in prisons all over the world are

very high. These include many mental disorders and a high level of drug or alcohol dependence. Many women undergo sexual and physical abuse and violence before or in prison.

The gender specific health care needs and additional issues related to the women's responsibility for children and families are often neglected. Many women in prison have young children for whom they were often the primary or sole caregiver before they entered prison (United Nations Office on Drugs and Crime, 2009). Women in prison frequently come from deprived backgrounds, and many have experienced physical and sexual abuse, alcohol and drug dependence and inadequate health care before imprisonment (Penal Reform International, 2008). Further, women entering prison are more likely than men to have poor mental health, often associated with experiences of domestic violence and physical and sexual abuse (United Nations Office on Drugs and Crime, 2009). In prisons in the United Kingdom, 70% of sentenced female prisoners are said to have two or more mental disorders. Psychotic disorders are estimated to be present among 14% of this population, 14-23 times the level in the general population. Data from the prison services for 2005 showed that 597 out of every 1000 women harm themselves while in prison.

Although the population of women in prisons is relatively low, their adverse social positions and social disadvantage make them more liable to rejection from families and greater dejection when they are in prison. Low levels of education and poor legal awareness makes women more likely to serve longer sentences in prison. Studies from developed countries find that mental illness is grossly over-represented among incarcerated women. It is substantial contributors to the poor health status of this population of particular concern are the effects of trauma and substance use disorders, which are often a result of past victimization. Mental ill health may also be appreciated in relation to psychological distress in the form of suicidality and self-harm, both of which are elevated among women compared with both their male counterparts and the general population. The prison experience frequently compounds this disadvantage and psychological distress by failing to address the underlying trauma and the particular mental health needs of female prisoners. Women are unable to defend themselves, and ignorant of the ways and means of securing legal aid.

They are unaware of the rules of remission or premature release, and live a life of resignation at the mercy of officials who seldom have understanding of their problems. Women in the contemporary prison face many problems; some resulting from their lives prior to imprisonment, others resulting from their imprisonment itself. Women in prison have experienced victimization, unstable family life, problems in education and work, and substance abuse and mental health problems. Social factors that marginalize their participation in mainstream society and contribute to the rising number of women in prison include poverty, lack of social support, separation or single motherhood, and homelessness. Lack of financial support and social ostracisation makes life after release a veritable hell.

Particularly difficult situations for women are separation from children and other significant people, including family. Some women are pregnant when they come into prison and this can be a particularly difficult time, physically and psychologically. World over, it has been found that prison services are not sensitive enough in timely recognition and treatment of their mental health problems and do not address their vocational and educational needs adequately when compared to men. As mentioned earlier, women are more liable to abuse. In some parts of the world, it is said that women in prison are likely to be subject to more disparate disciplinary action than the men. The characteristics of women offenders and their pathways to crime differ from male offenders. The

system responds to them differently, therefore there is the need for gender-responsive treatment and services. All categories of prisons and jails provide for separate enclosures in one corner of the prison. The small enclosures do not have much space to move during the day and there is little difference between the convicts and under trials housed there. Women constitute only 3.91 per cent of the total prison population of the state and there is more accommodation available for them than required, yet they are facing with more problems than the male inmates. Dumped in one corner of the prison, they have no free access to the kitchen, visitors or the library, all of which are available to male inmates. The small number of women inmates also means that not all prisons house women prisoners, and they are often held far from home, affecting their right to family life since it is difficult for their families to visit. Their separation from families and children makes imprisonment more stressful for them. Due to lack of female guards to accompany them, women prisoners are not produced at court on the required dates or as often as required, resulting in long delays in their trials. There is no uniform policy for facilities for women inmates across the state. In Bellary and Raichur prisons, fans are not installed in the women's enclosure due to a "suicide risk", whereas, the same facilities are allowed in other prisons. For the same reason, in these two prison premises, the trees have been cut down, and the area is dry and barren. In some prisons, women enjoy hot water facilities but the maintenance of solar installations is poor. However, the prisons of Bangalore, Chikmagalur, Tumkur and Belgaum have access to television programmes and other amenities. While the majority of central prisons emphasis on vocational needs of the male inmates, the women, other than in Bangalore, are hardly provided with any meaningful work. While in most prisons the women occupy themselves with sifting the grain, the inmates of Bangalore Central Prison engage themselves in bread, incense and chalk-making and earn between Rs. 10 and Rs. 20 per day. They also have access to the kitchen and facilities for their children. While male inmates in all central prisons have access to dispensaries and doctors at all times during the day, female inmates are visited by doctors once a week. Among the 16 doctors working in the department, only one in Belgaum Central Prison is a gynecologist with relevant experience to address the particular problems of women. All the special requirements of female prisoners are, in practice, subjected to the norm: "as far as possible or wherever it is possible or available".

CORRUPTION AND EXTORTION IN PRISONS

Corruption is widespread in prisons, especially in low-income countries, where prison staff receive low salaries, and control mechanisms are inadequate. In many countries, prisoners can only enjoy their most fundamental rights in exchange for bribes. The rights that must be purchased can include receiving daily necessities, gaining access to a doctor, to a lawyer, obtaining a transfer to another cell or establishment, among many others. In low-income countries, where staff salaries are delayed or not paid, these may be paid by wealthy prisoners in return for privileges.

In some administrations, corruption may be systemised, constituting a chain starting from the lowest rank prison staff and extending to very high levels. If corruption is institutionalised, then the humane and fair administration of prisons is severely undermined. Stronger prisoners will enjoy better living conditions and special privileges, while the rights of the weak will be neglected. Corrupt practices among prisoners themselves are also common, with prisoners having to pay leader prisoners for anything from access to particular areas in prison, to food and even to be allocated a bed.

Prisoners who are unable to pay and who are not protected by a stronger prisoner, may be subjected to physical violence, including sexual abuse⁸⁶.

Extortion by prison staff, and its less aggressive corollary, guard corruption, is common in prisons around the world. Given the substantial power that guards exercised over inmates, these problems are predictable, but the low salaries that guards are generally paid severely aggravate them. In exchange for contraband or special treatment, inmates supplement guards' salaries with bribes. Powerful inmates in some facilities in Colombia, India, and Mexico enjoyed cellular phones, rich diets, and comfortable lodgings, while their less fortunate brethren lived in squalor.

INADEQUATE PRISON PROGRAMMES

Despite the problems of overcrowding, manpower shortage and other administrative difficulties, innovative initiatives have been undertaken in some prisons. For e.g. the Art of Living has been carrying out a SMART program in Tihar Jail. This includes two courses per month and follow up sessions every weekend. Two courses are annually conducted for prison staff. But these are more by way of exceptions and experiments. A Srijan project there is aimed at providing social rehabilitation. However, such programmes are few and far between. Many prisons have vocational training activities, but these are often outdated. Hardly any of the prisons have well planned prison programmes providing structured daily activities, vocational training, pre-discharge guidance and post-prison monitoring.

CONCLUSION

Both prison reform and penal reform are crucial elements among many problems affecting the Indian prisons. They are to be resolved at priority basis. Imprisonment can be regarded as the final stage of the criminal justice process, which starts with the commission of offences, their investigation, the arrest of suspects, their detention, trial and sentence. How the criminal justice system deals with offenders determines the size of the prison population, which in turn has a significant impact on the way in which prisons are managed. The criminal justice system itself is on the other hand influenced by the government policies and political climate of the time - determined to a large extent by the public, which, in democratic countries, elect their governments. Thus, in assessing the prison system there needs to be awareness that efficient management and humane prison conditions are not dependent on the prison authorities alone. What happens in prisons is intrinsically linked to how the criminal justice system as a whole is managed, and what pressures that system is under from politicians and the public. Thus, attempts to reform the prison system need to be undertaken as part of a comprehensive programme that addresses challenges in the entire criminal justice system. From the above analysis of the problems of prisoners, it comes to know that life of the prisoners is not merely animal existence. The souls behind the bars cannot be denied the same. It is guaranteed to every person by Article 21 of the Constitution and not even the State has the authority to violate that Right. A prisoner, be he a convict or under-trial or a detenu, does not cease to be a human being. They also have all the rights which a free man has but under some restrictions. Just being in prison doesn't deprive them from their fundamental rights. Even when lodged in the jail, he continues to enjoy all his Fundamental Rights. On being convicted of crime and deprived of their liberty in accordance with the procedure established by law, prisoners still retain the residue of constitutional rights. Prisoners must not be treated as disposable commodities and must remember that they remain citizens notwithstanding their status as prisoners. Three basic problems need to be tackled in order to humanize the prison. The idea is to "humanize", and not make prisons a comfortable place to which you would like to return after release, only because you do not have the means or inclination to live in society actually. The conditions in prisons are so appalling mostly because of the mind-set of some policymakers that prisons need to deter a prisoner from lapsing into crime again. As long as we have such people at decision-making levels, things will just not change. The three issues that need top priority are: overcrowding, low morale of prison officials leading to corruption in prisoner management, and poorly designed programmes to transform prisoner thinking on crime and deviance. The first has a great impact on the other two factors. Prison overcrowding is the fountain head of most of the ills. Obviously, if prison overcrowding has to be brought down, the under-trial population has to be reduced drastically. This, of course, cannot happen without the courts and the police working in tandem. They would now understand how the three wings of the criminal justice system would have to act in harmony, if the current mess that the criminal justice system is has to be cleared. Too many under-trial prisoners are a blot on those who administer justice in the country.

Speedy trials are frustrated by a heavy court workload, police inability to produce witnesses promptly and a recalcitrant defence lawyer who is bent upon seeking adjournments, even if dilatory tactics harm his client. Fast track courts have helped to an extent, but have not made a measurable difference to the problem of pendency. Increasing the number of courts cannot bring about a desired difference as long as the current adjournments culture continues. The next question that we should ask ourselves is: are courts punishing far too many? This question is

relevant mainly to the U.S. where the trend is one of enlarging the number of offences for which there is a mandatory jail sentence. The success rate of prosecutions in that country is also high. We do not have this phenomenon. Although our numbers per se are forbidding, conviction rates are low (32 per cent in 2010). What is of concern is the high rate of pendency in courts. For instance, in 2002 National Crime Records (NCRB), study revealed that nearly 220,000 cases took more than three years in court, and about 25,600 exhausted 10 years for trial to be completed. Can there be a sadder commentary on our system? Not many get bail during trial, because they are too poor to get bonds executed in their favour for a release. Is this fair at all when we often speak of 'social justice'? There is only one way we can take care of the huge under-trial backlog. It is to make bail more easily available. Hardliners would say that many so released would make themselves scarce and not come back to face trial. A survey of the prison population at any time would reveal a staggering number of those inside prisons who have already spent a term longer than the most rigorous sentence that they could ever be awarded at the end of trial for the offence committed by them. It is not my case that we should extend this liberal bail to those charged with murder/attempt to murder or rape. Lesser offences merit this treatment, for reasons of expediency if not clemency. Several countries have tried a general amnesty, without much of an adverse impact on the overall crime situation. Incidentally, recidivism in India is at a manageable 7 per cent, and the trend is on the decline. A combination of liberal bail and a scheme of amnesty for those not facing charges of violence, against either individuals or the State, and have been incarcerated at least for a year is definitely warranted, if jails are to become manageable. Nothing else would work. This, however, calls for great political will and sagacity. One more measure that can at least marginally help improve the situation is to legislate for alternatives to incarceration. This is nothing unusual, and several experiments the world over have yielded encouraging results. Community service is one option that has been found practical and also effective in paving the path for reforming an offender. This can take several forms such as work at a hospital or a de-addiction centre or a school that is short of personnel and can benefit from volunteers. Unfortunately, those who administer prisons on a day-to-day basis lack motivation. Like policemen in the field, they are weighed down by unhygienic and tough working conditions compounded by poor career prospects. Corruption is the order of the day, not because these personnel are of low moral fibre, but because the infrastructure available to them is abysmal.

When they are expected to manage a population that is 30 per cent in excess of what is authorized, they naturally resort to ingenious and questionable methods. This is no condemnation of corruption, but a mere explanation of it. According to one account of the country's most famous prison, Tihar Jail, young boys are picked up at random from the city and forced to work in the jail to overcome labour shortfalls. This undesirable practice is not confined to Tihar. Stealing of supplies to prisons leading to sub-standard food for inmates is another complaint. Seeking sexual favours from women prisoners is not an unknown happening. Allowing prisoners to enjoy facilities such as home food, indiscriminate number of visitors (as in the case of Pappu Yadav in Bihar, which the Apex Court has handed over to the Central Bureau of Investigation to investigate) and the use of a mobile phone to which they are not entitled are some of routine deviations from the jail manual we know of. It will be unfair to the government, especially the Ministry of Home Affairs in New Delhi, to say that there have been no initiatives to bring about the much-needed reforms. One of the first bodies was the All India Commission for Jail Reforms (popularly known as the Mullah Committee, after its Chairman Justice, Mullah) that spent three years (1980-83) preparing a model Prison Bill to replace the Prisons Act of 1894.

The National Human Rights Commission (NHRC) also came out with a model Bill in 1996 for the benefit of the States. Its emphasis was on the human rights of prisoners, an area of great concern because of the horror stories of physical abuse that keep coming out at periodic intervals. In 1998, the Home Ministry circulated a draft Bill to the States, a few of which have come out with new legislation. Following a Supreme Court direction (1996) in *Ramamurthy v. State of Karnataka*⁸⁷ to bring about uniformity nationally of prison laws and prepare a draft model prison manual, a committee was set up for this purpose in the Bureau of Police Research and Development (BPR&D). The Jail manual drafted by the committee was accepted by the Central government and circulated to State governments in late December 2003. How many have acted on it is anybody's guess. As in the case of the recommendations of the National Police Commission (1977), which had sought the creation of a State Security Commission and the promulgation of a new Police Act to replace the 1861 enactment, implementing jail reform recommendations rests with the States. The Home Ministry can do precious little if there is no political will on the part of States to push through both police and prison reforms. Politically speaking, the latter reforms are less sensitive and controversial, and possibly therefore, more acceptable to the States. Finally, how do we ensure that prisoners do not go back to commit an offence after release? How do we enhance prisoner skills so that he or she is enabled to take up a vocation that brings in assured regular income? More importantly, how do we inculcate in them a set of values that place emphasis on the dignity of labour and the wisdom of strengthening one's ties with the community in which he or she lives? These are eternal questions that have agitated those enlightened souls who view incarceration not as retribution but a means to win the mind of a convict and channel it along constructive lines.

References

Wikipedia, Times of India, The Hindu, Indian Constitution

¹ SC Order in Re - Inhuman Conditions in 1382 Prisons dated 5th February 2016. W.P.(C) No.406 of 2013

² <http://mha1.nic.in/PrisonReforms/pdf/PrisonAdmin17072009.pdf>

³ SC Order in Re - Inhuman Conditions in 1382 Prisons dated 5th February 2016. W.P.(C) No.406 of 2013

⁴ SC Order in Re - Inhuman Conditions in 1382 Prisons dated 2th May 2017. W.P.(C) No.406 of 2013

⁵ UN General Assembly adopted Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) in 2010 (Available at: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf)

UN Social & Economic Council adopted the revised Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) in 2015 (Available at: https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf)

Rule 21.15(iii), Model Prison Manual, 2016.

³⁶ Rule 21.09 (xxiii), Model Prison Manual, 2016.

³⁷ Rule 6.54, Model Prison Manual, 2016.

²⁵ Law Commission of India, Women in Custody (135th Report 1989) para 2.28

²⁶ SC Judgement in Shri Dilip K. Basu vs State of West Bengal & Ors dated 24th July 2015. W.P.(Cr) No. 539 of 1986¹⁹

UNHRC Report of the Special Rapporteur on the right to mental health (2017) 13-14, A/HRC/35/21 <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement>> accessed 26 May 2018; Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The Right to the Highest Attainable Standard of Health' (Art. 12) (11 August 2000) E/C.12/2000/4 <<http://www.refworld.org/pdfid/4538838d0.pdf>> accessed at 5 June 2018; UNHRC Report on the Health systems and the right to the highest attainable standard of health, (2008) A/HRC/7/11 <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G08/105/03/PDF/G0810503.pdf?OpenElement>> accessed 26 May 2018