



MAINTAINING HEALTH AND WELL BEING IN PRISON

Community Medicine

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ABSTRACT

Enjoyment of the highest attainable standard of physical and mental health is a fundamental human right of every human being without discrimination. Under the health care domain, prisons are commonly missed. The inmates mental and physical health are ignored for multiple reasons. Here we have tried to suggest few additions to the existing health care structure in prisons.

KEYWORDS:

The challenge of primary health care is to provide health care to the 'hard to reach population'. Population could be 'hard to reach' due to the geographical location, residing in area of political unrest and prisons.

The enjoyment of the highest attainable standard of physical and mental health is a fundamental human right of every human being without discrimination. The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment. The design of a health care system must be guided by the following key human rights standards like universal access to health care, adequate and quality health care infrastructure^[1].

Prison is the institution that holds people who have been sentenced to a period of imprisonment by the courts for offences against the law^[2]. Everyone has the right to the health care they need, and to living conditions that enable us to be healthy, such as adequate food, housing, and a healthy environment including prisoners.

However, prisoners suffer a disproportionate burden of health problems as their health needs are often neglected. The United Nations (1990) Basic Principles for the Treatment of Prisoners set out that "prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation" (Principle 9, A/RES/45/111).

The incarcerated, irrespective of their economical background, majority are illiterate. According to the annual report of National Crime Records Bureau (NCRB) 2015 out of 1,34,168 convicted inmates, majority of inmates are either illiterate (36,406) or educated upto Class Xth (57,610). The highest number of graduate (1,553) and post graduate (566) convicts were reported from Uttar Pradesh at the end of the year 2015. Of the 2,82,076 undertrial inmates, 80,528 were illiterates, 1,19,082 were educated upto Class Xth, 58,160 having education of above Class Xth & below graduation, 16,365 were graduates and 5,225 were post graduates.^[3]

This further adds to the issues of poor personal hygiene, poor health seeking behaviour and addictions.

Health Problems faced by prisoners:

Common to men and women		Specific to women
Infectious diseases	Mental Health	Pregnancy
TB	Depression	Lactation
HIV	Schizophrenia	Thyroid dysfunction
STI/ RTI	Suicidal behaviour	PCOS
Scabies	Drug addiction	Irregular Periods
Lice	Anxiety	Dysmenorrhoea
Gastroenteritis	Stress	Amenorrhoea
Food poisoning		Urogenital infections
Hepatitis	Bullying	

Dental: caries, tooth impaction		
Non communicable diseases: Diabetes, Hypertension, Thyroid dysfunction		

A full primary care service also includes elements of disease prevention and health promotion (Office of the United Nations High Commissioner for Human Rights, 1957).

To tackle health issues of prisoners a three staged approach could be used, at the time of:

- Induction to the prison,
- During their stay in prison
- At the time of release from the prison

At the time of induction:

The Medical officer (MO) doing the health check-up should praise themselves regarding the cause for incarceration of the new inductee. This knowledge could help them plan their health check up with regards to the physical and mental health of the prisoner. Rapport building with the prisoner is an essential component of the first interaction at the prison.

The health check-up must include any present complaints, past history of illness and injuries, family history, general physical examination and systemic examination. At the end of the examination the MO must give relevant advice/treatment and inform that the prisoner can seek medical advice as and when needed.

During their stay in prison:

A compulsory 3 monthly medical examination for all prisoners should be done. Regular follow up of prisoners having specific/ chronic health issues like hypertension, diabetes, thyroid dysfunction.

Weekly health education and Focus Group Discussions should be held on topics chosen by the prisoners there by encouraging community participation. De-addiction help groups should be formed and meetings should be convened at fixed intervals.

Awareness regarding environmental sanitation should be imparted. Since prison cells may be ill ventilated so prisoners should be encouraged to put their mattress in sunlight frequently, use clean sheets, dry their clothes in sun.

Recreational activities such as gardening, reading, sports, playing musical instruments should be encouraged.

Regular, private meetings with a guidance counsellor to discuss future prospects after release from prison.

At the time of release:

A full medical examination should be done. Necessary advice and treatment to be given to individuals with chronic conditions.

They should be made aware about half-way homes as they may not be easily accepted back into the society.

Another aspect of health and wellbeing in prison is interpersonal relationship of prisoners. The practise of bullying is quite common among prisoners. Prison staff must closely observe and should be trained to identify signs of bullying.

Good prison health creates considerable benefits. It prevents the spread of diseases and promotes health through awareness of what everyone can do to help maintain their own health and well-being and that of others. In addition, however, it can help to improve the health status of communities, thus contributing to health for all.

References:

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