



**International Journal of Biology, Pharmacy  
and Allied Sciences (IJBPAS)**

*'A Bridge Between Laboratory and Reader'*

[www.ijbpas.com](http://www.ijbpas.com)

---

**THE FEMALE PRISONERS' RIGHT TO HEALTH: CHALLENGES AND  
STRATEGIES**

**SEYEDEMARZIE MIRMASOOMNEJAD<sup>1\*</sup>, AFSANEH YOUSEFALIZADEH<sup>2</sup>,  
MOHAMMAD FARAJIHA<sup>3</sup>**

**1:** Department of Law, Lahijan Branch, Islamic Azad University, Lahijan, Iran

**2:** Department of Law, Mashhad Branch, Islamic Azad University, Mashhad, Iran

**3:** Department of criminal law, Tarbiat Modares University, Tehran, Iran

**\*Corresponding Author**

**ABSTRACT**

Prisoners' right to health is a fundamental human right recognized by numerous international instruments. The right to health encompasses the right to proper healthcare, equivalent to that in the community, as well as the underlying right to live in an environment which does not generate disease and mental disabilities. Providing a healthy and positive environment in jail, the prison officials can prevent deterioration of the critic condition which economizes the medical costs. Meanwhile, due to their special hygienic, women deserve a differential approach to medical and hygienic requirements. The data is gathered applying a descriptive-analytic method along with discourse analysis of gender-based comparative studies on medical and health issues of female prisoners and qualitative in-depth interview with 11 prisoners in women's prison of Mashhad, Rasht and two aware individuals including the doctor of triangular clinic and the psychologist of these prisons. Comparing the achievements of comparative law with the criminal justice system in Iran about the imprisonment of women and their medical and hygienic problems and according to the performed field studies, it was concluded that the medical and health considerations about women is not reflected in the imprisonments system in Iran, in which masculine cutler is dominant and female prisoners suffers the lack of medical board, misuse of medicines, and negligence of gender differences in providing health care facilities in prisons.

---

Our warding system is not evaluated to keep pace with the evolutions of other criminal justice systems.

**Keywords: Gender-orientation, Imprisonment, Health Care, Medical Care**

## **INTRODUCTION**

The access to health and medical facilities is a certain right for all individuals including prisoners, which is indicated in International conventions and documents. Although there have been some improvements in the prison system during recent years, health problems such as pollution of environment and toilets and the lack of hygienic and medical facilities are still observed in prison systems throughout the world. Meanwhile, female prisoners are involved in particular conditions. Menstruation, female genital diseases and infections with which women are afflicted according to the performed interviews, their higher exposure to mental disorders according to the performed studies and particular medical conditions of imprisoned mothers and those who breastfeed, are among these issues.

This article aims to present a gender-based approach to prison system in terms of hygienic and medical care for female prisoners. It should be mentioned that what is indicated here based on the performed interviews with female prisoners and those who are aware of their situation, has been rarely limited or modified by the scholar due

to the privacy preserving and the culture derived by the existing religious beliefs.

### **1. The prisoners' right to health in comparative law**

Regulations about the public right to hygiene and health has been approved by many international rules and documents. Meanwhile, some of the hygienic needs of prisoners have been considered as well. Before investigation of the existing health issues in inland laws and prisons, the comparative studies on this arena have been investigated.

#### **A) International rules on prisoners' health**

The necessity of health care for prisoners and its conditions has been mentioned in many international documents including:

#### **Standard Minimum Rules for the Treatment of Prisoners**

Article 24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting

of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

Article 25. [1] The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

[2] The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

Article 52. [1] In institutions which are large enough to require the services of one or more full-time medical officers, at least one of them shall reside on the premises of the institution or in its immediate vicinity.

[2] In other institutions the medical officer shall visit daily and shall reside near enough to be able to attend without delay in cases of urgency.

### **Basic principles for the treatment of prisoners**

Principle 9. Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

Principle 24. Proper medical checkup should be performed for the arrested individuals and prisoners as soon as they enter lockup or prison, therefore health and medical care must be provided in such condition. All these should be performed for free.

### **Convention on the Elimination of All Forms of Discrimination against Women**

Article 12. 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

Following suggestions have been presented by Amnesty international in order to actualize international laws and recommendations:

- Local, state, and federal authorities should provide resources to ensure the identification of the physical and mental health care needs of all inmates upon admission and while in custody and the provision of necessary services and treatment.
- Healthcare should be provided without charge.
- Healthcare should accord with professionally recognized community standards for services to women.

- Authorities should establish standards of adequacy and appropriateness for prison and jail health services and conduct periodic, independent external reviews of the services.
- People suffering severe mental illness should not be in jails and prisons but in mental health institutions.
- The federal government should fund a study to look into mental health services for women in jails and prisons. One element of the study should be the use of psychotropic medication.

### **B. health and medical issues under comparative investigations**

In 2006, there were legal cases based on medical abuse and neglect abound. Whereas prison administrators insist they are doing their job, healthcare-related allegations from female inmates and their legal advocates indicate otherwise. The denial of adequate medicine for chronic diseases, lack of timely treatment for spreading cancers, and dangerous delays in care for pulmonary and cardiac problems are among the allegations made (Talvi, 2007). At the California Women's Facility at Chowchilla with a population of over 4,000 inmates, for example, come reports of mentally ill prisoners locked in solitary confinement 23

hours a day, a rash of suicides, a total lack of privacy even when women are on the toilet, and brutal "cell extractions" of noncompliant inmates.

Private international organizations such as like **Amnesty International (1999)** report on human rights violations of women in custody. Florida, Virginia, and Washington, DC, were singled out for their routine medical neglect of female inmates. Amnesty International calls attention to these healthcare failings:

- Partly because of the explosion in the female prison population, there is too few staff to meet physical and mental health needs.
- There are long delays in obtaining medical attention. Disrupted and poor-quality treatment causes physical deterioration of prisoners with chronic and degenerative diseases like cancer. Prisoners are overmedicated with psychotropic drugs.
- Women who attempt to access mental health services are routinely given medication without the opportunity to undergo psychotherapeutic treatment.
- Women in security housing units (SHUs) spend between 22 and 24 hours a day in small concrete cells. A large proportion of women in SHUs have been diagnosed with mental

health problems. One California psychiatrist told Amnesty International that the harsh conditions there can induce psychosis or exacerbate existing mental illness.

- Shackling of all prisoners, including pregnant prisoners, is policy in federal prisons and the U.S. Marshals Service and exists in almost all state prisons. Shackling during labor may cause complications during delivery, such as hemorrhage or decrease in fetal heart rate.
- Inmates with HIV/AIDS do not receive life-saving drugs.

**Talvi (2007)** reports on the dire situation facing frail elderly inmates. Some have terminal illnesses yet are still treated as high-security risks—“they are handcuffed and even shackled by their ankles to their deathbeds” (p. 114). The only pain medication given to women suffering from chronic and terminal illnesses was aspirin or Tylenol.

In their in-depth study of medical care through the eyes of inmates at a detention center in **Arizona, Moe and Ferraro (2003)** found that some women were pleased to get any healthcare at all because none had been available to them on the outside. In interviews, many others told chilling stories of near fatal neglect in prison. Fear of

contracting diseases in the enclosed space of the prison was a constant among the women.

**Leslie Acoca (1998)**, director of the Women and Girls Institute of the National Council on Crime and Delinquency, observed these scenes: a terminally ill White woman in a wheelchair baking in the midday sun because no one is there to move her and a young Hispanic inmate pleading for help for medical services for her HIV-positive toddler. **Talvi (2007)**, who also has toured prisons across the United States and other countries, reports firsthand horror stories of medical incompetence and neglect until it was too late and untreated diseases that proved to be fatal. For some women in prison, therefore, their 10- and 20-year sentences become death sentences as chronic illnesses become terminal.

In El Mattoral prison located in Canary Islands, women and individuals, who are kept in quarantine because of health issues, live close to each other in too small cells near to the medical center. Women are kept in 20 m<sup>2</sup> cells stuffed with bunk beds and only one toilet and shower. Beside this room, there is a smaller cell for men afflicted by infectious diseases. It seems that there is no specific criterion to separate to distinguish this cell from other cells. This is **against** the European rules about prisons which recommend the

separation of patients with infectious diseases. It is specially concerning that this cell is beside the women's cell in which pregnant women have to stay several days before being transferred to Red Cross centers (**PRI information package, 2007. 43**).

When women's prison advocates seek gender-responsive healthcare for women, they are often told that women cannot be treated differently from men. Yet, as **Raeder (2005)** indicates, there are valid biological reasons why women do not use urinals or why one-piece jumpsuits are a major inconvenience. Differences in policies also need to take into account women offenders' histories of physical and sexual abuse and the proliferation of mental disorders among them. Of course, there are specific concerns related to women's reproductive functions: menstruation, pregnancy, and postpartum healthcare. In an official investigation of one of the most progressive prisons for women in the United States—Bedford Hills Correctional Facility in New York state—complaints were made concerning the allotment of toilet paper, which had to be the same at male and female institutions. This requirement ignores the fact that women, especially because of their monthly periods, require more toilet paper than men. There was a reported shortage of sanitary napkins as well.

Another case that can be investigated about female prisoners is the issue of pregnant women and special healthcare for them. Pregnant women rarely receive adequate ante- and post-natal care in prison. Prison healthcare services in the large majority of countries worldwide are under-resourced and understaffed. Their capacity may be limited to trying to cope with serious health concerns in prisons, such as HIV, TB or malaria epidemics. Prisons are generally vastly overcrowded and hygiene is poor. The particular dietary requirements of pregnant women may not be considered or catered for by prison authorities, while the food provided may be insufficient to cover the nutritional requirements of pregnant women. For instance, in a visit to women's prison in Brazil, it was indicated that:

*“The day we visited, 10 women were locked into a long narrow cell of approximately 16 by 3 feet, of which the last couple of feet were occupied by a hole-in-the-floor toilet. With a broken light bulb hanging from the ceiling, the cell had no light besides the sunlight that entered through the barred metal gate. One of the women inmates, who was five months pregnant, was complaining of sickness and pain, but the guards ignored her. She had spent the last 10 days locked in the dark*

crowded cell”(www.hrw.org, report 98, brazil).

In some countries body restraints, such as shackles, are used on pregnant women during transfers to hospitals, gynecological examinations and birth. This practice violates international standards. Moreover, shackling during labor may cause complications during delivery such as hemorrhage or decreased fetal heart rate. If a caesarian section is needed, a delay of even five minutes may result in permanent brain damage to the baby.

## 2. The access to hygiene and health in Iran

Considering the mentioned comparative studies, a differential approach is required in order to meet the objective of presenting a gender-based method to resolve different needs of men and women. The difference between the conditions and needs of these individuals requires a difference in the behavior with them. The health-related and medical rules and issues of female prisoners in Iran are investigated hereunder.

### A. Prisoners' health in internal laws

The only rule approved inside the country about the situation of prisoners is the Law of State prisons, Security and Corrective Measures Organization (1985) and its bylaw has been reviewed several times. Right now, the bylaw approved in 2005 is being executed.

According to the article 37 of this law, the person responsible for store and properties who is considered as the owner of prison properties, is in charge of the following duties:

Prevention and taking in time and required actions to provide services and supplies needed by prisoners such cloth and food for officers and prisoners, financing requirements related to fuel, light, bath and cleaning, and the health of prisoners and prison parts and any other necessities.

As it is observed, the person responsible for store and properties is in charge of prisoners' hygienic needs. Unfortunately the difference in needs of women section is not regarded in this division. For instance, there is a difference in amount of shampoo and toilet paper consumed in men and women section which is not mentioned.

According to article 60, the convicts and culprits are merely allowed to use the following personal items; otherwise they would be sentenced according to the verdict of disciplinary committee.

Permitted books and journals, toothpaste and non-metal toothbrush, non-metal soap dish, soap and shampoo, none metal comb, two little towels, tow pares of sox, underwear depending on hygienic necessities, stationery,

corrective glasses and other hygienic supplies allowed by the prison dispensary.

Although some items like sanitary napkin and toilet paper are not mentioned in this article, using other hygienic items depends on the permission of prison dispensary.

Special hygienic needs of women are mentioned in article 91: according to the assessment of social work section, a proper amount of clothing is annually allocated to the needy convicts and culprits. The necessary hygienic needs of female convicts and culprits are financed as well.

As to the medical care, Article 116 states that prisoners with mental disorders and epidemic and high-risk diseases should be kept separately from the others. This has been mentioned in international documents as well. It is also indicated in the note that in addition to mental patients, if the individual is afflicted by special diseases, the warden has to suggest his amnesty to be decided by the supervisor judge or amnesty commission regarding other rules.

According to article 117, the organization is empowered to take the necessary actions about the treatment insurance of convicts. According to article 118, the society for protecting prisons is in charge of providing false teeth, walking stick, wheelchair, etc for needy patients.

According to the article 120, the head of prisoner dispensary is bound to visit all hospitalized convict daily and after asking about their condition to ensure the proper care of doctors and nurses, he should precede to perform a full continuous control on their proper treatment and nutrition. This article is not actually performed due to the large number of prisoners and the lack of sufficient personnel to provide medical services. The lack of a proper medical board in the women section was mentioned by many interviewees. Although a lot of medical and hygienic needs of prisoners have been properly considered in the foresaid bylaw, there is no particular article or part regarding the special condition and needs of women section. There are only a few articles in which some of the needs of imprisoned mothers and those who breastfeed have been mentioned.

### **B. Health and hygiene in Iran**

Considering the masculine design of the existing prison system in Iran, hygienic and medical considerations of female prisoners had been neglected like other gender-based needs. Some issues such as the lack of hygienic items, polluted environment, improper air purification, polluted toilets and the lack of medical care, were highly considered by the prisoners and almost

mentioned by all of them during the performed interviews.

The fact revealed through the performed interviews indicates that the rationing of hygienic facilities is not performed considering the difference condition of men and women or even regarding the age difference between female prisoners. For example, sample number 2 mentioned a lack of hygienic items. She stated that toilet paper and shampoo are not included in prisoners' ration and they have to buy these from the prison shop. She also stated that the ration of sanitary napkins is only a pack per month and they would not receive another in case of bleeding or needing more. She also mentioned that those who need more sanitary napkins during their menstrual period have to get it from other prisoners instead of working for them. Sample number 8 indicated no sanitary napkin ration exists in Rasht Prison and those who cannot buy it from the prison shop have no choice but using pieces of barbeque during their period, which was also mentioned by KiranBedi about Tihar Jail. Although those responsible in Rasht prison have denied it in their interview, one of the aware individuals stated that they have identified prisoners with no visitors to give them hygienic items such as shampoo and sanitary napkins. Moreover, sample number 9 indicated that

postmenopausal women receive equal ration of sanitary napkin with the productive ones who get their period.

A lot of cases of negligence were mentioned during the performed interviews about medical care with the prisoners. Some of these cases are mentioned below.

Sample number 1 was not satisfied with the long delay in getting doctor appointments. She was able to see the doctor after being badly ill for a whole week. The doctor prescribed her a capsule with which she was treated. She also mentioned the lack of quality and the use of camphor in prison food.

Sample number 2 believe that doctor appointments are not set properly in the prison. About getting such appointments and the condition of toilets, she said:

*"600 women, one doctor! For example tonight, they come and say the doctor is coming tomorrow. We say we got headache, backache, we got pain in legs. Among 600, the section head choose 10, saying that she knows who is actually ill, who feels really sick, these can go, and there was no appointment. She would tell who is ill, who has problem and who is in pain at nights. Thank God, during my 9 months in jail, I never need a doctor. 300 women, four showers! What a disaster it was to take a bath. There were 8 toilets for 300 women. You*

*always had to wait for your turn. I got infection once or twice, because of the pollution of that damn jail, I went to doctor and he said, miss you got infection, it can be because of the polluted toilet or dirty carpets. I was that sensitive."*

She also mentioned the improper hygienic situation caused by addicted women inside the jail and indicated that women addicted to narcotics or those in rehabilitation inside the jail don't pay attention to cleanness of environment due to their bad physical condition and they usually cause health problems for others. For instance, women in rehabilitation sometimes lose their control on urine, therefore they pollute the environment. This prisoner believed that even the air is polluted in jail, since there is no proper ventilation. Although smoking is forbidden in Mashhad jail, the air of cells was not clean due to the high population and improper ventilation.

The interviewee was pregnant during her imprisonment. As she hoped to be released before giving birth to her child, he didn't reveal her pregnancy which remained a secret because of her physical appearance (being tall). It is interesting that because of an illness, she had once gone to the prison doctor, who found nothing about her pregnancy. After 9 months, she had a natural

child birth in one of the hospitals in Mashhad. The prison guard was not present in the room during the labor, but after the delivery, they transferred her to a room in which she was shackled despite the presence of a guard. She considers being shackled after the labor was as one of the worst memories of her life since the post-partum bleeding and using toilets with that shackles made the bed dirty and cause her a lot of difficulties. It also caused some bruises and wounds on her legs. She was returned to jail after the delivery to live in the special sell of mothers until being released. She assesses the condition of mothers' cell as good with a proper amount and quality of food.

Sample number 6, was a 63 year woman who had lots of problems in jail due to her diabetes and high pressure and blood lipid. In one case, her canine tooth was infected, but the doctor neglected her demand to see the dentist. Apparently, one of the prisoners had made a paste with sugar and bread dough and gave it to her to in order to remove the infraction. After performance of the related tests, the doctor has concluded that the infection was nearly in patient's blood. The dentist, who comes to jail once a week, decides to pull her tooth despite the intense infection which she avoided. Eventually, the

dentist pulls her tooth after the infection decreased due to taking antibiotics.

Sample number 8 who was imprisoned in Rasht Jail; assess the hygienic condition and medical care as being rather desirable. It seems that the lower number of prisoners in Rasht Jail compared to the prison of Mashhad, prisoners have no problem getting a doctor appointment. This person informs us about the performance of blood and HIV test on all prisoners and separation of patients.

Sample number 4 describes the medical and hygienic situation this way:

*“We had no doctor, but there were always a paramedic. The doctor came once a week, they said we are addicted and go there to get drugs, that we fake it. Once a month, they gave us toothpaste and a pack of sanitary napkins, whom ever goes there, becomes infidel, they eat fruit and don't give it to a child, who is looking them, the one with no money is miserable; two people go to bath together.”*

Sample number 5 was a 55 year lady who has been released for a while. She claimed that she is suspected to have uterine cancer due to the intense pollution of prison environment including the dirty coquettes and toilets. She also stated that she has gastric problems because of the overuse of camphor in prison food and its low quality. She criticized about

the crowded toilet indicating that sometimes, they had to wait in long queues to use toilet.

The indicated sanitary issues would actually cause different diseases and sometimes, they would lead to a struggle between the prisoners. It seems that developing of special hygienic and medical facilities for elder prisoners, who are less able compared to young ones due to the illnesses derived by senility, paying special attention to the regular use of methadone by those with a history of addiction, providing proper and nutritious food for elder prisoners, pregnant women and those who breast feed, should all be included in the plans of women prisons. Several gender-based strategies related to the hygienic issues of female prisoners are presented below.

### **3. The sanitary rights of female prisoners**

In all cases, prison health policies should ensure that prison conditions and services are designed to protect the health of all prisoners. They should recognize that providing the underlying determinants of health, such as adequate space, nutrition, clean drinking water, sanitation, heating, fresh air, natural and artificial light, is key to the protection of the physical and mental well-being of all prisoners. Women's prisons require a gender-specific framework for healthcare which emphasizes reproductive and sexual health,

mental healthcare, treatment for substance abuse and counseling victims of physical and sexual abuse (**Atabay.1388. 22**).

Collaboration between prison and civil health services should be an integral component of medical care provided in all prisons.<sup>64</sup> Primary health care should be accessible to all prisoners (men and women) according to their needs. Primary healthcare teams should be able to recognize and treat a range of chronic conditions, including disorders of the reproductive system of women.<sup>65</sup> Prisoners requiring specialist care should be referred to specialist healthcare providers and regular visits from civil healthcare professionals to prisons should be arranged. Specialists in women's healthcare should be available for ongoing consultation, with arrangements in place for regular visits by gynecologists.

Medical confidentiality is essential with respect to all prisoners, and this rule should be upheld during medical examinations, which means that staff should not be present during such examinations, unless exceptional circumstances exist and the doctor specifically requests a member of staff to be present.

The maintenance of sanitary conditions in prisons is important in preventing illness and disease while maintaining human dignity. In this context, female prisoners have special

hygiene requirements which prison authorities are obliged to provide for. Preventive healthcare measures of particular relevance to women, such as pap smears and screening for breast and cervical cancer, available in the outside community, should also be offered to women deprived of their liberty.

Dormitories and rooms used for accommodation of female prisoners must have facilities and materials required to meet women's special hygiene needs. Hot water should be available for the personal care of children and women, in particular women involved in cooking, those who are pregnant, breast feeding, menstruating and, where possible, for those going through menopause. In low-income countries where resources may not allow for the provision of a regular supply of hot water, such women should at least have increased access to water in order to fulfill their hygiene requirements. Ready access to sanitary and washing facilities, safe disposal arrangements for bloodstained articles, as well as provision of hygiene items are of particular importance. These should be available to women under conditions in which they do not need to be embarrassed asking for them (for example either dispensed by other women or, better yet, accessible whenever needed). The European Committee for the Prevention of Torture and Inhuman or

Degrading Treatment or Punishment (CPT) considers that the failure to provide such basic necessities can amount to degrading treatment.

It is also necessary to regard the following items for mental and physical health of pregnant prisoners and their children:

1. Food must be provided for babies, children and breast-feeding mothers, free of charge, including milk, high protein products and adequate amounts of fresh fruit and vegetables. Arrangements must be made for storing such products adequately.
2. Breast-feeding mothers should be able to breastfeed their babies in a comfortable environment and the prison regime should be made flexible both for pregnant women and for breast-feeding mothers.
3. The medical and nutritional needs of women who have recently given birth, but whose babies are not with them in prison, should be included in treatment programmes.
4. Security measures applied when taking pregnant women to hospital and during childbirth should be the minimum necessary. As already mentioned, the restraining of pregnant

women during examinations and childbirth is unacceptable.

5. The pre- and post-natal care provided should be equivalent to that available outside prison.

The mentioned recommendations along with mental and physical care for female inmates, who have children, would help them to play their role as mothers and reduce their stress derived by imprisonment and family and social problems.

## CONCLUSION

There have been a lot of statements about imprisonment and its negative effects and consequences, therefore, one of the objectives of the social defense movement is to eliminate or minimize this sentence. Thus prison is considered as the last weapon against the criminals (**Mark Ansell, 1991, p.90**). Although the use of imprisonment sentence as a preventive and preserving pattern is based on the hypothesis that a combination of disabling and preventive functions in jail can decrease the rate of crime and improve the social security, which emphasizes on the wide application of prisons and criminal strictness, the other option is to use this sentence while recognizing the different needs of prisoners (**Moazzami, Shahla, 2007**). Meanwhile, recognition of the special needs of female

prisoners is a matter of high significance, because it is necessary to be sensitive about the gender and explore the special needs of girls and women in a system designed by men for male criminals.

Nevertheless, when it comes to action, the activities and plans performed in women prisons are not designed considering their special problems and needs in a free society. Comparing the achievements of comparative law with the criminal system of Iran in all mentioned cases, and based on the performed field studies, it was concluded that because of the domination of masculine culture on prisons, sanitary and medical considerations of women are not reflected in prison system of Iran and the female prisoners deal with hygienic and medical issues such as the lack of sanitary facilities, delay in getting doctor appointments, environmental pollution, and low quality of food.

This article considers the health and medical care for female prisoners, particularly due to the information presented by prisoners who were interviewed. All of the interviewees assessed the hygienic condition of prison as improper. They encountered different problems such as vaginal infection caused by the pollution of cells and toilets, gastric problems considering the low quality and the use of camphor in their food, and the lack of

medical board. Moreover, a large number of them take sleeping and nerve pills.

## **SUGGESTION**

The suggestions that cross the mind based on the performed theoretical and field studies and during the interviews with prisoners and those aware of their situation are:

1. Regarding the differences between male and female prisoners in presenting health and medical services such as the need for gynecologists, required hygienic items such as ration of sanitary napkins and shampoo, special diet and medical care for pregnant women and those who breast feed, special care for elder prisoners specially in post-menopausal period, separation of women afflicted by viral diseases such as HIV Hepatitis C from the pregnant women and children who live in prison regarding their privacy and also preserving the privacy of women during medical checkup.
2. Considering the fact that the rate of suicide and self-harm is higher among the female prisoners compared to men, the mental care should be considered in social work units regarding the special needs of female prisoners and issues that cause stress and depression among them (such as being far from

their children) . Besides, sleeping pills and sedatives should be taken according to the doctor's prescription and these drugs shouldn't be uses as a tool to prevent chaos among female prisoners.

- Female prisoners should have access to sufficient training and guidebooks about the preventive criteria and hygienic care, say about HIV and other forms of STDs. They should also be informed about their special issues of health condition. There should be special courses about the preventive

health care and hygiene of reproductive system including the main parameters of rehabilitation programs in women prisons.

- The pregnant women should be transferred to urban hospitals to give birth to their children. If the child was born in prison, the labor should be supervised by specialists in proper condition. The birth should be immediately recorded. But the fact that the child is born in prison, shouldn't be mentioned in the birth certificate.

**Table 1: Age, academic level, charge and imprisonment period of interviewees (female prisoners)**

code	city	Birth year	Academic level	charge	Imprisonment period	Date of interview
Sample 1	Mashhad	1966	illiterate	Narcotics	4 months	June, 14
Sample 2	Mashhad	1983	Middle school certification	adultery	9 months	June, 14
Sample 3	Mashhad	1965	Third grade (primary school)	Narcotics	18 months	June, 18
Sample 4	Mashhad	1982	Diploma	Narcotics	7 months	June, 18
Sample 5	Mashhad	1958	fifth grade (primary school)	Narcotics	5 years	June, 18
Sample 6	Mashhad	1950	illiterate	Narcotics	38 months	June, 29
Sample 7	Rasht	1985	illiterate	adultery	One year	July, 5
Sample 8	Rasht	1973	fifth grade literacy movement	adultery	One year	July, 9
Sample 9	Rasht	1970	First grade (middle school)	Financial charge	7 years	July, 10
Sample 10	Mashhad	1985	Primary school	Having gun	6 months	July, 17
Sample 11	Mashhad	2980	First grade (middle school)	theft	51 months	November, 27

## REFERENCES

- [1] United Nations Office on Drugs And Crime, Handbook for Prison Managers and Policymakers on Women and

Imprisonment, New York, 2008, UNISEF.

- [2] Ansel. Mark. Social defense. Translated by: mohammadashoori and

- 
- hosseinnajafi. Tehran university publication. 1991.
- [3] Moazzami. Shahla. Alternatives of imprisonment sentence for women. Mizan publication. Seminar of the strategies o reduce the criminal population of prison.
- [4] Talvi, S, “Women behind bars: The crisis of women in the U.S. prisonsystem”, Emeryville, CA: Seal, 2007.
- [5] Van Wormer, Katherine, “Working with Female Offenders”, WILEY, 2010.
- [6] Van Wormer, K, and Bartollas, C, “Women and the criminal justice system”, Boston: Allyn& Bacon, 2010.
- [7] “Women in Prison in Central Europe, Overview and Statistics”, PRI information package, Latvia, 2007.
- [8] Bloom, Barbara, “Women offenders and the gendered effects of public policy, Department of Justice, National Institute of Corrections, 2004.
- [9] [www.hrw.org](http://www.hrw.org), report 98, Brazil.