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**Introduction**

 Women in prison are highly invisible and vulnerable population, and people in rare cases the opportunity to hear their stories. The public health importance of the issue has unsatisfactorily been recognized. Around 10 million people worldwide are held in penal institutions. While half the global prison population is imprisoned in three countries: the US, China, and Russia. Researchers and practitioners in the US felt to write about the issue. In this regard, the Justice Committee have confirmed that they are in the depth of an enduring crisis in prison decency and safely.

**Summary**

There has been a significant increase in the number of women prisoners around the world in recent decades. There is a 71% percent increase in the prison population among the countries listed on the World Prison Population List. More than five million women are held in penitentiary institutions around the world. While the women get prisoned are usually come from a disadvantaged and marginalized society. They are a small minority of the population in prison, but in some countries, their rate is increasing such as Wales and England (R. I. Mawby n.d.). Where the number of women population has been increased 200% over the past decade.

The small number of prison result in women imprisonment in long distanced prisons from their homes. This affects maintaining ties with their families and difficulty increases when they have dependent children. When a mother is being imprisoned, this result in the breakup of their family and her children are sent into the state care institutions. Most of the offences which women do are non-violent such as drug and property related and for that they serve short sentences.

Compare to male prisoners, women have generally more health problems and require greater care than the male. As most the women do not have contacts with their health services when they admit into the prison. As a result, most of the women have an idea of their health and frequently suffer health problems including depression and traumatic stress have frequently been reported. The mental health problems are higher than that of the male prisoners, around 90% higher. In addition, they are more likely to commit suicide and self-harm. In the case of the US, women prisoners are three times more likely to have experienced either sexual or physical abuse before imprisonment.

A high number of women prisoners are addicted to drugs compared to male. On the other hand, the risks of sexually transmitted infections are higher among women such as gonorrhea, chlamydia, and syphilis (Yu-Shu Chen, Yung-Lien Lai, Chien-Yang Lin n.d.). They often serve short sentences, this means there is a higher turnover rate of women prisoners and hence there is an intensive interaction between the community, prison and the society at all. Therefore, the continuity of their health service becomes important after the post-release especially in the first week of the release.

The state government, in this regard, are responsible for the provision of adequate health services during and after their release from the prison. For example, there is a significant variation in the availability of treatment such as harm reduction treatment and opioid substitution treatment. However, the ways in which mental issues treated are different as the programs are either inadequate or non-existent for countering the specific requirements. This would possibly cause a severe mental health issue.

In a human rights perspective, the prison system has failed to meet biological and gendered requirements that have been highlight by the Amnesty International in its report on the women prison in the US.

The improvement of the situation requires thought, awareness, and action at all levels of policy-making such as prison staff, health advocates, prison management and politicians. In this regard following may be considered.

First, there is a need to define the health-care system in the UN declaration of human rights. Moreover, women imprisonment should be considered when there is no alternative available. In fact, this is vital to women with pregnancy or young children. Because it costs both personally and socially as they lose their family, community, and society. Moreover, community-based services need to be strengthened to prevent further women from imprisonment.

Second, there is a significant gap in staff training in prisons. All the staff who work with women prisoners needs to follow gender sensitivity with improved coordination with higher authorities and effective response to the gendered concerns.

Third, the international standards have vital importance with regulations particularly focused on the women prisoners. However, most often, such regulations are general in nature and do not adequately guarantee the provision of services that meet their specific requirements.

Lastly, an imperative part of gender equity is women preferences related to health. The services should be based on an individual level so that they could meet specific needs. This includes rigorous us of chaperones and female practitioner.

**Conclusion**

The high cost of women imprisonment in social, health and financial terms makes crime and challenging politics issue. In this regard, new approaches have been developing around the world concerning women in prison. There is a great emphasis on an alternative to the prison such as Diversion and Liaison services by supporting women at their own places (Alternatives to Custody n.d.). Moreover, the prisons around the world have established mother and baby units. In addition, ideas related to health promotions have been developing with a more participatory approach by using community development. Imprisonment becomes an important concern when diseases in the prison population are disregarded. To correct many of the contemporary issues, there needs to be an agreed international recommendation and change in policy.

**References**

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