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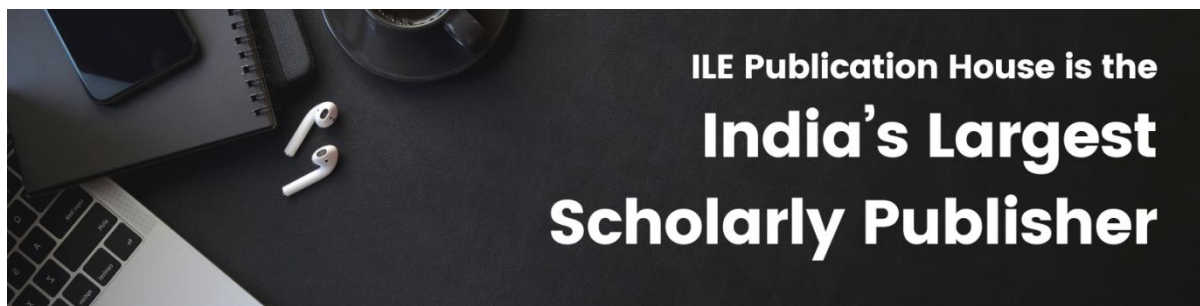
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AN ANALYTICAL STUDY ON THE HEALTHCARE RIGHTS AND FACILITIES FOR PRISONERS: CHALLENGES IN THE MODERN ERA

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ABSTRACT

Prisoners, despite their incarceration, retain fundamental human rights, including the right to healthcare. The incarcerated population maintains their basic human rights, among which healthcare stands as one of the core rights. This dissertation critically examines the healthcare rights and facilities available to prisoners and explores the challenges they face in the modern era in meeting their fundamental rights and basic requirements of medical care. It further examines the national and international legal frameworks that govern prison healthcare, evaluating their effectiveness in ensuring medical care for apprehended individuals.

The research highlights major issues, including excessive inmate numbers, insufficient mental healthcare support and disease transmission, and limited healthcare funding to meet the requirements of the confined individuals. Through various case studies and legal policy analysis, the research identifies gaps and practices that are efficient in current healthcare systems. The study demonstrates how important it is to establish complete healthcare system reforms that combine more financial support with better medical facilities alongside stronger legal enforcement to deliver excellent quality healthcare to inmates.

CHALLENGES IN PROVIDING HEALTHCARE FACILITIES IN PRISONS

However, prison health care is often overlooked amidst the wider correctional system, and is a critical component in the healthcare of incarcerated individuals. These unique health challenges that plague the prison population are related not only to pre-existing conditions but also to an environment that is harsh and has no infrastructure to provide proper healthcare in the correctional system. Chronic ill health problems, mental health disorders, and substance abuse are disproportionately commonly encountered in incarcerated people, of whom many are from marginalized communities. And then there are systemic barriers like overcrowding, lack of resources, and funding that simply make it impossible to get timely and appropriate medical care for these health challenges.

While prisons are meant to house those who have been convicted of crimes, they are also a place where the public health problems, social inequity, and the criminal justice system intersect. Social justice dictates concerning the health of inmates as it not only affects the individuals themselves, but also establishes implications for public health and safety on the reintegration of inmates into society. The cycle of poor health caused by a lack of health care, coupled with criminal behaviour and recidivism, causes the challenges facing the justice system and ultimately society at large to become even more severe.

OVERCROWDING AND ITS IMPACT ON HEALTHCARE SERVICES

Overcrowding³²⁷ in prisons, remains one of the

³²⁷ PTI, "Delhi's prisons severely overcrowded, 91% inmates under trials: Study", *The Economic Times*, Apr. 15, 2025, available at: <https://economictimes.indiatimes.com/news/india/delhis-prisons-severely->



most pervasive and pressing challenges affecting the provision of healthcare to inmates. This directly harms the possibility that correctional institutions can provide more or less timely or effective medical services in a consistent manner. Meanwhile, incarceration rates are on the rise globally, in some cases growing faster than that of prison infrastructure, with the result being compromised standards of care and violations of basic human rights, due to healthcare systems within the prison being overtaxed.

Overcrowding has many consequences³²⁸. This is nearly purely for the strain it puts on an already stressed healthcare infrastructure. But medical units that are supposed to provide care for a given number of inmates are often obliged to care for 2 to 3 times that many. This translates to a lot of waiting time for the much-needed medical attention, very few medical examinations, wrong diagnoses, and poor quality of treatment available to patients with chronic and acute illnesses. In these environments, non-emergency medical complaints are often dismissed in priority to urgent complaints, and health is not improved over time.

Moreover, overcrowding contributes significantly to the transmission of communicable diseases. Close confinement, poor ventilation, and inadequate sanitation form a breeding ground for airborne and contact-transmitted diseases such as tuberculosis (TB), HIV/AIDS, hepatitis B and C, and skin infections. According to the World Health Organization (WHO)³²⁹. The rate of TB infection is up to 100 times higher in prison populations compared to the general public, largely due to overcrowded and poorly ventilated conditions. This public health threat not only endangers inmates but also correctional staff and the community at large, especially upon the release of untreated or

undiagnosed individuals.

Pre-existing chronic illnesses such as diabetes, hypertension, and asthma often worsen in overcrowded settings due to delayed or missed follow-up appointments and limited access to specialist care or medication. Overburdened healthcare staff are unable to provide individualized care and preventive health monitoring, which are essential for managing long-term conditions effectively.

In India, for instance, the National Crime Records Bureau (NCRB) reported in its Prison Statistics India 2021³³⁰ that prisons are operating at an average of 130% occupancy. This overcrowding is a systemic issue caused by high numbers of undertrial prisoners—individuals awaiting trial who have not yet been convicted.

In conclusion, overcrowding in prisons is not merely an administrative inconvenience but a serious violation of human rights and a public health concern. Addressing this issue requires a multipronged approach, including judicial reforms to reduce pre-trial detention, alternative sentencing for non-violent offenders, and significant investment in prison healthcare infrastructure. Without structural changes, overcrowding will continue to compromise the health, dignity, and rehabilitation prospects of those incarcerated.

SHORTAGE OF MEDICAL PERSONNEL AND EQUIPMENT

One of the most pressing and systemic challenges plaguing prison healthcare is the acute shortage of qualified medical personnel and the chronic inadequacy of medical equipment and infrastructure. This shortfall significantly compromises the ability of correctional institutions to provide even basic healthcare services, let alone specialized or preventive care.

In many countries, including India, prisons often fail to meet the minimum recommended

[overcrowded-91-inmates-undertrials-study/articleshow/120314515.cms](https://www.iledu.in/overcrowded-91-inmates-undertrials-study/articleshow/120314515.cms) (last visited on April 24, 2025).

³²⁸ S. Kumar, *Healthcare in Indian Prisons: Challenges and Prospects* (2020) 26 Journal of Correctional Healthcare 307.

³²⁹ World Health Org., *Prisons and Health* (WHO 2021).

³³⁰ National Crime Records Bureau, *Prison Statistics India 2021* (Ministry of Home Affairs, Gov't of India 2021).



doctor-to-inmate and nurse-to-inmate ratios. This is particularly problematic in rural and underfunded regions, where even the general public health infrastructure is insufficient. Correctional facilities struggle to attract and retain skilled healthcare professionals due to harsh working conditions, lower pay scales, security risks, limited career advancement, and stigma associated with prison work. This has resulted in a critical gap in the availability of general practitioners, specialist doctors, psychiatrists, nurses, dentists, and counsellors inside prisons.

According to the Prison Statistics India 2022 (NCRB)³³¹, out of 1,378 prisons across the country, many reported having zero full-time medical officers on their rolls. Moreover, sanctioned posts for medical professionals often remain vacant for years, reflecting both administrative apathy and a lack of prioritization of prisoner health. The Model Prison Manual, 2016, issued by the Ministry of Home Affairs, recommends one doctor for every 300 inmates and one pharmacist for every 500 inmates. In reality, this ratio is rarely met, especially in overcrowded facilities where the actual inmate population far exceeds capacity.

This shortage contributes directly to delayed diagnoses, long waiting times, unattended emergencies, and insufficient follow-up care. Inmates frequently rely on visiting doctors or are referred to external hospitals, which involves logistical and security-related complications. These delays often result in the exacerbation of minor ailments into serious health conditions, preventable deaths, and avoidable suffering.

Furthermore, mental health infrastructure within prisons is alarmingly deficient. Despite a significant proportion of inmates suffering from depression, anxiety, psychosis, or substance withdrawal symptoms, very few prisons have full-time psychiatrists or clinical psychologists.

This shortage persists despite the Mental Healthcare Act, 2017, which guarantees the right to access mental healthcare for all persons, including prisoners, as per Section 18 of the Act.

From an international perspective, the Nelson Mandela Rules (2015) stress that prisoners should enjoy access to health services available in the community without discrimination. Rule 24 mandates that healthcare services in prison must be organized in close relationship with the general public health administration and must be of a standard equivalent to that outside prison. The existing disparity in access to healthcare professionals and equipment, however, starkly violates these standards.

In conclusion, the severe shortage of medical personnel and modern healthcare equipment within prisons reflects systemic neglect and a failure to align correctional health services with national and international legal standards. Addressing these deficiencies will require substantial reforms, including increased budgetary allocation, incentives for medical professionals to serve in prisons, integration of prison healthcare with public health systems, and rigorous monitoring to ensure compliance with established norms and human rights obligations.

BUDGETARY CONSTRAINTS AND INADEQUATE GOVERNMENT FUNDING

Budgetary constraints represent a fundamental obstacle in the effective delivery of healthcare services within prisons. Despite the legal and moral obligation of the state to safeguard the health and dignity of incarcerated individuals, prison health systems are frequently underfunded, under-resourced, and neglected in government budget priorities. The lack of adequate financial allocation hampers everything from the recruitment of qualified healthcare professionals to the availability of medical equipment, medicine, infrastructure, and rehabilitative services.

This financial shortfall directly affects critical

³³¹ *Prison Statistics India 2022*, Nat'l Crime Records Bureau, Ministry of Home Affairs, Gov't of India (2022)



aspects of prison healthcare delivery. For example, many prison hospitals operate without basic diagnostic tools, essential medicines, or functional ambulances. Infrastructure such as isolation wards, psychiatric units, and dental facilities is either non-existent or severely outdated. As a result, correctional institutions are unable to provide even primary healthcare on a consistent basis, let alone specialized care for mental health, chronic illnesses, or geriatric patients.

The problem is further aggravated by the absence of standardized national norms for healthcare budgeting in prisons. While the Model Prison Manual, 2016, recommends specific staffing and infrastructure benchmarks for prison healthcare, implementation remains inconsistent due to financial constraints. Most states fail to create a dedicated budgetary head for prison medical services, leading to ad hoc and reactive spending rather than planned, sustainable investment.

On the international front, the Nelson Mandela Rules (2015)³³² emphasize that governments bear the ultimate responsibility for the healthcare of prisoners, which should not be inferior to the services available to the general population. Rule 24 states: *"Prisoners should enjoy the same standards of health care that are available in the community."* This principle is widely recognized under international human rights law, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), to which India is a party. Article 12 of the ICESCR recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, which applies equally to persons deprived of liberty. Despite these legal commitments, financial neglect continues to be a structural barrier to meaningful reform. The consequences are far-reaching: not only do inmates suffer deteriorating physical and mental health, but the broader goals of rehabilitation and

reintegration are undermined. Recidivism, disease transmission, and custodial deaths are all exacerbated by underfunded healthcare systems.

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT DEFICIENCIES

Mental health care and substance abuse treatment are among the most neglected areas in prison healthcare systems around the world and in India. There is a large population of the incarcerated that suffers from various mental illnesses and substance use disorders, which often go undiagnosed, untreated, or poorly managed due to regional failures. Prisons were never intended to be therapeutic environments; they were built for containment and punishment purposes and are unable at this time to accommodate individuals with complex psychological and addiction-related complications.

Mental Health Disorders in Prisons

Inmates are significantly more likely to suffer from mental health issues than the general population. Conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), and suicidal ideation are common. In India, the National Mental Health Survey (2015–16) found that nearly 13.7% of the population suffers from some form of mental disorder, and the percentage is believed to be much higher among inmates. However, the lack of psychiatric screening at the time of admission and the absence of regular mental health evaluations lead to severe underreporting.

Prisons often become dumping grounds for individuals with untreated psychiatric conditions due to a lack of community support or diversion programs.

Substance Abuse in Prisons

Substance use disorders are also highly prevalent among prisoners, with many entering the system already addicted to alcohol, opioids, cannabis, or synthetic drugs. Others develop substance dependencies inside prison

³³²United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) (GA Res 70/175, adopted 17 December 2015).



due to inadequate mental health support, peer pressure, or the prison drug economy. According to NCRB data, more than 18% of inmates in Indian prisons are known to have histories of drug or alcohol abuse this figure is likely underestimated due to limited diagnostic mechanisms.

Legal and Policy Frameworks

Under Section 103 of the Mental Healthcare Act, 2017, it is explicitly mandated that prisoners with mental illness must receive the same level of care as available to free citizens and should be transferred to mental health establishments if needed. Furthermore, Section 21 of the Act affirms the right of persons with mental illness to access mental healthcare and treatment without discrimination on any basis, including imprisonment. Despite these legal provisions, implementation remains inadequate due to infrastructural deficits and lack of trained personnel.

The Supreme Court of India, in *Shatrughan Chauhan v. Union of India* (2014)³³³, acknowledged the importance of mental health assessments and treatment for death row prisoners and condemned the execution of mentally ill convicts as a violation of Article 21 of the Constitution. The judgment emphasized the state's duty to ensure humane treatment, mental healthcare, and the dignity of prisoners, reinforcing that imprisonment does not strip individuals of their fundamental rights.

GENDER-SPECIFIC HEALTHCARE CHALLENGES (WOMEN, LGBTQ+ INMATES)

Healthcare delivery in prisons is often designed with the assumption of a homogenous, male inmate population, leading to significant neglect of the unique health needs of women and LGBTQ+ individuals in custody. Gender-specific healthcare remains critically underserved in most prison systems, resulting in disproportionate suffering, rights violations, and long-term health complications for these marginalized groups.

Healthcare Needs of Women Prisoners

Women represent a minority in the prison population, approximately 4.2% of all prisoners in India, according to the Prison Statistics India (NCRB), but their healthcare needs are distinctly more complex than those of men. A significant number of women inmates come from marginalized socio-economic backgrounds and have had little to no access to healthcare before incarceration. Many suffer from malnutrition, anaemia, gynaecological issues, mental health problems, and trauma related to physical or sexual abuse.

Despite these realities, women's prisons and women's sections of male prisons often lack:

- Gynaecological services and regular checkups.
- Access to menstrual hygiene products and sanitary facilities.
- Pre and post-natal care for pregnant inmates.
- Trained female healthcare professionals for intimate examinations.
- Proper care for lactating mothers and children residing with them.

The Supreme Court of India, in *R.D. Upadhyay v. State of Andhra Pradesh* (2006)³³⁴, laid down specific guidelines for the care of pregnant women and children in jails, reaffirming the State's responsibility under Article 21 to ensure the health and dignity of all prisoners, particularly women and their children. The Hon'ble Supreme Court stated that a child should not be treated as an undertrial/convict while in jail with his/her mother. Such a child is entitled to food, shelter, medical care, clothing, education, and recreational facilities as a matter of right.

Healthcare Issues Facing LGBTQ+ Inmates

LGBTQ+ individuals in prison face both institutional invisibility and active discrimination. There is often no official

³³³AIR 2014 SCC OnLine SC 223.

³³⁴AIR (2007) 15 SCC 360.



recognition of gender-diverse identities within prison classification systems, leading to severe mismatches in housing and healthcare provisions. Transgender persons are frequently placed in male prisons regardless of their gender identity, where they face elevated risks of sexual violence, harassment, mental health deterioration, and isolation.

Despite the landmark judgment in *National Legal Services Authority (NALSA) v. Union of India (2014)*³³⁵, which recognized the right of individuals to self-identify their gender, prison systems have been slow to incorporate these principles. Most facilities lack gender-affirming healthcare, such as access to hormone therapy, psychological counselling, and post-operative care for transgender inmates. Additionally, health screenings for LGBTQ+ inmates often ignore the specific vulnerabilities they face, such as heightened risk of HIV/AIDS, STIs, and mental health disorders linked to gender dysphoria or trauma.

The Transgender Persons (Protection of Rights) Act, 2019³³⁶ mandates non-discrimination in access to healthcare and other services. However, in practice, transgender and queer prisoners often face verbal abuse, denial of treatment, and forced segregation under the guise of safety, which leads to further psychological harm and marginalization.

CASTE BASED DISCRIMINATION

Caste-based discrimination remains a deeply entrenched issue within India's criminal justice and prison systems. Despite constitutional safeguards and human rights commitments, prisoners from marginalized castes, particularly Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Classes (OBCs), often face systemic inequalities in terms of treatment, access to justice, and prison conditions.

Key concerns include:

Overrepresentation of Marginalized Castes:

Data from the National Crime Records Bureau (NCRB)³³⁷ consistently shows a disproportionate number of undertrial and convicted prisoners belonging to SC, ST, and OBC communities. This overrepresentation is a reflection of structural inequalities, socio-economic marginalization, and biased policing and judicial practices.

Discriminatory Treatment in Custody:

In prison settings, caste-based biases often manifest in segregated accommodations, unequal access to work assignments, denial of opportunities for education or skill training, and discriminatory behaviour from prison staff or fellow inmates.

Denial of Equal Healthcare and Sanitation:

Prisoners from lower castes may be denied timely medical treatment, placed at the end of queues for essential services, or allocated tasks involving manual scavenging or other degrading work, reinforcing caste hierarchies even in custody.

Lack of Grievance Redressal Mechanisms:

Although prison manuals prohibit discrimination, enforcement is weak. Complaints of caste-based mistreatment are rarely investigated, and prisoners often lack access to legal aid or advocacy support to challenge such abuses.

Legal and Policy Gaps:

The Prison Act, 1894, and many state prison manuals are outdated and do not explicitly address caste-based discrimination. There is a need for updated, rights-based prison reforms that integrate anti-discrimination measures and promote equity and inclusion.

In the judgment *Sukanya Shantha v. Union of India*³³⁸, it is a significant step toward eradicating caste-based discrimination within the Indian prison system. It reinforces the constitutional commitment to equality and human dignity, ensuring that incarcerated individuals are treated without prejudice and in accordance with their fundamental rights. The

³³⁵AIR (2014) 5 SCC 438.

³³⁶*Transgender Persons (Protection of Rights) Act, 2019*, Act 40 of 2019, INDIA CODE (2019).

³³⁷ National Crime Records Bureau (NCRB), *Prison Statistics India 2022* (Ministry of Home Affairs, Gov't of India, New Delhi)

³³⁸ AIR 2024 SCC OnLine SC 2694



Union Government was instructed to amend the Model Prison Manual, 2016, and the Model Prison and Correctional Services Act, 2023, to align with constitutional mandates against discrimination

