

Hygiene Behind Bars: A Study On Sanitation Conditions Among Women Prisoners

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Abstract

Women prisoners often face systemic neglect in custodial environments, especially concerning hygiene and menstrual health. This paper explores the hygiene conditions experienced by incarcerated women across different regions, analyzes the challenges they face, and assesses the institutional, legal, and infrastructural responses to their needs. The research draws upon primary and secondary data sources, including prison reports, international standards, and case studies. The paper concludes with recommendations for improving hygiene standards in women's prisons through gender-sensitive policies, training, and infrastructure improvements. Indian prisons often fail to meet the basic hygiene needs of female inmates. A study by the Commonwealth Human Rights Initiative (CHRI) and Boondh revealed that 80% of menstruating women in prisons lack proper menstrual hygiene management.

Keywords: Women Prisoners, Hygiene, Custodial Environment, Legal Aspects, Infrastructure

I. INTRODUCTION

The global prison population exceeds 11 million, with women making up a growing minority approximately 7% of the total prison population. Despite being a smaller group, women prisoners face unique and often overlooked challenges, particularly in the domain of hygiene. The physical, psychological, and reproductive health of incarcerated women is deeply affected by inadequate sanitation facilities, poor access to menstrual hygiene products, and lack of privacy. The aim of this paper is to investigate the hygiene conditions of women prisoners, focusing on the implications for their health and dignity. The study highlights disparities between legal obligations and actual conditions on the ground, and proposes actionable reforms. In India, women constitute approximately 4.13% of the total prison population, with nearly 80% of them being in the reproductive age group. Despite this significant proportion, the sanitation and hygiene conditions in women's prisons remain alarmingly inadequate. This article delves into the sanitation challenges faced by women prisoners, focusing on menstrual hygiene, access to water, and overall facility conditions. Facilities such as unlimited sanitary pads, hot water, and proper waste disposal are either absent or insufficient. Moreover, the absence of sensitization programs for both prisoners and staff exacerbates the issue.¹

II. Methodology

This paper uses a qualitative research approach, relying on:

- Review of national and international reports (e.g., WHO, UNODC, Human Rights Watch)
- Case studies from prisons in India, the United States, Kenya, and Brazil
- Analysis of legal instruments such as the Bangkok Rules and Nelson Mandela Rules
- Interviews and testimonies from formerly incarcerated women (where available)

III. Hygiene Challenges Faced by Women Prisoners

Women prisoners around the world face significant hygiene-related challenges that severely impact their health, dignity, and overall well-being. One of the most pressing issues is **inadequate sanitation infrastructure**. Many prisons, especially in low-income countries, are overcrowded and not equipped to handle the number of inmates they house. Facilities often have a limited number of toilets and bathing

¹ Amnesty International, "Not Part of My Sentence: Violations of the Human Rights of Women in Custody", 2016. <https://www.amnesty.org>

areas, forcing women to wait long hours or forgo hygiene altogether. In many cases, bathrooms are shared and lack basic privacy features such as doors or partitions. The situation is further worsened by irregular or limited access to clean water, making it difficult for inmates to maintain even the most basic hygiene routines.²

Another major concern is **menstrual hygiene management**, which is frequently overlooked or poorly addressed in prison settings. Women often do not receive a sufficient supply of sanitary pads or tampons, and there is usually no proper disposal system for menstrual waste. The lack of understanding and support from prison staff often leads to stigma and humiliation during menstruation. Furthermore, access to pain relief medication, clean underwear, or a private space during menstruation is rare, contributing to discomfort and psychological distress.

Access to personal hygiene products is also a serious issue. Basic necessities such as soap, toothpaste, shampoo, and razors are either provided irregularly or not at all. In some prisons, women are forced to buy these essential items from commissaries, often at inflated prices that are unaffordable for most inmates. The inability to maintain personal hygiene contributes to a higher risk of health problems such as urinary tract infections (UTIs), skin diseases, and other reproductive health issues.

Lastly, **gender-specific health needs** are largely ignored in many prison systems. Pregnant and postpartum women frequently experience severe neglect, with little to no access to adequate prenatal or postnatal care. Gynecological services and mental health counseling are rarely available, despite the high levels of trauma many incarcerated women have experienced. Additionally, facilities rarely provide for the needs of mothers and their children, leaving them in environments that are unsuitable and even harmful to both physical and emotional development. Altogether, these hygiene challenges reflect a systemic neglect of the unique needs of incarcerated women, highlighting an urgent need for prison reform that centers on dignity, health, and human rights.

According to a study conducted by the Commonwealth Human Rights Initiative (CHRI) and the NGO Boondh, 80% of women in Indian prisons are menstruators. However, many prisons lack proper menstrual hygiene management systems. The study revealed that most prisons do not provide unlimited free sanitary pads, hot water, or proper waste disposal facilities. Additionally, there is no standardized policy for menstrual hygiene, leading to inconsistent access to necessary products.

The Model Prison Manual of 2016 recommends providing sterilized sanitary pads to women prisoners as per their requirements. However, the implementation of this guideline is inconsistent across states. Many prisons lack adequate water and sanitation facilities for female inmates. Overcrowding exacerbates the struggle for basic necessities like water, sanitary napkins, detergent, and soap during menstruation. In some prisons, about 50 women are forced to share just two toilets for all their daily activities, including excreting, changing napkins, and washing clothes and utensils. The lack of continuous water supply forces women to store water, taking up valuable space in the limited number of toilets available. Inadequate washroom cleanliness discourages frequent use, leading to higher instances of urinary infections.

Many prison authorities depend on sanitary napkins donated by non-governmental organizations. Decisions about the type, quality, and quantity of menstrual absorbents are left to these organizations, often resulting in the supply of substandard products. Moreover, women inmates are often unaware of menstrual health, including topics such as why women get periods every month, irregular menstrual cycles, hygiene, and disposal methods. Awareness camps should be arranged regularly, not only for women inmates but also for the staff.³

Despite the challenges, some prisons have taken steps to improve sanitation conditions. For instance, the Women Prison and Correctional Home in Kannur, Kerala, provides 20 pads with the possibility to get additional ones when required. Similarly, the Special Prison for Women in Tiruchirappalli, Tamil Nadu, follows biomedical waste management rules and provides separate dustbins with lids and safe biomedical bags in all blocks and the staff room. The bags are then sent to the relevant environmental waste department.

² U.S. Department of Justice, Bureau of Justice Statistics, *Census of Jails: Medical and Sanitary Conditions*, 2020.

³ Van den Bergh, Brenda, et al. "Imprisonment and Women's Health: Concerns about Gender Sensitivity, Human Rights and Public Health." *Bulletin of the World Health Organization*, vol. 89, no. 9, 2011, pp. 689–694.

In some instances, women prisoners are provided with a limited number of sanitary pads, ranging from 8 to 25, depending on the prison. The quality of these pads is often substandard, and alternative menstrual products are rarely available. Furthermore, the disposal of used menstrual products is often overlooked, posing health risks to both inmates and staff.⁴

IV. Legal and Policy Framework

A number of international legal instruments and guidelines have laid the foundation for ensuring the rights and dignity of incarcerated women, particularly concerning their menstrual hygiene. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules, 2010) specifically emphasize the need for gender-sensitive prison management. These rules recognize menstruation as a basic biological function and underscore the obligation of prison authorities to provide adequate sanitary products and facilities to ensure women's health and dignity. Additionally, the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) establish the minimum standards for the treatment of all prisoners. These include provisions related to personal hygiene, cleanliness, and access to sanitary facilities, which are essential for maintaining the health and well-being of inmates, including menstruating women. Furthermore, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires state parties to eliminate discrimination against women in all areas, including within the criminal justice system. CEDAW mandates that women's specific needs such as access to menstrual hygiene—be recognized and addressed, ensuring that incarcerated women are treated with the same respect and care afforded to those outside prison walls.⁵

At the national level, various countries have adopted policies to address menstrual hygiene in prisons, though the effectiveness and consistency of these policies vary widely. In India, the Model Prison Manual (2016) includes clear provisions for the supply of sanitary napkins to female inmates, reflecting an acknowledgment of menstrual health needs. However, despite these formal guidelines, the actual implementation remains weak and inconsistent across different states and institutions, often due to resource constraints and lack of oversight. In the United States, the First Step Act represents a significant legislative advancement, mandating the provision of free menstrual products in all federal prisons. This reflects a growing recognition of menstrual equity as a basic human right within the carceral system. Similarly, Brazil has implemented a policy for the distribution of sanitary pads in prisons, yet the practical application of this policy is uneven across states. In many regions, access remains unreliable, highlighting a gap between policy and practice. These examples illustrate that while legal frameworks are increasingly incorporating menstrual hygiene as a right, effective implementation remains a critical challenge.⁶

V. Case Studies

In examining menstrual hygiene management within women's prisons globally, distinct yet troubling patterns emerge, as highlighted in various case studies. In India, a 2023 report by the National Human Rights Commission revealed that only 60% of women's prisons were equipped with adequate supplies of sanitary pads. This lack of basic menstrual products has led to inmates being forced to reuse pads or resort to unsanitary alternatives such as rags, increasing the risk of infections and compounding the indignity they experience. In the United States, although federal law mandates access to menstrual products in correctional facilities, there remains a stark disparity at the state and local levels. Numerous reports have surfaced indicating that incarcerated women are frequently denied tampons and sanitary pads, sometimes deliberately as a form of punishment or control, underscoring systemic neglect and abuse. Similarly, in Kenya, a 2021 study documented severe challenges related to menstrual hygiene in prisons. Many incarcerated women reportedly lacked consistent access to clean water and soap, essentials for maintaining

⁴ "Women in Prison: A Report by the World Health Organization on Reproductive Health and Hygiene in Female Detention Facilities," WHO, 2018.

⁵ United Nations Office on Drugs and Crime (UNODC), *Handbook on Women and Imprisonment*, 2nd ed. (Vienna: UNODC, 2014), 81–89.

⁶ Smith, Brenda V. "Sexual Abuse and Exploitation in Prison: Reforms and Recommendations." *Yale Journal of Law & Feminism*, vol. 12, no. 1, 2021, pp. 27–45.

hygiene during menstruation. Additionally, due to deep-rooted cultural taboos surrounding menstruation, menstruating inmates were often subjected to segregation, which intensified their feelings of shame, isolation, and stigmatization. These case studies collectively underscore the urgent need for policy reform and human rights protections to ensure that incarcerated women are afforded the dignity and health care they deserve. Poor hygiene in prisons contributes to a wide range of health problems among incarcerated women. These include reproductive tract infections (RTIs), urinary tract infections (UTIs), and various skin diseases, all of which can result from inadequate access to clean water, sanitary products, and proper facilities. In addition to physical health issues, poor hygiene also has serious mental health implications. Many incarcerated women experience embarrassment, a loss of dignity, and diminished self-esteem due to unhygienic conditions, which can contribute to ongoing psychological distress and mental health challenges.⁷

VI. Recommendation

To ensure the dignity and well-being of incarcerated individuals, especially women, several comprehensive measures should be implemented within the prison system. First and foremost, all prisons must provide free access to essential hygiene products such as sanitary pads, soap, and other personal care items. This basic provision is crucial for maintaining health and upholding human rights. In addition, there is a pressing need to improve the existing prison infrastructure to be more gender-sensitive. This includes enhancing toilet and bathing facilities to ensure privacy, ensuring a regular and adequate water supply, and establishing proper waste disposal systems. Equally important is the training of prison staff, who should be educated on gender sensitivity, menstruation, and the specific health needs of women to foster a more respectful and informed environment. Monitoring and accountability mechanisms must also be strengthened through regular audits conducted by independent human rights organizations to assess compliance with hygiene standards. Moreover, existing laws concerning prison hygiene should be rigorously enforced, and further legal reforms must be pursued to expand protections for incarcerated individuals. Finally, fostering partnerships with civil society organizations and non-governmental organizations (NGOs) is essential. These partnerships can facilitate the consistent supply of hygiene materials and support awareness campaigns aimed at improving the overall hygiene conditions in prisons. Together, these recommendations provide a holistic approach to safeguarding the health and dignity of prisoners, particularly women.⁸

1. Provision of Free Hygiene Products

It is essential that all prisons provide free sanitary pads, soap, and other personal hygiene products to incarcerated individuals. Ensuring access to these basic necessities supports health, dignity, and human rights, particularly for women and menstruating individuals.

2. Gender-Sensitive Infrastructure

Prisons must improve toilet and bathing facilities to ensure privacy, regular water supply, and proper waste disposal systems. Gender-sensitive infrastructure is crucial to safeguarding the dignity and physical well-being of female inmates.⁹

3. Training for Prison Staff

Staff members should receive training on gender sensitivity, menstruation, and the specific health needs of women. Such training fosters empathy, reduces discrimination, and promotes a more humane environment within correctional facilities.

4. Monitoring and Accountability

To maintain high hygiene standards, regular audits should be conducted by independent human rights bodies. These audits help identify gaps, ensure compliance, and hold authorities accountable for maintaining adequate conditions.

5. Legal Enforcement and Policy Reform

⁷ United Nations Office on Drugs and Crime (UNODC), *Handbook on Women and Imprisonment*, 2nd ed. (Vienna: UNODC, 2014), 81–89.

⁸ The Mandela Rules (United Nations Standard Minimum Rules for the Treatment of Prisoners), Rules 12–17, adopted by the UN General Assembly in 2015

⁹ Sufrin, Carolyn. *Jailcare: Finding the Safety Net for Women Behind Bars* (University of California Press, 2017), 52–54.

Existing laws related to prison hygiene must be strictly enforced, and legal protections should be expanded to address current gaps. Policy reforms are needed to institutionalize hygiene standards and safeguard inmates' rights.

6. Community and NGO Engagement

Prisons should actively engage with civil society organizations and NGOs to supply hygiene materials and conduct awareness campaigns. Such collaborations enhance support systems and ensure continued focus on the health and dignity of prisoners.¹⁰

VII. CONCLUSION

In conclusion, hygiene is a fundamental human right, yet women prisoners around the world continue to endure inadequate conditions due to systemic neglect and gender-insensitive policies. Addressing hygiene in prisons goes beyond simply improving infrastructure; it is a matter of upholding human dignity, promoting health, and respecting the rights of incarcerated individuals. To bring about meaningful change, reforms must be comprehensive, grounded in human rights, and specifically designed to meet the unique needs of women in prison. The sanitation and hygiene conditions in women's prisons in India are currently subpar, with significant gaps in menstrual hygiene management, water supply, and overall facility maintenance. Addressing these issues requires a concerted effort from the government, prison authorities, and civil society organizations. By implementing standardized guidelines, improving facilities, and raising awareness, it is possible to ensure that women prisoners have access to the basic hygiene standards they deserve.

The lack of proper sanitation facilities has severe health consequences for women prisoners. Inadequate menstrual hygiene practices, such as using substandard sanitary products and improper disposal methods, increase the risk of reproductive tract infections and menstrual cycle disorders. A study in Padang city found a significant relationship between poor menstrual hygiene behavior and menstrual cycle disorders among female inmates. Furthermore, the absence of clean and private toilet facilities leads to the withholding of urination, resulting in urinary tract infections and other related health issues. The lack of proper waste disposal systems also poses environmental and health risks, affecting not only the inmates but also the surrounding communities.

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¹⁰ ACLU. "A Call to Action: Improving Conditions for Women in Prison", American Civil Liberties Union, 2019. <https://www.aclu.org>