The needs of women held in detention have received little attention and con-
tinue to be neglected by health systems and prison authorities. One reason for
this, too readily accepted until now, is that women prisoners are a clear minor-
ity group within prisons all over the world. It is only recently that attention
has been drawn to the fact that a minority status does not justify the widespread
ignorance of women’s basic rights and the considerable gender insensitivity still
dominating criminal justice systems.

In Europe alone, there are about 100 000 women and girls in prison.1
Although representing a small proportion of the prison population, at a median
level of 4.4% in Europe,2 the female prison population is increasing, often at
a much greater rate than that for male prisoners.3 Many women in prison serve
a short sentence and are imprisoned for non-violent, property or drug-related
offences.4 They frequently come from deprived backgrounds and experience
problems related to alcohol and drug dependancies, infectious diseases, repro-
ductive diseases and histories of physical and sexual abuse. Alarming high rates
of mental health problems are reported, such as post-traumatic stress disorder,
depression, anxiety and a tendency to self-harm and suicide. For instance in Eng-
land and Wales, it was noted that 90% of the women prisoners have a diagnosable
mental disorder, substance use or both.5

In addition, many imprisoned women are mothers and are usually the
primary or sole carer for their children.4 When a mother is imprisoned, frequently
the father does not continue to care for his children, resulting in large numbers
of children being institutionalized.6 In many countries, very young children
can stay with their mother in prison, sometimes in special facilities like mother
and baby units. Both options, allowing children to live with their mothers in
prison and separating them, create difficult dilemmas. Separation of mother
and child can cause long-term developmental and emotional harm for the child
and can affect the mother’s physical and mental health, while at the same time the
prison environment is a far from ideal environment for a child to be raised. It is
rare that decisions are clearly made in the best interests of the child.

Recognizing that the public health importance of prison health was being
neglected, the WHO Regional Office for Europe established in 1995 the
Health in Prisons Project (HIPP).6 This continuously expanding network of 38
Member States in Europe is committed to reducing the public health hazards
associated with prisons along with protecting and promoting health in prisons.
Published reports of the HIPP during recent years, including the widely used
WHO guide to the essentials in prison health7 in 2007 and the Trenčín State
ment on Prisons and Mental Health8 in 2008, have combined the latest research
and analysis from experts throughout the world and have clearly raised the profile
of prison health issues.

Member States of HIPP have recently drawn attention to the real
need for authoritative guidance on the topic of women’s health in prison.
Building on WHO’s gender policy,9 the Regional Office in 2008 reviewed
recent research and collaborated with the United Nations Office on Drugs
and Crime (UNODC) and the Quaker offices in Geneva and Brussels to develop
evidence-based guidance on the major aspects of women’s health in prisons and,
indeed, the criminal justice system as a whole. This work has been recorded in a
background paper which is included with a joint WHO/UNODC Declaration
(Kyiv Declaration) on Women’s health in prison, published in April 2009.

Although there are major differences in the methods that countries use
to address the special needs of women in their criminal justice system, the
evidence is clear and consistent. Current arrangements for dealing with women
offenders fail to meet their basic needs and are far short of what is required by
human rights, by accepted international recommendations and by social justice.
Health is after all a fundamental human right, for women in detention as well as
for those in the community.

Yet, if prisons are made into settings in which useful protection and pro-
motion work can occur, much can be achieved in the time period that women
are under the responsibility of national prison services. Prisons can provide
disease prevention and educational programmes as well as offer treatment focus-
ing on mental health and substance use problems, and can be used to provide
help to this group of women who are among the most disadvantaged and hard to
reach people in any society.

The necessary changes will require political awareness and support, consid-
erable gender-sensitivity training of all staff and policy-makers working in the
criminal justice system and a real commitment to equity and social justice.

References