

Research on Medical and Health Problems and Countermeasures of Female Prisoners in Prison

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Abstract. Women in jails and prisons have had little access to health care throughout history. The health issues they experience and the element of health care were not considered crucial and received a bit of debate from research. Using the survey method and comparative analysis to analyze secondary data, this article presents the main health problems faced by women prisoners in these fields. This includes Physical health, Healthcare gaps, and lack of gender-specific services, and analyzes the causes of the problem from the corresponding perspective. By discussing five aspects of prison health care, this article discusses: Prioritize medical services, Improve the quality of staff, Provide gender-responsive services, Increase prevention efforts, and Improve follow-up efforts. This paper concludes that the health problems of women prisoners are mainly caused by the lack of resources for health services, difficulties in recruiting medical staff, and the lack of consideration for the special needs of women.

Keywords: Female prisoner; Medical problem; Health problem; Countermeasure.

1. Introduction

1.1. Research background

Process of being put away rates have increased by approximately 25-30% over the last 15 years. In 2013, more than 10.2 million people were put away in get-well centers as either pre-trial prisoners or given out to groups of words making up statements [1]. The female prison group has also increased by 16% everywhere on earth from 2006 to 2012 [2]. prisoners' state of being healthy is a full of dangerous public-health questions under discussion, especially because going higher conditions of being kept a prisoner rates have a without edge or point have power over prisoners' general state of being healthy. in harmony with written statements, Convicts have the pain of a high number of illnesses as an outcome of the prison frame for events, which is marked by damage, violent acts, community living, changing state, congestion, and threat.

In addition, facts show that Convicts use a state of being healthy account in prisons 3 to 4 properties more generally than the wide group, being in debt to a high level of trouble connected with dropping important and of the mind state of being healthy, adding daily living in prison [3]. prisoners' state of being healthy, way into a state of being healthy supports, and happiness with the quality of health-care offered have all caused interest the interest of persons making observations around the earth. It has been commonly put forward in support that prisoners have a limited way to the state of being health care and frequently do not get enough treatment.

Important biological changes in women are more important and readily noted in one example existence-stage groups than in men. Women have more frequent and serious of the mind state of being healthy problems than male Convicts and the general group. It should also be talked about that mental illness is commonly present as both a cause and an outcome of being in prison.

Correctional institutions have no guiding reason to offer quality care to Convicts. in fact, these put-in-prison healthcare users have a reason (purpose) to limit services and healthcare expenses as much as possible. Political things by right coming first, a feeble amount of putting money at hand, organization general lines, and the existence without of necessary qualities of the medical body of working persons, particularly medical men and women and persons looking after ill persons, can all send in to not (good) enough and not right for the purpose care. working conditions for medical experts are sometimes hard for science, medical experts, and persons looking after ill persons, who

must work in a physically unpleasing and tightly overseen air. There is also the stigma connected with helping low-status persons get care, and others may have belief that they are less trained than those who select to work outside of a prison system¹⁶. When there are not enough getting persons for the position, persons living in a house and state of being healthy caregivers can face a long loss (waste) of time getting medical treatment within a reasonable time frame, causing being got in the way. biologically, persons living in a house and medical personnel become conscious of the state of being healthy care services differently. persons living in a house take care of to have bad, less than zero views and view the medical working group as opinion-giving, being without, not there power to get and have felt like others, uninterested in helping them, and feeling given up.

The state of being healthy care issues of women put away in prisons and prisons in the United States have generally been not taken into account for a long time. Health problems and the quality of medical treatment for conditions that to women in prison have been taken into account as important and have received little operation of making observations attention [4].

1.2. Literature review

In a paper on the operation of making observations, The giving punishment undertaking discovered that between 1980 and 2010, there was a 646% increase in the number of women in prison, which means an increase from 15,117 to 112,797 female persons living in a house. Between 2000 and 2011, there was a 31% increase in the number of put-away women [5]. The increased input-away women make it even more full of danger now to give attention to the state of being healthy needs of women in prison and prison.

Janette Y. Taylor discovered that rates of women's process of being put away have gone up high over the past 20 years. In the United States (U.S.), women make up 6% of the prison group and part common qualities with women put away worldwide-increasingly. They are out of all relation poor and small group women. This group, time off work, and growth in the put-away group act on prisons' state of being healthy questions [6].

Kane and DiBartolo discovered that process of being put away got more bad cases of asthma, diabetes, peptic ulcers, epilepsy, and weight profit, which is especially common in women because of, the limited to do with food selections and existence without making use of facilities [7].

Wilper made observations of t these states of being healthy needs are not had a meeting with during or after the process of being put away. Among other walls to keep others out, this gross state of being healthy different side increases the trouble of getting back into society after the process of being put away. sign of being taken well Home chief government offices, a no-profit organization that gives a reaction to the needs of got shut up women, helps help the reintegration process. Three-PoLomaloma Nazarene University's giving/taking milk from mother students in training position with the sign of being taken well Home chief government offices group state of being healthy goals for the organization to uncolored by feeling or opinion measure the good outcome of their persons coming for getting goods or work done. Health outcomes purposes explore the key needs of put away women and how to have meetings with them [8].

Kathryn D. Morgan discovered that this learning process looks at the state of being healthy services and power being conscious of those services by former persons living in a house of a women's prison in a south-east state. decisions in law make clear that many women move into prison with state of being healthy questions, including heart work with overmuch force, HIV / helps, depression, anxiety, and substance attacks on, and use state of being healthy services while put away. Women in this learning process expressed overall feelings against these statestateing healthy supports. They did not become conscious of that their state of being healthy had gotten more out while in prison or that they were letting in a better state of being healthy care in prison than outside [9].

In contrast, same as open to attack groups, most units put questions on the state of being the healthy position of older prisoners, their the minds state of being healthy, and their adjustment. Very few units put questions about the state of being the healthy position of women prisoners and measures to get more out of it.

1.3. Research framework

First, the existing literature on the health care situation in women's prisons is analyzed. Then, using the situation in women's prisons in California as a case study, a more rational decision-making solution is analyzed and proposed.

2. Method

2.1. Survey method

Investigation and research method refers to obtaining relevant materials directly through investigation, understanding the objective situation, and analyzing these materials. In this paper, we analyze the medical needs and problems of women prisoners in prison, find reasonable and feasible solutions, and design reasonable countermeasures to study to meet the health needs of women prisoners in prison.

2.2. Comparative analysis

The by comparison observations careful way is an observations careful way that makes a comparison of 2 or more things or things to get out the points in which things are like and amounts, degrees, and points different between them. In 2003, Compton-Wallace's operation of making observations let be seen that medical facilities and care in women's prisons are greatly being without not there made a comparison to those in men's prisons. Medical services in women's prisons are unequal to men's medical services in both able use and quality. Women's prisons often exist without the t knowledge and ready (to be used) medical care men's prisons [10].

This paper will make a comparison of medical facilities and care in women's prisons and those in men's prisons, making out the existence without medical facilities in women's prisons, leading to sound recommendations to house the hard question.

3. Results

3.1. Problem identification based on Data analysis

3.1.1 Physical health

With their lack of cleanliness and appropriate sanitation and their overcrowdedness, Incarceration facilities often perpetuate physical health problems. A California study found that unintentional and usually preventable injuries, including broken bones and head injuries, were widespread in women's prisons. The Women in Prison Project stakeholders were particularly concerned about staphylococcus, which can be fatal. And It is easily transmitted through unsanitary conditions; the risks of contracting it increase after surgery due to poor follow-up care. Incarcerated women were very concerned about their health exposure due to their unsanitary living conditions and living quarters with so many women. And one incarcerated woman in California spoke of sneaking cleaning supplies after the routine cleaning to maintain her area between the official cleanings. Women discussed living with obviously sick women and even had open wounds [11].

3.1.2 Healthcare gaps

It is common for incarcerated women and researchers to describe their healthcare as inadequate and insufficient. Young interviewed inmates who felt they were not provided with thorough care. In some cases, these women didn't feel they had any input on what treatment they might receive, such as exercising instead of only taking medication.

The healthcare place, position in women's prisons is not studied around the nation. in harmony with a 2001 nationwide take views of women's prisons, while these facilities had a meeting the basic health-care needs of putting away women, work for which a person is noted services for chronic diseases, Disabilities, and of the mind state of being healthy - conditions more common among

women put away - were less in harmony. A 2016 qualitative learning process in Canada also let be seen important barriers to prison health-care in-take ways, including a feeble amount of knowledge about what services are offered and important, has a part in looking upon doing work well, secret details, and exchange looking upon the Health Service Request form process [12].

Women in Ahmed et al.'s learning process in Canada reported break-down or things causing a stop of health-care upon a place to come and go through and give out from prison as a wall to keep others out to health-care, including pharmaceutical care for chronic conditions and of the mind state of being healthy diagnoses. In addition, their experiences with the prison health-care system badly, less than zero acted-on their post-release health-care engagement, causing feelings of disempowerment The learning process of justice-involved women in Australia, in which women were talked with pre-release and after give out about health-care experiences, discovered women described their health-care make use of as a form of "medical being without a house" marked by having short existence and got broken up care. stigma and fear of stigma were also cited as barriers to women making a connection with town hhealth care in harmony with t learning process among zamZambiamale prisoners, female persons living in a house stated poor conditions coaking a point of very great conditions to do with public health and food-taking [13].

The women talked with stated feeling troubled about the potential for infectious disease sending (power and so on) coming out from not (good) enough conditions to do with public health, particularly skin infections, dysentery, and small insects living on animals or men. The prison did not supply soap, detergent, and sanitary products

3.1.3 Lack of gender-specific services

There is important Evidence that women give a reaction differently to group overseeithe the ng, process of being put away, treatment, and get-well than men. importantly, sex statement is not factored into getting persons for position decisions - for institutions or one's word - and trainis not givengave birth to get ready working group to work effectively with women offenders. The sizeable greater number or part of programs offered in the four women's prisons are like in every way to those offered in the men's prisons.

Most correctional facilities also have different sides between male and female persons living in a house. Because of their small numbers, women prisoners are more likely to be put away in maximum-security buildings, where women of different safety levels are either got mixed or separated by insideuthe sing system of order because of their small numbers.

In contrast, men are generally given to prisons based on a range of causes producing an effect, including their Criminal offense, Criminal background, and psychological outline. in addition, because of the greater number of male organizations, men support a much better chance of being housed near their house, making it simpler for family, friends, and attorneys to go to. Until lately, most states be supported only one prison building for women, often given position of far from a chief buildings-covered inside middle; as an outcome of that, more female prisoners were kept separate from their children and lawful and the group gets support.

In comparison to prisons for men, rules within women's prisons take are of to be greater in number and pettier in nature. Female prisoners are often cited for training punishment offenses that are usually not taken into account in men's buildings. While they are less violent than their males things balancing, they seem to get more training in punishment tickets for less serious offenses [14].

3.2. Cause of the problems

3.2.1 Lack of services

In California, women's prisons are overcrowded, with 186% of the capacity used. As a result, programming space, programming, and staffing are reduced. In addition, such overcrowding can also create unsanitary conditions, putting women at risk of contracting diseases [15].

3.2.2 Difficulties recruiting

As a result of the relatively low pay, the typically remote, rural locations of prisons, and the significant stigma associated with working in correctional facilities, recruiting medical professionals can be challenging. According to Dabney and Vaughn, physicians who work in correctional settings are viewed as inept. Moreover, the specific requirements of working in such a setting may not be desirable [17].

In the study conducted by Ammar and Erez, nurses faced mandatory overtime. As such, nurses with undergraduate and advanced degrees have more appealing and lucrative opportunities for employment elsewhere; prison doctors who may have had licensure problems are still employable within the prison system. Correctional facilities may also attract health care providers who are attracted to controlling and punishing prisoners.

3.2.3 Adapted from a male model

Female facilities and treatment replicate that of males, with negative health consequences for women. Women constitute a small portion of the correctional population has been used to justify a lack of adequate programming and treatment. Women's particular needs, such as counseling to address their histories of trauma, and the importance of creating a safe space for women, are disregarded in favor of custodial concerns and medication. Similarly, this may explain the overwhelming disregard for women's reproductive needs. Interestingly, gender is not taken into account in staffing decisions - for institutions or parole - and training is not provided to prepare staff to work effectively with women in correctional care. According to a male model, medical personnel appears to be staffed, who reported that inmates who fear punitive repercussions have difficulty revealing their personal history and telling the truth to counselors with correctional affiliations.

4. Discussion

4.1. Prioritize medical services

It seems clear that custodial concerns are often prioritized to the detriment of medical concerns. Given the relation between women's health needs, such as drug addiction, and their success after release and ethical and legal medical obligations, this balance needs to shift to accommodate adequate health services. It might be sensible and cost-effective to move health care outside correctional facilities and make an outside agency responsible for health care delivery.

4.2. Improve the quality of staff

Hiring standards must be improved, and there are incentives for recruitment and retention to ensure that competent and well-meaning staff are employed. Efforts should be made to hire women and persons of color to work in prisons. Furthermore, quality training must be provided to ensure that the correct services are administered and positive, culturally, and gender-appropriate attitudes are exhibited; negative socializing should be curbed as much as possible. Medical staff should have clear guidelines to ensure accountability. Drug treatment options; researchers suggest that women who are undergoing drug treatment or who have been successfully released from parole be eligible for benefits [9]. The ban on work opportunities for parolees in various sectors as well as the ban on former offenders as barbers and beauticians should be re-examined. In addition, the government should ensure that all incarcerated women leave correctional facilities with appropriate IDs. The Adoption and Safety of Families Act should be amended to reflect the specific restrictions imposed on incarcerated women, which may extend the time it takes for women to reunite with their children.

4.3. Provide gender-responsive services

Considering women's unique histories, needs, and pathways to crime, gender-responsive programming is essential at every system level. Some necessary improvements, such as follow-up of services and promoting community linkages, would be helpful to incarcerated individuals.

Nevertheless, it is insufficient to improve services without paying attention to women's unique health issues and pathways to criminality.

4.4. Increase prevention efforts

Preventive efforts need to be expanded and improved. Specifically, exercise and nutrition need to be taken into account, routine screening should be systematic, and voluntary testing for threatening or infectious diseases should be available and kept confidential. In addition, education could be a potent prevention tool.

4.5. Improve follow up efforts

Medical staff must adopt standard record-keeping and note-taking systems and protocols to respond quickly to abnormal test results and properly care for women after surgery.

When confronted with disparate programs, education and vocational programs have been challenged with mixed success. Many state and federal correctional facilities that house male inmates provide educational and vocational training, while such programs are uncommon in women's facilities. To help female inmates return to community life, it is imperative that training be expanded to provide them with marketable skills.

Most female inmates will eventually return to their communities. Inmates who go untreated during incarceration, whether addicted to drugs or infected with diseases that can be passed along to the general population, will still have health issues once they are released. Correctional policymaker's efforts to improve the health and well-being of incarcerated populations will ultimately benefit the community.

4.6. Improve access to care

Facilities should eliminate the co-pay, sick call, and hot meds policies, as they are particularly ineffective. As previously discussed, these services worsen health conditions by forcing women to fill out forms they may not understand due to language barriers and illiteracy, wait in long lines for extended periods, and be unable to advocate for their well-being. Furthermore, these policies do not support positive patient-doctor relationships and are not conducive to providing adequate health care. Verbal and written translation services should be available to women who struggle with English. Furthermore, women with low-literacy skills also require special assistance[10]. Expanding the system's response to women's expressed health requests, particularly regarding a more holistic approach to health care, could help make women used to different forms of health treatment more comfortable and receptive to services within correctional facilities.

5. Conclusion

Inadequate resources mainly cause health problems among women prisoners for health services, difficulties recruiting medical staff, and a lack of consideration for the specific needs of women. Prisoners have limited access to health care and usually do not get the appropriate treatment. It is hoped that this article will draw attention to women's medical care in prison, improve their medical conditions, and better alleviate the inequality between men and women in prison.

This paper lacks the use of primary data, mainly secondary data, so the examples are not much fitting. In the future, researchers can get primary data by doing surveys and interviews to improve the paper.

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