

Women in prison in the Republic of North Macedonia: health and mental health

Women in prison are among most vulnerable group of the society, facing numerous degradations, misuse, negligence and deprivation. The main aim of the study is to explore and understand the situation with the provision and needs of the physical and mental health of women prisoners in the only women's department in R.N. Macedonia. Additionally, the study is investigating the provision of health and mental health care and services delivered to the women in prison as well as the conditions of the environment, food and hygiene. The study is a qualitative study based on the data collected from one-on-one, semi-structured in person interviews with women prisoners in "Idrizovo" prison at the women's ward. Participants in the study were women prisoners from 18 years of age or older and currently placed at the women department at the "Idrizovo" prison in Skopje, R.N. Macedonia. Regarding sample in total n=12 imprisoned women were selected for an interview, selected randomly from the list of the total women imprisoned at the moment of the assessment. The results of the research suggest that female convicts have problems with health and mental health. The biggest stressor is separation from family - especially children. Women inmate to reduce and cope with stress use different strategies, like emotional (A) (express emotions, reading, writing) and social strategies (S) (sharing with others, membership and support of the group). Cognitive strategy (C) is not used enough, because women in the prison feel isolated and cannot influence their life conditions. The prison in R.N. Macedonia does not provide them with basic conditions and standards relevant for their well-being such as: exercise, education, vocational skills, treatment groups, psychological services. Based on the data obtained from the study several recommendations are proposed for improving the physical and mental health of women. The main recommendations are focused on improving access to the health and mental health services in order to meet the needs of the women prisoners. The conditions in women prison should meet the basic conditions and standards of environment, food and hygiene.

Keywords: prison, women inmates, health, mental health, stress

Introduction

The situation of women in prison requires special attention. Imprisoned women are among the most vulnerable categories of the society, facing various humiliations, abuse, neglect and human rights deprivation. Regarding imprisoned women globally, developing trauma services are vital, taking into the consideration that the majority of incarcerated women have experiences of violence, trauma, and abuse (Ervin et al., 2020). At the international level the adoption of the Kyoto Declaration on Advancing Crime Prevention, Criminal Justice and the Rule of Law: Towards the Achievement of the 2030 Agenda for Sustainable Development was vital, at the Fourteenth United Nations Congress on Crime Prevention and Criminal Justice in Kyoto, Japan, from 7 to 12 March 2021, (UN, 2021). Among other relevant questions that were addressed by the Kyoto Declaration on the

improvement of care, human right and access to the health and mental health services, special part was dedicated to the development and implementation of effective policies and plans to achieve gender equality. Women and women's health and human right in prisons requires steps to further implement concrete action to ensure the enactment of the Beijing Declaration and Platform for Action and to protect women and girls against being victimized in the justice process (UN Women, 1995) and guarantee implementation of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984). World prison population rates, based on United Nations estimates of national population levels, is 140 per 100.000 (Walmsley, 2003). Regarding gender differences, the *World Female Imprisonment List* report shows that more than 740.000 women and girls are held in penal institutions throughout the world, either as pre-trial detainees/remand prisoners or having been convicted and sentenced, without data from five countries that are not available, including incomplete data from China (Fair & Walmsley, 2022). From the total prison population about 6.9% accounts for women, while the proportion of women imprisoned varies in different regions, and for example in Africa it is 3.3%, where in Europe is lower with 5.9%, 6.7% in Oceania, 7.2% in Asia, and 8.0% in the Americas as a result of large female prison population in the USA (Fair & Walmsley, 2022). EUROSTAT data (Eurostat, 2024) reveals that the number of prisoners in the European Union (EU) countries is around 483 600 in 2022, with a 1.7 % increase compared with 2021. Regarding gender distribution in 2022, 5.3 % of adult prisoners in the EU countries are women, nearly the same percentage as in 2021. Among the EU countries Hungary (200) and Poland (190) are with highest rates per 100 000 people in 2022. The lowest prisoner rates per 100 000 people rates were predominant in Finland (52), the Netherlands (64) and Slovenia (65), (Eurostat, 2024). Regarding the situation with the overcrowding, the highest overcrowding was detected in Cyprus with an occupancy rate of 226, followed by France (119) and Belgium (118), (Eurostat, 2024).

Women in prison in the Republic of North Macedonia

The penitentiary legal framework in the country is ensured by enactment and implementation of the Criminal Code of the Republic of North Macedonia (Official Gazette, 248/2018) and Law on Execution of Sanctions (Official Gazette, No. 99/2019, 220/2019, 2024) updated in 2019. Both are in line with international standards and practices in the field of execution of sanctions, especially the European Prison Rules of the Council of Europe Rec(2006), the UN Mandela Rules regarding the rights of prisoners (UN General Assembly Resolution, 2015) and the UN Bangkok Rules (UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, UN General Assembly Resolution (2010).

The Law on Execution of Sanctions stipulates that women prisoners shall be guaranteed the right to health care and shall be provided with the necessary medical assistance and hospital treatment (Trpevska & Lažetić, 2023). Women imprisoned should have access to the health care services at the primary, secondary and tertiary level. Adequate provision of the health care remains among the utmost unmet needs of prisoners also nowadays. Over the past decades, and at present, the women prisoners and detainees have been complaining about the lack and scarcity of adequate health care. The Commission for Prevention of

Torture (CPT) report confirmed no changes in the domain of delivering health care and services to the prisoners. The lack of gynecologist for women and dental services are additional health concern (Council of Europe, 2021). The four health employees from the Public Health House Skopje (primary health care doctor, dentist and 2 nurses are only part time present at the “Idrizovo” premises. Additional problem is referral to the secondary and tertiary level health care service that are usually done with delay.

The “Idrizovo” prison is the only institution in the Republic of North Macedonia in which there is a special department for women, where women from the entire country who have been send to prison sentence or a juvenile prison, are serving their prison sentences there. Legal provisions and specifics in the treatment of women as a specific group according to the Criminal Code (Official Gazette, 248/2018), where the separation of convicted persons of different sexes is arranged (Article 40). According to the European prison recommendations, they should be accommodated separately, but female convicts are placed in a separate department within the "Idrizovo" prison, which, considering the small number, is the only place in the country for female convicts. The European recommendations for enabling accommodation separately for adult women, female convicts serving a sentence in juvenile prison and correctional home are not met, although set in the Law on Execution of Sanctions (Official Gazette, No. 99/2019, 220/2019, 2024). Although they are divided and have differences in conduct, they have daily contacts, which enables communication and undesirable effects that are not in accordance with the Law and there is a possibility of negative outcomes, especially for young females. The Commission for Prevention of Torture (CPT) report from 2021 reviles that a total of 2.244 persons were being held in “Idrizovo” prison (i.e. a prison population rate of 105 per 100,000 inhabitants) for an overall capacity of 2.805 places. The total of 2.166 persons were being held in “Idrizovo” prison during the visit of the research team in April 2024, from which 72 are women, that is about 3.3% percentage of total prison population.

Physical and Mental Health in Prison: Women Perspective

The WHO Health System Framework states that primary care, secondary care, and preventive services—which are regarded as primary care in the sense of initial point of contact—are the fundamental components of health service delivery in prisons. (World Health Organization, 2021). The foundation of medical care provided in the prison health system is primary care, which covers both curative and preventive treatment for common diseases. In order to guarantee that inmates who are ill receive the specialized care they need and should be sent to other facilities when necessary, and prison health services must also have easy access to specialized care (World Health Organization, 2021). One major factor influencing health is the physical and social environment that inmates live in. A healthy environment should provide enough space, light, and fresh air for housing; clean, hygienic restrooms and hygiene standards; appropriately sized, climate-appropriate clothes and heating; and sufficient, adequate food provided. (World Health Organization, 2020). According to Engist et al. (2014), problems like violence and overcrowding are typical in jails and are a part of the physical environment issues. This influencing factor directly reflects environmental conditions, due to the problem with overcrowding. Inadequate health habits and behaviours are a significant part of prison health. The majority of inmates have

come from underprivileged backgrounds (Global prison trends 2024) states that approximately one-fifth of prisoners are serving sentences for drug-related offenses. According to Enggist et al. (2014) and Parkes et al. (2010), drug and alcohol use are disproportionately high among prisoners when compared to the general population (Hamlyn & Brown, 2007). Alcohol consumption usually leads to jail since it is regularly linked to aggressive behaviour, such as assault, domestic abuse, and other offenses (Hunt et al., 2022). Compared to the general community, smoking prevalence is more than three times greater in jails (Binswanger et al., 2009; Fazel & Baillargeon, 2011). These leads to conclusion that the prison community affect development of harmful health practices.

For most people, being incarcerated is an extremely stressful circumstance. According to psychiatrics Rache (1990), being incarcerated ranks fourth on a scale of stressful life events. More trauma and stressful life events are experienced by incarcerated people than by the general population (Briere et al., 2016; Radatz & Wright, 2017). This increases their likelihood of developing a number of mental health conditions, such as depression and suicidality. The primary issues and stressors identified by the research (Corston, 2007) include: the absence of friends and family, restricted freedom, lack of particular items or activities, disagreements with other inmates, regrettable and unsettling thoughts about past events and children, worries about what lies ahead after release, boredom, poor housing, limited medical care, a lack of staff support, and worries about one's own safety. Stress is increased by unfavourable characteristics of the penitentiary environment, such as the presence of other prisoners, overcrowding, and lack of closeness.

Research findings indicate that there are significant individual variations in how well inmates adjust (Bontrager et al., 2013; Corston, 2007). Individual variations according to age, gender, race, and family composition. Research indicates that women are more susceptible than males to stressful conditions while incarcerated. The women in prison are cut off from their friends and family, which makes them feel depressed, guilty, and extremely stressed. Women have distinct needs than men in terms of their physical and mental well-being. Women who are incarcerated face two disadvantages (Corston, 2007; Maruschak et al., 2021). While incarcerated, gender discrimination and disadvantage worsen, and after release from jail, they become much more noticeable. Interventions that are gender sensitive must be considered psychological suffering from a life stage viewpoint. Being a mother is one of the factors that significantly differs between women and men incarcerated (Martin, 2017; Raeder, 2012).

Methodology

Aim of the study

The main aim of the study is to explore and understand the situation with the provision and needs of the health and mental health of women prisoners in the only women's department in R.N. Macedonia. Additionally, the study is investigating the provision of health and mental health care and services delivered to the women in prison as well as the conditions of the environment, food and hygiene.

Research Questions

How do women prisoners appraise the physical and mental health care and services provided by the institution and their needs, including health behaviors?

What are the most common stressors that women prisoners face in prison?

What coping mechanism they are using to cope with the stress and what is the most difficult situation for them?

What are the most common ways in which women are spending their free time in prison?

Do they have organized educational and/or recreational (physical activities)?

Study design

The study is a qualitative study based on the data collected from one-on-one, semi-structured in person interviews with women prisoners in “Idrizovo” prison at the women’s ward. The analysis also relies on:

the secondary data information was collected through a computer-based search on documents and information provided by various projects, organizations and agencies: records, statistical analyses, reports; websites, which reflect latest policies, laws, and services provided for women in prison;

data collected from the visit to the “Idrizovo” prison and the environment (indirect data of the sociodemographic data of the women prisoners were collected from the inspection of the documentation of the offenders through the prison’s official employees;

information obtained from the field visit of the assessment team composed of three psychologists into the facilities of the women’s department, rooms where they are placed, kitchen where food is prepared, and toilets);

an interview with the employees (the social worker, who is employed as an educator in the women’s department, members of the prison police):

The criterion regarding the time frame includes the latest possible available documents.

Sample

Participants in the study were women prisoners from 18 years of age or older and currently placed at the women department at the “Idrizovo” prison in Skopje, R.N. Macedonia. From the list of the women imprisoned every 7th woman was randomly assigned for an interview. Out of 72 women 16.7% or (n=12) convicted women were selected for an interview. Participants who were interviewed provided informed consent prior to participation in the study in line with the ethical principles and standards as per the Declaration of Helsinki. The study was approved by the Institutional Faculty Board. Additional permission was obtained by the Directorate for execution of sanctions of the R.N. Macedonia.

Procedure

A research team of three members trained in interviewing vulnerable groups administered the interviews in person in the period from March to April 2024. Interviews were lasting around 60 min each. The semi-structured guide of 15-20 items was prepared covering several relevant domains of the study aims: appraisal of the needs and provision of the physical and mental health care and services by the institution; the most common and difficult stressors for women prisoners; coping mechanism they use to overcome stress; ways in which women are spending their free time in prison; health behaviors; educational and/or recreational (physical activities); the role of the family in preserving the mental health of female prisoners and possibilities for visits and permission for home visits.

Results

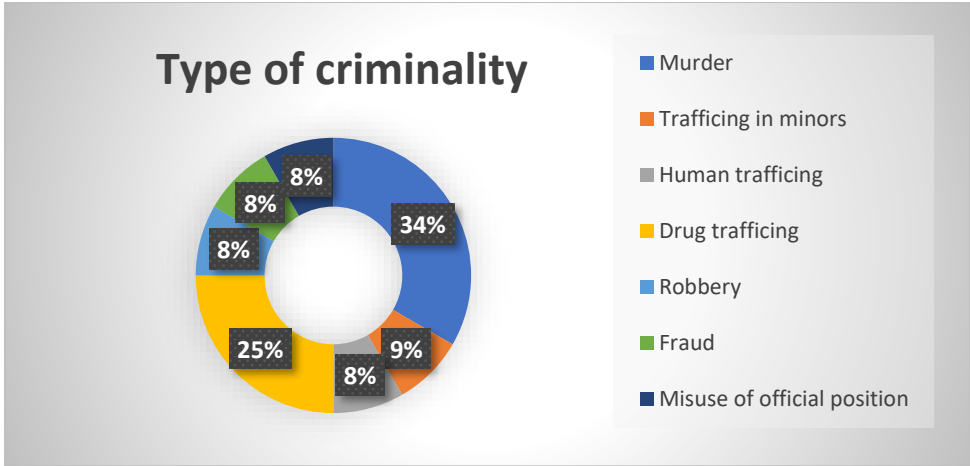
Sociodemographic characteristic of women prisoners in the RN Macedonia

The Table 1. below presents the trend in the female prison population in the Republic of North Macedonia from 2000 to 2022. Although the number of female prisoners in the prison population is relatively increasing the percentage is relatively stable in comparison with the total prison population that female prisoners constituted. Regarding female prison population rate per 100.000 of the national population we can follow an increasing trend.

Table 1. Female prisoners in RNM (Source: World Prison Brief, 2024)

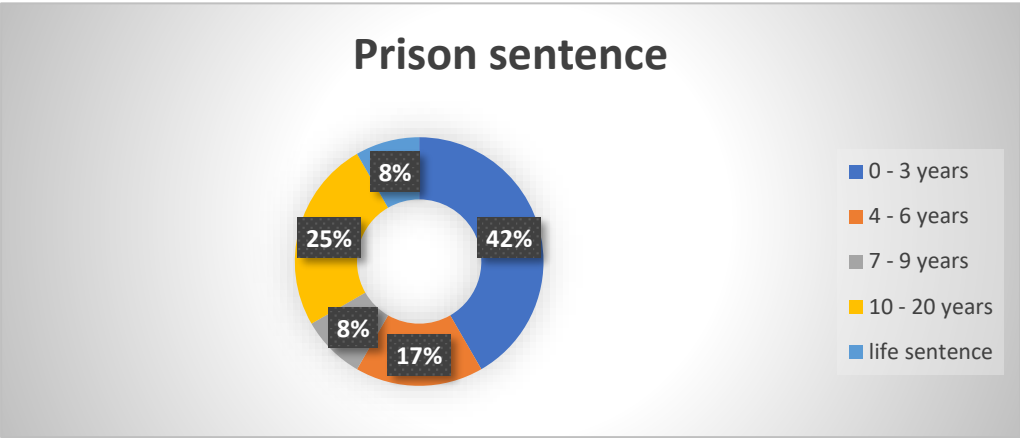
Year	Number of female prisoners	Percentage of total prison population	Female prison population rate (per 100,000 of national population)
2000	32	2.3%	1.6
2005	66	3.1%	3.2
2010	59	2.3%	2.9
2015	112	3.2%	5.4
2022	73	3.1%	4.0

From the total number of women prisoners (n=72) convicted in “Idrizovo” prison at the moment of the assessment, they are perpetrators of the following crimes: murder (13), drug trafficking (13), child trafficking (12), robbery (12), fraud (6), serious robbery (5), mediation in prostitution (2), human trafficking (2), abuse of official position (2). Half of them are perpetrators of property crimes (robbery and serious robbery), about 1/4 are perpetrators of drug trafficking and about 1/4 are perpetrators of child trafficking, i.e. prostitution. In the sample of interviewed women (n=12), the largest percentage of women prisoners were perpetrators of homicide (34%), followed by drug trafficking (25%), while the least part was imprisoned for fraud (8%), robbery (8%) and misuse of official position (8%), (See Graph 1).



Graph 1. Type of criminality

In the sample of interviewed women (n=12), the largest percentage of women prisoners are serving a prison sentence of 0-3 years (42 %), while the smallest part of them, i.e. one female prisoner, is serving a life sentence (%). The other details can be seen in Graph 2.



Graph 2. Prison sentence

Concerning the education, from the total number of women prisoners (n=72) a significant percentage are illiterate, that is, with incomplete primary education (37%). One third of them have completed high school (36%), while 8 female prisoners have completed higher education. In our sample (n=12), 25% of the women imprisoned are with primary school education, 25% of them are with high school education and university degree are about 25%. The rest of them are without education.

When it comes to their marital status, about 50% of the women were married or are living in an extramarital union. About 25% of are divorced, and same percentage 25% are not married in the sample of interviewed prisoners. It is important to point out that 50% of

them are mothers with two or more children, 16.67% have one child, while about 33.34% of women prisoners in the sample (n=12) do not have any children. Taking into account that they are relatively young, i.e. they are up to 40 years old, it can be assumed that a significant part of them have minor children.

When it comes to their occupational status of the women in the sample, 1/3 of the female prisoners are unemployed at the time of the crime or do not have certain work history. The other 2/3 of prisoners are working in sewing companies, catering, in gambling shops or trade. A few worked as hairdressers, bakers, projects, schools and legal institutions. Taking into account the educational structure and labor status, it can be concluded that more than half are with lower social status, with limited or no income.

Physical and mental health in women prisoners, including health behaviors

Regarding the physical health conditions, the vast majority of the women prisoners (83.34%) have reported difficulties with some health conditions. Some of the health issues that women complain about are: high blood, arrhythmia, anemia, epilepsy, reproductive health problems, problem with endocrine glands, spondylosis and others. Majority of women (75%) have reported high dissatisfaction with the health services provided in “Idrizovo” prison, highlighting the dental services as the worst and some satisfaction with the services provided by the general practitioner.

Due to the limited availability of medical personnel, women are sometimes encouraged to tolerate less severe pains and distresses while awaiting care from healthcare professionals. In addition to the general health care constraints brought about by the low quality of service and infrequent visits from medical professionals, our analysis revealed a problem with access to gender-specific health care. As was previously indicated, women in our study reported not getting annual mammograms or pap smears, which is consistent with results from other countries that show incarcerated women do not receive routine gynecological and breast checkups. Prisoners stated that in addition to infrequent visits, they encountered several other challenges when trying to obtain health care services. These include dreadful conditions of the dental care services and also very the negative attitudes of healthcare professionals. Women who participated in our survey also observed that prison nurses lacked empathy and kindness that one would expect from those in the medical field.

There is a lack of mental health professionals. The majority of women imprisoned state that they have mental health difficulties for which they only receive medication prescribed by a psychiatrist that comes to the prison occasionally and is employed by the Public Health Centre Skopje. At the time when this research was carried out, there was no psychologist in “Idrizovo” prison, (because he was on long-term sick leave, and in the meantime no replacement was found). However, because there isn't a psychologist as staff, they are unable to access psychological support or any type of psychosocial treatment. Apart from the psychiatrist, who is not an employee of the institution, but comes once a week, the prison does not have professionals who are at the disposal of female convicts (and all other convicts) when it comes to issues related to their mental health and the prison that has more than 1000 inmates and does not have a single psychologist available. The prison

management should immediately hire few psychologists to start deliver psychological care and counselling.

Free time and occupational commitment of women in prison

The daily activities that female convicts usually do in their free time is very limited and it is mainly focused on walking (2 hours per day). Some of them reported also reading books and watching TV. In terms of occupational commitment, in the women's department, it is reduced only to maintaining hygiene in the premises and cooking due to the lack of sufficient nutrition in prison. Only one woman reported working in the prison warehouse. The lack of occupational commitment and recreational activities leads to sedentary lifestyle of women prisoners, where they are smoking, there is an increasing need for benzodiazepines use spend most of their time sleeping.

Discussion

Mental health problems are more prevalent among the prison population than the general population," according to research study (Watson et al., 2004). Compared to men, women are more likely to enter penitentiary with already deprived mental health, which is frequently linked to experiences of physical and/or sexual abuse as well as domestic violence (UNODC, 2009). In addition, they are more susceptible to mental health disorders, including anxiety and depression, due to past experiences of sexual and physical abuse as adults and children. Being apart from their kids has a disproportionately negative impact on the mothers and other key caregivers who enter prison. Some people have a past filled with instances of self-harm. According to studies conducted in the United States, an upsetting proportion of women incarcerated have undiagnosed and untreated mental disorders; many of these women also have physical health difficulties that are acute or chronic in nature, as well as untreated mental health difficulties (Kane and DiBartolo, 2002). According to Bangkok Rules and more particularly, Rule 12, women prisoners with mental health care needs in prison or in non-custodial settings shall have access to individualized, gender-sensitive, trauma-informed, and comprehensive mental health care and rehabilitation programs (United Nations General Assembly Resolution, 2010). In the actual sample of our study 83.3% of women imprisoned reported having various mental health problems such as: anxiety, depression, agitation, panic attacks, feeling nervous, grief and feeling guilty, disappointed, unhappy and most of them have undetected mental health problems, and use benzodiazepines occasionally. Only 16.7% report not having any mental health problems. About addiction problems from the total number of women in prison about 1/3 (36%) have or had a problem with drug addictions, alcohol addiction and only one women prisoner had a problem with gambling addiction. About 10 of women are having addiction disorder, receive regular methadone therapy in prison, as a long-term drug dependence (EMCDDA, 2012; Filov et al., 2014)

Separation from beloved ones, especially from their children is the most difficult fragment for the women inmates. Women have rarely visit family and children, while contacts with children are mainly reduced to the visits in the prison. Women who are long sentenced, are not allowed to go on weekends until they pass two-thirds of their sentence. Therefore, the meetings with children are reduced to the very short time (2 hours, every two

weeks). They spend time together in the room in the prison for visiting for all prisoners and there is no special place for visitation of children with more appropriate environment. From the point of keeping the socio-emotional attachment with children through regular and quality contacts, this makes the most stressful situation for all women imprisoned that are mothers and for their children. In the case of women, whose children are placed in foster families for various reasons, the situation is even worse, because the visits are organized by the social work centre of the city of origin of the woman, by the request of the mother. These visits are extremely rare, sometimes they do not take place at all, due to insufficient cooperation between the social service in the prison and the centres for social work.

Our research shows that the biggest stressor for women in the prison is the distance of the children and the family. Similar studies showed similar findings that it is very big stress and difficulty for mothers with young children, therefore maintaining family contacts and connections may be an especially important treatment target for females (Crites, 1976; Nagy et al., 1997). Mothers in prison have reported feeling anger, anxiety, sadness, depression, shame, guilt, decreased self-esteem and a sense of loss when separated from their children (Keaveny & Zauszniewski, 1999; Pennix, 1999; Young & Smith, 2000). The degree to which the incarcerated mother experiences these types of distress, has implications for both the child's emotional development and the mother's mental health (Hock & Schirtzinger, 1992). Therefore, it is very important to support women to have advanced quality contacts with their children (more frequent, longer and in conditions suitable for children, in a separate room). This recommendation is also given previously in another research report finding (Batic & Dimitrovska, 2013), but within one decade nothing has changed on the subject. The other types of stressors that women faced and reported are loss of freedom, the uncertainty of the prison, dissatisfaction of the prison staff, fear of the future, a sense of unfairness to judgment, boredom, bad conditions in the prison, and lack of appropriate food.

Coping mechanisms, we analysed according to the theory BASIC PH, by Lahad (1992). He noticed that people use a maximum of six channels of communication in coping with the world, and thus also coping with stress: B (Belief), beliefs or values; A or emotionality, feelings and moods, I or imaginativeness and creativity, S, or sociality and relationships with other people, or C cognition, facts and solve specific problems or physiological PH and physical activity. This model of stress and coping is very applicable and could be well adapted to the prison population to develop healthy ways of coping. Previous study for women imprisoned in RN Macedonia, (Batic & Dimitrovska, 2013) showed that the cognitive strategies, which include information gathering, problem solving, self-navigation, internal conversation were used the least. Women feel isolated from the rest of the world, and they feel powerless to solve problems while they are in prison. An emotional or "affective" coping mode (expressions of emotion: crying, laughter) and social mode (talking with someone about their experiences) were used the most. Namely, one part of the women discussed their problems with a roommate or with some close women in prison. They also, at difficult moments rely on family and friends of whom commonly are well accepted. "Maladaptive coping" ways included unhealthy behaviors (taking medication, smoking, oversleeping, suppression of emotions), isolation, giving up, and a general "inability to cope" (Batic & Dimitrovska, 2013). These research findings are similar with the actual study results. It seems that coping styles do affect the adjustment to imprisonment and the

wellbeing of female inmates, during their stay in prison (Nagy et al., 1997, Moore et al., 2021; Gunter, 2004).

Conclusion

The study indicated that 83.3% of women imprisoned reported having various mental health problems such as: anxiety, depression, agitation, panic attacks, feeling nervous, grief and feeling guilty, disappointed, unhappy and most of them have undetected mental health problems, and use benzodiazepines occasionally. There is a lack of mental health professionals, as at present there is no any psychologist working and only one psychiatrist presents occasionally, employed by another health institution. We can say that the women department in prison do not meet basic the physical and psychological requirements of women prisoners. State will remain a vital source of support for the provision of high-quality healthcare to women who are incarcerated and therefore should put more emphasis on improving them.

The vast majority of the women prisoners (83.34%) reported difficulties with some health conditions. Some of the health issues that women complain about are: high blood, arrhythmia, anemia, epilepsy, reproductive health problems, problem with endocrine glands, spondylosis and others. Majority of women (75%) reported high dissatisfaction with the health services provided in “Idrizovo” prison, highlighting the dental services as the worst and some satisfaction with the services provided by the general practitioner. Enhancements to prison health care must be part of public health standards and policies aimed at improving the general health of a population. high-quality medical care has the potential to lessen trauma for women who are incarcerated, enhance their physical and mental well-being, and help the women whether or not they are integration back into society.

Recommendations

A variety of comprehensive services are needed in order to meet the needs of women imprisoned.

Provision of mental health care with trained professionals that will ensure psychosocial treatment and counselling available. Also, initial psychological assessment of the mental health condition is needed when women are sentenced to prison. At the very least, mental health services should include periodic mental health assessments, rapid responses to emergency mental health situations (for instance, suicidal ideation).

Provision of general health care should be available including frequent visits from medical professionals including gender-specific health care, such as annual mammograms or pap examinations. Also, adequate and prompt referral to another health institution for secondary and tertiary health care should be provided.

The importance of education and training for all prisoners, as fundamental human rights has been widely acknowledged at the international level. This works to strengthen the employability and vocational skills amongst the women prison population, which would enable their easier and wider reintegration in society, as well as improve their chances to effectively compete at the labour market and find employment, which is seen as key factor in reducing the risk of returning to crime.

Deliver adequate housing for women prisoners that will meet women's specific hygiene needs, including sanitary cloths provided free of charge. Adequate hygiene in the rooms and all other facilities that are used should be delivered.

Provision of proper nutritious food and opportunities for regular exercise. It is necessary at the usual hours to provide women with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.

Development of specialized child friendly visitation rooms for women that are mothers of minors will enable adequate growth of the important relationship between child and mother.

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