



Constitutional And Judicial Dimensions Of Prisoners' Right To Health In India

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Abstract

The right to health and hygiene of prisoners represents a critical dimension of human rights within the criminal justice system. While imprisonment curtails personal liberty, it does not divest individuals of their fundamental rights, particularly the right to life and dignity under Article 21¹. This paper examines the constitutional, statutory, and judicial framework that safeguards the health and hygiene of inmates in Indian prisons. It analyses relevant fundamental rights and directive principles, highlighting how judicial interpretation has transformed prison healthcare into a justiciable entitlement. Key legislations, such as the **Prisons Act**,² and policy documents, including the **Model Prison Manual**,³ are explored to evaluate the adequacy of existing provisions. The study also engages with landmark judgments, where the Supreme Court expanded the ambit of Article 21⁴ to include medical treatment, nutrition, and humane conditions in prisons.

Despite these developments, systemic challenges such as overcrowding, inadequate medical infrastructure, poor sanitation, malnutrition, and neglect of mental health continue to hinder the realisation of this right. Drawing upon reports of the **National Human Rights Commission (NHRC)** and the **Law Commission of India**, the paper underscores the need for comprehensive reforms. Recommendations focus on legislative updates, infrastructural improvements, gender-sensitive healthcare, and alignment with international

¹ Article 21 of the Constitution of India.

² Prisons Act, 1894

³ Model Prison Manual, 2016

⁴ Article 21 of the Constitution of India.

standards such as the UN Mandela Rules and Bangkok Rules. Ensuring prisoners' right to health and hygiene is indispensable to upholding human dignity and reinforcing India's commitment to constitutionalism and justice.

Keywords: Prisoners' Rights, Health and Hygiene, Article 21, Prison Reform, Human Dignity

I. Introduction

Background

The prison system is one of the oldest institutions of governance, entrusted with the dual role of maintaining law and order and rehabilitating offenders. Traditionally, prisons were viewed as spaces of punishment and deterrence. However, in a modern constitutional democracy, prisons are not merely punitive institutions; they are also reformatory spaces aimed at preparing inmates for reintegration into society. In this reformatory approach, the health and hygiene of prisoners play a critical role because without physical well-being and mental stability, rehabilitation remains a distant dream.

Despite incarceration, prisoners do not lose their status as human beings or their entitlement to basic rights. The Supreme Court of India has consistently held that a prisoner, though behind bars, is not stripped of fundamental rights except those lawfully restricted as a necessary consequence of confinement. In fact, Article 21 of the Constitution has been interpreted to encompass the right to live with human dignity, which includes access to food, clean water, medical treatment, sanitation, and mental healthcare. Denial of these facilities amounts to cruel, inhuman, and degrading treatment, contrary not only to constitutional guarantees but also to India's international human rights obligations.

The importance of health and hygiene in prisons goes beyond individual rights it directly affects public health and social order. Prisons are closed environments, often overcrowded, where communicable diseases spread rapidly. Neglecting healthcare in prisons not only endangers inmates but also prison staff and, by extension, the community at large when prisoners are released. Thus, ensuring adequate healthcare in prisons is both a legal and a public health necessity.

Furthermore, the concept of dignity central to constitutional interpretation cannot be realized without a basic standard of healthcare. Denying prisoners medical treatment or forcing them to live in unhygienic conditions is tantamount to treating them as less than human. This reflects a punitive mindset inconsistent with India's constitutional philosophy of justice, liberty, equality, and fraternity.

In short, the right to health and hygiene in prisons is not a concession by the State but an enforceable entitlement flowing from the Constitution and international conventions. Yet, the persistent gap between the recognition of these rights by courts and their realization in actual prison conditions presents a pressing legal and social challenge.

Importance of Health and Hygiene in Safeguarding Dignity

The concept of dignity is at the heart of modern constitutionalism. In the context of prisons, dignity manifests in providing basic human necessities such as clean drinking water, adequate food, sanitation facilities, and access to medical care. International human rights instruments, including the **Mandela Rules**⁵, underscore that prisoners should enjoy the same standards of healthcare as are available in the general community. Without health and hygiene, rehabilitation the central goal of imprisonment remains unattainable.

Research Problem

Although Article 21 of the Constitution guarantees the right to life and personal liberty, which has been expansively interpreted by the judiciary to include healthcare, the actual condition of Indian prisons reflects a stark contrast. Overcrowding, lack of medical staff, inadequate sanitation, and neglect of mental health are persistent problems. Numerous reports of custodial deaths, suicides, and disease outbreaks in prisons highlight the systemic neglect of healthcare. The central research problem, therefore, is the **gap between constitutional and judicial recognition of prisoners' right to health and its implementation within prison walls.**

Objectives of the Study

1. **To analyze constitutional provisions relating to prisoners' right to health** – Examining the scope of Articles 14, 19, and 21, along with Directive Principles of State Policy,⁶ in relation to prisoners.
2. **To study judicial pronouncements shaping this right** – Evaluating landmark judgments where courts have expanded the meaning of the right to life to include medical care, sanitation, and mental health for prisoners.
3. **To identify challenges and suggest reforms** – Investigating structural issues such as overcrowding, gender-specific healthcare needs, and lack of accountability, and proposing reforms for better realization of the right.

Methodology

This research adopts a **doctrinal and analytical approach.**

- **Doctrinal research** involves examining primary sources of law, such as constitutional provisions, statutory enactments (Prisons Act, 1894; Model Prison Manual, 2016), and judicial decisions, to trace the legal recognition of prisoners' right to health.

⁵ UN Standard Minimum Rules for the Treatment of Prisoners

⁶ The Constitution of India, 1950

- **Analytical research** entails critical evaluation of secondary materials such as **National Crime Records Bureau (NCRB) statistics, National Human Rights Commission (NHRC) reports, Law Commission recommendations**, and international standards (Mandela Rules, Bangkok Rules, WHO Guidelines). The combination of doctrinal and analytical methodologies enables a holistic understanding studying both the legal recognition of rights and the practical challenges in their enforcement.

II. Constitutional Framework

1. Fundamental Rights

Article 21 – Right to Life and Personal Liberty

Article 21 of the Constitution of India provides that “No person shall be deprived of his life or personal liberty except according to procedure established by law”⁷. Initially interpreted narrowly, the provision has been significantly expanded by judicial pronouncements to include the **right to live with human dignity**, which extends to prisoners.

In *Sunil Batra v Delhi Administration*⁸, the Supreme Court emphasised that prisoners are not denuded of their fundamental rights and that the right to life under Article 21 encompasses protection against inhuman treatment and neglect of health. Similarly, in *Parmanand Katara v Union of India*⁹, The Court held that the right to emergency medical care is available to all individuals, including prisoners. The Court has repeatedly reiterated that the right to health is intrinsic to Article 21 and denial of adequate healthcare amounts to a violation of this constitutional guarantee (*Paschim Banga Khet Mazdoor Samity v State of West Bengal* ¹⁰).

Thus, Article 21 serves as the primary constitutional foundation for recognising healthcare as an enforceable right of prisoners, encompassing medical treatment, sanitation, and mental health facilities.

Article 14 – Equality Before Law

Article 14 guarantees that “The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India”¹¹. The term “person” is inclusive of prisoners. The Supreme Court has clarified that incarceration does not create a separate class of individuals outside the ambit of fundamental rights (*State of Andhra Pradesh v Challa Ramkrishna Reddy*¹²).

By invoking Article 14, prisoners can claim non-discriminatory treatment in access to healthcare. For example, denial of medical facilities to prisoners while such facilities are available to citizens at large would violate the principle of equality. Equality before the law implies that prisoners cannot be treated with hostility or neglect solely because of their status as convicts or undertrials.

⁷ Constitution of India, 1950, Art 21

⁸ *Sunil Batra v Delhi Administration* (1978) 4 SCC 494

⁹ *Parmanand Katara v Union of India*(1989) 4 SCC 286

¹⁰ *Paschim Banga Khet Mazdoor Samity v State of West Bengal* (1996) 4 SCC 37

¹¹ Constitution of India, 1950, Art 14

¹² *State of Andhra Pradesh v Challa Ramkrishna Reddy* (2000) 5 SCC 712

Article 19 – Protection of Certain Freedoms

Article 19 confers several freedoms, including speech, expression, movement, and association, subject to reasonable restrictions¹³. Although incarceration necessarily curtails certain freedoms (such as movement), prisoners do not forfeit all rights under Article 19.

In *Charles Sobhraj v Superintendent, Central Jail*¹⁴ The Court held that restrictions imposed on prisoners must be reasonable and cannot override their basic dignity or essential rights, such as the right to health and sanitation. Therefore, while the State may regulate the extent of freedoms under Article 19, it cannot impose restrictions that result in denial of healthcare or hygienic living conditions, as such restrictions would be disproportionate and contrary to the spirit of the Constitution.

Together, these provisions form the **constitutional bedrock** of prisoners' right to health and hygiene in India.

2. Directive Principles of State Policy (DPSPs)

The Directive Principles of State Policy, though non-justiciable under Part IV of the Constitution, are fundamental in the governance of the country¹⁵. The Supreme Court has consistently held that DPSPs must be read harmoniously with Fundamental Rights to give them substance and meaning¹⁶. In the context of prison healthcare, certain DPSPs directly impose obligations on the State.

Article 39(e) – Protection of Workers

Article 39(e) directs the State to ensure that the health and strength of workers are not abused¹⁷. The expression workers have been interpreted broadly to include all individuals engaged in labour, and this extends to prisoners who are often assigned prison labour as part of correctional programmes.

In *People's Union for Democratic Rights v Union of India*¹⁸ The Court held that the right against exploitation and the duty of the State to prevent abuse of labour flow directly from Articles 23 and 39(e). Applying this principle to prisons, any hazardous or exploitative prison labour without proper safeguards, wages, or medical care would violate constitutional mandates. Thus, Article 39(e) provides a normative foundation for ensuring that prison labour is carried out in a manner that does not compromise prisoners' health and dignity.

¹³ Constitution of India, 1950, Art 19

¹⁴ *Charles Sobhraj v Superintendent, Central Jail* (1978) 4 SCC 104

¹⁵ Constitution of India 1950, Art 37

¹⁶ *State of Kerala v N M Thomas* (1976) 2 SCC 310

¹⁷ Constitution of India 1950, Art 39(e)

¹⁸ *People's Union for Democratic Rights v Union of India* (1982) 3 SCC 235

Article 42 – Humane Conditions of Work and Maternity Relief

Article 42 mandates the State to provide for just and humane conditions of work and for maternity relief.¹⁹ This provision has direct relevance for prison conditions, particularly for women prisoners.

In *Bandhua Mukti Morcha v Union of India*²⁰ The Court highlighted that humane working conditions are an essential component of Article 21, read with Article 42. Applying this principle to prisons, the State must ensure safe and hygienic working environments for prisoners engaged in labour. Moreover, for women prisoners, maternity care, prenatal and post-natal healthcare, and access to sanitary facilities are integral obligations arising from Article 42. The *Sheela Barse v State of Maharashtra*²¹ judgment also underscored the need for special care for women prisoners, which aligns with this directive principle.

Article 47 – Duty of the State to Raise the Level of Nutrition and Improve Public Health

Article 47 imposes a duty on the State to raise the level of nutrition and improve public health.²² This directive has direct application within prisons, where poor nutrition, inadequate healthcare, and unhygienic living conditions are well-documented.

The Supreme Court in *Paschim Banga Khet Mazdoor Samity v State of West Bengal*²³, though decided in the context of public health generally, it established that the State has a constitutional obligation to provide adequate medical facilities. Applying Article 47 to prisons reinforces that inmates are entitled to proper nutrition, clean drinking water, and basic health facilities as part of their right to life and dignity under Article 21.

Together, these DPSPs, though non-enforceable by courts directly, strengthen the constitutional foundation for prisoners' right to health and hygiene when read with Articles 14 and 21.

III. Statutory Provisions on Prisoners' Health and Hygiene

While the Constitution lays the normative foundation, statutory provisions provide the regulatory framework for prison administration. Two important instruments in this regard are the **Prisons Act, 1894**, and the **Model Prison Manual, 2016**.

(a) The Prisons Act, 1894

The **Prisons Act, 1894**, one of the earliest legislations on prison management in India, remains in force in several states. Although colonial in origin, it contains provisions relevant to the health and hygiene of prisoners.

¹⁹ Constitution of India 1950, Art 42

²⁰ *Bandhua Mukti Morcha v Union of India* (1984) 3 SCC 161

²¹ *Sheela Barse v State of Maharashtra* (1983) 2 SCC 96

²² Constitution of India 1950, Art 47

²³ *Paschim Banga Khet Mazdoor Samity v State of West Bengal* (1996) 4 SCC 37

- **Medical Examination:** Section 24 of the Act mandates that a medical officer should regularly examine prisoners, particularly when they are admitted, to identify health issues and prevent the spread of contagious diseases.²⁴
- **Provision of Food and Sanitation:** Sections 37–39 prescribe rules for the supply of food, clothing, bedding, and maintenance of cleanliness.²⁵
- **Separation of Sick Prisoners:** Section 26 requires that sick prisoners be provided with proper medical treatment and, where necessary, segregated from others to avoid transmission of disease.²⁶
- **Accommodation and Overcrowding:** Section 31 provides that prisoners should not be subjected to overcrowding, as this adversely affects hygiene and health.²⁷

Though progressive for its time, the Act is widely criticised as outdated and inadequate in addressing modern concerns of human rights and healthcare. The Supreme Court in *Charles Sobhraj v Superintendent, Central Jail, Tihar*²⁸ observed that the Act fails to meet constitutional standards under Articles 21 and 14, and emphasised the need for a more humane approach to prison administration.

(b) The Model Prison Manual, 2016

Recognising the limitations of the Prisons Act, the Ministry of Home Affairs issued the **Model Prison Manual, 2016** to guide states in updating their prison regulations in line with constitutional mandates and international human rights standards.

- **Healthcare Facilities:** Chapter VII of the Manual emphasises the need for adequate medical facilities in prisons, including the presence of qualified doctors, nurses, and paramedical staff.²⁹
- **Sanitation and Hygiene:** The Manual prescribes regular cleaning, proper sewage systems, access to clean drinking water, and sufficient bathing and washing facilities.³⁰
- **Nutrition:** The Manual recommends scientifically designed, balanced diets tailored to prisoners' health requirements, with special provisions for women, children, and the sick.³¹
- **Mental Health Care:** For the first time, mental health was explicitly recognised as a concern, with directions for psychological counselling, de-addiction programmes, and periodic mental health assessments.³²

²⁴ Prisons Act 1894, s 24

²⁵ Prisons Act 1894, ss 37–39

²⁶ Prisons Act 1894, s 26

²⁷ Prisons Act 1894, s 31

²⁸ *Charles Sobhraj v Superintendent, Central Jail, Tihar* (1978) 4 SCC 104

²⁹ Model Prison Manual 2016, ch VII

³⁰ Model Prison Manual 2016, ch VIII

³¹ Model Prison Manual 2016, ch IX

³² Model Prison Manual 2016, ch VII

- **Special Provisions for Women Prisoners:** In line with Article 42 of the Constitution, the Manual provides for maternity care, sanitary napkins, crèche facilities for children, and gynaecological check-ups.³³

The **Supreme Court** in *Inhuman Conditions in 1382 Prisons, In Re* (2016)³⁴ relied heavily on the recommendations of the Model Prison Manual, observing that humane treatment and healthcare facilities are integral to Article 21 rights of prisoners.

IV. Judicial Pronouncements on Prisoners' Right to Health and Hygiene

The Indian judiciary has played a pivotal role in recognising and enforcing the right to health of prisoners, despite the absence of an explicit constitutional or statutory guarantee. By liberally interpreting Article 21, courts have transformed prison healthcare into a **justiciable right**.

(a) Sunil Batra v Delhi Administration (1978)

In *Sunil Batra v Delhi Administration*³⁵, the Supreme Court held that “prisoners are not denuded of their fundamental rights by mere reason of incarceration.” The Court ruled that the right to life under Article 21 includes protection against inhuman and degrading treatment in prisons. Solitary confinement, lack of medical care, and unhygienic conditions were deemed unconstitutional. This case laid the foundation for recognising health and hygiene as integral to human dignity.

(b) Charles Sobhraj v Superintendent, Central Jail, Tihar (1978)

In *Charles Sobhraj v Superintendent, Central Jail, Tihar*³⁶, the Court reaffirmed that the Prisons Act, 1894, though statutory, cannot override constitutional rights. The Court emphasised that prisoners are entitled to medical treatment, reasonable diet, and hygienic living conditions, holding that denial of such facilities amounts to a violation of Article 21.

(c) Sheela Barse v State of Maharashtra (1983)

In *Sheela Barse v State of Maharashtra*³⁷, the Court specifically addressed the plight of women prisoners. It held that women inmates must be provided with adequate medical care, including gynaecological facilities and maternity relief, in line with **Article 42** and international human rights obligations. This case advanced gender-sensitive recognition of prisoners' right to health.

(d) Bandhua Mukti Morcha v Union of India (1984)

Although not directly a prison case, in *Bandhua Mukti Morcha v Union of India*³⁸, the Court expanded Article 21 to include the right to live with dignity, humane working conditions, and health protection. This

³³ Model Prison Manual 2016, ch XIII

³⁴ *Inhuman Conditions in 1382 Prisons, In Re* (2016) 3 SCC 700

³⁵ *Sunil Batra v Delhi Administration* ((1978) 4 SCC 494)

³⁶ *Charles Sobhraj v Superintendent, Central Jail, Tihar* ((1978) 4 SCC 104)

³⁷ *Sheela Barse v State of Maharashtra* ((1983) 2 SCC 96)

³⁸ *Bandhua Mukti Morcha v Union of India* ((1984) 3 SCC 161)

principle has been applied to prison labour, ensuring that prisoners' work assignments are not hazardous to their health and are accompanied by medical safeguards.

(e) Rama Murthy v State of Karnataka (1997)

In *Rama Murthy v State of Karnataka*³⁹, the Supreme Court identified **overcrowding, poor hygiene, and lack of medical facilities** as three of the major problems plaguing Indian prisons. The Court directed governments to take immediate steps to improve healthcare and sanitation, recognising these as constitutional entitlements under Article 21.

(f) Paschim Banga Khet Mazdoor Samity v State of West Bengal (1996)

Though not a prison case, *Paschim Banga Khet Mazdoor Samity v State of West Bengal*⁴⁰ is often cited in the prison context. The Court held that the State has a **constitutional obligation to provide adequate medical facilities** and that failure to do so violates Article 21. This reasoning has been extended to prison settings, where the State's responsibility is even greater due to the inmates' dependence.

(g) Inhuman Conditions in 1382 Prisons, In Re (2016)

In *Inhuman Conditions in 1382 Prisons, In Re* ((2016)⁴¹, the Court took suo motu cognisance of the appalling state of Indian prisons. It directed all states and union territories to implement the **Model Prison Manual, 2016**, stressing the need for proper healthcare, sanitation, nutrition, and mental health facilities. The judgment reinforced that humane prison conditions are inseparable from Article 21.

Key Judicial Trends:

1. **Expansion of Article 21:** Health, hygiene, and medical care recognised as essential elements of the right to life.
2. **Judicial Oversight:** Courts have issued continuing mandamus (ongoing directions) to ensure compliance with healthcare standards.
3. **Gender Sensitivity:** Special recognition of women prisoners' health rights, including maternity and reproductive healthcare.
4. **Integration with DPSPs:** Courts have read Articles 39(e), 42, and 47 with Article 21 to impose a duty on the State.

³⁹ *Rama Murthy v State of Karnataka* ((1997) 2 SCC 642

⁴⁰ *Paschim Banga Khet Mazdoor Samity v State of West Bengal* ((1996) 4 SCC 37

⁴¹ *Inhuman Conditions in 1382 Prisons, In Re* ((2016) 3 SCC 700

V. Challenges in Ensuring Prisoners' Health and Hygiene

Despite constitutional guarantees, statutory provisions, and judicial pronouncements, the actual condition of health and hygiene in Indian prisons remains alarming. Multiple reports, including those by the **National Human Rights Commission (NHRC)** and the **Law Commission of India**, highlight systemic challenges that undermine prisoners' right to health.

(a) Overcrowding of Prisons

Overcrowding is one of the most critical challenges in Indian prisons. According to the **National Crime Records Bureau (NCRB) Prison Statistics India 2021**, Indian prisons are operating at an average occupancy rate of 130%, with some states like Uttar Pradesh exceeding 180%.⁴² Overcrowding leads to lack of ventilation, spread of infectious diseases, and insufficient access to toilets, drinking water, and beds.

The Supreme Court in *Rama Murthy v State of Karnataka*⁴³ specifically recognised overcrowding as a primary factor leading to unhygienic conditions and denial of medical care.

(b) Inadequate Medical Infrastructure

Most prisons lack adequate medical staff and facilities. The **Law Commission of India**,⁴⁴ observed that the ratio of doctors to inmates is abysmally low, with many prisons having no full-time medical officer. Emergency medical care is often delayed due to the absence of 24/7 medical units and referral procedures to government hospitals.

(c) Poor Sanitation and Hygiene

Poor sanitation, inadequate sewage systems, and lack of clean drinking water often plague prisons in India. The **Model Prison Manual, 2016**, prescribes standards for sanitation, but their implementation remains inconsistent. Women prisoners face challenges due to lack of access to sanitary products, clean toilets, and privacy.

The NHRC, in its advisory⁴⁵, stressed the urgent need for improved sanitation facilities, regular cleaning, and better waste management in prisons.

(d) Malnutrition and Poor Diet

The quality of food served in prisons is often substandard. Although the **Model Prison Manual, 2016**⁴⁶ mandates nutritionally balanced meals, many prisons continue to serve poorly cooked food lacking essential nutrients. Malnutrition, especially among undertrial prisoners from poor socio-economic backgrounds, remains a serious issue.

⁴² NCRB, *Prison Statistics India 2021*

⁴³ *Rama Murthy v State of Karnataka* ((1997) 2 SCC 642)

⁴⁴ Law Commission of India, 268th Report on Prison Reforms (2017)

⁴⁵ *Advisory on Prison Health and Hygiene (2021)*

⁴⁶ Model Prison Manual, 2016 (Ch IX)

The Supreme Court in *Inhuman Conditions in 1382 Prisons, In Re* ((2016)⁴⁷ directed states to ensure nutritious meals and clean drinking water as part of prisoners' right to life.

(e) Neglect of Mental Health

Mental health remains one of the most neglected areas in prison healthcare. Studies by the **National Institute of Mental Health and Neurosciences (NIMHANS)** reveal high rates of depression, anxiety, and suicidal tendencies among inmates, exacerbated by overcrowding, isolation, and lack of psychiatric care.

The **Law Commission of India, 268th Report**⁴⁸ recommended setting up mental health units and counselling facilities in every prison, but implementation has been limited. The **Mental Healthcare Act, 2017**, though progressive, is yet to be fully integrated into prison administration.

(f) Lack of Awareness and Accountability

Prisoners are often unaware of their rights, including the right to health and hygiene. Moreover, prison staff lack training in health and human rights obligations. The absence of effective grievance redressal mechanisms and independent monitoring leads to impunity.

The NHRC has repeatedly stressed the need for **independent inspections** of prisons and accountability of prison authorities for custodial deaths and health-related violations.⁴⁹

The key challenges include:

1. **Overcrowding** → facilitates disease spread, poor hygiene.
2. **Inadequate medical infrastructure** → lack of doctors, delayed treatment.
3. **Poor sanitation and hygiene** → unsafe toilets, contaminated water.
4. **Malnutrition** → substandard food, lack of balanced diet.
5. **Mental health neglect** → absence of psychiatric care, rising suicides.
6. **Lack of accountability** → weak monitoring and enforcement mechanisms.

⁴⁷ *Inhuman Conditions in 1382 Prisons, In Re* ((2016) 3 SCC 700

⁴⁸ Law Commission of India, 268th Report (2017)

⁴⁹ NHRC *Annual Report 2019–2020*

VI. Reforms and Recommendations

The protection of prisoners' right to health and hygiene requires a **multi-dimensional reform approach**, combining constitutional mandates, statutory changes, administrative efficiency, and adherence to international human rights norms.

(a) Legislative and Policy Reforms

1. **Update Outdated Laws:** The **Prisons Act, 1894**, being colonial in nature, is inadequate to address modern healthcare needs. It should be repealed and replaced with a **comprehensive Prison Reform Law** that explicitly guarantees the right to health, nutrition, and hygiene in line with Article 21.⁵⁰
2. **Uniform Implementation of the Model Prison Manual, 2016:** The Manual provides progressive standards on medical care, sanitation, nutrition, and mental health. Its adoption by all states should be made mandatory through central legislation.⁵¹

(b) Infrastructure and Medical Facilities

1. **Medical Staff Recruitment:** Ensure at least one full-time doctor per 500 inmates, with 24/7 access to emergency care.⁵²
2. **Specialised Healthcare Units:** Establish prison hospitals with departments for general medicine, gynaecology, and psychiatry.
3. **Mental Health Integration:** Incorporate provisions of the **Mental Healthcare Act, 2017** into prison administration, with counselling centres, de-addiction units, and suicide prevention programmes.

(c) Addressing Overcrowding

1. **Speedy Trials and Bail Reform:** Since undertrial prisoners form nearly 77% of India's prison population,⁵³ reforms in bail laws and speedy trial mechanisms are essential to reduce overcrowding.
2. **Non-Custodial Measures:** Promote alternatives to incarceration for petty offences, such as community service and probation, in line with the **UN Mandela Rules (2015)**,⁵⁴.

⁵⁰ Law Commission of India, *268th Report on Prison Reforms*, 2017

⁵¹ NHRC *Advisory on Prison Health and Hygiene*, 2021

⁵² Law Commission, *268th Report*, 2017

⁵³ NCRB, *Prison Statistics India 2021*

⁵⁴ UN Mandela Rules (2015), Rule 58

(d) Nutrition and Sanitation

1. **Balanced Diet:** Introduce scientifically designed diet plans supervised by nutritionists, ensuring special provisions for women, children, and the sick⁵⁵.
2. **Improved Hygiene Facilities:** Ensure adequate toilets, safe drinking water, menstrual hygiene products, and regular sanitation drives.
3. **Women-Specific Provisions:** Implement the **UN Bangkok Rules (2010)** which emphasise gender-sensitive healthcare, maternity relief, and childcare facilities in prisons (Rules 5–18).

(e) Training, Awareness, and Monitoring

1. **Capacity-Building for Prison Staff:** Mandatory training in human rights, health management, and first aid.
2. **Prisoner Awareness:** Dissemination of information about healthcare entitlements in prisons through posters, booklets, and legal aid workshops.
3. **Independent Monitoring:** Strengthen the role of the **NHRC**, State Human Rights Commissions, and NGOs in conducting surprise inspections and publishing health audit reports. The **Supreme Court in Inhuman Conditions in 1382 Prisons, In Re ((2016)⁵⁶** stressed independent oversight as key to reform.

(f) International Standards Integration

1. **UN Mandela Rules (2015):** Adopt principles on health care (Rules 24–35), including the equivalence of prison healthcare to that available in the community.
2. **UN Bangkok Rules (2010):** Implement gender-specific healthcare and support systems for women prisoners, including maternity care and childcare facilities.
3. **WHO Guidelines:** Follow the World Health Organization's recommendations on prison health systems, emphasising disease prevention and rehabilitation.⁵⁷

⁵⁵ Model Prison Manual 2016, Ch IX

⁵⁶ Inhuman Conditions in 1382 Prisons, In Re ((2016) 3 SCC 700)

⁵⁷ World Health Organization (WHO), *Prisons and Health* (WHO 2014)

In summary:

Reforms must address **structural gaps (laws and policies)**, **systemic deficiencies (overcrowding, poor infrastructure)**, and **human rights concerns (nutrition, sanitation, mental health, women's health)**. Aligning Indian prison systems with **constitutional guarantees** and **international standards** is essential to uphold the dignity of prisoners.

Conclusion

The right to health and hygiene of prisoners is not a privilege but a **constitutional mandate** grounded in **Article 21 of the Constitution of India**, which guarantees the right to life with dignity. Read alongside Articles 14 and 19, and strengthened by the **Directive Principles of State Policy** under Articles 39(e), 42, and 47, this right imposes a duty on the State to ensure humane prison conditions.

Statutory provisions, notably the **Prisons Act, 1894**, provide only a basic framework and are largely outdated. The **Model Prison Manual, 2016**, however, represents a progressive shift, prescribing standards of medical care, sanitation, nutrition, and mental health services, though its implementation remains uneven across states.

Judicial pronouncements have been instrumental in expanding the ambit of Article 21 to include healthcare and humane treatment in prisons. Landmark decisions such as *Sunil Batra v Delhi Administration*⁵⁸, *Sheela Barse v State of Maharashtra*⁵⁹, and *Inhuman Conditions in 1382 Prisons, In Re ((2016))*⁶⁰ have firmly established that the denial of health and hygiene amounts to a violation of fundamental rights.

Yet, persistent challenges remain, including **overcrowding, inadequate medical infrastructure, poor sanitation, malnutrition, mental health neglect, and weak accountability mechanisms**. Reports by the **NHRC** and the **Law Commission of India** have consistently highlighted these systemic deficiencies.

Reforms must therefore focus on a holistic approach: **updating legislation, strengthening medical facilities, reducing overcrowding through bail and trial reforms, ensuring balanced diets and sanitation, providing gender-sensitive healthcare, and integrating international standards like the UN Mandela Rules and Bangkok Rules**. Independent monitoring and training of prison staff are equally critical for sustainable change.

Ultimately, recognising prisoners' right to health and hygiene affirms the principle that **incarceration does not strip individuals of their fundamental rights**. Protecting this right is not only a constitutional obligation but also a measure of a society's commitment to human dignity and justice.

⁵⁸ *Sunil Batra v Delhi Administration* ((1978) 4 SCC 494

⁵⁹ *Sheela Barse v State of Maharashtra* ((1983) 2 SCC 96)

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