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REFORMING PRISON POLICY TO IMPROVE WOMEN-SPECIFIC HEALTH AND SANITARY CARE CONDITIONS OF PRISONS IN ETHIOPIA

BEHAILU T. WELDEYOHANNES*

INTRODUCTION

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Introduction

In Ethiopia, prisons do not adequately provide women-specific health and sanitary care services to women prisoners because of poor prison conditions and lack of policies to ensure women prisoners’ health. Prison conditions are not suitable to provide women-specific health and sanitary care goods and services to women prisoners, as most of the prisons were not designed or constructed to rehabilitate or reform women prisoners. Rather, prisons were established as military camps, administration units, or to serve only men prisoners.

On the other hand, Ethiopia has signed and ratified international human rights instruments, which require member states to assure that all women, irrespective of their status, are able to access adequate standards of physical and mental health. Moreover, ratified international agreements are part of national laws as per

* The author is a global health advocate, organizer, and alumnus of the Leadership & Advocacy for Women in Africa Fellowship at Georgetown University Law Center. E-mail: bweldeyohannes@gmail.com. The earlier version of the paper was written as a course requirement during my LAWA fellowship. I am grateful to Professor Jill Morrison for her helpful advice and comments on the paper. The Article also benefitted from comments by Amaha Kassa and the 2014 LAWA fellows. Finally, I thank the editors of the William & Mary Journal of Women and the Law for thoughtful comments and editing.
constitutional provisions and international customary rules. The Constitution also recognizes citizens’ equal right to access publicly funded social services in addition to requiring the government to allocate adequate resources to provide health care services to people who need it most.¹

Women prisoners have women-specific health care needs. Yet, Ethiopia lacks specific policy and regulations that would help women-specific health rights, recognized under regional and international human rights instruments, to be equally available to women prisoners. Existing statutes do not specifically recognize women-specific health and sanitary care as women’s rights, except under limited circumstances during pregnancy and childbirth. Poor prison conditions and a lack of adequate legal force, in terms of recognizing women-specific health and sanitary care needs of women prisoners, are limiting the efforts of the country to promote and protect human rights and women’s rights.

The author argues that women-specific health care is part of the right to health, and promoting and protecting women’s rights would not be achieved without ensuring women prisoners’ right to health and sanitary care needs, which is crucial to promoting and protecting human rights that are specific to women. Therefore, Ethiopian prison laws and conditions must be reformed because they are designed solely for men, and they are inconsistent with the FDRE Constitution and ratified international human rights instruments. Reforming prison laws and conditions is helpful in tackling the problem of wrongly fitting women prisoners in men’s prisons and can help to ensure the availability and accessibility of women-specific health and sanitary care services to all women prisoners in the country.

This Article has three parts. The first part discusses the prison landscape and causes of women’s incarceration in Ethiopia. The second part explains the prison conditions and basic women-specific services in women’s prisons in Ethiopia. The last part analyzes existing legal frameworks and principles aimed to protect women prisoner’s health and sanitary care needs and calls for a policy reform in Ethiopia.

I. PRISON LANDSCAPE AND CAUSES OF WOMEN’S INCARCERATION

Sketching the history of prisons in general and women’s prisons has been challenging because of unavailability of written documents on prisons and lack of data on the conditions of women prisoners.

¹. CONST. OF THE FED. DEMOCRATIC REPUBLIC OF ETHIOPIA (FDRE) Dec. 8, 1994, art. 41, ¶¶ 3, 5.
Historically, prisons were not designed for women in Ethiopia. Rather, prisons were designed to incarcerate men, and most of the prisons were established as warehouses for military and administrative units before they were converted to prisons.

Despite difficulties in locating primary evidence on the history of prisons, most of the prisons in use today were established during the Emperor Haile Selassie, Derg, and EPRDF regimes. Similarly, incarcerating women was not a new phenomenon in Ethiopia, but separately incarcerating women prisoners from their men counterparts was started following the adoption of the 1957 Penal Code. In terms of facilities, the Addis Ababa central prison had separate cells for men and women political prisoners. Before this period, however, mostly women prisoners were incarcerated with men prisoners, and prisons were not guarded by women prison staff.

In Ethiopia, prison policy is a recent development. In 1944, the country enacted the first statute on prison and prison administration. The Prisons Administration Establishment Proclamation No. 45/1944 was enacted to properly govern and administer prisons throughout the country. Nevertheless, the proclamation was not properly enforced partly because of the ad hoc rules made by prison staff.

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3. ETHIOPIAN HUMAN RIGHTS COMM’N, HUMAN RIGHTS PROTECTION MONITORING IN ETHIOPIAN PRISONS PRIMARY REPORT 22 (2012).
4. Thomas Pakenham, THE MOUNTAINS OF RASSELAS: AN ETHIOPIAN ADVENTURE 23 (1959). In Ethiopia (formerly Abyssinia), since the 17th century, there was a practice of detaining imperial princes on mountains, which was called “mountains Wehni” until they died or were called to assume the throne.
5. ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 23. The report stated that during the military (Derg) regime, the Cuban government constructed new prisons that included facilities for solitary confinement in the country.
6. THE AFRICAN UNION HUMAN RIGHTS MEMORIAL: REMEMBERING VICTIMS OF MASS ATROCITIES IN AFRICA, AFRICAN UNION COMM’N 6, 13 (2012), http://www.alembekagn.org/download/Brochure-Final.pdf [https://perma.cc/4CMM-93S2] (noting that the Addis Ababa prison that was built in 1923 by the order of Empress Zewditu proves the existence of prison before 1930s in the country).
7. Penal Code of Ethiopia of 1957, art. 109, § 1, Proc. No. 158 (stating “[p]risoners of different sexes shall serve their sentences in different buildings or in different sections of the same building and prisoners of one sex shall not be allowed to mix with prisoners of the other sex.”).
9. Id.
administrators during the imperial and Derg regimes. Moreover, the proclamation did not impose an obligation on the government to provide women-specific health services and sanitary goods to women prisoners.

In 1974, the imperial regime was overthrown by a military government. The military government kept using prison-related laws, such as rules to segregate prisoners based on sex, from the imperial period. Nevertheless, a regime change did not bring better conditions for women prisoners in Ethiopia as prisons became extremely brutal for women during the military regime. The regime converted military camps and local administration units, which lacked sanitary and health care facilities, into prisons. The conditions of women-specific health and sanitary care in women prisons disgracefully deteriorated during the military regime following the intensification of civil war and civil resistance in the country.

The military government used torture and cruel and inhumane treatment to punish political prisoners. In most prisons, male superintendents were responsible for the direct supervision of women prisoners, and the situation was worse for women prisoners who were dissidents to the military government. The regime was notoriously horrible to women prisoners. As forms of investigation and punishment, prison authorities and superintendents cut prisoners’ breasts and genitals with sharp objects, raped and sexually harassed women prisoners, poured boiling oil over victims’ breasts, and pulled out prisoners’ nails to force women prisoners to admit

17. Id.
19. Milkias, supra note 18, at 66–68. See also Roth, supra note 8, at 102.
20. Amnesty Int’l, supra note 16, at 13 (noting the government’s “Red Terror” campaign against the EPRP involving large-scale political arrests, mass killings, the exposure in public of the bodies of those summarily executed and systematic torture had reached its peak in the capital Addis Ababa between December 1977 and February 1978).
their involvement in dissident politics or membership in certain political groups.\textsuperscript{21}

In 1991, the Ethiopian People's Revolutionary Democratic Front (EPRDF) defeated the military government, and the country underwent massive legal and prison reforms.\textsuperscript{22} During the transitional period, the country adopted major international and regional human rights instruments\textsuperscript{23} and prison rules and standards to bring overall change and improve the condition of human rights in the country.\textsuperscript{24} In 1995, the Federal Democratic Republic of Ethiopia (FDRE) Constitution, which is the supreme law of the land, was enacted. The Constitution prohibits cruel and inhumane or degrading punishment.\textsuperscript{25} It also recognizes the rights of incarcerated people to treatments that respect their human dignity.\textsuperscript{26}

In 2003, Proclamation No. 45/1944 was fully repealed, and the Federal Prisons Commission Establishment Proclamation, Proclamation No. 365/2003 was adopted.\textsuperscript{27} In 2004, the 1957 Penal Code of Ethiopia was repealed by the Revised Criminal Code, which focuses on reformation and rehabilitation more than retribution and revenge.\textsuperscript{28} In 2007, the Council of Ministers adopted a regulation, Regulation No. 138/2007, on the treatment of federal prisoners.\textsuperscript{29} Providing basic services, such as food, shelter, water, and maintaining prisoners’ health by providing free medical treatment to all prisoners are the main obligations of prison authorities under such prison laws.\textsuperscript{30} In addition, the country revised its old penal rules and adopted new criminal principles, which prefer progressive prison principles.\textsuperscript{31}

\begin{footnotes}
\item[21] Milkias, supra note 18, at 66–68. See also AMNESTY INT’L, supra note 16, at 10.
\item[22] EPRDF is a front established by the TPLF (Tigray People Liberation Front), EPDM (Ethiopian Peoples’ Democratic Movement later changed to Amhara National Democratic Movement—ANDM in 1994), OPDO (the Oromo Peoples’ Democratic Organization), and the Southern Ethiopian Peoples’ Democratic Front (SEPDF in 1994).
\item[23] Ethiopia adopted the International Covenant on Civil and Political Rights and the International Covenant on Social, Economic, and Cultural Rights in 1993, and a year later, the Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment was adopted.
\item[24] CONST. OF THE FDRE, art. 21, ¶ 1.
\item[25] Id. at art. 18, ¶ 1.
\item[26] Id. arts. 18–21.
\item[27] See Proclamation 365/2003, supra note 13, at ¶ 3, § 1, & ¶ 38, § 1.
\item[29] Even if states can adopt their own prison laws, they usually use or fully adopt the federal prison laws.
\item[31] See Proclamation No. 365/2003, supra note 13, art. 5. See also Proclamation No. 414/2004, supra note 28.
\end{footnotes}
Nevertheless, the EPRDF government maintained the legacy of poor prisons. The prisons maintained their notorious gender blind order, and even if women prisoners have suffered for long because of grave human rights violations, prison authorities kept detaining women prisoners in those poor facilities. Further, the conditions of women-specific health and sanitary care remained unchanged in the newly established prisons.

Currently, Ethiopia has 120 regional and six federal prisons, where 112,361 men and 3,895 women are incarcerated. In Ethiopia, women prisoners account for 3.5 percent of the total prison population. However, the data on women prisoners and prison population do not include women who have been detained at police stations, military camps, administration units, and rural areas. These temporary detention sites also do not provide women-specific health and sanitary care services to the detainees.

A. Causes of Women’s Incarceration in Ethiopia

According to reports, women prisoners are minor offenders, mostly with no educational background, no land or wealth ownership, and had experience of gender-based abuse in their lives. Women are usually incarcerated for minor offenses, mostly connected to economic reasons or violence. In Ethiopia, the lives of women prior to

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33. Id. See also ETHIOPIA: WORLD PRISON BR., INT'L CTR. FOR PRISON STUD. (2016), http://www.prisonstudies.org/map/africa [https://perma.cc/Q64X-CZ7A].

34. U.S. DEP'T. OF STATE, ETHIOPIA 2013 HUMAN RIGHTS REPORT (2013), https://www.state.gov/j/drl/rls/hrrpt/2013humanrightsreport/index.htm?dldid=220113&year=2013 #wrapper [https://perma.cc/T7NP-T8DH] (according to this report, Justice for All-Prison Fellowship Ethiopia (JFA-PFE), a non-profit organization, ran model prisons in Adama and Mekele, with significantly better conditions than other prisons found in the country).

35. ETHIOPIA: WORLD PRISON BR., supra note 33.

36. Id.


incarceration were characterized by abuse and violence. Women disproportionately bear the burden of poverty and diseases because of the gender-based division of economic resources, lack of access and control over political power, and prevalence of gender-based violence.

Historically, women were limited by law and tradition not to make decisions on most important issues except on certain individual and family matters. Because of such discriminatory legacies, the political system in Ethiopia is still dominated by men politicians. Since the downfall of the feudal system, women’s political activism is growing rapidly in the country. Unfortunately, women’s political activism is becoming one of the risk factors to women’s incarceration in the country.

Gender-based violence is a significant risk factor for women’s incarceration in Ethiopia, increasing women’s contact with the criminal justice system. Research shows the inability of victims to access health care services after facing violence and witnessing stigma and lack of protection against gender-based violence develop psychological trauma and hate towards the society. The effects of these conditions often lead women to act with the aim of protecting themselves and their families, and sometimes victims may commit criminal activity that increases their vulnerability to detention or incarceration.

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42. CONST. OF THE FDRE, art. 35, § 3.


44. Id.


Gender-based violence affects women’s reproductive health and aggravates victims’ reproductive and sexual health complications.\(^{49}\) Hence, gender-based violence is a grave human rights violation and a serious public health concern with significant impact on the physical, mental, sexual, and reproductive health of women.\(^{50}\) Prisoners who were victims of gender-based violence also lack the ability to access reproductive and related health care services because of stigma and fear.\(^{51}\)

A research report by the Ethiopian Women’s Lawyers Association showed most Ethiopian women were incarcerated for petty offences, and in some places, they were serving time without being sentenced.\(^{52}\) Women prisoners who were incarcerated for grave crimes were often convicted of crimes committed against their husband or partner either in self-defense or for causes beyond their control.\(^{53}\) For instance, forty percent of women prisoners in Assela, Ambo, Adama, and Zeway prisons were incarcerated for acts committed in self-defense.\(^{54}\)

Women prisoners often lack education and come from socially and economically disadvantaged groups.\(^{55}\) They have had no contact with health services in the community before incarceration.\(^{56}\) The story of Lome explains the connection between women’s incarceration, gender-based abuse, and absence of contact with health services. Lome married her first husband at the age of fourteen but divorced

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53. Mulatu, supra note 52, at 42.
54. Id. (self-defense is a valid defense against criminal conviction, but most of the prisoners were not aware of the existence of such defense).
56. Mulatu, supra note 52, at 64–65.
after three years and married another man because her first husband abused her for not being a virgin, a harmful practice very common in tradition. She killed her second husband and was incarcerated. Lome explained why she killed her husband:

It was very unfortunate to see my 4-year-old little girl raped by her own father. . . . [I]t was beyond my emotions—I felt that my mind was blank. I wanted to run away, to disappear once and for all in the midst of the darkness. The next morning, I took my daughter to a nearby health post and found out that my little one had been physically damaged and had a fistula problem caused by her 50-year-old father. 

Gender-based abuse badly affects the health of women. Women prisoners who have experienced gender-based abuse are more likely to suffer from mental health problems and gynecological complications including chronic pelvic pain, vaginal infection, urinary tract infection, and fistula. Yet, women’s prisons in Ethiopia are not equipped with women-specific health and sanitary care facilities that are crucial to mitigate health complications that are specific to women.

Lome, who is a mother of three, was detained in Adama prison, where women-specific and mental health care facilities were inadequately available to treat traumas caused by gender-based abuse and past criminal history. In addition, Lome’s daughter, who was suffering from a fistula, was also in a prison that lacked women-specific health care services and did not have facilities that met specific physical and mental health needs of women prisoners who had prior health issues.

B. Absence of Legal Aid Support to Women Prisoners

Ethiopia recognizes a woman’s right to access justice and the right to state-funded legal assistance in certain conditions. Under the Constitution, state-funded legal assistance to an accused person

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57. Id. at 65.
58. Id.
60. Id.
61. van den Bergh et al., supra note 55.
62. Mulatu, supra note 52.
63. Id.
64. CONST. OF THE FDRE, art. 20, § 5. See also Hussein A. Tura, Indigent’s Right to State Funded Legal Aid in Ethiopia, 2 INT’L HUM. RTS. L. REV. 120, 130–34 (2013).
is recognized to avoid a ‘miscarriage of justice.’ State-funded legal assistance is a very important means to defend and protect the rights of economically marginalized and incarcerated women. Yet, incarcerated women often face immense challenges accessing legal assistance because of prevailing traditional discriminatory practices, unavailability of legal aid services, and policy bottlenecks.

In Ethiopia, women prisoners are minor offenders and their offenses are mostly caused by poverty, gender-based abuse, and lack of education, but efforts to reduce the incarceration of women are limited. With limited resources and infrastructure, prisons and detention centers are poorly equipped to provide or facilitate legal aid assistance to incarcerated women. Thus, except in a few urban areas, incarcerated women are not getting highly needed legal aid help to prepare statements of defense, appeals, closing statements, opinions of sentence, petitions for cassation, asking for bail, and other civil matters such as delegating a property administrator.

II. POOR PRISON CONDITIONS AND LACK OF BASIC WOMEN-SPECIFIC SERVICES

A criminal justice system is a vital tool that society can use to ensure peace, order, and security. Prisons are part of the criminal justice system, and if they are properly organized and administered, they can help to ensure peace and safety in the community. Since 1991, Ethiopia has taken great steps in terms of modernizing its criminal justice system. For example, the country has adopted major international human rights norms, pledged to conform to

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65. CONST. OF THE FRE, art. 25, § 5.
68. Mulatu, supra note 52.
69. Gulilat, supra note 15.
70. BI ANNUAL REPORT ON THE PERFORMANCE OF JIMMA UNIV. LEGAL A ID CTR., JIMMA UNIV. LAW SCH. LEGAL AID CTR. (2011).
74. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3 (discussing Ethiopia’s criminal justice reform).
international prison standards, and revisited old and outdated laws to conform to modern penal principles and jurisprudence.\footnote{75. See Proclamation 414/2004, supra note 28, at Preface (which prohibits acts of torture against incarcerated people).}


As per human rights norms and modern prison rules, incarceration must be used as a last resort, and people in prison should be able to retain their human rights.\footnote{77. See G.A. Res. 45/111, supra note 76, at ¶ 1.} An adequate standard of living, which includes housing, clothing, food and medical services, is one of the most important conditions that women prisoners need to have to fully exercise their rights and be in a good health condition.\footnote{78. G.A. Res. 663C, supra note 76, at ¶¶ 9–10, 17–20, 22–26(d).}

A. Housing, Clothes, Water and Food

A prison which is equipped with good accommodations, such as housing, fresh air, and sufficient lights, can have a positive impact on the prisoner’s journey towards reform and rehabilitation.\footnote{79. See Proclamation No. 365/2003, supra note 13, at art. 26.} Women prisoners must be separately housed from their men counterparts as prison houses and cells have an impact on women prisoners’ health and safety.\footnote{80. ABA STANDARDS FOR CRIMINAL JUSTICE: TREATMENT OF PRISONERS, § 23-3.2 (3rd ed. 2011).} Women prisoners need protection from the weather and the climate conditions, and they also need a relative sense of personal space and privacy.\footnote{81. Id.}
In Ethiopia, housing and related accommodations are poorly available for women prisoners. As a result, women prisoners are suffering from various health-related complications. According to reports by Human Rights Watch and the African Human Rights Commission Rapporteur, individual cells in Ethiopian women’s prisons are extremely narrow, often requiring prisoners to sit without being able to stretch their legs. The cells were not designed to help prisoners with special needs, such as persons with disabilities, pregnant women, or breast-feeding mothers. These poor housing conditions often affect prisoners who need prenatal and postnatal treatment and access to showers to maintain their hygiene.

**TABLE 1. CONDITION OF HOUSING IN ETHIOPIA PRISONS**

<table>
<thead>
<tr>
<th>Region</th>
<th>Detention Centers with old rooms</th>
<th>Detention Centers with New rooms</th>
<th>Highly Congested Detention centers</th>
<th>Detention centers without sufficient air and light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oromia</td>
<td>21</td>
<td>16</td>
<td>13 (Ejere, Western Hararghe, Piedmont Zuria, Eastern Hararghe, Western Shewa, Adomi Tulu,Western Wollega)</td>
<td>24</td>
</tr>
<tr>
<td>Tigray</td>
<td>1</td>
<td>2</td>
<td>4 (Alema, Shire, Humera, Maichew)</td>
<td>3</td>
</tr>
<tr>
<td>SNNPR</td>
<td>10</td>
<td>13</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Amhara</td>
<td>13</td>
<td>9</td>
<td>12 (Gondar, Kombolcha, North Shewa, Chilga, Dessie)</td>
<td>9</td>
</tr>
<tr>
<td>Somali</td>
<td>1</td>
<td>2</td>
<td>1 (Uraga)</td>
<td>1</td>
</tr>
<tr>
<td>Gambella</td>
<td>1</td>
<td>2</td>
<td>2 (Gambella Zuria, Mejenger)</td>
<td>2</td>
</tr>
<tr>
<td>Harari</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Afer</td>
<td>2</td>
<td>1</td>
<td>1 (Gebi Resu)</td>
<td>1</td>
</tr>
<tr>
<td>Benishangul/Gumuz</td>
<td>1</td>
<td>2</td>
<td>2 (Ano, Metehal)</td>
<td>2</td>
</tr>
<tr>
<td>Federal</td>
<td>3</td>
<td>2</td>
<td>2 (Dire Dawa, Addis Ababa)</td>
<td>2</td>
</tr>
</tbody>
</table>

The housing conditions in most Ethiopian women prisons do not meet the minimum requirements provided under international prison

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83. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 28–29.

84. Id.

85. Id. See also Julie Ashdown & Mel James, Women in Detention, 92 INT’L REV. OF THE RED CROSS 123, 125 (2010).

86. See U.S. DEP’T OF STATE, supra note 76, at 4–5.

87. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 113.
standards and human rights instruments. Prisons have low standards on specific health requirements, climatic conditions, minimum floor space, lighting, heating, and ventilation because most existing prisons were not designed and furnished to serve as prisons. In addition, there are limitations to provide separate accommodations for female juvenile delinquents, women prisoners with communicable diseases, and prisoners who should be accommodated separately for health reasons.

The small number of women prisoners in the country is not helping prison authorities to provide clothes to prisoners. Rather, women prisoners are restricted from wearing clothes that they prefer because of cultural, religious, and prison dress codes. Clothes are important to protect prisoners from exposures to cold, heat, wind, rain, and dirt. Nevertheless, women prisoners are not getting clothes, except when they are going out to work in the farms or when they are performing other forms of compulsory prison jobs. In all other cases, women prisoners are required to use their own clothes.

Incarcerated people are at increased risk of foodborne diseases, such as diarrhea, typhoid, and typhus. Food is both insufficient in quality and quantity for prisoners, and there are no rules in state or federal laws or policies on nutritional standards of food. The government allocates approximately nine birrs ($0.43) per prisoner per day for food, water, and health care. Prisoners who have access to family or are incarcerated near to family or friends get food from family members, but others who are poor and without access to their families suffer from foodborne diseases.

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88. Id. at 146, 150, 153.
89. Id. at 34, 111–14, 209.
90. Id. at 49–55.
91. See U.N. OFFICE ON DRUGS AND CRIME, supra note 38; Mulatu, supra note 52, at 30.
93. U.N. Human Rights Comm., General Comment No. 28: Equality of Rights Between Men and Women (Article 3), U.N. Doc. CCPR/C/21/Rev.1/Add.10 (Mar. 29, 2000). The comment stresses that specific regulation of clothing to be worn by women may violate rights guaranteed by the Covenant.
94. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 211.
95. Id.
96. Food inadequacy is a major problem both in developing and developed countries. See Correcting Food Policy in Washington Prisons, PRISON VOICE WASHINGTON (Oct. 25, 2016), http://prisonvoicewa.org/content/CorrectingFoodPolicy-2016-10-25.pdf [https://perma.cc/A326-CM8M]. See also Rachael Dixey et al., Health promoting prisons—An impossibility for women prisoners in Africa?, AGENDA (2015), http://eprints.leedsbeckett.ac.uk/2197 [https://perma.cc/MUR3-GXQ5].
97. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 105.
98. See U.S. DEP’T OF STATE, supra note 76, at 4 (the mother and the children eat the regular meal, which is supplied to all prisoners by the prison administration).
99. See ETHIOPIAN HUMAN RIGHTS COMM’N, supra note 3, at 105–06.
Women prisoners who are pregnant or nurturing a child while serving their sentences must have access to adequate and sufficient food. Women prisoners who are pregnant or nurturing a child while serving their sentences must have access to adequate and sufficient food.\textsuperscript{100} A report by the African Child Policy Forum shows most of the prisons in Ethiopia do not provide special food to pregnant and nursing prisoners, and food is not available adequately to women prisoners who are breast-feeding.\textsuperscript{101} Similarly, women prisoners who are pregnant and nurturing a child and prisoners with special dietary needs do not get sufficient, nutritious, and special food as required by statutes.\textsuperscript{102}

Women prisoners also suffer from an acute shortage of water.\textsuperscript{103} According to a report by the Ethiopian Human Rights Commission, prisoners fetch unclean water from nearby rivers or often buy water from water points in town, which involves payment deducted from prisoners’ food budget.\textsuperscript{104} Lack of access to clean water creates harsh conditions for prisoners who are pregnant, nursing, or menstruating, as well as for prisoners involved in cooking. The acute and widespread challenges posed by shortage of water can lead to other serious health and environmental problems.\textsuperscript{105} Women prisoners are hindered from maintaining their sanitation and the well-being of their children.\textsuperscript{106} Shortage of water in the prisons is also affecting the proper sewage and waste disposal system, which in turn is creating conditions conducive for the spread of diseases.\textsuperscript{107}

\textbf{B. Poorly Available Women-Specific Health and Mental Health Care Services}

Poor prison conditions, such as overcrowding, poor sanitary conditions, inaccessibility of sanitary napkins, poor medical service, extreme temperature, and inadequate food can complicate the health

\begin{itemize}
\item \textsuperscript{100} See G.A. Res. 217 (III) A, supra note 82, at art. 25; G.A. Res. 2200A (XXI), supra note 82, at art. 11 (recognizing the right to food under international human rights law and the correlative state obligations).
\item \textsuperscript{102} See \textit{ETHIOPIAN HUMAN RIGHTS COMM’N}, supra note 3, at 153.
\item \textsuperscript{103} See \textit{U.S. DEP’T OF STATE}, supra note 76, at 6.
\item \textsuperscript{104} See \textit{ETHIOPIAN HUMAN RIGHTS COMM’N}, supra note 3, at 108–09 (the Ethiopian Human Rights Commission in its prison report stated that there was an acute shortage of water in: Yabelo, Merti, Chiro, Deder, Girawa, Negele, Borena, Kibre-Mengist, Harar (East Hararghe), Denbi-Dollo, Ginir, and Ejere in the Oromiya region; and Adi-Grat, Axum, Shire, and Humera in the Tigray region).
\item \textsuperscript{105} \textit{SEE EMERGING ISSUES IN WATER AND INFECTIOUS DISEASE}, \textit{WORLD HEALTH ORG.} 18 (2002), http://www.who.int/water_sanitation_health/emerging/emerging.pdf [https://perma.cc/WQ59-HR39].
\item \textsuperscript{106} \textit{Id.} at 18. See also \textit{U.S. DEPT OF STATE}, supra note 76, at 5.
\item \textsuperscript{107} \textit{WATER, SANITATION, HYGIENE AND HABITAT IN PRISONS, INT’L COMM. RED CROSS} 26 (2013) [hereinafter \textit{WATER, SANITATION, HYGIENE AND HABITAT}].
\end{itemize}
of women prisoners. Gender-based violence, poverty, and addiction are connected to the health of women prisoners. Prison authorities are expected to pay attention to such internal and external factors while working to address health complications related to communicable and noncommunicable diseases.

Prisons are required to rehabilitate and reform prisoners by promoting and protecting prisoners’ physical and mental health and accommodating the special needs of women prisoners. Women prisoners need access to women-specific sanitary supplies, such as sanitary napkins, prior and during menstrual times. Unavailability of sanitary napkins, which is also against the dignity of women prisoners, can affect the rehabilitation of women prisoners in a bad way.

According to reports, Ethiopia is making progress to ensure that women have access to needed reproductive health services. Nevertheless, the country is incarcerating women in a prison that presents greater barriers to reproductive health services. Most prisons in the country do not provide sanitary napkins to women prisoners, and the natural process of menstruation creates a big problem for women prisoners, and it is also contributing to a stressful experience and health risks. In few prisons, however, women prisoners are provided with cloths with the expectation of reuse during menstrual time.

In addition, women prisoners do not get toilet paper and menstruation related self-care items when they need it most. As a

110. Marleen Temmerman et al., Women’s health priorities and interventions, BRITISH MED. J. 7 (Sept. 14, 2015), http://www.bmj.com/content/bmj/351/bmj.h4147.full.pdf [https://perma.cc/N5F7-SR5B].
115. REPORT OF THE MISSION OF THE SPECIAL RAPPORTEUR, supra note 52, at 29.
116. Id. See also ETHIOPIAN HUMAN RIGHTS COMMN, supra note 3, at 150.
117. REPORT OF THE MISSION OF THE SPECIAL RAPPORTEUR, supra note 52, at 29. See
result, prisoners are using anything from old clothes, toilet paper, newspapers, and other materials during menstrual time. The use of these unhygienic products and cloths combined with the shortage of water is increasing women prisoners’ vulnerability to communicable and noncommunicable diseases. The conditions are also harder for women prisoners with endometriosis and other critical menstrual-related health problems.

Prisons have a very limited number of toilets that are not compatible to the number of prisoners, which is harming women prisoners’ dignity and rights. Lack of adequate sanitation in prison can extremely affect women prisoners’ basic rights. Inaccessible toilets and bathrooms can affect women prisoners during menstruation. The effect of lack of access and privacy can be even worse for women prisoners who are from the communities that consider menstruation taboo and a woman’s issue only. Prison authorities should consider menstruation as an issue of health and sanitary care. Denying women prisoners access to sanitary facilities is a degrading and inhumane treatment; therefore, prisons need to work to ensure the accessibility of sanitary and washing facilities and sanitary towels and tampons.

Women prisoners have special health needs for pregnancy tests and cervical and breast cancer screenings. The poor prison conditions, however, are preventing women prisoners from accessing women-specific reproductive health care services, including treatment for gynecologic and breast cancers. According to reports, women prisoners’ health conditions are deteriorating in Ethiopia because of the lack of access to health screening for gynecologic cancer and breast tumors, and the problem is severe in prisons where health centers or clinics are not available at all.

Women prisoners are of reproductive age, and they have a great need for information on reproductive health issues. However, in Ethiopia, prison officials usually overlook a woman prisoner’s need to access information on health. Similarly, medical screening on entry is poorly available, and most of the time prison staff do not treat prisoners’ personal health related data confidentially.

C. The Condition of Mental Health

In Ethiopia, mental health is a growing problem but hugely neglected. More than one in ten pregnant women and one in twenty postnatal women suffer from undetected depression and mental health related problems in the country. Incarceration is often a source of mental health complications and psychological distress.

A recent report on the mental health status of prisoners shows that a significant number of prisoners are living with depression in...
state prisons.\textsuperscript{136} Women prisoners are at high risk for physical and mental morbidity and mortality because of lack of medication and treatment for mental health and substance use in the prison.\textsuperscript{137} Many of these prisoners are untreated, which increases conditions related to mental disorder.\textsuperscript{138} Mental health awareness for prisoners and provision of mental health services to prison staff do not exist or are not adequate.\textsuperscript{139}

In general, the condition of women prisoners in Ethiopia is characterized by poor conditions of confinement for women prisoners, including pregnant women and childbearing prisoners.\textsuperscript{140} The conditions are also branded by insufficient and substandard food, poor housing, and nonexistent or extremely limited access to women-specific health and sanitary supplies.\textsuperscript{141}

III. PRISON POLICY IN ETHIOPIA AND THE NEED FOR A REFORM

A. Prison Policy in Ethiopia

The prison condition in Ethiopia is not designed to provide women-specific health and sanitary care services to women prisoners. As a result, the absence of women-specific health and sanitary care service is affecting prisoners’ rights. On top of that, the prison policy does not properly address women prisoners’ health and sanitary care needs.\textsuperscript{142}

Ethiopia is a federal republic with nine regions and two administrative cities where prisons and prisoners are primarily governed by federal and state laws.\textsuperscript{143} However, thanks to the constitutional principle on compatibility, there is no major difference between federal and state policies on rights recognized under their respective jurisdictions.\textsuperscript{144} The difference is largely administrative in nature.\textsuperscript{145}

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\textsuperscript{136} Teresa Kisi Beyen et al., \textit{More than Eight in Every Nineteen Inmates were Living with Depression at Prisons of Northwest Amhara Regional State, Ethiopia, a Cross-sectional Study Design}, 17 BIOMED CENT. PSYCHIATRY 1, 6 (2017).


\textsuperscript{138} \textit{Id.} at art. 6.

\textsuperscript{139} \textit{Id.} at art. 7.

\textsuperscript{140} \textit{Id.} at art. 2.

\textsuperscript{141} \textit{Id.} at art. 3.

\textsuperscript{142} \textit{Id.} at art. 4.

\textsuperscript{143} Prison laws include the FDRE Constitution, state constitutions, the Federal Prisons Commission Establishment Proclamation No. 365/2003, the Federal Detainees Treatment Regulation No. 138/2007, state regulations on prisons, the revised FDRE Criminal Code, and the criminal procedure code.


\textsuperscript{145} \textit{CONST. OF THE FDRE}, art. 55.
The FDRE Constitution is the highest law in the land, and it provides fundamental rights to women, which includes prisoners’ rights to protection from cruel and inhumane treatments.\textsuperscript{146} The Constitution also stipulates women prisoners’ rights to protection from “the historical legacy” of discriminatory laws and conditions.\textsuperscript{147} Therefore, women are protected from harms arising from pregnancy and child birth and bad prison conditions.\textsuperscript{148}

Ethiopia is party to major international human rights treaties relevant to women and health rights.\textsuperscript{149} The country has also made such agreements part of its domestic laws.\textsuperscript{150} Under the FDRE Constitution, courts and agencies with judicial power are required to interpret fundamental rights and freedoms, which includes women’s rights and incarcerated peoples’ rights, in conformity with the principles of the Universal Declaration on Human Rights, international covenants on human rights, and international instruments adopted by the country.\textsuperscript{151}

International and regional human rights instruments, which are adopted and ratified by the country, are very significant in terms of providing a normative base for women specific rights of women prisoners in Ethiopia. For example, human rights agreements, which are associated to the right to health, have made health a legal right by imposing obligations on the country to provide primary and basic health and sanitary care services to all people irrespective of their sex, legal status, and health conditions.\textsuperscript{152} As Ethiopia is a member to

\textsuperscript{146} Id. at art. 21.
\textsuperscript{147} Id. at art. 35, § 3.
\textsuperscript{148} Id. at art. 35, § 8.
\textsuperscript{149} Ethiopia ratified the International Covenant on Civil and Political Rights (ICCPR) on 11 June 1993 and entered it into force on 11 September 1993, while the International Covenant on Economic, Social, and Cultural Rights (ICESCR) was ratified on the 11 June 1993 and came into force 11 September 1993. Similarly, the country ratified the African Charter on Human and Peoples’ Rights on 15 June 1998. The Convention Against Torture (CAT) was ratified 14 March 1994 and came into force 13 April 1993, and the Convention on the Rights of the Child (CRC) was ratified on 14 May 1991 and entered into force 13 June 1991.

On the other hand, Ethiopia is a member to agreements which are specific to women. For example, while the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) was ratified on 10 September 1981 and came into force 10 October 1981, the Protocol to the African Charter on the Rights of Women in Africa was ratified on 1 June 2004.

\textsuperscript{150} CONST. OF THE FDRE, art. 9, § 4.
\textsuperscript{151} See id. at art. 13, § 2. This provision establishes the duty of all federal and state legislative, executive and judicial organs to respect and enforce fundamental rights and freedoms. Id.

such agreements, the author believes the right to health is a legal right in the country.

Ethiopia has made progress in terms of recognizing rights pertinent to health and women by adopting international human rights instruments, but Ethiopia does not perform well in terms of ensuring the right to health care, healthy conditions, and protections from discrimination of women prisoners. This is partly because of the weak enforcement mechanism of international agreements and lack of specific prison laws on the women-specific health care needs of incarcerated women.

In 2004, Ethiopia revised its penal law to adequately address concerns on gender and conformity of the criminal law to the constitutional principles. Then, the revised FRDE Criminal Code introduced a few provisions which are relevant to the health condition of women prisoners. Accordingly, the criminal code prohibits detaining women prisoners with men prisoners in the same section and the application of death penalty on women prisoners who had not attained the age of eighteen at the time of crime.

Pertinent to women, the Code bans the application of death penalty on pregnant women prisoners while providing life imprisonment as an alternative form of punishment for nursing women. Ethiopia also prohibits any form of torture and inhumane treatments against prisoners, but punching, slapping, and beating of prisoners are very common in the country. Denying women prisoners basic services, such as sanitary pads, is a form of degrading treatment. Women-specific health needs of women prisoners are not properly addressed under the Criminal Code, and they are unfairly overlooked.

The Federal Prisons Establishment Proclamation No.365/2003 (the prison proclamation) and the Federal Detainees Treatment Regulation No. 138/2007 (the prison regulation) are parts of the country’s prison policy. The prison proclamation and the prison regulation impose duties on the government to provide prisoners with basic services such as food, water, shelter, clothing, and medical

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154. van den Bergh et al., supra note 55.
156. Id.
157. Id.
158. Id.
159. Id. at art. 424(1).
services. The prison law also mentions prisoners’ right to have access to free and sufficient food, special food for pregnant and breastfeeding prisoners, and shelter and medical access. However, the law requires pregnant women prisoners to wait for a recommendation from medical directors to get additional food.

In general, in Ethiopia, the relevant prison laws and regulations do not recognize women prisoners’ rights to women-specific health care and sanitary needs. The policies have limitations in terms of specifying the rights of women prisoners and the duty of prison authorities to provide women-specific health services and sanitary goods to women prisoners. Therefore, Ethiopia needs a prison policy reform.

B. A Need for Prison Policy Reform

Inadequate access to health care, serious limitations on accessing basic women-specific health services, and sanitary goods remain challenging to women prisoners in Ethiopia partly because of inadequate prison policy. Ethiopia needs to improve the condition of women prisons by reforming its prison policy. The prison policy, which is applicable today, discriminates against women prisoners because of their sex and lacks rules on access to women-specific health services and sanitary goods.

On the other hand, the rule against discrimination is a basic principle in the FDRE Constitution, the Convention on the Elimination of all forms of Discrimination Against Women, and other regional and international human rights norms, which the country accepted and adopted as part of its domestic laws. The FDRE Constitution and international agreements relevant to health prohibit any form of discrimination that is based on sex or legal status. Similarly, the Convention on the Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Right oblige member states to eliminate health care related discrimination against women.

161. See Proclamation No. 365/2003, supra note 13, at art. 27; see also Reg. No. 26/2005, supra note 30, at art. 10.
162. Id. See also Reg. No. 26/2005, supra note 30, at art. 11.
163. Id.
164. van den Bergh et al., supra note 55, at 691.
165. G.A. Res. 34/180, Convention on the Elimination of All Forms of Discrimination Against Women, art.1 (Dec. 18, 1979) (CEDAW) (stating that discrimination against women is the “distinction, exclusion or restriction made on the basis of sex” that results in the curtailing of women’s human rights and fundamental freedoms) [hereinafter CEDAW].
167. See CEDAW, supra note 165, at art. 12.
International guidelines on prisons prohibit all forms of gender-based discrimination against women prisoners.\textsuperscript{168} The Standard Minimum Rules for the Treatment of Prisoners requires prison authorities not to discriminate against women prisoners while performing their duties.\textsuperscript{169} Similarly, the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) introduced progressive and pragmatic rules against discriminatory practices on women-specific health and sanitary care services.\textsuperscript{170}

All prisoners must be treated equally, but providing rules to address the specific needs of women prisoners should not be regarded as discriminatory to other prisoners. Rather, it is enforcing the rights recognized under the UN Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, and the Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment.\textsuperscript{171} All prisons need to have health screening on admission.

As discussed before, in Ethiopia, the lives of women prisoners before incarceration are affected by a variety of untreated health conditions. A prison policy needs to recognize the relationship between abuse, addiction, and incarceration, as it has a significant public health implication. Most of the time, women prisoners with substance use or alcohol abuse problems had experienced physical, sexual, or other forms of gender-based abuses.\textsuperscript{172}

Women prisoners who were the victims of violence should not be denied access to health services and sanitary goods because of their gender or because they are smaller in numbers.\textsuperscript{173} Rather, the period of incarceration should provide an opportunity to connect women prisoners to treatments.\textsuperscript{174} In this regard, the Bangkok Rules

\textsuperscript{168} Id.

\textsuperscript{169} See Standard Minimum Rules, supra note 76, at Part I, § 6(1). However, the standard rule did not properly address female prisoners’ women-specific health and sanitation needs. This could show how women-specific health and sanitary care needs were not properly addressed in the international prison rules and standards. The international legal system, similar to the domestic system, wanted to maintain the masculinity of the architecture of prisons, security procedures, healthcare services, family contact, work and training systems that we had in prisons.


\textsuperscript{172} HANDBOOK FOR PRISON MANAGERS AND POLICYMAKERS ON WOMEN AND IMPRISONMENT, U.N. OFF. ON DRUGS AND CRIME 13 (2008).

\textsuperscript{173} HANDBOOK ON WOMEN IMPRISONMENT, U.N. OFF. ON DRUGS AND CRIME 99 (2014).

\textsuperscript{174} THE BANGKOK RULES, supra note 170, at Rule 15 (stating that prison health services shall provide or facilitate specialized treatment programs designed for women
require states to pay attention to the specific health and sanitary care needs of women prisoners at all times.175

All prisons should have the ability to perform health screening on admission. Upon incarceration, women prisoners should get comprehensive women-specific medical screening in order to ensure that prisoners who had previous medical conditions are continuing with their medication or to identify prisoners who are in need of medication or treatment.176 Medical screening on entry can help to determine the presence of sexually transmitted diseases such as, HIV/AIDS,177 genital warts, and pelvic inflammatory disease.178 Screening can also help to identify mental health issues, drug dependency, and forms of violence that women prisoners suffered before incarceration.

Because women prisoners have multifaceted health problems caused by both factors directly connected to prisons and factors which are external to prisons,179 women prisoners’ prior vulnerability to health risks need to be identified and, if possible, addressed by providing medical care and treatment free of charge.180 Unfortunately, the prison law does not recognize much of these procedures.181 Hence, a new prison policy is needed to ensure the accessibility and availability of good quality women-specific health and sanitary service in women prisons.

Prisons are responsible for the maintenance of prisoners’ health in accordance with the principle of access to health and sanitary care services.182 Prisons are also responsible to ensure healthy conditions, substance abusers taking into account prior victimization, the special needs of pregnant women and women with children, as well as their diverse cultural backgrounds).

175. Id. (stating that provisions of prison health facilities, goods and services must take into consideration women’s special needs).
176. Id. at Rule 6. See also G.A. Res. 43/173, supra note 171, at Principle 24.
177. Based on the definition from Center for Disease Control and Prevention, HIV is a virus spread through body fluids that affects specific cells of the immune system called CD4 cells, or T cells. Over time, HIV can destroy so many of these cells that the body can’t fight off infections and disease. When this happens, HIV infection leads to AIDS. See CTR. FOR DISEASE CONTROL & PREVENTIONS, TERMS, DEFINITIONS, AND CALCULATIONS USED IN CDC HIV SURVEILLANCE PUBL’N, https://www.cdc.gov/hiv/statistics/surveillance/terms.html [https://perma.cc/5GTE-DT5P].
178. A complication can develop following multiple different sexually transmitted diseases, particularly gonorrhea and chlamydia. In PID, bacteria spread to the uterus and female reproductive tract. Infertility may result if the condition is not treated right away. Symptoms include fever, pelvic or low abdominal pain, pain with urination, discharge, painful intercourse, and light bleeding. See CTR. FOR DISEASE CONTROL & PREVENTION, PELVIC INFLAMMATORY DISEASE FACT SHEET, https://www.cdc.gov/std/pid/stdfact-pid.htm [https://perma.cc/8L7S-5KKN].
179. van den Bergh et al., supra note 55, at 689–90.
181. van den Bergh et al., supra note 55, at 690–91.
which includes health promotion, disease prevention, treatment and palliative care to women prisoners. The principle of access to health care and sanitation service includes women’s access to specific medical care services, such as medical screening on entry, women-specific health care, mental health care, HIV prevention and treatment, substance abuse treatment programs, preventive health care service, and suicide and self-harm prevention.

Access to health and sanitary care includes access to clean and hygienic prison conditions, which are important to maintain the health of prisoners and prevent the spread of infectious and non-infectious diseases. Prisons should have vital facilities, such as showers and toilets, necessary for women prisoners, and such facilities must be arranged in a way that women prisoners would not be ashamed for using them or asking for sanitary goods.

Prisons should be inspected and monitored. Prison staff, mainly women, should guide prisoners to keep their persons clean and maintain a good appearance compatible with their self-respect. Similarly, a prison policy needs to entail a specific set of practices associated with the preservation of prisoners' health on environmental cleaning, water hygiene, sanitation, and disposal of waste. Providing a clean and safe living and working prison environment can help to protect women prisoners against communicable and noncommunicable diseases, which are rampant in Ethiopian prisons.

As prisons are often forced homes for women prisoners to spend much of their lives, they need to have operational health and health care accommodations, goods, and services. Prisons needs to have facilities for reproductive and women-specific medical care that is equivalent to what is available for the community outside of the prison. The availability of such services is important as women

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184. THE BANGKOK RULES, supra note 170, at rules 6–18 (discussing health care service, medical screening, medical confidentiality, women-specific health care).
185. WORLD HEALTH ORGANIZATION, HYGIENE, WHO HEALTH TOPICS, http://www.who.int/topics/hygiene/en [https://perma.cc/QFD3-2P77] [hereinafter HYGIENE].
187. THE BANGKOK RULES, supra note 170, at Rule 25.
188. Id. at Rules 8, 25.
189. Id. at Rule 8.
190. HYGIENE, supra note 185.
191. See CESCR Gen. Comment No. 14, supra note 152, art. 12.
192. THE BANGKOK RULES, supra note 170, at Rule 10 (paragraph 2 of this rule further provides that if a woman prisoner requests that she be examined or treated by a woman physician or nurse, a woman physician or nurse shall be made available, to the extent possible, except for situations requiring urgent medical intervention. If a male medical
prisoners’ need for reproductive and mental health care not only originates from the history of poverty, physical, or sexual abuse, it also originates from the conditions in prisons.\footnote{Women's Sexual and Reprod. Health and Rights in Ethiopia: The Role of the Nat'l Gov't and U.S. Foreign Assistance, CTR. For Health & Gender Equity, http://www.genderhealth.org/files/uploads/change/publications/CHANGE_Ethiopia_Study_Report_web_FINAL.pdf [https://perma.cc/NWT3-BQFZ].}

Prisons must be equipped at least to provide primary medical services. In cases where they lack the ability to provide certain care, support must be provided by outside service providers.\footnote{Id.} In any case, medical services, including for mental health, pre- and postnatal care, treatment for abortion and related complications, need to be available for women prisoners. Similarly, women prisoners should not be limited from accessing facilities for Papanicolaou tests\footnote{The Pap test (or Pap smear) looks for cancers and precancers in the cervix (the lower part of the uterus that opens into the vagina). Precancers are cell changes that might become cancer if they are not treated the right way. See Cervical Cancer Fact Sheet, NIH National Cancer Inst. (2017), https://www.cancer.gov/types/cervical/pap-hpv-testing-fact-sheet [https://perma.cc/Z6M8-BNSM].} or screenings for breast and gynecological cancers, such as cervical cancer, ovarian cancer, uterine cancer, and vaginal cancer.\footnote{Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later and based on this. Gynecologic cancer is any cancer that starts in a woman’s reproductive organs. See What Is Gynecologic Cancer?, CTR. For Disease Control & Prevention, http://www.cdc.gov/cancer/gynecologic/basic_info/index.htm [https://perma.cc/2PZZ-NAXB].}

A prison policy should require a prison's medical personnel to provide professionally and medically appropriate and good quality medical services to women prisoners.\footnote{Amnesty Int’l, Ethical Codes and Declarations Relevant to Health Professionals, Principle 1 (1994).} Prison medical officers need to obey the rules of medical ethics, and they should protect the confidentiality of women prisoners’ health-related information.\footnote{G.A. Res. 37/194, Principles of Medical Ethics, Principle 1 (Dec. 18, 1982), http://www.un.org/documents/ga/res/37/a37r194.htm [https://perma.cc/3RZV-F86Q] (relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture, and other cruel, inhumane or degrading treatment or punishment).} Yet, prison medical officers themselves should be protected not to be obliged by prison authorities to disclose confidential information of women prisoners.\footnote{Id.; see also World Medical Assoc., Medical Ethics Manual 56 (2015), https://www.wma.net/what-we-do/education/medical-ethics-manual [https://perma.cc/4W/RQ-9PMT].} Women prisoners should be treated with
respect. Seeking, receiving, and imparting information must be guided for clinical care and psychological wellness of women prisoners.200

RECOMMENDATIONS

Ethiopia is incarcerating women prisoners in prisons that do not provide women-specific health and sanitary care services to women prisoners. This is a violation of the FDRE Constitution and it overlooks its international obligations.201 Therefore, Ethiopia needs to adopt a new prison policy that will address the women-specific health and sanitary needs of women prisoners.

200. THE BANGKOK RULES, supra note 170, Rules 2–4. Further, the Bangkok Rules under Rule 5 provide:

The accommodation of women prisoners shall have facilities and materials required to meet women’s specific hygiene needs, including sanitary towels provided free of charge and a regular supply of water to be made available for the personal care of children and women, in particular women involved in cooking and those who are pregnant, breastfeeding or menstruating.

201. Malawi African Ass’n & Others v. Mauritania, African Comm’n on Human & People’s Rights, Comm’n Nos. 54/91, 61/91, 98/93, 164/97, 196/97, 210/98, para. 122 (2000) (art. 16 recognizes the best attainable state of physical and mental health and it also requires states to take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick).