

**SEXUAL AND REPRODUCTIVE HEALTH CARE OF PRISONERS IN SRI LANKA DURING THE PANDEMIC**

**SUBMISSION TO THE UN SPECIAL RAPPORTEUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH**

**IN RESPONSE TO THE CALL FOR INFORMATION FOR THE THEMATIC REPORT ON THE RIGHT OF EVERYONE TO SEXUAL AND REPRODUCTIVE HEALTH CHALLENGES AND OPPORTUNITIES DURING COVID-19**

**10 JUNE 2020**

**FREEDOMS COLLECTIVE**

**SRI LANKA**

1. **Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.**

The Government of Sri Lanka imposed several restrictions with regard to prisons in Sri Lanka with increasing daily infections, including in prisons.

The Department of Prisons (DOP) first took steps to suspend family visits to prisons as a measure to control the spread of the virus. Such restrictions have been imposed several times since March 2020 owing to the different waves of infections. Restrictions on visits to prisons around the country were first imposed on 17 March 2020[[1]](#footnote-1) and lifted on 15 August 2020[[2]](#footnote-2). However, with the start of the second wave of infections, family visits were again suspended on 05 October 2020.[[3]](#footnote-3) Sri Lanka is currently undergoing the third wave of Covid19 infections and pertaining to the current situation, prison visits were suspended on 24 April 2021, initially for two weeks. [[4]](#footnote-4) As at 10 June 2021 suspension continues due to the increasing number of infections and fatalities.

The suspension of visits has adversely impacted prisoners who rely on visits from family and friends to receive certain provisions, such as hygiene products and sanitary napkins that are not provided by the prison authorities.[[5]](#footnote-5) Allegedly, the Department of Prisons did not adequately address the needs of prisoners in this regard during the pandemic. The suspension of visits without a proper plan that ensured the regular provision of such items to prisoners affects the prisoners adversely, especially female prisoners as they do not have access to sanitary napkins in any manner other than through family visits or occasional donations. Moreover, most of the prison population is from economically marginalized sections of society[[6]](#footnote-6), which during the pandemic have been severely affected and pushed further into poverty[[7]](#footnote-7). For an example, according to the statistics of the Department of Prisons, of 93 prisoners sentenced to death in 2020[[8]](#footnote-8), 9 prisoners have had an income of Rs.250- Rs.300 (USD 1.26-1.51) per month or no income at all, while 84 prisoners have had an income of Rs.300 (USD 1.51) or above per month[[9]](#footnote-9). It must be noted that Rs.300 (USD 1.51) per month is below the standard minimum wage of an individual. Hence, in such circumstances, even if and when visit restrictions are eased, families of inmates would likely not be able to afford visits to prisons that are far from their homes nor be able to buy provisions for the prisoner.

Another measure taken by the DOP has been to transfer prisoners to other prisons to reduce overcrowding to prevent transmission of the virus and to isolate COVID-19 positive prisoners from others.[[10]](#footnote-10) When prisoners are transferred to prisons far away from their hometowns, families of such prisoners often find it difficult to visit even when there are no restrictions imposed on visits or traveling, due to the lack of financial means to meet the costs of travel. In such instances, prisoners will not be able to receive personal provisions they would usually receive through such visits. Female prisoners are again affected adversely as they would have no means of receiving menstrual hygiene products when their families are unable to visit them. In January 2021, the Catholic Church made a donation of sanitary napkins to Bogambara Prison, where the majority of female prisoners were transferred during the pandemic.[[11]](#footnote-11)

1. **Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one’s body and sexual and reproductive health.**

N/A

1. **Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?**
	1. **Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?**

The sexual and reproductive health care services available to prisoners in Sri Lanka were inadequate even pre-Covid19. For instance, the national study of prisons conducted by the Human Rights Commission of Sri Lanka (HRCSL) revealed the lack of access to sanitary napkins in prisons.[[12]](#footnote-12) According to the study, the majority of female prisoners stated that the prison does not provide them with sanitary napkins unless the prison receives a donation from an external organization. This is because the Department of Prisons does not have a separate budget allocation for this purpose. The study further shows that female remandees (pre-trial detainees) usually receive sanitary napkins from family and friends who visit them and that female convicted prisoners or remandees who do not receive visits have to earn sanitary napkins and other hygiene products by doing chores for other inmates who have an adequate supply of sanitary napkins. This has only worsened with the pandemic.

Moreover, the report of the national study of prisons of HRCSL discusses the lack of prenatal and postnatal care for pregnant women in prisons[[13]](#footnote-13). It was observed that usually pregnant women are taken to clinics in the General Hospital in the area as such facilities are not readily available inside prisons. However, these visits to clinics were not been done regularly and more often pregnant women were not taken to clinics on time. For instance, the study states that pregnant women are usually taken to the hospital close to their delivery dates only to give birth. The Commission mentions an interviewee at Welikada Closed Prison alleging that she was neither taken to clinics on time nor given vitamins. Further, an inmate was sentenced to life imprisonment instead of death penalty for a drug related offence as she was four months pregnant at the time her sentence was pronounced. Pregnant inmates interviewed for the study stated that the diet given to pregnant women in the prison are the same as what is given to other inmates although providing necessary nutrients is vital for the mother as well as the child. According to the study, postnatal facilities in prisons also do not sufficiently provide mothers and their children a safe nor a comfortable environment.

Lack of postpartum care have reportedly affected mothers in prisons mentally as well as physically. For an example, the study reveals an incident where a mother who was allegedly convicted for the murder of her own child soon after giving birth was not given access to counselling sessions to cope up with postpartum depression. She had further experienced postpartum bleeding as well. The study also reports of an incident where a foreign inmate in Welikada Closed Prison had not received proper postnatal care after the loss of her child while in prison which resulted in her developing fibroids and cervical cancer.[[14]](#footnote-14) Similar to the situation of pregnant women, breastfeeding mothers were not provided with a special diet to fulfill the nutritional needs during the period of breastfeeding. According to the study, most female sections in prisons around Sri Lanka do not have separate prison hospitals as they are usually situated inside the male section. Further, the study reveals that the minimum of medical facilities provided in most female sections do not include facilities essential for pregnant women and mothers nor any preventive health care related to breast and cervical cancer screening.[[15]](#footnote-15)

In the current context due to the pandemic, the lack of pre-natal care and post-natal care inside prisons would severely affect pregnant women and mothers as they would not have any other means of accessing pre-natal or post-natal care when they are not able to go to clinics outside the prison.

* 1. **Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.**

With the suspension of visits, reportedly female prisoners find it even more difficult to find menstrual hygiene products. As family visits are suspended, their only means of access to sanitary products is the Department of Prisons. However, reportedly, the Department of Prisons has not taken adequate steps to provide such sanitary products and other essential hygiene products.

* 1. **Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.**

Another obstacle faced by women in prisons is the sudden transfers they have to undergo from one prison to another. It was reported on 23 May 2021 that the female section in Agunukolapelessa Closed Prison will be cleared off to be used as a Covid19 treatment center, and that the female prisoners will be transferred to other prisons further away from Angunukolapelessa.[[16]](#footnote-16) Being transferred to prisons far away from their families prevents their families from visiting them even when visits are allowed. In such circumstances, even the little access they had to sexual and reproductive health care becomes a challenge to these women.

* 1. **Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic.**

N/A

1. **In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.**

The recommendations of the national study of prisons of HRCSL recommends that women’s sexual and reproductive health rights needs to be addressed. These include the following:

* Initiate a system of regular provision of personal hygiene products to all women convicted prisoners. This should also be provided for women remandees who cannot obtain such provisions from family visits.[[17]](#footnote-17)
* Ensure that there is an efficient system for women [convicted and remandee women who receive no visits] to receive sanitary napkins once a month.[[18]](#footnote-18)
* Make provisions for effective ante-natal and post-natal care facilities for pregnant women or mothers who recently gave birth, arrange special meal plans and access to awareness programmes on how to care for the new-born child.[[19]](#footnote-19)
* Consider expanding the use of non-custodial measures as alternatives to incarceration for women who are primary caregivers for children under their care and pregnant women, to prevent disrupting the lives of their children and minimize the burden created on the state to place such children in state childcare centres[[20]](#footnote-20)
1. **Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.**

N/A

1. **Please indicate if your country, institution or organization has been affected by a decreased in financial support or aid, including through international cooperation, compared to pre-COVID time, and how this has affected sexual and reproductive health care.**

N/A

1. Ambika Satkunanathan, ‘Prisoners in a Pandemic’, *Himal Southasian* (published on 03 April 2020) <<https://www.himalmag.com/prisoners-in-a-pandemic-2020/>> [accessed on 08 June 2021] [↑](#footnote-ref-1)
2. ‘Prison visits to be allowed from August 15’, *Lankasara;* <<https://lankasara.com/news/prison-visits-to-be-allowed-from-august-15/>> [accessed on 08 June 2021] [↑](#footnote-ref-2)
3. ‘visits to all prisons prohibited’, *Sri Lankan Mirror* (published on 05 October 2020) <<https://english.srilankamirror.com/news/19860-visits-to-all-prisons-prohibited>> [accessed on 08 June 2021] [↑](#footnote-ref-3)
4. Buddhika Imbulana and Shavini Madhara, ‘Prison visits suspended for two weeks’, *Daily News*, (published on 24 April 2021) <<http://www.dailynews.lk/2021/04/24/local/247411/prison-visits-suspended-two-weeks>> [accessed on 08 June 2021] [↑](#footnote-ref-4)
5. Chapter 23 on Women;Nation Study of Prisons Conducted by the Human Rights Commission of Sri Lanka, 2020, <<https://www.hrcsl.lk/wp-content/uploads/2020/01/Prison-Report-Final-2.pdf>> [accessed on 09 June 2021] page 577 [↑](#footnote-ref-5)
6. ‘Prison Statistics of Sri Lanka 2021’, Department of Prisons Sri Lanka; <<http://prisons.gov.lk/web/wp-content/uploads/2021/05/prison-statistics-2021.pdf> > [accessed on 09 June 2021] [↑](#footnote-ref-6)
7. ‘Virus-related restrictions push over half a million Sri Lankans into poverty’, *DailyMirror* (published on 03 June 2021) <<http://www.dailymirror.lk/print/business__main/Virus-related-restrictions-push-over-half-a-million-Sri-Lankans-into-poverty/245-213313>> [accessed on 09 June 2020] [↑](#footnote-ref-7)
8. Table 6.1., ‘Prison Statistics of Sri Lanka 2021’, Department of Prisons Sri Lanka <<http://prisons.gov.lk/web/wp-content/uploads/2021/05/prison-statistics-2021.pdf>> [accessed on 09 June 2021] page 54 [↑](#footnote-ref-8)
9. Table 6.11., ‘Prison Statistics of Sri Lanka 2021’, Department of Prisons Sri Lanka <<http://prisons.gov.lk/web/wp-content/uploads/2021/05/prison-statistics-2021.pdf>> [accessed on 09 June 2021] page 57 [↑](#footnote-ref-9)
10. Buddhika Imbulana, ‘Covid-19 prisoners to be sent to one prison’, *Daily News* (published on 05 December 2020) <<http://www.dailynews.lk/2020/12/05/local/235316/covid-19-prisoners-be-sent-one-prison>> [accessed on 08 June 2021] [↑](#footnote-ref-10)
11. Kshama Ranawana, ‘Addressing Period Poverty in Prisons’, *Counterpoint* (published on 01 January 2021) <<http://counterpoint.lk/addressing-period-poverty-in-prisons/>> [accessed on 04 June 2021] [↑](#footnote-ref-11)
12. Chapter 23 on Women; Prison Study by the Human Rights Commission of Sri Lanka, 2020, <<https://www.hrcsl.lk/wp-content/uploads/2020/01/Prison-Report-Final-2.pdf>> [accessed on 04 June 2021] pages 577-580 [↑](#footnote-ref-12)
13. ibid pages 584-585 [↑](#footnote-ref-13)
14. ibid page 585 [↑](#footnote-ref-14)
15. ibid page 594 [↑](#footnote-ref-15)
16. ‘A part of Angunukolapelessa prison to be made a Covid treatment centre’, *Lankadeepa* (published on 23 May 2021) <<https://www.lankadeepa.lk/latest_news/%E0%B6%85%E0%B6%9F%E0%B7%94%E0%B6%AB%E0%B6%9A%E0%B7%9C%E0%B7%85%E0%B7%9A-%E0%B6%B6%E0%B6%B1%E0%B7%8A%E0%B6%B0%E0%B6%B1%E0%B7%8F%E0%B6%9C%E0%B7%8F%E0%B6%BB%E0%B6%BA%E0%B7%9A-%E0%B6%9A%E0%B7%91%E0%B6%BD%E0%B7%8A%E0%B6%BD%E0%B6%9A%E0%B7%8A--%E2%80%98%E0%B6%9A%E0%B7%9C%E0%B7%80%E0%B7%92%E0%B6%9E%E0%B7%8A%E2%80%99-%E0%B6%B4%E2%80%8D%E0%B7%8A%E2%80%8D%E0%B6%BB%E0%B6%AD%E0%B7%92%E0%B6%9A%E0%B7%8F%E0%B6%BB-%E0%B6%B8%E0%B6%B0%E0%B7%8A%E2%80%8D%E0%B6%BA%E0%B7%83%E0%B7%8A%E0%B6%AE%E0%B7%8F%E0%B6%B1%E0%B6%BA%E0%B6%9A%E0%B6%A7/1-591101>> [accessed on 08 June 2021] [↑](#footnote-ref-16)
17. Prison Study by the Human Rights Commission of Sri Lanka 2020, Recommendation 1.3.3, <<https://www.hrcsl.lk/wp-content/uploads/2020/01/Prison-Report-Final-2.pdf>> [accessed on 04 June 2021] page 753 [↑](#footnote-ref-17)
18. Ibid, Recommendation 2.8.1, page 785 [↑](#footnote-ref-18)
19. ibid, Recommendation 2.8.1, page 786 [↑](#footnote-ref-19)
20. ibid, Recommendation 2.8.1, page 786 [↑](#footnote-ref-20)