

International Health care Standards in Women`s Prisons in the Arab world

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## **Abstract**

Prison health care services worldwide fail to meet women prisoners' gender-specific needs. Gender-sensitive prison laws and policies are absent or weak at national levels in many parts of the world. Consequently, health care for women in prisons has become a matter of increasing concern. This thesis is about the international health care standards that aim to protect women prisoners' rights to receive treatment met their distinctive needs. Interviews were conducted with 42 individuals in Jordan to explore the implementation of these standards in the Arab world. The research makes a new contribution by collecting and analysing data on an issue characterised by a paucity of contemporary empirical evidence. Little is known about how international health care standards work in practice, particularly in the Arab world, where a variety of cultural, economic, political and social factors have impacted on the way in which they are viewed and implemented. The research reveals that international standards are not systematically implemented because they are viewed as a Western construction that attempts to impose Western perspectives on other countries and fails to take into account Arab culture and traditions relating to women's position in society.

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## **Selected Abbreviations**

ACHR Arab Charter of Human Rights

APCHR Arab Permanent Commission on Human Rights

CAT UN Committee against Torture

CEDAW UN Committee on the Elimination of Discrimination against Women

CID Criminal Investigation Department

CPT European Committee for the Prevention of Torture

Disappearance

GID General Intelligence Directorate in Jordan

HRC UN Human Rights Committee

ICCPR International Covenant on Civil and Political Rights

ICESCR International Covenant on Economic, Social and Cultural Rights

NCHR National Centre for Human Rights in Jordan

NGO Non-Governmental Organisation

OHCHR Office of the UN High Commissioner for Human Rights

PSD Public Security Directorate of Jordan

SMRs Standard Minimum Rules for the Treatment of Prisoners

UN United Nations

UNCED International Convention for the Protection of All Persons from Enforced

UNCEDAW UN Convention on the Elimination of All Forms of Discrimination against  
Women

UNODC UN Office on Drugs and Crime



WHO World Health Organisation

# Chapter One

## Introduction

Prison, which is also known as correctional facility and detention centre, is an institution in which individuals are legally held as a result of breaking rules created and enforced by governments to regulate human behaviour at the national level. Retribution, deterrence, incapacitation, rehabilitation, and reintegration are the major purposes of this institution. Prison authorities in every state are expected to be responsible for ensuring that the supervision and treatment of prisoners are in line with the rule of law, with respect to individuals' human rights. The primary focus of any civilised prison system should be on the reform and rehabilitation of lawbreakers so they are ready for life in the society as law-abiding citizens. While has become a vital part of the criminal justice system worldwide, prison's purposes and necessity are up for debate. These matters have been extensively studied by scholars from different disciplines, yet surprisingly little attention has been paid to international standards on the treatment of specific groups of prisoners, namely women and how they are implemented in practice. The purpose of this study is to explore and understand the implementation of these standards in women's prisons in the Arab world. In particular, this study investigates the implementation of the standards on the provision of healthcare to women prisoners. The research started with investigating whether or not the international healthcare standards in women's prisons are implementing in the Arab world and why. Using the Hashemite Kingdom of Jordan as a case study, the research found that there is no effort made to implement the standards systematically. The major reason has been that the standards are viewed as an attempt to impose Western perspectives on other countries, and as the construct of a Western society that fails to take into account Arab culture and traditions relating to women's position in society.

The aim of this chapter is to introduce the thesis. After a brief reflection on the research problem, the chapter shows how relevant academic context gave the research both a theoretical and empirical background, and how it helped to determine the aim and objectives of the study. The starting point is the key sets of factors influenced the

framework of the research. The purpose of this is to establish the need for this research within the current knowledge of the discipline. Next, to provide a clearly constructed and logical argument about this research and its contribution, the chapter moves from general to specific and provides essential information about this project in particular. This includes information about the research's objectives, originality, methodology, and the outline of its chapters. This finale to the introductory chapter provides a plan of the structure of the project and shows how the various threads are woven together.

### 1.1. Research problem

International standards for women's prisons were devised in 2009 and 2010 to offer guidelines for countries across the world to improve conditions and treatment of women prisoners. Since the approval of the 2009 World Health Organisation/ United Nations Office on Drugs and Crime (WHO/UNODC) Declaration (the 'Kyiv Declaration') and the 2010 United Nations Standard Minimum Rules for the Treatment of Prisoners (the 'Bangkok Rules'), there has been greater understanding of the impact of women's imprisonment and the need for gender-sensitive approaches and tools. These instruments present a response to international alarm over the ineffectiveness of how women prisoners are treated. They are the first to define a set of comprehensive standards concerning the treatment of women in the criminal justice system and to highlight women prisoners' rights to receive healthcare that meet their distinctive needs. The implementation of these standards requires official acceptance and approval to translate them into action plans and strategies. However, the process is not always straightforward. Differences in response between countries can pose important questions about how can one uniform set of standards be implemented worldwide with the existence of significant cultural differences between countries. In the Arab world, for example, there are a variety of cultural, economic, political and social factors that might have a unique impact on the way in which such standards are interpreted and applied. This study was conducted to shed light on this matter using Jordan as a case study.

### 1.2. Academic Context

Though literature review in this research was a secondary source and does not

report new or original data, the process helped significantly to explore and understand the current research on the fields of women in prisons and prison health care. It also helped to clarify the researcher thoughts about this study`s framework. This framework was based on two sets of factors. The first relates to issues suggested by Western academic observations about women in prison and the provision of health care to women prisoners. The second concerns the societal situation of women in the Arab world. Understanding these factors helped to understand, interpret and analysis the research findings.

Historically, prisons have been characterised as being designed and organised from a male perspective to deal principally with male prisoners (Miller-Warke, 2000; Carlen 2002; Carlen and Worrall 2004; Coyle 2005; Plugge et al, 2006; Women in Prison; 2011). Therefore female prisoners have often suffered in facilities that do not consider their distinct needs (Weatherhead, 2003). Phillips and Harm (1998) stated that female prisoners have always ‘been in the shadow of men’: neglected and misunderstood (see also Covington, 1998; Lamberge, 1991).

Studies such as that conducted by Coll et al. (1998) showed that provision of services for women prisoners is modelled, by default, on those for men. Prison services are often considered as ‘organization[s] ... geared to deal with male prisoners’ (Coyle, 2005, p.68); and therefore are insensitive to women’s needs (Scott and Codd, 2010; Genders and Player, 1987). In the UK, for example, the Corston Report (2007) highlighted that the UK penal system was intended for men but then adapted to serve women. Likewise, Penal Reform International (PRI, 2008) states that prisons are ‘single sex, coercive institutions designed to hold men in a secure environment’. Similarly, Women in Prison (2011) say that ‘prison does not work for women’.

In the past two decades, several researchers drew attention to the continuing increase in the number of women prisoners worldwide, and the fact that their issues and needs receive inadequate attention (Covington, 1998; Miller-Warke, 2000; Bastick and Townhead 2008; Van den Bergh et al 2011a; Van den Bergh et al 2011b; Halliday et al, 2017; Kelsey et al, 2017; PRI and TIJ, 2017). The ‘invisibility’ of women is considered a critical issue in prison institutions (Carlen, 1983; Devlin, 1998); according to Smart (1976), penal institutions support the traditional lower status of women in the social

reality.

One major concern raised in various studies is that women form a much smaller portion of the prison population than men, which affords them less consideration and even neglect by governments (Anderson, 2003; Miller-Warke, 2000). Devlin (1998) argues that when they pass through the prison gates, most women become 'invisible', and are incorporated into a masculine-oriented environment that is often insensitive to their gender-specific needs. This prison system then fails to meet the requirements of women at key moments in their lives (Corston 2007; WHO 2009). Some studies suggest that early twentieth-century developments are 'proof' of the almost exclusively male concerns of the penal system (Heidensohn, 1985; Genders and Player, 1987). Flynn (1998) recommends that the running of women's prisons should be treated as a distinct specialism and calls for developing a model regime for women prisoners. Otherwise, there could be a real concern that a 'gender-blind' penal system might lead to overlooking the specific health problems amongst women prisoners.

Many researchers have reported that women prisoners suffer more, and different, health care problems than the other groups, and yet they still receive fewer services and inferior care which do not meet their needs (Acoca and Austin, 1996; Marquart et al, 1997; Marquart et al, 1997; Maeve, 1999; Belknap, 2000; Fazel and Danesh 2002; Anderson, 2003; Watson et al, 2004). Recent evidence suggests that the present situation of health care provision to women prisoners is described as unequal, unfair and ineffective (Bastick and Townhead 2008; Van den Bergh et al 2011; Kelsey et al, 2017). Yet, the neglect of women's distinct health needs and problems is a threat not just to their lives but also to public health (Fickensher, 2001). Due to the types of crimes typically committed by women, who are often non-violent, most female prisoners finally return to the community (Carlen, 2013). As a result, serious health problems such as infectious diseases suffered by women prisoners on their release may be transmitted to others in the general population if left untreated in detention (Braithwaite et al, 2005). Moreover, women prisoners have usually had no contact with health services during the period before admission to prison; as a result, most of them have little idea of their own health problems and the requirements of a healthy lifestyle (Douglas and Plugge 2008).

Researchers have shown that health services designed specifically for female prisoners are either non-existent or inadequate (van den Bergh et al, 2009). A prison system is indeed a male-dominated system that is not responsive to gender differences, and women's needs are frequently not met (Lovrich and Stohr, 1993; Devlin 1998; Bastick and Townhead 2008; Currie, 2012; Abbott et al, 2017). As McIvor et al (2004) described, custodial culture is dominated by the needs of men. The failure to accept that women experience imprisonment differently and that women's needs are distinct has led to widespread neglect of their human rights (Devlin 1998; Bastick and Townhead 2008; Carlen and Worrall 2004; Van den Bergh et al 2011; Huber, 2016; Halliday et al, 2017). Though positive steps are being taken in some parts of the world where countries have transferred the responsibility for prisoners' health to the governmental health ministries, health care in prisons in most countries are still the responsibility of ministries of justice (Van den Bergh et al, 2011). This situation contributes to the isolation of prison health services from public ones (WHO, 2009), which might result in prisoners' rights to health care being violated. This right has been emphasised by most international human rights agreements. International standards on the treatment of prisoners particularly, have long stressed the provision of high quality health care services to prisoners and the importance of making them broadly equivalent to these provided in the community (see Chapter 3). However, evidence suggested that women's prisons in many parts of the world often fail when it come to the effective response to these standards (Marquart et al, 1997; Maeve, 1999, ICPS 2004; Van den Bergh et al, 2011).

Some Western researchers argue that health care within the criminal justice system is still "understandably, a secondary function for prisons" (Reed and Lyne, 1997:1422). Studies such as that conducted by Fletcher et al. (1993) showed that women prisoners often report that medical providers in prison are unqualified, withhold health care, and show little attention to their needs. Indeed, most lawsuits that are filed by women prisoners are for impediments in receiving healthcare services (Belknap, 2000). The reason according to other Western scholars could be that the culture of correctional institutions, which is based on control and security, is still in conflict with a culture of treatment and rehabilitation (Covington, 2002) and become viewed as just establishments for punishment (Wahidin, 2004; Halliday et al, 2017). According to Garland (2009:8) "[a]nyone observing criminal justice up close soon learns that control imperatives are the alpha and omega of penal administrators' decision making". This

scholar also stressed the role of culture in identifying the social causes and consequences of penal institutions. Here, it might be important to mention that since most of the literature and debates on the subject of culture and punishment are based on Anglo and European penal system, they might not correlate strongly with what is going on the Arab world or in other countries around the world.

The evidence from Western reports and research indicates three main issues: custodial facilities are not appropriate for women and are unable to meet their requirements; there is a gap between the quality of provision of health services for the public and in prisons; and, gender-specific health needs and the standards called for by international human rights bodies for women in prisons are not met. The current research focuses on the third issue. The international human rights standards on the treatment of women in prison can provide protection from abuse and offer criteria and an ideal model for the conduct of prison systems worldwide. However, little is known about how these standards are put into practice in different parts of the world. The implementation of these standards might not be smooth or even successful within the prison system of many countries particularly when considering factors outside the sphere of this system, such as cultural, political and social influences, as they are specific to particular countries.

Studies such as that conducted by Lagon and Kaminski (2014) showed that governments often resist adhering to international norms they perceive as contradicting national, cultural or social values. In Western literature, views about this issue are quite diverse. Some workers believe in cultural relativism and support diverse concepts of human rights standards based on different cultural contexts, but others believe that despite differences, human rights should be universal (Turner,1997; Donnelly, 2007; Jones, 2014). Mutua (2013) argues that, particularly in developing countries, there is a struggle between balancing the promise of human rights protection with national, cultural and historical identity. In this setting, Cingranelli (1988) stated that instead of emphasising individual rights, Third World traditions tend to focus on the rights of the society at large.

Prisons are indeed part of the society and cannot be separated from its influences. Moran et al (2009) argue that prisons are not just organisations which correspond to crime; they are rather reflections of social, political, and cultural values including

gender role expectations. This study argues that prison system in the Arab world is not exceptional. Arab prisons have long been influenced by the aforementioned values and this caused injustice and discrimination against women prisoners' population (see Chapter 2). Given this, the societal situation of women in the Arab world is considered the second key factor influenced the framework of this research.

In Arab countries, Arab traditions regarding women and patriarchal views and norms permeate most aspects of society and legal system (Al-Mughni and Tétreault, 2005). This has always raised concerns about the implementation of the international human rights standards related to women in this society and by this system. Many Western feminist studies suggest that the treatment of women prisoners is heavily influenced by the imbalance of power between men and women in society (Carlen, 1983; Lowthian, 2002; Kruttschnitt and Gartner, 2003; Carlen and Worrall, 2004; Loucks, 2004; Coyle, 2005; Plugge et al 2006; Barry and McIvor, 2008). The current study is influenced and informed by feminists' core concerns about gender equality and the identification of women's interests that are judged to be inadequately represented within mainstream legal studies. All of this was taken into account in this research, while considering the backdrop of Arab community values. These values relate to the complex socio-cultural and political context within the wider Arabic patriarchal society affecting the circumstances facing women and the realm in which the prison system operates.

The present study also considers the possible implications of the views of Arab culture on women and their health in general; the traditional views that link the concept of honour about a woman's body and behaviour. It considers the social, cultural and political aspects of Jordan of gender imbalance in Arab society to analyse how health care is provided for female prisoners (see Chapters 2 and 5). Moran et al (2009) noted that the female body can be inscribed with a set of cultural and historical particular practices, and subjected to social, political and economic forces.

Patriarchal values and interests, and the fact that nationalist-patriarchal discourse dominates the Arabic legal and social institutions are recognisable in the analysis of the implementation of the international standards in women's prisons in the Arab world. As many feminist scholars have argued, such issues have been a major factor in preventing women in the region from receiving their full rights (Mernissi, 1985 and 1987; Ahmed,



1992). The ways in which these matters act as barriers preventing women from equitable participation in social, legal, and political decision-making processes is described in Chapters 2 and 5. This research pays a great deal of attention to these matters based on the notion that the treatment of women in prison and the treatment of women in the society cannot be understood in isolation from one another.

Although Jordan our case study is considered to be one of the most democratic countries in the Arabic region, gender inequality and cultural views about women still constrain them and make them subordinate to their male relatives (Moghadam, 2007). In all parts of the Arab world, cultural constructions about the status of women are very clear. For example, a woman's 'misbehaviour' (as regarded in Arabic culture) is considered to bring shame upon not just the individual, but also her family and the community. This even includes the situation where a woman is a victim of sexual abuse (El Saadawi, 2010). Many women prisoners in Jordan are held in prisons not because they have broken the law, but because they have broken the agreed social rules or moral code (see Chapter 2). Chapter 2 describes how prisons detain women who had broken the social rules by having sex out of marriage or being sexually abused and becoming pregnant.

### 1.3. Research Objectives

Moving from a broad observation to specific details about this project, this study has three key objectives. There are:

- 1- to explore what has been done to implement the international health care standards in women's prisons,
- 2- to explore the views and understanding of people in the level of governance regarding the international standards,
- 3- and to find out the potential factors that assist or act as barriers to the implementation of the international standards.

The first objective is to explore what has been done to implement the standards in terms of both policy and practice. Research indicates that there is no written policy for women's prisons in Jordan (see Chapter 5). Prison law in Jordan is almost 'gender blind' and heavily influenced by the views about women in Arabic society. Arabic

patriarchal values and interest influence legislative and correctional systems' consideration of women's health needs. Chapter 5 demonstrates how factors such as the small number of female prisoners and their vulnerable position lead to neglect in legal reform to improve health care provision and how this has led to a negative impact in practice.

The second objective of the study is to explore views of people in the level of governance regarding the international standards. As explained in Chapter 3, studies suggest that implementation of the standards mainly depends on their acceptance by local authorities. Some Western studies indicate ambiguity and lack of clearly prescribing certain types of conduct which leads to different interpretations and behavioural patterns (Abbot and Snidal, 2001; Eberlein and Richardson, 2012). The present study found that local authorities in Jordan seem to be uncertain about the relevance and the meaning of international standards relevant to their work. The nationalist-patriarchal discourse and the complex power dynamics between the Western societies and the Arab world is a key factor in this setting.

In Jordan, officials' views regarding the appropriate standards that should be applied in women's prison are heavily influenced by the notion that Western societies attempt to impose their ideologies, beliefs and values on the rest of the world. Chapter 6 demonstrates how human rights advocates have been accused of 'cultural imperialism' and how human rights are seen as a Western product of the most powerful countries in the world.

As for the final objective of the study, the research found that several internal and external factors can influence the implementation of the standards. These include obstacles linked to the domestic conditions including the lack of awareness and resources, and others due to external reasons, such as the political unrest in the region and the agenda of the international community. Among the potential influences, the study suggests that the work of non-governmental organisations (NGOs) can have an impact in the Arab world. However, official attitudes have negative impacts upon the efforts to reform women's prisons. Attempts by NGOs relating to women prisoners' rights to make public some regionally domestic issues could be a challenge to the nationalist-patriarchal discourse. Chapter 7 examines in further detail the NGOs'

influence and strategies.

The thesis raises a question about whether prison systems which operate within Arabic society can effectively apply international standards on the treatment of prisoners or meet their needs. There is concern about whether Arabic criminal justice system to provide women prisoners with medical care meets the international standards. Here, it is crucial to note that this study considers only issues relevant to international health care standards and only those in women's prisons. Future investigations of the prison conditions for men and in young offender institutions might reveal a form of a violation against the health rights of these two groups also.

#### 1.4.Originality

Most work about the prison system's treatment of female prisoners is published by scholars in the West. There is a lack of feminist criminological work concerning women in Arab prisons. This research provides new information about the treatment of women prisoners in the Arab world. It highlights the link between the situation of women in the Arab society, and the treatment of women in Arabian prisons (see Chapter 2). Women in the region are frequently subjected to discrimination, and all aspects of their lives are critically affected by the patriarchal Arab culture (El Saadawi, 2007). As a result, women considered to be of lower social status than men in the region (see Chapter 2). Female prisoners find themselves not only in a worse position than women in general in Arab society, but they are doubly disadvantaged both by being both criminals – or criminalised - as well as simply being female.

Despite the fact that several studies conducted worldwide have examined the provision of health care to women prisoners (Stoller, 2003; Watson et al, 2004; Lines, 2006; Covington and Bloom 2007; Bastick and Townhead, 2008; Rutherford and Duggan, 2009; Moloney et al, 2009; Bartels and Gaffney, 2011; Albertson et al, 2012; Mears and Cochran, 2012; Handtke, et al 2015; Abbott et al, 2017; Kelsey et al, 2017; Halliday et al, 2017), none of these constitute an empirical study carried out specifically to examine the implementation of international health care standards. In addition, these studies have neither covered the Arab world nor included samples from the Arab criminal justice system, which means that they are not sufficient draw conclusions from about the status

of health care provision for women prisoners in the region. Arab cultural views of women, as well as the patriarchal thinking dominating Arabic legal and social institutions, affect their status in society and in the prison system in the region (see Chapters 2 and 6). Hence, questions are raised about the applicability of available western studies regarding the treatment of women in a correctional setting in a very different cultural context such as the Arab world.

In the Arab world, no academic research has thus far examined the topic of interest (International health care standards), but it should be acknowledged that a small number of studies have examined the conditions of women prisoners in some Arabic countries such as Yemen (The ARIJ and Al Harouji, 2013), Iraqi (Colasanto, 2015), Lebanon (Khalaf, 2002; Topalian, 2011), and Egypt (Booth, 1987). There is also Baker and Søndergaard's (2015) study on the conditions for women in detention in Jordan which examined needs, vulnerabilities and good practice. Additionally, The Penal Reform International's (2013) survey examined women prisoners in Jordan and Tunisia. Some other studies researched women in detention in the Arab world generally and from a human rights perspective (Rishmawi, 2001; Hilali, 2004; Gorman, 2005 and 2013; Tayeb, 2013; Mostafa, 2013). While some of these studies investigated issues about health care provision, none focussed on the implementation of the international standards. Likewise, although the matter of the implementation of the international standards implementation might be acknowledged and emphasised within reports of human rights organisations and United Nations bodies, the consideration of these reports are insufficient (Cohen, 1996; Human Rights Watch, 2006, 2014; Amnesty International, 2013; HRC, 2014).

This study is the first academic research to address the implementation of the intentional standards in women prison in the Arab world and to consider the possible impact of patriarchal Arab cultural views of women on their treatment in prison. It not only looks at the possible impact of these views on the officials but also on the overall impact upon both law and practice. For that reason, it is significant in helping to fill a considerable gap in the empirical body of literature about health care in women's prisons. It succeeded in obtaining evidence and information that can be considered a significant addition to existing research on the field. It has approved that empirical

research can be an important tool for highlighting issues related to the implementation of the international standards in women`s prisons .

Given this, this research is of considerable value to academics, policy makers, prison managers, prisoners, international human rights bodies and other stakeholders, seeking to improve the conditions of detention of women prisoners. The assumption made herein is that each of these groups will benefit from a more nuanced and evidence-based investigation of the implementation of the international standards in the Arab world.

### 1.5. Empirical Research

The research was based on the notion that more clarity must be brought to the reality of the implementation of standards that must be applied to the treatment of women prisoners. Therefore, it is based on derived knowledge from actual experience rather than from theory or belief. The research methodology was case study qualitative approach. Semi-structured interviewing was decided as the most appropriate approach to collect the needed data (see Chapter 4). This method was chosen to offer a richness and depth of information by capturing as many variables as possible to understand the topic of interest. Instead of getting a superficial descriptions of the investigated topic, qualitative helped to gain a deep understanding. This includes understanding how the participants derive meaning from their surroundings, and how their meaning influences their behaviour (sees Chapter4).

During the fieldwork, data was collected from high-ranking Arabic government officials, practitioners, legal professionals and NGOs working in an Arabic society. This makes this study quite different from much of the existing research in the field. The research benefited from the significant variations in these actors` experiences, priorities, values, training, occupational culture, guidelines and goals. It is important that in-depth research takes place at different levels and amongst the people involved in planning, delivering and supervising the provision of health care in women`s prisons. Research must include several stakeholders` insights, contributing as they create a more in-depth examination of the topic of interest.

Taking into account the limitations of time and on the grounds of irrelevance, issues

about prison conditions outside of health care provision, and correctional and rehabilitation programs were excluded from the analysis. Additionally, this study focused just on the international standards on the provision of physical healthcare. Researching standards regarding the provision of both physical and mental health care would have made the topic complicated and required more time and effort. Moreover, this study did not include female prisoners as participants. To do this would have required a longer time for analysis beyond the scope of this small-scale research, which was limited by the time available for data collection and analysis. Also getting access to women prisoners in Jordan might not be easy. This would have required longer and more complicated negotiations with the local authorities (see Chapter 4). Including women prisoners in this research would also have raised more ethical issues and required more preparation.

The reasons for the selection of Jordan as a case study include the similarities in the legal systems, culture, traditions, and the social fabric in Jordan and many other Arab states (Rishmawi, 2001). Moreover, Jordan is often cited as one of the most stable countries in the region (see Chapter 4). Yet, this is not everything. What additionally encouraged the selection of Jordan as a case study was the fact that King Abdullah II bin Al-Hussein, who has been King of Jordan since the 1999 death of his father, King Hussein, is known of his interest in improving his country's human rights profile and making reforms. For example, in 2016, under instruction by King Abdullah II, Jordanian authorities launched the Comprehensive National Plan for Human Rights. This plan is a ten year initiative that calls for reforms and changes to many laws, policies, and practices. Examples of the positive changes that were made included a commitment to allow suspects the right to a lawyer at the time of arrest and to move jurisdiction over crimes of torture and ill-treatment from the police court to regular courts. This has been followed by a facilitation of government interaction with national and international non-governmental organizations (NGOs) and held open consultation sessions on human rights issues including the treatment of prisoners (see Chapter 7). These details strengthened the belief that Jordan is the most appropriate place to undertake this investigation (see Chapter 4).

Despite the utility of this type of academic research, which can highlight issues and build a sustained critique to achieve prison reforms, it is not common in the Arab

region. Research on prison issues has long been a complicated and difficult task that can turn to be risky and even life-threatening. Information about Arab's prisons and their inmates are often at a high level of sensitivity and traditionally linked to national security and threat sources. There is little documentation, if any, about Academic prison studies in the Middle East or North Africa. Therefore, Western research and international literature on doing empirical research about prison form the basis of this study about the implementation of these standards in women's prisons in the Arab world (see Chapter 4).

Here, it might be important to mention that despite the lack of academic legal studies about prison in the Arab world, prison narratives are a rich subgenre of modern Arabic literature (Alcoloumbre, 2017). Arabic prison literature has been produced by both men and women in the form of novels, diaries, books etc. Writers include liberals, communists, and Islamists. Among those, there are professional writers, one-book authors, and ex-detainees who have recorded their experiences in interviews and oral testimonies. The available material is very extensive. The reason could be a large number of oppositional intellectuals who have been subjected to political imprisonment through the Arab region's modern history (see Chapter 2).

The available literature has addressed subjects such as resistance, torture, alienation and freedom (Alcoloumbre, 2017). Most writers give a detailed description of the prison, its site; its history, its different structures, and cells. They also give accounts of the interrogation procedures, the daily routine, the meals, the clothes, the torture and the punishments. Examples of these novels include 'East of the Mediterranean' or 'Sharq al-Mutawassit' which is a 1975 novel by Saudi Arabian writer Abdul Rahman Munif. There is also 'The Smell of It' which is a 1966 novel by Sonallah Ibrahim. This writer revisited his prison experience again in 2004 when he wrote 'Al Wahaat Diaries'. Moreover, there is 'Tazmamarte: Cell No 10' which is a book by Ahmad Marzouki in 2000; 'A Detainee for all Seasons' which is a book by Habashi published in 2004; and 'Resistance' which is a 2000 novel by Soha Beshara.

Concerning women prisons, explanations and accounts given by some activists, such as Nawal al-Sa'dawi and Farida al-Naqqash, refer to the relationship between prisoners, guards and prisoners, specifically literate political prisoners and uneducated guards

(Gorman, 2005). Yet, issues relevant to this prison population in the region seem to be bigger and more complicated. The prison institution is not “demographically” separate from outside its walls; it is permeated by the economic, political and social aspects of the Arabic society. As argued in Chapter 2, since the inception of prison sentence in the Arab world, isolation from family and community, ill-treatment and human rights violations are the main features of the prison institution.

## 1.6. Thesis Outline

This study comprises eight chapters including the introduction and the conclusion. Chapters 2 and 3 discuss the framework of the study. Based on the relevant literature in Western studies on women in prison, Chapter 2 demonstrates the status of women in the Arab culture and discusses matters related to the history of the penal system in the Arab world. It links these historical and cultural backdrops with the status of women prisoners in the region. It also includes a reflection on the situation in Jordan as a case study.

Chapter 3 explains the project background through providing an overview of the main topics around the international standards for health care in women’s prisons. The chapter reflects on the right to health care under the international and regional human rights instruments and on those international and regional treaties and documents related to the treatment of prisoners. It examines the nature, purpose and content of the standards, which are investigated. It argues that though these standards provide considerable added value to guide a country’s treatment of women prisoners, they are not perfect and have been criticised.

Chapter 4 outlines the research methodology, nature, and design. It demonstrates how the current study is informed by a core feminists’ concern with gender equality and the identification of women’s interests that are judged to be inadequately represented within mainstream legal studies. It describes the methods used to collect and analyse the data, as well as the reasons for adopting them. All issues, including ethical ones, encountered during fieldwork, along with how these issues were overcome, are also discussed in this chapter.



Chapter 5, 6 and 7 present findings obtained from interviews with participants from Jordan and provides the fruit of this research monograph. Chapter 5 examines the provision of health care to women prisoners in Jordan with a focus on the most frequently raised concerns about both the legal and practical framework. Scenarios for the official consideration of the health needs of women prisoners are suggested, as provided by participants, showing that the consideration of such health needs can be heavily influenced by the gender-related dynamics inherent in Jordanian society and the views of women and their health in Arab culture. The chapter further examines the practical consequences of the 'gender-blind' legal provisions in prison law and the absence of specifically-written policy concerns with the health care system in women's prisons. This situation has led to several issues related to the quality of currently available health services: confidentiality, practitioners' attitudes, indirect discrimination, and equality of treatment.

Chapter 6 outlines the views held by Jordanian officials. It suggests scenarios for what are considered to be the most relevant standards according to the participants' accounts, showing that such views are heavily influenced by local drivers; namely, Arabic culture values and religious beliefs. It is also suggested that standards that might conflict with the prisons regionally-agreed official purposes and are sometimes viewed as not relevant. The chapter further examines the most influential factors that might have an impact upon the implementation of the international standards in Jordan, as suggested by the participants in the study. It argues that despite the divergence of views about the actuality and the degree of their influence, political and security stability, the availability of recourse, political will, awareness, and the work of NGOs seem to have a considerable potential impact on the implementation of the international standards in Jordan.

Chapter 7 discusses the NGOs' role in the implementation of the international standards. It suggests scenarios regarding how NGOs might promote putting the standards into practice and what may affect their efforts to do so, as expressed by different groups of interviewees. It argues that because of perceptions and attitudes of individuals, which are influenced by the political and sociocultural setting, NGOs tend to adopt techniques and engage with the system using persuasion and dialogue tools, maintaining good relationships with the state agencies, and establishing alliances to

achieve goals.

Chapter 8 discusses the originality of this thesis and highlights its major contributions to the literature on the treatment of women in prisons, and in the realm of international standards implementation. Drawing lessons learned from the Jordan case study, suggestions to consider are provided.

## Chapter two

### The Arab World and Women prison: Cultural, Social and Historical

#### Contexts

##### 2.1. Introduction

A principal task of any research project is to explain in detail its background and purpose. As this research looks at the provision of health care in women`s prisons in the Arab world, the first task of it is to present materials that are necessary to understand the features of this world, its cultural, social and historical contexts, and the status of women in both society and prison. Understanding such matters and topics is necessary for the thesis and relevant to the research topic. It will help to provide the reader with the essential context required to understand the research findings and its significance.

Given this, this chapter serves four purposes. First, it aims to provide a brief overview of the main features of the Arab world. This includes natural and demographic features, shared culture and values, joint historical experiences, the most important events in present time (the Arab Spring) and its influences. As the consideration of the cultural and historical backdrops is essential to understand the status of women in Arab prisons, the second purpose of this chapter is to examine women in the Arab culture and the history of penal system in the region. The chapter examines the status of women in Arab societies and the Arab cultural norms that have resulted in gender inequality in the region. The Chapter also synthesises recent research on the history of the penal system in the Arab world. It tackles this subject chronologically, paying due attention to the pre-colonial history and effects of colonisation, important moments in Arabic prison policy, and the Arab Spring and the current situation. In addition, the chapter attempts to shed the light on the status of women`s prisons in the Arab world. Finally, the chapter offers a specific portrait of Jordan.

The chapter argues that the patriarchal structures in Arab societies have negative effects on the status of women, creating a deep-seated gender bias which negatively affects women. It Also highlights how the system of women prison is affected by the Arab world`s cultural, social and historical contexts, and manifest, and arguably multiply, in the way prisons in the region are organised and run.

## 2.2. The Arab World

The Arab world, also known as the Arab nation (Al Ummah Al Arabiyah) or the Arab states, currently consists of the 22 Arab countries. These countries include Algeria, Bahrain, Egypt, Iraq, Djibouti, Jordan, Kuwait, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, Lebanon, Libya, Mauritania, Morocco, Yemen and United Arab Emirates. The Arab world occupies a region stretching from the Arabian Sea in the east to the Atlantic Ocean in the west, and from the Horn of Africa and the Indian Ocean in the southeast to the Mediterranean Sea in the north. It stretches across over 13,000,000 square kilometres (5,000,000 sq mi). According to the United Nations Development Programme (UNDP) (2016), the region has a population of around 350 million people. While young people between the ages of fifteen and 29 make up nearly a third of this population, another third are below the age of fifteen (UNDP, 2016). This population lives in a collection of independent states have their differences, peculiarities, and separate identities (Barakat, 1993).

It is believed that there are more similarities than differences between these states. The Arabic nations share history, language, culture, customs, and traditions. It is important to note that Arabs share a culture, not a religion. While religion is an integral part of the culture, it is not always the defining aspect of it (Barakat, 1993). Instead, the defining aspect of Arab culture is the language and common traditions of the region. An Arab is not essentially Islamic and a Muslim is not essentially an Arab. There are Arabs who are Jewish and Christian. Islam is a worldwide faith with most of its followers in non-Arabic countries such as India, Indonesia, Pakistan, and Bangladesh. Of the size and of the world's Muslim population, Arabs comprise only small percentage.

Historically, the role of foreign intervention (Western) in the Arab world has clearly been noted. In the Medieval Period, the region was synonymous with the historic empires and caliphates. From 1517 to 1918, most Arabic states were part of the Ottoman Empire or Caliphate based in Istanbul. Since the beginning of the 19<sup>th</sup> century, foreign intervention in the national affairs of the Arab states has been a distinctive feature of the region (Hilal, 1976). European powers such as Britain and France had managed to colonize several states in the region after defeating the Ottoman Empire. It is a matter of fact that their influence on Arab`s national affairs has long affected the region`s population (El Guabli, 2012). The USA, in turn, has become a vital player in

the region after the Anglo-American Petroleum Agreement of 1944 that was based on negotiations between the United States and Britain over the control of Middle Eastern oil. Yet, Iraq war in 2003 was the most significant events which have promoted the US` s presence in the region as an influencing superpower.

The Western intervention in the affairs of the Arab world has negatively shaped the Arabic mind and perceptions of the Western world. The West has been seen as a threat. Here, it might be important to mention that evidence suggested that, in the past, Arabs did not hold prejudices against the West. Given that the Arab-Muslim world was politically and economically superior to Europe for almost a millenary, the loss of this preponderance in the 15th century was an all- changing setback for the Islamic and Arabic community (Medinger and Ozen, 2015). This seems to be what firstly created a dislike for the West that had taken their world of power. The European Christians movements to restore their homelands from the late 15th century and to expel Muslims colonial troops apparently changed the relationship between the Arab world and the West. In the mid of 19th century, the scales were reversed and the European powers colonised the whole Arab world.

Medinger and Ozen (2015) argue that since the age of European colonisation in the 19th century, the Arabs have started suffering from crises and finally realised the fact of their vulnerability and weakness. This vulnerability and weakness of Arabs reinforced the change in attitude towards the West which had never been a threat to Arabs in the past. According to Medinger and Ozen (2015), in contemporary times, Arabs` perceptions to the West changed from disdain to hatred of westerns` acculturation and exploitation of the Arabic societies. They state that the people in the West had developed their society and were getting more and stronger and this awareness of this achievement released growing concern for Arab.

The second half of the 19th century has witnessed a remarkable development for the people of the Arab world. At that time, most of the Arab states declared independence. Also, Arab nationalism arose and Arabs` belief in the Arab nation started. In 1945, the Arab League was formed to represent the interests of Arab nations and especially to pursue the political unification of the Arab states; a project known as Pan-Arabism. The official language in the Arab League states is Modern Standard Arabic, derived from Classical Arabic, and Arabic dialects are also used as lingua franca. Through number of

institutions, such as the Arab League the Economic and Social Council of the Arab League's Council of Arab Economic Unity (CAEU) and Educational, Cultural and Scientific Organization (ALECSO), the League work to facilitate political, economic, cultural, scientific, and social programmes set to promote the interests of the Arabic states.

In 2011, massive popular protests swept many Arabic states known as the Arab spring. Internet-based social media played a visible role in many of these protests. These protests brought down long-ruling leaders, caused unrest and bloody struggles and considerably reshaped the nature of politics in the region. Since then, the all Arabic states have started to face various socio-political, genders, economic and environmental challenges. The region is facing a period of transition and growing tension between authoritarian regimes and their citizens. Weak social, political and administrative accountability mechanisms and politically-oriented socioeconomic planning models have resulted in the neglect of large parts of the population. These nations face the challenge of forming new, accountable governments that reflect popular aspirations.

The Arab Spring has brought to surface many social, economic, human rights and political challenges and problems (Human Rights Watch, 2012a; Human Rights Watch, 2012 b). These have long affected the region`s population in general and women in particular. Since this study concerns the treatment of women prisoners, the focus would be on particular relevant challenges and problems. These are related to gender inequality cross Arab societies and the impact of the region`s history on the penal system. Considering these cultural and historical backdrops is essential to understand the status of women in Arab prisons and the findings of this study.

Given the fact that women in the Arab world are frequently subjected to discrimination and prejudice, this study pays attention to discrimination against women at two levels: first, as lawbreakers, and second, as breakers of the social and cultural norms. The following section examines women in the Arab culture in an attempt to shed light on the impact of gender inequality on the social and cultural aspects of women`s lives in the Arab region. .

### 2.3. Women in the Arab culture

To understand women's prison and the treatment of women in the criminal justice system in a specific society, it is important to understand the commonly accepted place of women in that society. Western feminist studies on the treatment of female prisoners have highlighted this matter, yet they typically focus on issues related to the position of women within Western societies, where arguably there is a sense of gender equality in society, although not universally accepted. This study focuses on circumstances faced by women in non-Western societies, namely Arabic societies, and Jordan in particular. These include circumstances, such as gender inequality, sociocultural context and other issues linked to the historical views of women in Arabic culture.

This section reflects on the situation of women in the Arab culture and sheds the light on social and cultural aspects of women's lives in the Arabic societies. Yet, initially, it is important to highlight that despite considerable convergence in the status of women in many Arab states, individual Arab states vary depending on the legal system and the degree in which the Arabic traditional and cultural views influence women's lives in the society. Thus, as explained in Chapter four, this study does not aim to provide generalisations about this subject area. Instead, it attempts to provide an understanding and make sense of the situation there.

It is also important at the beginning to indicate that the focus on gender inequality and its consequences in this section does not mean disregarding the impact of other cultural patterns of oppression affected women living in Arabic societies. Women can experience oppression in varying patterns and degrees of intensity. Cultural patterns of oppression are interrelated and influenced by the intersectional systems of society; instances of this include race, gender, class, nation, and ethnicity (Crenshaw, 1989; Collins, 2000; Ritzer, 2007). Research about women in the Arab world indicated that lots of women have multi-layered facets of life that they have to deal with and these include for example sexism, nationality and class (Kelly and Breslin, 2010; Djerbal, 2014; Abadeer, 2015).

Gender inequality refers to the disparities existing among people based on their gender (Lorber, 2010). As Mikkola and Miles (2007) point out, gender inequality in the Arab world can be expressed in attitudes, beliefs, actions and policies that do not reflect an equal valuing and provision of opportunities for both men and women. The forms of

gender inequality have been explained in several international declarations of human rights. For example, in 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) defined discrimination as “any distinction, exclusion or restriction made on the basis of sex...in the political, economic, social, cultural, civil or any other field.”

In the Arab world, throughout history, gender differentiation is formed in a way that makes females unequal to males in power, resources, and presumed worth. The political, social and economic status of women varies depending on each Arabic state’s national legal system and circumstances. Yet, in all societies dominated by Arabic values, females are universally viewed as weaker than males and regarded as inferior and less valuable (Moghadam, 2003; Abadeer, 2015). Arab culture places women in a state of the permanent tutelage of male relatives and links femininity to honour, humiliation and shame (Rishmawi 2001). The significance of honour expresses itself in the Arab cultural norms and shared expectations that guide the lives and the behaviour of women within the society. For example, Arab beliefs suggest that women’s misconduct brings shame upon the whole family. When considering the situation of Arab women, the influence of honour on Arabs should be always considered. The use of the ‘carrot of honour’ and the ‘stick of shame’ by men has long led to control women lives.

Gender inequality manifested in Arab cultural values has affected the power relations between women and men, making them extremely hierarchical. The system in many Arab states stresses that all citizens are equal under law and prohibits discrimination based on race, language, and religion, discrimination on the basis of gender and social status is not prohibited (OECD and CAWTAR, 2014). However, women still face significant and widespread discrimination across society, especially in economic, political, and legal situations. Considering these issues further would help to understand the situation of women in the region. Also, it facilitates an understanding of the implementation of the international standards, as examined later in the study findings.

One issue facing women in the Arab world relates to women’s economic empowerment. In many Arabic states, women now have the legal right to administer their personal property, set up their own business, benefit from social security laws that offer provision for childcare and can contribute to early retirement (UNDP, 2002). They also



can continue to benefit from a father's pensions as an unmarried daughter long after his other sons have been cut off and receive special provisions for widows and divorcees made by social aid programmes (UNDP, 2002). However, women are still considered to be restricted in predominantly patriarchal societies. For example, even where women launch their own businesses, the work undertaken often relates to social activities and only receives micro-financing (McLoughlin, 2013). The majority tend to pursue professions in the fields of education or nursing which are viewed as socially accepted (Khoury and Moghadam, 1995).

A set of socio-cultural and legal factors in many Arabic states prevent women from exercising their economic rights as they wish. These include prevailing customs and laws, the discriminatory registration, and the limited freedom of movement (Adnane, 2016). For example, in many Arabic countries, entitlements and property regulations and their application remain discriminatory in subtle ways (UNDP, 2002; Kelly and Breslin, 2010; Djerbal, 2014; Abadeer, 2015). Moreover, in some countries, opening a bank account includes a requirement for a male family member's permission (World Bank, 2014). Similarly, a woman's access to loans in some states is subjected to a husband's co-signature and approval (MFW4A, 2014). Furthermore, though inheritance under Islamic law provides that a brother inherits twice as much as his sister, under social and family pressure, to keep good relations with their brothers, and to maintain the family support and protection, women in many states often take nothing, or are given money instead of their share (COHRE, 2006). Parents may also transfer ownership of their property to their sons, preventing their daughters from receiving their share.

Social inequalities can have far-reaching consequences for the whole society (Eitzen and Leedham 2000). For example, in addition to the economic implications, these inequalities affect women's participation in political life (see Chapter five). Though women can fully take part in the electoral process in most Arab countries and accept appointments to government posts, their representation in this sector is low (Abou-Zeid, 2006; Abadeer, 2015). Until recently, the most important jobs in Arab governments, such as ministry heads and diplomatic representation were dominated by men (Kelly and Breslin, 2010). In many Arab countries, women are not allowed to be employed as either judges or prosecutors (Alsamak and Naserallah, 2011; Al-Qazzaz, 1977), and are often under-represented where this is permitted. Women's roles are stereotyped,

following societal understandings of women's nature and duties (UNHCR, 2014; UNDP, 2002; Abadeer, 2015). This situation is an inevitable aspect of Arab culture that continues to produce informal discrimination norms (Abadeer, 2015). For example, the negative expectations of women's abilities and skills and the view that women are lacking essential traits for success may lead women to be cut off from opportunities to have an influence.

Despite the recent increase in the numbers of women's rights movements in many Arab states, men still possess the decision-making rights in both social and political aspects of life (Tétreault et al., 2009). As this patriarchal system is inherent in all levels of Arab societies, women's ability to participate in decision making is limited. Said-Said-Foqahaa (2011) argues that such a traditional patriarchal system establishes a hierarchy of roles and authorities that are codified in the power of men over women, like the rich over poor, and the majority over the minority. More information about the impact of women's low participation in the decision-making process on health care provision to women prisoners is given in Chapter five.

Sources of Arabic laws have contributed to increasing the advantages that men in the region have over women. Most Arab legal systems combine aspects of Shariah with tribal law (Mayer, 1987; Ziadeh, 1987; Crystal, 2001). Under these systems, women's inferiority is obvious (Abadeer, 2015). For example, the Personal Status Laws are often derived from the Shariah and modified to be in line with tribal customs and traditions, for example, men can take up to four wives (Joseph, 1996; Maddy-Weitzman, 2005). Additionally, in many states, women are not granted the right to confer citizenship to their foreign husbands or children (Kelly and Breslin, 2010). Also, while it has become less accepted in society, arbitrary divorce by men is still legal and exists in many states (Jones-Pauly and Tuqan, 2011). Despite protests by feminists against this and other issues, the status of women remains almost without change in many Arab countries. Currently, however, women have been granted the right to '*khul*', which refers to suing through the courts for the dissolution of the marriage and typically granted given the abandonment of any financial marital rights (Kuttab, 2006).

In the same legal context, women are treated differently to men in other ways. For example, many penal codes allow for a reduced punishment for a male relative who kills a woman for moral or sexual transgressions (Sholkamy, 2008). 'Honour' crimes or

killings are often committed by male relatives against a woman for being raped, losing her virginity, having a relationship out of marriage, or for dating (Kulczycki, and Windle, 2011). The crimes are committed sometimes even on the slightest suspicion or rumour that the woman knows a man, to “wash the family shame”. This represents a serious problem as the perpetrators of such crimes tend to receive light sentences (Abu Odeh, 1996; Greiff, 2010). NGOs have been persistent in lobbying the government to change the punishment for these crimes (House, 2005; Kulczycki, and Windle, 2011). However, compared with other nations worldwide, in some Arabic states such Jordan and Iraq, honour crimes persist (Chesler, 2010).

Arabic cultural views and traditions relating to women and their behaviour can be considered the most complicated obstacles to obtaining full equality of treatment, since gender equality is often ignored or avoided (Kelly and Breslin, 2010). For example, to avoid verbal harassment, women and girls cannot walk in public or work late at night without being accompanied by a male relative or female friend; a single woman is commonly forced to provide her family with the details of any trip outside the home; unlike male scholars, women in many Arab countries cannot study abroad without the company of a male relative. Likewise, due to the link in the Arab world between male and female honour and reputation, extraordinary efforts have always been made to keep women`s issues far from the spotlight (see Chapter 5).

As a result, gender-based violence, including domestic violence, has always been seen as an issue that ought to remain a private matter rarely reaching the judiciary (Douki et al, 2003; Haj-Yahia, 2000; Clark et al, 2009; Boy and Kulczycki, 2008). Studies in Egypt, Jordan, Palestine, and Tunisia showed that at least one out of three Arab women is beaten by her spouse (Clark et al, 2009; Douki et al, 2003). While awareness of violence has risen recently, it is not yet considered to be a major public health dilemma in many nations of the Arab world (Ahmed and Elmardi, 2005). Sufferers of gender-based violence have limited recourse in the Arab world and spousal rape is not yet considered to be a crime in many states (Kelly and Breslin, 2010).

Although the legal trend in many criminal justice systems worldwide is that the general reputation of the victim has no bearing on a judicial determination, in the Arab world the past sexual behaviour of a woman, particularly in rape cases, determines whether the court prosecutes the rapist or proposes an alternative solution (Deif, 2006). Under social

pressure, victims of rape usually marry the perpetrators to save the honour of their families and relatives (Greiff, 2010; Kelly and Breslin, 2010). It is important here to make it clear that these rules have no roots in Islam. Arab culture and rigid traditions have made women and girls responsible for preserving their family's honour. Islam does not approve punishing the victims by forcing them to marry the rapist. Marriage in these situations does not meet the requirements of a valid marriage in Sharia law (IRIN, 2014). Unless rapists are strictly penalised in the Arabic world, the current solutions will encourage more sexual violence against women and girls.

Another concern regarding the impact of Arab culture is the dominant views of foreign women. Men in Arabic society typically make a distinction between Arab women and non-Arab women, and might apply different standards in their treatment. For example, many see foreign women as prostitutes and attempt to treat them according to that (Diab, 2010). Conversely, many believe that Arab women are the most decent, respectable, and credible, women in the world (Kamal, 2006). Therefore, a woman who puts on a veil, looks like an Arab or is accompanied by Arabic male relatives is often treated respectfully. Women from other countries in Arab states are more likely to be subjected to different treatment. As new women's movements in the region seem to fail to address gender and racial discrimination issues relating to foreign women, concern was raised about the safety and security of these women, particularly when they become prisoners. In this case the link between racism and sexism might be unnoticed. Levit and Verchick (2006) argue that when women from minority groups are identified either as a woman or as an ethnic minority, people overlook the link between racism and sexism.

Vulnerable women in the Arab world can be classified into four groups. The first group comprises of non-citizens professionals with specific occupations employed by the government or by private companies (e.g. doctors, nurses, university professors and expert engineers in the oil sector). As long as those women do not break the social rules, they are often treated in Arab societies with a degree of respect and admiration. The second group is domestic workers. Most these women are often hired through unregulated private recruitment agencies, come from East Asia and Africa, and are often illiterate, making them more vulnerable to violence, exploitation, and ill-treatment. The third group consists of illegal immigrants who have entered Arab countries intending to immigrate to Europe or stay without legal entitlement to residence. There is no legislative framework to protect migrants from abuse and exploitation in most Arab

countries. The fourth group is female refugees. Hundreds of thousands of refugees fleeing on-going violence and unrest in neighbouring countries such as Palestine, Syria, Iraq, and Libya currently reside in a number of Arab countries. Many are deprived, unable to legally find a job, and struggle to meet their everyday needs. Women in particular are more likely to be vulnerable to exploitation and violence. This raises real concerns regarding the protection of those women's human rights and their treatment in the case of being suspected or in conflict with the law.

To sum up, it is evident that women in the region face multiple challenges, as a result of patriarchal economic, political legal systems, and more importantly, cultural and traditional views promoting gender inequity. Such factors are products of many years of silence and subordination (Bullough et al., 1988). The impact of this situation could be worse for the non-citizen women who could be subjected to discrimination based on their sex and nationality. What raises more concerns about non-citizen women is the fact that in situations of conflict-related displacement, such women are often subject to heightened risks of sexual and gender-based violence (UN Women., 2013). The vulnerability of women in the region raise questions in relation to their treatment when they are imprisoned. The reason is that in the Arab world, women in prison are often even more 'invisible' than women in the general population. The imprisonment of women in the Arab culture attracts considerable shame and even the families suffer from injustice due to the contempt received in their communities (The ARIJ and Al Harouji, 2013). This situation, which is certainly a result of the Arab culture, views and norms mentioned earlier, leads women prisoners to be overlooked and subjected to violations of their human rights (Rishmawi, 2001). Yet, this also can be linked to the impact of the history of the penal system in the region. More information about this history is provided below.

#### 2.4. The History of the Penal system in the Arab world

As indicated earlier, understanding historical contexts of the Arab world is necessary to provide the essential context required to understand the research findings and its significance. This section examines the historical development of penal institutions throughout the Arab region. It describes the establishment of prisons in the region, outlines several significant moments in Arabic prison policy, and examines the situation after the Arab Spring uprisings (2010-2012).

#### 2.4.1. Pre-colonial History and the Effects of Colonisation

Prisons are not institutions indigenous to the Arab world. Like many elements of Arabic bureaucracy, establishment of prisons is a legacy of colonial times. Evidence suggests that the notion of incarceration as a punishment was unknown to Arab nations when Europeans first arrived at the beginning of the 20th century (Hallaq, 1999; Hilali, 2004; Gorman, 2013). Europeans established prisons in the region to isolate and punish political opponents, exercise racial superiority, and administer capital and corporal punishment (Gorman, 2013). Prison did not have the same position in historical Islamic law as it does in modern law (Schneider, 1995).

At the beginning of the Islamic state, for example, prison was not known in its current form. Instead wrongdoers were locked up in houses, mosques, or detained in tents (Al-Wadie, 2004). While pre-trial detention was common, wrongdoing was rectified by restitution rather than punishment (Al-Wadie, 2004; Salaymeh, 2008). Local justice systems based on Islamic law relied on compensation instead of incarceration. For most crimes, Islam recommends corporal (bodily) punishment (Schneider, 1995). However, this is carried out only as a last resort, after a thorough effort to reform the person has failed (Abdul- Ader, 2002).

Though imprisonment as a type of punishment did not typically take root in Arab states until the late 1800s, (Gorman, 2013) there were two exceptions. First, prisons were used to house prisoners of war who were classified by gender (Aboghda, 1987; Salaymeh, 2008; Alamiqan, 2011). Second, prisons were used in connection with the slave trade (Azumah 2014; Peters, 2005; Khan 2009). Nevertheless, virtually all the earliest prisons in Arab countries were built during the colonial era. For example, the White Horse Prison in Libya was built by the Italians, the Serkadji Prison in Algeria was built by the French, and the Nigret Al Salman Prison in Iraq and the Cooper Prison in Sudan were built by the British.

When colonial powers arrived from Europe, they used imprisonment not as a method by which to punish common crimes, but rather one to control and exploit local populations and to address any potential rebellion (Schneider, 1995; Gorman, 2013). Therefore, the earliest experience with formal prisons in the Arab world is characterised by the economic, political, and social subjugation of natives as opposed to the rehabilitation and reintegration of criminals. Indeed, the employment of corporal punishment to stifle

political oppression was the chief aim of earliest prisons in the region. Abdul Al- Aziz (2005), for example, argues that early prisons held few criminals, and that most prisoners were subjected to brutal confinement and conscripted as sources of cheap labour.

From the late 19<sup>th</sup> century to the post Second World War period, prisons in the Arab region did not just house the victims of colonial domination: they also represented a semblance of European racial superiority. According to Schull (2014) and Gorman (2013), European settlers including the Ottomans arrested Arabs for fighting against the occupation and acting in an uncivilised fashion, and prisoners suffered intentional neglect and discrimination. For example, to house opponents of their rule, the Ottomans built detention centres with poor conditions in which natives suffered from the spread of fleas, lice, and diseases, where they were subjected to intentional medical neglect resulting in widespread mortality (Cachia, 1995; Schull, 2014; Al-Ketati, 2012).

Moreover, while European prisons phased-out torture in the late 1800s, colonial prisons still used this approach as means of suppressing indigenous nations and reinforcing racist dogma (Sarkin, 2008). For example, when the Italians knew that in Libyan families' women are symbols of honour and dignity; they used them to threats and torture their male relatives in prisons. Evidence indicated to various ways were used including forcing women to be naked in public, beating them, taking their children away; raping them and starving them to death (Zyadh, 1958; Altalpassa, 1983; Ahmida, 2014).

Even though colonial powers have withdrawn from the region, Arab prisons remain characterised by many negative aspects such as torture and ill-treatment, overcrowding, high numbers of political prisoners, and corruption (Hilali, 2004; UNDP 2005; and Nazir and Tomppert, 2005; Chase and Hamzawy, 2006; El Guabli, 2012; Rajab, 2014; Mostafa, 2014). Indeed, this raises much concern about whether, and how, the contemporary Arabic prisons meet their stated goals of reform and rehabilitation, while there is persistent abuse banned by the international community. The next section describes of the important moments in Arabic prison policy that have contributed to how modern prisons in the region are run today.

#### 2.4.2. Important Events in Arabic prison policy

Arabic penal codes after independence contained the same provisions prescribed in Islamic Law (Shariah) relating to hudud<sup>1</sup>, retribution and blood-money, but they added the penalty of imprisonment for new types of crimes not known before, such as strong sedition against the state, embezzlement, and transgressions by a civil servant (Haleem et al., 2003; Al-Aaraji, 2004; Peters, 2005). It seems that after independence, national authorities continued colonial authorities' practices and methods of oppression and tyranny. Prison sentences and implementation of codes of treatment for criminals have long been used as tools of control by dictatorships in the region. For example, it is well known that in Libya and Iraq under Presidents Gaddafi and Hussein the personality of the rulers and their whims controlled laws and policies; any disagreement with their opinions was considered to be a crime. As a result, ill-treatment, torture, and political elimination have become important features of Arab penal systems (El Guabli, 2012). This situation has led to the power of law losing its significance and mission in prison policy in many Arabic states for a long time.

In the 2000s, matters began to change when many Arab countries started to reform their prison policies and improve prison conditions and services as a result of internal and external factors (Human Rights Watch, 2002; Bensahel et al, 2004). It is widely argued for example, that even if Arabic regimes were loath to admit it, the regional implication of the United States' intervention in Iraq was notable (Wehrey et al, 2010; Carapico, 2013). Many Arabic states have started taking steps towards reform, including of the justice systems, since then (Wehrey et al, 2010; Carapico, 2013.). Nevertheless, military intervention had a clear influence on all Arabic states in the Middle East and North Africa. Evidence suggests that some governments were forced to reform prison sectors because of prison riots and external pressures. For example, the wave of riots in Jordanian prisons in 2006 forced the government to improve many procedures (Human Rights Watch, 2008).

#### 2.4.3. The Arab Spring and Beyond

The Arab Spring was of paramount importance among these stages of penal reform in the Arab region. As mentioned above, this refers to a period of civil demonstrations, protests and uprisings in North Africa and the Middle East, mostly taking place between 2010 and 2012. When national movements quickly overthrew the heads of states in

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<sup>1</sup> Hudud is an Islamic term referring to punishments such as flagellation and amputation.



Tunisia, Egypt, and Libya, and other nations in the region were also inspired by the revolutions in neighbouring countries, many governments in the region were put under pressure to reform their policies in different sectors, including prisons. This situation affected the entire region. While some regimes rejected people's demands, others responded even if in a superficial manner. For example, to end the pro-democracy protests, special military courts were used in Bahrain to prosecute and imprison hundreds of individuals (Matthiesen, 2013). These actions were a response to involvement in peaceful anti-government rallies (Malinowski, 2012; Human Rights Watch, 2012 a; Zartman et al 2016).

However, in Algeria, Morocco, and the United Arab Emirates, many reforms took place after the Arab Spring protests. This includes providing amnesty for many prisoners, improvising custodial conditions, and eliminating many of the entitlements and privileges that heads of states previously enjoyed (Tawil, 2013; Human Rights Watch, 2012 a; The Arabic Human Rights Network press release, 2012; Davidson, 2012; and PRI, 2013). However, several studies and reports on these Arab countries indicate that prison policy and procedure in the region did not change significantly. For example, many political detainees in the region remained incarcerated and courts rarely provided fair trials in cases with political overtones (Manhire, 2012; Sadiki, 2014). Also, in post-conflict societies, prisoners might be seen not just as detainees but as 'enemies', which exacerbated the problems within local prisons (Mangan, and Murray, 2016). Many prisoners in the region were held without charge and several reported incidents of torture, or living in overcrowded facilities that were unable to provide adequate sanitation, exercise facilities, and medical services. (Tawil, 2013; Human Rights Watch, 2012a; The Arabic Human Rights Network press release, 2012; Davidson, 2012; Mangan, and Murray, 2016).

Although many of the authoritarian regimes in the region collapsed, Arabic prison policy has not yet been modernised to serve and protect prisoners' human rights, in accordance with the principles offered in the new regimes. Prisons in several states are in chaos, and earlier hopes for reform have not been fulfilled. The Arab Spring highlighted the serious systematic problems that exist in criminal justice systems and brought to light the negative effect of the military and intelligence services in oppression and the political unrest in the treatment of prisoners. Such effects are very clear in the case of certain states that descended into chaos, humanitarian catastrophes,

and civil war. For example, due to the political instability, prisons are run not only by different branches of governments, but also by politically aligned armed groups outside the state's purview (Mangan, and Murray, 2016). In short, rather than being regarded as a place of last resort, after the Arab Spring, prison became an important tool in the Arab states' war on crime and political opposition.

This situation is a real cause for concern and raises questions regarding the consideration of the international standards on the treatment of prisoners (in particular women) in the region. This research project provides more details about this topic in Chapter 5, 6, and 7 where the findings from Jordan are presented. At this stage, however, it is essential to initially build up an understanding of the status of women in Arab prisons in general. This understanding should also include how the status of women prisoners is affected by given historical and cultural backdrops. As some feminists point out, the link between the legal system and the context of certain sociocultural context can help to understand cases of prejudice (Littleton, 1986; Chiongson et al., 2012). Next section briefly examines topics related to women prisoners and prisons in the Arab world. It includes information about the women's prison population, the conditions they live in, the structure and type of their prisons etc.

## 2.5. Women in Arab prisons

Women prisoners in the Arab world are often young, have experienced physical or sexual abuse, and are overwhelmingly poor and uneducated (Rishmawi, 2001; Gorman, 2005; Topalian., 2011; Tayeb., 2013 Human Rights watch, 2014). They are mostly incarcerated for violation of immigration laws, crimes against religion/morality, sex offences, theft, property offences (fraud), drug possession/use, adultery, assault, and drug trafficking (Rishmawi, 2001; PRI., 2013; Topalian., 2011; Mostafa, 2013). In addition to native Arab female prisoners, Arab prisons house foreign national women prisoners, who are often migrant workers, particularly domestic workers that are often stripped of many of the rights guaranteed to other detainees (Rishmawi, 2001; Esim and Smith, 2004).

Evidence indicates that in many Arabic states, female prisoners are held under poor conditions which violate human rights and fall short of what is required by international standards (Booth, 1987; Rishmawi, 2001; PRI, 2013). Neglect, ill-treatment, torture, sexual harassment, and rape characterise the circumstances of women prisoners in

several Arab states (Rishmawi, 2001; Khalaf, 2002; Human Rights Watch, 2014; Colasanto, 2015; Middle East Eye, 2014; Amnesty International, 2015/2016a and b). The situation is made more complicated by the fact that violations of women's human rights by law enforcement officials often go with impunity (Rishmawi, 2001). This impunity for violations can lead to repeat infractions that go unpunished.

Women's prisons in the region vary considerably in terms of size, date of construction, design, level of physical security and services, but several common features exist. For example, women prisoners constitute a minority in all prison systems in the Arab World; 1.8% in Algeria, 3.7% in Egypt, 2.6% in Libya, 3.2% in Morocco, 3.6% in Mauritania, and 1.7% in Sudan, 1.6% in Iraq, 3.0% in Jordan, 4.8% in Kuwait, and 5.5% in Lebanon (Walmsley, 2012). Nearly all Arabic states hold women in separated facilities and offer units in women's prisons for mothers and babies to accommodate women with children up to 24 months. This is the age determined by Sharia Law to be the end of the breastfeeding period, after which children must be separated from their mothers (Gorman, 2005; Hilali, 2004).

It is also found that women's prisons in the region are few and therefore many women prisoners are held far away from their homes. For example, there is one central women's prison in Jordan (Al jweideh Women's Correctional and Rehabilitation Centre), three in Libya (Surman Prison related to illegal immigration, Jdida Women's Prison in Tripoli, and Kwifia Prison for Women in Benghazi), and one in Tunisia (Manouba Women's Prison). These institutions are the main women's prisons in the mentioned countries. An examination of the geographical distribution of such prisons revealed they are located in a way that could prevent many families from regular and sustained visits, which may lead to negative outcomes. Pallot et al (2012) argue that the use of geography through displacement can be a method of punishment and that this is particularly true for women prisoners. Farrel (1998) indicates that the emotional intensity associated with separation from children and family accompanying the heavily supervised atmosphere negatively affects the health of women prisoners and leads them to emotional instability. Further, imprisonment far from home might also complicate a woman's resettlement after release.

The review of prison regulations in some Arabic states (including Libya, Egypt, Tunisia, Jordanian, Sudan, Morocco, the United Arab Emirates and Bahrain) has shown

that criminal justice systems in the region apply similar standards of classification according to prisoners' age, criminal records, type of charges, pursuant to the respective provisions of the prison regulations. For example, it found the majority deal with young offenders (under the age of 21 years) separately from adult offenders, and accommodate them in different institutions for correction and rehabilitation purposes. Additionally, women's prisons, whether holding remand prisoners, young offenders, or adult prisoners, are completely separate from male prisoners. Furthermore, the directors of such institutions, the security and guard staff inside the prison building are typically women (Gorman, 2005; Hilali, 2004). This is because of the impact of Arabic and Islamic culture and traditional values concerning a woman's private space and bodily integrity that historically has dominated Arab societies.

Semi-custodial facilities in many Arab countries were established to hold groups of women thought to 'threaten the society' or be at risk of being harmed by their relatives. For example, with the purpose of 'protection' from honour killing and to rehabilitate women deemed to have broken moral and socially accepted norms, some women and girls not guilty of crimes (or who are victims of crime) live their lives exactly as prisoners (Rishmawi, 2001; Human Rights Watch., 2006; PRI, 2013). In Libya and Saudi Arabia, women can be removed from society placed in closed social institutions on a number of grounds related to sex practices and morals rules. Examples of those women include rape victims, misled adolescent girls whose decency has been assaulted, women accused of prostitution, women abandoned by their families, young women who have broken moral codes, girls who have become pregnant without being married, girls who are vulnerable to engaging in moral misbehaviour, and women who have had extramarital sex (Rishmawi, 2001; Deif, 2006).

The link between the concept of honour and women's bodies and behaviour in the Arab culture mentioned above puts women at risk of being detained. Concerns regarding the real role of such places have been raised by human rights international bodies (Rishmawi, 2001; Human Rights Watch, 2006). These concerns find their roots in the status of women held and their detention conditions. Women are subjected to many serious human rights violations, including their rights to freedom, personal dignity, movement, privacy and a fair trial (Human Rights Watch., 2007; Alshaikh., 2013; Rishmawi, 2001).

The environment of women's prisons in the region has long been of concern. Issues that are often highlighted include overcrowding, ill-treatment, poor sanitary conditions, inadequate lighting and ventilation, and extremes of temperature (Rishmawi, 2001; Dignity Danish Institute against Torture, 2014). While such issues are evident in all prisons, it seems to have a greater impact on women prisoners, who are found to suffer more from the negative impact of the inappropriate surroundings aspects of their incarceration (Human Rights Watch., 2006, 2014; The ARIJ and Al Harouji; Topalian, 2011). Due to the absence of national strategies, and concerns about women prisoners' treatment and raising the standards in their prisons, several non-profit groups work in the region to provide services and vocational training for female prisoners (Rishmawi, 2001; Topalian, 2011; PRI 2013). This has raised questions about the consideration of women prisoners' distinctive health needs and the services provided to them. More information about this topic is in Chapter 5 which examines the provision of health care to women prisoners in Jordan our example of the Arabic states. Yet, to understand the study findings in this regard, it is important to build up and improve the reader's knowledge about this example.

The following section offers a specific portrait of Jordan. It provides an overview of the state and briefly reflects on the specific contexts of it. It particular focuses on the status of women, prison system, women's detention centres and their population, and how these centres were influenced by the region's cultural, social and historical contexts and the implications of regional surrounding events.

## 2.6. The Specific Context of Jordan

Jordan is bordered by Saudi Arabia to the south and east, Iraq to the north-east, Syria to the north, and Israel and Palestine to the west. Following World War I and the dissolution of the Ottoman Empire, the League of Nations awarded Britain the mandate to govern much of the Middle East. Britain demarcated a semi-autonomous region of Transjordan from Palestine in the early 1920s. The area gained its independence in 1946 and thereafter became The Hashemite Kingdom of Jordan.

Jordan has very limited natural resources and low middle-income rates and high population growth rate. According to the results announced by Jordanian Department of Statistics, in 2016, the population is around 9.5 million. While the number of Jordanians is about 6.6 million, non-Jordanians who reside in the country are estimated by 2.9

million, representing 30.6% of overall population. The lower crude mortality rate, high total fertility rate children per woman of childbearing age, and the high rate of forced migration from neighbouring countries has contributed to the growing number of the population in the state.

Birth, mortality rates, and the immigration waves have caused a demographic shift and affected the age structure of the population. According to the Jordanian National Strategy for Health Sector in Jordan 2015- 2019, it has become essential to consider these developments when planning for health services particularly those related to non-communicable diseases, health insurance and the provision of preventive and rehabilitative services especially for some groups of vulnerable people (children, women and elderly people). For example, the strategy indicates expectations of the growth of population will lead to increase the number of the elderly people. As a result, the pressure on the government budget will increase in the future and might inflate the amount of health spending. The national strategy indicates that the percentage of those in the age group of 65 and above will rise from 4.6% in 2012 to 4.9% in 2020. The percentage of those in the age group of 15 years and below will drop down from 35.4% in 2012 to 33.4% in 2020. Challenges within health sector raise questions about Jordanian government's ability to provide women prisoners with health care that meet the international standards (see Chapter 5).

As this study concerns the treatment of women prisoners in Jordan, it is important to reflect upon the state's legal and prison systems. This system is based on the Constitution, the Court Establishment Law of 1951, a civil and criminal code, and Islamic and ecclesiastical laws in certain cases. The country's legal system has been influenced by many sources (Brown, 2001; Moors, 1999) and was developed initially from the codes of law instituted by the Ottoman Empire (which were based on French law) (Brown, 2001; Moors, 1999). These were then implemented by British laws during the mandate period. Islamic law has also been influential, modifying the European models in many ways (Moors, 1999).

Regarding gender inequality, more progress has been made towards equality in Jordan compared to other Arab nations' records on women's rights. The state relies mainly on economic and military assistance, and, as a result, opened what is universally known as 'democracy promotion programmes' (Khakee et al, 2009). These programmes follow

both the international gender equality rhetoric of international supporters and foreign agendas to promote women's movements, which began in the 1940s. They were inspired by the Egyptian Feminist Union EGU, the first example of institutionalised engagement with feminism by Arab women (Nadje, 2000). After, the kingdom gained independence from Britain in 1946, the movements became more active in demanding greater political, social, legal, and economic rights (Dababneh, 2005). Consequently, educated women were granted suffrage in 1955, yet it was not until 1974 that Jordanian women were given the right to run as candidates in parliamentary elections (Kelly and Breslin, 2010).

Due to lobbying activities by women's organisations, gender quotas at both the parliamentary and the municipal levels were introduced in 2003. The number of registered women's rights organisations has increased dramatically in recent years, and continue to enjoy a fair amount of freedom to pursue their mission (David and Nanes, 2011). They have lobbied against gender inequalities, honour crimes, and women's harassment and for women's rights to citizenship. They have also campaigned to change laws that discriminate against women and to keep women's rights on the national agenda (Kelly and Breslin, 2010).

Women in Jordan can now serve as claimants and defendants before the courts and their testimony is given equal weight to those of men except for cases under the jurisdiction of Shariah courts. This includes marriage, divorce, custody and inheritance where the testimony of two women is equivalent to that of a man (Sonbol, 2003). Moreover, certain penal code concessions are made for pregnant women, such as reduced sentencing from death to life imprisonment, and allowing a married couple convicted to serve consecutive terms (House, 2005). Yet, as is the case in many other Arabic states, evidence suggests that severe forms of discrimination continue to be faced by women in Jordan (Abu-Dayyeh, 2013). Pietrobelli, (2012) argues, for example, that all the achievements of women rights organisations were simply allowed to present a 'modern' face to the world.

The root of the problem is that though the current Jordanian legal framework is based on European civil code, it is influenced by religious factors as well as other social and cultural practices which determine the rights and liberties legally granted to women. Yet, as they enforce a patriarchal society, where men enjoy all the power and rights, the

influence of customs and traditions is thought to be even stronger than the influence of religion (Abu-Dayyeh, 2013). In Jordan, traditional ideas about masculinity and femininity determine women's access to education, work, health care, and justice (See chapter 5). Many national laws are found to be based on rigid traditions and negatively affect women's access to justice.

For example, though 'honour killing' in Jordan is a serious problem, perpetrators of such crimes generally tend to receive light sentences (Kulwicki, 2002; Nesheiwat, 2004). Also, Crime Prevention Law No. 7 of 1954 is a law based on national, traditional, religious and cultural values that can lead to the detention of women and girls who have broken socially-accepted norms even if they did not commit a crime (Faqir, 2001). The governor, who reports to the Ministry of Interior, can authorise the administrative detention for up to one year of any person deemed to be a 'danger to the public' without presenting any evidence of a crime committed or in progress. This is discussed in Chapter five.

In the same setting, though the 'global gender equality regime' that was expressed in the third UN Millennium Development Goal calls for a specific proportion of parliamentary seats be held by women by 2015, the gender quota in Jordan was until recently perceived as a 'royal gift' and considered to be a temporary measure that does not achieve fair political representation (Pietrobelli, 2012). In 2013, only 18 women won: 15 via the quota, two through national tickets and one through direct competition (The Arab Women Organization, 2013). Likewise, female judges and police officers typically remain under-represented (Numan, 2013). For example, of the total number of judges in the country, only 17 per cent are female (Numan, 2013). Some argue that Arab societies commonly believe that the societal responsibility placed on women to deal with domestic matters makes them unwilling and unable to be accountable as judges or to work in important jobs (Numan, 2013; El Sadaawi, 2010).

In addition, women still suffer from discriminatory statutes under the national legal system. For example, as the case in many other Arabic states, Jordanian nationality law does not grant women the right to confer citizenship to their foreign husbands or to the children of the marriage, and granting residency status to foreign husbands is difficult (Tabet, 2005; Theodorou, 2014). According to Neimat, (2014), 84,711 Jordanian women are married to non-Jordanian men, and these families include about 338,000



children. Moreover, the provision of pensions and social security benefits is affected by entrenched patriarchal norms (UNDP, 2002). Such obstacles can prevent many women from fully participating in the economy or achieving financial independence. Divorced women, the elderly, and widows are most likely to experience poverty and deprivation, and they are often forced to depend on relatives, friends, or welfare support (Kelly and Breslin 2010).

Like many other Arabic states, societal norms dictating the roles of men and women in the public and private spheres continue to remain one of the major obstacles to obtaining full legal and social equality (Abu-Dayyeh, 2013). The distribution of power in Jordanian families is hierarchical, as men are considered superior and women are considered to be weak and submissive. As a result, women and girls are required to obey their male relatives (Araji and Carlson, 2001). Yet, this has led to many negative outcomes including for example, that domestic violence against women. This has typically been considered a matter that is not often discussed openly (Haj-Yahia, 2005). In addition, judges in Jordan have the authority to propose marriage between the rapist and his victim as a ‘social treatment’ (Warrick, 2005). Moreover, due to the system of ‘welaya’ or guardianship incorporated into Jordanian law, men can prevent women or their children from travel abroad (Kelly and Breslin 2010). However, arbitrary divorce by men is still sanctioned in the state (Al-Krenawi and Graham 1998).

Regarding non-Jordanian women, the most vulnerable groups are female domestic workers and refugees (UN women, 2013). According to Kelly and Breslin (2010), about 70,000 migrant women work as domestic workers in Jordan, of whom just 40,000 are registered. Jordan is the only Arab country where domestic workers are protected by national legislation (Esim and Smith, 2004). However, as they work in private households, such workers – often from Sri Lanka, the Philippines and Indonesia – are shielded from public view and attention, and are hard to reach by conventional policy tools (Sundelin, 2013). Moreover, women from this group might come to Jordan with a limited knowledge of the nature of the society and the cultural boundaries restricting their movement, behaviour, and dress. This can lead to more pressure being put on these women as well as several problems if they transgress such boundaries.

Esim and Smith (2004) point out that abuses and exploitation against female migrant workers are usually unknown as they are likely to occur at an earlier stage of the

migration process, or are more likely to pass undetected. Female domestic workers are usually victims of frequent violations through punishment, intimidation, ridicule, humiliation and sexual harassment (UN women, 2013; Esim and Smith, 2004). Human Rights Watch (2011) indicated that to avoid problems with the local authorities after leaving their employer, victims of abuse from this group usually do not report what happened to them and go to their countries' embassies to help them return home.

The refugees group mainly consists of those who have escaped from continuing violence and unrest in neighbouring countries such as Palestine, Syria, and Iraq. Jordan has received a massive influx of refugees, as well as those in transit, and undocumented migrants whose mobility and displacement are intricately connected to the Arab-Israeli conflict and other regional tensions. The latest large-scale refugee inflows occurred in the wake of the 2003 war in Iraq and the 2011 uprisings in Syria, leading the country to be labelled a 'refugee haven' (MPC Team., 2013). It is well known that civil society organisations in Jordan has always worked to carry out humanitarian and awareness-raising functions and offer supportive services to women and children survivors of military conflict. However, local actors are still unable to significantly alter policy-making regarding the refugee crisis (Francis, 2015). It is said that these efforts are still inadequate and that gender-based violence remains a private issue that is largely addressed within the home setting (Al-Badayneh, 2012; UN Women., 2013; Parker, 2015).

Physical violence against certain populations, such as refugees, indicates that some social norms and beliefs encourage intimate partner violence (Al-Nsour et al., 2009; Clark et al., 2009). Recent studies point out that the high rate of Syrian refugees' girls getting married at an early age is the result of economic and physical insecurity (UN Women., 2013; Parker, 2015). Despite the progress made by Jordanian women's movements, gender inequality and the impact of local culture seem to have similar implications as those found in other Arabic states. This clearly affects women's lives and access to justice. Though some issues related to some minority vulnerable groups such as women refugees seems to be a distinctive feature of Jordan, the treatment of these groups raises concerns similar to non-citizens women in the Arabic countries, in relation to their treatment when they are imprisoned.

Concerning prisons in Jordan, they are known as ‘reform and rehabilitation centres’, of which there are 14 (Law No. 9 for Reform and Rehabilitation Centres, 2004). Based on data from the World Prison Brief of December 2015, the total prison population was estimated to be 11,489. The Public Security Directorate (PSD) is responsible for prisons and sites within the Ministry of Interior. Jordanian Law No. 9 for Reform and Rehabilitation Centres outlines the fundamental rights of prisoners, including their right to fair treatment and to health care. The centres are diverse, comprising different sized establishments that serve different roles, and they are widely distributed across the country. There are centres for the temporarily detained or remand prisoners that have been sentenced to short-term imprisonment, or who have just been convicted and have not yet been allocated to other institutions where they will serve their sentences. There are also male central reform and rehabilitation centres, where male prisoners are usually classified according to their criminal records, type of charges and social and psychological conditions, pursuant to the respective provisions of prison regulations. Women are held in separate centres from men (see section 2.5). As for young offender institutions, they are further sub-divided into male and female institutions and they are controlled by the Ministry of Social Affairs.

Jordan’s critical location in the region is often defined as the ‘safest area in a sea of unrest’. In 2011 (during the Arab Spring), Jordanian protests were peaceful and mainly against unemployment, inflation, and corruption, along with demands for political liberalisation, government reforms, and economic improvements (Kadri and Bronner, 2011). Jordan stood out in the region as an oasis of stability. Although some protesters criticised the monarch directly, an action that could lead to a prison sentence of up to three years in the kingdom, it led the king to call for early elections and planned electoral, economic, and legal reforms (Aziz, 2012). After the Arab Spring, non-governmental organisations (NGOs) noted the improved conditions in prisons and fewer complaints of abuse and ill-treatment (PRI, 2013; Aziz, 2012; and Human Rights Watch, 2013a). Additionally, the government allowed national and international observers to visit correctional centres and interview prisoners (US State Department, 2013).

However, international and local NGOs continued to report incidents of torture and neglect, and the prevalence of ill-treatment in police and security detention centres (US State Department, 2013; Amnesty International, 2013, 2015, 2016; Human Rights

Watch, 2013a; NCHR, 2012). In addition, no prosecutions followed any investigation into torture allegations by the Jordanian Public Security Department (NCHR, 2012). Also, some reports indicate that prisoners suffer prolonged pre-trial detention, and were regularly put in solitary confinement, while Islamist prisoners faced harsher prison conditions than other prisoners in some instances (NCHR, 2012; US State Department, 2013; Human Rights Watch, 2013a).

In 2015, the UN Committee against Torture (CAT) expressed concern at “consistent reports of widespread use of torture and ill-treatment of suspects by security and law enforcement officials” that even with measures taken to improve prison conditions, including the establishment of new correctional centres, serious challenges still persist in both the General Intelligence Department and Criminal Investigation Department (CID) detention centres. Concerns were expressed regarding the overcrowding, poor sanitation, shortage in medical and health care as well as in blankets and adequate food. As a consequence, although Jordan can be classified along with those Arab countries that choose to positively respond to the wave of protests, it seems that the state still faces many challenges, as several issues related to prisoners need to be addressed.

While these matters are addressed in chapters 5, 6 and 7, at this stage it is important to describe the specific context of Jordanian women`s detention centres and their population. This will facilitate the understanding of the study`s findings. As mentioned earlier, women prisoners in Jordan are held in separate prisons and these are known as women`s reform and rehabilitation centres. These are the Al-Jweideh reform and rehabilitation centre, and the women`s section at Umm al-Lulu centre, a section that was recently opened because of overcrowding in the main prison. Yet, the latter was not constructed specifically for housing women (Baker and Søndergaard, 2015). At the time of the field work, 460 prisoners (4.0% of a total prison population) were being held there. These settings are completely separated from male prisons and the administration, security staff inside the centres are made up of females only.

Evidence suggests that most women prisoners in Jordan are young, have children, are poor, or have been stigmatised by their family and community because of their conviction and imprisonment, and many had experienced domestic violence (PRI, 2013; Dignity, 2014). According to UNESCO (2013/ 2014), 11 per cent are illiterate, which is higher than the rate of illiteracy among the general female population in the state, and

seven out of ten are mothers (PRI 2013). They are frequently incarcerated for crimes such as sex offences, theft, fraud, drug possession, use, and trafficking, adultery, assault, and the violation of immigration laws (Rishmawi, 2001; PRI, 2013). Foreign national women held in Jordanian prisons are often migrant domestic workers (Dignity, 2014). Such women can be arrested if they leave their employer or if their employer registers with the police that they have ‘escaped’ or been involved in a theft (PRI 2013). Furthermore, migrant domestic workers can also be arrested if they do not have valid residency papers. Tamkeen (2012) indicates that the local governor can then issue a decision for detention pending deportation. In this case, where the employers have refused to pay for travel to return to their country of origin and they cannot pay themselves, their main hope of leaving detention lies with their embassies or with NGOs (PRI, 2013; Kelly and Breslin, 2010).

In addition to foreign national women, Jordanian women might be administratively detained<sup>2</sup> and in the same facilities with those convicted of an offence just because they are at risk of being harmed by their family members, when a perceived moral transgression has occurred such as adultery, consensual sex outside of marriage (known as ‘zina’) or being seen in the presence of an unrelated male (Human Rights Watch, 2010 and 2013; Rishmawi, 2001). Similar procedures are used in the case of women who have already served their sentences but their release poses a threat to life (Dignity, 2014).

It is often claimed that this type of detention is based on Crime Prevention Law No. 7 (1954). However, the imprisonment of women for their ‘protection’ is not enshrined clearly in the law among the cases in which administrative detention can be applied (NCHR, 2014). Several NGO’s reports have indicated that the law is used as a justification for the detention of women who are the potential victims of crimes, specifically honour crimes (Glenister, 2016; Warwick, 2009; CEDAW, 2010; Human Rights Watch, 2009; Human Rights Council, 2012).

At the time of this investigation (2016), in the women’s Rehabilitation Centre of Juwaidah 43 per cent of the prisoners were under administrative detention. Even if they

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<sup>2</sup> The term administrative detention used here is provided by the UN (1989), which defines it as follows: ordered by the executive and the power of the decision rests solely with the administrative or ministerial authority, even if a remedy *a posteriori* (after the event) does exist in the courts against such a decision. Thus the courts are responsible only for considering the lawfulness of this decision and/ or its proper enforcement and not for taking the decision itself

have not committed any crimes, Jordanian women may be imprisoned at the request of their families where they were absent from home, had left home, or were engaged in moral misbehaviour, with this type of protective detention for their safety (Rishmawi, 2001; PRI, 2013; and Human Right Watch., 2010). Some women reported that they did not know why they were there (PRI, 2013 p. 14).

The culture and traditions in Jordanian Arabic society can contribute to make the lives of women complicated and create obstacles to any possible solution. For example, women under administrative detention can only be released if the governor signs an official release form upon receiving signed assurances from family members that she will not be harmed (Human Rights Watch., 2009). This means women could stay imprisoned for an unlimited time. NGOs in Jordan are working with all parties (governors, prison authorities, and families) to seek a resolution so that these women can return home safely or be re-located to another part of the country (see Chapter 7). For more information about the legal grounds and the implications of this detention see Chapter five that provides more reflection on the Jordanian Reform and Rehabilitation Centre.

This situation seems to be a clear violation of the international standards of the treatment of women prisoners. For example, according to the Bangkok Rules, protective custody should be temporary and only be applied when necessary and expressly requested by the woman concerned and in all cases; it should be supervised by judicial or other competent authorities in the country (Bangkok Rules, rule 59). These protective measures should also not be continued against the will of detainees (Bangkok Rules, rule 59). The issue of administrative detention seems to be an increasing area of interest that requires further investigation. This small-scale search study focuses solely on the provision of health care to women as a proportion of the whole prison population.

In summary, women prisons in the Arabic world in general, and in Jordan in particular, are heavily influenced by Arab cultural norms. Some aspects of this influence could help prisoners, such as the separation of women prisons from men's and requirement gender regarding the prison staff (i.e. solely female officers in women's prisons). However, it can be argued that Arab cultural norms have affected the reform and rehabilitation purposes of prison, which have gone seriously awry by isolating and

holding women prisoners in questionable conditions and continuing to detain women who have not been convicted of a crime and who have served their sentences.

## 2.7. Summary

Examination of women's status in the Arab cultures indicates that gender inequality and the influence of the prevailing views on women have a great impact on women in the community. Jordanian Arabic society is patriarchal, where men have considerably more power, privilege and control over women. This has negative effects on women's lifestyles, societal status and access to justice. This raises even more concerns regarding the status of women in Arabic prisons.

Several conclusions can be drawn from reviewing the history of Arab prisons, starting from the first use of imprisonment in an inhumane and repressive way to control Arab nations by colonial powers. Although post-colonial Arab countries have long attempted to improve when national and international pressure has been placed on their governments to reform their prisons systems, the Arab Spring changed the direction of prison policy. In this regard, of paramount importance is the fact that Arab countries have always shared a similar history and challenges of their prison institutions.

Furthermore, the chapter highlighted the common features of women prison in the region. Women prisoners are fewer in number than men and women's prison conditions and structures are different. It was found that the defensive Arab culture of the honour and dignity of the woman seems to be ignored or reversed in women's prisons in the region. The Arab understanding of honour appears to lead women prisoners to suffer from social isolation labelled with a stigma and social rejection. This raises concern regarding women prisoners' treatment and health services provided to them.

The challenge for this research is to investigate the implementation of international health care standards within its real-life setting in the Arab region. Yet, before representing the study findings in this regard, it is important to provide more comprehensive background information about the right to health care for prisoners under the international and regional human rights instruments. It is also important to examine the nature, purpose and the content of the standards being investigated. This will help to understand the project background and the main themes related to it.

## Chapter Three

### International Health care Standards

#### 3.1. Introduction

The main purpose of this chapter is to explain the project background. It provides an overview of the international standards for health care in women's prisons, which have been created to provide female prisoners with fairer treatment and sufficient care addressing their different needs. As indicated in Chapter 1, rights-based, gender-sensitive prison laws and health care policies have been absent or weak at national levels in many parts of the world. After providing general background information about the development of the international standards, the chapter reflects on the right to health care under the international and regional human rights instruments. Next, it examines prisoners' rights to healthcare under international documents related to the treatment of prisoners, with particular attention paid to the case of women prisoners. As this study concerns the Arab world, particular attention is also paid to relevant provisions under the Arab Charter of Human Rights (ACHR). Following, the chapter examines the nature and the purpose of the international standards for healthcare in women prisons. Afterward, it examines the content of these standards and how they address the specific needs of women's prisoners. In order to provide a deeper understanding of the topic being investigated, the chapter finally reflects on some matters relevant to the implementation with prison system.

This chapter argues that the consideration of women prisoners' different health needs have long been an issue that was not sufficiently addressed under both international and regional human rights instruments and international and regional treaties and documents related to the treatment of prisoners. It highlights how this situation has changed in recent years. It argues that though the new international standards on the treatment of women prisoners provide considerable added value to guide a country's treatment of women prisoners; they are not perfect and have been criticised. The standards present prison governors with the crucial job of formally addressing the distinctive needs of women prisoners; yet their implementation still depends on acceptance by the domestic authorities.



### 3.2. International Standards

The process of creating, issuing and implementing tools to make things work, institutions more successful, and individuals perform better, have existed since the beginning of recorded history. These tools usually take the form of organisational rules and guidelines. Such rules and guidelines may act as outlines and references to be used by decision-makers and employees of different institutions when needed. Yet, they may not always be mandatory; some rules and guidelines are used just for reference purposes. This means that the purpose of some rules and guidelines might be only the provision of organisational instructions related to professional practices, to reduce the degree of variation in similar circumstances.

In the age of speed and modernity, achieving reforms and assessing relevant needs presents a difficult task for a person or organisation having power or control in a certain, typically social, economic, political or administrative sphere. Therefore, the provision of up-to-date organisational concepts for professionals has become imperative in several fields. Innovative and modern organisational rules and guidelines have contributed to the creation of a set of principles, models, or mechanisms that have led to the rationalisation of practical practice in a variety of sectors, including healthcare, education, industry, and so on. They help to develop agreed ways of doing things and to find broad-based process solutions that save effort, time and resources. They are also adopted as a general framework for assessing the efficiency and quality of work, in order to determine professional responsibility.

The evolution of organisational concepts over time may have contributed to the emergence of the concept of international standards in many sectors. These standards are usually developed by international standards organisations, and are often characterised by a high degree of objectivity. They are meant to be available for consideration and use worldwide (Abbot and Snidal, 2001). International standards aim to connect the world and shift boundaries (Botzem and Quack, 2005; Mennicken, 2008). Historically, the word 'standard' has been known as far back as the 15th Century (Timmermans and Epstein, 2010). Yet, this nominalised concept did not come into common use until the turn of the 20th Century (Brunsson et al., 2012). During this period, standards were mostly used in manufacturing product design (Brunsson et al., 2012). With modern globalisation, standards with regard to specific levels of quality or

attainment have begun to grow in importance, encompassing many sectors including human rights (Joutsen, 2015).

Human rights, to which a person is inherently entitled simply because she or he is a human being, include the right to life; the right to liberty and freedom; the right to be free from slavery; and the right to freedom of speech; the right to be free from cruel and unusual punishment; the right to be free from torture; the right to control what happens to one's own body and to decide on medical treatments; and the right to health, etc. Every human being must enjoy these inherent rights and these rights must be protected by law. The context of human rights might differ between States and nations. Information about the context of such rights in the Arab world is provided in Chapter Six, but at this stage, the main focus would be on the origins and development of the standards relevant to these rights.

Human rights create particular standards of treatment for all human beings. These standards are found in both International Law and national laws. The development of these standards emerged as a reaction to the atrocities of the Second World War (Bilder, 2010; Shelton, 2013). Yet, some standards were preceded by earlier agreements and treaties on subjects such as slavery, the conduct of war, and the protection of minorities (Shelton, 2013). In the realm of international human rights law, the term 'standard' has existed since the first human rights document - the Universal Declaration of Human Rights (UDHR). This is an historic document that was adopted by the United Nations General Assembly at its third session on 10 December 1948 as Resolution 217 at the Palais de Chaillot in Paris, France. This document States in the preamble that human rights are

“...a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction”.

The publication of the Universal Declaration of Human Rights is considered to be a crucial event for the development of international human rights standards and the foundation of the United Nations, which defined human rights as a principal aim

(Morsink, 1999; Shelton, 2013). It is generally agreed to be the foundation of international human rights law (Morsink, 1999). Though the UDHR is a declaration without official legally-binding status or legally-binding obligations on member States of the United Nations (UN), it is agreed that it continues to be an inspiration in terms of addressing injustice, in times of conflict, in societies suffering repression, and in efforts towards achieving universal enjoyment of human rights (Morsink, 1999; Steiner et al., 2008; Alston and Goodman, 2013).

According to the UDHR, human rights are about ensuring common standards that inherent with regard to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status (Morsink, 1999). These standards are supposed to be based on values such as dignity, fairness, equality, respect and independence. As all human beings are born free and equal in dignity and rights, these standards are inalienable, and equally applicable to everyone (Steiner et al., 2008). The term “human rights standard” as used here, refers to both the level and quality of the life of a human being which must be met under international human rights agreements (Rehman, 2010; Moeckli et al., 2013). For instance, “standard of living” refers to the level at which an individual has a quality of life. Human rights standards of living relate to essential requirements such as food, water, housing, healthcare and so on, which people need to have in order to their human rights to be met. Human rights standard are often perceived as a minimum required level that all States cannot go below (Shelton, 2013). It is therefore often expressed that human rights standards should be defined as the bottom level States ought to aim for, and not the top, as they are more like a floor than a ceiling.

Human right standards have long been the focus of the international community. This is particularly so because of the increased realisation of the need for some groups to be protected by international law (Rehman, 2010; Moeckli et al., 2013). Such a need has led to the establishment of rules for how States should treat individuals, and how individuals should treat each other. The momentum was created by interested groups including States, international organizations, and civil society (Archer, 1992; Steiner et al., 2008). The obligations of States with regard to their citizens, and the obligations of citizens towards each other, have often been expressed in international human rights treaties. These treaties have, over time, continued to grow and develop. Consequently, human rights standards relevant to racial discrimination, torture, enforced disappearances, disabilities, and the rights of women, children, migrants, minorities, and

indigenous peoples, have continued to be developed and emphasised within new treaties.

By the way of illustration, building on the UDHR, in 1976, the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Cultural Rights (ICESCR) entered into force. These Covenants have developed most of the human rights standards that are already enshrined in the UDHR, making them effectively binding on those States that have ratified them. The two Covenants establish the existence of the fundamental human rights. Together with the UDHR, both include the International Bill of Human Rights. After these instruments, international human rights agreements have become more specialised and have focused on both the matter addressed and the social groups that have been identified as requiring protection (Alston and Goodman, 2013). In short, international human rights and relevant standards have been created and guaranteed by law in the form of treaties. Through these treaties, the international human rights system lays down obligations for Governments to promote and protect human rights and implement the relevant standards.

Traditionally, interventional human rights treaties have been drafted by a UN body, and when they are completed, they are opened to member States for signature. When States Parties sign a treaty, they agree not to break its objects and purposes. However, they are not yet legally bound by its obligations. States become legally bound to a treaty only when they have ratified it and when it comes into force by either making reservations, which means they choose not to be legally bound to particular articles or rights, or making an understanding detailing in what way they will interpret these articles or rights. This means that no articles or rights can be forced upon States. International human rights treaties are legally binding, but only on those States that ratify it. This also means that States' action when ratifying a treaty is almost always voluntary. That is, States must willingly consent and assume the obligations of agreements. In the event that a State ratifies a treaty, it is called a "State Party" and it is bound to any consequences which may result from failing to fulfil the obligations of the treaty. It is in such treaties that human rights standards are emphasised, defined and detailed (Shelton, 2013).

In the realm of international standard setting, a significant body of literature addresses the power balance and issues concerning the differences between countries in terms of their bargaining power (Goldstein et al., 2000; Boström and Hallström, 2010). Some researchers argue that the setting of international standards in general may be used as a tool of control (Eberlein and Richardson, 2012), particularly in the case of international human rights standards. For example, the complex power dynamic between the Western societies and the Arab world has garnered much attention (see Chapter 6). An additional stream of literature focuses on the strong pressures for convergence on global standards, especially in the context of those for human rights (Risse and Sikink, 1999; Elkins et al., 2013). One of the key concerns here is the attempt to emulate perceived foreign success models, or to conform to dominant professional norms and superior expertise embodied in international standards (Loya and Boli, 1999; Cardenas, 2004; Scott, 2004).

At this point, a question might arise about States' motivations when it comes to ratifying human rights treaties. Hathaway (2002) and Simmons (2009) argue that States might volunteer to become a party to human rights treaties for a number of reasons. According to them, States' ratification might be a response to the advocacy of civil society, or people within the government or the government may already have agreed to the rights in the convention. Moreover, States may agree to human rights treaties because they identify the ruling authority as a good, law-abiding authority, or it can be following the actions of other States which have agreed to the treaty. In addition, States may be strongly encouraged to sign in order to gain access to international organisations or access to international aid or trade. It could happen that even if the State agrees, although it has no intention of complying with the treaty's obligations and standards, in the long term it tends to comply with these obligations and to implement the standards within the treaty at the national level (Hathaway, 2002).

The positive response of national governments seems to be vitally important in order to achieve the goal of international human rights standards, and to protect the basic human rights of individuals worldwide. The ratification of international human rights treaties means that States are required to put into place domestic measures and legislation compatible with the treaty's obligations and duties (Lillich and Hannum, 1995). The national legal system, as a result, should provide the principal legal protection with regard to human rights guaranteed under human rights treaties. If domestic legal

proceedings fail to address violations of human rights, mechanisms and measures for complaints are available at the regional and international levels to provide assistance, and to ensure that international human rights standards are respected, implemented, and enforced at national levels (Shelton, 2003; Shelton, 2013).

International human rights standards have grown to encompass the prison sector and to become a significant part of the international community's work. In particular, the idea of developing international standards for the treatment of prisoners has predominantly linked to the work of the United Nations' organisations. The body of United Nations standards and norms have emerged as a central feature of the United Nations criminal justice programme. The point of setting such international standards has always been to address the needs of a group of stakeholders. The message is that prisoners should be detained in conditions which are compatible with respect for human dignity and rights including the right to the highest attainable standard. The significance of shared experiences and respect for human rights has largely reversed the direction of the evolution of the system, from divergence to closer convergence (Joutsen, 2015). It seems that contemporary globalisation have a profound impact on prison system worldwide.

Here, it is important to mention that international human rights standards regarding the treatment of prisoners consist of voluntary rules and do not impose legally-binding obligations of their own. The purpose of these standards seems to be similar to the aforementioned organisational rules and guidelines which set to provide instructions for professional practices in order to reduce variations in similar situations. These standards are considered a 'soft' source of international human rights law. An example is the UN Standard Minimum Rules for the Treatment of Prisoners (SMRs) were initially adopted by the UN Congress on the Prevention of Crime and the Treatment of Offenders in 1955, and approved by the UN Economic and Social Council in 1957. Similar to other human rights standards, these standards have continued to be developed and emphasised within a new wave of international instruments. More information about these standards will be provided later in this chapter.

To explain the project background, and to achieve this chapter's purpose, the following sections move from broad to more specific and relevant topics. They respectively examine the right to healthcare; prisoners' right to healthcare; the nature and the

purpose of the international standards for healthcare in women's prisons; the content of these standards; and implementation within the prison system. It is thought that this way of organising the chapter will help to provide the reader with the essential context required to understand the study.

### 3.3. The Right to Health

This section addresses the right to health under international and regional human rights instruments. It pays particular attention to the provisions under the Arab Charter of Human Rights (ACHR). It outlines the standards regarding the right to health care under this Charter, the obligations of Arabic states, and criticisms of this instrument.

The concept of a right to health was originally introduced by the World Health Organisation (WHO). In the preamble to the constitution of WHO written in 1946, it was proclaimed that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition" (Preamble to the Constitution of the World Health Organization, 1946). Since then, the right to health care has become a fundamental part of human rights instruments at global and regional levels.

Globally, the right to healthcare is recognised through several international treaties and agreements, starting from the Universal Declaration of Human Rights in 1948 to the most recent ones, including the Convention on the Rights of Persons with Disabilities 2006. While some of these treaties are of general application, others address the right of particular groups. Under most of these treaties and agreements, the right to health is deemed subject to progressive realisation. This means that state parties are required to work towards giving effect to this right within their jurisdictions and as a minimum must show that they are making every possible effort, within available resources, to better protect and promote this right (OHCHR and WHO, 2008). It is also emphasised that state parties should also guarantee that this right should be exercised without discrimination on any grounds (OHCHR and WHO, 2008).

The United Nations (UN) has worked hard at the international level over decades to offer minimum standards of human rights (including the right to health) and provide a

vision of a humanitarian world. Nevertheless, it is argued that such work is not successful in providing effective enforcement mechanisms to monitor these standards (Doebbler, 2004). Thus, the need for agreements and judicial procedures to enforce human rights at the regional level has been recognised by the international community (Doebbler, 2004; Sarkin, 2008).

Regional arrangements can play an essential role in promoting the recognition and implementation of the right to health. Durbach et al. (2009) provide two reasons for giving human rights organisations a justification for delivering sufficient protection of human rights. First, there is a strong regional consensus because of geographical, cultural, political, economic ties, and their shared histories. Second, human rights organisations consider the needs, priorities and conditions of a particular region. Given this, the UN has supported the establishment of human rights arrangements at a regional level and considered them a useful tool to complement its mechanisms (Almakky, 2015).

In this respect, the right to health has been recognised under several regional human rights instruments. For example, the European Social Charter of 1961 guarantees a fundamental right to health as a counterpart to the European Convention on Human Rights. This right is also guaranteed under the 1981 African Charter on Human and Peoples' Rights (Charter), also known as the Banjul Charter and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights of 1988. Likewise, the right to health has been recognised by the Commission on Human Rights, as well as in the Vienna Declaration and Programme of Action of 1993. These instruments not only recognise the right to the highest attainable standard of health, but also identify states' duties to protect this right.

In the Arab region, in response to the UN's invitations, the Arab League was established in 1945 to act as a regional human rights organisation of Arab states. The Arab League established the Arab Permanent Commission on Human Rights (APCHR). In 1971, the Committee prepared a draft of the 'Declaration on the Rights of Citizens of Arab States and Countries' which consists of 31 Articles and covers civil, political, economic, social, and cultural rights. The Arab Charter of human rights (ACHR) has since been revised several times by the APCHR and a final draft was adopted by the Council of the League of Arab States on 22 May 2004 coming into force in 2008.



On the subject of the right to health, Article 39 of the Arab Charter provides that States parties are obliged to recognise “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the right of the citizen to free basic health care services and to have access to medical facilities without discrimination of any kind”. According to the Charter, the Arabic State parties are obliged to take steps to fulfil this obligation by taking specific actions (Rishmawi, 2010).

These actions include the development of basic health care services and guarantee free and easy access to them regardless of geographical location and the economic status of people. In addition, they include work to reduce the mortality rate through disease control, prevention and cure. Moreover, states should work to promote health awareness and health education; suppress harmful traditional practices; and provide basic nutrition and safe drinking water for all. Furthermore, the actions include combating environmental pollution and providing proper sanitation systems and combating smoking and abuse of drugs and psychotropic substances.

The Arab Charter comprises additional provisions which are also linked to health such as demonstrated in Articles 8, 9, 10 and 14. According to Articles 8 and 9, parties are obliged to guarantee that no one is subjected to physical or psychological torture or to cruel, inhuman, degrading or humiliating treatment, nor subjected to medical or scientific experimentation without their consent. Article 10 indicates that all forms of slavery and trafficking in human beings are prohibited as well as forced labour, trafficking in human beings for the purposes of prostitution or sexual exploitation, exploitation of the prostitution of others and all other forms of exploitation. In turn, Article 14 states that anyone who is arrested or detained has the right to request a medical examination.

Despite this response to the international community's invitations, concerns have always been raised within the UN about how universal schemes for the protection of human rights can be achieved in the Arab region without undermining human rights standards (Naim, 2001; Heyns et al., 2006). This situation is caused by a number of concerns raised by scholars and NGOs regarding the Arab Charter and League. For example, the Arab Charter was criticised for including various provisions that promoted discrimination (toward non-nationals and women) (Almakky, 2015). It follows the same relativist approach taken by various Islamic organisations concerning the adoption of

declarations such as the Universal Islamic Declaration of Human Rights of 1981, the Cairo declaration on human rights in Islam of 1990, and the Charter of the Organisation of Islamic Cooperation (OIC) of 1972 (Almakky, 2015). These documents were considered discriminatory declarations that undermine the rights of women (Baderin, 2003; Rehman, 2010). For example, the key issues within these documents surround promoting the subordination of women and undermining gender equality. The argument has always been that Shari'a law prescribes men and women dissimilar rights and duties (Almakky, 2015). The belief that men and women are different and should be considered as such in the eyes of the law seems to affect women's rights in many Arabic states. Examples of these are women's rights to freedom of movement and to equal rights during the marriage and at its dissolution (see Chapter 2).

The Arab Charter also failed to provide an effective enforcement mechanism, particularly one that provides an individual complaints procedure (Amnesty International, 2004; Ghormade, 2012). It leaves the regulation of rights and responsibilities to national laws. Article 43 states that "Nothing in this Charter may be construed or interpreted as impairing the rights and freedoms protected by the domestic laws of the State parties ... including the rights of women, the rights of the child and the rights of persons belonging to minorities". In this regard, Mattar (2013) argues that the interpretation of the rights specified in the Charter should not be impaired by domestic laws that may restrict such rights. Instead it is argued as a regional agreement that it should be read in accordance with the principles of the interpretation of international agreements (Amnesty International, 2004; Mattar, 2013).

What is more, there is a clear omission as the Arab League has failed to offer an efficient accountability mechanism for States violating human rights including the right to health and that it still lacks the institutional framework for providing collective policymaking regionally (Human Rights Watch, 2012b; Ghormade, 2012; Almakky, 2015). The League's institutionalisation and non-interference with national affairs are considered to be reasons for the failure to act as a unified establishment created to promote, protect and monitor human rights (Human Rights Watch 2012; Almakky, 2015). Naim points out that the presence of authoritarian regimes in the region means that the Arab League was not supportive of the notion of a regional human rights agreement (Naim, 2001).

In a comment on the Leagues' institutional framework, Viljoen (2009) stated that one drawback concerns the effective functioning and credibility of decisions. The League's human rights agency the APCHR was also criticised, as it does not seem to have any influence to further UN human rights standards in the region. It was created to serve the political requirements of the Arab League (Almakky, 2015) and therefore has been described as highly politicised (Viljoen, 2009). The APCHR does not have any enforcement powers and is restricted to the role of making recommendations. It has not been provided with the powers to establish, execute or to monitor the decisions it makes (Rishmawi, 2010). Almakky (2015) argued that the only reason behind the Arab League's consideration of the human rights agreement was to show a response to the UN calls and to satisfy public opinion.

Briefly, international and regional instruments seek to protect all human beings against any abuse of their health and their integrity. In this sense, all prisoners have the right of access to health facilities and services on a non-discriminatory basis. However, prisoners, particularly women, are often found to be more vulnerable to violations and negative health outcomes (see Chapter 2). As a result, there have always been calls to establish standards and guidelines that guarantee that prisoners are secured and provided with the requisite healthcare.

#### 3.4. Prisoners' Right to Healthcare

This section examines the rights of prisoners to healthcare under international and regional treaties and documents which are related to the treatment of prisoners. It particularly focuses on how these documents address the right to healthcare of women prisoners and how they guarantee that women in prisons are provided with the requisite healthcare.

Internationally, the right of prisoners to receive the best available health care is intended to be consistent with treatment for individuals who are not incarcerated, as manifested under several instruments (UNCHR, 1992; UN General Assembly 1999). These include for example, Geneva Convention revised at the 1949 conference; UN Standard Minimum Rules for the Treatment of Prisoners (SMRs) of 1955; European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment of 1987; the UN Basic Principles for the Treatment of Prisoners of 1990 etc. These treaties and documents deal with a wide range of issues relating to treatment.

All of them emphasised that people in detention retain their human rights and fundamental freedoms aside from such restrictions on their rights required by the terms of justifiable segregation or the maintenance of discipline while in detention. They call states to work to ensure medical care for prisoners at least equivalent to that available to the general population.

The present research concerns the UN standards for the provision of health care to women in prison and its focus is the most recently adopted standards and norms. There were finalised in 2009 and 2010, called the WHO/UNODC Declaration (Kyiv Declaration) of 2009 and the United Nations Rules for the Treatment of Women Prisoners (the 'Bangkok Rules') of 2010. The establishment of these international standards resulted from the growing recognition of women prisoners' gender-specific needs. It has been widely argued, that the aforementioned international instruments on the treatment of prisoners appear insufficient considering women's different and various health needs (Carlen, 2012). Standards of health care included in them are often general and related to narrowly defined areas such as reproductive health care, a healthy environment; and the role of personnel in women's prisons.

As an illustration, standards of health care included in the international conventions on the treatment of prisoners are often related to narrowly defined areas such as reproductive health care, a healthy environment; and the role of personnel in women's prisons. Other than pregnancy and accommodation issues, the protection provided to women prisoners is almost at the same levels as that provided to men. For example, Article 14 of the Third Geneva Convention requires that "women shall be treated with all the regard due to their sex and shall in all circumstances benefit by treatment as favourable as that granted to men". Likewise, the provisions of the SMR (and also the revised SMR adopted the Nelson Mandela Rules in 2015), do not define the principles that should apply in the health care system in women's prisons and focus on matter such as female prisoners should be separated from male prisoners and supervised by female officers. Furthermore, the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment stresses the need for specific measures to protect the rights and special status of women, especially pregnant women and nursing mothers. As a result, when it comes to these matters it is often riled on the Convention on the Elimination of All Forms of Discrimination against Women of 1979 that obliges

states to ensure to all women – inside and outside of prison – appropriate services for pregnancy, including adequate nutrition.

In an attempt to address issues around the protection of women prisoners' right to health, some international organisations, such as WHO, have long promoted a reinterpretation of the legally binding international instruments so that they are linked with the realisation of gender-sensitivity in health care (OHCHR and WHO, 2008). Gender-sensitive treatment means that treatment provided for women ought to consider their health in biological, social, cultural, economic and personal contexts of their lives as the 'social determinants' of women's health (Stewart, 2007). Gender-sensitive practice means recognition of a woman's current conditions, including her age, physical health, housing state and level of economic security will impact on her needs and the type of care provided to her needed services and care (WCMH, 2009).

Given this, gender-sensitive prisons or gender-responsive, prisons are constructed to provide gender-specific care to incarcerated women based on the idea that female offenders are different from their male counterparts not just biologically, but also on the dissimilarities in economic and sociocultural contexts of their lives. The meaning of gender-sensitive prisons in the context of Jordanian Arabic prisons might however, mean more than this. To characterize an Arabic prison as being 'gender-sensitive', it should be run and organised in a way that takes into account the recognised differences between man and women's reasons of imprisonment together with issues affecting the status of women in society.

Gender sensitivity in health care is consistent with the aforementioned definition of the right to highest attainable standard of health emerged from the Constitution of the World Health Organization in 1946. 'Health' in this context was not defined only as the absence of disease or disability, but also as a state of complete physical, psychological and social well-being (Lines, 2008). However, as indicated in Chapter 2, evidence suggests that women prisoners still receive insufficient health care and that prison systems worldwide are still characterised by the absence of rights-based, gender-sensitive laws and policies (WHO, 2009; Van den Bergh et al, 2011).

In the Arab region, the Arabic Charter of Human Rights does not explicitly address the issue of gender-sensitivity associated with health care systems in women's prisons. It is noted after a careful examination of the Charter that there was not even specific

provisions to address medical services needed by women in prison. What is more, there are no detailed provisions for women prisoners in the ACHR; however they are referred to in general terms within Article 20 which states “All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person”. Thus, one can argue that the insufficient consideration of the distinctive health needs of women prisoners can be another issue related to this instrument.

Even if it is possible to follow the WHO’s approach and promote an interpretation of the ACHR so that it is linked with the realization of gender-sensitivity in health care, there is the issue of the translations of theory to practice. This argument has some support from academics who claim that though Arab Charter is a significant step forward, there are considerable shortcomings and limitations in its text (Ghormade, 2012). Almakky (2015) outlines that the Arab League still does not accept several recommendations provided by the OHCHR expert committee and the international and regional NGOs (Amnesty International, 2004; Human Rights Watch 2012). The League included provisions that undermine the universality of human rights and fail to provide sufficient provisions that protect the rights of some groups like women, children, and minorities (Rishmawi, 2010).

This raises a question about the implementation and consideration of the international standards for health care in women’s prisons. This is due to two facts; firstly, the standards` implementation within prison system relies on the cooperation of national authorities. Additionally, the standards are relevant to women and to the Arabic prison system, a system that is traditionally known to demonstrate human rights violations, influenced by the Arab culture and affected by domestic settings (see Chapter 2). The nature and the purpose of these international standards are examined in details below.

### 3.5. The Nature and the Purpose of Healthcare Standards in Women’s Prisons

As mentioned in chapter one, many researchers from different parts of the world have reported that women prisoners still receive healthcare services that do not meet their distinctive needs (Fazel and Danesh 2002; Anderson, 2003; Watson et al, 2004). Gender-sensitive laws and policies have been absent or weak at national levels in many parts of the world (Van den Bergh et al., 2011). Aware of this, international standard-setting organisations that operate as transnational regulatory networks beyond national

regulation, namely, WHO and UNODC, develop the standards to improve the quality of health care in women's prisons.

These standards stress the same principle related to the protection of the right to health care involved in the aforementioned international instruments that are intended to bind governments. For example, in line with the calls to redress acts of discrimination covered the provision of health care (UN 1994; UN 1995), the standards emphasise the principle that health services should be provided to all women prisoners without discrimination. They seek to protect the health of women in prisons, against any abuse of their human rights and their integrity. It can be described as a standardisation initiative that is claimed to be an effective method to ensure that the female prison population is detained in conditions that are compatible with respect for their dignity and rights to health care.

The nature of these standards are described as minimum rules, basic principles, guidelines, codes of conduct or codes of ethics (Carlen, 2012; Huber, 2016). Similar to the case of the UN Standard Minimum Rules for the Treatment of Prisoners (SMR), the standards are not legally binding and states are free to ignore or implement them as they desire. These types of model guidelines are often considered a 'soft' source of international law. Lillich and Hannum (1995) argue that although soft law does not impose legally binding obligations of its own, it is a significant component of customary international law, which relies on the objective patterns of states' practice, to confirm that a certain norm may be considered internationally binding, without the need for a convention.

It is argued that soft law can also help to identify matters of concern within the international community (Lillich and Hannum, 1995). The vitality, status, and utility of soft law are objective factors in the examination of whether they can establish evidence of customary international law (Rodriguez, 2007). Despite this, countries have at the very least an ethical obligation to observe these international norms (Betteridge, 2004). This can be supported by the argument of Rodley (1999) that although voluntary international standards are not legally binding, neither are they ambitious, nor do they contain very high criteria for states to achieve success.

International health care standards relating to women's prisons constitute guiding principles with a purpose of improving prison health care system practice (Carlen,

2012). Though they are minimum standards, they can offer the opportunity to go beyond the minimum into the realm of aspiration (Barberet, 2014; Huber, 2016). They can be broadly understood as tools for change and aim to restructure prison health care systems, ushering in new patterns of health care by obscuring the traditional health care provisions within women's prisons. They are seen as the first comprehensive set covering health care and gender-specific considerations in detention (Carlen, 2012).

Compared with other standards on the treatment of prisoners, some proponents like Carlen (2012) and Huber (2016) believe that they have added value to guide States about how to rectify deficiencies when it comes to women offenders and prisoners, and are a milestone in the recognition of the need for fair and gender-sensitive penal systems. One of the strengths of the standards is that they have helped to fill the gap in all previous conventions regarding the treatment of prisoners (Carlen, 2012; Barberet, 2014; Huber, 2016). As mentioned earlier, before these standards were introduced some international organisations, such as WHO, were aware of the inadequate consideration of female prisoners' different health needs by traditional international agreements. This meant that the reinterpretation of legally binding international instruments was needed to realise gender-sensitivity within health care (OHCHR and WHO, 2008).

Such care within a prison context requires planning, delivery, monitoring and quality improvement initiatives so that it can be informed by the knowledge and understanding of gender differences (Judd et al., 2009). Aware of this, the Nordic women's movement's proposals for the final document of "Nordiskt Forum Malmö 2014 - New Action on Women's Rights" - stresses that the implementation of these standards is a highly important issue requiring specific actions so that each government should guarantee the right to health care and shows how gender equality policy challenges can be tackled (Gefvert, 2014).

Several scholars note that the standards are significant as they can assist in formulating new policies that can be interpreted and implemented in the interests of women (Van den Bergh et al., 2011; Carlen, 2012; Huber, 2016; Cerezo, 2017). They maintain that the standards can be used as reference points to comprehensively revise the local legislation, to develop internal action plans for women's detention centres, and can be used as a self-help guide for prison staff. It is also stated that the standards can also help to 'humanise' the conditions of detention, since they confirm the importance of moving



to an alternative sanctions regime for offenders and can use as indicators monitoring in women prisons. These standards are seen as general, not very progressive or far reaching (Huber, 2016).

For some criminologists, the standards incorporate data collection, research and assessment needs on women in detention and women's programs which constitutes a welcome addition (Barberet, 2014). As indicated in the first and second chapters, evidence suggests that women prisoners still receive insufficient health care and that prison systems worldwide are still characterised by the absence of rights-based, gender-sensitive laws and policies and that the current health care provision within women's prisons in many parts of the world does not meet their distinctive health needs (WHO, 2009; Van den Bergh et al, 2011). The lack of access to health care is evidenced by the lack of facilities for female prisoners (Bastick and Townhead 2008; Van den Bergh et al, 2011; Huber, 2016).

Regardless of their positive purpose, these standards are still 'soft' law and only demanding voluntary monitoring. Their non-adherence would not carry any penalties (Barberet, 2014). Voluntary international standards face the challenge of transposing international standards into practice (Rodley, 1999). As they are optional rules of conduct, they lack the power of binding laws and depend on domestic authority implementation. These standards combined with non-binding instruments have found legal expression within international and domestic case law (Shelton, 2003; Lines, 2008). They mainly depend on the acceptance of standard local authorities (Brunsson and Jacobsson, 2000; Shelton, 2003; Mörth, 2004).

Barberet (2014) demonstrated some criticisms of the standards examined in this project. One of these criticisms is that they stop short of a radical gendered intervention for women prisoners. For instance, the standard for quality of health care services for women in prison is either with women who are outside of prison or male prisoners. Additionally, the standards can be easily overruled owing to a lack of resources. Moreover, they focus greatly on women's biological functions and motherhood in prison and prioritise children's interests. Furthermore, the standards do not reflect the diversity of reasons for which women are incarcerated, including political opposition. In this regard, Barberet (2014) stated that in some states, women can be detained for their "protection" and as a result of rape or immoral actions and call for alternative sanctions

for them to denounce those who have victimised them, yet such issues are not dealt with in the standards.

Similar, Barberet and Jackson (2017) stated that the standards are narrow in their scope and do little to counter the reasons for imprisonment. They also stated that the standards maintain that women are mainly regarded in the standards as mothers or potential mothers whose reproductive health should be protected. They also see the standards as relying on an ideology of protection based on what those in authority assume about women's needs, and their desires for how society should function. Little is done by the standards to challenge the dominance of 'Carceral feminism' whereby feminist organisations depend on the protection of the state via criminalisation (Bernstein and Jakobsen, 2010; Bernstein, 2012). While these feminists believe that the criminal justice system should work to protect and serve women who are victims of gender violence (Sandbeck, 2012), anti-"Carceral feminism"<sup>3</sup> are opposed to imprisonment for non-violent criminals and believes that victims of all forms of gender violence should not be criminally prosecuted (Carlton, 2016). It particularly concerns the institution of punitive laws and policies which maximise policing, sentencing, and the imprisonment of perpetrators of violence against women, in response to the issue of gender violence. It is grounded on the assumption of harsher sentencing and imprisonment's deterrent effects (Epler et al, 2016).

It is argued that the standards encourage their wholesale adoption by means of direct incorporation into domestic legal systems, as opposed to indirect piece-meal implementation through judicial interpretation (Carlen, 2012; Huber, 2016). Yet, countries might adopt them in different ways. As an illustration, in the case of some voluntary standards on the treatment of prisoners such as the SMR, while European countries have adopted the standards outright with their own set of regional guidelines known as the 'European Prison Rules', the United States has not formally adopted the international standards and has relied instead on standards developed by different professional organisations and on enforcement of prisoners' rights through litigation, which has sometimes taken the SMR (Rodriguez, 2007).

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<sup>3</sup> According to Epler and Dewey (2016), the term carceral feminism uses to describe law and order feminist activism which aims to achieve social justice for women by an expansion of the state's punitive apparatus. It particularly concerns the institution of punitive laws and policies which maximise policing, sentencing, and the imprisonment of perpetrators of violence against women, in response to gender violence (Epler and Dewey, 2016).

Issues relevant to the adoption and implementation of the standards is compounded by the fact that they are often determined by major economic powers (Drezner, 2007) and may be less adapted to the needs and abilities of developing countries. There is now a branch of literature investigating the legality of non-state governance (Rosenau and Czempiel, 1992; Barnett and Duvall, 2005; Bernstein and Cashore, 2007; Willetts, 2010; Marx et al, 2012; Archer, 2014). There is sufficient - though not precise - evidence in the field of international studies, for instance, that usage of, and consistence with, universal international standards can be fraught with problems and be partial at best (Stone, 2001).

Therefore, perhaps international standards, in particular those regarding prisoners' rights (in terms of implementation and compliance), have been recognised by some scholars as an issue within the International Law (Chavkin and Chesler, 2005; Young, 2013). For instance, regardless of the means of incorporation, the SMR have not achieved the level of regard and compliance afforded to formal conventions (Rodriguez, 2007). Some argue that the trend within global literature focuses on the rise and spread of international standards rather than local implementation (Mennicken, 2008; Eberlein and Richardson, 2012).

Due to calls for a more powerful international legal system, it is thought that global governance literature has neglected the problem of international standards implementation and focused primarily on the establishment of standards (Dingwerth and Pattberg, 2006). Only a few studies have explicitly addressed the international standards' effectiveness or have proposed a theory of compliance with them (Skoler, 1975; Cerna, 1994; Abbott and Snidal, 2001; Merry, 2009). Little attention is given in research to national implementation of international standards, states' preferences or how the standards work in practice. Even though some scholars clarify that the process of standard setting produces highly formalised rules should be re-contextualised to be put into effect (Botzem and Quack, 2005; Mutua, 2007; Simmons, 2009), such interpretation into local implementation has not been addressed specifically (Eberlein and Richardson, 2012).

In brief, the standards present a positive reform initiative to fill the considerable gap in the previous treaties on the treatment of prisoners, since they recognise explicitly for the first time the distinctive health care needs of women prisoners separately and expressly.

Yet, criticisms of the standards cannot be ignored, as they raise questions about how the standards are perceived in Arab societies and the likelihood of their successful implementation in Arabic criminal justice systems.

Before presenting the research findings, it is important to examine the content of the standards and outline how they address the specific needs of women prisoners and the tasks and changes they imply for the governors of women`s prisons to carry out. Owing to time availability for this project, the present research is limited to an examination concerning the standards of physical health care to meet women prisoners` needs (see Chapter one). More details about the content of these standards are described below.

### 3.6. The Content of Healthcare Standards in Women`s Prisons

This section examines the content of the international standards for health care in women`s prisons under international instruments. A thematic approach is used in the present section that addresses the specific needs of women prisoners from admission to release. Since the standards reflect much of the previous research on women`s health in prison (Barberet, 2014), the primary literature related to each theme is discussed. This section also reflects on some literature related to implementation within the prison system.

The Kyiv Declaration of 2009 is generally considered the first to clearly define principles which should be applied in the health care system in women`s prisons (Van den Bergh et al, 2011). In 2010, the `Bangkok Rules` initiated by the Thai Government were approved by the UN. The rules comprehensively cover medical services needed by female prisoners (Carlen, 2012). The standards set within these rules are of historical importance for progress in dealing with the gender-specific circumstances of women prisoners. They are considered the most important advance made since 1955 regarding health care provision in women`s prisons (Barzano, n.d; Carlen, 2012). The Bangkok Rules were followed by the WHO Regional Office for Europe and the UNODC`s (2011) development of practical checklists and guidance notes. This guidance aims to support countries to assess their current handling of women prisoners` health and the health services provision and includes some important measures and applications. These documents set similar standards relevant to the right to gender-sensitive treatment and the minimum conditions in women`s prison. They outline key services to be provided during the course of their imprisonment, and advocate that staff are well-trained.

On admission to prison, the standards recognise barriers and discrimination in accessing health care in the community. They extend the requirement of medical screening stated in the SMR to consider the gender-specific health care needs of women prisoners (Kyiv Declaration, 2009; Bangkok Rules numbers 6 to 9). For many women prisoners, medical screening on entry might be the first medical examination they ever experienced. Several studies indicated that women prisoners are likely to have had no regular contact with health services before admission and many have little idea of their own health problems and what constitutes a healthy lifestyle (Moloney et al., 2009; Van den Bergh et al., 2011).

Medical screening is an initial health assessment that is vital to determine primary health care needs and discover the presence of common and infectious diseases. This includes drug addiction, sexually transmitted diseases or blood-borne diseases (Nijhawan et al., 2010; Binswanger et al., 2010). It helps to identify any illness requiring immediate attention and suicide risk, and any signs of ill-treatment, including sexual abuse and other forms of violence that may have been suffered prior to admission (Morash et al., 1998; Reyes, 2000; Bastick and Townhead, 2008).

If a women prisoner is thought to require long-term or specialised treatment, or if it is considered that imprisonment would impact negatively on her health, the standards state that where suitable and possible, preference should be given to treatment outside prison in the community with suitable security measures (Bangkok Rules number 12). Similarly, the Kyiv Declaration (2009) stresses the principle that the imprisonment of women should be considered only when all other alternatives are inappropriate. For example, imprisonment of pregnant women and women with young children should be reduced to a minimum and only considered when all other options are unavailable or unsuitable. Suitable non-custodial alternatives are recommended to be made available whenever possible.

If a women prisoner has a Sexually Transmitted Infection (STI) is HIV positive or has AIDS, the standards stress the need for provision of necessary health care. Lindsey and Lindsey-Curtet (2001) highlight the need for women prisoners who are found to have been subjected to sexual violence before detention to be provided with support and professional counselling. Similarly, Ashdown and James (2010), stress that health care provided to women prisoners with HIV/AIDS must be responsive to the distinctive

needs of women, for instance, the prevention of mother-to-child transmission. Thus, Rule 14 of Bangkok Rules recognises that the woman's physical vulnerability to HIV/AIDS is a major health issue in prisons, carries the risk of mother-to-child transmission and so measures for HIV prevention, treatment, and care, including peer-based education are important.

In terms of preventive health care, bearing in mind the living conditions and the level of education of women prisoners, the standards stress the significance of education and information on how to reduce their risk to develop sexually transmitted or blood-borne diseases. Women prisoners also need access to preventive health care services, including screening, for breast and cervical cancer as frequently as in the outside community (Kyiv Declaration, 2009; Bangkok Rules numbers 17 and 18).

Female prisoners' different preventive health care requirements are a subject that has been widely investigated. Several studies indicate a greater need for supportive and educational materials, as well as treatment services, to be provided by prison authorities and promoted by non-governmental organisations, regarding HIV prevention, treatment, and care (UNODC and UNAIDS, 2008; Bastick and Townhead, 2008; Ashdown and James, 2010; Nijhawan et al., 2010). Others provide evidence that women need programmes which encourage and support self-help and peer-support groups in prisons, and create links between prison programmes and community HIV/AIDS prevention and treatment services (Atabay, 2008).

Another serious problem that can be discovered at admission relates to substance use. The standards included in both the Bangkok Rules and the Kyiv Declaration emphasise the importance of access to treatment programmes designed for women offenders and consider them essential to support their rehabilitation. Gender differences in the cases of substance use and related health problems require different treatment approaches (WHO, 2009). The standards call for specialised treatment programmes for women substance-abusers taking into account prior victimisation, the special requirements of pregnant women and women with children, as well as their varied cultural backgrounds (Bangkok Rules number 15).

There is a growing body of literature demonstrates that substance use treatment programmes originally designed for men may be inappropriate for the treatment of women on this issue. Langan and Pelissier (2001) point out that even though there is

evidence that women use 'harder' drugs, more frequently, and for different reasons than men, all prison-based, substance-abuse treatment programmes have been designed with male prisoners in mind. Women need gender-sensitive addiction treatment when they come under the supervision of the criminal justice system (Bloom et al 2003; Corston, 2007; Covington, 2007; Yew, 1999). This treatment needs to be more specific for women prisoners' circumstances (Corston, 2007; Ashdown and James, 2010).

When considering the treatment for women's substance use, it is important to reflect on some gender-related issues in this regard. These include the stigma associated with women substance-related problems and other social-cultural obstacles. Such stigma and obstacles can prevent women from obtaining the necessary treatment even in the community (Copeland, 1997). Though policies for addiction treatment and recovery are supposed to address these issues and become more responsive to gender, this is not always the case. For example, in her paper about gender, recovery and contemporary UK drug policy, Wincup (2016) has indicated a large silence regarding gender within strategic thinking about recovery in the UK. Therefore, she marked feminists' suggestions regarding the need to consider recovery against a backdrop of the social and normative contexts of women's lives.

Though it is not the focus of this research, screening at admission might also reveal the existing of mental health problems. Such problems make women prisoners more likely to attempt suicide or to harm themselves than men (Fazel and Benning, 2009). Many studies indicate that even women without psychological issues prior to imprisonment may develop a range of such issues in prison, where they do not feel safe, conditions are poor, dormitories overcrowded and staff not trained to deal with their gender-specific needs (Fazel and Danesh 2002; Watson et al., 2004). The standards cover gender-specific strategies for the prevention of suicide and self-harm. Specialised support and prevention strategies need to be part of a comprehensive policy of health care for women prisoners (see Bangkok Rules number 16).

Mental problems, which can affect the overall health of prisoners, can occur because of neglect of women's specific and emotional needs during their imprisonment (Math et al., 2011). For example, because women's prison populations account for a very small proportion of the total, they are often located at a distance far from their home communities (Van den Bergh et al., 2011; Wagaman, 2013). This situation prevents

women from maintaining strong relationships with their families (WHO, 2009). Thus, the emotional intensity associated with the separation from their children and family, accompanied by the heavily supervised atmosphere, negatively affects the mental well-being of women prisoners (Farrel, 1998).

Concerning pregnancy and breastfeeding, consistent with some of the criticisms demonstrated above, the standards focus a great deal on the services that should be provided to pregnant and breastfeeding female prisoners. It is stressed that if screening indicates pregnancy, prisons need to offer prenatal care and give considerable support to improve the clinical outcomes of the pregnancies. Also, to promote pregnant and breastfeeding female prisoners' health and maintain their sense of human dignity, the standards emphasise that accommodation of women prisoners need to offer facilities and materials essential for their personal care (see Bangkok Rules, number 5).

Several studies and human rights reports have shown that pregnant prisoners require appropriate facilities and medical care to monitor their health (Human Rights Watch, 1996; Atabay 2008; Bastick and Townhead 2008; Ashdown and James, 2010; UNODC, 2008 and 2014). They may need specific types of exercise, and suitable clothing. Additionally, such women need to be educated about pregnancy, and require counselling and support while pregnant (Corston, 2007; Covington, 2007; Human Rights Watch, 1996). Since adequate medical attention is clearly essential for prisoners that are mothers, sufficient care should be provided by suitably trained staff on site, or at public hospitals and facilities where the prison cannot offer such services (Atabay 2008; Ashdown and James, 2010; UNODC, 2008 and 2014).

Moreover, the medical and nutritional needs of pregnant or breastfeeding women prisoners are highlighted in the standards. The standards stress the importance of providing such women with health and diet advice under a programme monitored by qualified health practitioners. These treatment programmes need to cover matters like special diets, adequate and timely food provision, a healthy environment and regular exercise opportunities (see Bangkok Rules number 48; Ashdown and James, 2010). Prison authorities are required to consider pregnant prisoners' special needs or take advantage of their vulnerable positions to avoid severe emotional and physical harm to them (Lindsey, 2001). They might be victims of ill-treatment or be held in cruel



conditions and so face the further threat of permanent harm and miscarriage. Their children ought not to be treated as detainees by default (Ashdown and James, 2010).

Standards concerning personal hygiene stress the need to ensure ready access to washing facilities; safe disposal arrangements for sanitary towels, as well as free-of-charge sanitary products (see Bangkok Rules number 5). The failure to provide such basic necessities could be considered as degrading treatment (CPT, 2000). Many scholars draw attention reproductive health and hygiene needs vary in relation to a woman's age and condition, highlighting that facilities should be accessible without embarrassment (Atabay, 2008; Ashdown and James, 2010; UNODC 2008 and 2014).

The standards emphasise the health care needs of menstruating female prisoners, and both health personnel and prison staff should receive training to deal with these issues and be supportive of women prisoners (see Bangkok Rules numbers 5 and 13). There is a considerable amount of literature indicating that female prisoners might also experience physical problems because of menopause (Atabay, 2008; Ashdown and James, 2010; UNODC, 2008 and 2014). The standards illustrate the significance of gender-sensitivity training in raising awareness of, and improved response to, menstruation. Staff should be trained on how to respond to all women prisoners' different needs to gain an understanding of times when they may be more susceptible to distress and depression.

The standards emphasise women's rights to receive continuing health care throughout imprisonment to meet their needs and outline some important requirements of its quality. For example, the provision of gynaecological and other health care services need to be equivalent to those available in the community. Additionally, it is stated that as far as possible, women prisoners have a right to request to be examined or treated by a female physician or nurse (see Bangkok Rules numbers 10 and 11). It is emphasised that medical examinations should be carried out in the presence of a female staff member: "[if it is] necessary for non-medical prison staff to be present during medical examinations, such staff should be women and examinations shall be carried out in a manner that safeguards privacy, dignity and confidentiality" (see Bangkok Rules numbers 11 and 2). Furthermore, the standards strongly emphasise the significance of respecting the right to medical confidentiality at all times. This includes the right to

refuse to share information about reproductive health history and have a vaginal examination (see Bangkok Rules number 8).

Finally, the standards emphasise the importance of pre- and post-release services for women re-entering the community. Strong partnerships are called for between public health, community and prison management. Continuity of care is particularly important for women who are often on very short sentences, but whose physical health needs are long-term. For example, Bangkok Rule number 47 states that “additional support following release shall be provided to release women prisoners who need medical and practical help to ensure their successful social reintegration, in cooperation with services in the community”.

In recent years, there has been growing interest in the importance of continuity of care and how physical, mental, and substance-abuse circumstances shape the process of reintegration (Mallik-Kane and Visher, 2008; Springer, 2010; Ramaswamy et al., 2015). Evidence indicated that women face competing priorities after release from prison in areas such as housing, employment, and childcare, which decreases their concern for their own health and wellbeing (Ramaswamy et al, 2015). It is also found that regardless of the total time imprisoned, after release to the community, big number of opioid-dependent women prisoners resort to drug use within one year of release (Springer, 2010).

Overall, it seems that the content of international standards convey the idea that criminal justice systems need to serve the interests of women in their care so that gender-specific health and other needs are readily met and services can be easily accessed. Yet, such idea might raise questions about States` compliance. It is stated that though some steps in the right direction have since been taken, the adequate level of implementation has not yet been achieved worldwide (Enggist et al., 2014). According to Brutus et al. (2012) observational schemas can help to make implementation effective in the context of prison health care. Nevertheless, as the case of recognition and implementing the possibility of the effective monitoring of the compliance with international standards illustrates its dependence on the cooperation of domestic authorities (Abels, 2012). This subject has not received enough attention at the WHO Health in the Prisons Project Annual Conferences in recent years (Enggist et al., 2014).

The standards have clearly given prison governors a crucial job of setting policies and practices that always address the specific needs of women prisoners as a priority, ignoring factors that vary between countries. In the case of the Arab world, the balance struck between the implementation of the standards and the domestic circumstances of the Arabic society can represent a real challenge (see Chapter 2). What can make the situation more complex is the fact that little attention is paid in the region to women offenders and their prison conditions, because they are seen as less deserving (see Chapters 2 and 5). Before demonstrating the study findings in this regard, it might be essential to reflect upon some matters surrounded implementation within prison system in general. This can help to achieve better understanding of the topic being investigated.

### 3.7. Implementation within Prison System

Prison system has traditionally been thought of as a sovereign issue with each country having the rights to decide on the standards of treatment and their application. This way of thinking, combined with the considerable cultural, economic, legal, political and social varies between countries. According to Joutsen (2015), this explains the different directions of structure and operation of the prison system around the world. It is argued that compared with the other domestic governmental institutions, implementations within prison system often have particular conditions and characteristics, and raise dissimilar issues (Crawley, 2007; Larney and Dolan, 2009).

In his paper on *Implementing Organizational Change in Criminal Justice*, Brennan (1999) indicates that an effective strategy application within a prison system is dependent upon three factors, generally characterised as organisation, interpretation and application. In applying any organisational change such as a new policy, set of technical standards or plans to change within prison system, it could be argued that the capacity of effective implementation is dependent upon, initially, policies that must be passed down from the policy makers to the prison authorities. Thus, a policy designed, for example, to implement international standards needs to be adopted by law enforcement officials to be put into practice. Therefore, if no existing institutions have the capabilities to carry out a given policy, new policies must be formulated (Brennan, 1999).

The second element essential to effective implementation within prison system is clear interpretation. Legislative intent must be translated into operational procedures and

guidelines. According to Brennan (1999), ambiguity in this step can lead to involvement by the judiciary that will force legislature to clarify their context and means for policy implementation. Then, courts may master the implementation of policies where legislative intent cannot be efficiently interpreted into suitable operating instructions and guidelines (Breyer, 1986).

The last element required for effective implementation of organisational change, such as new policies to implement a new set of standards, is that the devotion of resources to undertake the implementation under the first element must be joined with harmonisation of the policy with on-going actions (Brennan, 1999). Policy design is often the result of cooperation and symbolic uses by governments (Schneider and Ingram, 1990). Therefore, implementation of policies regarding prison systems may impose a large amount of both discretion and confusion in institutions that administer policies.

Falkner et al. (2008) follow Brennan (1999), and indicate that it is more logical to see implementation as a multiple-stage process. The first stage is adoption: the competent government bodies at the national level (often the legislature) adopt international standards and convert them into domestic rules. Monitoring and enforcement is the second stage: national administrative institutions adhere to the domestic rules relating to the adopted standards, so that they are translated into public decision-making. Finally, at the application stage, the competent implementation authorities need to apply and conform to the new standards as interpreted into national decisions.

Given this, implementing authorities seem to be expected to write and set down policies to be followed, and additionally, to identify principles governing the implementation process. There is agreement regarding such principles between social scientists (HSE, 2009 and 2013; Thompson, 2011; Young, 2013). These are the principles of proportionality in applying the rules and securing compliance; consistency of approach; targeting of enforcement action; transparency about how the regulator operates and what those regulated may expect; and accountability for the regulator's actions.

Though social research can be applied to understand and address aspects of the criminal justice system, including the treatment of criminal offenders (Schneider et al., 2012), recognising the above principles in practice may be not a simple matter particularly in developing countries where several factors may influence their effective application

(Emerson et al., 2012; Bilder, 2010; HSE, 2009; Jewkes et al., 2012; Møller, 2007; Asher, 2010; Kipnis, 2013). These include cultural and political factors, the degree of institutional organisation, awareness, the attitude, regulation, competence of prison management and any history of human-rights breaches (Bilder, 2010). Decisions on the implementation of such standards may also involve judgement by the enforcer (OHCHR, 2006).

In the case of the Arab world, effective and appropriate implementation within the prison systems can be a test of both ability and determination. This is due not just to the aforementioned factors and principles that can produce different issues and practical concerns, but also due the culture in the Arabic region. As indicated in Chapter 2, prison is affected by the Arabic culture traditions and norms regarding women and is based on placing priority on maintaining order and security. Here, it is significant to indicate that regarding security, even in Western societies some scholars found that the inherent tension has always been recognised between security requirements and health-improvement plans in the prison system (Brutus et al., 2012). Therefore, perhaps, research on prison systems indicates that raising awareness should first be relevant to putting into practice the ideal standards of health care within the correctional institutions (APHA, 2003; Coyle, 2003; Lines, 2006; Stoller, 2003; Moloney, 2009; Bartels and Gaffney, 2011; Van den Bergh et al., 2011; Mears and Cochran, 2012; Exworthy et al., 2014).

More information about the state of the implementation of international healthcare standards for women prisoners in Jordanian prison system is provided in the next chapters.

### 3.8. Summary

Several conclusions can be drawn from this Chapter, starting with the fact that the provisions of early international and regional agreements on human rights and on the treatment of prisoners do not address the issue of gender-sensitivity explicitly. Likewise, no specific provision addresses the distinctive health care needs of women prisoners included within the Arab Charter. Aware of the insufficient consideration of women prisoners' different health needs, the United Nations and other developing standards organisations devised a set of idealised voluntary international standards for health care provision in women's prisons.

Awareness of the significance of sharing experiences and the respect for human rights has contributed to the creation of the international standards on the provision of health care to women prisoners. The standards are minimum standards, basic principles, guidelines for good practice and do not impose legally binding obligations on their own. Though the proponents of the standards believe that they have considerable added value to guide states and authorities on how to rectify their deficiencies when it comes to the treatment of women offenders, the standards face several criticisms.

These include that the standards are optional rules of conduct, lack the power of binding laws and depend on domestic authority implementation. Also, they focus greatly on women's biological functions and motherhood in prison and can be easily defeated with a lack of resources. Moreover, they do not reflect the diversity of reasons for which women are incarcerated, including for political opposition, rape or immoral actions. Furthermore, the standards rely on an ideology of protection based on what those in authority assume about women's needs, and what they want to see take place in their societies. Finally, the standards are often informed by the experience of major economic powers and may be less adapted to the needs and abilities of developing countries.

The chapter examined the content of the standards and found that they outline key services to be provided in women's prisons during the course of their imprisonment. It demonstrated how standards advocate that states are responsible for ensuring that such services are provided by well-trained staff able to deal with women's gender-specific needs. The standards call for making the specific needs of women prisoners a priority. Yet, many factors related to the implementation within prison system and Arabic societies raise question about the consideration of this priority by Arab criminal justice systems. More information about the response from the Arab world to these standards can be found in the study's findings from Jordan in the following chapters.

## Chapter Four

### Research Methods, Design and Reflection

#### 4.1. Introduction

As mentioned in Chapter one, this research is the first that studies the implementation of international health care standards in women's prisons in the Arab world. It uses a qualitative case study approach to examine how the Arabic criminal justice system recognises and applies the international standards. The study explores the provision of healthcare services to women prisoners in Jordan as an Arabic state. The research objectives are to investigate the views and understanding of people in the level of governance regarding the international standards, and explore what has been done to implement them in terms of both policy and practice in the region. Factors that assist, or act as barriers to the implementation are examined.

This chapter outlines the research methodology and design. It justifies the selection of certain methods employed compared to others. Together with a discussion of the access and the sampling strategy, a discussion of the practicalities of how the data collection was conducted, and how data analysis was approached is given. The ethical issues and potential problems of undertaking this research are also described. Finally, a discussion of the research's quality and a reflection on the fieldwork is provided.

#### 4.2. The methodological approach

The needed data to meet this exploratory study's aim are supposed to be directly gathered from participants, therefore, the use of qualitative research approach was necessarily in this study. A qualitative approach was used to conduct the research since it focuses on the participants' perspective (Flick, 2006), whereby cultures and behaviour in the social world are described and analysed from the perspective of those who are involved in the study (Bryman, 1988). It allows for the experience of the participants to emerge from the evidence collected, and the use of other approaches, such as quantitative methods, would not have been appropriate. As a result of the focus on participants, various individual's perspectives were taken into account. The participants' points of view consist of an interpretation of the social and the work environment

(Bryman 2008). These factors have made qualitative methods well-established in prison health care studies (Holloway, 2005; Magee et al., 2005; Short et al., 2009). Furthermore, the flexibility of qualitative approach can generate new insights (Silverman, 2000).

This study also adopts a case-study approach. This is appropriate when it is essential to study a phenomenon in its natural setting by asking questions to understand the nature of the circumstances in a subject where few, if any, earlier studies have been done (Algozzine, 2006; Yin, 2009). Following Edwards and Talbot (1999), who explored a contemporary subject in its real-world context, the use of the case-study technique helped to illustrate key concepts, providing good empirical evidence (Paulin et al, 1982). Robson (1993) suggests case-study methods are useful where there is a need to achieve a rich understanding of the context of the research and the processes that have been used. Hodkinson and Hodkinson (2001) considered more than just a series of individual interpretations and chose not to use the term 'generalisation' but reflected upon cases to shed light on matters beyond the target subject in order to make claims that findings can be enlightening. Case studies seem to be beneficial if there have been few past theorised attempts in a subject, and there is potential for evidence from a case study to provide novel provisional notions.

When deciding whether to use the case-study approach, several aspects were considered. These included how the case-study approach is appropriate in the early development of a field of enquiry, such as research into the implementation of the international standards in developing countries (Mellahi and Eyuboglu, 2001). Also attention was paid to the aim of the study and how to take account of time, place, activity, definition and context (Stake 1995; Creswell, 2003; Miles and Huberman, 1994). The number of cases has also been considered.

It is found that empirical studies are generally better conducted using single cases (Lee, 1989). The reason is that while a single case can be well suited to understand the nature of the processes taking place in a particular field, multiple cases are desirable when the purpose of the research is to describe phenomena, and develop and test theories (Darke et al., 1998). The sites where case studies are to be conducted need to be selected carefully. It is not suitable to use whatever location is available only on the basis that it is available (Benbasat et al., 1987). Jordan was selected as a model, not as



representative sample of the whole region in question. Therefore, generalisability is not the main purpose of this investigation. The aim of inquiry is to understand and to develop a body of empirical knowledge, not to make generalisations from results.

In this research, a single case study (Jordan) was used after a substantial number of cases (countries) have been considered. This includes Libya the home country of the researcher. This option in particular was excluded due to security chaos and armed conflict during the time of the research. Several human rights report indicated that the criminal justice system in Libya had collapsed, with no criminal courts functioning, and that several Libyan prisons have been under the control of militias outside the authority of the state (Amnesty International, 2015/2016a; Mangan and Murray, 2016). Conducting empirical research about the prison system in such circumstances will be difficult and dangerous. Jordan was the most suitable because it is one of the most-settled states in the area.

As indicated in chapter one, there are in many additional reasons for choosing Jordan. For example, besides the similarities between Jordan and the majority of the Arab states and the king's interest in improving his country's human rights profile, the country is a party to many international treaties which guarantee basic human rights of prisoners, and a location of many interested international organisations, encouraging undertaking of the investigation there. Furthermore, the data required about women's prison conditions exists, and it has clear and reliable reports and statistics (PRI, 2013; Baker and Søndergaard 2015). Finally, Jordanian authorities are considered to be more open than many other Arab governments and have a good reputation for supporting and encouraging foreign researchers.

Qualitative and case study approaches outlined above helped to underpin the research purpose to generate the data required to meet research aim. Yet, this would not have been done without the consideration of feminist concerns with gender equality. The research approach used here brings together the suggestions and the broad concerns of Western feminist scholars about the impact of power relations in the society (Ackerly and True, 2010). This included the impact of the stability of group-based social hierarchies and the power relations between men and women (Mason and Stubbs, 2012). Such matters were taken into account when prison health care policy and practice were explored as part of this empirical enquiry. The topic of interest was examined with

deeper and wider engagement with power structures in the Arab culture (Gelsthorpe, 2002); along with the examination of the nationalist-patriarchal discourse that dominates the Arabic legal and social institutions.

This study examines how legal models control patterns of conduct by health care practitioners for female prisoners in Jordan. The examination included how power, inequality and the male way of thinking could affect the implementation of the international standards, how social institutions and practices encourage gender inequality, the discriminatory practices which ignore women prisoners' needs and the negative reception of their implementation. The approach included a consideration of how participants' attitudes relate to the context, conditions, and how their understanding of international standards can be affected by the context of women's position in society.

This approach provides insight into the cultural and social meanings of prison in the Arab context and attitudes towards women and criminality (Gorman, 2005). MacKinnon (1982, p. 23) explained that, as a man creates the world from his own point of view, which then becomes the 'truth' to be described, the power that produced is masculine in form. Feminist theories often provide justifications for the study of feminism and the need to join subjects to other arenas of inquiry given its links; for example, the gender-related dynamics inherent in Arabic society have a strong link with the state of the standards' implementation and undoubtedly have an enormous impact on women prisoner's treatment.

Bearing in mind intersectionality, which is a sociological feminist theory first highlighted by Kimberlé Crenshaw (1989),<sup>4</sup> the research investigates gender, nationality, and class. Intersectionality is often understood within Western studies as is an analytical tool for understanding and responding to the ways gender identity intersects with, and is constituted by, other factors such as race, age, ethnicity and sexual orientation. Yet, intersectionality in the context of the analysis of the implementation of the international standards on the provision of health care to women prisoners in Jordan extends beyond class, gender, and race. This research examines the influence of identity and difference between women prisoners from a cultural perspective.

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<sup>4</sup> Intersectionality is a methodology of studying "the relationships among multiple dimensions and modalities of social relationships and subject formations" (McCall 2005).

Vulnerable non-citizens women such as domestic workers, refugees, and illegal immigrants present a large percentage of the female prison populations in many Arabic states including Jordan (see Chapter 3). Thus, anti-essentialist thought against the idea that all women share a common social position and form of experience, is used to understand the treatment of different groups of prisoners. This helped to identify and link internal organisational processes with external societal processes (Sachenide, 2003). This also helped to satisfy the third objective of the research by providing more meaningful analysis of the factors that affect the implementation of the international standards, highlighting the influence of the Arab culture and social constructions of gender in the participants' views regarding foreign women.

The research examines issues specific to health care provision in women's prisons in policy and practice, recognising the absence of the recognition of women prisoners' specific needs is an issue (Covington and Bloom, 2003). It examines how the Arabic male-oriented criminal-justice system considers women prisoners' different health needs and how the international standards are being recognised. This examination covers both policy and practice, because it might bring into question the standards themselves as much as how they are applied and who is applying them. Analysis revealed that no specific *policies* are currently in place for women's prisons or to implement the international standards. In practice, however, some international standards are being met *accidentally* (see Chapter 5). Also, the factors that might enable or disable the implementation of the standards were identified, helping to meet the second and the third research objectives. Exploring the problem of lack of gender sensitivity within prison law and practice led to interesting findings regarding the internal and external factors influence the implementation of the standards in Arabic society (see Chapter 6).

The study's findings arise from analysis of the qualitative evidence collected from semi-structured interviews with stakeholders in Jordan. According to Yin (1984), interviews are important data-collection tools that help to establish and construct validity in case-study research. The perspectives of the participants and the ability to collect focused and in-depth information are essential features of the selected methodology as described in the following sections (Flick, 2006).

#### 4.3. Research nature and perspective

This research is based upon the premise that the study of social science is different from the natural sciences. Considering the research question, the study follows an interpretive approach, in seeking to understand people`s attitudes, views and the social world that affects them (Bryman, 2001). In the implementation of the international standards, there is no single objective truth that can be explained. Thus, both the positivist and realist approaches are not appropriate for this study (Galliers, 1991; Olsen, 2010). The interpretivist approach in the study relies on the fact that ‘truth’ can only be fully understood through the subjective interpretation of reality. This thesis is therefore an interpretation of the current situation in Jordan as an example of Arabic countries.

The overall approach within the research is inductive in nature. It does not align to research designed to test certain assumptions or prove a theoretical framework, which has been specified in advance of the data collection stage (Blaikie, 2010). This approach would not be appropriate for this study, because the aim and objectives do not present a hypothesis. They have been designed as exploratory targets that seek to generate an understanding of the implementation of the international standards, rather than predicting, confirming or denying what the outcome of the study might be.

In this investigation, humans were the main subjects for knowledge construction. ‘Knowledge’ has been described by Code (1991) as "a construct that bears the marks of its constructors" (Code, 1991:35, 43). This confirms that people`s experiences, beliefs and contexts will influence what they state as knowledge and how they contribute to its construction and legitimisation (Cope, 2002:45). The epistemological position of this study lies in the fact that the accounts given by participants on implementation of the international standard are constructed according to the reality of the social world.

The research is based on a belief that the social world, with its varying contexts, can be examined through methods that seek to understand the structure of the social reality and the institutions and human relationships within it. The choice of the research methodology is influenced by the present researcher`s perspective and attitude towards the ways in which the data were used (an inductive approach; Brayton, 1997; Crotty, 1998; Gray, 2004). This is not the norm in research conducted in the Arab world. Due to effect of gender discrimination, female researchers` perspectives and attitudes in particular might not always consider to be insignificant in the region. Therefore, this

research attempts to bring about a degree of balance to who conducts the research and on what topic, to improve equality between male and female contributions to social sciences.

The investigated international standards provide a framework for fairer visions of justice that addresses gender sensitivity. The present research focuses on the many ways in which prison systems and law have been modelled on masculine world opinions, needs, and interests, to the exclusion of those of women (Cairns, 2012). This research is not based on the direct experiences of women (Landman, 2006). However, it is informed by feminist perspectives, approaches and views on what issues should be taken into account. It is influenced by a feminists concern about gender equality and the identification of women's interests that are judged to be inadequately represented within mainstream legal studies (Oakley, 1981; Ramazanoglu and Holland, 2002). It is important to stress the contribution of feminist studies that emphasise the impact of several factors, including colonialism, have certainly exacerbated pre-existing gender divisions over time (Crowley, 2014).

Whilst feminist perspectives influence this study, it does not define specific approaches or techniques that should, or should not be, used (Ramazanoglu and Holland, 2002). However, it creates intellectual and emotional space for the present female researcher to articulate feelings, voice thoughts, and express inner reactions to the treatment of women prisoners in the Arab world. It is quite clear in Arabic criminology that women are being neglected both as scholars and as a subject for study. This raises concerns about the need to redress women's absence from criminology analysis, challenging the current state of Arabic criminological accounts, and offering a more-complete account of social relations. This situation is what feminists refer to as the distorted, stereotypical and one-dimensional account of women in criminology (Gelsthorpe, 2002; Gadd et al., 2012). Stanley and Wise (1993) argue that researchers typically arrive at the 'truth' that is often politically, emotionally, intellectually and contextually influenced specifically by the individuals carrying out the research. The social and human contexts influence the questions we ask, our approach to the inquiries, and the explanations of our conclusions (Du Bois, 1983:105).

Within criminological research, feminists critique the historical marginalisation of women and the lack of appropriate gender specificity (Daly and Chesney-Lind, 1988).

Where women are the subject of study in the classic criminology, their concerns are typically afforded a narrow and distorted treatment (Smart, 1977). The present study is informed by broad feminist concerns of the treatment of female prisoners, the conditions under which criminal justice is gender sensitive, and the discriminations arising from male-oriented legal models. It is argued that more attention should be paid to the circumstances of female prisoners and attempt to provide a new vision of incarcerated women based on the premise of gender-specificity (Currie, 2012; Gundy and Baumann, 2013).

This study is influenced by those feminist studies calling attention to the plight of female offenders, attempting to provide a new vision based on the premise of gender-specificity. This includes paying attention to the issue of women's treatment in a male-oriented prison system, to bring their issues to light, and generate public concern over their treatment and health services provided to them (Gelsthorpe, 2002; Price and Sokoloff, 2004). It is influenced by raised concerns about the significance of generating serious policy changes that take into account the nature of gender inequality; different life histories of men and women; the nature of their offences and lower rates of recidivism in women (Chesney-Lind, 2004; Davis, 1997).

The present research investigates how the Arabic male-dominated, criminal justice system implements the intentional standards, with particular consideration of the impact of gender inequality rooted in the Arab societies and their legal systems. This inequality influences many aspects of Arabic societies and the legal system, raising concerns about the implementation of the investigated standards in the region. Such significant concerns are supported by many scholars who argue that gender can still be used as a concept in the feminist theoretical framework (Hoster and Radfords, 1996; Skinner and Tylor, 2004; Skinner et al., 2005), as this present study does. As explained in Chapter 3, the present study argues that the violations that female prisoners face in correctional institutions in the Arab world are, in fact, a reflection of, and a contributor to, the societies' existing gender inequalities.

Western feminist studies of correctional facilities suggest that gender is a critical factor (Barnett, 1998; Levit, 1998; Covington and Bloom, 2008). The notion of gender and power has received attention in a range of contexts (Connell, 1987). Gender inequality touches the lives of all women, and is particularly noticeable throughout the criminal

justice process (Bloom and Chesney-Lind 2000; Covington and Bloom, 2003). Feminist perspectives have played a leading role in determining many issues related to the treatment of female prisoners, and linked them to issues of power inequality between men and women (Hesse-Biber and Leavy, 2007). Social values, institutions, and acceptable forms of behaviour are arguably a reflection of the male way of thinking (Mackinnon, 1987b).

This study is based on a female researcher understanding of the topic of interest within its real-world context. This includes the negative consequences of the neglect in providing women prisoners with health care services to meet their needs as called for by the international standards (Stanko, 1985). Though the current study does not involve women prisoners; it is still based on how those women experience the investigated subject (Hess-Biber, 2012; Ramazanoglu and Holland, 2002). Likewise, the attention to women in this research does not preclude an examination of men or masculinity (Collier, 1998).

The interaction between cultural, legal and social structures highlighted by most feminist researchers is vital important to understand the Arab cultural context. Because of the lack of similar studies driven from such a standpoint in the Arab region, and the lack of intellectual freedom and the necessary facilities to access information, it was considered more productive to undertake this investigation from a base in the UK, where the required facilities and work environment are available. The UK libraries are rich in the required sources and theoretical models that assist in systematically building knowledge and better understanding the topic of interest. In the next section, the research design and will be discussed.

#### 4.4. Research Design

The research design was selected on the basis that it was able to generate the data required to meet the study aim and satisfied its objectives. The research methodology had to produce data about the state of the implementation of the international standards in Jordan which was in fact the views of the gatekeepers and had to be qualitative in nature. In order to meet these goals, semi-structured interviewing was decided as the most appropriate method. The section below discusses aspects of the research design, starting with a discussion of access, sampling, pilot study, and semi-structured

interviews. Following this, the techniques used for data analysis and the ethical issues within this study will be outlined.

#### 4.4.1. The Process of Gaining Access

As Moran et al (2013) pointed out, research access could be very difficult to negotiate and the research process can be a logistical and ethical challenge. According to them, this process can be subject to the vagaries of institutional politics and strictly controlled by national authorities. It is indicated that research access in prison system in particular can be considered practical issues of security and institutional arrangements beside the influence of the idea of allowing outsiders inside prison system (Moran et al, 2013). This research found that research access in prison system can also raise issues related to the state's sovereignty over national penal institutions beside the influence of the idea of disclose or leak of confidential information to news media.

Accordingly, in this study, contact with participants was made through appropriate official channels. However, it is important to demonstrate that such channels are dissimilar to those recognised and enforced in the UK. This research focuses on the Arab world where prevailing cultures and work systems are different from what is standard in the West. For example, gaining access to the Jordanian government representatives and practitioners involved formal requests to a Libyan legal entity and sent to the Jordanian authorities and the Ministry of Education. Therefore, a request letter was sent by Omar Al-Mukhtar University in Libya, the sponsor of the research, seeking cooperation and facilitation procedures for the researcher in the state's departments. For other groups, interview requests were made in writing and sent by email to the target individuals and organisations, indicating the research subject, intended times of meetings and contact information.

After gaining access to participants, starting with government officials, Omar Al Mukhtar University was informed by the Cultural Affairs section of the Libyan Embassy in Amman that research approval had been issued by the Jordanian Ministry of Education. The sponsor stated that all that was needed was emails to inform the target officials' offices of the researcher's arrival in Amman and that they would then communicate with her to make appointments. However, this did not occur, and no responses to emails were received. Therefore, concerns were raised with the sponsor. As a result, the head of the Cultural Affairs section of the Libyan Embassy in Amman



communicated with the Jordanian governmental departments, inquiring about the reason behind the delay. Though there was no explanation why there had been no communication with the researcher personally, the responses to the sponsor were positive and arrangements were made immediately.

After meeting with the representative of Public Security Department, he asked his office director to arrange meetings with a sample from the staff who work in the women's reform and rehabilitation centre. The person exchanged phone numbers with the researcher to advise if volunteers had been found, so she could communicate directly with them and arrange meetings. A month later, having no contact, some new enquiries were made, asking for an explanation for the reason behind the delay in getting a response. A few days later, the researcher was informed that some practitioners were having a meeting at the Princess Basma Training Institute for Policewomen and they had been informed about the researcher's request. A list of names and phone numbers was provided so that individuals could be asked if they could specify a time when they could answer questions. However, only three agreed to a meeting. At the agreed time and place, all three interviewees were found together in the same room, and would have to be interviewed collectively, and in just less than two hours. A rapid decision was made that a focus group would be the most suitable, effective and familiar method for collecting the needed data in this situation.

The representative of one of the Jordanian national monitoring bodies, who was very supportive, advised the researcher to involve another monitoring team. This person called two members of the team asking them to meet and provide their contact numbers. Appointments were arranged. All interviews were conducted in the participants' offices during working hours.

As mentioned above, the Cultural Affairs section also communicated with the Ministry of Justice representative's office to arrange a meeting, but he was abroad. A few days later, this office called to arrange the meeting. Significant support and attention was paid by this high-ranking government official to the research being undertaken. For example, he asked his office director to issue letters to other government departments asking for cooperation, specifically the Ministry of Health and the Ministry of Social Development to arrange appointments for the researcher to meet his peers in these

departments. A considerable change in attitude towards the researcher was noticed following the request for co-operation issued by the internal authority.

In Jordan, high-ranking government officials know each other well, and if trust is gained from one of them, it is easier to reach other parties who will cooperate, as a kind of courtesy. For example, at the end of the interview with the Ministry of Justice representative, he personally telephoned the Prime Minister's office requesting other high-ranking government officials' consent to meet the researcher. It was clear that the two officials work closely together, and advantage was taken of this. The meeting with that official in was set for later the same day. However, the researcher was called to the Prime Minister's office at short notice (see below).

Similarly, after meeting the representative of the Ministry of Health, he asked his office director to arrange meetings with other officials and prison health care providers whom the researcher met separately on different days at the National Centre for Forensic Medicine. Notice about the time of the meeting with each health care professional was typically 24 hours in advance. First contact was by phone to request their participation, and to answer any initial questions they might have. Likewise, but after changing the appointment several times, a meeting with the representative of Minister of Social Development facilitated access to the representative of the Jordanian National Committee of Women's Affairs. Ultimately, all targeted people on the government side were met.

To the present researcher's knowledge, this the first time that the perspectives of this many Jordanian officials were received for one piece of academic research. However, she was not free to choose the number or the position of the practitioners participating. They were chosen by their departments and, therefore, may have represented the elite, selected by their managers to reflect the best possible profile as people trusted not to damage the reputation of the state. Also, the practitioners were requested by the head of their departments to participate. Fortunately, this was anticipated and advantages of preparatory training and knowledge about conducting ethical research was beneficial.

By phone, and at the beginning of each interview, the interviewee was informed that their participation was completely voluntary and that they had the right to withdraw their consent at any time, before or during the interview, or within a month of the interview. Each participant was informed that they had the right to decline to answer

any question they don't want to answer, and to keep silent during the interview and this would not be specifically noted. Despite that fact that the participants had been deliberately selected and this might skew the findings, the interview analysis reveals that, in practice, this effect was not significant. Although, at the beginning of each interview, practitioners typically were very careful in their answers, as the discussion continued, they became more comfortable when communicating.

Concerning the NGOs, arranging interviews was smoother and less complicated. Almost all the target NGOs gave permissions relatively easily and appointments were set up in advance of the researcher travelling to Jordan. In the field, the process followed was as set out as follows.

Each organisation was phoned to confirm the appointment and to check its address. Most interviews took place in the organisation's offices in Amman. However, in some cases, the NGOs' representatives were met on an afternoon in a public place. At the first meeting with each representative, managers were approached, who often arranged appointments to meet other members of staff, including experts and human rights activists. In some cases, the researcher met all the organisation's representatives on the same day when they were available if there were no more than two. In other cases, this needed to return several times over several days to conduct the interviews, engendering an agreeable camaraderie with a variety of office staff.

The interviews with international and local organisations opened new horizons to the research. It contributed by allowing access to many important figures in the field at both the regional and the local levels, using knowledge of ethical considerations, confidentiality and integrity in research to gain trust. However, the strategies and attempts used in the investigation were not always successful. For example, failing to persuade the International Committee of the Red Cross (ICRC) to participate. ICRC correction officers explained that the Committee has a partnership with the Public Security Department, which requires them to keep information confidential and the research questions might have caused a breach of their obligations.

People from NGOs represent the vast majority of participants in this research (Table 1). Their accounts and the information provided by them can be considered the main source of the research findings. Even though the present researcher's preference was to speak to more governmental officials, given the subject matter, her circumstances - in that she

was not from Jordan although fully conversant with the language - could have led to significant barriers, and so achieving successful contact was an achievement.

Concerning legal professionals, personal communication began by phoning first to ask if it would be possible to make an appointment to request their participation and to explain the project in detail. They all were very welcoming and meetings arranged with each one in his/her office.

Commonly it is found that those researchers into the prison system in Jordan who are foreigners are not always be welcomed, particularly if they enquire about topics considered to be sensitive. Therefore, it is vital for them to gain the target participants' trust and acceptance to carry out the investigations, which may involve a combination of personal skills, strategic planning, a great deal of effort, and a degree of good fortune. More information about the research's participants is in the next section about sampling.

#### 4.4.2. Sampling

This study is based on the assumption that sampling aids understanding of the situations under which specific outcomes appear and operate (Strauss and Corbin, 1998). Unlike quantitative sampling, where random selection is the principal form of population sampling, this project dealt specifically with the insights of people chosen purposively because they were assumed to be 'information rich', mainly due to their professional standing and their experience. According to many scholars, the selective sampling approach focuses only on what is sought in the case study, which saves time and effort (Bryman, 2008; Bachman and Schutt, 2008; Matthews and Ross, 2010).

The study therefore adopted the 'purposive sampling strategy' by selecting the participants according to criteria outlined by the investigator (Bryman, 2008). Participants were identified as stakeholders and information sources on the research topic that have a direct influence on the process of health care provision in women's prisons in Jordan. The study was designed to involve four main groups of people: Governmental officials and high-ranking government officials, representatives of national monitoring bodies, representatives of number national and international non-governmental organisations (NGOs), and practitioners.

The first group of participants consisted of high-ranking government officials representing the Primary Ministry; the Public Security Department; the Ministry of

Justice; the Ministry of Health; the Ministry of Social Development; and the National Committee of Women's Affairs. Because of their roles, individuals were considered trusted sources of information.

The second group of participants consisted of representatives of national monitoring bodies. Most of those people are independent professionals from different fields including activists in human rights, lawyers, doctors, social workers and specialists in prison administration. They build teams and carry out periodic visits to correction and rehabilitation centres and writes reports after each visit. Their role is to monitor life in local prisons and ensure that proper standards of care and decency are maintained.

Qualitative evidence collected from these groups provided guidance on policy approaches and strategic information on the research topic, and was helpful in gaining a better understanding of the local official views on the international standards and the current situation in women's prisons. This information is also important in providing more accurate illustrations of current prison health care policies and plans. It shows the factors which enable or act as barriers to facilitate the implementation of such standards from high-ranking government officials' points of view.

At the international level, the target NGOs included those bodies interested in criminal justice, human rights, and health. The selected organisations have been long considered powerful monitoring agents to prevent human rights abuse and corruption in prison. They offer an overview of the details that must be addressed by prison management and governments in the Arab region generally and in Jordan particularly. NGOs in Jordan work in partnership with the public security department and write reports about women prisons (see chapter 7). Many of them are known for their research and work in Jordanian women's prisons, and raise awareness and understanding about human rights through conducting various forms of specialised and professional training, workshops, conference sessions and seminars for a wide range of criminal justice personnel in the state. At the national level, representatives of a number of organisations, which are allowed access to Jordanian women's prisons regularly, were interviewed. The qualitative data collected from these groups indicated the attitudes and the perceptions of individuals designing and monitoring health care provisions in women's prisons.

The final group comprised practitioners working in women's prisons in Jordan. It consisted of three layers: prison governors, health care providers, and prison officers.

Those people are often engaged in very important stages of implementing the national policies regarding the treatment of women prisoners, and so it is important to investigate their understanding and attitudes towards the international standards. Information gathered from this group is helpful in exploring what has already been done to implement the international standards and to identify factors which assist or act as barriers to this implementation.

The data of this study were collected during a three month period and the sample size was 42 interviews, with representatives as stated above along with a new group added during the fieldwork: the legal professionals in Jordan (see Section 4.4.3) , as shown in the following tables.

Table 1: Sample size

Group of participants	Number of Participants
High-ranking government officials	7
National monitoring bodies	3
International NGOs	6
National NGOs	14
Practitioners	7
legal professionals	5
Total	42

Although the sample size was relatively small, since this research is small-scale, the qualitative evidence collected was sufficient to understand the topic of interest and satisfy the study’s objectives. It provided an overview of policy approaches and strategic information on the research topic. The study identified important insights and opened new directions for future research in international standards implementation, as will be shown in the following chapters.

#### 4.4.3. Pilot study

To refine a final version of the interview plan and validate the effectiveness of the kinds of questioning, they were pre-tested by conducting three interviews. These were with the former director of the administration of reform and rehabilitation centres; a director of a local non-governmental organisation; and a former prison guard in Jordan. Consequently, an important change to the study in that a new group of participants (legal professionals) was added. The findings of the pilot study indicated that due to their direct contact with prisoners, legal professionals are rich sources of information that would add a great value to the research. Participants from this group - a judge in Amman's Court of Criminal Appeal and four local lawyers - were chosen on the basis of objectively verifiable criteria. They are well known for their work experience with women prisoners and their calls for penal reforms. As the access to participants in the pilot test was through informal channels, the results of these pilot interviews were excluded from the final analysis.

#### 4.4.4. Semi-structured Interviews

As this is the first study of its kind in the Arab region, it was necessary to provide some opportunities for asking follow-up questions, and therefore semi-structured interviews were identified as the most appropriate method to use. This type of interview offers a degree of control over the nature of the interviewee's responses along with some much-needed flexibility. When considering other methods, it was found that neither qualitative unstructured nor structured interviews can serve this purpose. For example, even though structured interviews can assist in generating descriptive information speedily and easily, for the present research, they provide little opportunity for the opinions of the interviewees to emerge. Likewise, although unstructured interviews can help to obtain rich, in-depth data, because they do not involve an interview schedule or guide, data analysis tends to be lengthy and time-consuming. Focus-group interviews were also excluded because it would be difficult to bring some participants—including officials—to one place at the same time. In the field however, the use of this type of interview was the only way to interview prison staff (see section 4.5 below)

Semi-structured interviews were conducted with high-ranking government officials, members of national monitoring teams, representatives of international and national

NGOs, practitioners, and legal professionals in Jordan. It was decided that the study would be best served by interviewing the relevant groups involved in the process of health care provision throughout the process of accreditation, from planning and design to full implementation. An interview schedule that provided a useful structure to the interviews and ensured that the discussions focused on a series of themes were devised before the data collection began. This helped to provide the participants with an amount of flexibility in their answers and encouraged them to develop ideas regarding the interviewer's questions (Bryman, 2008; Matthews and Ross, 2010). In contrast with research that has a predetermined pattern, such as questionnaire research, the participants in semi-structured interviews can speak at length about their experiences with very little direction from the interviewer.

This method allows the perspectives of the participants in the study to be the focus. It provided both descriptive and explanatory data. According to Noaks and Wincup (2004), in the criminological field, this method can assist discovery of the views of 'the criminal justice professional' toward 'the social world'. The viewpoints of the participants provided a better understanding of how gender inequality and the cultural views of female prisoners may influence their treatment under the criminal justice system.

This method encouraged interviewees to speak at length about their views and experiences with very little direction from the researcher who was able to respond to any unexpected information provided by the participants. Language used by the participants reflected their experiences, behaviours, views, and attitudes regarding the topic of interest (Matthews and Ross, 2010). This method also enabled the researchers to ask 'how' and 'why' questions, which provided more descriptive detail, needed to satisfy the research aims. It helped to establish better interactions with the participants through a dialogue, instead of simply receiving answers to closed, heavily formulated, questions.

This type of interview is not problem free, however. Interviews can be time consuming, costly, and open to bias (Gorman and Clayton, 1997), and could be viewed as a method that offers little feedback to the participant (Oakley, 1981), in that they do not offer benefits or advantages to the participants. Participants may be seen as passive information sources (Oakley, 1981). Qualitative studies tend to be context-rich, so



valuable information can be apparent from body language, the tone of voice and so on. It also might be hard to select the sought after data from the whole discussion, and there might be an inconsistency between the participant's account and what they truly think. Also, some participants can be very talkative, which leads to the potential danger of revealing personal information or lengthy narrative accounts. Therefore, the interviewer must be able to guide the interview to the essential matters and be as unbiased as possible, not expressing attitudes, but also not changing the situation to a question-and-answer.

Most of the questions asked during the interviews were open-ended in nature. They were formulated using varied sources, including literature review on the circumstances of women in the Arab societies and prison system, the developments in the international standards on the treatment of women prisoners, and broad feminist concerns. Respondents exhibited diverse experiences. Most of interviews lasted between 45 and 60 minutes. To aid recollection, most of the interviews were audio-recorded with a permission of each participant. Also, hand-written notes were made throughout the interview. All interviewees were assured about the confidentiality of the information given (see ethics section below). At the end of the interview, all respondents were thanked deeply and promised a report of the research results. All interviews were transcribed, analysed, and are discussed in this thesis.

#### 4.4.5. Data Analysis

Before analysing the gathered information, the interviews were transcribed. Transcription is a major part of data analysis (Hesse-Biber and Leavy, 2011; Silverman, 2010). 'Data analysis' in this research refers primarily to coding, categorisation, retrieving, and manipulating gathered information so that it is ready for evaluation (Noaks and Wincup, 2004). Coding has the most influence on the interpretation and the analysis of data and thus it is regarded it the core of qualitative research (Flick, 1998). With codes as basic units, it is possible to then take each category and look at the relationships between codes, thus facilitating the generation of the required knowledge (Flick, 1998). Because there are different levels for coding different concepts such as word, sentence and paragraph, one can look at relations between those concepts and thus formulate findings.

This research involved an interpretive naturalistic methodology in investigating the terms used by participants, and the meanings they bring to them (Spencer et al., 2003; Stake, 2000). It is commonly believed that social reality is understood through the interpretations of people and that those people are transitory and situational (Creswell, 2003). Within feminist research, the values, assumptions and context of scholars need to be clearly stated to make the readers appreciate the context of the study (Bowles and Duelli, 1983: 15). Since this research is inductive in nature, the analysis was conducted to describe the meaning from the perspective of the conducted interviews (Kvale and Brinkmann, 2009). The contextual data was, therefore, of a vital importance within this stage of the research. The validity if these data were pursued in the transcription process, so the data were as close as possible to the interviewees' accounts.

To obtain low-inference descriptions, direct quotations were used. However, this might raise concern about subjectivity in research. In this respect, Code (1991) argued against the traditional way of seeing objectivity and subjectivity as two polarised opposites; she supports several other divisions. Instead of seeing other terms as pejorative, Code calls for more connection between the two elements in research (Code, 1991). The researcher was fully aware that biases that can affect data analysis (Guba and Lincoln, 1981). A large amount of time was spent analysing *all* the data rather than selecting from it to provide truer picture of the situation and eliminate bias. Also, the researcher continually re-evaluated responses and challenged pre-existing assumptions or hypotheses. Additionally, an analysis plan was used and applied to the data during the process of coding to make the data analysis an objective work of interpretation (Spencer et al, 2003). Further, the use of thematic analysis technique to make sense of the data helped to objectively emphasises pinpointing, examining, and recording themes across that data (Braun and Clarke, 2006).

What is more, notes were made immediately after each interview, about content and observations and impressions of the interviewees themselves, including feelings, ideas, and opinions related to the objectives of the study. Any reflections the researcher had while conducting the interviews were transcribed. After transcription and reviewing the recorded interviews several times - to gain deep understanding of the verbal data - the transcripts were re-read many times and further notes taken. Therefore, notes in this research can be divided into two groups: notes from fieldwork and analysis notes.

Taking notes and writing down ideas achieves reflexivity throughout the entire journey of the research, both at fieldwork and analysis stages.

Next, the search for key themes, patterns and insights, and concepts within the data began. Thousands of words were studied to explore what expressions and phrases were used in the interviews to begin derive meaning. At this stage, because almost all the interviews had been conducted in Arabic, it was realised that it is not possible to use the NVivo software programme for the coding process, since it is not recommended for languages that write from right to left such as Arabic (QSR, 2014). All the transcriptions of the recorded interviews were manually coded.

Initially, ‘descriptive codes’ were sought, which eventually generates a set of key concepts and/or categories. For example, the procedures for the first cycle of coding included four steps of highlighting the interview transcripts.

Step (1) began by highlighting the sentence or paragraph that offered views on the international health standards. This step also included identifying the parts that explained the perspectives about the applicability of such standards in the Arab world. Three different coloured highlighter pens were used in this first step of coding. One to highlight what interviewees thought about human rights standards in general, a second to highlight the perspectives on the application of the relevant standards, and a third to highlight the possible factors influencing national policies and legislative actions to adopt international standards.

Step (2) was to highlight any sentence or paragraph that pointed to information that is relevant to the provision of health care to women prisoners. Three different coloured highlighters were used in this step. One to highlight interviewees’ views on women’s access to health care in the society in general, a second to highlight views on policies and strategies in place concerning health in prison settings, a third to highlight issues in the prison law and in practice.

Step (3) was to highlight any procedures that have been undertaken in the Correctional and Rehabilitation Centres Department to implement the internal standards. Another different colour was used for this step. Special attention was given to the examples given by participants of the standards that have already been applied (by chance rather than intentionally) and the ones that have not been applied yet. Attention also was given

to certain services provided for women prisoners and the conduct of prison personnel. The tone and attitudes highlighted serious issues and suggested possible reasons for the current state of health care in women's prisons.

Step (4) was to highlight what participants expressed about the NGOs role in women's prisons in Jordan. Three different highlighters were also used in this step of coding. One to highlight examples of services provided by NGOs. A second to highlight the tone and attitudes of expression, which suggested three possible types of involvements, namely in setting up, implementing, and monitoring the compliance with the international standards. A different highlighter was used for phrases about the NGOs work strategies and the challenging they face in their work.

In the second cycle of coding, the researcher re-read each sentence in the transcripts to ascertain the meaning of the paragraph. The aim here was to remain open to all possible theoretical interpretations. A different highlighter was used for this step of coding. All these codes were divided into four tables. One table contained all the codes related to the participants' views on international standards as well as all the codes relating to factors influencing their implementation. A second table contained all the codes related to what had been done in policy and practice. The last had all the codes related to the role of NGOs. As the coding process progressed, the early codes from the first cycle were converted into more focused 'analytical' codes, which moved the coding to the second cycle.

To move from a literal and linguistic pattern to a conceptual level of analysis, the data within each table were reviewed and both the sub themes and the relationships between sub themes were identified and summarised. The aim of this was to recognise the most relevant themes and how they connected to each other. Data that were distinctive, obviously dissimilar or conflicting were also noted within each summary. At this point, the focused coding was used to pinpoint and develop the most salient categories in large batches of the collected data. To compile reliable data, all narratives were repeatedly interpreted in the light of the study aim and objectives. Through reviewing the data, making comparisons between received responses, writing memos, grouping similar ideas and themes, and giving them a conceptual label, the researcher was able to produce tentative analytical categories. Three major themes emerged from the coding process: issues relevant to health care provision to women prisoners in policy and

practice; perceptions and attitudes about the international standard; and the NGOs' roles and strategies to implement the standards.

#### 4.4.6. Ethical issues

Prison system is usually a system that prioritises the maintenance of control and security. Conducting qualitative research on such system can involve complicated ethical issues (King and Wincup, 2007) in the design of the project, the protocols of informed consent, the way of explaining them to the national authorities, and confirmation that these had been followed in obtaining volunteers for interviews (Moran et al, 2013). Given this, the main priority of this research was to take into consideration the British Society of Criminology's (BSC) Code of Ethics (2012) as well as Leeds University Research Ethics Policy (2013) through working to ensure a high level of quality, integrity, and adherence to a strict ethical codes throughout to protect participants and institutions both during and after the study (Bryman, 2008). This study was granted approval by the ethical review committee before fieldwork commenced in Jordan on 7 December 2015 (see the appendices for a copy of the approval letter; Appendix D). The consideration of ethical issues in research about an organisation as large and complex as the prison is found to be especially important even if this research does not involve prisoners. This section discusses the ethical issues faced during the interviews and also examines how participants' rights and dignity were protected. It shows how the study ensured that participant confidentiality was maintained and participation was voluntary.

Each participant was provided with an explanation of the research aims and a description of the methods to be used, what she/he is expected to do, and how the information received will be used and stored. At the beginning of each interview, participants were provided with an information sheet that summarised the research aims and objectives (see Appendix B for a copy of this information sheet).

Additionally, participants were informed of their rights, stating that participation was voluntary; they had the right to refuse to answer any question; and they had the right to withdraw consent at any time before, during, or up to one month after the interview, at which point the analysis and interpretation process of the data would start. This means that after the analysis it would not be possible to exclude the data. Participants were provided with sufficient time to read the information sheet and the consent form and

given chance to ask any questions or raise any concerns. Effort had been made to ensure that they clearly understood the nature of the study in the allocated amount of time. Consent was gained from the participants prior to the interviews. The most fundamental and common element of research involving participants is obtaining informed and ethically sound consent (Noaks and Wincup, 2004).

Fortunately, no withdrawal requests were received. Two participants asked to read the transcripts before they were used by the researcher and they were sent these before including any parts of them in this thesis. Although all interviewees consented to participate, only half of them signed the consent form. No explanation was given for the reason for their refusal to sign the form. Most of them just simply stated that providing a signed consent would make them uncomfortable. To respect the autonomy and self-determination of the participants, the researcher never insisted on them signing the consent form, nor explaining the reasons for their decision. Nevertheless, it should be noted that all interviewees provided a verbal clear consent instead and all oral consents were recorded. For the purpose of this investigation, different consent forms and information sheets were used. This procedure aimed mainly to address the issue of participant anonymity (see a copy of the consent forms in Appendix B).

According to the Data Protection Act 1998, the consideration of anonymity and privacy is no longer simply a matter of ethics, but can also have legal implications. Therefore, anonymisation in this study was carried out as far as possible to guarantee the security of data processing. However, in some cases maintaining anonymity was difficult regarding some groups because their level, role, or position could make them identifiable. For example, some participants in this study (e.g. high-ranking government officials and prison governors) are highly likely to be identifiable. Nevertheless, they were not referred to by their post and certainly not by name. Interviewees were instead labelled by their level rather than their job title. For each health care provider and prison staff member, they were referred to as a group rather than individually by their job titles. Both the consent form and the information sheet provided especially for these groups included a clear indication of this. Furthermore, an explanation was given verbally and they were invited to ask any questions before making a decision regarding whether or not to participate in the research under such conditions.

It was carefully ensured that sensitive information would not become available to any third parties. The requirements for appropriate data security procedures and precautions that should be adopted adhered to all the policies of the University of Leeds. Thus, all interview data, including the consented recordings and transcripts, were stored using the University of Leeds software (ISMS), to prevent any disclosure that may violate participants' confidentiality. No data were stored on laptops or on portable devices. Data which could potentially identify participants was kept to a minimum and the respondents' identities kept in a separate file from the interviews. Only the names of the participants on the consent forms were collected and these kept in a separate place from the interview notes. No other details that could identify an individual were recorded.

All handwritten notes from the interviews were typed up and held securely on the university's server. The voice recorder used was an encrypted digital recorder and all voice recordings made during the interviews were encrypted and uploaded onto the university server's M: drive. Following this, the original recordings were erased. All information within the notes was anonymised, including names of people and places. The researcher used the University of Leeds's Remote and Mobile Access Service for a secure connection on campus. Finally, all the data materials such as records and interviews will be destroyed after the successful completion of the research study. Only the transcribed data will be kept for three years after the completion of the project to be used for future research. All participants were informed during the course of the fieldwork about the process of data storage.

Ethical considerations in research are critical and essential to guarantee its quality. Yet, there could be other ways to assess this quality. More information is in the next section.

#### 4.5. Research Quality

Various approaches were used to ensure the quality of this research. Following Dixon-Woods et al. (2004) who emphasise methodology, special attention was paid to sampling, data collection, analysis, coherence, evidence for claims, interpretation and conclusions, and finally, its contribution to the research field. Also, as Meyrick (2006) suggested, attention was paid to the fulfilment of the criteria of 'transparency' and 'systematicity' in every step of the research. Additionally, following Lincoln et al. (2011) who stress the rigour of interpretation of the qualitative research findings,

attention was paid to the significance of clarification and justification, procedural rigour, interpretative rigour, and reflexive rigour.

The quality of this study can be also assessed in terms of its validity and reliability. 'Validity' of this investigation refers to the suitability of the tools, methods, and data. This means that the research question is valid for the desired findings; the methodology is suitable for meeting the objectives; the design is valid for the investigation approach; the sampling and analysis strategies are appropriate, and the conclusion is valid for the context (Leung, 2015). Maxwell (1992, p.284) however, notes that "validity is not an inherent property of a particular method, but pertains to the data, accounts or conclusions reached by using that method in a particular context for a particular purpose".

As for the assessment of validity of this qualitative research, there are several ways to affirm that the information obtained from data collection are reliable. These include making sure that every step in this research is clear, so that if someone repeated the exercise he/she will get the same findings. The chosen method (semi-structured interviews) to collect data from stakeholders in Jordan in itself helped to produce valid results. All interviews in this study were well-documented using multiple means including written notes and audio recordings. Moreover, the choice of the appropriate sampling strategy (a purposive sampling technique) helped the study to achieve the transferability criteria required for valid research findings (Silverman, 2010). As this investigation uses a purposive sampling strategy, the participants' professional standing and their experience provide corroboration for the validity of evidence gathered.

'Reliability' of this qualitative study, refers to consistency of the findings (Leung, 2015). To enhance reliability of findings, data were extracted from original sources and the researcher verified the accuracy in terms of form and context by continuous comparison (George and Apter, 2004). Since documentation is also considered a key aspect of ensuring reliability (Flick, 2006; Hesse-Biber and Leavy, 2011), all interviews were carefully transcribed and reviewed several times to avoid transcription errors or omissions; all long transcripts were read carefully and revised for fidelity several times. Attention was also paid to ensuring that a complete and accurate reflection of the verbal exchanges between the interviewer and interviewee during the interview was achieved.



Furthermore, the validity and the reliability of this study were enhanced by the absence of any culture gaps between researcher and interviewees, which can raise concerns about how well the researcher perceives the information provided by participants (Guba, 1981). The researcher is from an Arabic country and thus understands the identity, culture and language of the interviewees. This is vitally important to avoid misunderstandings affecting the trustworthiness of the investigation outcomes. This also helps to remove suspicion that may emerge from the credibility of the study findings (Shento, 2004). The validity and the reliability of this study might be also enhanced by the possibility of its replication. Given the great and long-term influence of the cultural and historical backdrops of the Arab world in the prison system and the fact that the status of women in the region has long been the same, it is believed that it is possible to replicate this study and come to the same conclusions.

Finally, the credibility of qualitative research can be also tied to the credibility of the investigator. Therefore, the background and qualifications of scholars should always be considered. The reason is that in qualitative research, researchers are the key instrument of data collection and analysis (Maykut and Morehouse, 1994). The present researcher has her first degree in law in addition to a Masters in Criminal Law, and this study is being conducted as part of PhD research. The researcher is also fully supported by a recognized Libyan University, and therefore, has the qualifications required to conduct a research producing valid and credible results.

Since the credibility of the study may further rely on addressing ethical concerns in research, the following section explains the ethical issues that arose during this research.

#### 4.6. The challenges of fieldwork

Since this research is influenced by feminist literature, reflexivity is one of the major characteristics associated with it. Criminology is an androcentric field dependent on masculine thoughts and working within the positivist framework of inquiry which emphasises objectivity (Cairns, 2012). Reflexivity, in this context, mainly involved challenging the idea of objective, neutral and value-free research, focusing on subjectivity as an alternative. In the context of this project, reflexivity focused on the researcher's role in building up trust and understanding the power relations and cultural issues that were produced through this research. Flavin (2001, p. 278) argued that reflexivity involves recognising the assumptions underlying research, often including

the researchers' reactions to carrying out the investigation. Reflexivity, therefore, includes knowledge of the lived experience of both investigators and participants. Since male domination and gender inequality are universal, the use of such inherently Western feminist concepts is evident in this investigation.

Due to the lack of feminist empirical research concerning the treatment of women prisoners in the Arab region, very little has been published on research experiences in this area. The aim of this section is to reflect upon the direct experience of current researcher. The reflection on fieldwork experience and its possible emotional impact on academics doing research in a non-Western context (the Arab world) increases opportunities for learning. This provides an opportunity to examine the meaning and significance of experiences, direct exposure to events, and data, when doing research about the prison system in the Arab world. It also provides an opportunity to improve an activity for future researchers in the field.

In reflecting on the present researcher's experience, the difficulties faced during her fieldwork in Jordan could be classified into three categories: (1) challenges related to making a commitment to trustworthy behaviour and removing suspicions; (2) the difficulty in adopting traditions and patterns of behaviour in local institutions; and (3) issues related to inconveniences and emotional situations encountered by the researcher which she could neither control nor sometimes hide.

The first challenge encountered was to prove that this was just an academic investigation without any agenda nor representing any third party. Unfortunately, research by individual women on subjects related to the prison system is still uncommon in the Arab region. This raised concerns and perhaps doubts, leading some to view the researcher with suspicion. For example, before being granted access to speak to some officials, the researcher was invited to the Public Security Department for an interview regarding her motivations to undertake the research, her reasons for choosing Jordan, and the perspective from which this study was undertaken. She was also asked about whom she met in Amman and what information she had received. During the fieldwork itself, similar questions were raised. This situation influenced the number of participants for whom access was granted, the way in which some interviews were arranged, and some responses received. Access was given to only a small number of practitioners, who seemed to have been chosen carefully (see above).

To build trust, verbal and non-verbal persuasion and communication were used. The researcher endeavoured to be calm and confident in her words and body language, with a strong confident presence, indicating the desire to talk to officials because they are reliable sources of information and because no one else could reflect reality as they can. The researcher also provided solid information about the project's aims and objectives, personal beliefs and motivations, and her work's independence. Replies were given confidently and affably to all enquiries and made an effort to impress and gain the trust of interlocutors with sound knowledge. For example, using supportive phrases and words, such as, "I understand all of your concerns" and, "Understanding the situation in Jordan could provide lessons and solutions to apply to issues in other criminal justice systems in the region". Explanations about the benefits of the research were given to deepen participants' involvement as stakeholders. Yet, it was not easy to be convincing without seeming contrived. Meeting others' expectations, avoiding conflict, and giving positive impressions were difficult to balance.

Overall, the researcher's knowledge of ethical considerations, confidentiality and integrity in research were used to gain trust. Decisions were made speedily and wisely, where required, to remove any suspicions. For example, in meeting with the three representatives of the prison service collectively, it was decided quickly that a focus group would be the most suitable and familiar method for collecting the needed data, given the situation. However, the researchers' strategies did not always work. For example, there was no success in trying to persuade the International Committee of the Red Cross (ICRC) to participate in her study (see above).

The second challenge related to cultural and behavioural patterns of local institutions. The exaggeration in the use of some language was noticed, such as officials being called, "Attofatak", similar to "Your Excellency" in English. The dominant culture in some governmental institutions in Jordan clearly involved glorification of officials, which is a notable part of their everyday lives, as was reflected by employee's words and patterns of behaviour. For example, during one of the interviews, an employee interrupted an official's meeting just to say 'good morning to his Excellency' before starting his day. The interviewee smiled and did not justify what had happened, indicating that this was something usual and normal. At first, this seemed quite unusual in language and pattern of behaviour, but after a while it became clear that it is a

common culture that must be accepted and, further, adopted, since doing so made interviews smoother and participants friendlier.

The most important observation along these lines was the direct relationship between compliments paid and the amount and type of information given, along with the general atmosphere and course of the interview (which can be summarised as “the more compliments you pay, the more information you get”). It seemed that both male and female officials’ appreciation of praise led them to feel more comfortable talking when they felt important and regarded with admiration. This contributes to the development and the improvement of rapport, which is considered an essential feature in semi-structured interviewing (Noaks and Wincup 2004). For example, one participant refused at the beginning of the interview to be recorded. After a while, probably because he had the impression that the researcher was really grateful and impressed with his ideas, he said, “Excuse me, my lady, if you want to record the interview you can; I do not feel that there is anything in your topic I should be wary about.”

However, the practice of common courtesies and appreciation towards participants was sometimes misunderstood because of the very fine distinction between personal and professional relationships, which may become more complex when one party is a woman. Here, being very affable may be misunderstood, leading men to test a woman to see if she might be an easy sexual target. For example, one participant in this research seemed to misunderstand the courtesy, asking at the end of the interview for her phone number and to be further in touch. Later, messages were received using intimate language with improper signals. Stereotypes of women in Arab society, from the present researcher’s point of view, are the root of such problems. Women are commonly seen as weak, which makes some people with authority believe that they can exercise pressure on women with whom they are dealing. These kinds of people do not present any concern if they are made aware of the strength and confidence of the woman in question.

Despite this, the researcher was successful in interviewing elites from Jordan, in a somewhat unprecedented manner. The main reason could be the good use of the literature on interviewing elites. For example, the researcher took into account the notes of Hochschild (2009) about elite interviews and how they are more closely analogous to traditional journalists’ ethics and rules of engagement. Hochschild indicated that

interviewers must know as much as possible about the context, stance, and behaviour of the interviewees before the interviews. Additionally, it is indicated that although there is no single universal approach to interview elites, researchers should be aware of the significance of preparation, flexibility in the design of the questions and the arranging of meetings, and the transparency to gaining the interviewee's trust (Harvey, 2010). The researcher has also succeeded in using her knowledge about the experience of other researchers who conducted research with Arabic officials (Alqattan, 2015). This experience made the researcher aware of the importance of detailed preparation and the expectations about what issues can occur in the field.

Finally, throughout the fieldwork, the researcher faced some inconvenient situations. For example, an appointment in the Prime Minister's Office with no chance to defer was arranged at very short notice, requiring attendance at the location, during rush hour, with all her supporting documents quickly assembled ready to be presented, and needing to be presentably dressed. It was an awkward situation that was hard to fulfil: another appointment had to be hurriedly cancelled, a private car hired with a local driver who knew the city well so that the appointment could be made on time.

Due to the positions held by some participants in this study, many security inspection procedures were encountered several times, including security searches of her person and belongings. Though performed by female officers, the situation was uncomfortable, particularly when accompanied by personal questions, such as: "Are you a journalist?" and "Where are you from?" Another issue raised during a security inspection was at the Prime Minister's office, when not permitted by security staff to take a recording device. She asked for permission from the participant to allow it. Even when orders were given to hand over all of the researcher's personal belongings, the interview was not recorded; it was explained that in that building it was not allowed to use such technology.

The lack of a quiet environment in some interviews made some interviews uncomfortable. This was inconvenient, and affected some participants' moods and concentration on questions. For example, some interviews were frequently interrupted by urgent phone calls or by employees asking to sign papers or to discuss other matters. These discussions and even arguments happened during interviews, leading to embarrassment and uncertainty about what to say or how to react. To reduce tension, it

was found best to always try to ignore such events and to gently return to the point discussed before the interruption, but these efforts did not always work as intended.

Dramatic, moving, and heart-breaking stories related to the treatment of prisoners led the researcher to feel quite emotional at times. Those stories conflicted with certain personal beliefs both as a woman and as a feminist, such as beliefs about the significance of avoiding depriving women of liberty, particularly mothers and pregnant women. The researcher believes that prison is not the right place for such women. It has always been hard for her to think about how pregnant women in prison have to deal with anxiety and stress and how can they cope with a restricted diet and limited information. It has also been heart-breaking for her to think about how mothers in prison cope with the knowledge that their babies may be taken away after birth.

Overall, the conducted interviews in this research led to very productive results; however, a few uncooperative participants were encountered. One participant, for example, gave very short answers, mostly responding, “You can find all the information you need on the Ministry website”. Another interviewee spent a lot of time talking about his personal profile and achievements. Even when reminded of the question, he replied, “We will provide you with all the documents you need, my lady, don’t worry”. Having lack of direct cooperation as participants sometimes proved extremely frustrating.

The aim of this section was to reflect on the challenges and solutions derived as a result of conducting this research. Although all Arabic prison systems might not have the same issues and policies, given their common features and history, many of the challenges faced by the researcher in Jordan are likely to be found in other Arabic states. It is, therefore, worth mentioning that researchers on topics related to prison system in the Arab world should not underestimate the importance of understanding the investigated system and the amount of time, effort and preparation required for the field work. They also need to be aware of the significance of psychological preparation and forward thinking. This is helpful to consider all limitations and difficulties throughout the process. Moreover, after granted access, it is crucial for researchers to understand national laws, security issues, and organisational culture. It is also important to establish and maintain a positive relationship with officials and governmental departments. The close collaboration and support of the officials has proven effective in establishing a

good rate of participation and good quality data collection in this challenging research about prison system.

#### 4.7. Summary

The chapter demonstrated the general methodological approach adopted for this investigation. As this research is informed by broad feminist concerns, the chapter explained some of the major issues and concerns of feminists that inspired the chosen approach used in this study. The chapter also outlined the methods used in data collection and the motivation behind choosing them. The chapter explained why a semi-structured face-to-face interview method was used to collect the data, and also explained the sampling ethos as well as the data-analysis adopted strategy. A detailed discussion was provided for the methodology used to analyse the data which was obtained by a case-study qualitative-research method. The ethical issues faced were also described with reflection on the techniques used to address these issues. A discussion was provided about the quality of the research, its validity and the reliability of the findings. Finally, some reflections on the major challenges faced by the researcher during fieldwork in Jordan were demonstrated as well as how they were handled in a way that can benefit future researchers. It is emphasise that preparation, understanding prison system, obtaining appropriate permissions, familiarity with national circumstances, the development of collaborative relationship and the involvement of officials are crucial for conducting similar research.

## Chapter Five

### The Provision of Health Care to Women Prisoners in Jordan

#### 5.1. Introduction

The present chapter moves on from the previous discussions and reviews to present the research findings which were produced by the analysis of the data collected from interviewees from Jordan. It was found that women in Jordan are generally disadvantaged in terms of access to health care services by social conventions (such as embarrassment about revealing health problems considered taboo) and the sexual discrimination which is rooted in Arab socio-cultural settings. The situation is even more pronounced, and has a greater impact on, the provision of health care to women in prison. Gender-related dynamics, in particular the lower social status of women compared to men is inherent in Jordanian society, and the views about health care for women in society seem to have a markedly negative impact upon both prison regulations and practices regarding women. They impose direct constraints on prison law and the type and the quality of health care provided for women prisoners.

This chapter aims to facilitate the understanding of the study findings through emphasising the link between gender inequality and access to health care for women in Jordanian society at large. Gaining a greater understanding of the obstacles facing women accessing health care in society would be an important step in helping to comprehend the varied problems associated with the provision of health care to women in prison, not only Jordan, but elsewhere in the Arab region. These topics were among the major themes revealed from the data analysis process that was undertaken as part of this study. Additionally, the present chapter aims to describe the study's findings regarding the current state of health care provision to women prisoners in Jordan. This will be presented after briefly reflecting on the current state of health care provision to the prison population in Jordan as a whole. This provides an understanding of the treatment of a prisoner in a broad context. The interaction between these topics is significant for the analysis in this study of the implementation of international health care standards in women's prisons in the Arab world. The chapter concludes with a



summary of the findings relating to the health care of women prisoners both in prison regulations and in practice.

## 5.2. Gender, the socio-cultural environment and women's health

Women's health in general is an issue that has been studied by many researchers and advocates for human rights across the world, particularly where sexual and reproductive health is concerned. The circumstances of the status of women that cause gender inequality are considered the most significant social determinants of women's health (Kawachi et al., 1999; Doyal, 2001; Sapolsky, 2005; Graham, 2009). Though the structures governing how gender status systems operate through beliefs, norms and practices can differ between societies, they share a number of basic aspects in common (Grown and Valodia, 2010). Gender and the socio-cultural environment interact to determine whose health needs are recognised, whose are dismissed, ignored or hidden, and whether individuals have any control over their health, and whether they can realise their rights (WHO, 2007).

Cultural norms and views of women, as well as the attitudes of societies towards gender, have a significant impact on the health of women in the Arab world (Kronfol, 2012). Gender relations in the region are based on core structures governing how power is embedded in the social hierarchy (Joseph, 1994). Though there are significant disparities among Arab countries in terms of access to health care for women, Arab women are disproportionately affected by their socio-cultural environment compared to men, which acts as a barrier to obtaining sufficient health care (Douki et al., 2007; Kronfol, 2012) and continues to be the central determinant governing the health status of women (Obermeyer, 1993; DeJong et al., 2005). For example, women in the Arab region are less likely to be financially independent, well-educated or physically active, and they are more likely to be victims of domestic violence and suffer from obesity in comparison to men (Batniji et al., 2014).

The unequal division of power and influence between men and women in the region affects the legal systems (Moghadam, 2008). Women remain underrepresented among lawmakers, and health care leadership circles are still dominated by men (Shalaby, 2016). Efforts to rebalance gender roles in health care policy are slow to materialise (Roudi-Fahimi, 2006; Shalaby, 2016). This may be because regulations and policies failed to identify or acknowledge different health care requirements based on gender

(Kronfol, 2012; Roudi-Fahimi, 2006). Gender ‘blindness’ (gender non-specificity) in law is considered a serious future threat to the health and wellbeing of women in the Arab region (Mroueh, nd; Pierre-Louis et al., 2004; Jabbour and Yamout, 2012).

Women in the Arab world have experienced much discrimination and have been subject to restrictions of their freedoms and rights through history (Ghoussoub, 1987; El Saadawi, 2007). These obstacles are reflected in laws dealing with criminal justice and health care (Nazir, 2005). Arab culture typically restricts female mobility and decision-making power, which is determined by male relatives who usually have the final say in matters related to women’s health care (Aziz et al., 2004; WHO, 2007). Scholars have indicated that such a socio-cultural environment has led to the cultural prevalence of not communicating information regarding health issues, creating a sense of taboo and embarrassment about such matters, which influences the way women perceive their health problems (Dixon-Mueller, 1991) and restricts their behaviours when they seek health care services (Zurayk et al., 1997; Roudi-Fahimi, 2006). Such environments also induce women to ignore the symptoms of serious health issues for a long time without seeking medical advice, stalling essential treatment and subsequent worsening of medical conditions had the problems been vocalised sooner and without fear (Abou Shabana et al., 2003; Taha, 2012).

Due to imbalances of perceived value and status of the sexes in Arab culture, political unrest, worsening economic and social conditions in the region have all been found to have a greater negative impact on women compared to men (El-Baz, 2003; Saleh et al., 2014; Ghanem, 2016). It is well established that governments play a vital role in shaping the state of women’s access to public services (Berthélemy and Seban, 2009). Countries transitioning to democracy might make retrograde steps, as they are more likely to have new, weak institutions that are unable to provide services efficiently (Fukuyama, 2004) because of instability and conflict (Mansfield and Snyder, 1995). Since the Arab Spring in 2011 (a wave of violent as well as non-violent demonstrations and protests affecting North Africa and the Middle East), for example, to maintain order, several states have focused their attention on security and have neglected public services for segments of the population (Rashad, 2014; Batniji et al., 2014). Women in many states cannot easily and safely access government services (Saleh et al., 2014; Batniji et al., 2014). In short, the unrest during and after the Arab Spring, and the continued gender inequality in the region, affected women’s access to both justice and

health care. In the next section, information about the circumstances in Jordan is provided.

### 5.3. The Circumstances in Jordan

Jordan, the case study in this investigation, is no exception to what is happening in the Arab region in general. National legal codes dominate the political system (Warwick, 2005). Evidence appears to indicate that compared to other states, although Jordan has exhibited better gender equity in the health care sector and has shown notable evolution in improving the life expectancy and literacy of women, recent legislative and regulatory reforms are still hindered by male-dominated traditional beliefs, and national security priorities (Al-Sharari and Al-Khatib, 2015). Women are often side-lined in society due to discriminatory norms that influence their lives and their access to government services (UNDP, 2012). Additionally, unrest in the region, coupled with population growth from the increasing influx of refugees, has increased pressure on Jordan's health care system (USAID, 2016). In this regard, one high-ranking government official interviewed stated:

We are facing a big challenge with the increased number of refugees [...] our system is not prepared for this. (3.3).

Therefore, not only are historical norms concerning women's status a problem for overcoming gender 'blindness', the national backdrop of dealing with refugees creates a further obstacle that some consider to be of greater importance which needs to be addressed urgently.

As health care provided to women in prisons is supposed to be of an equivalent level to that provided for women in the community at large, it is important to first examine the state of women's health care service levels in the general population. With greater knowledge of the pertinent issues in this context facilitates an understanding of the issues in the prison setting.

The general health care system is governed by Public Health Law, No. 47/2008. The main provider of health services is the public sector, complemented by the private sector, international and charitable organisations, the National General Union of Voluntary Societies (GUVS) and the Zakat Fund (Islamic almsgiving). Third sector organisations are considered effective actors in the provision of health services in the

country (WHO and AIMS, 2011). For example, the King Hussein Cancer Centre (KHCC) was established with generous support from the Union of Voluntary Societies. Around 70% of Jordanians had medical insurance in 2007 (WHO, 2015).

In recent years, Jordan has taken great steps forward in terms of social policy and legislation to improve the state of health care for women, including the establishment of the National Strategy for Jordanian Women (2012-2015), and cooperation with organisations such as the International Committee of the Red Cross and the United States Agency for International Development. This has helped improve reproductive health services, ensuring safer pregnancies and deliveries, and delivering better care by strengthening health care systems. However, it has been noted that many issues may prevent women in Jordan from receiving sufficient treatment.

These issues can be divided into issues in the institutional context (health care facilities and services), issues outside the institutional context (the broader community) where women experience limitations related to the rigid traditions in Arab culture, as well as social stigma and discrimination attached to health care provision. This is explored further below.

#### 5.3.1. Institutional Context

Despite the Jordanian Government's efforts to reform the health sector, there are still issues within health care facilities and services that might affect women's access to health care. These issues relate to the organisation of services, the cost of treatment, its delivery, and the quantity and quality of human resources.

Poor management and coordination, accessibility, equity, the distribution of services and the misuse of available resources are the main issues that prevent the health care system in Jordan from being effective (Al-Qutob and Nasir, 2008; Hasna et al., 2010). An additional issue is the country's allegedly weak commitment to implementing national strategies and plans, and the use of weak monitoring and evaluation systems (The Jordanian High Health Council, 2015). This situation is a major concern, particularly when considering the overall disadvantaged position of women in the state. For example, one issue that relates to services organisation is that health care services remain highly concentrated in Amman (Al-Qudah, 2011). This centralisation could be a barrier that prevents women who live in remote places from receiving treatment for serious diseases like breast cancer (Abdel-Razeq et al., 2015).

In this regard, one of the high-ranking government officials said:

Coordinated, multidisciplinary management of cancer patients in the state is to some extent weak; routine practice using multidisciplinary organised teams or clinics only occurs at KHCC<sup>5</sup> in Amman. (7.3).

As a result, many cases of cancer might go unreported and untreated in those with limited opportunity to travel. Regarding the cost of health care services, the high out-of-pocket-costs could be a real obstacle to women's medical adherence to prescription medication regimens in Jordan (El-Dahiyat, 2013). This is not surprising, as the Global Gender Gap of the World Economic Forum indicated in 2009 that Jordan is one of the worst performers in gender equality in terms of economic participation and opportunity; Jordan is ranked 122<sup>nd</sup> out of 134 countries (Hausmann et al., 2009). While poverty is a significant barrier to positive health outcomes for the entire population, in many parts of the world poverty tends to place a higher burden on the health of women (Buvinic and Yudelman, 1989; WHO, 2009).

Non-Jordanian citizens (foreign nationals living and working in Jordan) are not covered by the health care provisions of the state and they must pay the full price for treatment and medicines. It is important to note, however, that conditions for displaced Iraqis, Syrians and Palestinian refugees are different. Several agreements among the Jordanian Ministry of Health and international agencies allow free access to health services for these populations (WHO, 2013). Nevertheless, as indicated by a representative of one of the international NGOs:

Medication is not free and issues related to access to medication for displaced populations is not adequately addressed in these agreements. (23.2).

This situation may be the reason why there are many NGOs working in the field of health care in the country (WHO and AIMS Jordan, 2011; WHO, 2013).

In terms of efficient delivery of health care services, there are a variety of constraints, such as delays in hospital care (Okour et al., 2012), with long waiting lists that encourage patients to seek private care. The lack of sufficient counselling in public clinics is also an issue of concern (Kronfol, 2012). Additionally, the performance of

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<sup>5</sup> King Hussein Cancer Center

health care providers is another critical problem, particularly in the case of female patients (Khoury and Mawajdeh, 2004). Research suggests that the failure of medical care providers to act sensitively towards patients may affect uptake of the use of available services (Goddard, 2008). Such issues could be the reason that disparities exist in the quality of care between Jordanian government health facilities and private facilities (WHO and AIMS Jordan, 2011).

The amount of human resource in health care, and its uneven distribution, is another issue that affects access to health care. Evidence suggests that there is a shortage of female health care workers and specialists in areas such as psychological care, anaesthesia, cardiovascular surgery, family medicine, neurosurgery and others (The Jordanian High Health Council, 2015). There is also an absence of fair distribution of human resources in health care among the governorates (muhafazah), especially in remote areas (Musa, 2013; The Jordanian High Health Council, 2015; Gharaibeh, 2015).

According to a representative of one of the international NGOs:

More support is still required to improve the performance of all health care personnel, especially nurses and other allied health and technical personnel. (19.3).

Therefore, it is not only the availability and accessibility of health care professionals, but also their differing levels of expertise, as well as the imbalance between the availability of specialist skills and what is needed.

Even though many of the aforementioned issues seem to affect the health of both men and women, given the unequal social status of women, they might potentially lead to more negative outcomes for women. There are major dissimilarities in the nature, intensity and complexity of the circumstances experienced by men and women (Ash, 2003). Though obstacles to women's access to health care in the institutional context seem to be a strong influence, many other issues in the broader community could have an even greater impact. Feminists locate the experiences of women in their broader communities as tied to a set of social relations that offer both possibilities and restrictions for women living in their communities (Fontebo, 2013; Bosworth, 1999).

### 5.3.2. Broader Community Context

The state of health of women in Jordanian society has been limited by the broader community context. The limitations are mainly related to the impact of rigid traditions in the Arab culture, social stigma, gender inequality and discrimination.

Despite the claims that gender equality is guaranteed by the national legal systems, the rigid traditions in Jordan's Arab culture affect women's lives and their access to health care (Tétreault et al., 2009; Kelly and Breslin, 2010). For example, traditional views about restrictions on women's freedom to travel can limit their ability to consult a different doctor for a second opinion (Roudi-Fahimi, 2006). Though women can now generally travel freely within Jordan and can independently apply for, or renew, a passport, the guardianship system in the state gives men the right to prevent women or their children from travelling abroad in some cases (HRC, 2014). In this setting, one high-ranking government official said:

Unlike when men fall ill, women in Jordan especially from the rural areas might not be able to seek treatment in large hospitals or travel abroad for treatment without being accompanied by a male relative. (7.4).

In Jordan, traditions about honour and dignity exert very strong controls on women in particular. As a result of the influence of the views held about women in Arab culture, health issues related to sex and drug use are considered private matters that carry shame (Boy and Kulczycki, 2008). Rigid traditions regarding drugs and sex permeate all aspects of life in Jordan, as they do in all Arabic societies (Al-Badayneh, 2012; Alden et al., 2013). Therefore, relevant health issues are often neglected and surrounded by unusual secrecy (Arnett, 2007). Due to women's fear of the shame and harm that could be inflicted on them by any male relative, the actual extent of drug use problems and sexual assault rates among women is unknown (Husseini, 2015).

Social stigma dominates all female behaviour in Arab culture and represents a real obstacle for some women to get the health care they need. For example, the fear of social stigma prevents women from reporting some of their health problems and needs associated with drug addiction (Al-Badayneh, 2012). Likewise, in the case of sexual violence, social stigma might discourage women from accessing treatment for injuries, wounds and sexually transmitted illnesses (Jabbour, 2012). In agreement with Sen et al.

(2007), who highlighted the impact of the unfair and ineffective gender inequity in health care, the representative of a national monitoring body stated:

Gender inequality and discrimination are the most serious issues that unfairly affect the state of women's health and wellbeing in Jordan. (8.5).

As indicated in Chapter 2, women in the Arab world are considered to be, in general, of lower status than men, and discriminated against. The patriarchal biases and Arabic traditional culture on women's rights and roles in Jordan established a hierarchy of roles and authority that is codified in the power of men over women (Said-Foqahaa, 2011). The laws and social structure in the state require a woman to obey her husband and male relatives, and this promotes discrimination against women (Al-Atiyat, 2010; Theodorou, 2014). This culture, for example, was found to have a great effect on the decision-making of women with breast cancer (Elobaid, 2016). The stigma associated with breast cancer, especially in Jordan's rural communities, greatly impacts women who suffer from the disease as they fear being ostracised by their families or deserted by their husbands, and so there is a tendency to remain silent about the condition (Taha, 2012).

Since their role in the family designates women as the primary care-giver for all family members, especially children and disabled and ill relatives, women themselves often share the common view that their health is of low priority, compared to their role as the family care-giver (Douki et al., 2007). The control that men have over women in Jordan is a control of power, sex, and finance, which grants men dominance over the lives of women (Al-Badayneh, 2012; Haj-Yahia 2002). In agreement with Clark (2009), a representative of one national organisation stated that:

A man in Jordan can extend his control to the woman's body and her access to health care services. (29.2).

In some respects, this attitude implies that a woman in Jordan, in a sense, does not 'own' her body in the eyes of the male members of her family. It is also important to consider the possible implications of the views of women in Arab culture and the discrimination against different demographic groups of women. For example, compared with the general population, the issues faced by marginalised poor women in Jordan might be more prevalent and even more serious. Such women experience noticeably more severe life events (De Vecchio Good, 2000) and they are more likely to have to



deal with continuing sources of social pressure such as low-quality health care, poor housing and exposure to living in dangerous neighbourhoods (Tang, 1996). They are also at greater risk of being victims of violence (De Vecchio Good, 2000). This outlook is particularly true in the case of non-Jordanian female citizens in Jordan, where the most vulnerable women are domestic workers and refugees (UN Women, 2013).

Although Jordan is the only Arab country where domestic workers are protected by national legislation, female domestic workers are usually victims of frequent violations through punishment, intimidation and sexual harassment (Patterson, 2009; Amnesty International, 2009; Human Rights Watch and Tamkeen, 2011). In addition, the consequences of violent conflict can be found in difficult living conditions, increased intra-family violence and exploitation and discrimination against displaced women, which can affect their access to health care (UN Women, 2013, 2016). Likewise, despite the measures that the Jordanian Government claims to have put in place to protect non-citizens women who are victims of, or who are threatened with, violence (NHRC, 2014), recent reports have indicated that some refugees in Jordan have been prevented from accessing critical health care services (Amnesty International, 2016).

To sum up the situation of women in general in Jordan, it is one of restrictions and being considered of lower status than men, which raises concerns regarding female ability to enjoy health care rights. Additionally, such status has a strong influence on the access to health care to women in prison, where the negativity of the situation is likely to be exacerbated.

Before presenting the study's findings in this regard, it is important to understand the current state of health care provision for prisoners in the state. The next section provides a general overview of this subject.

#### 5.4. Prison Health Care in Jordan

The basic covenants that guarantee both male and female prisoners' rights under the existing legal framework in Jordan include: the Constitution, the Reform and Rehabilitation Centre Law and the regulations issued thereunder, and the 2014-2016 National Strategic Plan for Correctional and Rehabilitation Centres (NSPCRC). Under these covenants, it is provided that reform and rehabilitation centres in the state should have medical units, which are supposed to provide more sensitive attention to prisoners

requiring long-term medical attention. According to more than one high-ranking government official participating in this study, the prison authorities may also arrange for health care services from the outside community to provide medical treatment inside prisons, and prisoners may be sent to community hospitals for advanced care, if necessary. The officials also stated that the cost of basic medical care is covered by the Government, and the Ministry of Health is responsible for managing and organising the employment of professional staff for prison medical services.

The regulations for the prison health care system in Jordan require at least one resident doctor to be assigned to work at each prison and demand that: the doctor has sufficient assistance in facilitating their work; there is assistance of specialist doctors or medical assistants to support the institution doctor in order to check on and treat prisoners; a clinic is equipped with supplies available in public sector clinics; facilities exist to separate patients with contagious diseases from the general prison population; primary health care services are provided; prisoners are checked upon their arrival to evaluate their health condition; psychological medical care is provided; preventative health care in terms of contagious diseases is available; pregnant female prisoners can be treated for nutrition, labour and medical care according to what is decided by a competent doctor until delivery (the law requires that such women should be sent to an obstetrics hospital in the locality of the prison at the time of delivery).

Following the Arab Spring, NGOs noted an improvement in prison conditions and a reduction in complaints of ill treatment (PRI, 2013; Aziz, 2012; Human Rights Watch, 2013a). However, the limited amount of information available indicates that, despite the government claims to reforms, the current state of Jordanian prisons is troubling and it is clear that international treaties regarding the treatment of prisoners are not being fully met (NCHR, 2012; US Department of State, 2013; Baker and Søndergaard, 2015; OHCHR, 2015). The conditions of Jordan's prisons remain poor and prisoners complain of inadequate medical care (US Department of State, 2015; Abuqudairi, 2014). Evidence indicates that prisons lack resources and suffer from the absence of specialists (Baker and Søndergaard, 2015). The standards for all forms of health care, including monitoring, and preventive and curative care, have been found to be low (NCHR, 2012). Prisoners also complain of a lack of timely notification and/or transportation, the unavailability of clean water, the limited size of food portions, and a shortage of blankets and hot water in winter (NCHR, 2012).

Given these reports, serious concerns have been raised regarding the health status of vulnerable groups, particularly women, in Jordanian detention centres. Although it has been noted that conditions in centres for women are better from those in men's centres (Human Rights Watch, 2008; NCHR, 2012), more recently, PRI (2013) found that many women prisoners in Jordan suffer health issues that are a direct result of their imprisonment and that their access to professional psychologists and psychiatrists remains limited. Further investigation into prison law indicates that exclusive attention has been paid to the reproductive role of women, and women prisoners are provided with a two-tiered, not a secondary tier of health care<sup>6</sup>. The analysis in the present study shows that Arab cultural views on the roles of women in the family affect the concept of health care that should be provided to them; therefore, this might explain why in the law there is not enough consideration of female prisoners' health care needs beyond their reproductive health needs.

Even though Jordan's male prisoners are evidently in no better a position, evidence from this study shows that the treatment of women prisoners is the result of the subtle process of reinforcing socially-constructed gender roles (Silvestri and Crowther-Dowey, 2008) and that, since the prison system was created to house men, women have been under-represented and their diverse needs are either forgotten or neglected (Maruschak and Beck, 1997; Belknap, 1996b, 2001; Nicolson, 2000; Bibbings and Nicolson, 2013). This study has provided confirmatory evidence that the provision of health care for women prisoners in Jordan seems to be heavily influenced by gender 'blind' laws and the socio-cultural environment. More details about these matters are provided in the sections below.

### 5.5. Health Care Provision for Women Prisoners

This section highlights the concerns most often raised that relate to the provision of health care to women prisoners in Jordan as recorded in this study. Despite positive signals given by the representatives of Jordanian government, the findings of the present study are in agreement with Plugge et al. (2006): it is evident that within correctional systems and practices several issues can negatively affect women prisoners' health.

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<sup>6</sup> The term 'two-tier health care' is used to refer to a situation that arises when the health care system provides only basic medical necessities, whereas the term 'secondary tier of care' is used to refer to the situation where some people can obtain additional health care services or receive better quality and faster access (Smith, 2007)

### 5.5.1. Legal Framework

The consensus view between high-ranking government officials is that the Law of Reform and Rehabilitation Centre's Law No.9 (2004) enhances the dignity of female prisoners as human beings and recognises their rights. Some of the government officials interviewed proudly indicated that, compared to neighbouring countries, Jordan had progressed further in prison reform for women. However, the present research revealed that the current legal framework governing the provision of health care to prisoners is not gender distinctive and fails to recognise the special health needs of female prisoners. For example, among the legal professionals and NGOs' representatives interviewed, there was a pervasive belief that the articles of laws appear to insufficiently address health care for women prisoners. But before demonstrating any accounts or concerns raised by the interviews in this setting, it is important to clarify that the detention of many women due to pregnancy outside of marriage and Arab cultural views on the role of women in the family influences how the ideal treatment of women prisoners is perceived. Many participants see healthcare for those women within very narrow limits and from a traditional angle of reproductive health matters. In this context, a representative of one national organisation stated:

The law doesn't include a sign to any forms of gender-specific health care or individualised treatment...also it has no reference to the measures for the treatment of women during labour like the use of restraints during delivery and after childbirth (33.4).

Similarly, one legal professional said:

Without giving reference to the prohibition of solitary confinement of pregnant women and breastfeeding mothers, the law in Art. 38 allows for detention in isolation cells to be used for up to seven days (40. 3).

Another national organisation's representative commented:

The law gives no reference to the appropriate safety and health measures during personal searches [...] also; none of the provisions addresses the response to the negative outcomes of past gender-based violence (32.4).

Clearly the lack of law or high-level guidance specific to the treatment of women in prison is considered to be a significant problem by these individuals when reviewing the lack of provisions for recommended procedures, or their modification to meet the special needs faced by pregnant and breastfeeding women. The data gathered during this study also provides evidence that in Jordan there is no separate set of instructions specifically for the management of women's prisons, and that the current universal instructions for prison management do not fully address women prisoners' distinctive health needs. The evidence can be clearly seen in the following quotation from the interview with a representative of one of the international organisations:

The instructions do not indicate the provision of any a special diet for pregnant and breastfeeding women or to the procedures during the transfer of women prisoners to the hospital in cases of illness or delivery of babies (22.3).

A common view amongst interviewees was that more details need to be included in both the prison Law, and the instructions, to make them more applicable to women prisoners' distinctive needs. One of the international organisations representatives said:

There should be more legal texts obliging the management of the women's centres to provide special health care services [...] and to allow judiciary's authority to issue alternatives to detention for pregnant women and patients with progressive diseases (33.3).

Concerns were also expressed about the Plan for Correctional and Rehabilitation Centres. Evidence suggests that the plan does not include details addressing the distinctive features of the health care system in women's prisons or give special attention to women prisoners' health needs. Some interviewees provided negative comments and criticised the content of the plan in that it is not gender sensitive. For instance, the same international organisation's representative commented:

There is no special consideration for female personal hygiene needs, preventive health care and sexual health education (23.4).

Equally, the representative of another international organisation said:

It does not seem that the plan either fully complies with international standards on the treatment of female prisoners, nor does it achieve the plan's aims to

create a safe and humane prison environment that is based on human rights (18.3).

Many participants have also demonstrated concerns regarding the Crime Prevention Law No. 7 for the year 1954. It was reported that this law does not take into account the potentially negative health consequences associated with the imprisonment of women, nor the principle that the imprisonment of women, especially pregnant women and mothers, should be avoided as much as possible. Two themes arose in all discussions about this law. On the one hand, talking about this law application issue, several high-ranking government officials interviewed alluded to the influence of ensuring that security was prioritised as well as placing social system values at the heart of the legal system. One said:

The legal system cannot be separated from the social community. We are responsible for maintaining the order and protecting those threatened by their male relatives due to their breaking of the social norms (4.3).

Similar, another official stated:

Our legal system does not act in isolation of the local social circumstances and culture, both are closely connected [...] in Jordan, women considered to be at risk of home killing might be detained indefinitely under the Crime Prevention Law [...] Their release requires signed assurances from their families that they will not be harmed. Despite all arguments about the applications of this law, it is the most effective way to protect the lives of such women in Jordan. (3.6).

The same person added later,

It is a matter of fact that social culture influences Jordanian law, yet this is not always negative. Some Arabic culture traditions regarding women may establish laws that respect some rights of women and guarantee that these rights are not violated. (3.5).

This highlights the fact that some women are imprisoned as a means to protect from harm, rather than them having committed a crime.

On the other hand, most participants from NGOs believe, as indicated in some human rights reports, that the real motivation of some of the prison governors might be a desire

to punish women for perceived wrongdoing (Human Rights Council, 2007; Glenister, 2016). One participant from a national organisation commented:

Some women are often held for several years without being able to challenge their detention decisions [...], this somehow achieves men's wishes for revenge from women who broke the social rules. (27.6).

This situation could arise in response to patriarchal attitudes towards women, which lays them open as vengeance targets, and is extremely discriminatory (Glenister, 2016). Overall, the rules governing the treatment of prisoners in Jordan lack consideration of the distinctive health needs of women, which make them as Lacey et al. (2003) argue 'gender blind'.

In their accounts, several high-ranking government officials in Jordan tried very hard to defend the system by saying that, compared with other states in the Arab region, they are doing well, making progress, and that sustained efforts are improving health care services to people in detention. Seven of nine government officials mentioned the NSPCRC Plan and the new Comprehensive National Plan for Human Rights (NCPHR) – as approved by the Jordanian Prime Minister and the King of Jordan – as examples of these efforts. These plans aim to develop national legislation to bring it more in line with the constitution and international conventions on human rights, as ratified by the Kingdom. And yet, none of these plans could be considered a national policy that specifically addresses the provision of health care for women prisoners.

For example, the 2016 to 2025 CNPHR, which is considered a part of the national comprehensive reform process, does not focus particularly on penal reforms or on the rights of women prisoners. Instead, it is more relevant to subjects such as citizen empowerment and safeguarding public rights and freedom. The current NSPCRC plan simply does not specifically address the needs of female prisoners. It is possible to hypothesise that when developing these plans, the health care rights of women prisoners and relevant international standards were not taken into account. The representative of one of the international organisations said:

Within these national plans, there is no specific focus on women prisoners and their needs (18.4).

It was evident that the recognition of the urgent need to reform current gender-neutral law and establish policy for health care provision for women prisoners seems to be unclear or perhaps, even ignored. This situation is a cause for concern, since the current legal framework might be unable to address gender differences in health care or recognise the multiple forms of discrimination that women could experience (WHO, 2007). When the participants in this study were asked about origins of this situation, there were some suggestions that national policies and legislative action in the field of the rights of women prisoners are heavily influenced by complex processes of gender inequality and by male domination over policymaking. One female government official pointed out:

In order to bring women's issues, including those related to health care in detention centres, to the surface, the number of women elected and appointed at different levels of decision-making should be increased. (7.4).

A sustained effort to increase the involvement of female officials at all levels would be beneficial, clearly, but hard to achieve in practice, owing to societal values concerning women in the workplace. Like Belknap (2001) and Fearn and Parker (2005), the present research revealed that the delayed response of meaningful regulatory reform, which might indicate the neglect of the protection of women under the law, resulted from the number, and disadvantageous position, of female prisoners. In Jordan, female prisoners are a minority of the total prison population and the reputation of any woman is linked to the reputation of her family. Therefore, as soon as a woman is imprisoned she becomes a forgotten individual, a 'non-person', either unintentionally or deliberately. Though most officials interviewed do not believe that the number of women prisoners has any impact on the way in which they are treated, there is strong evidence in Jordan that such circumstances (low female prison population and family neglect of 'disgraced' female prisoners) are the causes of a problem. The evidence of this can be clearly seen in this statement by the same government official:

Changing laws governed health rights of free women, who represent the majority of the state population, are not seen as a priority [...] so how do you think the rights of a few women behind bars are viewed? (7.3).

Additional evidence is from another government official:



Our big concerns are about male detention centres ... women prisoners are only a few hundred and in the light of the available resources we do our best looking after them. (4.5).

A representative of national NGOs said:

There are few women prisoners and the public does not care about them. This has led to the absence of public pressure needed to help modify the law in Jordan. (27.5).

In addition to the impact of the number and the circumstances of female prisoners, some interviewees suggested that the personal attitudes of individuals toward women that had broken the law might negatively affect aspects of policy- and decision-making about health care systems in prisons for women. A typical view amongst interviewees from local NGOs was that public security directors are archetypal Arab people, influenced by practices and customs discriminating against criminal women. In this setting, a participant from a national monitoring body stated:

In Jordan, the personality of the official does matter a lot in the area of the treatment of women prisoners. Decisions depend fundamentally on the type of person in each position its background [...] unfortunately; reforms in women detention centres have always been linked to people, not policies or plans. (8.5.)

Nevertheless, two participants thought that officials do resist the influence of the cultural context whether to give a positive impression or due to a genuine desire to change. As one of the national NGOs representatives said:

Some policy makers are very interested in women prisoners' rights and issues [...] it is not important for us whether this interest is true or false to build up reputation (28.2).

Taken together, these findings suggest a significant overlap between the diverse Arab views on women, gender imbalances in the society, and the delay in law reform. But to what extent does the existence of gender-sensitive legal provisions in prison law hinder access to fair treatment for women in practice.

In short, the field work revealed that even with the enthusiasm Jordanian officials have shown towards supporting human rights, the leadership seems to be currently unable or perhaps unwilling, to reform or modify prison law to be more gender sensitive and in line with the international standards. Instead, the regime continues to work with the current legal framework, ignoring the possible negative implications of this situation. Additionally, the present research found that legal system and socio-cultural traditions regarding women in Jordan seem to influence each other. As mentioned in Chapter 1, in the Arab culture the misbehaviour or crime committed by a woman that led to imprisonment, whether as a lawbreaker, an accessory and partner, or as a victim imprisoned for her protection, can bring a shame upon her family and the community. Often, the consequence is that her family and friends abandon her and she becomes forgotten and neglected. Also, Arab cultural views limit the extent to which health care is afforded to her, typically being concerned with the traditional viewpoint of reproductive health. Yet, as mentioned in Chapter 3, women need greater consideration than just basic reproductive health care.

#### 5.5.2. Practical Aspects

Five broad themes emerged from the analysis relevant to the practical consequences of the absence of particular policies and details in the law about the treatment of women prisoners, and health care provision to women prisoners in Jordan. These are related to (i) the quality of currently available health services; (ii) assurance of confidentiality; (iii) the attitudes of practitioners; (iv) exposure to indirect discrimination; and (v) equality of treatment.

The information gathered about the quality of currently available health services suggests that officials attempt to show that health care practices in detention centres for women are at an acceptable standard and therefore not a source of concern. It is stated by many of them that women prisoners were subjected to a comprehensive registration process and health screening during the period of admission into the centre, that they have access to female doctors and nurses, a gynaecologist and to maternal and child care, and they are transferred to hospital for other specialised treatment. Many high-ranking government officials participating in this study confirmed that in Jordan the situation for women is like that outside prisons, with the advantage of free treatment and

medication. Two stated that they believe that women prisoners receive superior treatment than women outside of prison. One of them said:

The access of women prisoners to health care is better than the access of their peers in the society [...] the standards of care provided to prisoners are professionally accepted standards and take into consideration every prisoner's state of health and needs. (4.4).

One possible explanation for this view could be increased awareness of policy makers to the issues faced by women in the institutional context, as well as in the broader community. This concurs with the argument that prisons offer a unique opportunity to provide some health care services to high-risk, medically underserved women including, for example, preventive health care for cancer, sexually transmitted infection (STI) screening, hepatitis screening and vaccination, and smoking cessation (Nijhawan et al., 2010). Prisons also provide opportunities for drug-dependent women for rehabilitation programmes, thus, for many drug users, incarceration may be the only contact with treatment providers (Wexler et al., 1988; Tims and Leukefeld, 1992). However, the belief that women's health care provision in detention centres is superior to that available in the community at large could create a barrier – a reluctance to act - to the reform of standards for the treatment of women prisoners in an overt way in areas where changes to practices and guidelines are clearly needed.

Conversely, evidence from the present study suggests that currently available health services in women's prisons seem to be inadequate and continue to exist under traditional ideals. Many respondents indicated that while several essential gender-sensitive services are not provided, the available services and facilities are defective, and women prisoners are afraid to complain. The evidence of this can be clearly seen in the following discussion.

As for the prison's clinics, some participants indicated how women prisoners in Jordan may experience barriers in accessing the needed health services as a result of issues related to how clinics were equipped and set up in their detention centres. For example, a representative of one national organisation said:

In addition to poor supply system, the clinic in Al-Jweideh lacks the several necessary types of equipment and is not capable of meeting all the needs of

women prisoners [...] the women's section in Umm al-Lulu prison is, in general, not a suitable place for the detention of women, and there is no integrated medical centre or clinic. (27.2).

This is in stark contrast to the official's view, provided above. Referring to preventive health care, a number of participants indicated how this type of healthcare is still not available for women prisoners due to continued discussions about the cost-effectiveness of traditional and new technologies required to provide such care. In this subject, a representative of one international organisation said:

Preventive health care measures are not affordable for female prisoners since the cost effectiveness of such care is still a subject of discussion. (18.5).

However, in matters of provision of minimum human rights, and prevention of suffering, discussions about cost effectiveness are not always helpful. This is because such discussions can overshadow the situation. Certain types of preventative screening, for example, have been proved to be cost effective, in that preventative health care techniques can cost less than spending funds that will be needed for treating those diagnosed with health problems that had previously gone undetected (Cohen et al, 2008). However, not all types of preventative measures are 'cost effective' but may reduce suffering, which is hard to place a monetary value on (Cohen et al, 2008). Commenting on the absence of some services, some interviewees explained how women prisoners in Jordan suffer from the absence of some needed health services and information, including access to a full-time gynaecologist, and demographic information. For example, one of the national NGOs representatives said:

The gynaecologist does not work full-time [...] we noticed an absence of any special diet or supplementary food for pregnant women and nursing mothers ... and they are not provided with enough clothing [...] Some prisoners are complaining about the delay in obtaining treatment or getting appointments to see specialists. (26.3).

In the same setting, one member of a national monitoring team commented:

An inadequate amount of attention paid to demographic information and knowledge of women's history, including the possibility of domestic violence or sexual abuse. (10.2).

Regarding other issues affecting health and wellbeing, some participants indicated how women prisoners in Jordan face barriers in accessing adequate meals, suitable health facilities, hygiene products, and clothes. The following quotes illustrate participants' comments in this regard:

One legal professional interviewed commented:

Some clients are complaining about inadequate meals and told us that bathrooms are neglected and need maintenance [...] for example, I was told by prisoners several times that they need more sheets and towels and hygiene products. (39.3).

Two other legal professionals stated:

A client said, 'my bras don't fit me' [...] The problem in my opinion is that guidance about clothes and other necessary materials are in general terms and often linked to available resources. (38.3).

She told me that she feels hungry at night and could not ask for food because she was afraid of being subjected to ridicule. (41.5).

Guidance and provision of a minimal level of essentials, including food and feminine hygiene products, has clearly not been addressed universally throughout the Jordanian prison system for women.

The second recurring theme evident from participants relates to confidentiality and privacy associated with health care. The present research revealed that the lack of confidentiality is another issue faced by women prisoners in Jordan. Indeed, the lack of respect for confidentiality has long been recognised as one of the main issues associated with prison health care even in the developed countries. For example, the findings of Plugge et al. (2006) refer to the issue in prisons for women in the UK. Though several high-ranking officials in Jordan noted that matters relating to the confidentiality of information about the health of women prisoners are being addressed very well, data analysis revealed that the full commitment to the relevant ethical principles is still in question. One health care provider, for example, expressed her concerns about maintaining confidentiality by law enforcement officers during the process of transferring prisoners to a hospital to receive treatment by saying:

When they are sent to the hospital, their medical reports are often sent in the form of a message in a sealed envelope to prevent the security staff from knowing the content [...] but what happens on the way is not my business. (14.2).

Two participants from local NGOs believed that there is not enough consideration of women's privacy. This is not a surprising finding, since the prison environment offers little in the way of privacy (Currie, 2012). The response to the health needs of female prisoners is not regularly respectful and appropriate (Carlen and Worrall, 2004). Participants in this study, for example, indicated that menstrual hygiene products provided are insufficient and many women cannot pay for sanitary pads available for sale in the prison canteen. As one representative of national organisations stated:

Every month some women have to ask staff for menstrual hygiene products, which can be embarrassing (26.3)

A key factor that emerged from interviews relates to the negative attitudes among practitioners – prison staff - which were found to have a great impact on the health care systems in women's prisons. This might arise from the general stigma attached to prisons and prisoners (Currie, 2012). It might also result from high levels of staff turnover in women's prisons. Several practitioners indicated the social stigma experienced personally from their work, and considered it a real challenge to keep their job. One of them said:

I had a big argument with my husband before he agreed that I could work in the centre [...], he had concerns about what other people would say (16.3).

Likewise, her colleague commented:

I should admit it, working in women prison is still an unacceptable job for women in our society [...]; it is common that after a few months of working staff members request to be transferred (11.5).

An additional explanation could be the influence of stereotypes about female detention centre prisoners. Female prisoners are often portrayed as being responsible for their own health issues and are thought unworthy of quality care by staff (Wolf et al., 2007). This is especially the case for women who are considered to have broken both social and

gender norms (Owen, 1998). One account by a representative of one national organisation reflects on the language used between women prison staff:

The hostility against those who have been jailed for adultery in our social environment is found amongst those working in the detention centres... I am sad to say that there are still officers talking about them using words such as 'without morals', 'she deserves this', or 'she brought it on herself'. (27.5).

A second account was by another representative of a national organisation:

I think that the widely held ideas that prison is for men and that women prisoners are either evil or abnormal affect their treatment. One prisoner, for example, was complaining about being treated as if she were mentally ill [...] personally, I believe she wouldn't have received such treatment if she were a man. (24.2).

The analysis in this study provides strong evidence that negative attitudes can be also a result of cultural and religious beliefs. Such beliefs might lead to not recognising some health needs on the basis of morals or religious beliefs. The comment below was made by a health care provider:

There are no services specifically designed for lesbian and bisexual prisoners. No one even talks about that in our country... it is something unacceptable in our religion and values. (17.4).

Another broad theme emerging from the analysis relates to the extensive power and authority given to executive authorities due to the absence of particular policies and details in the law about the treatment of women prisoners. Evidence suggests that indirect discrimination against women prisoners in Jordan might accrue because of actions that might seem neutral, but have consequences ultimately that adversely affect certain types of prisoners. Although four high-ranking government officials interviewed claimed that all groups of female prisoners are treated equally, two other officials said that some decisions made with regard to the treatment of women under administrative detention, particularly those who had become pregnant before marriage, reflect discrimination on the circumstances.

Some government officials were keen to justify the administrative detention decisions, and when they did so they indicated arrangements and procedures promoting a sort of discriminatory treatment in the area of health care. One high-ranking official said:

We believe that since these women's babies are children are illegitimate, their mothers would probably murder them to erase the shame, as a result, they often need more care and attention [...] we do look after them very well ... we are aware of the negative outcomes of taking the babies away. (2.3).

In the same setting, another official stated:

We are responsible for protecting girls and women under the administrative detention, even when they are transferred to receive treatment in hospital we think that there should be special arrangements to protect them. (4.3).

The analysis suggests that the existence of such attitudes, encouraging and justifying such arrangements and procedures, can encourage biased and unfair treatment. They might lead to undesirable outcomes, such as mistreatment or possible delays in receiving treatment. This thought is supported by the following account given by a representative of a national monitoring body:

There are some complaints from prisoners under administrative detention regarding delays in consulting a doctor [...] though prison governors might do not have the actual intention of discrimination, some carried out procedures could lead to that. (8.4).

Two participants indicated that the extensive power of the executive authorities could sometimes act in favour of some women that had committed a crime. For example, under the guise of health care provision, women from known tribes can avoid incarceration, just because of the power and influence of their families in society. Interestingly, an example of this was provided by a high-ranking government official:

When a lady or girl who has her tribe on her side, kills someone through a car accident, all security agencies sympathise with her and try hard to avoid her taking one step inside the detention centre. I once knew a lady who was held in hospital, claiming that she was receiving treatment. The authorities just turned a blind eye to the time she was spending on therapy ... she stayed in the



hospital until her family reached a solution and held a reconciliation meeting with the victim's family and paid them a sum of money and closed the case file. (7.4).

Therefore, as well as the male-female imbalances in the culture, there are subdivisions of the status of women in Jordanian society, and that can manifest itself in different ways of dealing with women in prison who are from unusually high levels in the social hierarchy.

The analysis in this chapter has paid attention to the case of non-Jordanian female citizens who are women prisoners. The study's findings support the argument that the lack of consideration of the interconnection between sexism, nationality, and class might lead to the marginalisation some groups of women (Levit and Verchick, 2006). Non-Jordanian female prisoners in Jordan are subject to prejudice simply for being a woman or a racial minority. It is evident that those women are not being treated in the same way as Jordanian prisoners, and receive less attention by the Government, which considers them a burden. Some participants indicated how the lack of consideration of the needs of non-Jordanian women prisoners has affected the treatment of those women and made their needs marginalised. For example, a representative of one national organisation commented:

While Jordanian prisoners receive an amount of money as a backing from the Ministry of social affairs helping them to buy some goods and extra hygiene products, non-Jordanians do not receive any financial support and some of them work in prison to afford money. (26.5).

Another representative of different national NGOs stated:

Inadequate attention is paid to the case of foreign-nationals prisoners in practice and also in the Law. As a result, such women often experience barriers to receive high quality treatment. For example, no legal provision provides that an interpreter for ill foreign women prisoners should be available (33. 4).

The following quote from an interview with one high-ranking government official might provide an explanation of the lack of consideration of the needs of non-Jordanian women prisoners in Jordan:

Looking after them costs the state's budget a lot [...] some women prisoners such as domestic workers stay in the prison just because their embassy refused to receive them or pay the ticket price for her deportation. (3.5).

Yet, this might not be the only explanation. In the Arab culture, views on women who do not belong to the local communities can influence the treatment and wellbeing of non-Jordanian prisoners and lead to a type of discriminatory treatment (see Chapter 2). In other words, under the patriarchal Arabic cultural norms and views of foreign women, such women are not required to conform to the morals of a particular Arab culture to be considered decent, like wearing a veil or a headscarf in front of males, not smoking, and other sorts of acceptable forms of conduct. In some respects they are treated as an 'underclass' in society, which can expose them to ill-treatment.

In this regard, one of the interviewed practitioners stated:

Foreign-national prisoners are easier to deal with, they do not mind seeing male doctors [...] this is fine for them; it is acceptable in their culture (11.4).

The other important theme that emerged from participants' interviews concerns equality of treatment. The concept of equality in the area of health care means much more than treating all women prisoners in the same way (UNODC and WHO, 2009). Yet it was found that the concept of equality seems still to be misunderstood in practice. There is a lack of awareness of the principle that equal treatment for individuals in unequal situations leads to the perpetuation, instead of eradication, of injustice (OHCHR, 1993).

Significant evidence indicates that there is a prevalent belief that treating everyone in exactly the same way is equal treatment. Four high-ranking government officials, for example, stated that efforts are being made to treat all categories of women prisoners in Jordan equally. However, concerns regarding the potential negative implications of this claim of equality were more widespread. Many interviewees from NGOs said that women prisoners are *not* identical: they are different in their age, background and health requirements. As a minority within a minority, for example, like the non-Jordanian prisoners, the special needs of certain categories of women seem to be overlooked.

This research revealed that specific health issues of small proportions of the female prison population, such as young offenders or girls transferred from juvenile institutions, older women prisoners, and foreign national women are not being

recognised sufficiently well. Though each category needs more specific medical care than other prisoners (Douglas and Plugge 2008; Harrington et al., 2005; Harris et al, 2007; Williams et al., 2012; Fazel et al., 2004), their special needs are not considered separately (Baker and Søndergaard, 2015).

The following quotes illustrate the point that the consideration of the different needs of the aforementioned small proportions of women prison population is not sufficient in Jordan:

One health care provider said:

Our duty is to deal with all of them in the same manner [...] the only special treatment may be given to pregnant and prisoners with children and within this group no discrimination is practised under any name. (15.2).

Similarly, a representative of one national organisation stated that:

We worked with a domestic worker who was arrested because she escaped from her employer [...] this woman was identified as a victim of abuse but she does not receive sufficient attention or treatment. (28.3).

The pervasive influence of gender inequality in Arab society seems to contribute towards making the Jordanian prison system a mirror, or extension of, the State's system of patriarchal control. This clearly affects a wide range of practical aspects of the health care system in women's prisons through the absence of a national policy concerning women prisoners and the delayed response to the reform needed. These findings might support the view that women's struggles in the community are involved in shaping the lives of incarcerated women, and that gender-blind laws and facilities reflect the reality (Zaitzow and Thomas, 2003).

Overall, the accounts given by the interviewees were mostly about the quality of currently available health services, confidentiality, practitioners' attitudes, discrimination between prisoners and equality of treatment. The absence of a national policies concerning women prisoners and the extensive power and authority given to executive authorities, were considered to be the root of most problems. The evidence presented here supports the traditional claim that the relatively small number of female prisoners seems to contribute towards their neglect within a male-dominated prison

system (see Chapter 1). The criminal justice system in Jordan contributes to the deprivation of women by continuing to reflect and protect patriarchal values and interests. These values and interests have attracted a great deal of attention from feminist criminology scholars who argue that the fair treatment of women cannot be achieved without their presence in the criminal justice system (Heidensohn, 1986; Roberts, 1994; Covington and Bloom, 2003; Chesney-Lind, 2006). Feminists have also demonstrated that the ill treatment of women is caused by power inequalities (Mackinnon, 1987a). The attention to the operation of the law within the context of the social environment is essential to understanding the mechanisms of injustice (Littleton, 1986; Roberts, 1994; Chiongson et al., 2012).

#### 5.6. Summary

The evidence discussed above, and the summaries presented in this chapter, demonstrate how Jordanian prisons for women are not places operating outside of the standards norms and social values of society. Rather, as Morash and Schram (2003) outline, gender, in combination with other markers of power namely, the cultural views about the status and 'place' of women, has a strong influence on shaping the way a prison's objectives and operation is achieved. Patriarchal values clearly influence legislative and correctional systems consideration of women's health needs in Jordan. In much of the research undertaken about correctional facilities, it is indicated that one of the gender dynamics frequently found where prejudice against women is prevalent, is that mandatory legal provisions that ought to be gender neutral are, in fact, male-oriented (Morash, and Schram, 2003; Covington and Bloom, 2003). It has also been stated that women-specific health issues are consistently ignored (Covington, 1998; Van Gundy and Baumann-Grau, 2016). In Jordan, women are still 'invisible' in the many facets of the prison system, and this state of affairs can act as a form of oppression (Kaschak, 1992; Kivel, 1992; Bloom, 2000).

The findings presented in this chapter concur with the Western feminist critique of the gender divisions in the nature of treatment of prisoners in the criminal justice system (Smart, 1989; Walklate, 2004; Silvestri and Crowther-Dowey 2008; Kennedy, 2005). This study found that while several essential gender-sensitive services are not provided, there are a great many problematic issues about the quality of currently available health services, confidentiality, attitudes of practitioners, discrimination between prisoners and

equality of treatment. The absence of a national policy concerning women prisoners and the extensive power and authority given to executive authorities, were considered to be the root of the most problems faced in the Jordanian prison system for women. Using criteria applicable to men to measure equality for women is neither fair nor logical, particular in the provision of health care in prisons, since it ignores the specific requirements pertaining to women's health (Covington and Bloom, 2003; Heidensohn, 1986).

Additionally, the application of the same law and policy to the whole prison population leads to insufficient attention to be paid to women-specific needs such as menstruation, pregnancy, childbirth, hygiene and so on (Kaushik and Sharma, 2009). It is evident that relevant legal provisions in Jordan, which are influenced by patriarchal cultural norms and views of women, do not provide sufficient protection to women prisoner right to receive gender-sensitive health care. Instead, they clearly violate their human rights in the name of protective and preventive measures, perhaps, as a method of punishing what is seen in the Arabic culture as misbehaviour. The evidence is in accord with Kathrada (2014), that the ideological structures inherent in the patriarchal cultural norms and views of women that are acknowledged to be inherited traditions in society and in the legal system have a negative influence on criminal justice responses to women prisoners' health needs. Often the imprisonment of a female – whatever the reason for incarceration – results in her family and friends abandoning her.

In this chapter, it has not been assumed that health care provided to male prisoners is better; but women are affected differently, because the consideration of women prisoners needs by a politicised patriarchal system and the influence of the Arab cultural norms can negatively affect their treatment. It was evident that existing laws and health care practices in Jordan inadequately address their distinctive health needs. The failure to provide high standards of medical care for prisoners in order to meet their needs is a violation of all international human rights agreements, including those to which Jordan is a party, such as the Convention against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment.

The response to international standards with regard to the treatment of female prisoners in Jordan still seems to be limited and laws reflecting patriarchal environments and cultures continue to thrive. Even though some services provided for women prisoners

might be in-line with what is called for by the international standards, their provision is not under the name of the implementation of these standards. In this regard, some participants from NGOs indicated that some standards are being accidentally implemented. Also positive comments about reforms in women's prisons voiced by decision makers do not necessarily guarantee a positive response to international standards. This begs questions about how the international health care standards are viewed in Jordan and whether they are seen as relevant to health care provision in women's prisons in the state. More details about the key findings related to this matter are provided in the next chapter.

## Chapter Six

### Views of Jordanian Officials on the International Standards

#### 6.1 Introduction

The investigation into the provision of health care to women prisoners in Jordan in the previous chapter led to the conclusion that there is a strong link between conventional attitudes towards women, the patriarchal Arab cultural norms, and the current state of health care provision for women in prison in the state. Indeed, the ideological structures inherent in state institutions, and in the legal system, were found to have a negative influence on criminal justice responses to the health needs of women prisoners. Arguments that prison is a social institution influenced by the patriarchal society, Arab culture and views about the status of women in the region were put forward in Chapter 2.

The purpose of the present chapter is to draw on the evidence and analysis provided in previous chapters to investigate how the international healthcare standards are viewed in Jordan. To achieve this goal, this chapter examines (i) the state of recognition and protection of the international standards relevant to the human rights of women in the region, (ii) what the Jordanian officials that were interviewed considered to be relevant standards in the case of the treatment of women prisoners, and (iii) on what basis Jordanian officials made their evaluations. The main argument in this chapter is that the views in Jordan of the relevant international standards are heavily influenced by the notion that standards are a Western product that might conflict with the Arab cultural attitudes towards women, and with Arab religious beliefs and views of the purpose of prisons for women. Building on this analysis, and the definitions provided by participants, this chapter also reviews potential factors that influence the application of these international standards in the region.

The chapter starts by illustrating the status of recognition and protection of the international standards of human rights in the Arab world, and, in particular, Jordan. It clarifies how Arab male dominated regimes can use cultural views, which are inherent in religion and the way Arab society functions, as tools that restrict the rights of women. This provides context for the following section discussing the findings of the study regarding the impact of local influencers and drivers. These include political, cultural

and religious views held by Jordanian officials regarding the most relevant international standards. The chapter also examines the factors that are thought to have had a great impact upon the implementation of the standards, according to the accounts of participants in the study. Finally, a summary is provided of the main conclusions that can be drawn.

## 6.2. Human Rights and the Arab world

As demonstrated in Chapter 3, human rights are those to which all individuals are entitled: the right to life, freedom from torture, health, and equal treatment before the law, among others. The main sources of the all human rights are the international human rights instruments (which are international conventions intended to bind signatory countries through legislation). Each human right is afforded defining criteria, and they are qualified according to what is to be expected. Some rights, as provided in the International Covenant on Economic, Social and Cultural Rights, are rights of ‘progressive realisation’. This means that every state undertakes steps, individually and through international assistance or cooperation – particularly economic and technical – to the maximum of its available resources, to progressively achieve the full realisation of these rights by all appropriate means (OHCHR and WHO, 2008). For instance, the right to health care is identified as a right of progressive realisation, since the expectations about the obligations of this right in terms of international standards are *working towards* reaching higher standards (see Chapter 3).

As soon as the international human rights system was initiated by the United Nations (UN), several activities concerning human rights were set in motion and were expanded over time. These included the development of a set of laws defining human rights; the establishment of organisational bodies to monitor human rights; and the increase of the number of ways to respond to States which violate those rights. The importance of human rights seems to lie in the fact that they represent internationally agreed norms which help to protect all people everywhere from abuse. International organisations such as the UN, the World Health Organisation (WHO), and the Council of Europe, among others, have long worked to advocate these rights, document their violations, and set standards used as a model in comparative assessments. Such standards, whether voluntary or compulsory, establish criteria for the conduct of governments and administrations worldwide. The nations of the world are, nevertheless, extremely



diverse in their cultural practices, traditions, religions, and economic and political development. This diversity might generate the concern that the international standards of human rights are not universally or adequately accommodated. This theoretical concern involves ‘relativism’, the idea that moral, political, and legal standards for a certain state are mostly implemented according to the national circumstances of the state in question (Nickel, 2014).

Here, it is worth reflecting on postcolonial studies that analyse and explain the concepts of human rights. These studies show how colonial logic influenced concepts of human rights. ‘Colonialism’ in this context manifests itself in many forms, including imperialism (Sidaway, 2000). Sarkar (2008) indicated that ‘imperialism’ can be understood as the source of power for the colonized country, in terms of physical and cultural colonialism. Moeckli et al. (2013) pointed out that colonialism continues to exist today under many guises, including through ideology, cultural behaviours, and experiences. Some argue that “the ‘civilizing mission’ was always at the very heart of colonialism justification and remains so in the deployment of new imperial forms” (Moeckli et al., 2013: 69). Given this, the advocates for human rights standards have been accused of ‘cultural imperialism’ (Talbot, 2005). Cultural imperialism can occur for example, when the most powerful countries in terms of economics, military power, and technological development impose their beliefs and values on the rest of the world (Nickel, 2014).

It is evident that such arguments are not a new concept. In 1947, some American anthropologists warned of the danger that human rights declarations would be a statement of rights conceived only in terms of the values prevalent in Western societies (Nickel, 2014). It is argued that “standards and values are relative to the culture from which they derive” and thus “what is held to be a human right in one society may be regarded as anti-social by another people” (American Anthropological Association Statement on Human Rights, 1947). In this setting, many social scientists argued that most standards of conduct are social constructs that depend completely on each society’s culture, myths, and ideology (Goodman et al., 2012). The idea of universal adoption of identical standards for international human rights might therefore seem hard to achieve. Social norms “can make anything right and prevent condemnation of anything” (Sumner, 1940, 521). It is assumed that ethnocentrism in the matter of human rights is often not an overtly conscious stance (Nickel, 2014): one group sees itself as

the centre and views its principles, practices, and norms define the standards by which it evaluates other groups (Sumner, 1940).

Today, international human rights standards continue to be set and made available for consideration and use worldwide. In the sense of being universal, it seems that such standards are still assumed to be applicable in all places, at all times, and the same for all people. Therefore, at the level of the international community, there have always been calls for individual states to recognise and directly transpose international agreements and standards to national laws. The response to such calls, however, seems to be dependent on the circumstances at the national levels. For example, the state of recognition and protection of the international human rights standards in the Arab world has always been under question, particularly when the rights of women are considered (Barlow and Akbarzadeh, 2006). Since the main concern of the present study is the international standards that are pertinent to the treatment of women prisoners (achieved by way of the processes of progressive realisation), it is important to discuss what might influence the recognition of standards of human rights for women, and gender equality, in a region. The situation in Jordan is reviewed here.

The recognition and protection of human rights standards in the Arab region can be seen as contentious political thinking as far as Arab cultural values and religious teachings are concerned. Using the argument that international standards for human rights overlook, or are insensitive to, distinctive Arab cultural values and religious beliefs, the vast majority of the Arab countries have consistently rejected the recognition of several human rights and very few have ratified any international conventions (Chase and Hamzawy, 2013). Regionally, despite the efforts paid for by the Arab League from 1970 to adopt an Arab Charter on Human Rights, which proved unsuccessful, most Arab States remain opposed to the establishment of human rights institutions and view any activity in this field with significant suspicion (Dwyer, 1991; Chase and Hamzawy, 2013).

For example, it is commonly argued in the Arab media that Western governments often overlook human rights abuses in many other parts of the world, and only pay attention to those abuses when their own economic or political interests are being served. Such a selective approach, according to Dabbous-Sensenig (2002), gives oppressive regimes and cultures a convenient excuse to disregard external criticisms of their human rights

records. Indeed, this has included ignoring any calls to address and recognise the fact that women in the Arab region continue to be oppressed. The subject of this case study, Jordan, seems not to be an exception of this. Many comments made by officials that were interviewed for the present research in the State indicated a level of mistrust, and even distrust, in international human rights standards. Furthermore, no distinction was made by most of the participants between human rights, standards and norms. They all seemed to be regarded together as one block and therefore were subjected to the same view. For example, one high-ranking government official stated:

It is very likely for human rights to be used as a means of practising pressure, controlling governments and intervening in the internal affairs of the states. For example, under the name of breach the international standards, in several cases, sanctions were imposed and ruling regimes were toppled. (6.2).

Such a view indicates a view not of humanitarian aims, but deliberate Western politicisation used for the purposes of state control elsewhere. Similarly, another government official stated:

Human rights are used in bargaining for financial support and humanitarian aid. Unfortunately, the international system of human rights has been politicised. (36.2).

In a comment on these attitudes, one of the legal professionals who participated in this study pointed out that:

The culture of colonialism and political conspiracy [...] has always linked human rights promoting initiatives with threats to national security. (42.5).

As indicated in Chapter three, in the realm of international standard setting, a significant body of literature addresses the power balance and issues concerning the differences between countries in terms of their bargaining power. It is suggested that government policy decisions in many states can be systematically conditioned by prior policy choices made by others (Simmons et al., 2006). Yet, this does not mean that all states in their traditions, cultural values and religious teachings share one common set of principles and successes in improvements in reducing human rights violations through implementing standards in one set of countries with shared values may not succeed in demographic settings in other countries. Such declarations may conflict with the

dynamic nature of cultural values, traditional practice and customary laws (Human Rights Watch, 2013b), affecting the likelihood and workability of an agreement in a universal system.

Aware of the significant influence of the domestic conditions, when considering the promotion and protection of human rights and dignity, many of the international instruments, such as the Universal Declaration of Human Rights, and the 1993 Vienna Declaration, assert that traditions, cultural values or religious beliefs cannot justify depriving human beings of their rights. In turn, the Committee on the Rights of the Child (CRC) and the Committee Against Torture (CAT) have stated that customs and traditions cannot be put forward as a justification for violating rights. Likewise, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, adopted by the UN General Assembly in 1979) stipulates that states should ‘modify’ the social and cultural patterns of conduct of men and women to eliminate “prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women” (Article 5, a).

Yet a close look at the context of the Arab world reveals that local drivers, such as Arab cultural and traditional values, as well as religious teachings, are often deployed as an excuse to undermine the international human rights standards (United Nations Development Program, 2016). A key example for the current study is the relevant international standards for the human rights of women, and gender equality. A link between gender inequality and women’s human rights in the Arab world is evident. Arab values and teachings are often corrupted, and are used by governments as a convenient tool for repression. Authorities in a region often cite such values in denying the human rights of women and girls and the standards set to protect them (Human Rights Watch, 2013b). As mentioned in Chapter 2, Arab culture and traditional values have negatively affected the status and circumstances of women in the region. It is suggested that the burden of upholding cultural values often falls on the shoulders of women (El Saadawi, 2007).

Arab culture and traditional values have led to the curtailing of the adoption of international standards regarding the rights of women. Cultural arguments have always been used to justify some violations of such standards, including examples such as

virginity testing in Egypt (Durojaye, 2016), ‘honour crimes’ in Iraq (Begikhani, 2005), the arbitrary detention of women and girls for social rehabilitation in Libya (Deif, 2006), the administrative detention as protective procedure from honour crimes in Jordan (Faqr, 2001), and the abolition of the minimum marriage age in Yemen (Bang, 2016). These values may not just be used to limit the human rights of women derived from the relevant international standards, but may also be used to entirely negate them. For example, the language of cultural values used about women in some states tends to situate their freedom to move, and their right to decide what to do in their lives, as moral issues, and not human rights issues. The prevailing view by those in authority is that rights issues for women are a social blight that must be contained and even eradicated for the good of public morality.

Besides Arab culture, religious teachings have long-restricted the full adoption of international standards that relate to women's human rights and gender equality. They limit the rights of women and remove their freedom of choice. For example, religious instructions prevent women from the access to safe and legal abortion services, as well as birth control, and make the consent of the husband mandatory (Hessini, 2007; Omran, 2012). Additionally, they have been used as a code for opposition to the groups that have experienced gender harm resulting from the traditional binary conception of gender, where there is non-acceptance of alternate sexuality and gender identities, such as the Lesbian, Gay, Bisexual and Transgender communities (LGBT) (Massad, 2002). Moreover, they were used as a basis for many objections to the provisions advocated within the international human rights. For instance, although about 18 Arabic states are signatories to the CEDAW, the majority do not consider themselves bound by any part of the convention that conflicts with “the norms of Islamic law” (Whitaker, 2011; Mariappuram, 2015). The following countries: Bahrain, Egypt, Iraq, Kuwait, Libya, Mauritania, Morocco, Oman, Syria and the UAE have all lodged reservations based on Islamic law.

This, however, does not suggest that Islam is incapable of accommodating contemporary concepts of international standards concerning the human rights of women (Schabas, 1997). Citing “Islamic law” in the context of international treaties can be particularly problematic, however, since no one can be certain about its meaning (Whitaker, 2011). The Sharia ‘Law’ is not legitimately codified. Evidence suggests that various approaches of interpretation might be adopted and wildly conflicting

conclusions have been drawn by different scholars in the same context (Whitaker, 2011). Nevertheless, no clear evidence was found indicating that any specific teachings prevent the production of a culture based on religious Islamic standards, which is also in line with the global culture of human rights.

In Jordan, the issue of religious teachings compared to relevant international standards of human rights seems to have various implications. Some participants indicated how the absence of new contemporary interpretations of religious texts represents a fundamental challenge facing the recognition of some international standards for human rights. In this regard, interestingly, one high-ranking government official stated that:

Though most of the religious texts are in line with universal values of human rights, those in charge of religious interpretation have not made any significant efforts to make this clear [...] the root of the problem is the weakness of religious diligence and the failure of interpretations of the texts on contemporary reality. (7.2).

Similarly, one of the national NGOs representatives commented:

The reason behind the strict adherence of the argument of religion is that human rights standards, including those for the treatment of prisoners, have become an effective weapon to face oppression and persecution suffered by women [...] and a tool to practice pressure to develop our internal systems and legislation and make reforms. They know, but don't want to admit it, that all standards are applicable here; they are linked to the right to life which is a sacred right in all religions. (25.2)

Religious teachings might be a convenient vehicle for the deprivation of relevant international standards of especial importance to the human rights of women. Yet, it is well known that in Arab society, such deprivation has more to do with local customs and practice than religious rules. In other words, the invoking of religion merely serves to remove any need to account for violations of such standards or any attempts to justify them. In her book, *Islam and Human Rights Tradition and Politics*, Ann Elizabeth Mayer demonstrates that to reduce the rights guaranteed by international law, distinctive Islamic principles have consistently been used (Mayer, 1991). This argument is supported by the feminist view about the plight of women in the Arab world. While

some discriminatory practices experienced by women in a region through history are based on dominant patriarchal interpretations of Islam, many are cultural, and emanate from rigid traditions and predominant views about women (Ghoussoub, 1987; Mernissi, 1996; El Saadawi, 2007; Hosono, 2009). The analysis in the present research revealed that several activists in the field of human rights for women in Jordan have the same belief. For example, a representative of a national organisation supports this and pointed out that:

Traditions and religion are false pretences to escape from the international obligations [...] nothing is wrong in formulating our legislation in a language the world understands, or admitting that our culture negatively impacts women lives. (32.1)

Also, two legal professionals that were interviewed stated that the Arab cultural heritage in Jordan overruled religious beliefs, and ‘honour killings’ are not a direct tenet of Islam or Christianity, but a dark side of the regional culture. One of the national NGO representatives provided a very deep analysis of the topic when she said:

This current situation is hundreds of years old [...] society deals with the issue of honour silently and it is commonplace [...] Women’s killers in the name of honour, for example, are often covered up and defended, as their actions are derived from the customs and traditions, not the religion [...] so they are not ostracised but are seen as heroes. (27.5)

As such, international standards that are important in maintaining or establishing women's human rights seem to present Arab states with a dilemma. The acceptance of the principle of universality seems to be still far away as long as the requirements for exemptions on cultural or religious grounds continue. Arab states that are party to UN conventions often tend to ignore certain sections by registering their “reservations” and this can undermine essential human rights guarantees (Mayer, 1991). An argument about universality versus cultural relativism has been a part of the political ‘game’ (Donnelly, 1984). Arab states seem to invoke relativist arguments in an international context when they talk about their culture and Islamic law. However, they rarely apply relativist principles within their own countries (Mayer, 1991). In other words, they tend to espouse cultural relativism or universalism only when suits their purposes.

The next section highlights how Arab cultural and traditional values, as well as religious teachings, greatly contribute to shaping the characteristics of what Jordanian officials think about the relevant international standards on the treatment of women prisoners.

### 6.3 Relevant International Standards

Views on the relevant health care standards that should be applied in women prisons in Jordan seem to be heavily influenced by the notion that Western standards might not be appropriate to non-Western countries. Among the Jordanian high-ranking government officials and prison governors interviewed in this study, there was a pervasive belief that that any set of international standards, which are portrayed as a Western product, is not relevant unless it completely adheres to their national circumstances and cultural norms. It is evident, however, that the definitions used by the interviewees for the most relevant international standards varied. Three descriptions of these standards were apparent, according to the most common illustrations provided by the participants. The analysis of those interviewees' answers revealed that the elements used to assess the applicability and relevance of international standards were:

- (i) their agreement with Arab cultural views on women and how they should be treated;
- (ii) their agreement with the Sharia Law; and
- (iii) their alignment with the Arab stance about the purpose of prisons for women in the region.

One description perceives the relevant international standards as being those that adhere to the norms of Arab culture. This broadly reflects the Arab cultural view of the female, and the patriarchal responsibility for enforcing their modesty (Gregg, 2005). In this definition, the assessment of the validity of the standards for application in Jordan seems to be linked to their agreement with the prevailing cultural norms in the local environment. The present study gathered interview evidence that suggests that the culture argument can be used to undermine the notion that the international community sets one uniform standard to be applied in all criminal justice systems worldwide. For example, officials focused mostly on the significance of the nature of Arab society and its socio-cultural environment which influence women prisoners and prison personnel. Also, some respondents argued that the idea of a universal standard is not convincing,



even in some Western countries. The following quotations from interviewees support and illustrate these points.

In terms of the impact of local environment, some participants in the study indicated how the adoption and the application of specific ways and means of treatment of women prisoners in Jordan depend on interpretations of social acceptance and rejection. For example, one high-ranking government official stated:

To decide upon the appropriate manner to deal with prisoners we should consider what is accepted in the social environment. (4.2)

Clearly the respondent felt the need to emphasise alignment of prisoners' 'appropriate treatment' with what was the norm in society at large, based on prevailing socio-cultural values. Some participants went further and emphasised the importance of considering the social reality and the characters of women in the society when deciding upon the appropriate treatment approaches for women prisoners. For example, one high-ranking government official noted that:

Relevant standards are those pay attention the community where prisoners live or being held. Women in our Arabic and Eastern traditions are characterised by shyness, weakness and modesty, so we should respect that and deal with all women prisoners in the light of it [...] a woman prisoner, for example, might refuse to seek health care for some illness or injury since this might affect her family and her sons who will be labelled because of that [...] our task is to find the most appropriate treatment approaches that are in line with our social reality not just the international standards. (6.2).

This interviewee is obviously remarking on the status of women as generally viewed in Arab society, where a woman's place is regarded as typically subservient, and one in which discussion of specific health care needs of women is a subject that tends to be avoided.

Speaking about the importance of considering the cultural diversity by the international setters of standards for human rights, some participants indicated how every Arab state is entitled to set up its own national standards and define how these can be made more relevant and applicable in order to ensure their consistency with the local social and cultural values. For example, a third local official said:

Each state has its national ownership and can develop standards consistent with the prevalent cultural values in the society and those might be more effective and might surpass the international standards and provide prisoners with better services (2.2).

This suggests that officials believe that the considerations of what is suitable for the public, or what should be adjusted to conform perfectly to national regime and culture is not wrong. Some of the officials argue that several Western states are still not satisfied with many human rights standards established by the international community. One example given was that the USA has not signed the Convention on the Rights of the Child, arguing that the local legislation is superior to what was stated in the Convention.

Interestingly, the analysis of the research presented here, revealed that the argument that relevant standards should be in line with the cultural and social norms is supported by some national NGOs` representatives. For example, a representative of one these said:

They call us developing and Third World countries and when it comes to international human rights standards they require Jordan and Switzerland both to apply the same set of standards; this is not logical or fair [...] we should not be judged according to others` criteria [...] everything they call for is not [necessarily] relevant or hard to achieve but [...] our own values [...] may not fully be reflected in the international standards. [...] for example, here in Jordan, due to some religious beliefs and cultural norms, a women prisoner is entitled to embrace her mother or her children if they are found [...] this is something very human and has a positive impact on the psychological and physical health state. (27.2).

Some participants from national NGOs went further and criticised the thought that the international standards are ideal standards that are often characterised by a high degree of objectivity and specific levels of quality or attainment. They emphasised the point that such standards are often developed by the elites in the UN, without consideration of the conditions of other countries. For example, a representative of one national organisation commented:

They are general standards, they are not sacred texts, established by angels or that came down from the sky [...] I believe that these standards were developed

by the elites, and [...] to what extent [are] they are familiar with the cultural values and social reality of the Arab nations or any other developing and poor countries. (36.2).

Two possible explanations can be provided for the attitudes of these interviewees. First, they can be readily influenced by the idea that human rights standards are Western products that are socially seen as a concern that should be thought about deeply and dealt with due care. This is supported by the following account given by one legal professional that was interviewed:

Even among advocates of women rights so many believe that human rights standards are a Western environment product, an environment that is seen as hostile in the eyes of some politicians, decision-makers and even normal people [...] due its source, that is thought to be hostile to the Arab culture, some human rights standards are strongly resisted. (42.5).

One other possible explanation is that the loyalty or acquiescence to the regime, its ideologies, and perspectives control the perspectives of individuals. The findings of this study showed that some local NGOs in Jordan are headed by people who have either worked with the government for a certain length of time or are known for their supportive attitudes to the Public Security Department PSD to get privileges (see Chapter 7). The following quote from an interview with a head of one of the national NGOs offers some support for the explanation given above:

Most officers working in prisons and public security department are human rights people [...] they are working hard to improve the conditions of prisoners in Jordan. I personally worked for a long period with them, and I saw myself how those people have conscience and efficiency (35.4).

The second explanation offers the view that the relevant standards to be the standards that adhere to the Sharia Law or the Islamic Law. The motivation behind the opinions expressed by some interviewees concerned how relevant the standards were on the basis of religious perspectives. For instance, it was found that several officials, who claimed that the standards set by Western societies should be examined carefully in their terms and application before their adoption, justified their views by explaining that it is a great responsibility that includes a moral obligation and a religious duty. It is assumed that

the views of the officials can be heavily influenced by their fear of ‘Divine Punishment’ if they do not give proper consideration to the Sharia Law when making decisions about what should be applied or accepted by individuals in the community. This is supported by the following extract, in which the interviewee explains the reasons that might make him exclude international standards in his thinking and classify them as inapplicable:

I will not go with any international standards if they are clearly contrary to what is stated in the Qur’an [...], or if there are suspicions or possibility to explain any standard in a manner that leads to practices that clash with any religion. I am responsible not only in front of people, but also in front of their Creator. (4.3).

That is, religious considerations and ethics, where they can be fully and generally established, are paramount in applying international human rights standards, which supersedes non-religious humanitarian considerations. Standards which call for the availability of sexual health services for everyone, regardless of marital status and sexual orientation, might not be perceived as suitable or relevant to people with this perception. In other words, because of the religious tradition and Arab cultural views on women and their health, any set of standards which has granted a woman the right to make decisions about how she treats her own body, calls for meeting the needs of family planning among the sexually active, unmarried women or individual treatment for LGBT and those that are considered to be non-gender nonconforming will not be recognized. Furthermore, several standards, such as those related to comprehensive health assessment, cannot always be effectively applied due to obstacles in communication systems, which have resulted in Arabs valuing their privacy that is often guarded vehemently (Lipson and Meleis, 1983). As such, international standards can be viewed as conflicting with what is agreed as morally, religiously and socially accepted locally, so that they might be considered to be rendered inapplicable in Arab contexts.

An analysis of the interviewees’ responses also suggests a third understanding of the relevant international standards. Some responses seemed to suggest that the standards set by international and predominantly Western human rights bodies to be relevant only if they did not appear to be in conflict with the aims of women prisons in Jordan, which include incarcerated women to maintain order through detaining women and girls who are at risk of being victims of honour crimes (Crimes committed by family or

community members against those that they consider have brought shame on them, believing violence, and even murder, will defend the reputation of the family and the standing of the community; see chapter 2). As mentioned in Chapter 2, imprisonment in many Arabic states, including Jordan, is used not just for punishment of criminal act, rehabilitation and reform, but is also used to house women that are considered to have broken social and cultural codes. Therefore, some international standards that call for avoiding the use of imprisonment for mothers and pregnant women, and the call for the use of alternative means or correctional facilities or other measures aim at rehabilitation, seem to be regarded irrelevant. When one official was asked about his position on the international standards calling or avoiding the use of imprisonment for some women, during the course of this study, because of its evidently negative health outcomes, he stated:

We have very difficult challenges resulting from our social cultural environment, which is why some international standards can be not closely connected or appropriate to the matters we handle. The use of prison alternatives, for example, could be a humanitarian solution, yet this puts the lives of some women like those involved in adultery crimes in danger so if they were released to do community restitution, instead of prison, their male relatives would simply kill them as soon as they knew where they are. (2.3)

This is a harsh, but very real, worry. That the criminalisation of adultery, for example, could result in ‘honour killing’, which in some respects would be deemed as a natural course of action in Jordanian society, and therefore imprisonment, rather than other measures actually protects the woman concerned from danger. On this topic, a representative of a national monitoring body linked the recognition and the implementation of the international standards to arguments about the aim of women’s prison and how they use of hold women under the name of protection and maintaining order. He stated that:

The [...] decisions for administrative detention and the argument of protecting women hinders the effective recognising and application of the appropriate standards and contravenes all international human rights documents. Officials argue that some of these women relatives are dangerous [...] unfairly, for the

security and stability they keep the offenders free and keep the victims imprisoned. (8.7)

On the same subject, some participants in the study reflected on the difficulty of finding acceptable and workable alternatives to the imprisonment of women in Jordan due to social and cultural factors, specifically for the Jordanian society which is dominated by old traditions and customs regarding the status of women and the overarching societal views of what the nature and purpose of imprisonment is. For example, one of the legal professionals participated in this study stated:

Theoretically, it can be said that the state should use prison alternatives for women. But practically, and out of my experience and my knowledge of the social fabric in Jordan, we need at least two decades until we may succeed in the application of alternatives [...] we need first to educate all components of the Jordanian society and convince people efficiently of the prison purposes and effectiveness of alternative sanctions. (42.5)

There may be a degree of recognition of the appropriateness, or inappropriateness, of female imprisonment and consideration of whether it serves the right purposes, but in Jordanian society, at large there seem to be obstacles that will inhibit rapid change in the collective mind-set. In contrast, two Jordanian officials expressed their disagreement with the definitions of the relevant international standards and agreed with the idea of setting a uniform standard for the international community. They stated that cultural, social or religious differences should not be used to curtail the human rights women prisoners anywhere. As an illustration, one of them said:

Any health care standards are general principles relating to all mankind wherever they are, whether in Amman, in London or in South Africa. If we apply anything to a woman found in one place, we should do the same to everyone under the same conditions anywhere else [...] the claim that these standards do not correspond with the local legislation or customs and traditions is nonsense and I do not agree with it. (5.3)

This opinion was also adopted by a large number of the NGO representatives who participated in this study. Among them, was a very strong belief that the identification of the relevant international standards according to cultural, social or religious grounds

is not convincing and is a flimsy argument that is not based on sound logic. The evidence can be clearly seen in the following quotations from the interviews with a number of representatives of local and international NGOs. One of the national NGOs representatives pointed out that:

International standards like the Bangkok Rules, in my view, are the criteria for minimum treatment. It is not logical to protest [against] them by talking about the privacy of Arab society. They have been adopted by a consensus of all the nations of the world, including the Third World countries, even in States that have violated human rights. (24.2).

Similarly, a representative of a different national NGO stated:

In the health field, there is no room for using the argument of the characteristics of the State or the historical and cultural heritage by the government in order to avoid applying the general principles of human rights on the ground. (33.1).

Likewise, the representative of one of the international NGOs commented:

The international standards, namely the Bangkok Rules, can be implemented with regulations based on Arabic culture and Islamic Sharia Law [...] they are standards for humane treatment, preserving dignity for women as human beings, which is called for by the Sharia Law [...] I believe that in the future they should be prescribed as mandatory and have a special rapporteur and there should be a committee for monitoring and reporting. (18.2)

This study found that the generally received view of Jordanian government officials differ from the generally received view of the NGOs, the latter perhaps feeling less constrained by Arab societal values, and more attuned to universal human rights. In Jordan, it is evident that the views of several officials regarding the relevant international standards that should be applied in prisons for women are heavily influenced by the traditional attitudes toward human rights and the notion that Western societies are attempting to intervene and impose their ideologies. In addition, views are clearly influenced by local driving factors, namely, Arabic cultural values about women, religious beliefs and the purpose of prisons for women. This means that what matters in Jordan seems not to be the international standards' general terms, or their message and

aim-based approach, and what aspects of them are working and what aspects should be improved: Instead, it is about their matching with specific influences across Jordan's national socio-cultural and religious driven belief systems and circumstances.

As Calavita and Jenness (2015) argue, the institutional and cultural power of the imprisonment of women in Arabic society seems to be structurally framed in a way that overrides the necessities of the tenets embodied in internationally agreed standards for human rights (see Chapter 2). The present study attempts to show how concerns about the treatment of women prisoners in a specific society can be raised through paying attention to the status of the human rights for women - which are generally considered as secondary to the rights of men - in this society. In this setting, Piacentini and Katz (2017) stated that the lens of human rights can be valuable for investigating questions about human rights in prisons, penal exceptionality and the matter of commonality between penal systems. They noted that few Western scholars have explored these questions in depth or analysed the intersections between prison as a place of legal rights and as an institution of penal powers.

The treatment of female prisoners in Jordan is affected by the patriarchal ways of thinking which set up models of behavioural roles in the Arab society and the Arab cultural views on women, their human rights, and the Arab interpretation of the purpose of prison, which is arguably less focused on rehabilitation, but extraction from society. These views have historically promoted oppression of women and have governed their social realities today (United Nations Development Program, 2016). Though patriarchal ways of thinking is external factor of the criminal justice system, it can have a great consequence on the treatment and the rights of women in this system. Cultural views can lead to prejudicial policies and practices against women (Njogu and Orchardson-Mazrui, 2013). There are negative attributes to the Arab culture that must be brought to light to deal more deliberately with topical and emergent issues.

At this point in the analysis, it is important to state that the consideration of social and cultural influences affecting the treatment of prisoners is not a new concept, not even in Western studies. Several feminist studies have adopted an approach that considers the socio-cultural context for the treatment of women offenders (Williams, 1991; Feinman, 1994; Daly and Stephens, 1995; Price and Sokoloff, 2004). In addition, Neill et al. (2014) have suggested an approach that is grounded in a consideration of factors that



determine the nature of criminal justice policies, by examining how factors can be complex and multidimensional, with many issues influencing criminal justice policies. For example, Neill's study indicated that the local cultural views shared by citizens and the media tend to overestimate the extent of the violence of ethnic minority and juvenile offenders, affected the type of criminal justice policies established. However, the degree of the impact of cultural views varies in places and time. Directed by the feminist perspective that the lives of women and men are shaped in a significant way by the social and cultural worlds they live in, the consideration of cultural values within a specific regional context may improve understanding of the issues affecting the treatment of female prisoners in the Arab world.

Given this, a question was raised in the present study about whether there are any factors that can assess the implementation of the standards in this context and to what extent. The next section examines the most influential factors, which according to the participants' accounts can have an impact on the implementation of the international standards in Jordan.

#### 6.4. Factors Affecting Implementation

In addition to the views on the international standards for women's health care in Jordanian prisons, the analysis suggested several internal and external factors that might have an impact on their implementation and realisation in Jordan. The major factors reported by participants were the availability of resources, awareness and better understanding, political stability, political will, and the work of the NGOs. It seems that each of these factors can contribute to facilitate implementation. However, the analysis undertaken in the present study provides evidence that each of these factors can also face difficulties and obstacles that inhibit their effectiveness.

Some of these obstacles are found to be linked to the domestic conditions specific to Jordan, such as the lack of awareness and resources. For example, amongst the internal factors that emerged from participants' accounts was the availability of resources required to provide effective health care services. Three kinds of resources are thought to be necessary for implementation: human resources, material resources and financial resources. Yet, several of the interviewees stated that the lack of such resources acts as a barrier to the effective health care provision for prisoners. It is thus suggested that they

can do so in the case of the standards implementation. On this matter, one high-ranking government official commented:

The lack of trained and qualified manpower [...] along with the financial resources, can prevent the effective prison health care system [...] prison is a consumer environment [...] because the nature of the people held therein, detention centres need constant and continuous maintenance [...] prisoners tend not to maintain the facilities [...] since their freedom is restricted they tend to dump the negative energy on ruining stuff [...] There is a need to have an adequate and continuous financial support to keep the prison environment and the services provided at the required level. (4.5).

On the subject of financial resources, another high-ranking government official commented:

Financial resources are important, in order to raise the level of performance of staff to comply with the acceptable medical standards. For example, training courses and sending staff overseas require a big budget [...] also prison is not an attractive place to work, encouraging staff health care providers requires granting them privileges and more paid holidays than their peers in other governmental institutions. (3.4).

Likewise, one health care provider stated:

No one can deny the influence of the material resources and poor levels of technology on the standard of technical decision-making. (17.5).

The efficient deployment of resources of all kinds is clearly of great importance in the processes required to achieve implementation of international standards in prisons. This perspective seems to resonate better with the capacity in the emerging economies of the Arab states. It is well recognised that many Arab countries, including Jordan, might be unable to muster the necessary resources to implement several essential human rights policies and procedures that are under development, and cover the costs of establishing them. Evidence suggests that among unsettled regional political and security environments, Jordan struggles with sluggish growth and the establishment of balance between addressing hazards and meeting essentials (Hakim et al., 2016). However, some interviewees thought that it was not acceptable to talk about the availability of the

resources when it comes to health care provision to prisoners or the implementation of the international standards.

For example, several participants from NGOs indicated that economic barriers and disparities between states have always been an argument used to avoid putting the international human rights standards in practice worldwide, and Jordan is not an exception. In this regard, a representative of a national organisation pointed out that:

It is a matter of fact that economic barriers is used as excuse [...] though it is not truth, such excuse is used now to justify the delay in the implementation of international human rights standards whether in women`s prisons or in any other sector in Jordan [...] this meaningless as Jordan receives funding and aid to help the State to provide services advocated on the international scale. (33.1).

In considering the same set of circumstances, a different representative of an international organisation stated:

Economic resources are not a hindrance, but unfortunately, they are invoked to justify the failure to provide the necessary services [...] many of the international standards do not require money for their application, for example, dealing with prisoners politely and respectfully does not need funds [...], cleaning water cycles continuously does not need a huge budget, as well as, continuous periodic medical examination. (18.5).

An additional internal influential factor that is evident from the information gathered relates to awareness and better understanding of the content and the significance of the standards. Such matters are considered important parts of planning and developing policy and practices to make prison health care systems comply with international standards. Conversely, the lack of understanding of the standards is considered one of the more serious impediments, in particular at the level of officials, staff, and the broader community. The analysis in the present research supports this conclusion, and suggests that criminal justice system personnel should maintain and advance their knowledge and professional capacity (Cox et al., 2008). Although the analysis of the data showed that several officials have some knowledge of the international standards, and how female prisoners should be treated in accordance with their ethos, some

acknowledgement of Jordanian prison governors in this regard seems to be called into question. To illustrate this thought, when a government official was asked what set of international standards he thought was applicable to the situation of the treatment of women in prison, his answer was:

You really surprised me [...] I did not expect this question, but you can ask the director and the staff in the detention centre as they know for sure. (4.2).

It seems that there is a significant ‘knowledge gap’ even at senior levels about the standards, or perhaps even disinterest about them. In their accounts of the surrounding circumstances, several participants in the study from NGOs indicated the issue of lack of sufficient consideration and knowledge about the best way to deal with women in prisons. For example, a representative of one of the national NGOs stated:

Yes, there are still several officials and members of staff who do not know how to deal with those poor women [...] I hear many talking about women prisoners saying that they are located in a five-star residential areas, what they have is not available outside [...] there is a lack of understanding of the pain of losing freedom, isolation, remorse, and missing their family and friends. (26.5).

The view indicates the idea that those in authority are ignoring, or in denial, about the levels of care being afforded to prisoners, going even so far as to believe them to be in conditions more favourable than they would in the general community. At this point, it is important to highlight that the analysis of the focus group interview conducted with the three prison staff revealed that they were aware of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). Several participants from the NGOs indicated that the only explanation for them possessing this knowledge is the effective work of the Penal Reform Organisation (PRI) in Jordan (see Chapter 7).

The consensus view between interviewees from local and international NGOs was that in order to apply the standards, officials have to admit that there is a problem and that there is a need for such standards. And yet, it is believed that this is very difficult because of the fact that restrictions regarding opening up to the media and research is a feature of the system. Therefore, almost all of them emphasised the importance of raising the awareness and achieving better understanding at a variety of levels. Some of

them link the likelihood of implementing the international standards to the changing the national circumstances at social, economic and political levels. For example, a representative of one international organisation pointed out that:

The world might see the application of international standards as a criminal justice reform issue, but here, it must be linked to the changing of the culture values and the economic, social and political aspect of the society [...] but this cannot be done without raising an awareness dialogue among all stakeholders. (23.9).

Others think that raising the awareness to achieve better understanding should start with the governors and staff of the prison institutions. For instance, one representative of national NGOs said:

Prison personnel should be persuaded to be open to the criticisms to reveal shortcomings through this prison sector that would be developed. (36.3).

Some participants indicated the significance of increasing the participation of women in official bodies to make the required changes, and to raise the awareness and achieve better understanding. In considering this matter, a representative of an international organisation commented:

Better understanding of the importance of women's extensive participation in official entities is required [...] particularly women who are considered to specialize in defending the rights of women, such as known lawyers, activists and advocates for prisoners' rights. (18.4).

While reflecting on the same circumstances, a representative of one national monitoring body emphasised the influence of social stigma and inappropriate concepts in the Arab society as a whole. The following quote illustrates this point:

We need to correct wrong concepts of all segments of society including claiming the difficulty of changing the negative cultural pattern on women's criminal and on the prison itself. (8.2).

The analysis in the present research shows that, regarding this topic, interestingly, some high-ranking government officials are in agreement with the NGO representatives. Some officials seem to admit the challenge and agree on the needed solution of raising

awareness and achieving better understanding. For example, one high-ranking government official stated:

The application of international standards is a process of a partnership of a large number of parties including women prisoners' communities, family, and friends. Doing so is not that difficult, as some like to claim, we can use so many tools, including the new social media; these tools have approved their ability to change the political regimes [...] I believe changing cultural values would be easier. (4.6).

This comment is interesting from the point of view that cultural values are highly entrenched, as has been discussed above. Other barriers to the effectiveness of the aforementioned influential factors might be caused by external reasons, including the political unrest in the region, and the agenda of the international community that seems to have a negative impact on any reform attempts or intentions. For example, there was a common belief among the four groups of interviewees of stakeholders that participated in this study, that the most significant factor that could encourage the application of international standards is political and security stability. This is consistent with Kabange (2013) who argues that past and current experiences within many developing countries confirm the hypothesis that the interaction between political stability and human rights is a critical element (Kabange, 2013). It is well established that consideration for human rights can serve to improve political stability and that there is no political stability without respect for human rights (Amnesty International, 1999).

The analysis in the present research indicates that events taking place in the Arab region in recent years, and the state of chaos and instability, seem to impede the achievement of the much needed state of political and security stability. The accounts given by several interviewees in this project, suggest that there cannot be effective implementation of the international standards for promoting the human rights of female prisoners where there is political instability. It was confirmed by 25 participants that what is happening now in the region means that the priorities of all countries are to maintain national security, which infers that human rights tend to be regarded as a secondary issue by comparison.

In this regard, some high-ranking government officials indicated the impact of the current events and conflict in the Middle East on the treatment of women prisoners and

the amount of attention paid to them. Comparison of the relatively small number of female prisoners in Jordan with the greater challenges facing this small state and with limited resources available for deployment was an important point raised by some participants in this research. On this matter, one high-ranking government official stated that:

The current regional situation adversely affects any call for adopting the international standards [...] many people [will] say: ‘While the number of women in prison does not exceed 500, we have hundreds of thousands of refugee women who are flocking to the country, which may destabilize the security of the state of political, economic and social stability’. (7.5).

In the same topic, a representative of a national monitoring organisation commented:

When security becomes the main duty, everything else would be less important; therefore, I always believe that the public security department should not be in charge of women’s detention centres, especially now with the current security situation in the region. (5.5).

In matters of national security and economic restrictions, the plight of women prisoners and their entitlement to human rights, tends to be viewed as an annoyance rather than a humanitarian issue. Moreover, the evidence that political will resulting from the intention to reform and international community pressure is a factor that can affect, and even motivate, the application of the standards. The present research indicated that, in Jordan, one of the factors that can help to promote the implementation of the international standards in the future is political will, specifically the Royal Will and Authority. The majority of the interviewees, for example, believe that the royal speeches and directives in Jordan are the reason behind the improvement in the quality of services in prison in recent years. One high-ranking government official pointed out:

Our king is human rights supportive [...] his royal speech has always emphasised the matter of women’s human rights [...] His Majesty is keen to make Jordan classified in the ranks of the civilised countries and not to be classified as a state which is violating human rights. (6.4).

Yet, some other participants provided an explanation for such speeches and outlook. It is believed that there is a link between such speeches and positions and the government

need for financial support and aid. For example, the representative of one local organisation said:

Since we are a state that is heavily dependent on external financing and aid, our leadership has always sought to maintain a positive image, therefore, I can say that political will is vitally important and supportive of feminist rights in general; including prisoners. (33.4).

Similarly, a legal professional that was interviewed stated:

The state's need for financing, economic support and loans was the main reason that prompted the acceptance of the entry of human rights organisations and allowed them to exercise their activities [...] this is positive since it would also encourage the state to pay attention to the subject of the international standards on the treatment of prisoners. (42.5).

Therefore, some see the issue of promoting the rights of women, including those in prison, as a way of promoting a modern image of the nation, to gain favour by political posturing. The link between the adoption and application of the international standards to the cost-benefit calculation can, however, have serious limitations. For example, the present study has shown that dominant local politics and cultural values have an impact on governmental policies. Also, there is no clear empirical evidence of the benefits of compliance with international standards for developing countries (Eberlein and Richardson, 2012). Little interest seems to be shown in the international standards, and no evidence can be offered that indicates that countries would be systematically rewarded for compliant behaviour. Wider essential structures of the society can determine how international standards shape the behaviour of regulatory addresses in practice (Steiner et al., 2008). In fact, even leaders are inclined to adapt and apply the international standards to suit their purposes; several local factors might act as barriers to achieving adoption of the standards without modification.

In view of that, several participants from the NGOs who participated in this study stated that political will alone is not enough to implement the international standards in Jordan. Evidence suggested that the influence of the Royal Will might have a positive effect, but this effect is not steady. It was found that such an effect depends on the interest of the international community, the attitudes of the people at the policy making level and



the agencies of the government who enforce the law. The indication of this can be clearly seen in the following quotations from the interviews with a number of NGO representatives. For example, in commenting on the impact of the interests of the international community, a representative of a national organisation said that:

It is all about what is on the agenda of the international meetings and discussions [...] if the issue of the international standards was there, we would see improvement in local politics [...] but if the focus was on anti-terrorism, refugee issues or the preservation of the local and regional security, no improvement would be seen. (24.5)

The analysis of the information gathered in the present study also indicated the possible influence of some government agencies. For example, a number of accounts of interviewees showed how Conservatives at the Jordanian Parliament can affect laws and policies concerning women. As an illustration, a representative of one national organisation stated:

Conservatives at the Parliament may obstruct the adoption of any set of standards promoting women's rights [...] there are several precedents in this matter, such as the fierce attack on the law for the protection of women from domestic violence [...] they often create a link between any legislation promoting the rights of women and the possibility of disintegrating the construction of the family in the event of prosecution of husbands, fathers or brothers. (32.3)

Similarly, the representative of an international organisation commented:

At the level of the Parliament, those who believe in the case of women's rights often avoid standing therein and talking about the issue of women prisoners as others would say they are defending unacceptable groups in the society [...] the idea that a woman prisoner is a human being devoid of morality has a significant impact to prevent the translation of rhetoric into reality. (18.5)

Finally, the findings of the present research indicate that in Jordan there is an agreement about the role of national and international NGOs in raising awareness and also in promoting the implementation of the international standards. This makes the work of

such organisations one of the most influential factors that emerged from the data. More details about this role are given in the next chapter.

To sum up, despite the divergence of views about the actuality and the degree of their influence, the availability of resources, better understanding and more awareness, political will, political stability, and the work of NGOs, seems to have a considerable potential impact on the implementation of the international standards in Jordan. The only explanation of the amount of attention given in particular to those factors might be the nature of society and the challenges posed by domestic conditions. It is apparent that the process of the implementation can only be achieved through collective participatory and interactive actions among state institutions, NGOs and the community.

## 6.5 Summary

This chapter examined the recognition and implementation of the international standards that relate to the human rights of women in the Arab region, and Jordan in particular. International human rights standards concerning women seem to be a controversial issue within the region. The main issues of concern were found to be largely attributed to political thinking, centuries-old cultural values, and the predominant patriarchal interpretations of Islam, which, according to the findings of the present study derived from evidence gathered from Jordan, still continue to exist. With regard to women, Arab cultural values cannot be only a mechanism that restricts women's human rights, but may also lead to their denial. Arab culture is set up in such a way to prevent women from enjoying all of their rights as human beings, or from stopping the violations of these rights.

This chapter highlighted the views of Jordanian officials regarding the international standards. The findings presented in this chapter concur with the Western feminist criminology and corrections research that alleges that the prison system is organised from a male perspective (Carlen, 1983; Lowthian, 2002; Kruttschnitt and Gartner, 2003; Carlen and Worrall, 2004; Loucks, 2004; Coyle, 2005; Plugge et al 2006; Barry and McIvor, 2008). This also concurs with the argument of Moran et al. (2009) that prisons are not just organisations which correspond to crime; rather, they are reflections of social, political, and cultural values, including gender role expectations. The local driving factors that were identified in Jordan are Arab cultural values, religious beliefs

and the generally accepted view of the purpose of women's prisons. All of which are, in turn, influenced by the Arab socio-cultural environment.

As stated by Klein et al. (1993), self-reflection is of vital significance in the decision-making process as people high level decision makers are meant to be reflective in their undertakings. In other words, the cultural values of such individuals, along with the views of others, such as their peers and agencies, are reflected in the decisions they make. This argument might offer some support to the findings discussed in this chapter. The reason is that the influence of Arab cultural views that link the concept of honour to a woman's body and behaviour seems to be of considerable importance, when views about the standards that are most relevant to the matter of the treatment of women in prison are concerned.

By analysing various perspectives of stakeholders in Jordan regarding the influential factors that can assess to implement the standards there as an Arabic state, the chapter has outlined that number of internal and external influential factors might impact upon the implementation of the international standards in the country. The availability of resources and awareness, political and security stability, political will and the work of the NGOs are thought to be the most influential factors contributing to the implementation. Yet, views on the extent to which some of these factors work, as well as their value, vary. Although several participants think of the positive influence of the availability of resources and political will, others believe that such factors are observed as unstable or unsteady factors that are affected by many international and local events and interactions. The most noticeable agreement was about the work of the third sector, particularly the NGOs, which work on the issues of women in prison. Yet, a question might be raised about the influence of the current context in the work of such organisations and how they can manage to work effectively under the complexity of the highlighted local driving factors. This topic will be examined in detail in the next chapter.

## Chapter Seven

### The Work of Non-Governmental Organisations

#### 7.1 Introduction

Non-Governmental Organisations (NGOs) that are organised at both national and international levels have a significant political and socio-economic role in many spheres of activity, but none more so than in the field of ensuring that fundamental human rights are respected for all people. The impact of their roles can lead to significant changes in political and social attitudes and reform. Such bodies are often seen as agents of development, capable of creating greater accountability and engineers of reforms in many areas in society, including the penal system. NGOs can be central to the implementation of international standards, as they often replace weak or absent governmental institutions, and various NGOs form the basis of social movements to empower women's rights through various activities (Wiktorowicz, 2002).

The collaboration of the criminal justice system with NGOs can help implement standards in prisons for women by creating a vision of a correctional institution that is more responsive to the needs of women. However, dominant cultural perspectives in some societies may represent obstacles to the work of NGOs, requiring them to develop new strategies for advocating the international standards. This chapter aims to explore the work of those NGOs that promote the international health care standards in women prisons in Jordan, a state in which the prevailing patriarchal system is a major controlling force in the society at large. It draws on evidence collected from interviewing government officials, practitioners in the prison system, legal professionals and the representatives of several national and international organisations in Jordan.

A number of Western scholars have argued that the work of NGOs in the prison sector is potentially limited by a wide range of problems, such as a lack of co-ordination between the prison and individual agencies; funding issues; cultural differences between the prison services and the NGOs; and the inequality of power within partnerships (Bryans et al., 2002; Gill and Mawby, 1990). However, the present study shows that

the efforts of NGOs that focus on putting the international standards into practice in Jordan are most strongly affected by dominant cultural perspectives in the Arab society.

This chapter examines the role of NGOs in promoting the implementation of the international health care standards in prisons for women in Jordan, and what factors may affect their efforts to put these standards into practice, based on the different perspectives of interviewees. A brief background of NGOs and their involvement in detention centres for women in Jordan is provided, along with their roles in implementing the international standards in policies, training, and in ensuring compliance. Techniques used by the NGOs to achieve their aims are discussed, such as establishing credibility, the use of persuasion and dialogue tools, maintaining good relationships with the state agencies, establishing alliances, and working in a way that does not conflict with the attitudes of government officials or the trends shaped by national traditions and norms.

## 7.2. Non-Governmental Organisations in Jordan

This section overviews NGOs and their history in Jordan, including the barriers they experience to achieving their aims and the way in which they operate. It also provides a brief discussion of the work of NGOs that affects detention centres for women, what they are trying to achieve, and the place of health care within this situation.

### 7.2.1. Historical Background

Since the advent of political liberalisation and democratisation in the 1980s, NGOs in Jordan have appeared as a positive force for social change and transformation (Jarrah, 2009; Al-Saied, 2000). They have been engaged in all sectors of social life, and their number has grown remarkably. This growth has led them to be a distinctive sector of civil society concerned with a variety of issues such as rehabilitation, health, education, environmental concerns, development programs, equality, peace, and human rights. It is widely argued that this development is a consequence of the economic crisis that resulted from declining oil-related revenues during the 1980s. The transition towards political openness in Jordan was a primary factor in maintaining stability; therefore, reforms in all the sectors of the state seem to be intended to placate groups adversely affected by economic austerity measures, and to enhance the survival of the former style of the regime (Brynen, 1992; Wiktorowicz, 2002).

Due to this political transition, at first glance the NGO community in Jordan appears to be thriving. In addition, the claims that NGOs are effective, since they are innovative, flexible, and responsive to several complicated cultural social issues, have also helped them to be seen as significant conduits that aid reform of outmoded policies and practices, and help mechanisms for development. Nevertheless, their power, and methods of work, remains limited by the realities of continued state power and control (Wiktorowicz, 2002; Jarrah, 2009). Known strategies of control include tight administrative supervision and regulation designed by government to maintain the *status quo*.

Economic and organisational constraints have had an impact on the activities of NGOs in Jordan, including lack of resources, ineffective administration, and poor programme development. Despite the fact that since 1989 some organisations have been formed to take on sensitive political issues such as human rights and women's civil liberties, the freedom to form an NGO is not seen as an unabashed freedom for independent activities. In the state, there is a common belief that the regime still maintains control over the NGO community and the belief that the 'open' civil society was designed to perpetuate the survival of the regime, especially following the circumstances arising from the Arab Spring of the second decade of the 21<sup>st</sup> century.

In 1996, the Law of Societies and Social Organisations No 33 was issued to govern NGOs, and as such was applied to all the local NGOs, including organisations and groups that work with prisoners. In the regulatory process, NGOs predominantly fall under the purview of the Ministry of Social Development and the Ministry of Culture. According to one high-ranking government official interviewed, the number of NGOs registered in the state up to the time when this study was conducted reached 2000 local, and 49 foreign, organisations. Other institutions closely linked to the work of NGOs are national, such as the Council for Family Affairs, the National Centre for Human Rights (NCHR), and organisations registered under a private foundation of the Jordan River, the Jordanian Hashemite Fund for Human Development, and the King Hussein Foundation laws, as well as Red Crescent Societies Jordanian.

Reflecting the concern of the Jordanian regime with grassroots political activities, Law 33 states that NGOs can be formed only "to provide social services without any intention of financial gains or any other personal gains, including political gains"

(Article 2). Conflict over the perceived political nature of NGOs is common for organisations established to promote human rights, which is seen as a political issue. Several government crackdowns were undertaken against such organisations, particularly when they seemed to threaten regime interests, or cross the line into oppositional policies (Human Rights Watch, 1997). Also, in Jordan, the activities of NGOs are controlled by a series of administrative supervision mechanisms. For example, these include procedures for the registration of the NGO, and the processes to issue permits for NGOs to access prisoners are carefully controlled by the government, which has complete autonomy in approving or refusing applications. Even when a permit is received, the activities of an organisation could be severely limited by internal state law. This law typically outlines and restricts the standard scope of an NGO's work, and any additional work requires a new permit. This way, the state maintains tight control over the NGOs and also can use its power to reduce their activities.

NGOs in Jordan are mostly run by volunteers. They are often sponsored by donations and use finance raised from voluntary, private sources, and donor agencies. Since the early 1990s, international funding agencies have been willing to fund NGO activities in Jordan under the 'good governance' agendas to promote human rights. Such efforts often link domestic NGOs with Western NGOs in a transnational advocacy network (Keck and Sikkink, 1998). Despite the fact that such a network may be useful to overcome the lack of local resources, political constraints remain an obstacle. It is argued that bureaucratic restrictions are commonly enacted with national security in mind, rather than developing a framework (Bratton, 1989). This seems to be the case in the Arab region, where perceptions of NGOs posing some kind of threat to the *status quo* have a heavy impact on governmental attitudes towards them (Rishmawi and Morris, 2007). For example, at the Arab League meeting in 1996, a discussion took place between representatives from various ministries of the interior regarding NGOs as a growing threat to national security. They were thus categorised as destabilising entities.

As part of the security service efforts to monitor and control NGOs in Jordan, propaganda campaigns are used to discredit their work. One of the well-known campaigns is the regime's effort to characterise NGOs as mechanisms used by foreign governments either to destabilise national sovereignty or intervene in the internal affairs of the state (El-Gawhary, 2000). The issue is that since most of the *local* NGOs are

starved of funds, they frequently turn to Western donors, which reinforces the stereotype of neo-imperialism that is broadcasted by the regime and its security apparatus (see Chapter 2).

NGOs in Jordan affected by restrictive measures will probably remain controlled by the regime and their roles limited in scope until the authoritative driving limitations are removed. This contrasts with one of the defining features of NGOs which is the complete independence in advocating and monitoring policies and encouraging participation of people through provision of information (Bagci, 2003).

### 7.2.2. Organisations Working in Women's Detention Centres

As indicated by most of the participants in this study, the history of involvement of NGOs in detention centres in Jordan dates back to the 1990s, when the United Nations, local societies, and social activists spearheaded a series of penal reforms. The belief that has been repeatedly expressed is that NGOs have a history of providing services to prisoners, ex-prisoners, and their families, and are involved in the Jordanian criminal justice system in several capacities, including as companions, support, and service providers. Their work in female detention centres focuses on the needs of female prisoners and how they can be met, including their human rights. The NGOs in Jordan work extensively in collaboration with state departments to provide a range of programmes and services, including rehabilitation, supervision, release planning, occupational training, and religious preaching (Baker and Søndergaard, 2015). NGOs also provide a variety of services after release, providing female ex-prisoners with monetary, spiritual, and emotional support, and offering them shelter, work opportunities, counselling, and legal advocacy.

Several stakeholders involved in the present study indicated that through these services, NGOs have had success in publicising the actual circumstances of how women in detention are treated and regarded. NGOs have been able to obtain information on the conditions facing such women and brought the attention of international human rights bodies to issues such as administrative detention, discrimination, abuse, and the need for gender-sensitive training and resources among staff in female detention centres (Jordanian Women Union, 2012; UN WOMEN, 2014; Global Detention Project, 2015).



In the 2000s, generous funding was provided by several international donors to local NGOs to advocate the fair treatment of women and girls that had been imprisoned. Accordingly, by the end of the first half of the 2010s, several NGOs involved in criminal justice adopted an approach in which they used the international agreements on the treatment of prisoners to highlight issues for women in detention (Jarrah, 2009; Al-Saied, 2000). However, due to careful governmental control, the opportunities for NGOs to work in women's detention centres are not extensive. It is clear that the work of NGOs is often subjected to specific criteria including working in partnership with the Public Security Department (PSD). This leads to the situation when the main concerns of some NGOs are about maintaining their agreements with the state to enable them to continue doing their work. Despite this, NGOs working in women's centres in Jordan are diverse in terms of size, interests, and work strategies, there are a few large international companion NGOs providing support, and several national service providers.

At the international NGO level, organisations exist that are interested in criminal justice, human rights, and the health of prisoners, such as Penal Reform International (PRI), the High Commissioner for Human Rights (OHCHR), Danish Institute against Torture (DIGNITY), the Geneva Institute for Human Rights (GIHR), International Committee of the Red Cross (ICRC), and the World Health Organisation (WHO), many of which have long been considered powerful in monitoring mechanisms to prevent human rights abuses and corruption in the prison sector. However, the involvement of these organisations in female detention centres in Jordan seems to be mainly focussed on identifying what must be addressed by prison management and governments.

At the national level, women in detention centres can be visited by multi-purpose charities and organisations working in the areas of community development and human rights, such as in environmental, cultural, sports, health care, and child-care organisations. However, few have been allowed to enter Jordanian prisons for women regularly or easily, particularly those local NGOs which are governed by trustees and/or directors who are experts when it comes to negotiating with the regime, which seems to be a significant requirement for beneficial reform. Such organisations include the Law Group for Human Rights (MIZAN), Justice Centre for Legal Aid (JCLA), the Aftercare and Reintegration Association, Sisters Global Institute (SIGI), and the Academy of Democratic Change and Development Studies (AMEJ).

The functions of NGOs involved in Jordanian detention centres for women could be divided into two categories: support and services providers, and reforming advocacy organisations. While few organisations such as PRI, SIGI, and MIZAN claim to carry out both functions, others seem to focus solely as support and services providers. Possibly, the controls and restrictive measures enforced by the Jordanian regime prevent NGOs in the state from being as successful as reforming advocacy organisations. Such controls have also led to a collaborative model of humanitarian assistance, in which ties between international and local organisations are utilised to build programmes and direct resources that serve women prisoners, achieve mutual benefit and result in advantages of scale and influence.

Based on the interviews undertaken for the present study, humanitarian alliances or local and international NGO partnerships could benefit not only women prisoners, but also the society in general. This collaborative model aims to create an effective and more-responsive criminal justice system for women prisoners' needs. Most of the participants from NGOs in this study believed that working in a network has helped to establish a lobby which allows them to work as a team and to decide which issues should be raised and when. Despite this alliance, each NGO keeps its independence and recognised features.

Among the four groups of stakeholders interviewed, there was a pervasive belief that most of NGOs working in detention centres for women are involved as companions, supporters, and service providers, and their work does not include any activities in monitoring. However, it is thought that they have long helped to achieve reforms in the prison system in Jordan. Recently, for a number of social, political, ideological, and pragmatic reasons, the role of the NGOs has assumed a much greater prominence and significance, and has the potential to make a real impact upon the way women in prison are perceived. Coinciding with a shift away from faith-based approaches to the promotion of women's rights by the royal family, NGOs have continued to play a significant role in the development of the detention centres for women in Jordan in the post-Arab Spring period.

Evidently, however, the implementation of international standards for the provision of health care to women prisoners is not the main focus of NGOs working in detention centres in the state. Analysis of the data collected in this study reveals that national or

international NGOs do not focus on one dimension or a specific type of service in prisons for women. They operate in all directions in parallel, and therefore, health care services do not receive any more attention than other factors. None of the organisations mentioned above prioritises, or makes explicit, health care for women prisoners, but does work to apply relevant international standards. As exemplified by the representative of one of the biggest international organisations:

...Health care comes as a part of our organisation's overall interest in the implementation of all the international standards on the treatment of female prisoners. (18.1).

### 7.3.The Roles of Non-Governmental Organisations

This section examines the NGOs possible roles in the *development of policies* to apply international standards, guidelines and training, and ensuring their consideration. In Jordan, a distinction is always made between the roles of NGOs in each of these areas. At each level, NGOs seem to have influence that is recognised by the government in Jordan. Yet, this influence seems to be surrounded by a number of issues related to subjective perceptions and attitudes that are clearly based on patriarchal values and beliefs.

#### 7.3.1. Development of policies

It is evident that the reports of NGOs, recommendations and proposals for the development of policies and legislation have always been useful reference points for reforms in the penal system and national human rights plans. Bryans et al. (2002) argued that, although there have been few examples, legislation affecting the treatment of offenders and prison conditions have been influenced by the lobbying activities of various voluntary organisations. The work of Penal Reform International (PRI) in this area in Jordan is a good example of how policy reforms can take a more informal approach as it seeks to work with government agencies to change legislation and promote women prisoners' rights. Having recognised that there is limited knowledge of legislative frameworks for the international health care standards in prisons for women, the organisation holds workshops, roundtable discussions and information sessions that allow decision makers to learn and engage with the current international strategies to promote the implementation process.

The analysis showed how NGOs in Jordan are seen as useful mechanisms whose work can help to develop policies and making plans for the prison system. The accounts given by some officials suggested that the some NGOs played a critical role played in developing the strategic plan for the reform and rehabilitation centres. The following quotation demonstrates how NGOs are seen by high-ranking government officials as a functioning mechanism that leads to a higher quality of the prison planning and policies:

...their recommendations and suggestions to ensure the use of the rights-based approach to improving local policies relevant to services provided in detention centres... on the basis of the PRI's proposals we have established a specialist unit to bring a gender perspective to all aspects of the National Plan for Human Rights. (1.6).

The critical role played by the NGOs has also been emphasised by another official who stated that:

Some organisations had an important role in developing the strategic plan for the reform and rehabilitation centres...it is important in the prison sector to benefit from these organisations' experiences and their professionals [...] this is what the civilised countries do and Jordan seeks to be a part of this. (4.3)

Although some views by officials about NGOs range from mistrust, or even distrust, to seeing them as a positive, facilitation force, there seems to be much disparity in the higher governmental echelons about their value. But the work of NGOs in the criminal justice system has also been linked with beneficial changes (Bryans et al., 2002; Gill and Mawby 1990). The diversity of such organisations, their strengths and expertise can place the voluntary sector in a beneficial position in providing services which can help prisons (Hucklesby and Worrall, 2007). They are cost-effective, independent, and have the capability to utilise local knowledge to develop and provide services (Mills and Meek, 2016). Arguably, NGOs are less affected by bureaucracy, and therefore, can devise new solutions to complicated social problems (Gill and Mawby, Bryans et al., 2002). Given this, the governmental support for the involvement of such organisations is important as government policy has a significant influence, either through funding, or by the establishment of encouraging an environment within which they operate (Billis and Harris, 1996).

However, analysis of the data in the present study showed that the desired influence of the efforts of NGOs is often to create a harmony with recognised perceptions in governmental institutions and their officials. The above quotes are just as applicable when the NGOs provide suggestions consistent with the mainstream perspectives of officials. Interviewees provided many reasons to support the notion of reaching accord between NGOs and officials. Some participants think that the problem with suggestions of NGOs is related to the lack of consideration of the differences between countries worldwide. For example, one Jordanian official said:

...the problem with suggestions provided by some organisations, especially the international ones, is the belief that what fits other countries will fit us [...] this is completely wrong, our society has its local culture and this determines my options, my work plans and what recommendations I should consider and what I should ignore. (4.2).

This recurring theme, which international conventions may not fit with Arab culture and social mores, is clearly an obstacle to gaining recognition for the work of NGOs seeking balance, equality and fair treatment. On the same subject, the following assertion was provided by another high-ranking government official:

...they just repeat a word 'gender, gender, gender,' like an alarm bell. We do not have problems, women enjoy all of their rights, even if there are some limitations, and they are just to protect them. (3.4).

An additional corresponding explanation was provided by a different official:

... not everything being demanded by these organisations must be taken into account [...] not all of their perceptions are valid and reliable and not all of their suggestion are applicable to our community. (2.2).

Some high-ranking government officials linked the acceptance of NGOs recommendations to their consistency to religious teachings and cultural values. For example, one of them stated:

NGOs periodic recommendations and reports relating to women's reform and rehabilitation centres are very important to achieve development and address

some of the practical application problems, as long as they do not conflict with our cultural values and the state religion. (6.5).

Comparing and analysing the responses from these interviews suggests that, in Jordan, there are specific criteria in the state institutions controlling the process of revising and filtering out proposals. Such criteria seem to be influenced by the beliefs and attitudes of the people in decision-making positions who are affected by the social and cultural context in the state. The following response from an interview with a representative of one national organisation demonstrates this:

I do not think all of our proposals to amend the law for reform and rehabilitation centres to be in line with the international standards are taken seriously ... [with] all of these traditional cultures dominating our society and the officials' minds, it is difficult for us to have the needed influence on changing laws ... the legislative process is carried out by the owners of social, economic and political influence, and the majority of them are males who have either economic or social interests to maintain the continuance of the existing social system. (27.5).

### 7.3.2. Guidelines and training

An analysis of the examples and answers provided by the interviewees suggests that the significance of the efforts in training by NGOs is important. Some organisations such as the PRI, the ICRC, the Mizan Law Group for Human Rights and SIGI provide both practitioners and government officials with training courses, guidance materials and information about lessons learned from processes of implementing the international standards in other countries. These efforts include planned activity to transfer the expert knowledge of NGOs, skills, and attitudes about the international standards to Jordanian officials and workers in the prison system, including female prison officers. According to Maurutte and Moffat (2016), the activities and the services provided by such organisations in the prison sector have long been interwoven with the state role.

An example of this collaboration in Jordan is the partnership between the above mentioned NGOs, the PSD and the National Centre of Human Rights (NCHR) in providing training courses to the law enforcement authorities about the health care and other needs of women in detention. Many participants indicated how such training and

courses were useful and how they have helped to improve the quality of the treatment of women in Jordanian prisons over time. However, it is stated that what was provided not sufficient and that more training seems to be needed. The following examples from practitioners working in a women's detention centre in Jordan demonstrates NGOs work in training:

... International organisations like PRI and ICRC and also some Jordanian organisations provide us with periodic training [...] I found them very helpful. For example, PRI trained us to handle [...] cases when it is necessary to take timely and accurate decisions on when to refer them to specialised support. (12.6).

From the interview with a member of a national monitoring body:

... continual training courses in the field of international standards carried out by some well-known international organisations have been very useful in an attempt to comply with Bangkok Rules, but [...] I think that there is still a need for more training programmes especially in the area of raising awareness among people to put a boundary between their personal beliefs and their job performance. (8.2.).

Training provided by NGOs is clearly valued by practitioners, and yet, evidently, there is a need for an increase in programme availability. The interview responses suggest that there is a link between personal attitudes, enthusiasms, beliefs and the interaction with the provided training, and translation of it to actions. For example, the responses from those being trained to training programmes and courses offered by NGOs relevant to the international standards may differ significantly depending on several factors such as age, experience, and commitment. More importantly, it could be influenced by the changes in the criminal justice system's staff culture. This culture could be a serious impediment to reform (Chan, 1997; Kocsis, 2008; Spasić, 2013). In prisons where staff largely follow traditional prison officer culture, showing care for prisoners might be deemed unacceptable, affecting the work of NGOs in prisons (Liebling, 2008). In terms of the treatment of women prisoners, differences between the values held by staff in the criminal justice system and the NGOs make it seem that NGOs are 'on the prisoners' side' (Hucklesby and Worrall, 2007).

The efforts of NGOs in training, that aim to help with the implementation of the international standards, are affected by staff attitudes. These attitudes, in turn, are affected by the cultural values and social context. An analysis of the accounts given by representatives of the NGOs supports this assumption and infers that an attitudinal change is a key factor in establishing quality training programmes and health care standards. For example, the following excerpt by one of the international NGOs representatives shows how attitudes can be heavily influenced by social reality and how change is still required:

... Despite all the training courses we have done to raise awareness of how female offenders should be treated, cultural and attitudinal change among some officials and women's centre staff is still required [...] those people are in fact a part of a society where women's mistakes are [seen as] not forgivable. (18.2).

In further consideration of this subject, some participants linked the on-going negative attitudes about female prisoners with the narrow-mindedness of people in the government that are averse to change. For example, one of the local NGO representatives said:

... Some closed-minded people in relevant positions might inhibit the achievement of the desired results of training programmes, some officials, whether in the PSD or other departments, hate change and development [...] and prefer to stick with the old routine and well-known procedures. (27. 5).

In later conversations the same person added:

... you hear phrases from the guards such as 'she deserves this' or when you notice [a] look of blame toward those women arrested under the administrative detention for reasons related to honour crimes. (27.6).

In the following excerpt, another representative of one of the local NGOs said:

... we still face the issue of dealing with some mentalities which unfortunately lack the culture of human rights in general and women's rights in particular [...] because individuals working in the reform and rehabilitation department are in fact a sample of society. (24.3).



One can argue that the desirable influence of the efforts of NGOs in training to help implement the international standards in Jordan is subjected to an attitudinal change and the rise of the culture of women prisoners' human rights in both the penal system and the society at large.

### 7.3.3. Ensuring the consideration of the standards

In Jordan, the monitoring and evaluation of health care services provided to women prisoners are governmental functions. This includes tasks such as observation, gathering evidence and making judgements about the extent to which the services provided are in line with the international standards.

Several participants indicated how NGOs in Jordan do not have authority to observe and monitor violations directly due to the domination of the government-affiliated mechanisms that operate in prisons. It is stated that there are, however, some methods that are used to assess the situation from which NGOs can come up with recommendations to make reforms. The following quote is from an interview with one of the international NGO representatives, which demonstrates their role in ensuring that the standards are taken into account from the perspective of the PSD:

...in Jordan, monitoring mechanisms are government-affiliated, namely the NCHR and the National Monitoring Team Karama ... we do not have the authority to observe. Yet ... compliance indicators developed by the PRI experts [are used to] assess the situation and we also conduct studies on women's detention to come up with recommendations to improve and make sure conditions comply with the standards in the future. (18.3).

Similarly, a representative of one of the local NGOs pointed out:

...we do not monitor violations. We only receive complaints through which we practise a sort of evaluation of the services provided and draw attention to the importance of making the standards a reference point in the treatment of the ladies inside. Yet, we use our working team of lawyers to know what is going on through their clients. The NCHR have the powers to conduct a legal monitoring and visit a women's detention centre. The law gives them this right, a law which, in our case, we need approval for visits. (24.3).

Another corresponding statement was provided by a high-ranking government official:

...the NCHR and the judiciary are our mechanisms to monitor and supervise all detention centres, ... they are the official sources of information ... NGOs play an important role but their reports do not accurately reflect the work in correctional and rehabilitation centres (2.3).

In many respects, the NGO's ability to monitor, evaluate and suggest improvements concerning human rights in the prison system are hampered by governmental and societal views, which are highly entrenched, and typically dismissive, as seen in the last interview excerpt, above. NGO effort in trying to facilitate changes for the better, to ensure better compliance with the international standards, is a difficult task. Much of the information about infringements of human rights is only gathered by chance, or where a complaint has been made. It is likely that many violations go unreported. Officials' views of NGO activities seem to indicate that they think that their reports are distorted. Hucklesby and Worrall (2007) argue that the NGOs' work in direct monitoring services and activities in the prison sector could be, however, extremely limited in the situations where it exists. This is particularly true in Jordan, where, due to several practical and ethical factors including arrangements for funding and the high significance given to confidentiality and anonymity, NGOs do not undertake actual, direct, monitoring activities. Also, the accounts provided by the interviewees suggest that social perceptions and attitudes of individuals, even when the NGOs get permission to visit a women's detention centre, often limit the opportunities to obtain all the information they need to assess the true situation of a prison clinic.

The fear of female prisoners about social stigma, and the biased views of those officially empowered to be observers, are limitations which prevent NGOs being fully aware of what is happening, and therefore make it difficult to produce precise reports, and make accurate, truly representative, assessments. Interviewees provided several examples to support this analysis of the situation. A representative of one local organisation reveals how the fear of stigma can prevent a comprehensive assessment:

... we found this young woman in a panic and begging us to help her and to transfer her to a different wing, but she did not say why. We talked to the prison director and the administration to transfer her [...] we were told that [...] she was sexually exploited by older inmates and this caused her psychological

issues and, according to her lawyer, the transfer of certain diseases she did not have in the past and she did not receive adequate treatment. (26.4).

The worrying thing about this example is that the problem was recognised, and yet no action had been taken to rectify it, and yet the victim felt unable to vocalise what the problem was, finally driving her to what amounts to a nervous breakdown. It is likely that many more female prisoners are subject to similar sorts of abuse, some of which may be known by those responsible for monitoring and reporting such situations, but they may in fact be simply, or deliberately, ignored. Also, the accounts provided by the interviewees suggest that a prisoner's age and personality may act as hindrances. Lack of awareness, hesitation, and shyness may prevent the truth from being revealed. A representative of local organisation demonstrated the perceptions that are held by female prisoners in the observation tasks of the NGOs concerning emotions and vulnerability of the personalities of women in detention:

...it is difficult sometimes to know what is actually happening in the centre [...] and the quality of care according to the prisoners' accounts. A woman in prison is often shy, taciturn, tends to avoid talking about a lot of issues, either due to the fear of stigma from staff and other prisoners or of causing more damage to her family's reputation. (32.3).

Many female prisoners, particularly the young and naive, prefer to 'suffer in silence', but the mental anguish caused by the feeling of not wanting to draw attention to themselves, can be very damaging. This also can negatively impact on physical health, leading to an increased risk of some conditions.

A further limitation of gaining an accurate reflection of the prison conditions relates to the views of staff in some local NGOs that raise questions about the reliability of the assessment they make or the reports they write. Some representatives of some local organisations working in women's prisons tend to defend the government policy regarding health services in women's prisons and were clearly influenced by views and perspectives expressed by decision makers and officials in the state. This stance is not necessarily weak, but could be a pragmatic way of ensuring that gradational improvements are made. If an NGO is obviously opposed to a set of conditions imposed by a government that reflects generally held societal values, a conflict is less likely to result in a positive outcome for those prisoners affected. Whereas apparent concurrence

might be a more productive way of effecting gradual change (see Section 7.4, below). However, one representative stated their view of general standards in women's prisons:

... it is important to hear from all sides [...] PSD is doing good works and not all of what women prisoners say is true. Some complaints about delays in treatment or lack of access to medical examination could be just to draw attention especially when the prisoner has a history of repeated criminal conduct [...] and may give a wrong impression about the services provided.  
(35. 3)

In other words, it is relatively easy for officials to dismiss complaints as lies, whether the cases are substantiated or not, and suggests a politicisation or sensationalist perspective that NGOs are keen to avoid. Such views could be influenced by an interaction between the personal views of the NGO representatives, other people, events, circumstances, or conditions. Such interaction was clearly found when considering common views held by some NGO staff and officials in local institutions that seem to give some advantages in practice. For example, in Jordan, it is well recognised that local organisations that are headed by people who worked with the PSD or other government departments at some point, work more smoothly than others. This is further supported by scholars who examined the prisons from a sociological perspective (Giallombardo, 1966; Jeanne et al, 2016). This supports the argument that the prison institution is part of the social world and cannot be separated from its influences (this is more fully explored in Chapter 1).

NGOs have always been considered important in exposing, or preventing, corruption, and increasing transparency in the prison sector. It is commonly believed that individuals working for NGOs are more likely to have stronger ethical motives than those in other sectors motivated by profit. Nevertheless, although the aims of NGO representatives can differ, their approach to problems is likely to be constrained by the same rules as in the broader society (Kitsing, 2003). According to North (1990), informal institutions (such as NGOs) may even facilitate corruption by overlooking the corrupt behaviour, rather than tackling it directly. He thinks that even in the case of well-designed anti-corruption regulations, if the recognised rules do not challenge corrupt conduct, such regulations would be unhelpful. As NGOs are, in fact, an organisational form of the civil society and influenced by attitudes, social and cultural

constructions, they can be a channel of corruption if the informal rules of civil society accept such behaviour.

In Jordan, there seem to be agreements between the regime and some local 'insider' NGOs, which remain loyal to the government and this means that such organisations have a degree of influence. On the one hand, Taylor (2000) argues that policy influence is most likely to be achieved where there are 'insider' and 'outsider' NGOs. On the other hand, the government's involvement in defining and designing the functions of NGOs could be the reason for the relatively slow response to the international standards and their implementation in the country. As their frameworks are of government design, such entities may be not able to fulfil their own agenda (Espia and Fernandez, 2015). This raises the question of how NGOs can work to implement the international health care standards in women's prisons and achieve reforms in such challenging social and cultural constructions. The following section demonstrates findings related to work methods used in Jordan to implement those standards.

#### 7.4. The Work Strategies of Non-Governmental Organisations

The same factors controlling the work and activities of NGOs working in women's prisons in Jordan led them to adopt similar work strategies for considering and applying the international standards on the treatment of women prisoners. Analysis of the accounts given by different groups of stakeholders in this study reveals that subjective perceptions and attitudes, which are affected by patriarchal values, dominate the state institutions and seem to have a great impact on the work approach of NGOs. In other words, political and socially constructed views set the context for the national and international NGOs' plans and strategies to implement the international health care standards in prisons for women.

Evidently, NGOs conclude that it is unlikely that social structural changes will be made easily that enable the implementation of international standards about the treatment of women in prison. Therefore, instead of going into a long-term conflict with the government agencies, they choose to adopt specific strategies based on innovative methods and specific ways of dealing with decision makers, their staff and team working. Many NGO representatives participating in this study think that these methods have significantly helped to raise the awareness of the standards and can prompt implementation. Analysis shows that NGOs aim to build good relations with officials

and decision-makers to keep the adoption of standards progressing, and make transposing standards into practice smooth.

#### 7.4.1. Working the system for the desired outcomes

In response to increasing barriers within the institutional environment in which NGOs operate in promoting women prisoners' rights, they adapt, innovate and develop new strategies of engagement (Maurutte and Moffat, 2016). In Jordan, it is evident that because of the complexity associated with implementing penal reforms, many NGOs focus their efforts on selecting the most-acceptable techniques to communicate with the state agencies and adopting specific work approaches to gain their trust and create a peaceful and friendly work environment. The analysis of the accounts given by the participants in this research reveals that building good relationships with government officials has helped NGOs in facilitating their work to promote the implementation of the international standards.

An example provided by a representative of one local organisation reveals the impact of these methods on the officials' response. The representative had asked for financial support from UNESCO, who would grant it on the condition that permission for access was issued and officially approved first. Having gone through the official channels with a formal request, no reply had been received after two months. The representative called the PSD director and asked why there had been a delay. The director asked whether the request was serious and was assured it was, and the representative asked whether she should report back to UNESCO and say the country was not ready to meet its requirements. A few days later permission was granted and financial support from UNESCO received. 14 training courses in 14 prisons (men's and women's) took place (28.3, 4).

An additional example was provided by a representative of an international organisation:

... we work with our partner, the reform and rehabilitation department. We are trying to convince them of the best practices in the criminal justice system and provide guarantees that the penal reform international has long worked to develop solutions that take into account the cultural specificity in reforming the

penal system. We avoid criticisms or accusations; we use dialogue which has helped us to gain the trust of officials. (18.3).

In a similar context, a representative of a different international organisation echoed this thought, stating that:

... It is better to use local experts, where bringing in a foreigner may raise concerns. (21.5).

Though the analysis of the data collected in this study shows that the desired outcomes of this strategy might depend on the type of the ministerial department which is dealing with the NGOs, and also on the context in which the right people – with the willingness to cooperate – are in the right place at the right time. In other words, it seems that not all individuals working positively could be easily persuaded or ready to go into discussions or participate in the dialogue. At the same time, not all departments have the same degree of flexibility and openness as the NGOs. The following statement from an interview with the representative of one of the local NGOs supports this view:

...all of our attempts to make officials believe the importance of the international standards application may not succeed if we deal with people who do not believe [...] that detention is just a place for reform and women [...] are victims of society (24.3).

The accounts provided by the interviewees suggest that in addition to people, the differences between government departments' ideologies should also be considered when promoting strategies to put in place the application of the international standards:

... there is no 'one size fits all'. Different strategies should be used with different people and departments. (19.5).

Considering the access process in this study, the present researcher can confirm that the above suggestion by accounts provided by the interviewees is likely to be true. Compared with participants from the PSD, there were more responses and better collaboration from participants from the Ministry of Justice. The reason could be the potential differences in the educational levels, the backgrounds, and the nature of the work of those people. It seems that it is a matter of fact that there is a significance in the valuation of the words 'justice' and 'security'. More reflection on the interviews

conducting with participant from the PSD and the Ministry of justice, along with information about the challenges faced the research during the field work is provided in Chapter 4.

#### 7.4.2. Establishing alliances between NGOs

There was a pervasive belief by the NGO representatives that their work in promoting the implementation of the international standards cannot be done in isolation from current power imbalances and other political and social contexts in the state. The examination of the responses of the interviewees suggests that it is well understood by the NGOs working in prisons for women in Jordan that it is difficult to achieve the change needed, through individual efforts, with the current imbalance of power relations in a society. Ryan (1996) argued that understanding the exercise of power in modern societies and the realities of policy implementation is vitally important for the work of groups defending human rights within a prison system.

Consequently, establishing alliances is used by some local NGOs in the state as a mechanism to meet their targets, including promoting the implementation of the international standards in women's detention centres. The analysis suggests that NGOs work to promote the standards requires efforts to be made by them to identify central relationships and to consider the power balance, the role of all internal parties and the role of international institutions. Also, it requires carefully identifying all the stakeholders who are in favour and those who are against, and thinking about who can contribute to the change, whether individuals or groups, including prison staff, female prisoners, their families, tribal leaders, government, NGOs and the media, because each party has a different view and ideology.

An example of this is the work strategy of one specific local organisation. This institute uses several tactics in working to raise the level of interest of other NGOs and attract them to work actively with them. In Jordan, there are about 92 organisations interested in improving the conditions of women in prison, but not all of them are active. In their efforts to promote the implementation of the international standards, the representatives of the local organisation (an institute) mentioned above conducted an investigation about the nature of NGOs, in order to identify those that may not know about the standards, and those that do not have a certain investment in the problem, but have good relations with the governing regime. They use many tactics to attract and to find



common ground with them in order to take them to the institute site as active allies. A representative of this organisation explained how this strategy is being applied to promote the implementation of the international standards:

...we are trying to work on forming a mass of strong alliances to promote the implementation of the international standards and prison reform. Our strategic framework is based on identifying the aims, building a shared vision to set goals, and identifying individuals and institutions associated with this problem to examine common goals. (30.2).

Despite the emphasis on the importance of the above-mentioned strategy to build a shared vision, it seems that it would not easily achieve the required compliance with the international standards by adopting this method alone, because of the existing challenges in the state. A question also may arise about the extent of interdependence and harmony between the organisations required to make this method effective. For example, the different characteristics of NGOs can translate into dissimilar messages for decision-makers and lead to a state of inconsistency (Bryans et al., 2002). Moreover, it is assumed by some participants that foreign-funding has negatively affected the women's organisations and movement in Jordan and this has influenced the interest in the circumstances of women prisoners. It is stated that grants funding opportunities can divide the NGOs and make their aims different where diverging attitudes could prove counterproductive in the attainment of the ultimate goal concerning implementation of international standards. The following excerpt from the interview with a high-ranking government official provides evidence for this:

... foreign-funding has divided the women's movement in Jordan. There are no longer united feminist movements who operate in one direction at the same time to promote women, prisoners and marginalised rights; each one has its own project and different concerns [...] any alliances ... whether to change the Prisons Act or to apply the international standards on the treatment of female offenders, will not achieve the desired pressure. (7. 3).

Regardless of the effectiveness of the differing NGO working approaches, empowering women's movements to make the changes in society that are necessary to guarantee the rights of female prisoners is a challenge to patriarchal nationalism within the context of political and legal structures. Perhaps because many officials in Jordan have

characterised NGOs as elitist organisations dependent on Western funding and which may be promoting Western agendas. This sceptical approach evidently has led to the establishment restrictions, and the development of limiting systems, within which NGOs must work. It also highlights the differences in the treatment of the NGOs working with female prisoners. By way of illustration, some participants in this study indicated how national institutions are seen as being more reliable than others due to the nationality of their managers and the legality of their establishment. The following excerpt, which is taken from the interview in which one Jordanian official described his view on the most credible organisations states:

... the NCHR is the most credible organisation because it is national and impartial and accurate in all reports. They are trustworthy. The centre was established by the law and they have the qualified competencies. Also we are sure about their ideologies and backgrounds. (4.5).

This is clearly a very positive, faithful, assertion, and in a sense, unquestioning, reflecting an unswerving belief in the NCHR in its entirety. Such total belief refutes the infallibility of the organisation, and yet in all likelihood, there are faults that are being overlooked in this assertion. Participants from comparable national organisations, however, think that their work is very challenging and indicate how several obstacles caused by security agendas prevent them from working smoothly. The following quotation, from the interview with a member of a national monitoring body, shows that even this government organisation cannot work free from restrictions:

I should admit that building credibility is not easy and cannot be achieved in a day and a night because security agendas may impose obstacles to the work of all human rights organisations. The other obstacle, in my opinion, is that the area of decision-making is a masculine privilege [...] even if these people have been trained on all the human rights grounds, if there is no understanding of the role of these organisations, no progress will be made. (8.7).

In this context, a number of high-ranking government officials tied together the work, and the involvement of, NGOs with the complete commitment to the agreements with the state. It seems that officials in Jordan tend to believe that NGOs can have other purposes that are intended to mislead the public, rather than providing assistance. This

can be seen in the next quote from the interview with a high-ranking government official who described the role of the NGOs as follows:

The NGOs' involvement is acceptable as long as it is not transgressed beyond the agreement with the state [...] the commitment of professionalism, not creating stories, rumours or reporting of uncertain facts because not all of the NGOs are worthy of trust and some may have hidden agendas. (6.4)

The belief that NGOs active in human rights have a hidden agenda and are untrustworthy is arguably quite common amongst high-ranking officials. As long as the distrust and suspicions prevail, the less easy it will be effect change through NGO activities to implement the international standards. Some representatives of international organisation indicated how their work to apply the international standards is conditioned on entering a partnership with the state agencies. It was pointed out by three of them that the work of NGOs in prisons cannot be done independently, since the Jordanian government must be informed of all of the details, otherwise, completing any task will lead to complications. The following quote from an interview with a representative of one international organisation discussed how their work in prisons for women is always conditioned on entering a partnership with the state agencies:

...in Jordan, you cannot work independently therefore, we entered into partnerships with local partners. Since our work is on a subject that is very sensitive, we operate along with the PSD to make our work smoother and palatable for the local authorities. (20.1).

The analysis of the information gathered for the present study revealed an interesting perspective that might provide other theoretical reasons for differences in the power and influence between the NGOs in Jordan. It was indicated by the majority of participants that the International Committee of the Red Cross (ICRC) is one of the most influential organisations in the country. The reasons given for this include the strict policy of the organisation concerning confidentiality, and its ways of dealing with the government's fear of external agendas. In this regard, one of the international organisations' representatives pointed out:

...the ICRC is the most influential for a simple reason, they do not shame, they do not name. Their reports are absolutely confidential. They are the only ones

who have direct contact with women prisoners and provide health services and they work very well to apply the standards ... the issue we faced is that the culture of human rights is not yet well established, not just in Jordan but in the region. We face apprehension and distrust and they are, in fact, real obstacles to working effectively. There are still those ideas about the existence of any agendas and threat to the state reputation. (18.3).

However, the analysis of interviews in general suggests that the fear of damaging the reputation of the state and the creation of a negative image about its detention centres might lead the regime to ignore the restrictions in some cases. Due to a number of political and economic challenges, which make Jordan keen to gain the acceptance of the international community as well as aid, the state deals sometimes more openly with international organisations, especially those that are expected to produce reports. Some participants from NGOs indicated that the issue of being accused of making false claims about real situations in the prisons was a particular problem. The Jordanian government is always keen to show its prisons as ideal institutions in showcasing them to the world. A representative on one of the national NGOs provided an example of this:

...the main dilemma is the claims that there are no problems especially in front of foreign observers, for example, recently, Al Juweidah women's centre was visited by a Swiss organisation and we were there... they were allowed to visit lots of places that we as local NGOs have never seen before, even the kitchen and they let them taste the food prepared for prisoners, which was, coincidentally, Mansaf, the Jordanian popular famous meal. (27. 3).

Whether or not that visit had been planned in advance so that non-standard preparations had been made before the inspection, and whether it was representative of everyday conditions is not clear. It is unlikely that it was a random, impromptu inspection. Overall, despite the fact that organisations involved in criminal justice seem to adopt a range of strategies for changes to the internal practices of women's prisons, it seems that their work is still limited and subject to close working with the PSD. While NGOs claim that they retain an independent and critical view, inevitably the distinction between their own strategy and that of the Government becomes blurred. Therefore, it is suggested that best practice may require NGOs' partnership with the government to become a

more equal balance of power and that enables those NGOs to be seen as allies on all issues related to the implementation of the international standards.

#### 7.5. Summary

Bearing in mind the impact of the manifestations of the system of patriarchy that still operates in the social and legal organisations of Arab society, this chapter investigated the context of the work of NGOs in the implementation of international health care standards in prisons for women in Jordan. One conclusion is that, due to the on-going presence of patriarchal ideals, views about the place of women in society impede or restrict the efforts of NGOs to promote the implementation of international standards in women's detention centres. There is a view evident from interviews with participants in the study that this situation results from the influence of the dominance of conventional Arab socio-cultural values and notions concerning women and the purpose of correctional institutions, and the views held by prison authorities (Carlen and Worrall 1987; Cook and Davies, 1999). Moreover, this study found that some of the answers provided by the interviewees asserted that the challenges faced by the NGOs may also be influenced by common perceptions created by patriarchy as well as the systems that have been put in place to control patterns of conduct of NGOs that work in the state prisons; a view which resonates with the theory of patriarchal controls (Carlen and Worrall, 1987). This idea is supported by a number of academics (Khade, 2013; West, 1997; Berger, 2014; Ben Nefissa et al 2005).

As indicated by previous Western studies, the findings of this study certainly illustrate a perception held by the Jordanian government about the voluntary sector as an arena for government intervention and regulation, owing, in part, to mistrust of the motives of the NGOs whose power they prefer to restrict (Bryans et al., 2002; Lewis, 1999). In Jordan, NGOs' roles and work strategies rely on discourse and advocacy about women's rights, and are strongly influenced by the official attitudes, institutional culture and the state claims to protect the state from the 'corrupting influences' of the West. Unfortunately, these cultural attitudes are found to be clearly affected by inherited traditions and patriarchal values. This means that any attempt by NGOs working in the realm of the rights of female prisoners that are trying to make public some hitherto unknown issues could be seen as a challenge to the nationalist-patriarchal discourse. Common

perceptions created by patriarchal nationalism have a strong tendency to control matters related to human rights for women in prison.

The chapter argues that the attitudes of officials attitudes, and the individual views that obviously govern the work in the prison system in the state, are significant obstacles faced by NGOs working to apply the international standards. The effectiveness of NGOs at a variety of levels in promoting the implementation of international standards may depend mainly on producing harmony with recognised official views, according to the social and cultural context. Based on the evidence presented, the social stigma attached to women prisoners, and the personal views of the NGO staff, are examples of the determiners of the roles of NGOs. Finally, according to the evidence presented, it is clear that the relationships between the government as a constructive partnership are still at an early stage of development, and are characterised by a dramatic power imbalance. The collection of evidence in this chapter is important in assisting the development of beneficial partnerships. This should not be underestimated as an important first step, but it should not be seen as more than just a first step on the long road of fostering constructive and positive partnerships in the difficult area of applying the international standards for the treatment of female offenders and providing them with services that meet their specific needs. This chapter was the final chapter presenting the data collected during the empirical work in Jordan and its analysis. Next chapter is a conclusion of this thesis where a summary of the major findings of the study is provided.

## Chapter Eight

### Conclusion

This research investigated the implementation of international health care standards in women's prisons in the Arab world, using Jordan as a case study. The key objectives of this study were to investigate views about the international standards and to explore what has been done to apply them in terms of both policy and practise in the region. Potential factors which assist or act as barriers to implementation are also examined. To achieve the study's objectives, the analysis focused on key themes including social structures in Arabic society, the historical and cultural backdrops of this patriarchal society, and how these have shaped the prison system.

The main finding is that the standards have not been systematically implemented in Jordan. This is because they are considered to be an intervention that is predominantly Western in its outlook, disregarding Arab culture and traditions, particularly those relating to how women's status is viewed in Arab society. Investigation in Jordan indicates that the influence of Arab culture and traditions there have affected the adoption of the international standards, which are perceived as Western developments imposed on other countries that are not appropriate to the treatment of women in Arabic society.

The aim of this chapter is not just to summarise the main findings of the study, but also to highlight its contributions to knowledge by outlining how its findings advance feminist criminological work as well as the existing scholarship on international prison studies, health care, cultures of punishment and on Arab studies more broadly. The chapter also highlights the study's limitations, implications, and offers some suggestions for future research. Finally, it provides indications to consider on the subject of setting and implementing international health care standards for women prisoners.

Before presenting the research main findings, it is important to highlight that the provision of health care to prisoners in Jordan is generally below the standards set by international human rights bodies (see Chapter 2 and 5). The study does not, therefore, argue that men or young offenders are in a better situation or that they suffer less, but

that since the prison system in the Arab world was established originally by colonial powers without bearing gender sensitivity in mind, it is inappropriate for women (see Chapter 2). Female prisoners have gender-specific needs, but women form a very small proportion of the prison population in the Jordan. The impact of social stigma, abandonment by families, and the neglect and discrimination by the government officials are significant in the state. Women prisoners' rights to receive health care that meets their specific needs are often overlooked, and distinction is often made for those women that are imprisoned for breaking moral codes and the social norms, rather than for criminal activity (see Chapter 5).

This research indicates that although female prisoners in Jordan are few in number and might generally represent less risk to society than male prisoners, Arab culture and the direction of political thinking and patriarchal ideology impact upon their imprisonment and official response to standards related to their treatment. It could be argued that these factors have affected the reform and rehabilitation purposes of prison in the state, which have gone seriously awry by isolating and holding women prisoners in questionable conditions and continuing to detain women who have not been convicted of a crime and/or who have served their sentences (see Chapter 2). The Arab understanding of honour seems to lead women prisoners to suffer from social isolation labelled with a stigma and social rejection.

### The main findings

This research started with the aim of understanding the status of the implementation of the international health care standards in women's prisons in the Arab world and led to number of major findings which are divided into three sets. Each set offers significant information that contributed to meeting the objectives of this project.

The first set of findings relate to examining the implementation of the international standards in both policy and practice. As indicated in chapter three, this implementation requires translating the standards at national level into obligations through specific actions and plans by governments (Brunsson and Jacobsson, 2000; Shelton, 2003; Mörth, 2004; Betteridge, 2004; Huber, 2016). This research found that there is no effort made to implement the standards systematically in Jordan. The fieldwork highlighted the absence of national policies for women's prisons and for implementing the international standards in Jordan. It was found that legal provisions concerning prisons



are 'gender-blind' and do not uphold the international standards. The findings suggest that the ideological structures inherent in the patriarchal Arabic political, legal and social institutions influence the criminal justice systems' consideration of women prisoners' health needs. The way in which prison law was written, and how the prison system works, reflect a lack of attention to gender specificity. The prison system in Jordan contributes to the deprivation of women by continuing to reflect and protect patriarchal values and interests. These values clearly influence legislative and prison systems' consideration of women's health needs and relevant international standards in Jordan.

Women prisoners and their specific needs were found to be 'invisible' within Jordanian prison law and plans, which according to Bloom (2000) can act as a form of oppression. Though Jordanian prison law and plans fail to comprehensively identify, or acknowledge, differences relating to gender, the findings of this study show the recognition of the urgent need to reform current gender-blind law. Establishing policies for health care provision in women's prisons in the state seems to be unclear, or even, perhaps, ignored. The present study indicates that the delayed response of meaningful regulatory reform might be due to the influence of the complex processes of gender inequality and male domination in policy making, the proportionately fewer number, and disadvantageous position, of female prisoners, and the officials' personal attitudes toward women's prison population (see Chapter 5). As Kaushik and Sharma (2009) suggested, this study found that the application of the same law and policy to all the prison population in Jordan led to insufficient attention to be paid to women-specific needs such as menstruation, pregnancy, childbirth, hygiene and so on (see Chapter 5).

In practice, this study found that although some health care services provided to women prisoners in Jordan are in-line with the international standards, yet, this cannot be interpreted as systematic implementation. Some standards were just met unintentionally through daily activity and normal policy practices. It was reported that the provision of some gender-sensitive services is not under the name of the implementation of the international standards and that several essential services have not yet been provided (see Chapter 5). Additionally, it was also reported that the quality of currently available health services, confidentiality, practitioners' attitudes, discrimination between prisoners and equality of treatment are problematic (see Chapter 5). It is believed that the absence of a national policy concerning women prisoners and the extensive power

and authority given to executive authorities is the root of the most problems (see Chapter 5).

The second set of major findings is related to the exploration of the officials' knowledge and views on the international health care standards. The study shows that although several officials have some knowledge of the international standards, and how female prisoners should be treated in accordance with their ethos, some acknowledgement of Jordanian prison governors in this regard seem to be called into question (see Chapter 6). It seems that there is a 'knowledge gap' even at senior levels about the standards, or perhaps even disinterest in them. In addition, the analyses of the data from Jordan showed a level of mistrust, and even distrust, in international human rights standards in general (see Chapter 6 and 7). In Jordan, human rights, standards and norms are regarded together as one block of Western ideals and therefore were subjected to the same view.

The findings show that governmental officials' views on the international standards are affected by the local culture and depend largely on what is seen to be acceptable in the Arabic society's social institutions. In Jordan, international standards can be considered relevant only if they are consistent with Arab culture and traditions relating to women's status in Arab society, and are in accord with the prevalent religious beliefs and the purpose of women's prisons in this society. In other words, views on the international standards in Jordan are affected by the patriarchal ways of thinking which set up role models in the Arabic society and the Arabic cultural views on women, their human rights, and the purpose of prison. These views have historically promoted women's oppression and have governed their social realities today (United Nations Development Program, 2016). Though patriarchal ways of thinking might be seen as external factor of the prison system; this study suggested that they may have a great consequence on the officials' views on the international standards.

In Jordan, the argument that international standards are insensitive to distinctive Arab cultural values and religious beliefs was frequently raised by governmental officials (see Chapter 6). For example, it was found that several officials, who claimed that the standards should be examined carefully in their terms and application before their adoption, justified their views by explaining that it is a great responsibility that includes a moral obligation and a religious duty. That is, religious considerations and ethics,

where they can be fully and generally established, are paramount in applying international human rights standards, which supersedes non-religious humanitarian considerations. The study found that some governmental officials think that the international standards are established by Western world and might not be all appropriate in countries outside the West.

One possible explanation of this thought is the influence of the Arabic mind and perceptions of human rights and the Western world on those officials. For example, it is indicated in Chapter six that the recognition and protection of human rights standards in the Arab region can be seen as contentious political thinking, Arab cultural values, and religious teachings are concerned. Moreover, as indicated in Chapter two, the Western intervention in the affairs of the Arab world has negatively shaped the Arabic mind and perceptions of the Western world. According to Medinger and Ozen (2015), after the colonial period, Arabs perceptions of the West have changed from disdain not just to dislike but even hate as of westerns` acculturation and exploitation of the Arabic societies.

The argument of governmental officials in Jordan reminds us of what some Western studies have pointed out (see Chapter 6). For example, according to Waldron (1998), the attempt to impose human rights standards without sensitively confronting the basis of other cultures` resistance might be seen as moral imperialism. In the same setting, Moeckli et al. (2013) argue that international human rights standards have the inherent risk of not respecting the ways of some cultures. This study suggests that claims related to cultural differences and the impacts of patriarchal political thinking in the arena of human rights might not only Arab problems. Some scholars argue that `the oppression of women, the exploitation and social pressures to which they are exposed, are not characteristics of Arab or Middle Eastern societies ...alone` (El Saadawi, 2010: 43). The cultural and value differences, for example, were stressed by several official delegations in Vienna at the 1993 World Conference on Human Rights (Sen, 1997). Some delegations stressed differences between states and in making sure that the framework adopted in the declarations made allowances for regional diversity, which is that the state`s rights must come before the individual`s rights (Donnelly, 1999).

As indicated in Chapter six, in the field of international human rights law, the aforementioned matter has long been debated and continues to be debated. While some

advocates of human rights claiming universality defend the notion of universal human rights in a world of diverse beliefs and practices, relativists believe that no declaration could ever manage to identify universal human rights valid for all civilizations across the world (Sumner 1940; Talbott 2005; Moeckli et al, 2013; Alston and Goodman, 2013). Moeckli et al. (2013) argue that the debate between universalism and relativism is not just concerned with the reaction by world states to something originating in the West; instead, its essence is to capture the debatable accommodation of harmony and diversity in humanity.

As for the third set of the major findings, the fieldwork helped to recognise several potential internal and external influential factors that impact on the implementation of the intentional health care standards in women's prisons in Jordan. Similarities were recognised between some of these factors and those found in the Western studies. For example, factors like availability of resources (Robertson, 1994), awareness and better understanding (Braveman, and Gruskin, 2003), political and security stability (Kabange, 2013), political will (Reif, 2000), and the work of the NGOs (Weissbrodt, 1977) can have an influence on the implementation of the international standards. This research, however, highlighted additional influential factors unique for Jordan and the Arab region. These factors seem to act as obstacles inhibiting the standards' implementation. While some of these obstacles are found to be associated with local culture, traditions, and conditions including the lack of awareness and the limited resources, others are due to external reasons, such as the political unrest in the region and what is in the agenda of the international community (see Chapter 6).

Among all of these factors, the study indicates that the work of NGOs may be central to the implementation of the international standards in Jordan (see Chapter 7). Interview evidence from government officials, practitioners, legal professionals and the representatives of several national and international organisations in the state showed that some NGOs can have vital roles in implementing the international human rights standards at many levels including policies, training, and ensuring compliance. However, the study also found that the Jordanian criminal justice system's collaboration with NGOs is still limited and the work of these organisations in women's prisons is still surrounded by many problems and constraints. While some Western scholars have argued that NGOs' work in the prison sector is potentially limited by pitfalls including a lack of co-ordination between the prison and individual agencies, funding issues,

cultural differences between the prison services and the NGOs, and the inequality of the partnership (Bryans et al., 2002; Gill and Mawby, 1990), the research in this study shows a number of additional limitations that influence NGOs' roles. For example, NGO efforts in policy-making can be negatively influenced by the beliefs and attitudes of the people who are in decision-making positions who are affected by the sociocultural context.

In addition, NGOs efforts to implement the international standards seem to be subjected to an attitudinal change and the rise of the Arabic culture views of women prisoners' human rights in both the penal system and society. According to some NGO representatives' accounts, women prisoners' silence on the subject is due to fear of the social stigma. The lack of information provided by women prisoners prevented NGOs in Jordan from fully appreciating what is happening, hindering the production of precise reports and making accurate assessments. Likewise, the loyalty of some Jordanian local NGOs staff to the state regime raises questions about the validity and the reliability of the assessment they make or the reports they write (see Chapter 7). Moreover, the study found that the work of NGOs can be affected by differences in ideologies between some government departments such as the Ministry of Justice and Public Security Directorate (see Chapter 7).

The study findings also indicated it the differences in the treatment of the NGOs working with women prisoners. By the way of illustration, some participants in this study indicate how national institutions are seen as more reliable than other due to the nationality of their setters and legality of their establishment. It is found that NGOs, particularly the international and the Western ones, face the problem of lack of trust and suspicion. Officials in Jordan have characterised NGOs as elitist organisations dependent on Western funding which may be promoting Western agendas. This sceptical approach has evidently led to establishing restrictions on NGOs' work concerning women prisoners. As a result, international NGOs often work in a way that does not conflict with officials' conditions of cooperation. They tend to place a high priority on building good relations with officials and decision-makers to keep the processes operating that facilitate transposing the international standards into practice smooth. NGOs' work in Jordan has to be carried out closely with the regime and according to the official perceptions (see Chapter 7).

The three sets of findings presented above not just offer significant pieces of information that contributed to meeting the study's objectives, they also provide new and original evidence that represent a significant contribution to existing scholarships in non-Western jurisdictions.

### Contribution to Knowledge

The study's findings push scholarships in non-Western jurisdictions forward by shedding light on the issues affecting women prisoners in non-Western societies. By the way of illustration, the findings of this research could help to advance feminist criminological work and the existing scholarship on international prison studies, health care and cultures of punishment. As indicated in the first chapters, the existing body of recorded work produced by researchers and scholars in these fields typically focus on issues related to Western societies, where arguably there is a sense of gender equality in society, although not universally accepted. This study focuses on circumstances faced by women prisoners in non-Western societies, namely Arabic societies, and Jordan in particular.

Concerning feminist criminological studies, initially, it is important to highlight that some of this study's findings concur with Western jurisdictions concerning the shortfalls in the prisons' policies and practices to meet women prisoners' needs. Since this study is the first to consider this topic in the Arab world, these jurisdictions provided important background context. Particular attention was paid to literature concerning women in correction institutions and the relationship between the issues and the fact that the prison service is an 'organization ... geared to deal with male prisoners' (Miller-Warke, 2000; Carlen, 2002; Carlen and Worrall, 2004; Coyle, 2005; Plugge et al, 2006; Corston, 2007; Women in Prison, 2011) and therefore is insensitive to the needs of women, (Genders and Player, 1987; Lamberge, 1991 Covington, 1998; Weatherhead, 2003; Scott and Codd, 2010; Bastick and Townhead, 2008; Van den Bergh et al, 2011a; Van den Bergh et al, 2011b; Halliday et al, 2017; Kelsey et al, 2017).

The fieldwork in Jordan illustrated similarities between the basis of the problems with prison health care policy and practice in the Arab society, and those found in the Western studies. For example, some of the findings are consistent with studies concerning how women's health needs can be neglected in male-oriented criminal

justice systems (Covington, 2002; Carlen and Worrall, 2004; Harrington et al, 2005; Corston, 2007; Harris et al, 2007; Fazel and Benning, 2009), and how insufficient attention is paid to female-specific needs such as menstruation, pregnancy, and childbirth (Heidensohn, 1986; Covington and Bloom, 2003; Kaushik and Sharma, 2009). They also concur with the argument that masculinist epistemologies are built upon values which promote masculine needs and desires, making all others unseen (Kaschak, 1992). The findings of the present study are particular in-line with the literature on women in correctional institutions, which indicate to sexism and the influence of stereotypes about female offenders and how such problems affect the treatment of women in the criminal justice system (Bloom, 1996; Wolf et al, 2007; Belknap, 2010; Justice, 2010; Tripathi, 2014).

Yet, the findings of this study suggest additional factors affecting the treatment of women prisoners in Jordan, namely, the unique implications of Arab culture and traditions, particularly those relating to how women's status is viewed in Arab society. These implications might neither exist nor pose problems in Western societies. By the way of illustration, in Arab culture, there is a strong link between the concept of honour and a woman's body and behaviour. Woman's misbehaviour and transgressions, even ones considered minor elsewhere, are considered to bring shame not only the individual, but also upon her family and her community. This has negatively affected all aspects of women's lives in the region and exaggerated the undermining of their treatment when they become prisoners. The use of the 'carrot of honour' and the 'stick of shame' by men in the Arab world has negatively affected the treatment of women in society and in prison (see Chapter 2). By highlighting how the implications of Arab culture and traditions shape the treatment of female prisoners, this study contributes to filling the gap within existing feminist criminology work.

The findings of this study provide a significant original contribution to the academic understanding of the treatment of female prisoners in a non-western society. It is evident that the Arab culture and traditions regarding the treatment of women are uniquely different from Western culture. This culture and traditions have long made women prisoners in many Arabic states including Jordan ostracised, abandoned and even a forgotten, neglected group. This study found that women can be held in detention in Jordan for years just to protect them from 'honour crimes' by others wishing them harm; that is, to isolate them from society to shield them from danger without

necessarily any major wrongdoing on their part. Using the expression of Piacentini and Pallot (2013) about prisoners in Russia, one can describe those women as a group of people who were cut adrift from society when they entered prison.

The implications of Arab culture and traditions on the treatment of female prisoners also include the social stigma attached to people working in women prisons and dealing with their inmates. Stereotypes about female staff in prisons can lead to high levels of staff turnover, reducing the quality of trained workforce, and thereby negatively impacting upon prisoners' treatment (see Chapter 5). In addition, the implications of the Arab culture and traditions can lead to some sorts of discrimination (see Chapter 2 and 5). Yet, among the female prison population, some groups are found more likely to be affected by such culture and traditions than others. Non-citizen women prisoners, for example, were found to be subjected to prejudice not only as women but also as a minority.

The Arab culture views on women who do not belong to the local communities seem to influence the treatment and wellbeing of non-citizens female prisoners lead to a type of discriminatory treatment against them. Though this category of women prisoners presents a large percentage of the female prison populations in Jordan (see Chapter 3), it was reported that such women in Jordan receive less attention by the government, which considers them to be a burden (see Chapter 5). This study suggests a link between this prejudice against non-citizen women and the matter that under patriarchal Arabic cultural norms, foreign women are not viewed as conforming to the morals of Arab culture and how women should be treated.

As indicated in Chapter two, under the patriarchal Arabic cultural norms and views of foreign women, such women are not required to conform to the morals of a particular Arab culture to be considered decent, like wearing a veil or a headscarf in front of males, non-smoking, and other sorts of acceptable forms of conduct. This has influenced the treatment and wellbeing of some non-citizen prisoners in Jordan and lead to the violation of some of their rights (see Chapter 5). It is evident that those women are not being treated in the same way as Jordanian prisoners. For example, while Jordanian prisoners receive an amount of money as a backing from the Ministry of social affairs, non-Jordanians do not. Also, it was found that some practitioners think that such women do not mind seeing male doctors as this is acceptable in their culture



(see Chapter 5). In accord with Phillips and Harm (1998), it seems that such prisoners in Jordan are neglected and misunderstood (see also Covington, 1998; Lamberge, 1991).

This study found that the discriminatory and unequal treatment of women prisoners seems to be a prominent feature of Jordanian women's prisons. This type of treatment was remarked by some participants even among the Jordanian prisoners. As indicated in Chapter five, as well as the male-female imbalances in the culture, there are subdivisions of the status of women in Jordanian society, and that can manifest itself in different ways of dealing with women in prison who are from powerful known tribes or unusually high levels in the social hierarchy. In short, the treatment of women prisoners in Jordan seems to be influenced by customs and traditions and strongly linked to unequal levels of social value, prestige, or privileges of some individuals in the society.

Many western studies indicate that the intersectional inequalities can increase women's vulnerabilities in prison (Cho et al, 2013; Belknap, 2015; Potter, 2015; Jones et al, 2018). According to these studies, women's prisoners provide a stark model of intersecting and hierarchical forms of discrimination against women, the poor, and communities of colour. However, as mentioned in chapter 2, the concept of intersectionality within western studies informs many feminist scholars' work by emphasising just the overlapping inequalities of race, class, gender, and sexual orientation and identity that underpin the status of women in the West (Joseph, 2006; Cho et al, 2013; Potter, 2015). The findings of this research make a contribution to knowledge through highlighting how intersectionality can be about culture and customs, not just factors such as race, age, ethnicity and sexual orientation as Western studies have described (see Chapter 4).

Another contribution this study made is related to the existing scholarship on both international and western prison and healthcare studies. Within these scholarships no empirical research has (so far) been carried out specifically to examine the topic under study (see Chapter one). The findings presented here add important new insights into filling the gaps in these fields by providing evidence for the cultural and social aspects relating prison in the Arab context, the work of NGOs in this institution, and the impact of attitudes towards women and their criminality on their treatment when they become prisoners. This study not only adds value to advance the international academic understanding of the issues within women prisons in non-Western contexts, but also

helps to rectify any deficiencies existing due to the fact that lots of theories are based on Western ideas and Western analysis about what is happening in the West.

This study, for example, provides a new explanation of the meaning of gender-sensitive prisons in the context of the Arab world. In the existing scholarship on both international and western prison and healthcare studies, gender-sensitive prisons or gender-responsive, prisons are those constructed to provide gender-specific care to incarcerated women based on the idea that female offenders are different from their male counterparts not just biologically, but also on the dissimilarities in economic and sociocultural contexts of their lives (see Chapter 1 and 2). The findings of this study found that the meaning of gender-sensitive prisons in the context of Jordanian Arabic prisons might mean more than this. To characterize an Arabic prison as being ‘gender-sensitive’, it should be run and organised in a way that takes into account the recognised differences between man and women’s reasons of imprisonment together with issues affecting the status of women in society.

Furthermore, this study provides a significant original contribution to academic understanding and research on the subject of the culture of punishment. As mentioned in Chapter one, most of the literature and debate in this topic is based on Anglo and European penal system and therefore, it might not correlate strongly with what is going on the Arab world or in other countries around the world. For example, some scholars in the West have brought the culture to the discussion of punishment to enlarge further the horizon of what should be thought of, considered and talked about (Smith, 2008; Brown, 2009; Garland, 2012). Those scholars highlighted how most western scholarships by criminologists do not focus sufficiently on penal institutions` cultural structures and the politics behind prison`s policies and practices. It is argued that to make sense of the shifts in political rhetoric about crime and punishment, it is important to consider culture and the way political elites talk (Garland, 2012). Western scholars such as Brown (2009) emphasise the importance of tracking culture and the major contemporary social issues in their modern societies in the study of the penal system and extend theories and empirical comparisons to this topic.

This study argues that the penal change in the Arab region should be placed within a field of broader structural and cultural change. It is clear that the social, structural, and cultural elements unavoidably influence the prison system in the region. This might be

in line with David Garland's theories about the powerful role that culture plays in shaping the penal system and the importance of considering the close relation of punishment to prevailing mythical and religious themes (Garland, 2009). In his work, Garland has indicated how western sociologists of punishment have neglected culture in their efforts to identify the social causes and consequences of penal institutions. His analysis has long been considered a significant contribution to the field of the culture of punishment. Despite its important contribution, Garland's analysis is based on the UK and USA penal systems and therefore, it might not apply to the Arab world. This study highlights the implications of cultural values and traditions in non-western society on the penal system.

This research sheds light on the impact of the Arab culture on the prison system policies and practices. It demonstrates how Arab culture and traditions, particularly those relating to how women's status is viewed in Arab society are unique and have their own specificities which are dissimilar to those within Western societies. For example, in Western societies, it is not common to place women in a state of the permanent tutelage of male relatives or to link femininity to honour, humiliation and shame (see Chapter 2). Through highlighting the heavy and unique impact of the Arabic culture and traditions related to women and the directions of patriarchal political thought of Arabic officials, this study adds a new contribution to the existing scholarship cultures of punishment.

The significant contributions of this study to knowledge do not mean, however, that there were no limitations impacted the research process or unanticipated challenges emerged during some stages. More information about this topic, the research implications and the researcher's suggestions for future research is below.

#### Limitations, implications and Future research

This study provides important insights into the status of the implementation of the international standards in Jordan. However, as any other empirical research, it has affected by some limitations and influences that the researcher could not control. For example, the study was small-scale with a limited time for data collection and analysis. Additionally, some delaying issues were encountered in gaining access to one NGO, and in securing the target number of practitioners (see Chapter 4). Despite this, the present researcher was the first to be given access to such people. Also, the small sample size of the interviews had no serious impact on the quality of the collected data,

as many valuable insights were gained. It is commonly acknowledged that using interviews can be a limiting factor when used as a research instrument. The study provides a great deal of interesting and useful information about the state of healthcare provision for women in prisons in Jordan. Though in this study the researcher had to trust that the interviewees' replies were a true reflection of their opinions, the analysis of the recorded interviews revealed that there was no clear impact of this matter since all participants' stories were lengthy, complete, and fully detailed and the interviewees from all groups appeared to be candid and without hesitation in reply.

Given the fact that in the Arab world little academic research has thus far examined the healthcare provision for women in prison, the findings represent a significant addition to the existing scholarship on Arab studies more broadly. This achievement is promoted by the chosen methods and approaches in this research. For example, the choice of the research methodology is influenced by the present researcher's perspective and attitude towards the ways in which the data were used and this is not the norm in research conducted in the Arab world. As it is not common for women to conduct prison research in the Arab world, this research could also be seen as an attempt to bring about a degree of balance about who conducts the research and on what topic, to improve equality between male and female contributions to criminological studies in the region.

Also, the success in gathering new information about the topic of interest in Jordan was due to the chosen of the data collection approach. Semi-structured interviews were beneficial as they combined a pre-determined set of open questions and gave the opportunity for the interviewer to explore particular themes or responses further. This method helped to create an informal conversational atmosphere with participants and led to very productive findings. For example, a comfortable atmosphere helped interviewees share more freely their perceptions and attitudes relevant to the work of NGOs. This method also provided an opportunity to raise new issues. For instance, no questions had been planned about how NGOs are officially regarded, but the atmosphere allowed interviewees to provide information on this topic, which they believed to be relevant and important.

Likewise, success in gathering information about the subject of discriminatory and unequal treatment of women prisoners in Jordan is due to the addition of a new group of participants (the legal profession) during the field work. The findings of the pilot study

indicated that due to their direct contact with prisoners, legal professionals are rich sources of information that would add great value to the research. In the field, it was recommended by many interviewees that the views of particular lawyers and judges in Jordan would add a great value to the study. The accounts given by those participants added a reflection of the problems of non-citizens women prisoners. It also highlighted the unique implications in the Arab culture of detention as a protective measure to shield women from falling victim to 'honour crimes' - women under 'administrative detention' (particularly those who become pregnant before marriage).

In the same setting, the success in gathering information about the subject of the treatment of women prisoners in Jordan is also due to the consideration of feminists' concerns and ideas relating to how gender inequality plays a part in constructing the reality of a woman's life (see Chapter 4). This consideration facilitated the understanding of the perception of gender within the wider Arabic patriarchal society and of the policy and practice regarding the treatment of women prisoners. It helped to gain an understanding of the status of women in the region with respect to gender and nationality which affect the treatment of any woman when she becomes a prisoner. This study benefited in particular from the consideration of the concern of feminist criminology about how women can be at high risk of being victimized in the male-dominated criminal justice system, where specific medical needs and health issues are consistently ignored (Gundy, 2016). It also benefited from taking into account feminists' suggestion about the importance of reflectivity. As discussed in Chapter four, the reflectivity in this study focused on the researcher's role in understanding the power relations and cultural issues. This helped the researcher to recognise that Arab culture and traditions relating to women's status in Arab society can have many unique implications. These include, for example, the Arabic officials' personal interpretation and definitions of the appropriate standards to be applied in women's prisons.

As mentioned in Chapter one, the framework of this study was based on two sets of factors. The first relates to issues suggested by Western academic observations about women in prison and the provision of health care to women prisoners. The second concerns the societal situation of women in the Arab world. The initial expectation was that the implementation of the international standards might be influenced by sociocultural and economic contexts, but the researcher kept an open mind during the process of collecting and analysing data. Therefore, the impact of the notion that

Western standards might not be appropriate to the circumstances in non-Western countries on officials' views became apparent. Likewise, the influence of the agreed purposes of women's prisons in the Arab culture upon some officials' views was recognised. This also includes highlighting how religious considerations and ethics can supersede non-religious humanitarian considerations when concerning the international standards.

The new questions this study might raise are: whether the argument that international standards emphasising gender-sensitive health care in women's prisons are insensitive to distinctive Arab cultural values, traditions and religious beliefs is really a mask for discriminatory practices – whether culture differences and the sovereignty of states are being protected or the discriminatory practices upheld in the name of them, and whether these international standards are really valid to be universal or can be overlooked with the notion of preserving regional differences and diversity. It is suggested that further research needs to be conducted to answer these questions.

It might be also vitally important to mention that although not the basis of this study, interviewing current or previous female prisoners might help further in demonstrating what impact the implementation of the international standards would have. Moreover, this research considered only the standards regarding the provision of physical health care, so new research considering mental health could also provide additional insights into the implementation of the international standards within the Arabic prison system. Furthermore, a focus group discussion that includes policy makers and international organisations' representatives could also be a valuable tool in bringing more insight to influence the implementation of the standards. What is more, this research highlighted the problem of the detention of non-offenders women in the Arab world, so new research considering the imprisonment of women for moral reasons would provide additional insights into the reality of women prisons in the region.

As indicated in Chapter 4, the implementation of international health care standards in women's prisons is a subject where few, if any, earlier studies have been done. This study provides a more nuanced and evidence-based investigation of the implementation of these standards in a purposively selected Arabic state. Exploring the situation in Jordan helped to illustrate key concepts and providing good empirical evidence. The focus on Jordan was highly appropriate in this research. Jordan is not just one of the

most stable countries in the region, it is a country with a promise to try to engage with many sectors about international standards and norms and be part of the civilised world. As Stake, (2005) noted, the researcher has learnt vicariously from an encounter with the case through personal narrative description. This helped to create “a vivid portrait of the status of international standards implementation”, for example, it can become a prototype that can be used to understand the situation in the region.

The empirical evidence and what was learned from the case of Jordan is helpful to provide indications for solutions that might address issues in other Arabic criminal justice systems. It could help to understand similar situations and provide suggestions regarding the implementation of international standards in women’s prisons in the Arab region. Although differences might be found between Arabic prison systems, given their common features and history, many of the challenges and the issues related to the implementation of the standards in Jordan are likely to be found in other Arabic states. Likewise, bearing in mind the ideological structures inherent in the patriarchal Arabic political, legal and social institutions and the fact that in all in Arab countries authority is still patriarchal, officials’ views on the standards, as well as, factors influenced their implementation in Jordan are likely to exist in other Arabic states.

It is, therefore, worth mentioning that the findings of this research are considerable value to all Arabic criminal justice systems, seeking to improve the conditions of detention of women prisoners. They are also considerable value to international human rights bodies and other stakeholders, seeking to shifted boundaries by setting standards to be available for consideration and use worldwide. More suggestions with regard to this topic and others are below.

#### Indications from research

The problems associated with the standards are found to be complicated, and might require more than recommendations or simply proposals for the best course of action for local authorities. These often require people to be more open to engagement than is presently the case in a society driven by Arab culture and traditions. The data in this research points to many difficult problems such as the possibility of a single universal set of international human rights standards and values. This thesis however, provides some indications to be taken in relation to the provision of health care to women prisoners in the Arab world and to the international standards.

One of the indications is that views on the international standards *regionally* need to drive the philosophy of *international* standards setters. It is important to pay more attention to how they can be put into practice and translated into actions in the Arab world. Following the argument of Renteln (2013), on the subject of international health care standards, a common ground that serves to accommodate varying cultural contexts should be sought. However, a certain degree of universality of health care rights to women prisoners is worthy of attention and to be asserted.

Moreover, it is important to bear in mind the need to find common ground between all stakeholders, possibly, through collaboration and teamwork strategies. For example, while international bodies need to work harder to examine, define and share values to consider how they can become more global, policy makers in Jordan or any other Arabic state can be encouraged to focus on establishing new approaches to deal with women prisoners, instead of simply relying on the traditional *status quo*. Following the recommendations of the PRI and TIJ (2017), it is significant to consider re-examination of the reasons for women's imprisonment with a view to reducing the use of imprisonment and to increase alternative strategies. It is also it is significant to consider new prison policy and practice adapted particular for women. Further, measures to ensure that non-citizens women prisoners are not subjected to ill-treatment because of their 'foreign' status.

Additionally, it is imperative to address how to make officials and policy makers better educated and informed about the international standards. As indicated in Chapter 6, though human rights standards are important, it is desirable they underpin policy development in society in general. Inequality is still faced by women in prison. In the Kyiv Declaration (2009), proposed actions were made for the establishment and formulation or reviewing policies relating to women in prisons, stating that it is imperative to make sure that three considerations are fully applied: the significance of human rights standards on the treatment of women should be recognized as a basis for policy developments; the policy agenda for women prisons' systems must be supported by equality and human rights legislation; and any indications for changes in prison policies must be acknowledged and legal.

For senior prison managers, it might be vital for them to take into consideration the indications of the developed practical checklists and guidance notes by the WHO



Regional Office for Europe and the UNODC (2011). As a result, the recognition of their crucial job in assisting a review of what provisions for women *are* currently available compared to what *should* be is significant. Because of their important roles and insight, it is important to consider their contribution to debates and discussions relating to the international standards at both national and international levels. The significance of shared experiences and respect for human rights might reverse the direction of the evolution of prison systems, from divergence to closer convergence (Joutsen, 2015).

Equally, the role of prison's practitioners and health care providers in women's prisons, including doctors and nurses as well as those working in referral hospitals or specialized services, is important. For example, the establishment of stronger links between health workers in women's prisons and their peer professional colleagues in the international organisations responsible for setting standards is worth consideration. Such links would be very useful for establishing accepted guidelines on health care in prisons so that the practices operating in Arabic prisons are considered with evidence from primary, rather than theoretical, sources. Also, emphasizing the need of both health care providers and prison practitioners is important to gain better knowledge about the international standards' content and to express their views on how to make the standards more responsive to diversity and differences in practice in the Arab society.

Regarding NGOs, one of the crucial roles that such organisation can play is related to transfer of views and facilitate a mutual basis between Arabic states and the standard setters is should to be taken into account and encouraged. But to achieve this, it is essential that all parties work together to develop a more-balanced, coordinated and dynamic regulatory framework within a peer group. In-line with the argument of Hannah-Moffat (2001) about the roles played by non-state actors addressing women's penal reform, the present study shows that the implementation of the international standards requires NGOs' partnership with the government authorities to create a balance of power, with them seen as allies. Hannah-Moffat calls this 'enabling logics' which are the rationalities, the knowledge, and the techniques brought to bear upon women's imprisonment. Likewise, the National Commission on Correctional Health Care (1994) suggested collaboration is required with women's rights advocacy groups to provide leadership for the development of policies and procedures that address women's special health care needs in corrective institutions.

It is noteworthy, however, that the problems involved with the investigation of international health care implementation in Jordan as an example of the Arab states require more than just seeking common ground or establishing acceptable work patterns that need to be followed. How to challenge the negative Arab culture and traditions, whether related to women prisoners or women's position in society, therefore, is an important question to consider, not only in the criminal justice system, but also in the society at large. Such a challenge cannot be achieved simply, since it requires a great social change and collective effort. For example, efforts to reduce the imprisonment of pregnant women should not be limited to criminal justice agencies, but should involve individuals, governmental bodies and the community in general.

Such efforts include research and women's organisations' efforts to raise public awareness of the message of the international standards by arranging campaigns and public lectures to facilitate the re-interpretation of traditional cultural views about women and detention centres. The modern world, through the utilisation of increasingly prevalent social media, offers opportunities for such campaigns. Since such political thinking challenges long-established cultural views in Jordan as many other Arabic states, the migration towards a new paradigm is a deep-rooted overturn of values, but the first step of the journey to a new social realm is important to facilitate fairer treatment of women in prison in the state, but the journey will be a very difficult.

This case study revealed that enacting the international standards is not a simple matter of transposing a multi-national agreement into a nation's domestic laws and practices. It also highlighted that women's prisons in the Arab world should be managed in a way that best serves the interests of its population. Traditions, culture, and religion cannot justify depriving women prisoners of their healthcare rights. Also, the matter that international standards are western cannot be put forward as a justification for violating women prisoners' human rights. Yet, the socio-political 'backdrop' and the culture of the Arabic society need to be fully understood and considered. They also need to be, indeed, in some instances changed, to meet the standards. The findings of this study could be used to guide prison health policies and practices to achieve this, whether initiated by the international human rights bodies or Arabic decision- and policy-makers, in a way that helps to advance the standards and the effectiveness of their implementation.

As a final point, this thesis does not aim to provide a blueprint for reforming health care in prisons in Arab countries. It rather calls for thinking and poses questions related to the possibility to have gender-sensitive prisons in Jordan and other Arabic states, where gender inequality is acutely felt in law, culture and society, and about the possibility to encourage greater compliance with international health standards or it would be a better approach to consider a more 'bottom-up' approach which required coalitions of 'local' actors to campaign for change?

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## Appendices

### Appendix A: Interview Structural outline

The following text illustrates the format of the interviews that were conducted in the research, which was based on connections already established by email and telephone beforehand. The interviews were conducted in [*what and how language?*]

#### Interview with officials

*Thank you again for being willing to take part in an interview in this project.*

#### Professional Profile

*Firstly, I would like to start by asking some questions about you and your position.*

- 1- Would you please tell me about the title of your current job?
- 2- What aspects of your education, training, or work experience have prepared you for this occupation?
- 3- Could you briefly describe your involvement in the provision of health care to women prisoners?

Now, let's move on to your opinions on health care standards in women's prison.

#### Awareness and views

- 4- To what extent do you think women in the criminal justice system should be treated differently from men?
  - a. How do you think the small number of women in prison impacts on their treatment?
  - b. How do you think differences among women prisoners impact on their treatment? (E.g. Differences between convicted and awaiting trial women prisoners, between citizens and non- citizens prisoners, or differences on offences etc.).

5- To what extent do you consider that the access to health care in prison settings should be equivalent to that available in the community?

6- What human rights standards and guidance do you think are relevant to health care provision in women`s prisons? Why?

Prompt if necessary

- What guidance on the treatment of women prisoners you think are consistent with the values of Arabic culture?
- Do you think Sharia Law has an influence on the women`s treatment in prison`?
- If yes, what would a health care system in women prison look like under Sharia Law?
- How does this fit with the international standards on the treatment of prisoners?

7- On the other hand, what human rights standards and guidance do you think are not relevant to health care provision in women`s prisons? Why?

8- To what degree do you consider the establishment of worldwide uniform international health care standards for women`s prisons helpful?

(E.g. do you think they can be used as indicators for monitoring human rights development programmes worldwide?)

Before we move on to the next part of the interview, would you like to add anything else about your opinion on the standards of health care within women prisons that we have not covered.

Health care in policy and/or legislation

Now, I would like to specifically address Jordanian national policy and/or legislation in the area of health care provision in women prisons.

9- What are the current national policies and/or legislation in relation to health care provision in women`s prisons?

a. Is there a separate set of rules governing the provision of facilities and the management of women`s prisons?

b. If yes, would you please tell me more about their content?

10- What is taken into account when setting out policies and/or legislation in relation to the provision of health care in women prisons? Why?

11- To what extent do you consider current prison`s policies and/or legislation to be in line with international standards?

a. Please give me an example of the international standards do you think have probably already been included in current prison`s policies and/or legislation?

b. What are the ones you think have not yet been included? Why?

c. What are things that can influence national policies and legislative actions to adopt international standard in the area of health care provision in women`s prisons?

Before we proceed to the next part of the interview, would you like to add anything about the policies and regulations regarding the provision of health care in women`s prisons?

### Implementation and Practice

Now, I would like to ask about the actual implementation process.

12- What policies are currently in place in relation to health care practice in women's prisons?

13- What reference points have been determined for these policies?

14- How these policies are being implemented in prisons?

Prompt if necessary

- Does the prison service have a policy document requiring women's prisons to provide the distinct health care needs of women?
- If yes, what are those services? And why these specifically?
- What other health services are available for women prisoners?

15- To what extent do you think prison personnel know about the health care needs of female prisoners?

- a. What are the key concerns that you think need to be addressed?
- b. Why those?
- c. How do you think they should be addressed?
- d. What kind of training do they routinely receive?

Prompt if necessary

- Do they receive training addressing gender-specific issues in working with women?
- If yes, what does it cover and how often is it given?
- Do you consider that this training is sufficient for work requirements? Why?

16- To what extent do you consider current health care practices in women's prisons to be in line with national policies in relation to the treatment of women prisoners?

17- To what extent do you consider current policies in relation to health care practice in women's prisons to be in line with international standards?

- a. Would you please give me an example of the international standards that you think have probably already been applied in Jordan?
- b. Which standards do you think have not yet been applied? Why?

18- What system do you use for monitoring the compliance with such international standards?

- a. Can you tell more details about this?

Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?

#### Factors affect the implementation

19- From your experience, what are the factors that might facilitate the implementation of international health care standards in women's prisons in Jordan? Why those specifically?

20- What factors act as barriers to facilitate this implementation? Why those specifically?

Prompt if necessary: *I have here a list of different factors and if you don't mind, I would like to ask what you think of these factors in terms of how they affect the process of the health care provision in women prisons.*

- c. Political will
- d. Resources
- e. Characteristics of the prisoner
- f. Characteristics of prison personnel and professionals



- g. Physical characteristics of women Prison
- h. Categories of prisoners

*Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?*

### The role of NGOs

21- What role are NGOs playing in women's prisons in Jordan?

#### Prompt if necessary

In your opinion:

- a. What role do they play in the implementation of policies in relation to health care for women in prison?
- b. What role do they play in monitoring women prisons?

22- Between national and international NGOs working in women's prison in Jordan, which one has more influence? Why?

### Finally

We discussed aspects of the policy and practise regarding the provision of health care to women prisoners in Jordan:

- Do you think they need to be changed, if yes, how do you think they could be changed? And what suggestions do have for future reforms?

We seem to have covered a great deal of ground and you have been very patient. However, it is still important to know if you think there is anything else you would like to add that you think is important?

If you want to see a transcript of the interview, I will send you a summary of the research findings some time toward the end of 2017, and you are welcome to have a full copy of the final report too.

Thank you

### Interview with NGOs representatives

In the interviews with NGOs representatives, the above schema was adapted and some following questions were added to.

*Thank you again for being willing to take part in an interview in this project.*

### Professional Profile

*Firstly, I would like to start by asking some questions about you and your position.*

- 1- Would you please tell me about the title of your current job in this organisation?
- 2- What aspects of your education, training, or work experience have prepared you for this occupation?
- 3- Could you briefly describe your involvement in the provision of health care to women prisoners?

Now, let's move on to your opinions on health care standards in women's prison.

### Awareness and views

- 4- To what extent do you think women in the criminal justice system are treated differently from men?
  - c. How do you think the small number of women in prison impacts on their treatment?
  - d. How do you think differences among women prisoners impact on their treatment? (E.g. Differences between convicted and awaiting trial women prisoners, between citizens and non- citizens prisoners, or differences on offences etc.).

- 5- To what extent do you consider that the access to health care in prison settings is equivalent to that available in the community?
  
- 6- What human rights standards and guidance do you think are relevant to health care provision in women`s prisons? Why?
  
- 7- On the other hand, what human rights standards and guidance do you think are not relevant to health care provision in women`s prisons? Why?
  
- 8- To what degree do you consider the establishment of worldwide uniform international health care standards for women`s prisons helpful?

(E.g. do you think they can be used as indicators for monitoring human rights development programmes worldwide?)

Before we move on to the next part of the interview, would you like to add anything else about your opinion on the standards of health care within women prisons that we have not covered.

#### Health care in policy and/or legislation

Now, I would like to specifically address Jordanian national policy and/or legislation in the area of health care provision in women prisons.

- 9- What are the current national policies and/or legislation in relation to health care provision in women`s prisons?
  - a. Is there a separate set of rules governing the provision of facilities and the management of women`s prisons?
  - b. If yes, would you please tell me more about their content?

10- What do you think is taken into account when setting out policies and/or legislation in relation to the provision of health care in women prisons? Why?

11- To what extent do you consider current prison's policies and/or legislation to be in line with international standards?

- d. Please give me an example of the international standards do you think have probably already been included in current prison's policies and/or legislation?
- e. What are the ones you think have not yet been included? Why?
- f. What are things that can influence national policies and legislative actions to adopt international standard in the area of health care provision in women's prisons?

Before we proceed to the next part of the interview, would you like to add anything about the policies and regulations regarding the provision of health care in women's prisons?

### Implementation and Practice

Now, I would like to ask about the actual implementation process.

12- What policies are currently in place in relation to health care practice in women's prisons?

13- How these policies are being implemented in prisons?

#### Prompt if necessary

- Does the prison service have a policy document requiring women's prisons to provide the distinct health care needs of women?
- If yes, what are those services? And why these specifically?

- What other health services are available for women prisoners?

14- To what extent do you think prison personnel know about the health care needs of female prisoners?

- e. What are the key concerns that you think need to be addressed?
- f. Why those?
- g. How do you think they should be addressed?
- h. What kind of training do they routinely receive?

Prompt if necessary

- Do they receive training addressing gender-specific issues in working with women?
- If yes, what does it cover and how often is it given?
- Do you consider that this training is sufficient for work requirements? Why?

15- To what extent do you consider current health care practices in women's prisons to be in line with national policies in relation to the treatment of women prisoners?

16- To what extent do you consider current policies in relation to health care practice in women's prisons to be in line with international standards?

- i. Would you please give me an example of the international standards that you think have probably already been applied in Jordan?
- j. Which standards do you think have not yet been applied? Why?

Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?

## Factors affect the implementation

17- From your experience, what are the factors that might facilitate the implementation of international health care standards in women's prisons in Jordan? Why those specifically?

18- What factors act as barriers to facilitate this implementation? Why those specifically?

*Prompt if necessary: I have here a list of different factors and if you don't mind, I would like to ask what you think of these factors in terms of how they affect the process of the health care provision in women prisons.*

- k. Political will
- l. Resources
- m. Characteristics of the prisoner
- n. Characteristics of prison personnel and professionals
- o. Physical characteristics of women Prison
- p. Categories of prisoners

*Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?*

## The role of NGOs

19- What role are NGOs playing in women's prisons in Jordan?

Prompt if necessary

In your opinion:

- c. What role do they play in the implementation of policies in relation to health care for women in prison?

d. What role do they play in monitoring women prisons?

20- Between national and international NGOs working in women's prison in Jordan, which one has more influence? Why?

21- How do you go about trying to implement international health care standards in women's prisons?

22- What are challenges you face in your work to get people to implement these standards?

23- What effective strategies do you use to promote the implementation of these standards?

24- What are your strategies for monitoring the compliance with these standards?

### Finally

We discussed aspects of the policy and practise regarding the provision of health care to women prisoners in Jordan:

- Do you think they need to be changed, if yes, how do you think they could be changed? And what suggestions do have for future reforms?

We seem to have covered a great deal of ground and you have been very patient. However, it is still important to know if you think there is anything else you would like to add that you think is important?

If you want to see a transcript of the interview, I will send you a summary of the research findings some time toward the end of 2017, and you are welcome to have a full copy of the final report too.

Thank you

### Interview with practitioners

Similar to the interviews with NGO representatives, in the interviews with practitioners the first schema was adapted and number of questions was added in the interview with prison services representatives as well as health care providers:

The extra questions for with prison services representatives were:

1. What written guidelines on the treatment of women prisoners are provided to you?
2. What provisions are included in your action plan to deal with the following:
  - a. Women prisoners' needs related to domestic violence and abuse.
  - b. Treatment and care for pregnant women and nursing mothers.
  - c. Prevention of suicide and self-harm.
  - d. Reproductive health care and sexual and human prevention,
  - e. Treatment, care and support of HIV.
  - f. Preventive health care services.
  - g. Hygiene requirements for women.
3. What are the available training programs available to you? (Human rights, women's rights; sensitivity training on gender)
4. What are the differences between the various categories of prisoners regarding procedures health screening when entering the centre? (i.e. foreign women and honour killings)
5. To what extent is nutritional requirements for women taken into account (particularly pregnant and lactating women)?
6. What presence is maintained when women receive medical advice?
7. To what degree do you think staff should have access to medical files of women prisoners?
8. How do you deal with women prisoners' complaints about health services?
9. On what basis meetings are conducted between you and the prison administration to coordinate the work?
10. In your view, to what extent do you consider the current provision of health services in women's prisons to be in line with the international conventions on the treatment of female prisoners?
  - a. Can you give me an example of international standards that you think has already been applied for women in Jordan?



b. What are the standards that "have not been applied yet? Why?

As for health care providers the extra questions were:

1. To what degree do you think the work environment and facilities available make you able to provide health care services satisfactorily consistent with professional standards in the practice of medical care?
2. What aspects are covered by the medical examination upon entry the prison?
3. To what extent do you think the health services currently available to meet the needs of women in detention centres? How?
4. What are the health services currently available in women prison?

Prompt if necessary

What about screening for breast cancer, cervical cancer awareness programs and infectious diseases; health education and health promotion for physical health, drug use, diet and a healthy lifestyle; and the availability of medical staff specializing in the health care needs of women with a history of violence and ill-treatment?

5. Tell me about health care provision in an emergency situation?
6. How do you deal with a situation when a female prisoner prefers to be seen by female doctors and nurses but this is not possible?
7. To what extent do you think that health services for women prisoners are equal to those provided in the community?
8. What procedures are adopted to ensure continuity of care after women prisoners are released?
9. Tell me about your opinion on:
  - a. the coordination with community-based services;
  - b. the continuity of care for prisoners?
10. Tell me about the kind of training you receive:
  - a. to what extent do you consider this sufficient and effective training?

Why?

11. In your personal view, to what extent do you consider the current health services in line with the international conventions on the treatment of women in prison?

- a. Can you give me an example of international standards you think has already been applied in the women's centres in Jordan?
- b. What are the criteria that have not been applied yet? Why?

### Interview with the legal professionals

Similar to the interviews with NGO representatives and the practitioners, in the interviews with the legal professionals, first schema was adopted, but no new questions were added.

*Thank you again for being willing to take part in an interview in this project.*

### Professional Profile

*Firstly, I would like to start by asking some questions about you and your position.*

- 1- Would you please tell me about the title of your current job?
- 2- What aspects of your education, training, or work experience have prepared you for this occupation?

Now, let's move on to your opinions on health care standards in women's prison.

### Awareness and views

- 3- To what extent do you think women in the criminal justice system are treated differently from men?
  - e. How do you think the small number of women in prison impacts on their treatment?
  - f. How do you think differences among women prisoners impact on their treatment? (E.g. Differences between convicted and awaiting trial women prisoners, between citizens and non- citizens prisoners, or differences on offences etc.).

- 4- To what extent do you consider that the access to health care in prison settings is equivalent to that available in the community?
  
- 5- What human rights standards and guidance do you think are relevant to health care provision in women`s prisons? Why?
  
- 6- On the other hand, what human rights standards and guidance do you think are not relevant to health care provision in women`s prisons? Why?
  
- 7- To what degree do you consider the establishment of worldwide uniform international health care standards for women`s prisons helpful?

(E.g. do you think they can be used as indicators for monitoring human rights development programmes worldwide?)

Before we move on to the next part of the interview, would you like to add anything else about your opinion on the standards of health care within women prisons that we have not covered.

#### Health care in policy and/or legislation

Now, I would like to specifically address Jordanian national policy and/or legislation in the area of health care provision in women prisons.

- 8- What are the current national policies and/or legislation in relation to health care provision in women`s prisons?
  - a. Is there a separate set of rules governing the provision of facilities and the management of women`s prisons?
  - b. If yes, would you please tell me more about their content?

9- What do you think is taken into account when setting out policies and/or legislation in relation to the provision of health care in women prisons? Why?

10- To what extent do you consider current prison's policies and/or legislation to be in line with international standards?

g. Please give me an example of the international standards do you think have probably already been included in current prison's policies and/or legislation?

h. What are the ones you think have not yet been included? Why?

i. What are things that can influence national policies and legislative actions to adopt international standard in the area of health care provision in women's prisons?

Before we proceed to the next part of the interview, would you like to add anything about the policies and regulations regarding the provision of health care in women's prisons?

### Implementation and Practice

Now, I would like to ask about the actual implementation process.

11- What policies are currently in place in relation to health care practice in women's prisons?

12- What reference points have been determined for these policies?

13- How these policies are being implemented in prisons?

#### Prompt if necessary

- Does the prison service have a policy document requiring women's prisons to provide the distinct health care needs of women?

- If yes, what are those services? And why these specifically?
- What other health services are available for women prisoners?

14- To what extent do you think prison personnel know about the health care needs of female prisoners?

- i. What are the key concerns that you think need to be addressed?
- j. Why those?
- k. How do you think they should be addressed?
- l. What kind of training do they routinely receive?

15- To what extent do you consider current health care practices in women's prisons to be in line with national policies in relation to the treatment of women prisoners?

16- To what extent do you consider current policies in relation to health care practice in women's prisons to be in line with international standards?

- q. Would you please give me an example of the international standards that you think have probably already been applied in Jordan?
- r. Which standards do you think have not yet been applied? Why?

Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?

#### Factors affect the implementation

17- From your experience, what are the factors that might facilitate the implementation of international health care standards in women's prisons in Jordan? Why those specifically?

18- What factors act as barriers to facilitate this implementation? Why those specifically?

Prompt if necessary: *I have here a list of different factors and if you don't mind, I would like to ask what you think of these factors in terms of how they affect the process of the health care provision in women prisons.*

- s. Political will
- t. Resources
- u. Characteristics of the prisoner
- v. Characteristics of prison personnel and professionals
- w. Physical characteristics of women Prison
- x. Categories of prisoners

*Before we proceed to the next part of the interview, would you like to add anything else about the process of health care provision in practice?*

### The role of NGOs

19- What role are NGOs playing in women's prisons in Jordan?

Prompt if necessary

In your opinion:

- e. What role do they play in the implementation of policies in relation to health care for women in prison?
- f. What role do they play in monitoring women prisons?

20- Between national and international NGOs working in women's prison in Jordan, which one has more influence? Why?

Finally

We discussed aspects of the policy and practise regarding the provision of health care to women prisoners in Jordan:

- Do you think they need to be changed, if yes, how do you think they could be changed? And what suggestions do have for future reforms?

We seem to have covered a great deal of ground and you have been very patient. However, it is still important to know if you think there is anything else you would like to add that you think is important?

If you want to see a transcript of the interview, I will send you a summary of the research findings some time toward the end of 2017, and you are welcome to have a full copy of the final report too.

Thank you

## Appendix B: Information Sheets

### International Health care Standards in Women`s Prisons in the Arab world

#### Information Sheet (1)

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please do not hesitate to ask if there is anything that is unclear or if you would like more information. Take time to decide whether or not you wish to take part.

My name is Awmaima A Amrayaf. I am a doctoral student at the University of Leeds in the United Kingdom under the supervision of Professor Anthea Hucklesby and Professor Michael Thomson in the School of Law. The aim of my study is to investigate the implementation of the international standards relevant to the provision of health care in women`s prisons. I am particularly interested in exploring views on these standards, exploring policies that are currently in place to apply them, examining how they work in practice, and examining factors affecting their implementation.

Therefore, as part of my research, I would like to gather information about your experiences and vision of the topic under study.

I would like to ask you some questions regarding your experience and involvement in the process of the provision of health care to women prisoners in Jordan. The interview should last no more than one hour. I would like to tape record the interview so that I can make sure we correctly record your views and experiences. If you prefer that the interview not be recorded, please tell me and I will take notes instead. There might be



some questions that are not within your area of expertise and that you feel unable to answer fully. If you would prefer not to answer a particular question, simply let me know and we can move on.

Your participation in the interview is entirely voluntary. You can stop the interview at any time, for any reason, without any negative consequences. You can also withdraw your consent for your interview to be used in my study at any time within one month after the interview by contacting me at ml13a7a@leeds.ac.uk. If you withdraw your consent during or after the interview, any information collected from you will be destroyed.

This interview is confidential; only my supervisors and I will have access to your interview records. An important exception would be anything that, in my opinion or my supervisors' opinions, might cause an unacceptable risk of harm to you or anyone else. In which case, the information may be reported to the relevant authorities. All published records of statements from interviews will be anonymised so that any material used in the research report will not be attributed to any individual.

The findings of the study will form part of my PhD thesis, which will be presented to Omar-Al Mukhtar University in Libya. The findings may also be published as academic papers. Interviewees who take part in the research will not be named in the thesis or in any publications that use the information gathered in the interviews. Although there are no immediate benefits to you as an interviewee, the research will result in recommendations to the Arab governments to improve the status of health care within women's prisons.

## Information Sheet (2)

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please do not hesitate to ask if there is anything that is unclear or if you would like more information. Take time to decide whether or not you wish to take part.

My name is Awmaima A Amrayaf. I am a doctoral student at the University of Leeds in the United Kingdom under the supervision of Professor Anthea Hucklesby and Professor Michael Thomson in the School of Law. The aim of my study is to investigate the implementation of international standards on the provision of health care for women prisoners in the Arab world. I am particularly interested in exploring views on these standards, exploring policies are currently in place to apply them, examining how they work in practice, and factors affecting their implementation.

Therefore, as part of my research, I would like to gather information about your experiences and vision of the topic under study.

I would like to ask you some questions regarding your experience and involvement in the process of the provision of health care to women prisoners. The interview should

last no more than one hour. I would like to tape record the interview so that I can make sure we correctly record your views and experiences. If you prefer that the interview not be recorded, please tell me and I will take notes instead. There might be some questions that are not within your area of expertise and that you feel unable to answer fully. If you would prefer not to answer a particular question, simply let me know and we can move on.

Your participation in the interview is entirely voluntary. You can stop the interview at any time, for any reason, without any negative consequences. You can also withdraw your consent for your interview to be used in my study at any time within one month after the interview by contacting me at ml13a7a@leeds.ac.uk. If you withdraw your consent during or after the interview, any information collected from you will be destroyed.

This interview is confidential; only my supervisors and I will have access to your interview records. An important exception would be anything that, in my opinion or my supervisors' opinions, might cause an unacceptable risk of harm to you or anyone else. In which case, the information may be reported to the relevant authorities. All published records of statements from interviews will refer to you in your post not by name.

The findings of the study will form part of my PhD thesis, which will be presented to Omar-Al Mukhtar University in Libya. The findings may also be published as academic papers. Interviewees who take part in the research will not be named in the thesis or in any publications that use the information gathered in the interviews. Although there are no immediate benefits to you as an interviewee, the research will result in recommendations to the Arab governments to improve the status of health care within women's prisons.

## Appendix C: Consent Forms

### International Health care Standards in Women`s Prisons in the Arab world

#### Agreement to Participate (1)

I am a doctoral student at the University of Leeds in the United Kingdom under the supervision of Professor Anthea Hucklesby and Professor Michael Thomson in the School of Law. The aim of my study is to investigate the implementation of the international standards relevant to the provision of health care in women`s prisons. I am particularly interested in exploring views on these standards, exploring policies are currently in place to apply them, examining how they work in practice, and factors which assist or act as barriers to facilitate their implementation.

I would like to ask you some questions regarding your experience and involvement in the provision of health care to female prisoners. The interview should last no more than one hour. I would like to tape record the interview so that I can make sure we correctly record your views and experiences. If you prefer that the interview not be recorded, please tell me and I will take notes instead. There might be some questions that are not within your area of expertise and that you feel unable to answer fully. If you would prefer not to answer a particular question, simply let me know and we can move on.

Your participation in the interview is entirely voluntary. You can stop the interview at any time, for any reason, without any negative consequences. You can also withdraw your consent for your interview to be used in my study at any time within one month after the interview by contacting me at [ml13a7a@leeds.ac.uk](mailto:ml13a7a@leeds.ac.uk). If you withdraw your consent during or after the interview, any information collected from you will be destroyed.

This interview is confidential; only my supervisors and I will have access to your interview record. An important exception would be anything that, in my opinion or my supervisors' opinions, might cause an unacceptable risk of harm to you or anybody else. In which case, the information may be reported to the relevant authorities. All published records of statements from interviews will be anonymised so that any material used in the research report will not be attributed to any individual.

The findings of the study will form part of my PhD thesis, which will be presented to Omar-Al Mukhtar University in Libya. The findings may also be published as academic papers. Interviewees who take part in the research will not be named in the thesis or in any publications that use the information gathered in the interviews. Although there are no immediate benefits to you as an interviewee, the research will result in recommendations to the Arab governments to improve the status of health care within women prisons.

Do you have any questions about the interview before we begin?

In order to comply with the ethics code of the university, we would be grateful if you would sign this consent form, thus agreeing that that we have explained the interview process to you fully and that you understand the interview process.

Participant's consent:

	Add your initials next to the statements you agree with
I confirm that I have read and understand the information sheet explaining the above research project, and that I have had the opportunity to ask questions about the project.	
I agree that the data collected from me maybe used in relevant future research.	
I agree to participate in this study investigating the implementations of the international standards relevant to the provision of health care to women prisons in the Arab world, which is being undertaken by the researcher Awmaima Amrayaf.	
I agree to be audio-recorded	

Name of participant	
Participant's signature	
Date	

If you do not wish to give your signature but are willing to participate, you can read the following statement out loud, which will be recorded. Please state the following: "I am (name). I confirm that I have read and understood the information sheet in relation to the research being carried out by Awmaima Amrayaf. I hereby consent to be interviewed."

## Agreement to Participate (2)

I am a doctoral student at the University of Leeds in the United Kingdom under the supervision of Professor Anthea Hucklesby and Professor Michael Thomson in the School of Law. The aim of my study is to investigate the implementation of international standards on the provision of health care for women prisoners in the Arab world. I am particularly interested in exploring views on these standards, exploring policies are currently in place to apply them, examining how they work in practice, and factors affecting their implementation.

I would like to ask you some questions regarding your experience and involvement in the provision of health care to female prisoners. The interview should last no more than one hour. I would like to tape record the interview so that I can make sure we correctly record your views and experiences. If you prefer that the interview not be recorded, please tell me and I will take notes instead. There might be some questions that are not within your area of expertise and that you feel unable to answer fully. If you would prefer not to answer a particular question, simply let me know and we can move on.

Your participation in the interview is entirely voluntary. You can stop the interview at any time, for any reason, without any negative consequences. You can also withdraw your consent for your interview to be used in my study at any time within one month after the interview by contacting me at [ml13a7a@leeds.ac.uk](mailto:ml13a7a@leeds.ac.uk). If you withdraw your consent during or after the interview, any information collected from you will be destroyed.

This interview is confidential; only my supervisors and I will have access to your interview record. An important exception would be anything that, in my opinion or

my supervisors' opinions, might cause an unacceptable risk of harm to you or anybody else. In which case, the information may be reported to the relevant authorities. All published records of statements from interviews will refer to you in your post not by name.

The findings of the study will form part of my PhD thesis, which will be presented to Omar-Al Mukhtar University in Libya. The findings may also be published as academic papers. Interviewees who take part in the research will not be named in the thesis or in any publications that use the information gathered in the interviews. Although there are no immediate benefits to you as an interviewee, the research will result in recommendations to the Arab governments to improve the status of health care within women prisons.

Do you have any questions about the interview before we begin?

In order to comply with the ethics code of the university, we would be grateful if you would sign this consent form, thus agreeing that that we have explained the interview process to you fully and that you understand the interview process.

Participant's consent:



	Add your initials next to the statements you agree with
I confirm that I have read and understand the information sheet explaining the above research project, and that I have had the opportunity to ask questions about the project.	
I agree that the data collected from me maybe used in relevant future research.	
I agree to participate in this study on the implementations of the international standards on the provision of health care in women`s prisons in the Arab world, which is being undertaken by the researcher Awmaima Amrayaf.	
I agree to be audio-recorded	

Name of participant	
Participant`s signature	
Date	

If you do not wish to give your signature but are willing to participate, you can read the following statement out loud, which will be recorded. Please state the following: “I am (name). I confirm that I have read and understood the information sheet in relation to the research being carried out by Awmaima Amrayaf. I hereby consent to be interviewed.”

## Appendix D: Ethics Committee Approval

Performance, Governance and Operations  
 Research & Innovation Service  
 Charles Thackrah Building  
 101 Clarendon Road  
 Leeds LS2 9LJ Tel: 0113 343 4873  
 Email: [ResearchEthics@leeds.ac.uk](mailto:ResearchEthics@leeds.ac.uk)



**UNIVERSITY OF LEEDS**

Awmaima Amrayaf  
 School of Law  
 Liberty Building  
 University of Leeds  
 Leeds, LS2 9JT

**ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee  
 University of Leeds**

7 December 2015

Dear Awmaima

**Title of study:**            **The implementations of international health care standards  
 in women's prisons in the Arab world.**  
**Ethics reference:**       **AREA 15-047**

I am pleased to inform you that the above research application has been reviewed by the ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee and I can confirm a favourable ethical opinion as of the date of this letter. The following documentation was considered:

Document	Version	Date
AREA 15-047 Ethical_Review_Form_V3_last_draft_3.pdf	1	20/11/15
AREA 15-047 Invitation to participate in research for submission.docx	1	20/11/15
AREA 15-047 High Risk Activities- second year.doc	1	20/11/15

Committee members made the following comments about your application:

<b>Comments to the applicant</b>		
This seems like a really interesting subject area, desperately in need of research. Best of luck with your research. The ethics application was clearly laid out and you have clearly thought long and hard about the implications of your research. A couple minor suggestions from the committee are listed below.		
<b>Application section</b>	<b>Comment</b>	<b>Response required/ amended application required/ for consideration</b>
A10	You have noted that 'maintaining anonymity in this research could be difficult because of the participants' level, role or position'. The reviewers do appreciate this, but they wondered if you could label people by their level rather than their job title. For example, in C7 you categorise the people you will	For Consideration

	be interviewing (governors, health care professionals, prison officers). Could this be done in the research, so you band groups of people together rather than individually referring to them by their job titles? It might not be feasible but might be worth thinking about.	
C12	Only giving participants one month to remove themselves from your study seems a very short time period. The committee recommends that you extend this, allowing participants time to think about what they have said.	For consideration

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval, including changes to recruitment methodology. All changes must receive ethical approval prior to implementation. The amendment form is available at <http://ris.leeds.ac.uk/EthicsAmendment>.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited. There is a checklist listing examples of documents to be kept which is available at <http://ris.leeds.ac.uk/EthicsAudits>.

We welcome feedback on your experience of the ethical review process and suggestions for improvement. Please email any comments to [ResearchEthics@leeds.ac.uk](mailto:ResearchEthics@leeds.ac.uk).

Yours sincerely

Jennifer Blaikie  
 Senior Research Ethics Administrator, Research & Innovation Service  
 On behalf of Dr Andrew Evans, Chair, AREA Faculty Research Ethics Committee

CC: Student's supervisor(s)

