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Organization of health and hygiene measures in prisons in Bosnia and Herzegovina

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Abstract. Persons deprived of their liberty are punished by the mere fact that they have been deprived of their liberty, so the conditions in which they find themselves must not further increase their suffering. In order to protect the human dignity of persons deprived of their liberty, it is necessary to allow them to exercise their human rights, among which the right to adequate health and hygiene protection occupies a significant place, which increases the chance for successful resocialization and reintegration. The subject of this paper is the organization of health and hygiene programs in the prison system in Bosnia and Herzegovina (case study of the Sarajevo Penal-Correctional Institution). The research also examines the access to medical doctors, medication, medical equipment and instruments, the condition of outpatient clinics, keeping records of the health status of convicts, the need to develop a strategy to provide assistance to people with drug problems and systematic testing for infectious diseases. The aim of this paper is to shed light on the general attitude towards persons deprived of their liberty, consequently, the care provided to them in prison units, and to point out the shortcomings. Also, the aim of this paper is to provide insight into the health and hygiene protection measures for prisoners.

Keywords. Health and hygiene, convicts, prisons

1. Introduction

The basic principles of the organization of health and hygiene programs were established by the Geneva Declaration of the World Medical Association in 1948 (latest version 2006), the International Code of Medical Ethics in 1949 (latest version 2006), United Nations General Assembly Resolution 37/194 (December 18, 1982) and Recommendation R (1998) by 7 Committees of Ministers of the Council of Europe (since 08.04.1998) on the ethical and organizational aspects of health care in prisons.

The organization and implementation of health and hygiene programs in penitentiary institutions at the international level are supervised by specialized bodies established within the United Nations, which check the treatment of prisoners (CPT) through visits to Member States. An effective mechanism for the protection of the rights of persons deprived of their liberty has been established through the institution of the European Court of Human Rights, which has jurisdiction to rule on any individual or group claiming to be a victim of a violation of the Convention for the Protection of Human Rights and Fundamental Freedoms. The European Court of Human Rights found in several cases a violation of Article 3 of the European Convention on Human Rights in cases where prisoners did not receive adequate medical care (Khudobin v. Russia 59696/00, Mouisel v. France 67263/01, Koprykowski v. Poland 23052/05).

With regard to the health programs in penal institutions, the duty of the state is not only to avoid physical abuse and inhuman or degrading treatment, but the Article 3 (ECHR) imposes an obligation on the state to protect the physical health of prisoners, providing them with, inter alia, the necessary medical assistance (Koval v. Ukraine, 12 February 2007).

National and international documents, in addition to establishing the rights of prisoners, also provide mechanisms for monitoring, and means of protecting these rights. This oversight is realized through several aspects at the national and international level. In achieving this protection, ZIKS BiH follows the standards prescribed by international rules on the protection of fundamental human rights and special rights of prisoners, primarily the UN Standard Minimum Rules and the European Prison Rules.

The protection of the health of prisoners begins already at the time of admission and classification of convicted persons. ZIKS BiH prescribes that when required by the health condition of the convicted person, it may be determined that he/she serves the sentence separately from the others. Otherwise, convicted persons generally serve their sentences in groups. Even the UN Standard Minimum Rules (1955) in the Article 24 state that the penitentiary institution is obliged to ensure the separation of the prisoner if his state of health so requires.

When it comes to respecting the rights of prisoners in our country in practice, during 2015, the Institution of the Human Rights Ombudsman of BiH received a total of 108 complaints from convicted persons. The Department for Monitoring the Rights of Detainees/Prisoners made 9 visits to penitentiary institutions, of which 6 to the Zenica Penitentiary, and one visit to prisons in Mostar, Tuzla and Doboje. The visits were carried out exclusively at the request of convicted persons, and in order to judge as objectively as possible, some of the visits were not announced. As stated in the annual report of this institution, complaints, as in previous years, primarily relate to access to health care and dissatisfaction with the quality of health care provided, while complaints about the conditions of accommodation and treatment are significantly represented. In 2016, as many as 166 complaints from convicts were received. The increased number of complaints is a result of the increased activities of the Department for Monitoring the Rights of Detainees/Prisoners, which were realized through visits to almost all penitentiary institutions in BiH.

In the CPT's report on the seventh visit to BiH, which took place in the period from 29 September 2015 to 9 October 2015, placed the emphasis on the recommendations sent to the Ministries of Health and the Ministries of Justice in BiH aimed at improvement of health care in prisons.

BiH sets minimum standards for the treatment of persons deprived of their liberty through legal regulations. The legal basis for the organization of health and hygiene programs for persons deprived of their liberty is the Law of Bosnia and Herzegovina on the Execution of Criminal Sanctions, Detention and Other Measures.

Numerous positive solutions have been adopted in the mentioned law, but certain shortcomings are also noticed. To begin with, we will list some of the positive legal solutions.

Article 67 stipulates that prisoners are obliged to maintain personal hygiene, for which the institution is obliged to provide them with water and utensils. Articles 69 and 70 refer to nutrition and as specified in the Article 69, the diet must satisfy nutritional needs and quantity, and the said law has enshrined this provision to the extent that it quantifies the caloric value of the food provided to prisoners. The same article states that drinking water must be available at all times. Article 70 prescribes the procedures in cases where prisoners refuse to take food. The fifth part of this law refers to health care and Articles 71-78 determine the organization and functioning of health care in penitentiary institutions. It lists regulations on the types of examinations and health services available to convicts, specialist examinations and interventions, hospitalization, medical treatment and consent of the convicted person, relationship of trust, treatment costs and other issues related to health programs. When it comes to the organization of health programs, the legislator has almost completely accepted and implemented the provisions of international documents, so that there are no significant differences.

2. Methodology

The research focused on the organization of health and hygiene programs in the prison system in Bosnia and Herzegovina (Case Study of the Sarajevo Penitentiary). The research also examined access to doctors, supply of medicines, equipment and devices, the condition of dispensaries, keeping records of the health status of convicts, the need to develop a strategy to provide assistance to people with drug problems and systematic testing for infectious diseases.

2.1. Research methods

The research methods used in this paper are conditioned by the subject and problem of the research, as well as the specifics of the research questions. Basic research methods were applied in all phases of the research. The paper is based on the analysis of relevant secondary literature dealing with the problem of health and hygiene programs in prisons. An analysis of the relevant international law and national legislation related to the mentioned area was performed. In addition to secondary research and analysis of legal norms, the work is based on a survey of prisoners in the Sarajevo Penal-Correctional institution. As part of the survey, data were collected on the level of quality of health and hygiene programs. The collected data were processed by statistical methods. The results are then presented in tables and graphs. The obtained results are supported by the results of a number of interviews conducted with appropriate staff in this institution. In conducting the research, it was necessary to select a sample of respondents, make a measuring instrument, and determine the time, place and manner of conducting the research. After the preparations and the consent obtained from the Federal Ministry of Justice, the research was conducted. The collected data were processed by the method of parametric and nonparametric statistics. An insight into the results of the sample examination was established by the descriptive method. The analysis of frequencies and percentages established the direction of the movement of the attitudes of the sample towards

the partial interests of the research, which were achieved through several segments of measuring the attitudes of convicts. The defined goal of the paper was achieved through hypothesis testing.

2.2. Hypothetical framework

H1: Conditions, programs and treatments in the prison units of Bosnia and Herzegovina do not provide adequate health care programs for prisoners; **H2:** The level of health and hygiene protection of prisoners is not in line with international and European standards. **H3:** There are obvious shortcomings in terms of equipment and supplies of the outpatient clinic. **H4:** There are no elaborated strategies for providing assistance to people with drug problems and people suffering from infectious diseases.

2.3. Measuring instruments

For the purposes of this research, a special measuring instrument was formed that contains a general questionnaire on socio-penological, educational and other characteristics of convicts, and their views on the organization of health and hygiene programs within the penal institution. This measuring instrument is composed of modal variables that brought us knowledge about the basic socio-penological characteristics of the respondents. In addition to modal, the measuring instrument also contains 55 manifest variables. Manifest variables collected data on respondents' attitudes about physical and health programs. Respondents' attitudes were expressed through the Likter scale of attitudes.

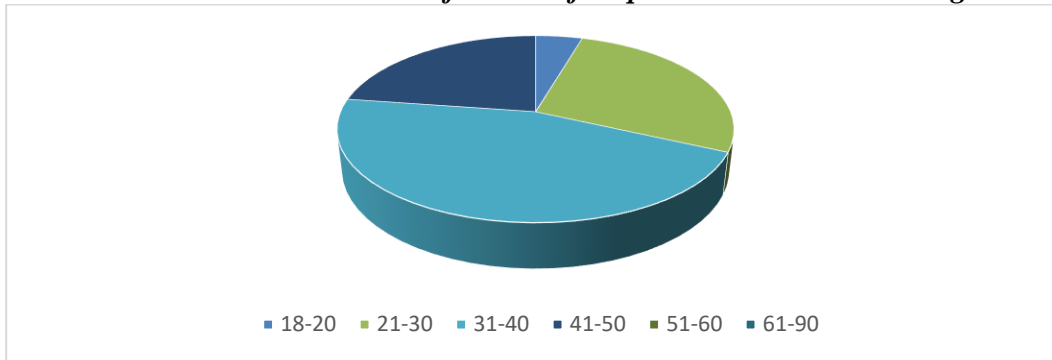
2.4. Time, place and manner of conducting the research

The research was conducted during June and July 2017 on a sample of 22 respondents. The place of research is the Central Department of the Sarajevo penal institution. It is a semi-open institution with a total accommodation capacity of 32 places for female prisoners and about 80 places for detainees (women, men and juveniles). At the time of the visit, there were about 40 prisoners and about 140 detainees in the institution. Furthermore, there were 48 prisoners in the Igman ward and 75 in the Ustikolina ward. The prison (Central Ward) was built in 1912 and has since served as the central prison for the city of Sarajevo and its surroundings. In 1988, two floors of the Office (first and second) were assigned to the Court, which had a negative impact on functionality and security. There are convicts on the ground floor, the first and second floors are used by the Court, while on the third, fourth and fifth floors there are detainees (men, women and juveniles). Given that it is located in the very center of the city with access to a busy street, the Institution cannot meet the modern security needs of the prison system. The research was conducted with the help of professional staff in a way that the respondents from the sample voluntarily filled out a survey of attitudes - statements about the organization of health and hygiene programs for convicts. The survey was conducted according to written instructions, and in addition, prisoners were given the opportunity to explain if there were any unclear questions. The purpose of the test and the purposes for which the data will be used are explained.

2.5. Sample of respondents

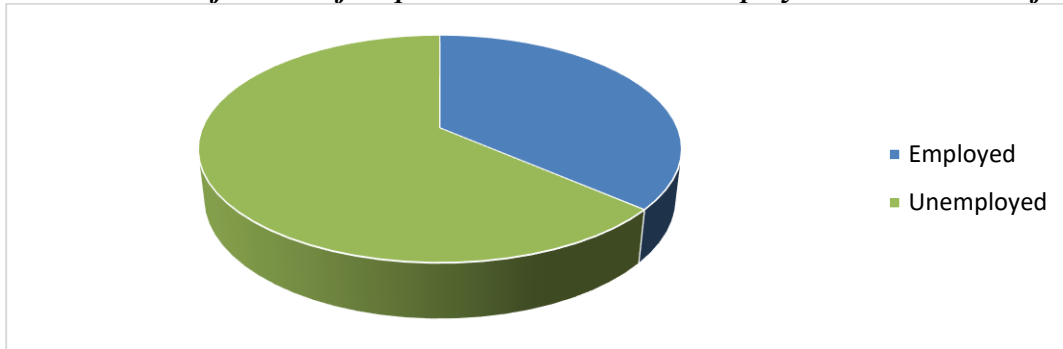
The sample used in this research was composed of convicts from the semi-open penal institution in Sarajevo (Central Department). At the time of the investigation, there were about 40 inmates in the prison. Voluntary survey included 22 of them. The most common age category consisted of respondents aged 31 to 40 (45.5%). This is followed by respondents aged 21 to 30 years (27.3%). In the category from 41 to 50 years, there were 22.7% of respondents, and 4.5% were from the age category from 18 to 20 years. (Chart 1).

Chart 1 - Identification of respondents in relation to age



Prior to serving the sentence, 63.6% of respondents were unemployed (Chart 2).

Chart 2 - Identification of respondents in relation to employment at the time of imprisoning



In terms of educational structure, the data obtained show that 77.3% of respondents have completed high school or a trade. Of that number, 45.5% have completed 3-year secondary school, and 31.8% have completed 4-year secondary school. 9.1% have completed primary school. On the other hand, 13.6% have a university degree, of which 9.1% have a higher education diploma (2 years) and 4.5% have a university degree (Chart 3).

Chart 3 - Identification of respondents in relation to education

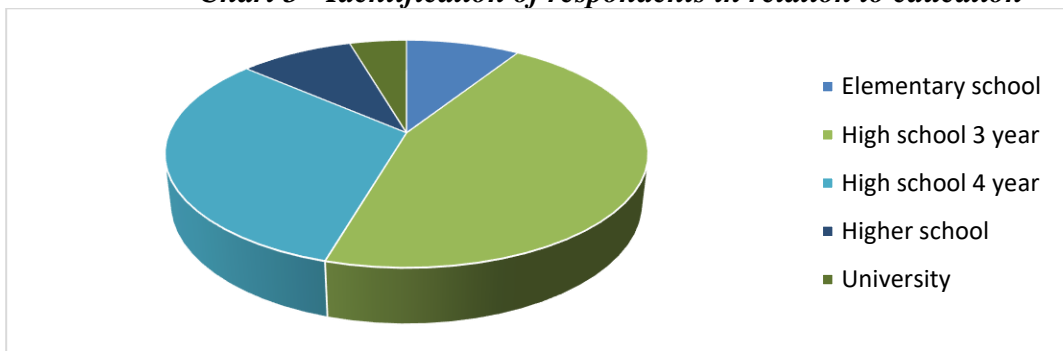
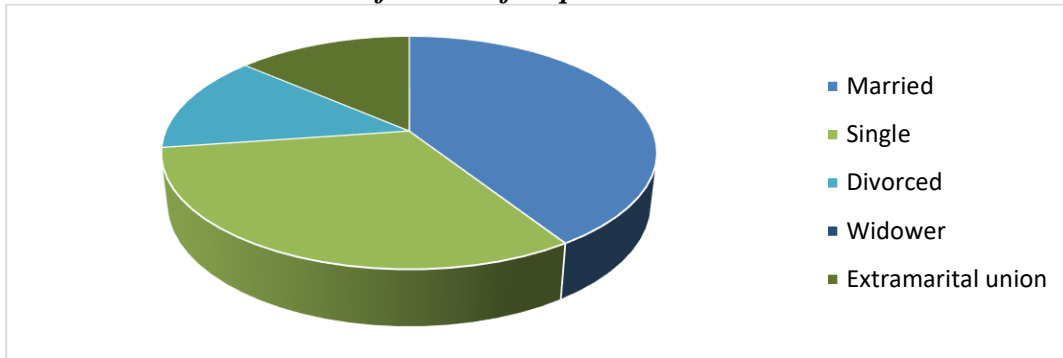
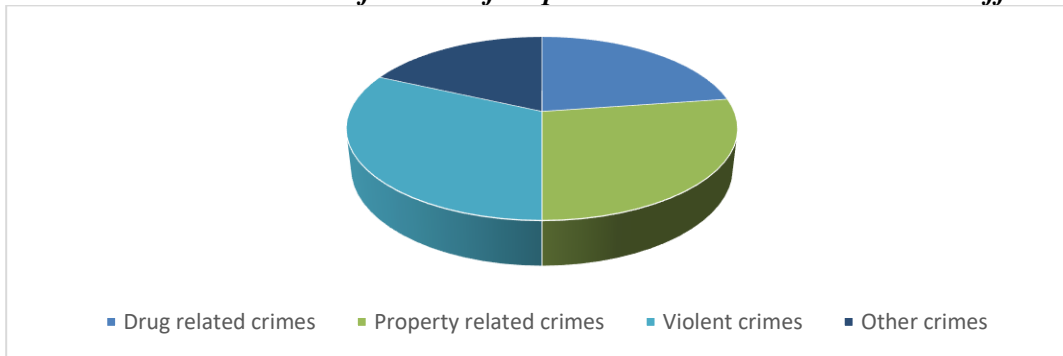


Chart 4 - Identification of respondents in relation to marital status



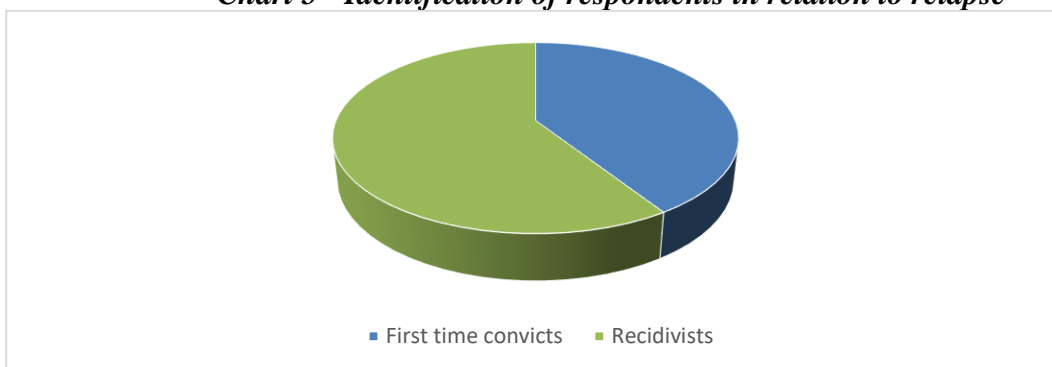
Of the total number of surveyed convicts, 31.8% were in prison for violent crimes. In addition, 27.3% were convicted of drug-related offenses, 22.7% of property related offenses, while 18.2% were convicted of other offenses (Chart 4).

Chart 4 - Identification of respondents in relation to criminal offense



With regard to relapse, 59.1% of respondents are recidivists (Chart 5).

Chart 5 - Identification of respondents in relation to relapse



3. Analysis of results

Organization of health programs in the Penal-Correctional Institution Sarajevo

The health service in the Sarajevo Penal-Correctional institution consists of a medical doctor and three medical technicians. The doctor is employed on the basis of an employment contract. He visits prisoners once a week and more often if necessary. Medical technicians work in shifts

until 8 p.m. During the night, none of the medical staff is in the institution. In addition, visits to a psychiatrist are organized twice a month with whom prisoners can have an interview, while a psychologist is permanently employed and available to convicts on a daily basis. Health care for convicts is free. One of the duties of the medical doctor is to examine the convict immediately upon admission or as soon as possible. That this rule has been complied with almost completely, regardless of the fact that the doctor is not engaged in permanent employment, is shown by the data of 86.4% of respondents who agreed with the statement (Variable 1).

Variable 1 - Upon arrival at the institution, I was examined by the institution's medical doctor.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	0	0,0	2	9,1	9	40,9	10	45,5	22

In addition to the mandatory examination upon admission, the institution is obliged to provide timely and adequate health care throughout the duration of the sentence. 31.8% of convicts believe that medical examinations are not always available to them, and in 18.2% of cases the attitudes of the respondents are neutral (Variable 2). In the interview, the prison doctor emphasizes that if needed, on-duty service of medical technicians is provided, and that he is available as a doctor 24 hours in case of emergency.

Variable 2 - Any request to visit a doctor is granted to me immediately.

I disagree completely		I don't agree		I have no opinion		I agree		I fully agree		Total
f	%	f	%	f	%	f	%	f	%	
5	22,7	2	9,1	4	18,2	6	27,3	5	22,7	22

Every prison institution should, if possible, have organized health care, and the doctor of the institution decides on the accommodation of the convict in the hospital of the institution or the outpatient room. If adequate health care cannot be provided in the institution, prisoners are referred to specialist medical institutions outside the penal institution. The head of the institution decides to send the sick convicted person to another institution where the treatment can be continued, and in the case of urgency or danger of prolonged transport, or when there is no possibility of necessary specialized treatment, he is referred to an appropriate health institution. With regard to the availability of specialist treatment, the attitudes of the largest number of convicts were positive, 59.1%, while in 31.8% they were neutral. 9.1% of convicts had a negative attitude (Variable 3). The doctor and prison staff point out that all specialist examinations are available to prisoners without delay and without a waiting list that people in the community go through. They also stated that all justified examinations are completely free, as well as surgical operations and other interventions.

Variable 3 - We are provided with examinations by specialist doctors as needed.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
										22

2	9,1	0	0,0	7	31,8	9	40,9	4	18,2	22
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If the prison doctor assesses that a specialist examination is not necessary, the convicted person may request to see a specialist doctor at his own expense, and the management of the institution is obliged to provide him with such an examination. Respondents' responses towards this claim were positive in 36.4% of cases, negative in 4.5%, while in most cases, 54.5% were neutral, so the logical question is whether prisoners have been made aware of this right (Variable 4).

Variable 4 - At my own expense, I am provided with a specialist examination when I want it.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
0	0,0	1	4,5	12	54,5	4	18,2	4	18,2	22

A dentist is also employed on a part-time basis and is available to prisoners twice a week. Majority of respondents agreed that this was sufficient, 59.1%, while 18.2% of them expressed disagreement. The others refused to give an opinion (Variable 5). Dental services such as tooth extraction and repair are free of charge, while dental prosthetics are provided to convicts at their request and at their own expense.

Variable 5 - Dental services are available to us regularly.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
2	9,1	2	9,1	5	22,7	8	36,4	5	22,7	22

When it comes to the quality of dental services, half of the respondents think that there is a room for improvement, while 45.5% of them had a neutral attitude (Variable 6).

Variable 6 - Quality of dental services should be better.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
0	0,0	1	4,5	10	45,5	6	27,3	5	22,7	22

Regarding physical and health care, we wanted to know of the convicts were satisfied with it. The data show that 68.2% were satisfied with the situation, while 22.7% expressed their dissatisfaction (Variable 7). The reasons for dissatisfaction were mainly related to the availability of doctors, medical equipment, being outdoors and the type of physical activities available to them.

Variable 7 - I am satisfied with the state of physical and health care in the institution

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
3	13,6	2	9,1	2	9,1	9	40,9	6	27,3	22

The minimum rules on the treatment of prisoners in the Article 15 state that prisoners should be required to maintain personal hygiene. In order to enable convicted persons to take care of personal hygiene, the mentioned Rules further state that convicted persons need to be provided with water and utensils necessary for maintaining health and cleanliness. If a prisoner is not entitled to wear his own suit, the suit he receives should be appropriate to the climatic conditions and should not be degrading. All clothing (personal or factory) must be clean and in good condition, and changing and cleaning is done as often as necessary to maintain personal hygiene. If a prisoner leaves prison he should be allowed to wear his own clothes. Each prisoner should have a separate bed and separate bedding. At least twice a week, premises and equipment will be provided for the purpose of taking shower at a temperature adapted to climatic conditions. If conditions exist, prisoners will be provided with daily showers. Access to a hygienically correct sanitary facility that allows privacy must be unrestricted. Prisoners maintain personal hygiene and cleanliness in the premises where they stay and work, for which the prison administration provides them with the necessary hygiene means and equipment (European Prison Rules).

The health and hygienic conditions of the stay, clothing and nutrition of convicted persons in the penal institution are precisely regulated by the provisions of the ZIKS. However, the situation in BiH is such that in practice it is impossible to decisively comply with legal provisions. This, first of all, implies the existing capacities of penal institutions that do not meet the needs for serving prison sentences. Such situation also affects the degree of satisfaction of the basic needs of convicted persons, primarily hygienic ones. When it comes to the use of toilets for personal hygiene, 68.2% of respondents answered that they are always allowed free access, while 27.3% answered in the negative (Variable 8). From conversations with the staff, we learned that the prisoners are provided with hot water for showering twice a week. Prisoners wear their clothes and take care of their personal hygiene. The entire prison is also cleaned by convicts, and for that purpose the administration provided them with electricity and floor cleaning machine. Several prisoners were engaged in cleaning the institution, with divided duties, so that one prisoner was in charge only of cleaning the gym, the other of cleaning the kitchen, and so on. In addition, disinfection and deratization are performed regularly.

Variable 8 - I can use the toilet to maintain personal hygiene whenever I want.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
2	9,1	4	18,2	1	4,5	6	27,3	9	40,9	22

When it comes to maintaining personal hygiene and the hygiene of the institution, half of the surveyed convicts believe that the institution provides a sufficient amount of utensils and means for maintaining hygiene (Variable 9). However, we should not ignore the fact that slightly more than a quarter of the examined sample, more precisely 27.2% of them, believe that what they get is not enough.

Variable 9 - I have been provided with enough utensils and means to maintain hygiene.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
3	13,6	3	13,6	5	22,7	5	22,7	6	27,3	22

The convicts maintain their own hygiene in the prison. They clean bedrooms, kitchen, common areas, exercise equipment. Cleaning is performed daily, with which the majority of respondents agree, 72.7% of them (Variable 10). Hygiene is at an acceptable level, as much as it can be given the cramped space and the large number of prisoners/detainees.

Variable 10 - All parts of the facility, including exercise facility and equipment are cleaned daily.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	3	13,6	2	9,1	9	40,9	7	31,8	22

It is interesting to note that 59.1% of respondents answered that they need better conditions for maintaining personal hygiene and cleanliness. Some respondents emphasize that the means for maintaining personal hygiene are received in packages, and that what they receive from the institution is not enough.

Variable 11 - I think I need better conditions to maintain cleanliness.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
4	18,2	9	40,9	3	13,6	4	18,2	2	9,1	22

Since we were not allowed to visit the prison clinic as part of the research, and the staff did not want to talk much on this topic, we will convey part of the CPT's report and the views of the respondents. In the Sarajevo Penal-Correctional institution, in the health care service, hygiene is at an acceptable level. It should be said that the institution does not have basic equipment such as an ECG, while the defibrillator and sterilization equipment were moldy and out of use (which is why nurses refer prisoners to external institutions even for the most basic interventions, such as suturing wounds). In addition, the separate dental clinic is dilapidated (e.g. the dental chair is falling apart, tooth extraction instruments are outdated and hygiene is poor). The Committee's recommendation to the FBiH authorities is to take the necessary steps to procure an ECG device for the Sarajevo Penal institution, and regularly maintain new sterilization equipment, and to completely renovate the dental clinic (including the purchase of a new dental chair, autoclave and tooth extraction instruments.) In addition, it is necessary to procure life-saving devices and train employees to use them. When asked about the opinion of the respondents on the equipment of the outpatient clinic, the attitudes were positive in 40.9% of cases, while the highest percentage of those who took a neutral position is 45.5% (Variable 12).

Variable 12 - The clinic of the institution has all the necessary equipment and supplies.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
2	9,1	1	4,5	10	45,5	6	27,3	3	13,6	22

The employees also mentioned that the ambulance should be better equipped, without specifying what exactly was missing. 59.1% of respondents agreed with the statement that the

prison ambulance has a sufficient supply of medication (Variable 13), while 22.7 did not express an opinion. The prison doctor states that the previous problems due to the lack of necessary medicines have been overcome and that the current situation is satisfactory.

Variable 13 - The clinic has a sufficient supply of medication.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
2	9,1	2	9,1	5	22,7	7	31,8	6	27,3	22

Every prisoner should receive good quality food that is well prepared, well served, which has sufficient nutritional value to maintain health and strength. Drinking water should be available when needed (Minimum Rules for the Treatment of Prisoners, Article 20). Convicts who work as auxiliary workers in the kitchen or handle food items are subject to regular examination by medical staff, i.e. sanitary examination, and in accordance with general regulations they must be provided with clothing that is appropriate for catering work. Food and drinking water are inspected by health workers, and the premises where food is prepared and served are subject to regular inspection by the sanitary inspection. 36.4% of respondents agree, and 40.9% fully agree, that food is prepared and served in a hygienically correct manner (Variable 14).

Variable 14 - Food is prepared and served in a hygienically correct manner.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
0	0,0	2	9,1	3	13,6	8	36,4	9	40,9	22

The menu for prisoners is made weekly and in consultation with the health service, and is signed by the director of the institution. In the preparation of the menu, care is taken to ensure that the diet is balanced, and special menus are made for special categories of prisoners. 22.7% of respondents agree, and 50% completely agree that the food served is of appropriate quality (Variable 15).

Variable 15 - I'm satisfied with the quality of the diet.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
2	9,1	3	13,6	1	4,5	5	22,7	11	50,0	22

The staff states that three meals are served daily, with which the majority of respondents agreed, while only 4.5% expressed disagreement (Variable 16).

Variable 16 - Three meals are served daily.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
0	0,0	1	4,5	1	4,5	8	36,4	12	54,5	22

Also, the majority of respondents, 90.9% of them, agreed that the staff of the institution never resorted to reducing the number of meals for the purpose of disciplinary punishment (Variable 17).

Variable 17 - The staff of the institution never resort to reducing the number of meals for the purpose of disciplinary punishment.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	0	0,0	1	4,5	8	36,4	12	54,5	22

63.6% of respondents think that food is tasty and varied (Variable 18), while 22.7% do not share this opinion. For state and religious holidays, prisoners receive additional meals.

Variable 18 - The food we get is tasty and varied.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	4	18,2	3	13,6	5	22,7	9	40,9	22

Prisoners who are ill are entitled to a special diet, with which 31.8% agreed, and 36.4% completely agreed (Variable 19). Those who require a special, enhanced or dietary nutrition, enclose the certificate they received from the prison doctor and receive meals in accordance with personal needs. Since the doctor is not employed on a permanent basis, the rule that a doctor examines and tries everything served to prisoners on a daily basis cannot be followed, but food samples are kept for 24 hours so that they can be examined in case of food poisoning and the like.

Variable 19 - Prisoners who are ill can have a special diet.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	0	0,0	6	27,3	7	31,8	8	36,4	22

45.5% of prisoners agree, and 40.9% fully agree that they always have access to fresh drinking water. 4.5% expressed disagreement, with the same percentage of those who expressed complete disagreement and those who refused to answer (Variable 20).

Variable 20 - We have access to clean drinking water at all times.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	1	4,5	1	4,5	10	45,5	9	40,9	22

To talk about imprisonment and crises that take place within the walls of the institution, the hard living conditions of convicts, without mentioning the prison staff, the influence they have in the execution of criminal sanctions, which 'carries through' serving a prison sentence, would overlook a very important element of imprisonment. In carrying out their duties, prison staff communicate with prisoners on a daily basis. The social climate in prisons largely depends on the quality of relationships and professionalism of the staff (Korać, 2010). Prison staff regulate relations between prisoners in all forms of individual and group treatment, as well as relations

between prisoners and the outside world. The most important part of the official staff are therapists whose composition consists of psychologists, pedagogues, doctors and social workers. They have the task of correcting attitudes, opinions and value orientations in a socially acceptable sense (Bošković, 2000). Treatment, also referred to as re-education, along with the security service, represents the most important service in the institution in terms of its nature, task and character of activities (Stevanović, 2005). Its main task is to achieve the purpose of serving the sentence, which is to: punish perpetrators of crimes, to enable prisoners to serve socially acceptable values while serving their sentences, through a system of modern educational measures, with the aim of easier reintegration (Stojanović, 2003). On the basis of analysis of prisoner's personality, an individual treatment program is developed through which prisoner's behavior is monitored directly and indirectly throughout the duration of his stay in prison. In addition to educators working directly on re-education in prison, there is (or at least should be) a group of experts in examining the personality and establishing treatment programs for prisoners. This group consists of experts of various profiles such as: psychologists, pedagogues, social workers, doctors and others (Lučić- Čatić 2012).

With the development of penological practice, the notion of the role of medical staff, as part of prison staff, in planning and implementing the treatment of prisoners has also changed. Initially, their main role was to provide medical care, as well as preventive action on the occurrence of the disease. Today, the role of health personnel is indispensable in the process of observation that precedes classification and individualization, and their activity is especially evident in the planning, preparation and implementation of resocialization after discharge. Medical staff in such institutions, more than any other professionals and staff, are in a position to see convicts as people from the 'free world'. A special relationship between them is formed in which the convict does not feel rejected; instead, he feels like a person whose health someone cares about. More than other officials, convicts are in a position to complain, confide, and seek help. Hence, health workers are more in a position, by asking for help, to demand appropriate behavior in terms of respecting the regime in the institution, maintaining an appropriate relationship with convicts and staff, and creating cultural habits. Physicians are thus involved in several important phases of re-education, starting from observing the convict during admission, through monitoring his psychophysical health, to proposing changes in the treatment or working and accommodation conditions of the convict (Bošović, 2000).

The role of health workers is to provide health care to prisoners and detainees (Article 19 of the BiH LECS). In addition to providing medical care and health prevention, health care staff are required to monitor hygiene conditions, store food, and control drinking water. The doctor is obliged to examine each prisoner immediately upon admission, and later as needed, in order to detect possible physical or mental illnesses or deficiencies that could be an obstacle to working or relaxation (Minimum Rules for the Treatment of Prisoners). The role of the psychologist is realized through the adaptation of prisoners to the conditions in the prison, from admission, observation and classification, determination of diagnosis and prognosis and appropriate treatment.

Contact with convicts is done on a voluntary basis, with the intent of building mutual trust. The role of social workers is more pronounced in post-penal treatment than during serving a sentence, but even in that period it is not negligible. As a psychologist and social worker, s/he helps convicts to adapt to the conditions of life in prison, while at the same time trying to eliminate the social causes that led to crime. They also have the task of resolving conflicts between prisoners, prisoners and prison staff, as well as classifying prisoners on the basis of education. The role of social workers in post-penal treatment is far more complex.

One of the most important services within the penal institution is the security service. The Security service (Article 32 of the BiH Criminal Procedure Code), which consists of prison police officers or prison guards, secures the institution, guards prisoners inside and outside the institution, maintains internal order and discipline, conducts prisoners and performs other tasks provided by law and bylaws. The guard service also makes observations about the habits, behavior, inclinations and problems of convicts. Due to the nature of their work, they are in constant contact with convicts, and they have the opportunity to talk to them, provide them with help or advice. Therefore, it is important for these staff to have basic penological knowledge and pedagogical practice, and the knowledge they gain can be very useful for therapeutic staff. When it comes to the attitudes of convicts in relation to the role of prison staff, the percentage of respondents who agree (40.9%) and those who fully agree (18.2%) that the medical staff in the institution is sufficiently professional and trained (Variable 21).

Variable 21 - The doctor and medical staff are sufficiently professional and trained.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
3	13,6	0	0,0	6	27,3	9	40,9	4	18,2	22

From interviews with employees, we learn that the services of psychologists and psychiatrists are regularly available to all prisoners, and respondents also in a high percentage (68.2%) agreed with this statement, while 18.2% did not have an opinion (Variable 22).

Variable 22 - The services of a psychologist or psychiatrist are available to me whenever I want.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
2	9,1	1	4,5	4	18,2	9	40,9	6	27,3	22

Only 4.5% of respondents completely disagreed with the statement that interviews with a psychologist/psychiatrist had a favorable effect, while the rest were neutral or positive in their answers (Variable 23).

Variable 23 - Talking to a psychologist or psychiatrist helps me.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	0	0,0	9	40,9	4	18,2	8	36,4	22

Regarding the attitude of staff towards prisoners who are ill, the percentage of respondents who believe that they should be given more attention is emphasized and amounts to 45.4% (Variable 24).

Variable 24 - The staff should take better care of the prisoners who are ill.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	5	22,7	6	27,3	3	13,6	7	31,8	22

The health of convicts must be closely monitored with regard to the number of sick people in prison, including people associated with HIV and hepatitis, which increases the risk of spreading infectious diseases. Prisoners living with HIV represent a vulnerable group with specific needs, which are often neglected in prevention and treatment programs. Prevention in penal institutions is carried out in such a way that prisoners are informed and educated about the harmful effects of substance abuse and HIV, and psychological counseling provided by health staff and educators should aim to act on the consciousness of addicts in penal institutions. Insufficient education of prisoners, inadequate system of supervision over HIV and AIDS and the existence of stigma and discrimination related to HIV and AIDS are critical for the spread of HIV infection in institutions. The treatment of prisoners suffering from HIV/AIDS as a chronic disease should be focused on combating the stressors associated with the disease, such as negative reactions from other prisoners and staff, anxiety, fear of physical and mental deterioration, fear if therapy will be available etc. Insufficient or incorrect information leads to increased anxiety and insecurity. Insufficient information of prisoners with HIV reduces trust in the health care system and changes their perception of their own position in the penal institution. The CPT recommends ongoing health monitoring of prisoners suffering from communicable diseases. An HIV-positive prisoner is not separated regardless how he or she is feeling, but there is a need for dietary changes. BiH is a country with a low HIV prevalence (less than 1% in the total population and less than 5% within at-risk population, which includes prisoners). According to the Department of HIV/AIDS of the Clinic for Infectious Diseases of the University Clinical Center Sarajevo, in 2010, 170 people infected with HIV were registered in BiH, and 109 of them developed AIDS. In 2016, the number of people infected with HIV was about 300 people, and about 80% of those registered were male. There are numerous centers for voluntary and confidential counseling and testing in BiH, but the number of people tested is quite low. The project of the UNDP Global Fund for the Fight against HIV/AIDS, Tuberculosis and Malaria, which has existed in BiH since 2008, supports the application of substitution therapy in treatment centers for addicts in BiH, and since 2013 it has worked to introduce OST in prisons. The result of these activities is the definition of the above-mentioned program, which has provided information and promotional brochures for both prisoners and staff of the penal institutions. In addition to the state-level programs, the need to build appropriate programs to combat AIDS/HIV in prisons was emphasized. From conversations with employees, we have learned that there are no prisoners in the institution with AIDS, while one convict is HIV positive and not physically separated. There are also no prisoners suffering from TB, while several cases of hepatitis have been reported. All prisoners suffering from infectious diseases are subjected to special diet and treatment and, as a rule, never refuse prescribed therapy. 36.3% of our respondents believe that those suffering from infectious diseases have appropriate therapy (Variable 25), while 45.5% of have taken a neutral position.

Variable 25 - Appropriate therapy is provided for prisoners who suffer from infectious diseases.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	
1	4,5	3	13,6	10	45,5	5	22,7	3	13,6	22

It is interesting to note that 13.6% of respondents do not agree with the statement that prisoners suffering from infectious diseases are not physically separated (Variable 26), while 18.2% completely disagree with the stated statement.

Variable 26 - Prisoners suffering from infectious diseases are not physically separated.

I disagree completely		I don't agree		I have no opinion		I agree		I agree completely		Total
f	%	f	%	f	%	f	%	f	%	22
4	18,2	3	13,6	8	36,4	4	18,2	3	13,6	22

4. Conclusion

The European Committee for the Prevention of Torture and Immoral or Degrading Treatment or Punishment has made big steps in terms of recognition and promotion of human rights of persons deprived of their freedom. BiH has ratified all major human rights conventions, including the European Convention on Human Rights, which is enshrined in the Constitution and has supremacy over national legislation. Legislation in BiH is largely in line with relevant international instruments, including the European Prison Rules, regarding the health care of prisoners, but the implementation remains an issue. When it comes to physical activities, regulations are not harmonized. The implementation of the recommendations of international bodies related to the improvement of conditions in prisons is still not at the appropriate level, as evidenced by the conclusions and reports of the relevant institutions. The Council of Ministers of BiH has passed a new Draft Law on the Human Rights Ombudsman with the aim of harmonizing it with the Paris Principles, the recommendations of the United Nations Committee of the Council of Europe. The new Bill emphasizes the independence of the Institution, prohibits any form of influence on its work, which improves efficiency in the protection of human rights. Cooperation with international organizations, the non-governmental sector and the academic community is also proposed, in order to protect the rights of persons deprived of their freedom and to fulfill their international obligations. The ombudsmen point out that it is necessary to carry out activities in order to eliminate the consequences of non-compliance of laws at the state and entity levels, and to protect the rights of convicted persons, in which the BiH Ministry of Justice must take over the role of coordinator. The right to health care is a fundamental human right. While serving their sentences, a large number of convicts in limited space come into contact with each other, which increases the possibility of spread of infectious diseases, and the responsibility of the administration is equal to prisoners, staff and visitors. Since prisoners return to the community after serving their sentences, the protection of the health of prisoners should be viewed in the context of the general concern for the health of the population. Guaranteeing and exercising a range of rights, such as the right to health care, outdoor activities and organized physical programs, are a significant preparation for successful reintegration into society after discharge, through the formation of positive habits and a healthy lifestyle.

Prisoners must have access to health services without any discrimination, and health care should be equated with health care in public health. Without the organization of adequate health care programs in penal institutions, the provisions of domestic legislation and European prison rules are directly violated. Based on the results obtained by the conducted research, the hypotheses were verified. Hypothesis H1 can be accepted because it can be stated that the conditions, programs and treatments do not provide adequate health care programs. Auxiliary hypotheses can also be accepted in full, given that domestic legislation is only formally in line with the international and European standards, while the implementation is not yet complete, and in

some cases legislation is not even in line. The needs of prisoners for organized physical activities are not met, starting from the fact that they are not organized every day, that they do not include all able-bodied prisoners, that they are not organized and led by people from sports, with an obvious lack of equipment. The doctor is not employed on a permanent basis, so he cannot be available to the prisoners on a daily basis, monitor their condition, and control the maintenance of hygiene, quality of food and drinking water. There are shortcomings in terms of the equipment for the clinic. There are no specific strategies to be applied in the penal and post-penal periods as to certain categories of prisoners such as those infected with infectious diseases or drug addicts. When it comes to addiction, there are no specific treatment programs, only intensified consultations with addicts and the use of methadone therapy. Based on the research, we propose the following solutions: equip the outpatient clinic and employ a doctor on a permanent basis, introduce mandatory testing for infectious diseases and psychoactive substances upon admission, adopt special strategies to help convicts with drug problems and infectious diseases through multidisciplinary approach to include the period of serving the sentence and the post-penal period, carry out necessary training programs of the entire prison staff for the treatment of prisoners suffering from infectious diseases, prisoners who are addicted and prisoners suffering from mental disorders, increase the application of alternative criminal sanctions, such as house arrest, involve the NGO sector in such a way that human rights NGOs and the media have easier access to the institution so as to keep the public informed about the situation in penal institutions and the level of respect for human rights. Activities should be directed towards harmonizing regulations, harmonizing the actual situation with regulations, as well as informing prisoners about their rights in the field of health care, especially the use of specialist services at their own request and at their own expense. It is necessary to include special programs for working with convicts who are infected with infectious diseases and addicts, and to additionally train employees to work with such convicts. The absence of these programs directly affects the reduction of the quality of health care in prisons. Prison staff should strive to start preparing prisoners for life in prison from the moment they come to serve their prison sentences. Prisoners should be encouraged to use their free time spent in prison to create positive habits through physical activities and sports recreation, which will be used for independent living in accordance with social norms after release. The implementation of these recommendations can greatly facilitate the reintegration process, reduce the rate of recidivism and, most importantly, contribute towards respecting and preserving the dignity of prisoners in accordance with the international standards and recommendations.

References

- [1] Anastasijević, R., Ber, N. (1958). *Fiziologija čovjeka sa osnovama fiziologije tjelesnog vježbanja*. Beograd.
- [2] Babić, M. (2005). *Komentari krivičnog/ kaznenog zakona BiH*. Sarajevo.
- [3] Babić, V., Josipović, M., Tomašević, G. (2006). *Hrvatski zatvorski sustav i zaštita ljudskih prava zatvorenika, Hrvatski ljetopis za kazneno pravo i praksu*. Zagreb.
- [4] Bakić, I. (1977). *Sociologija*. Sarajevo.
- [5] Bećirević, E. (2002). *Pojmovnik torture (Transl.)*, Plate T., Darvia A., *Kriminalističke teme, časopis za kriminalistiku, kriminologiju i sigurnosne studije*. Sarajevo
- [6] Bejatović, S. (2000). *Usklađenost Zakona o izvršenju krivičnih sankcija sa međunarodnim konvencijama i deklaracijama o položaju i statusu lica lišenih slobode. Zbornik radova, Reforma sistema izvršenja krivičnih sankcija*. Beograd.
- [7] Bošković, M. (2000). *Kriminologija s penologijom (I deo), Homo criminis- zločinac*.

Novi Sad.

- [8] Bošković, M. (2000). *Kriminologija s penologijom (III deo), Osnovi penologije*. Novi Sad
- [9] Bošković, M., Radoman, M. (2002). *Penologija*. Novi Sad.
- [10] Bubalo, T. (1998). *Kazneni zakon Federacije Bosne i Hercegovine s napomenama, stvarnim kazalom i priložima*. Sarajevo.
- [11] Bubić, J. (2006). Terapijske zajednice u penalnim ustanovama. *Kriminologija i socijalna integracija: časopis za kriminologiju, penologiju i poremećaje u ponašanju*, (14,1), 33-50.
- [12] Bunjevac, M. (2014). *Recidivizam: zatvori u Bosni i Hercegovini*. Tešanj.
- [13] Coyle, A. (2002). *Ljudska prava u upravljanju zatvorima i kaznionicama*. London.
- [14] Davidović, D. (2000). *Mogućnosti i smetnje u realizaciji mjera institucionalnog tretmana u okviru reformi sistema izvršenja krivičnih sankcija sistema zatvorskih kazni*. Beograd: *Zbornik radova, Reforma sistema izvršenja krivičnih sankcija*.
- [15] Derenčinović, D., Getoš, A-M. (2008). *Uvod u kriminologiju s osnovama kaznenog prava*. Zagreb.
- [16] Dimitrijević, V., Paunović, M., Đerić, V. (1997). *Ljudska prava*. Beograd.
- [17] Duraković - Mišigoj, M. (1999). *Tjelesno vježbanje i zdravlje*. Zagreb.
- [18] Đurđević, N. (2007). *Javne vlasti i sport*. Kragujevac.
- [19] Fond otvoreno društvo Bosna i Hercegovina (2006) „Procjena razvoja demokratije u Bosni i Hercegovini“, Sarajevo
- [20] Gomien, D. (1998). *Kratki vodič kroz Evropsku konvenciju o ljudskim pravima*. Strasbourg.
- [21] Grupa autora (1999). *Komentari zakona o krivičnom postupku*. Sarajevo.
- [22] Grupa autora (2005). *Komentari zakona o krivičnom/kaznenom postupku u Bosni i Hercegovini; zajednički projekat Vijeća Evrope i Evropske komisije*. Sarajevo.
- [23] Grupa autora (2009). *Ljudska prava u Bosni i Hercegovini: Centar za ljudska prava Univerziteta u Sarajevu*. Sarajevo.
- [24] Grupa autora (2012). *Ljudska prava u Bosni i Hercegovini: pravo, praksa i međunarodni standardi ljudskih prava sa ispitivanjem javnog mnijenja*. Sarajevo.
- [25] Grupa autora (2006). *Procjena razvoja demokratije u Bosni i Hercegovini*. Sarajevo.
- [26] Hadžikadunić, A., Demir, M., Haset, M., Pašalić, E. (2002). *Sportska rekreacija*. Sarajevo.
- [27] Hadžikadunić, A. (2012). *Sport kao prevencija od destruktivnog izražavanja djece i omladine*. *Kriminalističke teme*, 3/4
- [28] Hadžikadunić, A., Turković, S., Tabaković, M. (2013). *Teorija sporta sa osnovama tjelesnih aktivnosti specijalne namjene*. Sarajevo.
- [29] Harland, C. (2003). *Komentar Evropske konvencije o ljudskim pravima: prema praksi u Bosni i Hercegovini i Strasbourg*. Sarajevo.
- [30] Horvatić, Ž., Cvitanović, L. (1999). *Politika suzbijanja kriminaliteta*. Zagreb.
- [31] Husić, Dž., Nikolić, R. (2000). *Zakon o izvršenju krivičnih sankcija u Federaciji Bosne i Hercegovine sa komentarima i provedbenim propisima*. Sarajevo.
- [32] Ignjatović, Đ. (2010). *Kriminologija*. Beograd.
- [33] Janković, S. (2001). *Pravne posljedice krivične osude i rehabilitacija*. Beograd.
- [34] Jovašević, D. (2002). *Leksikon krivičnog prava*. Beograd.
- [35] Kicker R. (2001). *Evropski komitet za sprečavanje mučenja i nečovječnog i ponižavajućeg postupka ili kazne*. Centar za ljudska prava. Sarajevo.
- [36] Konstantinović-Bilić, S., Kostić, M. (2011). *Sistem izvršenja krivičnih sankcija i penalni*

tretman u Srbiji. Niš.

- [37] Korać, H. (2010). Penologija - izvršno krivično pravo. Sarajevo.
- [38] Krivokapić, V., Čimbuović, Lj. (2009). *Penološka kriminalistika*. Beograd.
- [39] Kupčević-Mladenović, R. (2001). *Kriminologija*. Sarajevo.
- [40] Kupčević-Mladenović, R. (2001). *Osnovi penologije*. Sarajevo.
- [41] Lehtmetts, A., Pont, J. (2014). Zdravstvena zaštita u zatvorima i medicinska etika. *Priručnik za zdravstvene radnike i drugo zatvorsko osoblje odgovorno za dobrobit zatvorenika*. Vijeće Evrope.
- [42] Lučić-Čatić M. (2012). Kriminalistička kontrola u penitencijarnom sustavu Bosne i Hercegovine. Sarajevo.
- [43] Ljubanović, B. (2006). Problemi određivanja nadležnosti tijela državne uprave u izvršavanju kaznenih sankcija. Osijek.
- [44] MacDonald, M. (2005). A Study of the Health Care Provision, Existing Drug Services and Strategies Operating in Prisons in Ten Countries from Central and Eastern Europe. Helsinki.
- [45] Matković, B., Ružić, L. (2009). *Fiziologija sporta i vježbanja*. Zagreb.
- [46] Milutinović, M. (1977). *Penologija*. Beograd.
- [47] Milutinović, M. (1981). Penologija, nauka o izvršenju krivičnih sankcija i resocijalizaciji osuđenika. Beograd.
- [48] Modly, D., Korajlić, N. (2002). *Kriminalistički rječnik*. Tešanj.
- [49] Modly, D. (1998). Priručni kriminalistički leksikon. Sarajevo.
- [50] Mrvić- Petrović, N. (2007). *Kriza zatvora*. Beograd.
- [51] Muratbegović, E. (2004). Prevencija kriminaliteta- od ideala do stvarnosti. *Kriminalističke teme*, 3-4.
- [52] Nikolić, S., Puljević, V., Orlić, L. (1975). Uloga zdravstvenih radnika u procesu resocijalizacije lica lišenih slobode. Beograd.
- [53] Nikolić, Z. (2000). Kriminologija sa socijalnom patologijom. Beograd.
- [54] Petrović, B., Meško, G. (2004). Kriminologija, sa kraćim komentarom Zakona o izvršenju krivičnih sankcija. Sarajevo.
- [55] Petrović, B., Jovašević, D. (2006). *Izvršno krivično/kazneno pravo*. Sarajevo.
- [56] Petrović, B., Jovašević, D. (2005). *Krivično/kazneno pravo Bosne i Hercegovine*. Sarajevo.
- [57] Radoman, M. (2003). Penologija i sistem izvršenja krivičnih sankcija. Novi Sad.
- [58] Rot, N. (1989). Osnovi socijalne psihologije. Beograd.
- [59] Sadiković, Č. (2001). *Evropsko pravo ljudskih prava*. Sarajevo.
- [60] Sadiković, Č. (2006). Ljudska prava na udaru globalizacije. Sarajevo.
- [61] Sadiković, L. (2005). *Država u evropskom poretku*. Sarajevo.
- [62] Sadiković, L. (2006). *Ljudska prava*. Sarajevo.
- [63] Sadiković, L. (2010). Ustav Bosne i Hercegovine i Evropska konvencija za zaštitu ljudskih prava i osnovnih sloboda. Sarajevo.
- [64] Sadiković, L. (2012). Ustav Bosne i Hercegovine, sigurnost i ljudska prava. Sarajevo.
- [65] Sadiković, L. (2003). *Vanredno stanje i ljudska prava*. Sarajevo.
- [66] Sadiković, L. (2004). Značaj zaštite ljudskih prava za prevenciju kriminaliteta. *Kriminalističke teme*, 3-4.
- [67] Sijerčić-Čolić, H. (2007). *Evropska zatvorska pravila*. Sarajevo.
- [68] Sijerčić-Čolić, H., Ilić, M. (2001). *Krivično procesno pravo*. Sarajevo.
- [69] Sijerčić-Čolić, H. (2012). Krivično procesno pravo; Tok redovnog krivičnog postupka i posebni postupci. Sarajevo.

- [70] Softić, S. (2013). Transnacionalno krivično pravo. Sarajevo.
- [71] Šabani, A. (2012). Odabrane teme iz socijalne patologije. Sarajevo.
- [72] Šabani, A. (2002). Paradigma zajednice u društvu - zatvorenička zajednica. *Kriminalističke teme*, 1-2.
- [73] Šabani, A. (2005). Sociologija zatvoreničkog društva. Sarajevo.
- [74] Šuput, D. (2011). *Kaznenopravna zaštita sporta*. Beograd.
- [75] Termiz, Dž. (2009). *Metodologija društvenih nauka*. Sarajevo.
- [76] Todorović, Lj. (2004). Ljudska prava u Univerzalnoj deklaraciji o ljudskim pravima i Evropskoj konvenciji o ljudskim pravima. Sarajevo.
- [77] Tomašević, G. (1998). Kazneno procesno pravo: temeljni pojmovi i osnove praktične primjene. Split.
- [78] Vehabović, F. (2006). Odnos Ustava Bosne i Hercegovine i Evropske konvencije za zaštitu ljudskih prava i osnovnih sloboda. Sarajevo.
- [79] Viljanen, T., Aromaa, K. (2010). Survey of united nations and other best practices in the treatment of prisoners in the criminal justice system. Helsinki.
- [80] Vodinelić, V. (1996). *Kriminalistika*. Beograd.
- [81] Zadrić, M. (2005). Kazneni postupak u duhu Evropske konvencije o ljudskim pravima i slobodama te prakse Evropskog suda za ljudska prava u Strasbourg. Sarajevo.
- [82] Žarković, M., Škulić M. (2004). *Leksikon kriminalistike*. Beograd.
- [83] Evropska konvencija o sprečavanju zlostavljanja, mučenja, svirepog i nečovječnog ili ponižavajućeg postupanja i kažnjavanja (1987.)
- [84] Evropska povelja o sportu za sve (1976).
- [85] Evropska sportska povelja (1992).
- [86] Evropska zatvorska pravila. Vijeće Evrope, Komitet Ministara, Strasbur, *Rezolucija broj: R/87/3*
- [87] Konvencija UN protiv mučenja i drugih svirepih, nečovjećnih ili ponižavajućih postupaka ili kazni (1984).
- [88] Krivični zakon BiH. *Službeni glasnik BiH*, 37/03.
- [89] Međunarodna povelja o fizičkom obrazovanju i sportu (1978).
- [90] Odbor za sprečavanje mučenja (CPT). *Priručnik o Evropskim zatvorskim standardima*. Strasbourg (2002).
- [91] Pravilnik o izmjenama i dopunama Pravilnika o kriterijima za upućivanje osuđenih osoba na izdržavanje kazne zatvora. *Službeni glasnik BiH*, 65/05.
- [92] Pravilnik o izmjenama i dopunama Pravilnika o kriterijima za upućivanje osuđenih osoba na izdržavanje kazne zavora. *Službeni glasnik BiH*, 83/07.
- [93] Pravilnik o izmjenama i dopunama Pravilnika o kućnom redu u ustanovama za izdržavanje krivične sankcije, mjere pritvora ili drugih mjera Bosne i Hercegovine, *Službeni glasnik BiH*, 34/05, 65/05, 36/06, 39/07, 61/07.
- [94] Pravilnik o izmjenama i dopunama Pravilnika o pogodnostima i godišnjem odmoru zatvorenika koji izdržavaju kaznu zatvora u Zavodu za izvršenje krivičnih sankcija, pritvora i drugih mjera Bosne i Hercegovine. *Službeni glasnik*, 38/06.
- [95] Pravilnik o izmjenama i dopunama Pravilnika o pogodnostima i godišnjem odmoru zatvorenika koji izdržavaju kaznu zatvora u Zavodu za izvršenje krivičnih sankcija, pritvora i drugih mjera Bosne i Hercegovine. *Službeni glasnik*, 11/08.
- [96] Pravilnik o kriterijima za upućivanje osuđenih osoba na izdržavanje kazne zatvora. *Službeni glasnik BiH*, 34/05.
- [97] Pravilnik o kućnom redu u ustanovama za izdržavanje krivične sankcije, mjere pritvora ili drugih mjera. *Službeni glasnik BiH*, 18/05.

- [98] Pravilnik o pogodnostima i godišnjem odmoru zatvorenika koji izdržavaju kaznu zatvora u Zavodu za izvršenje kaznenih sankcija, pritvora i drugih mjera Bosne i Hercegovine. *Službeni glasnik*, 34/05.
- [99] Priručnik Evropskog komiteta za sprečavanje mučenja i nečovječnog ili ponižavajućeg postupanja ili kažnjavanja (Ed. 2006) (CPT/inf/E (2002)1.
- [100] *Rezolucija Generalne skupštine Ujedinjenih nacija 58/5*. Sport kao sredstvo za promociju obrazovanja, zdravlja, razvoja i mira.
- [101] Skup minimalnih pravila o postupanju sa zatvorenicima. *UN Rezolucija 663C (XXIV)*, 2076 (LXII)
- [102] The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (1985)
- [103] Univerzalna deklaracija o ljudskim pravima (1948).
- [104] Zaključci Drugog svjetskog samita o fizičkom obrazovanju. Magligen, Švajcarska (2005).
- [105] Zakon BiH o izvršenju krivičnih sankcija, pritvora i drugih mjera, *Službeni glasnik BiH*, 13/05.
- [106] Zakon BiH o izvršenju krivičnih sankcija, pritvora i drugih mjera, *Službeni glasnik BiH*, 12/10.
- [107] Zakon o federalnim ministarstvima i drugim tijelima federalne uprave. *Službene novine Federacije BiH*, 58/02, 19/03, 38/05, 2/06, 8/06, 61/06.
- [108] Zakon o izmjenama i dopunama Zakona o izvršenju krivičnih sankcija, pritvora i drugih mjera. *Službeni glasnik BiH*, 53/07.
- [109] Zakon o izvršenju krivičnih sankcija F BiH. *Službene novine FBiH*, 44/98, 42/99.
- [110] Zakon o krivičnom postupku BiH. *Službeni glasnik BiH*, 36/03.
- [111] Zakon o krivičnom postupku F BiH. *Službene novine FBiH*, 35 /03, 37/03, 56/03, 78/04, 28/05.
- [112] Zakon o organizaciji organa uprave u Federaciji Bosne i Hercegovine. *Službene novine Federacije BiH*, 35/05.
- [113] Zakon o osnivanju zavoda za izvršenje krivičnih sankcija, pritvora i drugih mjera Bosne i Hercegovine. *Službeni glasnik BiH*, 24/08.
- [114] Zakon o sportu u Bosni i Hercegovini. *Službeni glasnik BiH*, 27/8, 102/9.
- [115] Zakon o sprečavanju i suzbijanju opojnih droga. *Službeni glasnik BiH*, 08/06.
- [116] Zakon o zdravstvenoj zaštiti u Federaciji Bosne i Hercegovine. *Službene novine Federacije BiH*, 41/10.