

HEALTH STATUS AND IMPRISONMENT PROFILE OF JAIL INMATES OF DISTRICT JAIL RAHIM YAR KHAN, PAKISTAN

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ABSTRACT: Out of 850 total prisoners of district jail, Rahim Yar Khan, 100 were selected at random and examined for prevalence of HIV. Apart from HIV screening, data was collected about different diseases, narcotics use, occupations, reasons for imprisonment, ages and marital status of the prisoners through a questionnaire. None of these prisoners was suffering from HIV, the results regarding narcotics habits showed that 3% of the prisoners were used to bhang, 4% took heroin, 5% were using snuff, 34% cigarette smokers and 54% were not taking any narcotics. Nineteen percent of the prisoners suffered from various diseases like asthma, allergy, chest infection, hernia, heart problem, jaundice, lung infection, ulcer, weakness, typhoid and gastric problems whereas 81% were healthy.

Key words: Prison, Narcotics, Fornication, Asthma, Cholistan.

INTRODUCTION

Around the globe, the prevalence of HIV has been identified as a major health issue (UNAIDS 2002). There are certain reasons that make the prisons more susceptible to HIV transmission (UNAIDS 1997). These include improper health services, overcrowding, high risk behaviors and lack of public sympathies for prisoners (Simoooya 2010). Injecting drug users (IDUs) account for half of all prisoners and often are vastly over-represented (Gaughwin *et al.* 1991). In Pakistan majority of the prisoners fall in age group between 26 and 45 years, the single and married inmates are almost equal in number (1:1), the prevalence of smoking and drug/alcohol abuse

is common in jails. While majority of prisoners were involved in factory work previous to being locked up in the jail followed by the persons with agriculture background, shop keeping and office work in decreasing order (Manzoor *et al.* 2009).

There is largest cohort of young people in Pakistan's history with 25 million adolescents and youths between ages of 15-24 years (Population Council Pakistan 2003). Poverty, improper health care, insufficient information and lack of knowledge about the disease transmission are the potential factors for the spread of HIV/AIDS and other communicable diseases in Pakistan (Aahung/European Commission 2001). The high risk of HIV/

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AIDS is ominous for the adolescents from many sources in Pakistan (Khan 2002).

The present study was performed in the year 2006 to find the prevalence of HIV/AIDS in jail inmates and the disease status and imprisonment profile of the prisoners of district jail Rahim Yar Khan, Pakistan. The major aim of the study was to find out the HIV/AIDS patients, for which the methodology is given out. Data regarding other diseases, age ranges, marital status, occupation, narcotics use and reasons for imprisonment was collected through a simple questionnaire containing these points. Verbal permission from the Police Department was taken and random selection was done only from the agreed inmates.

MATERIALS AND METHODS

Total number of prisoners present in the district jail Rahim Yar Khan was 850 and 100 prisoners were screened at random for HIV and data regarding some other diseases, age ranges, marital status, occupation, narcotics use and reasons for imprisonment during 2006. For HIV screening, blood samples (2 ml) were taken by disposable syringes, transferred to test tubes and the tubes were sealed with stopper. These were centrifuged for 15 minutes at 4000 rpm and the serum was harvested with the help of micropipette with disposable tips, transferred to serum tubes and placed in freezer in order to prevent sample from being overheated. HIV accurate test device was placed on a clean and level surface. Disposable dropper was held vertically and transferred one drop of serum (approximately 25 μ l) to the specimen well (S) of HIV accurate test device and added one drop of HIV buffer (approximately 40 μ l) and started the timer, waited for the red line (s) to appear. If one red line appears in the control region it

indicates HIV negative and two distinct red lines indicate HIV positive.

Through a questionnaire the data regarding other diseases, age ranges, marital status, occupation, narcotics use and reasons for imprisonment was collected.

RESULTS AND DISCUSSION

Around 95% of AIDS victims are living in the developing countries where the incidence rate is aggravated by poverty, hunger, disease, lack of medical facility, illiteracy and under development. Pakistan is identified as low prevalence high risk country for the spread of HIV infection (Medecins Sans Frontiers 2004, UNAIDS 2010).

Present survey was carried out in order to study the prevalence of HIV in district jail Rahim Yar Khan. The jail has a capacity of 750 prisoners but 850 prisoners were kept there. The age of the prisoners ranged from 12 to 60 years. Hundred prisoners were selected at random for HIV analysis and data collection.

Safdar *et al.* (2009) tested 4987 prisoners for HIV. Majority of HIV +ve cases were from Karachi (0.7%, n=32), followed by Sukkur (0.14%, n=7), Larkana (0.08%, n=4), Hyderabad (0.06%, n=3), Shikarpur (0.04%, n=2) and Khairpur (0.02%, n=1) jails. Among women prisoners, only three foreigners were found HIV +ve. The overall HIV prevalence was 1% (n=49) in the study sample. In Pakistan HIV prevalence rate in adults is less than 0.1 percent, making it a low-prevalence country that faces a concentrated epidemic among some key populations. But the country is more vulnerable to HIV outbreak due to poverty, illiteracy, unemployment and socioeconomic status of the public which lead to exposure to the disease through migrations to higher-

prevalence countries (USAID 2010). Worldwide about 40 million people are suffering from HIV and 95 % of them belong to underdeveloped countries. In some of developing countries one in every five adults is infected with the virus (Medecins Sans Frontiers 2004). No case of HIV positive was found during the present survey.

Situation is worse in Larkana district, Pakistan where 135 HIV/AIDS cases were diagnosed. Intravenous drug users were 74 (25 per cent of them are married). The age group of those infected with HIV/AIDS was between 14-50 years. The number of those below 30 years of age was 82 (60.74%), out of which, 14 (10.37%) of them were women. It was found that almost a quarter (¼) of the men had been overseas laborers in the Arab/Gulf states (Baloch, 2009). During present study, in addition to the tests for HIV some information regarding different diseases, narcotic habits, occupations (before imprisonment), reasons for which they were in jail, age groups and the marital status of the prisoners were also recorded. Regarding age of prisoners; the prisoners were divided into five different age groups viz. 12-22, 23-32, 33-42, 43-52 and 53-62 years. It was observed that the imprisonment was highest in age group 23-32 years (46%), followed by the age group 12-22 years while

Table 1: Age, marital status, occupation, narcotics habits, reasons for imprisonment and diseases record of prisoners in District Jail Rahim Yar Khan during 2006.

Age Range	Percentage of cases
Age 12-22	36%
Age 23-32	46%
Age 33-42	9%
Age 43-52	5%
Age 53-62	4%
Marital Status	
Married	45%
Unmarried	55%
Occupation	
Business	8
Laborer	27
Land owners	37
Students	8
Worker	20
Narcotics	
Bhang	3%
Heroin	4%
Snuff	5%
Cigarette	34%
Use nothing	54%
Reasons	
Dacoits	46%
Narcotics	12%
Murder	35%
Fornication	7%
Diseases	
Asthma	3%
Allergy	1%
Chest infection	3%
Hernia	1%
Heart problem	1%
Jaundice	5%
Lungs infection	1%
Ulcer	1%
Typhoid	1%
Stomach infection	1%
Piles	1%
No disease	81%

lowest in 53-62 years (4%) age group. The imprisonment was higher in unmarried persons (55%) than married ones (45%).

The spectrum of health problems which prisoners may bring to prison is wide and in many cases prevalence is greater than in the general population. For example, 90% of prisoners have mental health problems with many also having a substance abuse problem, 80% of prisoners smoke; hepatitis B and C rates of infection are high along with several other problems such as being HIV positive and self-harming (HMPS/DoH 2001). The present study revealed that the prisoners were facing diseases like asthma 3%, allergy 1%, chest infection 3%, hernia 1%, heart problem 1%, jaundice 5%, lungs infection 1%, ulcer 1%, typhoid 1%, stomach problem 1% and piles 1% etc.

Manzoor *et al.* (2009) tested male prisoners in Lahore jail for HIV and 2.3% were HIV positive. Baloch (2009) developed a questionnaire to explore knowledge of jail inmates of Central Prison Larkana regarding HIV/AIDS. Out of fifty two randomly selected prisoners, 48.1% were not aware of the routes by which HIV/AIDS spreads while 69.2% of them did not know how HIV/AIDS does not spread. Only one person (1.9%) had correct knowledge of the test to detect HIV/AIDS. Regarding treatment of HIV/AIDS, 55.8% had no knowledge of it while only 5.76% had the complete knowledge of preventive measures. Regarding the use of condom 40.4 % had no knowledge of it.

Altaf *et al.* (2009) conducted a survey to assess the sexual and drug-use-related risk behaviors of male juvenile detainees in prison inmates aged 15-21 years in Karachi. A total of 321 inmates were interviewed about sexual

orientation and behaviors, and knowledge about human immunodeficiency virus (HIV). 34.6% of the participants were sexually active. 19% had a sex with male and 21% with a female before incarceration. A large proportion (40%) of participants knew about condoms, but very few (3.4%) had ever used one. On the basis of behavioral and biological markers, 36.4% of the participants had high-risk behavior. Knowledge, risk perception and age were predictive of higher risk.

The prisoners belonged to different line of works, highest number being laborers 37% while lowest businessmen and students 8%. The prisoners were addicted to different narcotics 3% bhang, 34% cigarette users, 4% heroin, 5% using snuff and 54% were not addicted to any of the narcotics. Different reasons for imprisonment included dacoits 46%, narcotics 12%, murder 35% murder and 7% fornication. Diseases other than HIV included asthma 3%, allergy 1%, chest infection 3%, hernia 1%, heart problem 1%, jaundice 5%, lungs infection 1%, ulcer 1%, typhoid 1%, stomach problem 1%, piles 1% while 81% were healthy (Table 1).

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