ORIGINAL ARTICLE

Is the access to healthcare services satisfactory among women prisoners? A survey from Lahore, Pakistan

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ABSTRACT

Background and Objective: All human beings are vulnerable when deprived of their liberty, but the experience of imprisonment has a significant impact on the social, economic, spiritual, intellectual, psychological, and physical health and well-being of different categories of prisoners, particularly children, women, and older people. This study has been conducted to determine the health problems of female prisoners and their level of access to healthcare services.

Methods: This was a descriptive cross-sectional study. A sample of 108 female prisoners was included by convenience sampling from Kot Lakh Pat Jail, Lahore. Healthcare access and women's health problems were assessed by a self-structured questionnaire. Data were coded and analyzed by using Statistical Package for the Social Sciences version 20.0.

Results: Out of 108 females, 78.7% were not satisfied with the health facilities. About 11.1% of the prisoners were suffering from hepatitis C and 1 prisoner was diagnosed with human immunodeficiency virus. Preplacement and periodical health examinations were not conducted as a routine, while stigmatization by healthcare providers was another major issue that female inmates faced during imprisonment.

Conclusion: Female inmates were not satisfied with the overall quality of healthcare provided to them. Poor healthcare access combined with communicable diseases adversely affects their physical and psychological well-being, leading to compromised reformation, rehabilitation, and integration back into society.

Keywords: Female inmates, prisoners, health, access, healthcare services.

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Introduction

"Prison" means any jail or place of abode used permanently or temporarily for criminals being awarded punishment by different courts of law for different crimes.[1] The prison is established as a humanitarian alternative to harsh and cruel methods of punishment of the criminals and offenders.[2]

Prisoners do not reflect a homogenous section of society and mostly hail from poorly educated, rural or neglected areas, and socioeconomically disadvantageous groups. They often have unhealthy lifestyles like addiction, habits of alcoholism, smoking, and drug abuse, thus causing an additional risk for high rates of communicable diseases among the jail inmates.[3]

Most of the prisoners have limited access to healthcare services, and as a result, prisoners know little about their own health status.[4] Global threat and burden from communicable diseases constitute a major challenge as prisoners are regarded as major carriers of infections, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).[5] The correctional setting may offer a great opportunity for primary, secondary, and tertiary prevention, if coupled with the appropriate linkage to healthcare.[6]

Women are considered a minority among all prisoner communities and their special health needs are often neglected. The basic health needs of these prisoners are clearly delineated from expert opinions, research, and experiences from all over the world.[7]

Prisoners face discrimination by healthcare providers. Within the health system, discrimination toward a person

living in a jail setting is common and the concerned authorities remain inattentive to the needs of individuals with specific health conditions.

Health requirements for female prisoners should be assessed at reception. It provides an opportunity for the healthcare professionals to assess each prisoner timely as they may not be able to access them later, during their stay in the prison.[8] It helps in improving the quality of life related to symptoms management, continuity of treatment, reduced hospital admissions, and infectious diseases transmission.[9]

Women usually enter the correctional system with poor health and imprisonment must provide an opportunity to address their basic and advanced health issues. On the contrary, barriers to access healthcare services in an appropriate and justifiable manner result in negative consequences not only to their physical health but also to their mental health.

The aim of this study was to assess the health issues and level of satisfaction with the available healthcare facilities to the convicted women prisoners in Lahore, Pakistan.

Methods

This cross-sectional descriptive study was conducted at the University of Health Sciences Lahore, Pakistan, in collaboration with a female prison located in Lahore city from January 2021 to April 2021. After approval from the Ethical Review Committee of the University of Health Sciences, Lahore, and administrative permission of Inspector General Prisoner Punjab, 108 female offenders were selected after meeting the eligibility criteria, i.e., females of all age groups and who were residing in jail for more than 6 months. Females who were confined more than once and those with less than 6 months imprisonment were excluded. The convenient sampling technique was used.

A self-structured questionnaire was used as an instrument for the assessment of the health status and access to healthcare services of the female prisoners. The validity of the questionnaire was tested by a pilot study among 10 participants. Participants were interviewed after explaining the purpose, benefits, and other necessary information about the study. The participants were guided for proper understanding and responding to the questions, and they were requested to respond based on their own experiences. Complete confidentiality and anonymity was ensured. All ethical aspects according to the Declaration of Helsinki were followed in true letter and spirit.

Medical and laboratory details, including screening results of HIV, HBV, and HCV, and history of any treatment or surgery during imprisonment were retrieved from the jail record.

Statistical analysis

The data were entered and analyzed using Statistical Package for the Social Sciences version 25.0. Mean with standard deviations were given for quantitative variables, while frequency and percentages were given for qualitative variables. Survey responses were charted according to frequency.

Results

Mean age of the 108 participants was 28.8 (±9.8 SD) years. Most of the participants (85.4%) belonged to the reproductive age group that was 18-45 years.

As shown in Table 1, 88 (81.5%) prisoners informed that they did not have any medical evaluation before being placed in the prison. Healthcare access was available inside the jail, but the majority (85, 80.7%) was not satisfied with the level of healthcare provided to them (Table-2). As reported, 73 (67.6%) participants faced delays in the intervention after

Table 1. *Sociodemographic characteristics of n = 108 female prisoners.*

Demographical variables	Category	Frequency	Percentage
Age group	18-20 years	4	3.7
	21-30 years	47	43.5
	31-40 years	34	31.4
	41-50 years	16	14.8
	>50 years	7	6.4
Marital status	Unmarried	13	12
	Married	84	77.8
	Divorced	9	8.3
	Widowed	2	1.8
Education level	Illiterate	65	60.1
	Primary	23	21.2
	Matric	14	13
	Graduate	6	5.5

Table 2. *Healthcare access to female prisoners (n = 108).*

Questionnaire items	Yes	No
Did you have preplacement checkup?	20 (18.5)	88 (81.5)
Did you have any (self-reported) health problems at prison entry?	28 (25.9)	80 (74.1)
Are you currently taking any medication or treatment?	56 (51.9)	52 (48.1)
Medications are provided timely in jail setting.	33 (30.5)	75 (69.4)
Do you have a regular doctor/nurse that you see for your health problems?	76 (70.4)	32 (29.6)
Is access to health services available within the jail premises?	108 (100)	0 (0)
Are you satisfied with your access to health services?	23 (21.3)	85 (78.7)
Are you having basic medicine available when needed?	85 (78.7)	23 (21.3)
Is there any periodic health examination conducted?	39 (36.1)	69 (64)
Have you undergone any medical examination during the last 6 months of imprisonment.	47 (43.5)	61 (56.5)
Are there any referral procedures for serious problems?	88 (81.5)	20 (18.5)
Have you experienced a significant delay in a treatment such as surgery or other procedure?	73 (67.6)	35 (32.4)
Have you ever felt stigmatized seeking healthcare because of the prisoner?	80 (74.1)	28 (25.9)
Did you have any previous medical health record?	67 (62.0)	41 (38.0)

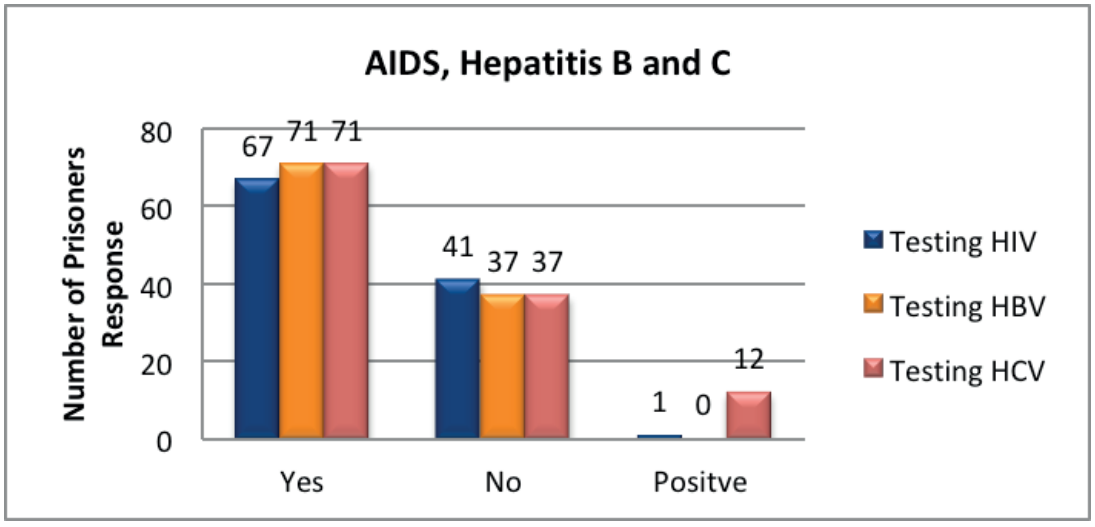

Figure 1. *Screening results of HIV, HBV, and HCV (N = 108).*

registering their complaints while 80 (74.5%) respondents reported stigmatization by healthcare providers. One female was found to be HIV positive and 12 (11.1%) tested positive for hepatitis C (Fig.1).

Discussion

In the last few decades, the detention rate of women has gradually increased. Among the other consequences of imprisonment due to loss of autonomy, another major issue is the difficulty in maintaining satisfactory health levels and the increasing risk of developing new health problems. In many developing countries, health screening of prisoners is a prerequisite, but this practice is not followed in underdeveloped countries like Pakistan.

The majority (81.5%) of females recruited in the present study reported that they did not have any physical examination done at the time of imprisonment. In contrast to our findings, a study conducted by Elmaly et al.[10] in Sudan reported that all prisoners entering the prison, either sentenced or under trial, were assessed by the healthcare team before being placed in prison to identify the prisoner's health and to ensure the continuity of care. A study conducted by Tyler et al.[11] across the 13 prisons in the United Kingdom concluded that in well-developed countries the reception screening has been mandatory for every inmate.

At the time of entry in prison, 25.9% of the female offenders had self-reported health problems like hypertension, raised blood sugar, arthralgia, and recurrent headache. The findings of the present study are supported by another study

conducted in Pakistan by Wali et al.,[12] who reported that most of the prisoners enter the jail with pre-existing health problems, while the prison environment and imprisonment can either exacerbate the pre-existing conditions, like asthma, hypertension, tuberculosis, diabetes, etc., or lead to the development of new health problems.

Prisoners in custody have the right to access to a doctor or a nurse at any time, irrespective of their detention regime. In the present study, a female doctor was available around the clock in the jail setting; however, a single trained nurse was appointed by the health department, which resulted in poor nursing care of the sick. Van Hout and Mhlanga-Gunda[13] reported similar results in Africa. In contrast to our study, Shelton and Barta[14] from USA found that a qualified nurse practitioner was present in the prison as a full-time employee for health assessment and procedures like monitoring blood pressure, glucose, change of dressings, suture removal, etc. Similarly, a Spanish study conducted by Bengoa et al.[15] concluded that the physician and nurse ratio per inmate was sufficient in the correctional setting.

Access to healthcare services for females is considered a worldwide issue. Healthcare access and quality of healthcare were unsatisfactory as described by the prisoners recruited in the present study. The healthcare facility, although in a compromised state, was available inside the prison but it there was no appropriate arrangement for emergency issues. The majority of the females (78.7%) were not satisfied with the quality of healthcare provided to them. The findings are consistent with a study conducted by Avais and Wassan[16] comprising of 133 inmates from 3 prisons of Sindh, Pakistan, where prisoners had poor healthcare services and faced issues in accessing healthcare services, resulting in negative consequences on their mental and physical health.

Medicines for common sicknesses like headache, pain, constipation, and topical skin ointments were available to them, but the availability of advanced medication was not seen. Most of the prisoners were receiving medication relating to health problems like hypertension, diabetes mellitus, hepatitis C, and anxiety or psychosomatic issues, but for prescription medications, they had to visit the local tertiary care hospital for continuity of care. In agreement with these results, a study conducted in the United States found that the specialized medications needed to treat prisoners were not readily available, consequently leading to delayed or substandard healthcare of the prisoners.[3] On the contrary, Mohapatra and Wiley[17] have reported that the availability of medication to jail inmates was rarely delayed or missed because of timely and comprehensive assessment.

In the current study, 36.1% of the females informed that they had a periodical examination in a local tertiary care hospital due to their health issues, e.g., hepatitis C, gynecological issues, raised blood sugar, blood pressure, and joint pain. The findings are supported by Wali et al.[12] who included 567 prisoners, of both genders, and found that the diseases like hypertension, diabetes mellitus, asthma, hepatitis C, and HIV/acquired immunodeficiency syndrome that require ongoing medical examination inside the prison were not catered adequately.

In the present study, 67.6% of the respondents reported a delay in medical interventions (delay due to paperwork, referral procedure, etc.). Similarly, a cross-sectional study conducted in the UK by Woodall and Freeman[18] reported that female prisoners with serious and acute ailments had to wait for a couple of days to be seen by a health professional due to delay in reporting the problem and approval from the requested medical officer.

Prisoners are stigmatized based on their crimes like drug trafficking, robbery, kidnapping, and murder. The results are supported by a nation-wide study conducted in Greece by Geitona and Milioni[19] where the majority of prisoners received a low level of inpatient healthcare compared to the community at large due to differences in their social backgrounds. A study conducted by Ahmed et al.[20] in a Canadian correctional setting reported that healthcare services provided to the jail inmates were much worse and discriminated based on their criminal background. Furthermore, our results are comparable to a longitudinal model from the USA by Moore et al.,[21] who also related criminal background with the discrimination in provision of adequate healthcare services.

Lazarus et al.[22] from a Danish study found that prisoners have high-risk behaviors for the transmission of HIV and other communicable diseases. In the present study, 11.1% of the inmates were hepatitis C positive, while one was positive for HIV. A large-scale study conducted by Moradi et al.[23] among 43 prisons worldwide, during the years 2005-2015, concluded that the overall prevalence of hepatitis C in prisoners was 13.22%, with the highest prevalence (26.4%) observed in Australia. The preventive and treatment programs of communicable diseases in prison should be associated with the community healthcare centers as these prisoners can be the source of spreading infections to the population in the community as well. Once treated, upon their release, they will not trigger the spread.

Conclusion

Basic healthcare services available to the female prisoners are not satisfactory with very limited access to routine screening for infectious diseases. The provision of specialized healthcare services to the respective population is thus a big

challenge that requires serious attention and a joint approach of policymakers and the healthcare department.

Limitations of the Study

The study was based on the participants who were more easily accessible as we used the convenient sampling. The findings may not be generalized due to the small sample size.

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List of Abbreviations

HIV	Human immunodeficiency virus
HCV	Hepatitis C virus
HBV	Hepatitis B virus

Conflict of interest

None to declare.

Grant support and financial disclosure

None to disclose.

Ethical approval

The study was approved by the Ethical Review Committee of the University of Health Sciences, Lahore, Pakistan vide letter no. UHS/REG-20/ERC/3052, dated 17-12-2020.

Authors' contributions

FK: Conception and design of the work; acquisition of data, and drafting of the manuscript.

NS: Interpretation and analysis of the data.

MG and SK: Drafting the work and revising it critically for important intellectual content.

All AUTHORS: Approval of the final version of the manuscript to be published.

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