



Social Vulnerabilities of HIV-Positive Prisoners in District Jail Malir, Karachi

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ABSTRACT

This article investigates the social problems faced by HIV-positive inmates at the District Prisons & Correctional Facility Malir, Karachi. Utilizing a mixed-method approach, data were collected through an indigenously developed interview tool from a sample of 64 out of 110 identified HIV-positive inmates. Findings revealed that the average inmate age was 32.7 years, with most residing in low-income areas of Karachi. Ethnic diversity was evident, and educational attainment was low, with over half having no formal education. Most inmates worked as laborers prior to incarceration and lived in joint family systems. Substance abuse was highly prevalent, particularly methamphetamine use, with 63% reporting injectable drug use. Despite harsh prison conditions, including overcrowding, nearly all inmates received HIV treatment. Awareness of their HIV status prior to incarceration was relatively high (56.25%). The paper highlights significant socioeconomic and health challenges faced by HIV-positive inmates, underscoring the need for targeted interventions and prison health reforms.

Keywords: HIV-Positive Inmates, Social Problems, Substance Abuse, Prison Conditions, Healthcare Access, Socioeconomic Challenges.

Introduction

Prisoners are individuals convicted of criminal offenses and confined in correctional facilities as a form of legal punishment (Harigovind, 2012). These institutions are designed not only to incarcerate offenders but also to ensure security through physical barriers and surveillance systems (Hanser, 2012; McShane & Williams, 2004). Globally, around 11 million people are incarcerated, with a large proportion awaiting trial (Global Prison Trends 2020). Overcrowding in prisons poses serious challenges, particularly concerning inmate health and safety. According to the Standard Minimum Rules for the Treatment of Prisoners (SMR), prisoners should be provided with essential facilities such as medical care, proper ventilation, and sufficient living space. In Pakistan, however, there is limited research addressing prisoner health, particularly regarding the detection and treatment of infectious diseases such as HIV/AIDS. Although historically rare, the prevalence of HIV in Pakistan is rising, especially among high-risk populations, including prisoners. As of 2020, Pakistan had reported approximately 210,000 HIV cases, with multiple outbreaks since 2018 (Mir et al., 2019). Prisons are high-risk environments for the transmission of HIV, hepatitis, and tuberculosis, affecting both inmates and the broader community. This study, therefore, aims to assess the social problems faced by HIV-positive inmates at District Jail Malir, Karachi—a first-of-its-kind initiative in Sindh.

Literature Review

Globally, prisons have long been recognized as high-risk environments for the spread of infectious diseases such as HIV, Hepatitis B and C, and Tuberculosis. This vulnerability is largely attributed to overcrowding, poor hygiene, lack of access to healthcare, and high-risk behaviors, including unsafe drug use and unprotected sexual activity (Wali et al., 2019). According to the Global Prison Trends Report (2020), over 11 million people are incarcerated worldwide, with a significant portion under pretrial detention. Prisons are not only correctional institutions but also

hotspots for public health concerns, particularly in developing countries where healthcare infrastructure within prisons is under-resourced.

HIV/AIDS has emerged as a pressing concern in prison populations due to the high prevalence of injecting drug use and unprotected sex, often without access to preventive tools like condoms or clean needles (People in Prisons and Other Closed Settings, 2022b). UNAIDS reports that 3% of the global prison population is living with HIV, a rate significantly higher than that of the general population. In Pakistan, the National AIDS Control Program has identified an upward trend in HIV cases, now exceeding 210,000, with transmission shifting from key populations to the general population (National AIDS Strategy III, 2017).

Within Sindh Province, data from the Inspectorate General of Prisons shows that over 220 inmates have tested positive for HIV, a trend attributed to widespread drug abuse, overcrowding, and poor living conditions. Research in Pakistan has remained sparse, particularly on the psychosocial issues affecting HIV-positive prisoners, including stigma, isolation, lack of support systems, and inadequate medical facilities. The Sindh AIDS Control Program has attempted to address these gaps through service delivery packages targeting drug users and prisoners; however, implementation remains inconsistent and underfunded (HIV/AIDS in Pakistan, 2012).

Internationally, several studies highlight the psychological and social burdens experienced by HIV-positive inmates, such as anxiety, depression, discrimination from other inmates and staff, and disrupted family ties (McLeod et al., 2020). These factors not only exacerbate the health conditions of the prisoners but also hinder their rehabilitation and reintegration into society post-release. Moreover, limited education and low awareness levels among prisoners further aggravate misconceptions about HIV transmission and management (Walmsley, 2013).

In summary, existing literature establishes that HIV-positive inmates face complex social problems that are deeply intertwined with systemic failures in prison health systems, social stigma, and policy neglect. However, in the context of Sindh, especially in facilities like the District Jail Malir, Karachi, there is a significant research gap. This study aims to fill that void by systematically investigating the social challenges faced by this vulnerable group, offering insights for targeted health and social interventions.

HIV/AIDS

HIV is a virus that weakens the immune system, leading to AIDS when left untreated (Professional, n.d.). Transmission occurs through blood, sexual fluids, and other bodily secretions, with injecting drug use and unprotected sex being major risk factors. Prisons, due to overcrowding, poor sanitation, and a high concentration of injecting drug users (IDUs), are environments conducive to the spread of HIV and other infectious diseases like TB (HIV and Prisoners, n.d.; Mwatenga et al., 2024). Although most HIV transmission occurs outside prison, in-prison behaviors—such as unsafe tattooing, injectable drug use, and condomless sex—still pose significant risks (Hammett, 2006; Braithwaite & Arriola, 2003). In Sindh, a 2009 study found a 1% HIV prevalence among 15,000 inmates tested, while more recent data from July 2024 report 228 HIV-positive inmates (Prevalence of HIV/AIDS Among Jail Inmates in Sindh, 2009). These findings underscore the need for continuous surveillance and behavioral interventions targeting prison populations in Sindh.

Drug Abuse

Substance abuse and smoking are significant global public health concerns, with 18.4% of adults engaging in episodic alcohol use and 15.2% smoking daily (Peacock et al., 2018). Intravenous drug use remains a major driver of communicable diseases like HIV, hepatitis B, and C. In Karachi jails, a study revealed that 91.7% of inmates had used at least one drug, with tobacco being the most commonly abused, followed by cannabis and opioids (Jamal et al., 2022). Opioid use was the most prevalent in the high-risk category, affecting 13% of inmates. Substance use significantly impacts HIV management by weakening immune function, compromising liver health, and interfering with the effectiveness of antiretroviral therapy (NIH, n.d.-c). An estimated 20% of new HIV infections are linked to injecting drug use, further illustrating the intersection between addiction and disease transmission. These findings highlight the urgent need for integrated addiction treatment and HIV care in correctional settings.

Hygiene

Personal hygiene involves practices such as regular bathing, handwashing, dental care, and nail maintenance to maintain cleanliness and health (Perera et al., 2013). In prison settings, poor hygiene habits and inadequate sanitation are closely linked to the spread of infectious diseases. Overcrowded conditions and limited access to hygiene resources significantly compromise inmate health. As noted by Behnke et al. (2018), prisons often lack the infrastructure necessary for maintaining proper hygiene, leading to increased vulnerability to communicable diseases. Improving personal hygiene practices and facilities in correctional institutions is essential for safeguarding the physical well-being of inmates and preventing disease outbreaks.

Prison overcrowding significantly exacerbates health risks, particularly increasing the transmission of HIV and other infectious diseases. Overcrowded environments foster behaviors such as drug use, needle sharing, tattooing with unsterile equipment, and high-risk sexual activities, all of which elevate HIV transmission risk (People in Jails and Prisons – International Association of Providers of AIDS Care, n.d.). The stress from cramped spaces, noise, and lack of privacy worsens both physical and mental health, contributing to anxiety, aggression, and violent incidents (Pekala-Wojciechowska et al., 2021). Merton's Strain Theory explains how stress from blocked legitimate goals in prison may lead inmates to adopt maladaptive behaviors like substance abuse as coping mechanisms (Nickerson, 2023). Studies confirm that exposure to violence and stress correlates with increased drug use and aggression (McGrath et al., 2011). Furthermore, overcrowding limits access to healthcare, rehabilitation, and proper nutrition, worsening inmates' wellbeing (Geegbe et al., 2022). Substance abuse is closely linked to criminality, fueling cycles of addiction and offending (World Drug Report 2012). Hygiene plays a critical role in preventing infections and supporting mental health, but crowded prisons often impede maintaining good hygiene. The Theory of Planned Behavior (TPB) suggests that inmates' hygiene practices are influenced by their intentions, attitudes, social pressures, and perceived control, which must be addressed to improve health outcomes (Silaban et al., 2020).

Conclusion

The prevalence of HIV is rising alarmingly among people who inject drugs (PWIDs), with 38.5% reported to have been arrested in the past year, increasing risks for other inmates since drugs are often accessible within prisons (National AIDS Control Program, 2016). Prisons are highly restricted and marginalized environments where inmates from diverse backgrounds are confined for long periods, making them especially vulnerable to infectious diseases like HIV (Khan et al., 2019). HIV/AIDS remains a major global public health challenge, having claimed

over 42 million lives, and continues to affect millions worldwide (WHO, 2024). Although incurable, HIV is manageable with proper prevention, diagnosis, and treatment, enabling those affected to live long, healthy lives (WHO, 2024). This study highlights the complex social factors affecting HIV-positive inmates in District Prison Malir, Karachi. Overcrowding, substance abuse, and social stigma significantly impact inmates' well-being. About 27% reported that overcrowding constantly affects their health, underscoring the urgent need for improved prison conditions. Financial hardship is common, with 27% of households renting, and 94% of inmates reported drug use before imprisonment, mainly methamphetamine (69%).

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