

Original Research Article

Comparison of Health Conditions in and Outside the Prison System

Boris A Osmann¹ and Fabian Renger^{1,2*}

*1St Elisabeth University Bratislava, Slovakia

*2 Medical Care Centre Dr Renger/Dr Becker Heidenheim, Germany.

Corresponding author: Fabian Renger, Medical Care Centre Dr Renger /Dr Becker Heidenheim, Germany, Tel: +49 7321 939613; E-mail: fabian.renger@live.de

Abstract

The health conditions of inmates are often worse than those of the general population. This paper compares the health conditions in and outside of the prison system based on diagnosed clinical pictures by providing reasons for more infections in prison as compared to what is found at outside general public, explanation of major diseases found among the inmates, and remedies that should be instilled in prisons to reduce the number of infections among inmates. The paper concludes that poor access to healthcare services, unhealthy living conditions, and high rates of risky behaviors in prisons contribute significantly to the spread of infections among inmates. The paper also recommends several remedies that should be implemented in prisons to reduce the number of infections among inmates, such as increasing access to healthcare services, improving living conditions, and providing education and resources for inmates to engage in healthier behaviors.

Keywords: Prison, Physical health, Mental health, Inmates, Unsanitary, Infectious diseases, Nutritious food, Hepatitis C, Close living quarters, Substance abuse, Drug use

INTRODUCTION

The prison system is a unique environment that poses a number of challenges for the physical and mental health of inmates. The prevalence of certain health conditions may be higher in the prison population compared to the general population, due to a variety of factors such as poor living conditions, lack of access to healthcare, and high levels of stress. According to Kooij [1], the prison environment is overcrowded and unsanitary, leading to the spread of infectious diseases. Inmates may also have limited access to nutritious food and exercise opportunities, leading to higher rates of obesity and related health issues. Additionally, the high levels of stress and trauma experienced by inmates lead to mental health conditions such as depression and anxiety. Furthermore, the prison system often fails to provide adequate healthcare for inmates. Inmates may face barriers to accessing healthcare, such as limited resources and long wait times for appointments [2]. This leads to untreated illnesses and chronic health conditions, which further exacerbate the already poor health outcomes in the prison population. This paper will compare the health conditions in and outside of the prison system based on diagnosed clinical pictures by providing reasons for more infections in prison as compared to what is found at outside general public, explanation of major diseases found among the inmates, and remedies that should be instilled in prisons to reduce the number of infections among inmates.

Research questions: Which are the major diseases that prevail in prisons? Why do more inmates get infected by

mental health illnesses? Why are more inmates diagnosed with infectious diseases such as TB and hepatitis C? Why do more inmates become victim to substance abuse and addictions? What remedies should be done in prisons to reduce number of infections among inmates?

REASONS FOR MORE INFECTIONS IN PRISONS THAN IN OUTSIDE GENERAL PUBLIC

1. Poor access to healthcare services as compared to outside public

Lack of access to healthcare services in prisons contribute significantly towards more infections among inmates due to several reasons. First, close living quarters and shared facilities in prisons facilitate the spread of infectious diseases: Inmates live in close proximity to one another, often sharing dormitories, bathrooms, and other common areas. This makes it easy for germs and viruses to spread from one person to another, especially in an environment where hygiene may be limited and sanitation may not be up to par [3]. Inmates are often housed in overcrowded conditions which exacerbate the problem, making it harder

Received: March 09, 2023; *Revised:* March 27, 2023; *Accepted:* March 31, 2023

Citation: Osmann BA & Renger F. (2023) Comparison of Health Conditions in and Outside the Prison System. J Nurs Midwifery Res, 2(1): 1-5.

Copyright: ©2023 Osmann BA & Renger F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

to contain outbreaks and limit the spread of infections. Additionally, many inmates may not have access to basic hygiene items such as soap, which make it harder to maintain good hygiene and keep germs at bay. Secondly, many inmates have underlying health conditions and are at a higher risk of serious illness or complications from infections: Inmates may have a higher prevalence of chronic health conditions such as diabetes, hypertension, or HIV, which make them more susceptible to serious illness or complications from infections. Additionally, many inmates may have a history of substance abuse, which also make them more susceptible to infections and illnesses [4]. These underlying health conditions make it harder for inmates to fight off infections, and also make it more likely that they will experience serious complications from an infection.

2. Unhealthy living conditions as compared to outside public

First, inmates are susceptible to inadequate sanitation and limited access to clean water, which contribute to the spread of infections. As discussed by Cloud [5], poor sanitation and limited access to clean water create an environment in which germs and viruses thrive. This increases the risk of infections among inmates, especially those with weakened immune systems. Inadequate sanitation facilities and limited access to clean water make it harder for inmates to maintain good hygiene, which in turn make it easier for germs to spread. Additionally, limited access to clean water makes it harder for inmates to stay hydrated, which further weaken the immune system and make it harder to fight off infections. Secondly, poor nutrition and lack of access to healthy food contribute to the spread of infections among the inmates. Inmates may have limited access to healthy food, which make it harder for them to maintain a healthy diet. This makes it harder for them to fight off infections and also make it more likely that they will experience serious complications from an infection. Poor nutrition also makes it harder for inmates to recover from illnesses and also make it harder for them to maintain good overall health [4]. Besides, inmates are victims to exposure of environmental toxins and hazardous materials, that contribute to the spread of infections. That are some prisons may be located in areas where there is exposure to environmental toxins and hazardous materials, which increase the risk of infections and illnesses among inmates. This includes exposure to lead, asbestos, and other hazardous materials, which make it harder for inmates to fight off infections and also make it more likely that they will experience serious complications from an infection.

3. High rate of risky behaviors among in prisons compared to the outside public

High rates of risky behaviors among inmates in prisons contribute significantly towards more infections among the inmates in a number of ways. First, inmates may engage in substance abuse, such as using drugs or alcohol, which increase the risk of infections. Substance abuse weaken the immune system, making it harder for inmates to fight off infections. Additionally, drug use and sharing of needles increase the risk of blood-borne infections, such as HIV and hepatitis C [6]. Besides, inmates may engage in sexual behavior while in prison, which increase the risk of sexually transmitted infections (STIs). These infections are easily spread through unprotected sexual activity, especially in an environment where condoms may not be readily available or where HIV/STI education and prevention may be limited. Lastly, inmates may engage in fighting, which increase the risk of injuries, which in turn increase the risk of infections ["Disease prevalence and use of health care among a national sample of black and white male state prisoners. n.d."]. Injuries become infected if not properly treated, and fighting also lead to exposure to the blood of other inmates, which increase the risk of blood-borne infections.

THE MAJOR DISEASES PREVALENT IN PRISONS AS COMPARED TO THE OUTSIDE PUBLIC

1. High Mental illnesses diseases among inmates

According to Semenza & Grosholz, [7], the prevalence of mental illness in prisons is significantly higher than in the general population due to a variety of factors. First, is due to high rate of poverty, trauma, and exposure to violence. That are individuals who are incarcerated are more likely to come from lower socioeconomic backgrounds and to have experienced trauma, such as childhood abuse or neglect, which increases the risk for mental illness. They are also more likely to have been exposed to violence in their communities, which lead to post-traumatic stress disorder (PTSD) and other mental health conditions. Secondly is due to lack of access to mental health services. That is, many inmates with mental illness do not receive appropriate treatment before or after incarceration. They may not have insurance or may not be able to afford mental health services [8]. They may also be reluctant to seek help because of the stigma associated with mental illness or because they fear discrimination. Furthermore, the higher likelihood of arrest and longer prison sentences facilitate high mental illnesses among prisoners. That is, individuals with mental illness are more likely to be arrested and sentenced to prison than those without mental illness [9]. This is because they may have difficulty following the rules of society or may engage in criminal behavior as a result of their illness. They are also more likely to be sentenced to longer prison terms and to be held in solitary confinement, which further exacerbate their mental health conditions. lastly, the adverse prison environment accelerates mental illnesses among inmates. That is, the stress of being incarcerated, the lack of privacy, and the threat of violence all contribute to poor mental health ["Young frustrated mother feels imprison while stock photo 2176980973," n.d.]. Besides, the prison environment exacerbates pre-existing mental illnesses or trigger new ones.

2. High addiction and substance abuse diseases among inmates

According to Wallace & Wang [10], the prevalence of addiction and substance use disorders among individuals who are incarcerated is significantly higher than in the general population. This is due to a variety of factors, including a higher rate of poverty, trauma, and exposure to violence among individuals who are incarcerated, as well as a lack of access to addiction and substance use treatment services both before and after incarceration. Individuals with addiction and substance use disorders are more likely to be arrested and sentenced to prison than those without these disorders. They are also more likely to be sentenced to longer prison terms and to be held in solitary confinement. Once they are incarcerated, they may receive inadequate addiction and substance use treatment or no treatment at all. Additionally, many people with addiction and substance use disorders who are incarcerated are there for crimes that are directly related to their addiction or substance use, such as drug offenses, property crimes, or disorderly conduct [11] ["CNN investigation exposes preventable deaths and dangerous care in jails and prisons across the country"]. These crimes may be a result of self-medication or a lack of access to treatment. Moreover, the prison environment itself exacerbate pre-existing addiction and substance use disorders or trigger new ones. The stress of being incarcerated, the lack of privacy, and the threat of violence all contribute to substance use and later lead to addiction.

3. High rate of sexually transmitted diseases among inmates

According to Prasad [12], the prevalence of sexually transmitted infections (STIs) among individuals who are incarcerated is significantly higher than in the general population. This is due to a variety of factors, including a lack of access to sexual health education and services, highrisk sexual behaviors, and an increased risk of transmission in the prison setting. Individuals who are incarcerated are more likely to engage in high-risk sexual behaviors, such as unprotected sex or sex with multiple partners, which increases their risk of contracting an STI. They are also more likely to have a history of STIs or other sexual health issues, such as HIV, which make them more susceptible to reinfection. Once they are incarcerated, individuals may have limited access to sexual health education, testing, and treatment services [13]. They may also be at an increased risk of contracting an STI due to the close quarters and lack of privacy in the prison setting, as well as the potential for sexual violence. Lastly, individuals who are incarcerated may be more likely to engage in high-risk sexual behaviors, such as unprotected sex or sex with multiple partners, due to a lack of access to healthy relationships or to sexual partners in the outside world [Lonely patient hospital corridor stock photo 394450465, n.d.].

4. High-rate TB and Hepatitis C diseases among inmates

As discussed by Wali [14], the prevalence of infectious diseases such as tuberculosis (TB) and hepatitis C (HCV) among individuals who are incarcerated is significantly higher than in the outside general population. This is due to a variety of factors, including a lack of access to healthcare, poor living conditions, and increased risk of transmission in the prison setting. Individuals who are incarcerated are more likely to have underlying health conditions that put them at risk of contracting infectious diseases, such as TB and HCV. They are also more likely to have been exposed to these diseases due to a lack of access to healthcare and poor living conditions in the communities where they come from [15,16]. Once they are incarcerated, individuals may have limited access to healthcare and testing for infectious diseases such as TB and HCV. They may also be at an increased risk of contracting these diseases due to the close quarters and lack of privacy in the prison setting, as well as the potential for overcrowding. Lastly, according to Bhatnagar [17], individuals who are incarcerated may be more likely to have a history of drug use, which increases the risk of contracting HCV, as well as having a history of smoking, which increases the risk of contracting TB.

REMEDIES TO PRISONS' POOR HEALTH CONDITIONS

As discussed by Edge [18], there are several remedies that should be implemented to improve the poor health conditions in prisons. First, there should be an improvement to access of healthcare services. This include providing regular health screenings and check-ups, as well as ensuring that individuals who are incarcerated have access to necessary medical treatments and medications. This is done by providing on-site clinics staffed by healthcare professionals, such as doctors, nurses, and mental health professionals, to provide regular check-ups and care for chronic illnesses, as well as emergency care for sudden illnesses or injuries. It also includes providing access to necessary medications and treatments, such as those for diabetes, hypertension, and HIV/AIDS, as well as ensuring that individuals have access to specialists when needed. Secondly is increasing access to addiction and substance use treatment services [19]. This include providing counseling, therapy, and medication-assisted treatment (MAT) for individuals with addiction and substance use disorders. Lastly, there should be provision of education and resources on sexual health. This include providing education on STI prevention and providing access to testing, treatment, and contraception [20]. This is done by providing sexual health education classes, as well as providing access to testing and treatment for STIs, such as HIV and HPV, as well as providing access to contraception, such as condoms and birth control.

CONCLUSION

Conclusively, this paper has examined the physical and mental health challenges faced by inmates in the prison system. The paper has compared the health conditions in and outside of the prison system and provided reasons for why there are more infections in prisons as compared to the general population. Besides the paper has provided an explanation of the major diseases found among inmates and the remedies that can be instilled in prisons to reduce the number of infections among inmates. Importantly, the paper has successfully addressed the research questions by providing a detailed analysis of the factors that contribute to the poor health outcomes in the prison population and suggesting potential solutions to reduce the number of infections among inmates.

REFERENCES

- Kooij JJS, Bijlenga D, Salerno L, Jaeschke R, Bitter I, et al. (2019) Updated European Consensus Statement on diagnosis and treatment of adult ADHD. Eur Psychiatr 56(1): 14-34.
- Papandrianos N, Papageorgiou E, Anagnostis A, Papageorgiou K (2020) Bone metastasis classification using whole body images from prostate cancer patients based on convolutional neural networks application. PloS One 15(8): e0237213.
- 3. Massoglia M, Remster B (2019) Linkages between incarceration and health. Public Health Rep 134(1_suppl): 8S-14S.
- 4. Mhlanga GR, Kewley S, Chivandikwa N, Van HMC (2020) Prison conditions and standards of health care for women and their children incarcerated in Zimbabwean prisons. Int J Pri Health 16(3): 319-336.
- 5. Cloud DH, Ahalt C, Augustine D, Sears D, Williams B (2020) Medical isolation and solitary confinement: balancing health and humanity in US jails and prisons during COVID-19. J Gen Int Med 35(9): 2738-2742.
- Farhoudi B, Alinaghi S, Dadras O, Tashakoriyan M, Nazari PM, et al. (2020) Health service provision for disease control among prisoners: A conceptual note. J Health Res 34(4): 353-358.
- 7. Semenza DC, Grosholz JM (2019) Mental and physical health in prison: How co-occurring conditions influence inmate misconduct. Health Justice 7(1): 1-12.
- 8. Stöver H, Meroueh F, Marco A, Keppler K, Somaini L, et al. (2019) Offering HCV treatment to prisoners is an important opportunity: Key principles based on policy and practice assessment in Europe. BMC Public Health 19(1): 1-11.
- 9. Byng R, Kirkpatrick T, Lennox C, Warren FC, Anderson R, et al. (2023) Evaluation of a complex

intervention for prisoners with common mental health problems, near to and after release: The Engager randomized controlled trial. Br J Psychiatry 222(1): 18-26.

- Wallace D, Wang X (2020) Does in-prison physical and mental health impact recidivism? SSM-Popul Health 11: 100569.
- Zhong S, Senior M, Yu R, Perry A, Hawton K, et al. (2021) Risk factors for suicide in prisons: A systematic review and meta-analysis. Lancet Public Health 6(3): e164-e174.
- 12. Prasad BM, Thapa B, Chadha SS, Das A, Babu ER, et al. (2017) Status of tuberculosis services in Indian prisons. Int J Infect Dis 56: 117-121.
- 13. Puga MAM, Bandeira LM, Pompilio MA, Rezende GRD, Soares LS, et al. (2019) Screening for HBV, HCV, HIV and syphilis infections among bacteriologically confirmed tuberculosis prisoners: An urgent action required. PLoS One 14(8): e0221265.
- 14. Wali A, Khan D, Safdar N, Shawani Z, Fatima R, et al. (2019) Prevalence of tuberculosis, HIV/AIDS, and hepatitis; in a prison of Balochistan: A cross-sectional survey. BMC Public Health 19(1): 1-8.
- 15. Tsegaye SE, Blumenthal J, Jain S, Sun S, Young J, et al. (2019) Bacteriologically-confirmed pulmonary tuberculosis in an Ethiopian prison: Prevalence from screening of entrant and resident prisoners. PLoS One 14(12): e0226160.
- 16. Akiyama MJ, Kronfli N, Cabezas J, Sheehan Y, Thurairajah PH, et al. (2021) Hepatitis C elimination among people incarcerated in prisons: Challenges and recommendations for action within a health systems framework. The Lancet Gastroenterol Hepatol 6(5): 391-400.
- Bhatnagar T, Ralte M, Ralte L, Sundaramoorthy L, Chhakchhuak L (2019) Intensified tuberculosis and HIV surveillance in a prison in Northeast India: Implementation research. PLos One 14(7): e0219988.
- Edge C, George J, Black G, Gallagher M, Ala A, et al. (2020) Using telemedicine to improve access, cost and quality of secondary care for people in prison in England: A hybrid type 2 implementation effectiveness study. BMJ Open 10(2): e035837.
- 19. Liauw J, Jurgutis J, Nouvet E, Dineley B, Kearney H, et al. (2021) Reproductive healthcare in prison: A qualitative study of women's experiences and perspectives in Ontario, Canada. PLoS One 16(5): e0251853.
- 20. Cuadrado A, Cobo C, Mateo M, Blasco AJ, Cabezas J, et al. (2021) Telemedicine efficiently improves access

to hepatitis C management to achieve HCV elimination in the penitentiary setting. Int J Drug Policy 88: 103031.