

Human Rights of HIV/AIDS Patients with Special Reference to the Prisoners in Bangladesh

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Abstract

Human rights are inherent in our nature and without these, the concept of society is meaningless. These rights and issues, irrespective of civil, political, social, economic or cultural matter are inter-dependable as well as inter-linked. The absence of human rights in any society is basically a denial of human dignity. Protection of human rights among many others depends on an effective criminal justice system. Criminal justice is based on different stages of the court proceedings, functions of police and prosecutions such as filing of a case, arrest, investigation, framing of charge, trial, conviction or acquittal etc. The criminal law of every country defines certain acts, as crime and provides sanctions against individuals who are held responsible for the commission of such acts. An individual who is charged with the commission of a crime is regarded as an accused. Accused who are arrested and proceeded against for criminal trial are treated as prisoners. The right to defense enables the accused to defend himself/herself against the charges brought against him/her by using all the facilities given by law. The efforts for the protection of the rights of public in general and of the prisoners in particular have been addressed in many international human rights instruments. However, problems like delay in trials due to paucity of courts or judges and unhygienic environment in the jail caused by over-crowding of prisoners need to be examined for the protection of the rights of the prisoners. Protection of the rights and interests of the prisoners as well as their psychological and economic assistance is vitally important for the fair implementation of criminal laws and also for gaining public confidence in criminal justice system. Therefore, this study will seek to explore those particular factors that impair the criminal justice system and hinder the rights of the prisoners, which will probably be essentially important for the protection of the rights of the prisoners. As prisoners are entitled to enjoy human rights by dint of international and national laws, ensuring these rights is essential to understand how far the purpose of imprisonment is achieved. Though many have tried to evaluate the human rights of the prisoners, none has tried to show the situation with another vulnerable and sensitive group who are prisoners and also HIV patients and who need extra care. The jail being a breeding place of HIV, it is extremely necessary to ascertain human rights of the HIV patients as well as the vulnerable prisoners by analyzing the overall human right situation in prisons since they are meant to integrate with the society. The quest for human rights has become a fundamental aim of the modern states. The twenty first century has witnessed the efforts of international community to develop national, regional and international measures for the protection and promotion of human rights of the HIV/AIDS patients. This study seeks to correlate internationally and nationally protected human rights, which are applicable in the criminal proceedings. The prison system in Bangladesh has been set forth in detail and a comparison with the provisions of the UDHR and the ICCPR are being dealt with in this study. The purpose of this study is to show and examine the legal and social position of the HIV/AIDS patient prisoners and recognition of their rights within the purview of international as well as national law of Bangladesh. The study has also reflected on human rights situation with regard to the prisoners in Bangladesh.

Keywords: Human rights, HIV/AIDS, Prisoners, Social position, Protection, International community

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INTRODUCTION

Human rights are inherent in our nature and without these; the concept of society is meaningless [1-2]. These rights and issues,

irrespective of civil, political, social, economic or cultural matter are inter-dependable as well as inter-linked. The absence of human rights in any society is basically a denial of human

dignity [3]. Protection of human rights among many others depends on an effective criminal justice system. Criminal justice is based on different stages of the court proceedings, functions of police and prosecutions such as filing of a case, arrest, investigation, framing of charge, trial, conviction or acquittal etc. The criminal law of every country defines certain acts as crimes and provides sanctions against individuals who are held responsible for the commission of such acts. An individual who is charged with the commission of a crime is regarded as an accused. Accused who are arrested and proceeded against for criminal trial are treated as prisoners. The right to defense enables the accused to defend himself/herself against the charges brought against him/her by using all the facilities given by law [4]. The efforts for the protection of the rights of public in general and of the prisoners in particular have been addressed in many international human rights documents like the Universal Declaration of Human Rights, 1948 [5], the International Covenant on Civil and Political Rights, 1966 [6], the United Nations Standard Minimum Rules for the Treatment of Prisoners, 1957, the United Nations Draft Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, 1988, and in various domestic legislations. However, problems like delay in trials due to paucity of courts or judges and unhygienic environment in the jail caused by over-crowding of prisoners need to be examined for the protection of the rights of the prisoners. Protection of the rights and interests of the prisoners as well as their psychological and economic assistance is vitally important for the fair implementation of criminal laws and also for gaining public confidence in criminal justice system. Therefore, this study will seek to explore those particular factors that impair the criminal justice system and hinder the rights of the prisoners, which will probably be essentially important for the protection of the rights of the prisoners.

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rights of the HIV/AIDS patients. This study seeks to correlate internationally and nationally protected human rights, which are applicable in the criminal proceedings. The prison system in Bangladesh has been set forth in detail and a comparison with the provisions of the UDHR and the ICCPR are being dealt with in this study. The purpose of this study is to show and examine the legal and social position of the HIV/AIDS patient prisoners and recognition of their rights within the purview of international as well as national law of Bangladesh. The study has also reflected on human rights situation with regard to the prisoners in Bangladesh.

Prison Conditions

Confinement in prison symbolizes a system of punishment and also a sort of institutional placement of under-trials and suspects during the period of trial [7]. Since there cannot be a society without crime and criminals, the institution of prison is indispensable for every country. The history of prisons in Indian sub-continent and elsewhere clearly reflects the changes in society's reaction to crime from time to time. The system of imprisonment represents a curious combination of different objectives of punishment. Thus, prison may serve the offender to deter or it may be used as a method of retribution or vengeance by making the life of the offender miserable. The isolated life in prison and incapacity of inmates to move freely while in the prison fulfils the preventive purpose of punishment in repeating crime. It also helps in keeping crime under control by elimination of criminals from the society. Apart from this, prison may also serve as an institution for the reformation and rehabilitation of offenders. Whatever be the object of punishment, the prison serves to keep offenders under custody and control [8].

The prison system of Bangladesh is essentially based on the British Prison model. The following Acts and Regulations regulate the establishment and management of jails, the confinements and treatments of person therein, and maintenance or discipline amongst them:

1. The Prisons Act, No. IX of 1894, as amended
2. The Prisoners Act, No. V of 1871, as amended

3. The Prisoners Act, No. V of 1900, as amended
4. Regulation No III of 1818 (Bengal Code) for the Confinement of State Prisoners
5. Act VIII of 1897, the Reformatory School Act
6. Act IV of 1912, the Lunacy Act
7. Act No. XXXIII of 1920
8. Act No. I of 1928, the Borstal School Act
9. Act IV of 1965, the Factories Act
10. The Children's Act XXXIX of 1974

In addition to the above Acts, the provisions of the Code of Civil Procedure (Act V of 1908), the Code of Criminal Procedure (Act V of 1898 as amended), and the Penal Code (Act XLV of 1860), which relate to the confinement of prisoners, the execution of sentences, appeals, lunatics and the like, are also applicable with regard to prison administration [9]. The Prisons Act, 1894, popularly known as Jail Code was legislated by the British rulers with provisions for severe punitive treatment with prisoners and primarily to serve their political purpose. In this Act, prison is defined as "any jail or place used permanently or temporarily under the general or special orders of the Government for detention of prisoners and includes all lands, buildings, thereto" [10].

Inhumane Prison Conditions

Article 7 of the ICCPR prohibits torture and cruel, inhumane, or degrading treatment or punishment, and applies to the pre-trial period as well as other periods of detention. Article 10 provides that all persons deprived of their liberty shall be treated with humanity and respect. No prisoner can be subjected to compulsory experiment while in detention or prison. A Uruguayan journalist was sentenced to seven years imprisonment for subversive association with an opposition political party. While in prison, the journalist was subjected to psychiatric experiments. For three years he had been injected, against his will, with tranquillizers every two weeks. When he refused, he was forcibly subdued, injected with the drug, and subsequently held incommunicado in a punishment cell for 45 days. The Human Rights Committee (HRC) found that this was an inhumane treatment and violated Articles 7 and 10 (1) of the ICCPR [11].

Fettering in iron chains and handcuffs is one of the common ways of torture in Bangladesh. Regarding this the Prisons Act 1894 provides that whenever the Superintendent of Jail considers it necessary for the safe custody of prisoners, they might be confined in irons, they might be subjected to secure rules and instructions as ordered by the Inspector General of Prison with the sanction of the Government, to confine them [12]. To take the prisoners in safe custody with fetters on is totally unjustified in law. There are sufficient guidelines in Section 56 of the Jail Code, which contains a number of safeguards against misuses of bar fetters by the Superintendent. This Section does not permit the use of bar fetters for an unusually long period, day and night, and that too when the prisoner is confined in secure cells from where escape is somewhat inconceivable. Only the abuse of this Section causes violation of the human rights of the prisoners as well.

Literature related to the criminal justice system reveals the concept of human rights of the prisoners which has gradually been changing and developing over a period. The UDHR has accorded a new meaning to the human rights strategy in administration of criminal justice. New vistas were opened for the defense of prisoners and the promotion of their rights has been recognized as the legitimate objective of the international and national communities. The UDHR provides guiding principles for all countries and normally from their criminal justice system in accordance with the international law of human rights for providing fair and just trial to the accused. The UDHR and the Covenant contain norms representing universal standards of conduct for all peoples and all nations. The guiding principles of the UDHR as well as of the ICCPR have been recognized and incorporated by almost all the legal systems of the world. The framework of the International Covenant on Human Rights incorporates all aspects of religious, cultural or ideological backgrounds and provides a standard for different countries of the world. The General Assembly of the United Nations (UN) has emphasized that no state can claim to be allowed to disregard basic human rights such as the right to life, safeguard from torture and

right to a fair trial. A departure from these standards might be permitted under the national or religious laws of a country under special circumstances [13].

Objectives of the Study

This study was an attempt to make an evaluation of the procedural guarantees as accorded to the accused under international law, and laws of Bangladesh. Considering the vastness of the area of criminal justice this study focused on the condition and training of the prisoners. In view of the studies the goal is formulated in some specific objectives as follows:

1. To identify the grounds of violation of the rights of prisoners;
2. To focus on the ways of making the current laws effective for the reformation of prisoners by mentioning their success and failure;
3. To develop social awareness about the rights of the prisoners regarding HIV/AIDS;
4. To promote effectiveness of the authority for establishing human rights and to accelerate the dynamism in playing effective role of the authority by portraying the abuse of laws; and
5. To find out ways and means of taking effective measures for establishing the rights of the prisoners regarding HIV/AIDS.

In order to procure these objectives some standards are necessary to evaluate the jail situation in Bangladesh. With this end in view, the study aims to scrutinize general principles of law, policies, norms, customs, mechanisms and practices concerning prisoners. In this regard, the study reviewed and analyzed the secondary literature, law and practices of Bangladesh in accordance with the methodology of the study and the relevant data.

Methodology of the Study

This study examined the law and practice relating to the rights of the prisoners in Bangladesh. It will evaluate the present conditions of the laws and practices in this respect. In order to give complete shape to the study, a range of research methods had been used:

1. Review of secondary literature and instruments on prisoners' rights;
2. Examination of the constitutional guarantees regarding the probation and parole in Bangladesh;
3. Analysis of statutory law and case law relating to prisoners in Bangladesh;
4. Review of relevant public records, available statistical data and annual reports of various NGOs;
5. Case studies of specific incidents relating to the rights of the prisoners; and
6. Collection and analysis of relevant data.

Discussion on the conceptual issues has been based on the secondary literature including books, journals, electronic materials, constitutional law, statutory law and case law.

1. **Study Design:** The study was an empirical one and at the same time it is focused on previous records and future possibilities.
2. **Period of Study:** The study has covered a period of 15 (fifteen) years from 2002 to 2015. This study concentrates on the above-mentioned period to highlight actual position of the prisoners under its prevailing Constitution, laws and practices thereof under the two main regimes namely, Khaleda Zia (2002–2006) and Sheikh Hasina (2009–2015).

Sources and Modes of Data Collection

The study was based on both primary and secondary data. The primary data was collected from field survey. An interview schedule was used as a technique of primary data collection. The researcher visited the prison within greater Rajshahi and police administration in the same for collecting information through formal personal interview with the persons concerned. The secondary data had been collected from the literature on the topic, Annual Reports of major non-governmental organizations, i.e., "Bangladesh Manobadhikar Shamannoy Parishad (BMSP)", Bangladesh Rehabilitation Centre for Trauma Victims (BRCT), Bangladesh Legal Aid and Services Trust (BLAST), Ain O'Shalish Kendra (ASK), Odhikar etc. and documents on human rights, i.e., Amnesty International, Human Rights Watch, UDHR, ICCPR, etc. Moreover, information was collected from the website of various national and international

organizations. The collected data was classified, analyzed and tabulated according to the different objectives and variables of the study. On the basis of the evaluation some proposals by way of recommendations has been made in the conclusion of each chapter to improve the prison condition in terms of education and training in Bangladesh. An overall conclusion been drawn in the last chapter of the study.

Scope and Limitation of the Study

The scope of the study was related to the jail administration in Bangladesh and ranged for a period of fifteen years, i.e., from 2002 to 2015. This study did not go beyond the said period but it discussed an issue beyond this period if it seems to be very important or notorious. The study area was within greater Rajshahi because Rajshahi is convenient for the researcher in collecting information and data, as it is his workplace. Since the prison conditions of different parts of Bangladesh are almost same, Rajshahi reflected the whole scenario of prisoners. It may be noted that this study did not specifically focus on women prisoners or juvenile offenders but any prominent or important case this study discussed that issue. The study continued for one year. Due to constraint of time and financial support the study was limited in respect of time and place as mentioned above.

Rationales and Justification of the Study

It is hoped that this study has made a significant contribution to the concepts of the rights of prisoners. It will help the policy makers, legislators and researchers to know about the problems and prospects of the rights of the prisoners. The findings of this study are intended to help the government to improve the existing laws relating to the jail situation in Bangladesh. As the study was concerned with the violation of laws relating to HIV/AIDS patients of the prisoners and protections thereof, as well as the effectiveness of laws, steps of Government, awareness of people and respect to laws, which are the glaring issues of day, it deserves some inordinate significance. It has become a new combination for the researcher, because as far as known, there has been no research work done as yet on this matter in Bangladesh. It is expected that this

recent issue can be treated as an important and valuable source for the workers on this subject. The findings of the research is helpful for the people, especially the prisoners who were inflicted in a case or detained in custody; further prisoners will be enabled to find ways for establishing their rights. Moreover, it opened up wide opportunities for other researchers concerned with this arena. This research work is helpful for the students of law to enrich their knowledge. Besides, many institutions, agencies and organizations benefitted from this type of new research work.

Review of Literature

Since criminal justice administration is a fast-growing subject and wherein interaction of the three Government organs, i.e., executive, legislature and judiciary in a democratic state has become a subject of discussion and research from the days of the formation of the democratic government in society, innumerable books and articles are written on this topic. But because of the changing patterns of the society and human behavior with the development of science and technology earlier literature on this topic is becoming insufficient to give exact information and protection. Moreover, most of the previous literature is written by academics having no practical knowledge. Thus, many books regarding criminal justice administration are found in different libraries; and mostly some aspects of the activities of the law enforcing agencies (LEA) are found in police regulations of Bengal, criminal justice system administration and police administration in Bangladesh. But none of them contains any adequate information about what Bangladeshis need to know on the rights of the prisoners. On the legal relationship some other books, which bear much significance are: Protection of Human Rights in Criminal Justice Administration by Manjula Batra, Criminal Justice System Administration by M. Enamul Huq, Police Administration in Bangladesh by ABMG Kibria, Criminal Investigation by John Adam and John Collyer Adam and Constitutional Law of Bangladesh by Mahmudul Islam. Apart from these works, a list of other books, articles, documents, statutes, and journals on different aspects of the rights of the prisoners may be found but

none of them has dealt with this research topic in the light and details as it has been intended to be done in this work. In none of them could be found an unbiased and in-depth treatment of this burning research area. Attempts will be made in this work to suggest reform where necessary and update the existing laws so that an effective and efficient prison system is ensured in a fruitful way.

The faith in effective justice system is administered through a sound justice mechanism where prisoners comprise a major part of the system. The basic purpose of keeping humans in prison is reformatory, correctional and at the end of tenure reintegration of the society. As prisoners are entitled to enjoy human rights by dint of international and national laws, ensuring these rights are essential to understand how far the purpose of imprisonment is achieved. Though many have tried to evaluate the human rights of the prisoners, none has tried to show the situation with another vulnerable and sensitive group who are prisoners who are HIV patients, needs extra care. The jail being a breeding place of HIV, it is extremely necessary to ascertain human rights of the HIV patients as well as the vulnerable prisoners by analyzing the overall human right situation in prison since they are meant to integrate with the society.

CONCEPTUAL ISSUES

More than thirty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become one of the most devastating diseases mankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus and nearly 30 million people have died of HIV-related causes. AIDS has become the sixth-largest cause of death worldwide. At the end of 2009, an estimated 33.3 million people globally were living with HIV. In that year alone, there were an estimated 1.8 million AIDS-related deaths and 2.6 million new HIV infections. Data from 2009 shows that the AIDS epidemic is beginning to change course as the number of people newly infected with HIV is declining and AIDS-related deaths are decreasing. This is in a large part due to more people living longer as access to antiretroviral therapy increases, but these gains remain

fragile and disparities continue to exist among countries and within countries. Sub-Saharan Africa continues to be the region most affected with 69% of all new infections and in seven mostly Eastern European and Central Asian countries, new HIV infection rates have increased by 25%. Furthermore, 90% of governments reported that they address stigma and discrimination in their HIV programs. Vulnerability to HIV linked to a number of human rights challenges remains a concern [14].

Relationship between Human Rights and HIV/AIDS

In the 1980s, the relationship between HIV/AIDS and human rights was only understood as it involved people infected with HIV and with AIDS and the discrimination to which they were subjected [15]. For HIV-infected people and people with AIDS, the concerns included mandatory HIV testing; restrictions on international travel; barriers to employment and housing, access to education, medical care, and/or health insurance; and the many issues raised by names reporting, partner notification, and confidentiality. These issues are grave, and almost 20 years into the epidemic, they have not been resolved. In some ways, the situation has become even more complicated, as old issues appear in new places or present themselves in new or different ways. For example, in certain settings, access to employment has continued to be routinely denied to people infected with HIV. Even in places where this situation has improved, HIV-infected individuals now run the risk of finding themselves excluded from workplace health insurance schemes, with considerable impact on their health and, therefore, on their capacity to work. There are also new issues, with tremendous human rights implications, that have been raised for HIV-infected people, in particular the large and growing disparities and inequities regarding access to antiretroviral therapies and other forms of care [16].

The 1980s were extremely important in defining some of the connections between HIV/AIDS and human rights. By the end of the decade, the call for human rights and for compassion and solidarity with people living

with HIV/AIDS had been explicitly embodied in the first WHO global response to AIDS [17]. This approach was motivated by moral outrage but also by the recognition that protection of human rights was a necessary element of a worldwide public-health response to the emerging epidemic. The implications of this call were far-reaching. By framing this public health strategy in human rights terms, it became anchored in international law, thereby making governments and intergovernmental organizations publicly accountable for their actions toward people living with HIV/AIDS. The groundbreaking contribution of this era lies in the recognition of the applicability of international law to HIV/AIDS-and therefore to the ultimate responsibility and accountability of the state under international law for issues relating to health and well-being [18].

Human Rights Approach to HIV and AIDS

Where individuals and communities are able to realize their rights – to education, free association, information and, most importantly, non-discrimination – the personal and societal impacts of HIV and AIDS are reduced [19]. Where an open and supportive environment exists for those infected with HIV; where they are protected from discrimination, treated with dignity, and provided with access to treatment, care and support; and where AIDS is de-stigmatized; individuals are more likely to seek testing in order to know their status. In turn, those people who are HIV-positive may deal with their status more effectively, by seeking and receiving treatment and psychosocial support, and by taking measures to prevent transmission to others, thus reducing the impact of HIV on themselves and on others in society. The protection and promotion of human rights are therefore essential in preventing the spread of HIV and to mitigating the social and economic impact of the pandemic. The reasons for this are threefold. First, the promotion and protection of human rights reduces vulnerability to HIV infection by addressing its root causes. Second, the adverse impact on those infected and affected by HIV is lessened. Third, individuals and communities have greater ability to respond to the pandemic. An effective international response to the pandemic therefore must be

grounded in respect for all civil, cultural, economic, political, economic and social rights and the right to development, in accordance with international human rights standards, norms and principles.

States' obligations to promote and protect HIV-related human rights are defined in existing international treaties. HIV/AIDS-related human rights include the right to life; the right to liberty and security of the person; the right to the highest attainable standard of mental and physical health; the right to non-discrimination, equal protection and equality before the law; the right to freedom of movement; the right to seek and enjoy asylum; the right to privacy; the right to freedom of expression and opinion and the right to freely receive and impart information; the right to freedom of association; the right to marry and found a family; the right to work; the right to equal access to education; the right to an adequate standard of living; the right to social security, assistance and welfare; the right to share in scientific advancement and its benefits; the right to participate in public and cultural life; and the right to be free from torture and other cruel, inhuman or degrading treatment or punishment.

The United Nations human rights instruments and mechanisms provide the normative legal framework as well as the necessary tools for ensuring the implementation of HIV-related rights. Through their consideration of States' reports, concluding observations and recommendations, and general comments, the UN treaty monitoring bodies provide States with direction and assistance in the implementation of HIV-related rights. The special procedures of the human rights council, including special representatives, thematic and country rapporteurs, and working groups also are in a position to monitor respect for HIV-related rights. The Human Rights Council also requests the Secretary-General to solicit comments from Governments, United Nations bodies, programs and specialized agencies and international and NGOs on steps they have taken to promote and implement, where applicable, programs to address the urgent HIV-related human rights of women, children and vulnerable groups in the context of prevention, care and access to treatment.

Administration and Management of Prisons

The administration and management of the prisons in Bangladesh is carried out according to the rules and Acts as enumerated in volumes 1 and 2 of the Jail Code, formulated by colonial rulers during the 19th century. These rules and Acts include the Prisons Act IX of 1894, as amended, relating to the management of prisons; the Prisoners Act V of 1871, as amended; and the Prisoners Act III of 1900, as amended, relating to the management and training of prisoners; the Code of Civil Procedure relating to the management of civil prisoners; and Act XLV of 1860, as amended, of the Bangladesh Penal Code.

The Prisons Act IX of 1894 defines a prison and prisoner as follows:

Prisons means any jail or place used permanently or temporarily under the general or special orders of the Government for detention or confinement of prisoners and includes all lands, buildings and appurtenances thereto; criminal prisoners means any prisoners duly committed to jail custody under the writ/warrant or order of any competent court or any authority exercising criminal jurisdiction or order of court martial; convicted prisoners means any criminal prisoner committed to prison under sentence of a court or court martial, and also includes a person detained under the provision of chapter VIII of the criminal procedure code, or under the Prisoners Act of 1900.

From the above, it can be seen that there are no guidelines in the prison rules concerning reform activities undertaken by trained prison staff. The 64 prisons in Bangladesh can be divided into two major types:

Central Jails: For the confinement of prisoners under trial, administrative detainees and convicted prisoners sentenced to a term of imprisonment, including imprisonment for life, and the death sentence. There are eight such central jails, which could also be called maximum security prisons.

District Jails: Located at the headquarters of the district, they are used for the confinement of all categories of prisoners, except those

convicted prisoners whose sentence exceeds 5 years. District jails also hold long-term convicted prisoners if ordered by the Inspector General of Prisons/Deputy Inspector General of Prisons. There are 56 such district jails, which might/could be called “medium security prisons.”

In addition to central and district jails, there are 16 thana jails, known as “detention houses,” located at 16 thana headquarters; However, these are not functioning at present. If thana jails are included, there are some 80 jails in Bangladesh.

The Ministry of Home Affairs, through the directorate of prisons, exercises overall responsibility for proper management of the prison system. Each prison is administered by sergeant’s guards and other prison staff, under the supervision of the superintendent of jails. In the districts, the highest civilian official, the deputy commissioner, oversees the working of the jails, and is expected, along with district judicial officers, to visit the jails to supervise their management and receive complaints from prisoners. Health services to the prisoners are provided by the staff of the district hospital. The main medical conditions for which prisoners are treated include diarrhea and dysentery (42% of cases), fever, including typhoid fever (25%), skin diseases (20%), malnutrition (8%), psychological problems (1.5%), and heart problems (1%) [20]. The high frequency of diarrhea and skin diseases is due to the poor sanitary conditions prevailing inside prisons.

HIV Transmission in Prisons

During the early years of the AIDS epidemic, prisons and jails were commonly called breeding grounds for AIDS. Such statements are still made today. A Google search on May 19, 2005, of the terms *breeding ground and HIV and prisons* yielded more than 800 entries from newspapers, United Nations agencies, AIDS activist groups, and human rights organizations around the world. However, intended, such opinions imply that unprotected sex and the sharing of drug injection equipment are rampant in prisons and that these activities commonly result in the transmission of HIV [21]. Numerous activities

known to occur among prisoners pose a risk for HIV infection. Several studies have identified transmission of HIV in prison, based on serial serotesting for HIV antibody, some identifying seroconversion in inmates after more than 5 years of continuous incarceration [22]. Molecular analysis of 14 HIV-positive inmates in Glenochil Prison in Scotland in 1993 found sequencing similarities and clinical histories in 13 of the 14, indicating that transmission had occurred at the institution [23].

Data gathered in the Georgia State Prisons from mandatory testing of all inmates at intake followed by inmate requested tests, or annual voluntary HIV serotesting which was offered between 2003 and 2005, identified 88 prisoners who seroconverted between 1992 and 2005 after one or more negative tests. Investigators analyzed data collected from cases and control subjects through computer assisted self-interviews. Characteristics associated with prisoners' HIV seroconversion were male-male sex in prison, tattooing in prison, age >26 years at interview, >5 years served of current prison sentence, black race, and a body mass index <25.4kg/m² on entry into prison. This CDC report includes a wealth of information about the prisoners, reported risk activities, precautions practiced, and knowledge about and suggestions for prevention of transmission of HIV in prison [24].

British investigators interviewed 452 released prisoners about activities before, during, and after prison stays and found that persons engaged in fewer incidents of HIV risk behavior in prison, but that activities in prison were associated with increased risk. Those who reported engaging in penetrative sex while in prison also reported doing so with greater frequency outside, although they used condoms only outside. Reported sharing of syringes increased during imprisonment, as did fewer effective methods of syringe cleaning [25]. In another report from the United Kingdom, IDUs who were former prisoners reported a high prevalence of injection and sexual risk behaviors while in prison; 33 of 50 had injected drugs, and 5 of 50 had engaged in sex with 2 to 16 men [26].

Although imprisoned injection drug users (IDUs) do not use drugs with the frequency that they can when they are not incarcerated, they share injection equipment more and sterilize it less because of scarce resources. A handmade syringe may be fashioned from (among other things) parts of pens and light bulbs. Prisoners also may share toothbrushes and shaving equipment in facilities where they are not issued, where inmates are unable to purchase their own, or where infection control precautions are not practiced adequately. A Scottish study used evidence from sequential test results and took into account the window period and the entry date to identify specific IDU inmates who appeared to have seroconverted to HIV as a result of sharing drug injection equipment while in prison [27]. An Australian study used interview data and concluded that 4 of 13 inmates who were HIV positive were likely infected as a result of sharing drug injection equipment while incarcerated [28].

Tattooing is a widespread activity in prisons and usually is performed without fresh or sterile instruments. It involves multiple skin punctures with recycled, sharpened, and altered implements such as staples, paper clips, and the plastic ink tubes from ballpoint pens. Prison wisdom holds that tattooing that causes blood to flow results in the best quality image and is least likely to become infected. Homemade pigment is delivered intradermally (at a sharp angle) rather than through direct puncture. Metal points connected to a battery or other electrical source are capable of producing vibration, increasing the number of skin punctures exponentially, thereby creating a better tattoo, but also increasing the risk of HIV transmission. Body piercing is becoming more popular in prison, as in the outside community, and clean instruments for this practice similarly are unavailable.

The HIV Epidemic in Prisons

HIV surveillance has been the most common form of HIV research in prison, although this has largely been restricted to high-income countries. Data from low- and middle-income countries are more limited [29]. Even within high-income countries, the precise number of

prisoners living with HIV is difficult to estimate. Rates of HIV infection reported from studies undertaken in a single prison or region may not accurately reflect HIV prevalence in prisons across the country. Nevertheless, reviews of HIV prevalence in prison have shown that HIV infection is a serious problem, and one that requires immediate action [30]. In most countries, HIV prevalence rates in prison are several times higher than in the community outside prisons, and this is closely related to the rate of HIV infection among people who inject drugs in the community and the proportion of prisoners convicted for drug-related offences [31]. In other countries, particularly in sub-Saharan Africa, elevated HIV prevalence rates in prisons reflect the high HIV prevalence rates in the general population [32]. Everywhere, the prison population consists of individuals with greater risk factors for contracting HIV (and HCV and TB) compared with the general population outside of prisons. Such characteristics include injecting drug use, poverty, alcohol abuse, and living in minority communities with reduced access to healthcare services [33].

Studies have shown HIV prevalence that ranges from zero in a young male offenders' institution in Scotland [34] and among prisoners in Iowa, United States, in 1986 [35] to 33.6% in an adult prison in Catalonia, Spain [36], to more than 50% in a correctional facility for women in New York City [37]. As early as 1988, about half of the prisoners in Madrid [38] and 20% of prisoners in New York City tested HIV positive [39]. More recent reports show that HIV prevalence rates remain high in prisons in North America [40] and western Europe, although they have decreased in countries like Spain that have introduced comprehensive HIV interventions in prisons, including needle and syringe programs and methadone maintenance treatment [41].

In the countries of Central and Eastern Europe and the former Soviet Union, HIV prevalence is particularly high in prisons in Russia and Ukraine, but also in Lithuania, Latvia and Estonia. In Russia, by late 2002, the registered number of people living with HIV/AIDS in the

penal system exceeded 36,000, representing approximately 20% of known HIV cases. In Latin America, prevalence among prisoners in Brazil and Argentina was reported to be particularly high, with studies showing rates of between 3% and more than 20% in Brazil and from 4% to 10% in Argentina [42].

Rates reported from studies in other countries, including Mexico, Honduras, Nicaragua and Panama are also high [43]. In India, one study found that the rates were highest among female prisoners, at 9.5% [44]. In Africa, a study undertaken in Zambia found a rate of 27% [45]. The highest HIV prevalence reported among a national prison population was in South Africa, where estimates put the figure as high as 41.4% [46]. Conversely, some countries report zero prevalence; most of these are in North Africa or the Middle East [47]. The HIV epidemic in prisons is not occurring alone: prevalence rates of viral hepatitis in prisons are even higher than HIV rates [48], while the World Health Organization (WHO) estimates that about 3% of the world's population has been infected with the hepatitis C virus (HCV) [49], estimates of the prevalence of HCV in prisons range from 4.8% in an Indian jail [50] to 92% in two prisons in northern Spain [51].

Reasons for Ensuring Human Rights of the Prisoners

Prisoners are entitled to enjoy the human rights as applicable for other people subjected to some restrictions imposed by the law. The reasons for ensuring human rights of prisoners are:

1. Human rights are inalienable and must apply to all human beings without exceptions.
2. A prisoner should get human rights in order to learn how to respect the human rights of others.
3. No person is a criminal by birth. Crime is the reflection of society and by restrains human rights of prisons the society corrects its own failure and ensures proper socialization of prisoners.
4. Curtailment of liberty is a punishment. So, a prisoner cannot be punished more by debarring him from human rights.

5. Treatment of criminal is one of the tests of civilization of the country. So, by maintaining human rights of prisoners we can contribute to the positive development of civilization [52].

Human rights are inextricably linked with the spread and impact of HIV on individuals and communities around the world. A lack of respect for human rights fuels the spread and exacerbates the impact of the disease, while at the same time HIV undermines progress in the realization of human rights. This link is apparent in the disproportionate incidence and spread of the disease among certain groups which, depending on the nature of the epidemic and the prevailing social, legal and economic conditions, include women and children, and particularly those living in poverty. It is also apparent in the fact that the overwhelming burden of the epidemic today is borne by developing countries, where the disease threatens to reverse vital achievements in human development. AIDS and poverty are now mutually reinforcing negative forces in many developing countries.

HIV/AIDS PREVALENCE AND PREVENTION IN BANGLADESH

The country confronted a very low epidemic in HIV-positive due to its vigilant prevention efforts comparing to some other highly populated countries such as Swaziland, Botswana, Lesotho, South Africa, and some others [53]. Having a lot of migrant workers is another challenge for the country to prevent cross-border transmission. The 2006 National AIDS/STD Program estimated that 67% of identified HIV positive cases in the country were returnee migrant workers and their spouses [54]. Although the prevention activities have helped keep the incidence of HIV down, the number of HIV-positive individuals has increased steadily since 1994 to approximately 7500 people in 2005 according to the International Center for Diarrheal Disease Research, Bangladesh. UNAIDS estimates the number to be slightly higher at 11,000 people [55]. On the other hand, the prevalence of the human immunodeficiency virus (HIV) among state prison and local jail inmates is substantially

higher than in the general population [56]. In 2010, 1.5% of state prison inmates were known to have HIV or acquired immunodeficiency syndrome (AIDS), an estimated four times the prevalence in the general US population [57]. If HIV testing is not expanded or targeted to high-risk inmates, many infections will go unreported or undiagnosed [58]. Models of sexually transmitted disease transmission dynamics [59] suggest that reducing or preventing infections in core risk groups, such as inmates, can greatly reduce transmission in the community. Undiagnosed HIV infection, inadequate access to antiretroviral therapy (ART), and poor ART adherence are substantial public health problems.

Background of HIV/AIDS

The first case of HIV/AIDS in Bangladesh was detected in 1989 [60]. Since then, 1495 cases of HIV/AIDS have been reported (as of December 2008). However, UNAIDS estimates that the number of people living with HIV in the country may be as high as 12,000, which is within the range of the low estimate by UNICEF's State of the World's Children Report 2009. The overall prevalence of HIV in Bangladesh is less than 1%; however, high levels of HIV infection have been found among injecting drug users (7% in one part of the capital city, Dhaka [61]). Due to the limited access to voluntary counseling and testing services, very few Bangladeshis are aware of their HIV status.

Although still considered to be a low-prevalence country, Bangladesh remains extremely vulnerable to an HIV epidemic, given its dire poverty, overpopulation, gender inequality and high levels of transactional sex. The emergence of a generalized HIV epidemic would be a disaster that poverty-stricken Bangladesh could ill-afford. It is estimated that without any intervention the prevalence in the general adult population could be as high as 2% in 2012 and 8% by 2025 [62]. Bangladesh is in the unique position to succeed where several other developing countries have not: to keep the AIDS epidemic from expanding beyond this current level by initiating comprehensive and strategically viable

preventative measures, avoiding a gradual spread of HIV infection from high-risk groups to the general population.

Prevalence

The country faces a concentrated epidemic, and its very low HIV-prevalence rate is partly due to prevention efforts, focusing on men who have sex with men, female sex workers, and intravenous drug users. Four years before the disease's 1989 appearance in the country, the government implemented numerous prevention efforts targeting the above high-risk populations as well as migrant workers. Although these activities have helped keep the incidence of HIV down, the number of HIV-positive individuals has increased steadily since 1994 to approximately 7500 people in 2005 according to the International Center for Diarrheal Disease Research, Bangladesh. UNAIDS estimates the number to be slightly higher at 11,000 people [63].

While HIV prevalence is very low in the general population, among *most at risk populations* (MARPs), it rises to 0.7%. In some cases it is as high as 2.7%, for instance among casual sex workers in Hili, a small border town in northwest Bangladesh [64]. Many of the estimated 11,000 people living with HIV are migrant workers. The 2006 National AIDS/STD Program estimated that 67% of identified HIV-positive cases in the country were returnee migrant workers and their spouses [65]. This is similar to findings from other organizations. According to the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B), 47 of 259 cases of people living with HIV during the period 2002–2004 were identified during the migration process [66]. Other data from 2004 (from the National AIDS/Sexually Transmitted Disease (STD) Program of the Ministry of Health and Family Welfare (MoHFW)) shows that 57 of 102 newly reported HIV cases were among returning migrants [67].

While HIV prevalence among male homosexuals and sex workers has remained below 1%, unsafe practices among drug users, particularly needle sharing, have caused a sharp increase in the number of people

infected. Measurements at one central surveillance point showed that between 2001 and 2005, incidence of HIV in IDUs more than doubled – from 1.4% to 4.9%, according to UNAIDS. In 2004, 9% of IDUs at one location in Dhaka were HIV-positive. Compounding the risk of an epidemic, a large proportion of IDUs (up to 20% in some regions) reported buying sex, fewer than 10% of whom said they consistently used a condom [68]. Most importantly, all these behaviors are common in all jails of the country.

Measures Taken by the Government

HIV/AIDS has killed more than 1.8 million people all over the world since HIV appeared in 1981 in USA. Bangladesh is still a low-HIV-prevalence country with less than 0.1% of its population [69]. From the beginning of HIV/AIDS in Bangladesh in 1989, the Government of Bangladesh formed a National AIDS Committee (NAC). The NAC includes representatives from key ministries, non-government organizations and a few parliamentarians. Action has been taken to develop a multi-sector response to HIV/AIDS. Strategic action plans for NASP set forth fundamental principles, with specific guidelines on a range of HIV issues including testing, treatment, safe blood supply, and prevention among youth, women, migrant workers, sex workers, and STIs. While earlier commitment was limited and implementation of HIV control activities was slow, Bangladesh has strengthened its programs to improve its response [70]. Later, a National AIDS Control and Prevention Program was established in 1996 with the help of the United Nations Development Program (UNDP). The program is called the National AIDS/Sexually Transmitted Disease (STD) Program. It is monitored by the Ministry of Health, Bangladesh.

The Government of Bangladesh adopted a 'National Policy on HIV/AIDS and STD Related Issues' in 1997 [71]. The National AIDS/STD Program has, among other things, conducted prevalence and behavior surveys among persons at high risk, run a television and billboard advertising campaign to raise awareness of HIV/AIDS, supported some

NGOs in their work with persons at high risk, and provided HIV training to health and family welfare workers [72].

The Program (National AIDS/STD) aims [73] at: (a) preventing HIV transmission(b) reducing the impact of HIV/AIDS on individual and the community(c) preventing transmission of STDs and(d) providing STD management(e) establishing voluntary counselling and testing (VCT) centers in selected government medical college hospitals, and(f) supporting anti-retroviral drugs and treatment.

The National AIDS/STD Program is one of the wings of Directorate General of Health Services (DGHS) under the Ministry of Health and Family Welfare (MOHFW). Some specific authorities are formed to mitigate HIV measures are as: National AIDS Committee (an advisory body to the Government of Bangladesh which oversees all the aspects related to HIV/AIDS and STDs), Technical Committee of the National AIDS Committee (a body of experts supervising technical aspects of HIV/AIDS/STD prevention and control), Co-ordination Committee (body of experts to co-ordinate among different committees and bodies).The Government of Bangladesh launched the National Strategic Plan for HIV/AIDS for the period 2004–2010 under the observation of NAC and with the involvement and support of different stakeholders. Following this, the government completed the National HIV Strategic Plan for 2011 to 2015. Efforts to mainstream HIV/AIDS in public sectors outside the Ministry of Health and Family Welfare were initiated through designation and training of focal points on HIV/AIDS [74]. Recently, Government of Bangladesh has taken steps to serve free medical treatments to the HIV-infected persons in five medical college hospitals of Dhaka, Khulna, Chittagong, Sylhet and Rajshahi.

Measures Taken by NGOS

HIV-mitigating initiatives are not reasonable yet in Bangladesh. With the touch of NGO's activities, HIV measures are getting light here. More than 380 NGOs and AIDS Service

Organizations have been implementing programs/projects in different parts of the country. These initiatives focus on prevention of sexual transmission among high-risk groups involving mostly female sex workers, MSM, IDUs, rickshaw pullers and truckers. NGOs are often better positioned than the public sector institutions to reach vulnerable populations, such as sex workers and their clients and injecting drug users. Building the capacity of NGOs, especially the small ones, and combining their reach with the resources and strategic programs of the government is an effective way to change behavior in vulnerable populations and prevent the spread of HIV [75].

NGOs are performing the most important role to tackle the HIV matters. Asher Alo Society, Mukto Akas Bangladesh, and Confidential Approach to AIDS Patients (CAAP) are performing their activities with HIV. Care and support service to HIV infected persons is their main activity. The NGO Save the Children is also working with HIV. It is trying to build awareness among the students from their very beginning of education. It has spreads its activities by arranging seminars, proposing Government to include HIV matter in textbook, giving training to teachers, spreading HIV mitigating measures to the rural areas [76].

The USAID, a big NGO that works only for HIV measures is functioning broadly here. It is working for changing behavior to HIV to reduce risk and vulnerability, improving management of sexually transmitted infections (STIs), and building capacity of government and NGO partners to plan, implement and monitor HIV/AIDS interventions. IT operates in developing countries mainly through the country-based staffs. UNAIDS has been working in Bangladesh since 1996 [77].Family Health International (FHI) Bangladesh has expanded its activities to include training of health providers in to management of STIs (sexually transmitted infections), establishment of voluntary HIV Counselling and Testing (VCT) centers [78].German Technical Co-operation has been working at four city corporations of Chittagong, Rajshahi, Khulna, and Sylhet in Bangladesh with an aim to improve prevention, counselling, diagnosis and treatment for HIV/AIDS [79].

In prison for want of standard education and awareness among the prison population makes inmates highly vulnerable to HIV infection. To raise awareness among prison inmates on drug abuse, HIV/AIDS and STIs, UNODC has been carrying out initiatives in prison sites across Bangladesh. Dhaka Ahsania Mission (DAM), CARE Bangladesh and Khulna Mukti Seba Sangstha (KMSS) also co-work with UNODC. To raise awareness on critical health issues they arrange games and quiz competitions among the prisoners. Through initiatives by NGOs prisoners are supported to express their critical experience of their lives during HIV infections, they are encouraged to attend creative activities, express hopes and needs, they are suggested to supply their opinions.

They arrange video presentations in prisons that are helpful to reach out to the prison community, educating the inmates on the harmful impact of drugs on the individual, the family and the community. Such initiatives not only increase knowledge among prisoners, but also often motivate them to become peer volunteers for the outreach work done by NGOs in prisons [80]. Prison inmates are an important vulnerable group for risk behaviors including drug abuse and HIV/AIDS. Drug use is a prevalent problem in the prisons. HIV prevalence in prisons is higher than in the community among all the countries of the world. Effective policies to prevent HIV inside prisons are often hampered by the denial of the problem. At the same time the existence of the factors that contribute to the spread of HIV: overcrowding, unsafe sexual activities and injecting drug use, violence, gangs, lack of protection for the youngest, female and weakest inmates, corruption and poor prison health services are also present [81].

Outcome after Measures

Bangladesh is warmly struggling against HIV since its appearance here. There is no scarcity of good faith for the government of Bangladesh in mitigating HIV at all sphere in Bangladesh. Bangladesh is yet a low HIV prevalence country in the developing world [82]. The government of Bangladesh seriously recognizes the problem of HIV transmission in everywhere including prisons in Bangladesh and is continuously trying to reduce the

gravity of the problem. Policies have been taken to ensure rights towards patients infected with HIV/AIDS and initiatives are made for creating better position to vulnerable of HIV and changing the other people's attitudes towards HIV patients which most of the time are not reasonable. It is the significant achievement for the Government of recognition of the problem and their efforts on policy but in the field of enforcement and application of policy for promotion, prevention, and treatment activities, challenges still remain.

Prisoners are part of the community, people work in prisons, others visit prisons, and most prisoners will be discharged at some point. As a result, HIV in prisons is both a public health and a human rights issue that needs to be addressed urgently for an effective response to the epidemic. However, worldwide, governments are failing to address this. A substantial body of evidence shows that targeted HIV prevention programs can reduce HIV transmission within prison populations. Existing efforts need to be scaled-up, particularly comprehensive HIV prevention and treatment programs in order to provide prisoners living with HIV with the services they need. Protective laws, policies and programs that are adequately resourced, monitored and enforced can also improve the health and safety of prisoners as well as the community as a whole. According to Harm Reduction Coalition:

“Failure to provide prisoners with the same health care options available to the general population violates human rights and international standards” [83].

LEGAL PROTECTION AGAINST HUMAN RIGHTS OF THE PRISONERS

Prisons have not been high on the list of institutional reforms, even though their conditions demand immediate attention. This chapter highlights some reforms which were accepted by the Cabinet this year, and others which had been recommended by the Jail Reforms Commission. Its description of conditions in prisons points to an urgent need for measures to be adopted in line with

Bangladesh's commitments under the ICCPR and the UN Standard Minimum Rules for the Treatment of Prisoners.

International and National Standards

The United Nations General Assembly's Declaration of Commitment on HIV/AIDS notes that "the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic." It also sets concrete, time-bound targets for the introduction of national legislation and other measures to ensure the respect of rights in regard to education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection [84]. Although states are not legally bound to implement the promises made in the declaration, the General Assembly's annual review of states' progress in meeting these commitments and the monitoring instruments being developed to measure compliance provide powerful tools to encourage government action.

Bangladesh is committed under the ICCPR, among others, to treat "all persons deprived of liberty with humanity and with respect for the inherent dignity of the human person," to segregate under trial prisoners from convicts and juveniles from adults and to bring prisoners as speedily as possible to trial. The UN Standard Minimum Rules for Treatment of Prisoners [85] requires states to observe the fundamental principles of security of life, health and personal integrity, non-discrimination in the treatment of prisoners, and to create conditions that allow for prisoners to adjust and integrate into normal community life.

Prisoners' Rights under International Perspectives

The nature and extent of the privileges afforded to individuals kept in custody or confinement against their will because they have been convicted of performing an unlawful act [86]. Across the world, various institutions have evolved to confine or punish those who await trial or have been found to be convicted lawbreakers. Whether called prisons, correctional centers detention centers,

penitentiaries or reformatories, they all ultimately serve to severely restrict that most fundamental of human physical needs – the need to move freely. The restrictions of movement seemed a necessary evil in order to protect society from its dangerous criminals. Notwithstanding the criminality that puts people behind bars, there must be ensured at least basic standards of rights and human civility to prisoners [87].

Declaration of the Rights of Man and the Citizen 1789

According to article 7 of the said declaration, no person shall be accessed, arrested or imprisoned except in the case and according to the forms described by law. Any one soliciting, transmitting, executing, or causing to be executed, any arbitrary order shall be punished. But any citizen summoned or arrested in virtue of the law shall submit without develop as resistance constituted an offence. Under article 8, the law shall provide for such punishment only as are strictly and obviously necessary, and no one shall suffer punishment except it be legally inflicted in virtue of a law passed and promulgated before the commission of the offence.

The Universal Declaration of Human Rights 1948

Under Article 3, everyone has the right to life, liberty and security of person. According to article 7, all are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement. Article 5 states; No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection [88].

The Standard Minimum Rules for the Treatment of Prisoners

The Standard Minimum Rules for the treatment of prisoners were established by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders held at Geneva in 1955 and approved by the Economic and Social Council by its resolution 663C of 31 July 1957 and 13 May 1977 [89]. The benefits of this rule are as follows:

Separate Prison

This Standard Minimum Rules enjoins the authority of every prison to keep a bound register where the detailed particulars of the prisoners will be recorded according to sec 7 of the rules. Under sec 8, 10, it imposes an obligation to keep different types of prisoners in different parts of the prison taking account of their sex, age, and criminal record and requires the prison authority to keep untried prisoners separately from convicted prisoners, women from men and young prisoners from adults.

Living Status

All sleeping accommodation, as per the provision of the Standard Minimum Rules shall meet all the requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation. The windows shall be large enough to enable the prisoners to read or work by natural light [90].

Health and Hygiene

The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner. Prisoners shall be provided with water and with such toilet articles as are necessary for health and cleanliness. Every prisoner shall be provided with an outfit of clothing suitable for the climate and adequate to keep him/her in good health and shall be provided with a separate bed [91].

Food Supply

Under Sec 20 of the Standard Minimum Rules, every prisoner shall be provided at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served [92].

Communicate with Family

Standard minimum rules further provide that prisoners shall be allowed under necessary supervision to communicate with their family and reputable friends at regular intervals, both by correspondence and by receiving visits.

Religious Activities

The Rules enjoin the prison authority to establish a library for the use of all categories of prisoners and ensure arrangements so that the prisoners can perform their religious prayers.

International Covenant on Civil and Political Rights 1966

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. No one shall be subjected without his free consent to medical [93]. According to Article 10(1), all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

Rights and Treatment under National Legal Instrument

It is to be noted that prisons still follow the outdated statute books of the British Colonial rulers, which were framed in the 19th century. According to these old statutes, the main objectives of the prison system were the confinement and safe custody of prisoners through suppressive and punitive measures. There has been no significant modification in the Jail Code nor have the vital recommendations of the Jail Reform Commission been implemented. A full transformation of this punitive system is required in order to stop violation of the legal rights and human security of prisoners, as guaranteed by the Constitution of the People's Republic of Bangladesh [94].

Rights under the Prisons Act, 1894

An Act to amend the law relating to Prisons comes into force on the 1st July, 1894. This Act provides the rights of the prisoners. Section 4 of the Act provides the sufficient accommodation for prisoners. In the case of female prisoners it clearly states that, female prisoners shall be searched and examined by the matron [95]. According to section 27 of the Act, the female prisoners, male, unconvicted

prisoners and civil prisoners shall be imprisoned in separate parts of the building. Moreover, further that, every civil prisoner and unconvicted criminal prisoners unable to provide himself with sufficient clothing and bedding shall be supplied by the Superintendent [96].

Rights of the Detainees

A great number of persons are jailed before their trials. These persons known as pretrial detainees are ordinarily held because they are unable to satisfy the financial requirements for a bail bond. Important law concerning the rights of pretrial detainees emerged in the 1970s. In *Bell v Wolfish* [97], the Supreme Court rejected the theory that pretrial detainees cannot be deprived of any right except the right to come and go as they choose [98].

Expression and Communication

The right to speech and expression is extremely valuable right; essential not only rights for the democratic functioning of society but also for the development and protection of the creative faculties of human beings. An important aspect of the right to free speech and expression relates to the press. Quite often the press is interested in interviewing a prisoner as a part of investigative journalism and a prisoner on his part may also be keen for an interview for his own reasons. The situation, therefore, involves the fundamental right of expression and information of both the parties to an interview [99]. Prison is a part of community and the inmates must not feel that they are isolated from others. For this purpose, prisoners should be located in prisons close to their homes. Prisoners should have ample facility to communicate with the family members, friends and other members of the community. Prisoners should have access to books, newspapers, radio and television [100].

Access to Courts

State cannot interfere with the right of a prisoner to petition a court for relief. Neither a state nor a prison official can refuse, for any reason to review a prisoner's applications and submit them to court. If a prisoner is indigent, the state cannot require him to pay even a small fee to file legal papers with the court.

The right to proceed as an indigent is allowed only for individual prisoners. Lastly it was established in the case of *Johnson vs. Avery* [101] that prisons cannot completely forbid inmate assistance unless there is an alternative for prisoners [102].

Health Rights of Prisoners

Health rights of prisoners include:

A prisoner should be examined by a medical officer at the very first day of his admission [103] and prison authority should supply all necessary things for a prisoner advised by the medical officer [104].

Legal protection has been discussed in two folds in this chapter: internationally and nationally. The need of protection is adopted in domestic as well as world community level since the it is a global phenomenon. In theory, they seemed to be so promising, but it is a matter of determination that to what extent Bangladesh could conform with the provisions. One reason is the United Nations General Assembly's Declaration of Commitment on HIV/AIDS is not mandatory for states to comply with the promise though the General Assembly has already developed mechanism to check compliance of countries. Being parties to UDHR, ICCPR and Standard Minimum Rules for the Treatment of Prisoners, Bangladesh empowered itself to update the prisoners' human rights list which are enshrined through the Prisons Act, 1894. But the persistent situation of human rights condition in prisons is discussed in the next chapter.

STATE OF HUMAN RIGHTS OF THE PRISONERS IN BANGLADESH

The rights of the prisoners have become the most descriptive issues not only in Bangladesh but also in the whole world. This paper describes the existing rights of prisoners and narrates the points relating to prisoners' rights that are indicated in the various Act. The rights and privileges mentioned in the law for the prisoners have not been made available to them which they can claim as a human being. Proper monitoring and effective measures for implementation of rights for the prisoners should be taken by the state as well as the consciousness of man may be awakening to

raise the voice against the disrespect and neglecting attitude to the prisoners. In the modern civil societies, the state should give emphasis to ensure the available rights to the prisoners for upholding the dignity of a person.

Article I on the Universal Declaration of Human Rights (UDHR-1948) provides that all human beings are born free and equal in worth, dignity and rights. All people living with illness or disability including HIV and AIDS are entitled to attain their fundamental human rights and liberty without any unjustified restrictions. The rights that have to be ensured towards HIV/AIDS patients as their human rights are liberty from inhuman or degrading treatment or punishment, liberty from arbitrary interference with privacy or family life, rights to adequate housing, food and clothing, right to get a standard of physical and mental health, right to get information about STD related issues [105], accommodation, communication, sanitation, fair environment, counseling, testing are also necessary rights towards the vulnerability of AIDS.

There is estimated 35.3 million people were living with HIV in 2012 and there were 2.3 million new HIV infections and the number of AIDS deaths in 2012 was 1.6 million in the world [106]. In Bangladesh the number of HIV infected people is 2871 and among them 338 are new infected, 213 are male, 118 are female and 7 are common gender [107]. The above statistics have been served by national AIDS/STD (NASP), 2013. HIV/AIDS is now recognized as an immense challenge to international security, peace and development [108]. As a part of the global world, Bangladesh has pledged to maintain HIV and STD properly. Human rights situation of HIV/AIDS patients is in a complexity in Bangladesh. It is seen that the medical college hospitals in Bangladesh are not ready to serve the patients infected with HIV. Most of the HIV patients do not know where they will go. There is also the shortage of proper equipment relating to HIV treatment [109] for which the patients are being deprived from their medical facilities.

People with HIV sometimes have to spend time in a jail or prison. Jails are usually

operated by counties. Prisons are state or federal institutions. Medical care in a prison or jail depends on the local facility. In general, prisoners do not receive health care that meets public health standards [110]. Inside prison the prisoners most of the time are excluded from their minimal human rights demand. They are neglected from normal necessities that are gravely needed to their daily life. But for being prisoners and at the same time as HIV infected, they are treated not well.

The Present Situation of Prisons in Bangladesh

The rising number of imprisoned people in Bangladesh is exhausting the limited resources available at the prison facilities. The total prison population (including pre-trial detainees/remand prisoners) at present is 83,136. The high level of official confidentiality cuts off information about the conditions of inmates in Bangladeshi prisoners. By barring human rights groups, the media, and other outside and independent observer access to the punitive facilities, government policy makers and prison officials shield prevailing substandard conditions from public comprehension and critical inquiries [111].

Overcrowding Prisons

In the recent past, overcrowding of prisons has worsened significantly. Although there are 80 jails in the country, 16 of these are not yet functioning. And whereas the official capacity in the remaining 64 jails is 21,581 prisoners, the actual prison population was about 46,444. Of these 31,020 were under trial i.e. detained prior to conviction, while only 13,178 (less than one third) were convicted prisoners. This is considered to be one of the main causes of human security violations in Bangladesh [112].

Moreover, floor space allocation bears witness to the poor conditions in which prisoners are kept. Under dormitory rules, each prisoner is entitled to 36sq.ft. of floor space; however, overcrowding has reduced the space available per prisoner to 15 sq. ft. In certain wards, prisoners have to sleep in shifts owing to lack of space. Finally, life in prisons is made worse by the smell of carbon dioxide, nicotine, sweat and urine emerging from uncovered urinals, which create an unsanitary atmosphere inside

the congested wards. These are painful examples of denial of the legal rights of inmates [113].

Food, Health and Hygiene

Prisoners are served with so low quality of food that they fall sick after consuming the food. Chronic blood dysentery has been a common disease of the prisoners in all the jails of Bangladesh. Almost all of them suffer from malnutrition, obviously the inadequate quantity of food being the reasons. The overall condition has negative impact on the health and hygiene of the prisoners [114]. Furthermore, the manner in which the prisoners are required to eat their meals sitting on the ground under the open sky, rain or shine is unacceptable.

Corruption of Jail Authorities

Corruption has become a common phenomenon in all the jails in Bangladesh. The food, clothing, etc., allocated to every prisoner do not reach in their hands due to misappropriation of the prison authority. They create artificial scarcity and turn prisoners' right and basic needs into rare commodities, which one can buy with cash payment. If anyone visits prison, s/he will find inadequacy of food, and other necessary elements, but financially capable prisoners enjoy all types of facilities remaining incarcerated within the boundary of the prison. All types of narcotics and deadly weapons are available within the prison and rich and influential prisoners can buy them in exchange for cash payment [115].

Prison Laws Applied Selectively

In the first of the year 2008, Odhikar expressed its concern about the use of judicial process for other purposes whereby the government orchestrated the release of high-profile prisoners arrested as part of its campaign against corruption. Since the imposition of the State of Emergency and launching of an anti-corruption campaign, the country's jails were quickly filled. According to reports, 68 jails of the country contain 87,579 inmates, more than three times the combined capacity of 27,368 of these jails. But, the worrying report surfaced regarding the discriminatory use of prison laws and provisions. In the recent past, the government has granted parole to a number of high-profile

prisoners, commonly known as 'VIP prisoners', on humanitarian grounds, mostly to attend funerals and last rites of relatives. However, the report finds that despite having such provisions in law, except the cases of 'VIP prisoners', no 'ordinary' prisoner was granted such parole [116]. This illustrates selective use of law, favored approach for politically important persons in prison and different treatment for others [117].

Deaths in Prison

A very predictable result of overcrowding, malnutrition, unhygienic conditions, and absence of medical care is the spread of contagious diseases, often leading to premature disability and deaths in prisons. Tuberculosis continues to devastate prison populations around the world, and there is no reason why its havoc should be any different in Bangladesh. Sick inmates carrying virulent pathogens, infect other new prisoners, and constitute a serious threat to public health when they are released. It is important to keep a prisoner with a contagious disease in quarantine, or in a separate cell. Lawmakers should introduce a bill to allow inmates in the late stages of terminal illnesses to return home to their families [118]. Between 1 January and 30 June 2008, a total of 41 persons reportedly died in the jail custody. Among them 40 persons passed away due to illness. It is reported that a person was in remand under police custody for 3 days and during interrogation he claimed to be sick and was sent to jail where he died on the 3rd day in remand. The government should follow the Jail Code provisions on proper medical treatment [119]. Because of this unfortunate and avoidable death and terrible sufferings, the prisoners often revolt against the prison authority. After the establishment of Bangladesh, from 1976 to till now the prisoners revolted 25 times against the prison authority. Prisoners want to be purged of abnormal death and sufferings. They want the Standard Minimum Rules should be implemented and the civic amenities required to sustain as a human being should be ensured for every prisoner [120].

Availability of Drugs

At the recent time, news was focused in the newspaper regarding the jail authority that

prisoners easily get drugs from the jail authorities. On 16th December 2009 one of the main habildar of the jail was been arrested during the time of providing drugs to the prisoners. Two months ago, one jail authority was also arrested with 20 'Yabatablets'. In the Dhaka Central Jail, there are 9000 prisoners where 900 are women prisoners. From the source of prison, among the women prisoners half of them are engaged in the business of drugs or addicted drugs. Among the total prisoners 30% are totally engaged in carrying of drug business and also addicted [121].

Violence in Jail

Violence is common at the prisons. Inmate-on-inmate violence is an unsurprising result of official slackness. By neglecting to take charge of the inmates within their facilities, by failing to act in response to incidences of violence, by wickedly allowing the entry of armaments into the prisons, by generally abetting the domination of the strongest prisoners over the weakest, prison authorities are directly liable for the violence [122].

The Problem of Indiscipline

The problem of prison indiscipline has always been engaging the attention of penologists throughout the world. The main object of prisonization is undoubtedly negative insofar as it aims at generating a feeling of dislike for prison life among the members of society, the object being to dissuade people from doing acts which may lend them into prisons [123].

Prisoners lead their life with rigid discipline, provision of bare necessities, strict security arrangements and monotonous routine life. Although with the modern facilities available to inmates, the rigorous of prison life are considerably mitigated nevertheless they are likely to become restive if not kept under proper discipline. This is yet another reason to justify the need for strict discipline in prison [124].

The Problem of Under-Trial Prisoners

The problem of under-trial prisoners has assumed new proportions in recent years. Thousands of under-trial prisoners are languishing in various jails in different states for periods much longer than the maximum

term for which they could have been sentenced, if convicted. Many of them are innocent persons who are caught in the web of the eagerly waiting for trial date and several of them are even prepared to confess their crime and accept the sentence. There are several reasons for this miserable plight of under trials, some of them being, courts inability to take up the cases because of their busy calendar, the prolonged police investigation, unsatisfactory bail system and insufficient legal aid for the poor offenders [125].

Mentally Disabled in Prison

Mentally disabled prisoners are kept in different jails of Bangladesh in violation of existing laws, which provide for sending them to mental hospital or shelter home for treatment. Official sources confirmed that 25 such prisoners have been housed in Dhaka Central Jail while about 225 others are languishing in 18 other jails across the country. Keeping the mentally disabled prisoners in the jails is clear violation of human rights and existing laws. Section 3 of the Lunatic Act, 1912, provides that the government is responsible for the shelter and treatment of the mentally disabled persons. Sections 14, 16 and 23 of the Act provide for their medical checkup and sending them to hospitals for treatment. A decision of sending need to be taken within one month after his or her mental disability is proved. In 2001, the Disability Welfare Act was enacted to protect the rights of the mentally disabled persons. In addition to this a National coordination Council was formed to ensure the wellbeing of the disabled [126].

Concealment of True Picture

The high level of official's confidentiality cuts off information about the conditions of inmates in Bangladeshi prisons. Non-existence of pressure groups, indifferent attitude of lawmakers and bureaucrats, and inattention of public media keep the public unaware of the pervasive conditions inside the prisons [127].

HIV Patients in Prison

In Bangladesh prisons are managed under the Prison act of 1894 together with the Jail Code of 1920. Human rights of the prisoners unfortunately, have never been a serious concern for the public either [128]. Lack of

adequate space, drinking water and nutrition, poor sanitation, lack of natural light and fresh air are characteristic features in many prisons. It is alarming that both sex workers and men who have sex with men are regularly abducted, raped, gang-raped, beaten and subject to extortion by the police and by powerful thugs termed mastans [129]. While being in custody, they continue homosexual activity. As such they spread the possibility of HIV in prison which is a dangerous scenario.

Human Rights Conditions of the Prisoners

Prisons of Bangladesh are afflicted with various problems. One of the main factors is the condition of the prison buildings. The cells are small and cramped, with poor sanitation and inadequate ventilation. Many of the buildings are dilapidated and are, throughout the years, accommodating prisoners beyond cell capacity; low quality food; lack of adequate medical facilities; crime; the spread of various kinds of disease and torture have all led to deaths of the prisoners in Bangladesh [130]. Some common features they face consecutively as cruel reality to their lives are:

Safe Sheltering

Overcrowding is a common problem in prison. Prison system conditions remained abysmal due to overcrowding, inadequate facilities, and lack of proper sanitation. Human rights observers believed these conditions contributed to 48 custodial deaths during 2009. According to the government, the existing prison population at the end of 2009 was 71,880 or more than 250% of the official prison capacity of 28,688. Of the entire prison population, approximately one-third of the detainees had been convicted. The rest were either awaiting trial or detained for investigation. Due to the severe backlog of cases, individuals awaiting trial often spent more time in jail than if they had been convicted and served a maximum sentence. In most prisoners slept in shifts because of the overcrowding and did not have adequate bathroom facilities [131] and for the reason of grave human congestion the prisoners stay in huddling together in the jail. As a result, they commit the illegal physical violence such as anal and homosexual activities and ultimate consequence of which is HIV poisoning.

Fair Justice

Speedy and fair trial is precondition to ensure justice. Every prisoner even a prisoner infected with HIV is entitled to get speedy trial and fair justice. Because of long-term trial process, there is possibility of falling negative impact on the mind of the prisoners that may turn into various illegal activities among them.

Medical Facility and Food

Medical treatment is a serious need for HIV/AIDS patients. Like the general population, many prisoners may not know if they are infected with HIV. Not all prisons and jails offer HIV testing [132]. At the same time, proper and adequate food is also their fundamental need. But most of the time they are deprived from it. They are served some facilities but are very inadequate in quantity. Most of the doctors are not aware about it [133]. Again medical college hospitals are not properly ready to serve HIV service in Bangladesh [134]. In prison, there is also the same scenario. There is the shortage of proper testing and counseling to the patients of HIV infected.

Prisoners, Convicts and Children

Prisoners and convicts are two types of prison population. Among them there are some prisoners who are infected with HIV/AIDS. But there is no separate arrangement for them. Even keeping children in jail is a clear violation of jail code.

Women with Pregnancy

Minor children may sometimes accompany their mothers in jails. Some pregnant mothers may also give new birth of children in jail. But before this she is needed to test HIV. If positive she has to be treated according to proper therapy. She is entitled to get the prevention process of HIV. But most of the time it is neglected in case either shortage or neglect by the authorized authority related to it.

Labor

The prisoners who are not convicted are not supposed to be used as labor in jail, but in practice that is used. They are also used in it before testing of HIV. This is the violation of their human rights obligation.

Movement

The right of movement is required as human right to all. But the prisoners are limited under law for getting it and even there is limitation for issuing bail to HIV-infected prisoners.

Environment

The living condition of prisons is so unhygienic. Life in prison is made worse by the smells of carbon dioxide, nicotine, sweat and urine emerging from uncovered urinals which create unsanitary atmosphere inside the congested wards in jail. It makes a terrible effect on HIV/AIDS patients there.

Clothing and Bedding

Every prisoner including HIV-infected is supplied a bed consisting of two blankets, one to spread on the floor and another to use as pillow. Both are inadequate and degrading. Such conditions are detrimental to prisoners' physical and mental health and are violation of their human rights.

Welfare Measures

Welfare measures for the benefit of prisoners are extremely inadequate. There is deficit of expert social welfare officers in jail to mitigate necessary aspects of the prisoners such as food, clothing, medical care, sanitation and water supply within the prisons. There are no trained social workers as psychologists to provide for the psychological needs of prisoners.

Condition of Juvenile and Minor Prisoners

The law requires that juveniles be held separately from adults, but in practice many juveniles were incarcerated with adults. Children were sometimes imprisoned (occasionally with their mothers) despite laws and court decisions prohibiting the imprisonment of minors [135].

The prison condition is very bad in Bangladesh. The buildings of the prisons are old, and some are not sufficiently secured. In the absence of proper maintenance, the old buildings may collapse. Overcrowding, tiny cells for prisoners, insufficient ventilation and sewerage have created serious health problems for the prisoners. In small cell eight persons

can sleep and other eight can lean against the wall and wait for sleeping [136]. The current striped, coarse uniform worn by ordinary prisoners is considered most demoralizing. A bed consists of two blankets one to spread on the floor, and another to use as a pillow – this is both inadequate and degrading. Such conditions are detrimental to prisoners' physical and mental health, and in violation of their human rights [137].

Undoubtedly, the condition of modern prisons is better than that in the past but still much remains to be done in the direction of prison reforms for humane treatment of prisoners. The treatment of prisoners should be in accordance with the constitutional mandates to secure them the basic rights. For the improvement and so that the modern purpose of punishment can be achieved that is the reformation of the prisoners, there is no alternative, but serious attention has to be paid by the society [138].

It must be conceded that the great majority of individuals sentenced to imprisonment want to return to society as law-abiding citizens and only few are definitely anti-social and have no intention of changing their lawless ways after their discharge. Therefore, in order to make the prison life less abnormal and provide better opportunities for rehabilitation of those prisoners who behave well and who are not believed to be dangerous to their fellow-men, they should be granted regular furloughs in order to visit their families frequently. It must be realized that cure for crime lies not in incarceration of prisoners but only in speedy criminal justice by ensuring certainty of punishment rather than its severity [139].

GENERAL CONCLUSION

The high prevalence of HIV infection among prisoners and pre-trial detainees, combined with overcrowding and sub-standard living conditions sometimes amounting to inhuman or degrading treatment in violation of international law, make prisons and other detention centers a high-risk environment for the transmission of HIV. Ultimately, this contributes to HIV epidemics in the communities to which prisoners return upon their release. We reviewed the evidence regarding HIV prevalence, risk behaviors and transmission in

prisons. We also reviewed evidence of the effectiveness of interventions and approaches to reduce the risk behaviors and, consequently, HIV transmission in prisons. A large number of studies report high levels of risk behavior in prisons, and HIV transmission has been documented. There is a large body of evidence from countries around the world of what prison systems can do to prevent HIV transmission. In particular, condom distribution programs, accompanied by measures to prevent the occurrence of rape and other forms of non-consensual sex, needle and syringe programs and opioid substitution therapies, have proven effective at reducing HIV risk behaviors in a wide range of prison environments without resulting in negative consequences for the health of prison staff or prisoners.

The introduction of these programs in prisons is, therefore, warranted as part of comprehensive programs to address HIV in prisons, including HIV education, voluntary HIV testing and counselling, and provision of antiretroviral treatment for HIV-positive prisoners. In addition, however, action to reduce overcrowding and improve conditions in detention is urgently needed.

Findings of the Study

Weak Prison Administration

Prison administration system of Bangladesh is not good in terms of overcrowding, delays in judicial proceedings, living conditions in prison, the operational environment and management of prisons, and infrastructure and facilities. The problems that Bangladesh prison administration system has [140]:

- Inadequate medical facilities inside prisons
- Lack of monitoring of prisons
- Lack of welfare measures and reform programs
- Corruption in tendering contracts and interviews
- Inadequate attention to women and child prisoners
- Inadequate vocational training facilities

Pre-trial detainees often were incarcerated with convicted prisoners. Due to overcrowding, prisoners slept in shifts and did not have adequate toilet facilities. All prisoners have the right to medical care and

water. Human rights organizations and the media stated that some prisoners did not enjoy these rights. Water available in prisons was comparable with water available in the rest of the country, which was often not potable [141]. The supply of low quality food, lack of adequate medical facilities, crime, the spread of various kinds of disease and torture have all led to deaths of prisoners in Bangladesh. There are provisions for the health of prisoners in chapter VIII of the Prisons Act, 1894 (Act No. IX of 1894). It is stated that the medical officers or their subordinates are bound to give treatment or supply of medicines without any delay. There are not enough doctors for the prisoners and female prisoners are mostly deprived of treatment as there is no female doctor in the jails [142]. Arbitrary and lengthy pre-trial detention continued to be a problem due to bureaucratic inefficiencies, limited resources, lax enforcement of pre-trial rules, and corruption. An estimated two million civil and criminal cases were pending. According to a 2008 estimate from the International Center for Prison Studies, nearly 70% of prison inmates, or 56,000 prisoners, were in pre-trial detention. In some cases, the length of pre-trial detention equaled or exceeded the sentence for the alleged crime [143].

Risk Behaviors in Prison

Several potential risk behaviors are found in prison, which are discussed below:

Injecting Drug Use

For people who inject drugs, imprisonment is a common event, with studies from a large number of countries reporting that between 56% and 90% of people who inject drugs had been imprisoned at some stage [144]. Multiple prison sentences are more common for prisoners who inject drugs than for other prisoners [145]. Some people who used drugs prior to imprisonment discontinue their drug use while in prison. However, many carry on using on the inside, often with reduced frequency and amounts [146], but sometimes maintaining the same level of use [147]. Prison is also a place where drug use is initiated, often as a means to release tension and to cope with being in an overcrowded and often violent environment [148]. Injecting drug use in prison is of particular concern given the

potential for transmission of HIV, TB and viral hepatitis. Those who inject drugs in prisons often share needles and syringes and other injecting equipment, which is an efficient way of transmitting HIV [149]. A large number of studies from countries around the world report high levels of injecting drug use, including among female prisoners [150]. Although more research has been carried out on injecting drug use in prisons in high-income countries, studies from low-income and middle-income countries have found similar results. In Iran, for example, about 10% of prisoners are believed to inject drugs, and more than 95% of them are reported to share needles [151]. Injecting drug use has also been documented in prisons in countries in Eastern Europe and Central Asia [152], and there are also reports of injecting drug use in prisons in Latin America [153] and sub-Saharan Africa [154].

Consensual and Non-Consensual Sexual Activity

It is challenging to obtain reliable data on the prevalence of sexual activities in prisons because of the many methodological, logistical and ethical challenges of undertaking a study of sexual activity in prisons. Sex, with the exception of authorized conjugal visits, violates prison regulations. Many prisoners decline to participate in studies because they claim not to have engaged in any high-risk behavior [155]. Prisoners who do participate may be too embarrassed to admit to engaging in same-sex sexual activity for fear of being labelled as weak or gay, and they may fear punitive measures. Despite these challenges, studies undertaken in a large number of countries show that consensual and non-consensual sex does occur in prisons. Estimates of the proportion of prisoners who engage in consensual same-sex sexual activity in prison vary widely, with some studies reporting relatively low rates of 1% to 2% [156], while other studies report rates between 4% and 10% [157] or higher [158], particularly among female prisoners [159]. Some same-sex sexual activity occurs as a consequence of sexual orientation. However, most men who have sex in prisons do not identify themselves as homosexuals and may not have experienced same-sex sex prior to their incarceration

[160]. Distinguishing coerced sex from consensual sex in prison can be difficult; prisoner sexual violence is a complex continuum that includes a host of sexually coercive (non-consensual) behaviors, including sexual harassment, sexual extortion and sexual assault. It can involve prisoners and/or staff as perpetrators. Rape in prison can be unimaginably vicious and brutal. Gang assaults are not uncommon, and victims may be left beaten, bloody and, in the most extreme cases, dead [161]. Yet overtly violent rapes are only the most visible and dramatic form of sexual abuse behind bars. Many victims of sexual violence in prison may have never been explicitly threatened, but they have nonetheless engaged in sexual acts against their will, believing they had no choice [162]. Most studies on incidence of sexual violence in prison have focused on male victims in the United States, typically reporting high rates of “sexual aggression” (11% to 40%), while reporting lower rates of “completed rape” of usually between 1% and 3% [163]. Lower levels of sexual violence than in the United States have been reported in some other developed countries. International prison research has revealed that sexual violence occurs in prisons around the world [164].

In prisons, with the exception of countries in which injecting drug use is rare, sexual activity is considered to be a less significant risk factor for HIV transmission than sharing of injecting equipment. Nevertheless, sexual activities can place prisoners at risk of contracting HIV and other sexually transmitted infections (STIs). Violent forms of unprotected anal or vaginal intercourse, including rape, carry the highest risk of HIV transmission [165]. Environmental or population conditions or factors that affect the risk of HIV and other STI transmission through sexual activity in prison include: the prevalence of infection in the particular prison or sub-section of the prison; the prevalence of various forms of sexual activity; and whether commodities, such as condoms, lubricant and dental dams, are provided and accessible to prisoners.

Other Risk Factors

Additional risk factors for blood-borne infections include the sharing or re-use of

tattooing and body piercing equipment, sharing of razors for shaving, blood-sharing/“brotherhood” rituals and the improper sterilization or re-use of medical or dental instruments. Factors related to the prison infrastructure and prison management contribute indirectly to vulnerability to HIV and other infections. They include overcrowding, violence, gang activities, lack of protection for vulnerable or young prisoners, prison staff that lack training or may be corrupt, and poor medical and social services

HIV Transmission Resulting from Risk Behaviors in Prisons

The prevalence of risk behaviors, coupled with the lack of access to prevention measures in many prisons, can result in frighteningly quick spread of HIV. There were early indications that extensive HIV transmission could occur in prisons. In Thailand, the first epidemic outbreak of HIV in the country likely began among people who inject drugs in the Bangkok prison system in 1988 [166]. Since then, a large number of studies from countries in many regions of the world have reported HIV seroconversion within prisons or shown that a history of imprisonment is associated with prevalent and incident HIV infection among people who inject drugs [167]. HIV infection has been significantly associated with a history of imprisonment in countries in western and southern Europe (including among female prisoners [168], but also in Russia [169], Canada [170], Brazil [171], Iran [172] and Thailand [173]. Using non-sterile injecting equipment in prison was found to be the most important independent determinant of HIV infection in a number of studies [174]. The strongest evidence of extensive HIV transmission through injecting drug use in prison has emerged from documented outbreaks in Scotland [175], Australia [176], Russia [177] and Lithuania [178]. Outbreaks of HIV have also been reported from other countries [179]. Well-documented evidence exists for STI intra-prison transmission through sexual contacts among prisoners, for example in Russia and in Malawi [180]. Evidence also exists of HIV intra-prison transmission through sexual contacts among prisoners. In one United States study of HIV transmission in prison, sex between men accounted for the largest

proportion of prisoners who contracted HIV inside prison [181].

Preventing HIV among Prisoners

Despite the high risk of HIV transmission among prisoners, HIV prevention and treatment programs are often limited in prisons and other closed settings. Those that do exist also rarely link to national HIV prevention programs. In 2012, a comprehensive package of 15 key HIV interventions for prisoners was put forward by the United Nations Office on Drugs and Crime (UNODC) and includes:

- HIV testing and counselling (HTC)
- Treatment, care and support
- Information, education and communication
- Harm reduction
- Condom programs [182].

Some of the main interventions to prevent HIV among prisoners, and their effectiveness, are detailed below.

HIV Testing and Counselling (HTC)

Evidence shows that if HIV testing and counselling is made readily available on entry to prison and throughout incarceration, uptake increases. This is especially true if HTC is part of a comprehensive treatment and care program. Compulsory or mandatory testing (that requires all inmates have an HIV test) is used in some prisons as a means of identifying those who are living with HIV so that they can provide treatment and support, and protect staff and other inmates [183]. In 2008, 24 states in the USA were testing all inmates for HIV upon admission or at some point during incarceration [184]. However, research suggests that mandatory testing and segregation of prisoners living with HIV breaches human rights by taking away the right of the individual to make their own decisions, is costly, inefficient and has negative consequences for these prisoners [185].

“The test was forced upon me also no counselling was given or offered. I was held in isolation until the results were known” [186].

By contrast, voluntary HIV testing has been found to increase the likelihood that prisoners are tested and receive their results before they are discharged or transferred to another prison

[187]. Rapid testing in particular allows prisoners to know their HIV status in minutes [188]. Opt-out testing (where people have the option to refuse an HIV test) has also been found to be popular among prisoners and staff. A study of incarcerated men in Jamaica who were offered opt-out HIV testing recorded an acceptance rate of 63% [189]. Other studies have shown how HTC programs can be more cost-effective if done in conjunction with other prevention initiatives such as providing condoms and testing for sexually transmitted infections (STIs). For example, a study of incarcerated men who have sex with men (MSM) at Los Angeles County Men's Jail estimated that a 10-year intervention offering HIV and STI testing, as well as condoms, could save \$180,000 in treatment costs [190].

Treatment, Care and Support

Antiretroviral treatment (ART) can decrease mortality among prisoners living with HIV as well as the general population; however, there is not always access to these services in prisons. For example, treatment access in Malawi has improved dramatically among the general population but key affected populations such as prisoners still rarely have access to ART [191]. Studies have shown that when provided with access to ART, prisoners can respond well to treatment, and adherence can be as high as in the general population [192]. In South Africa, 97% of inmates living with HIV are currently on treatment and there is an 84% TB cure rate in these settings. From September 2016, all HIV-positive prisoners will receive treatment regardless of CD4 count [193]. To increase treatment adherence in prisons, confidentiality must be guaranteed and positive relationships with prison health staff is essential. A study from Namibia also identified insufficient access to food, and a lack of knowledge about how HIV is transmitted and managed as barriers to good adherence [194].

"Most inmates are going for days and months without proper food...this has led to a deterioration of health for most inmates, especially those living with HIV. Some are not provided with regular counselling and treatment which further compromises their health."—A prison guard at Chikurubi Maximum Prisons, Zimbabwe [195].

Moreover, any progress made during incarceration can be lost when someone is discharged. To ensure continuation of treatment when discharged, linkage to community-based care with an adequate supply of antiretroviral drugs (ARVs) is vital [196].

HIV Information, Education and Communication

"Prisoners and prison staff should be informed about HIV/AIDS and about ways to prevent HIV transmission, with special reference to the likely risks of transmission within prison environments and to the needs of prisoners after release" [197]. Up to 50% of the USA prison populations are illiterate, and many are not native English speakers. As a result, inmates often cannot understand the HIV prevention information they are given, or it fails to address their particular needs [198]. However, there is evidence that well-designed HIV and AIDS education and information programs can improve prisoners' knowledge and that there is a need particularly in low- and middle-income countries [199]. Research has reported successful behavior change (particularly upon release) partly as a result of prison-based educational initiatives. However, the effectiveness of these efforts is difficult to measure, particularly any changes in HIV transmission among prisoners because of these programs [200]. Peer education – prisoners educating other prisoners about HIV – has been found to be the most effective way of delivering these programs. One program in Ghana recruits inmates who are literate, have good communication skills and can maintain confidentiality as peer educators. The peer educators receive five days of training on HIV prevention, stigma and discrimination, STIs, sexual and gender-based violence and facilitation skills. They run film sessions and drama performances on HIV-related issues and distribute educational materials. Confidential HTC is also provided with referrals to treatment and support services [201]. In 2014, the program reached nearly 220,000 prisoners and 248 prison officers with advocacy sessions. Roughly 30,000 prisoners received HTC for HIV, 228 of whom tested positive and were referred for treatment [202].

Harm Reduction

Making needles and syringes and opioid substitution therapy (OST) available in prisons has been shown to reduce injecting drug use and needle sharing by up to 75%, thereby reducing the risk of HIV [203].

Needle and syringe programs (NSPs)

Needle and syringe programs provide drug users with access to clean needles and syringes, in order to reduce the frequency of injecting with contaminated equipment. Globally, only eight countries in 2014 implemented NSPs in prisons – all of these were in Europe and Central Asia. Typically, a dispensing machine is placed in a discreet location [204]. NSPs have been shown to lead to reductions in needle sharing in prisons, decreases in drug abuse and ultimately, lower levels of HIV transmission [205]. In Kyrgyzstan, a NSP intervention study in one prison saw a marked decrease in the injection and use of drugs [206]. Research conducted in seven prisons in Iran found that 57% of prisoners on admittance had a drug addiction. Two months after the implementation of harm reduction interventions including NSPs, only 10% were still using drugs [207]. Prisoners and staff interviewed in Pereiro de Aguiar prison in Ourense, Spain, believed that the implementation of a needle and syringe program reduced drug use and improved hygiene and living conditions. Between 1999 and 2009, HIV prevalence fell from 21% to 8.5% [208].

Opioid substitution therapy (OST)

Opioid substitution therapy is another harm reducing approach that aims to reduce heroin use by providing a substitute in the form of either methadone or buprenorphine. However, in 2014, OST was available in prisons in only 43 countries [209]. Prison-based OST programs can be effective in reducing injecting drug use and needle sharing and have additional benefits for the health of prisoners and the community [210]. Moreover, a number of studies have also reported high acceptance and retention rates. In one study from Geneva, Switzerland, OST was offered to all dependent users and all patients accepted treatment [211].

Another study monitoring the roll out of OST in Tihar Prisons in India recorded a 98% retention rate after 12 months [212]. However, delays in OST implementation can have a negative impact on the health of prisoners. Education should be provided with or before OST and there should be better linkage to treatment between prison-based healthcare and community-based healthcare to avoid potential relapse after release from prison [213].

Condom Programs

There is evidence that condoms are provided in a wide range of prison settings, including in countries where same-sex activity is criminalized, and that prisoners use condoms during sexual activity when they are made available, leading to reductions in HIV transmission. Indeed, prisons that have implemented condom programs to date have not reversed their policies [214]. These schemes are generally accepted by staff and inmates, and very few problems, such as drug smuggling, have been reported [215]. Moreover, the evidence has shown how they do not lead to increases in sexual activity, are not a threat to security staff or operations and most importantly, decrease HIV transmission [216]. For example, one study from Australia compared condom use during anal sex among prisoners in New South Wales (NSW) and Queensland prisons. While anal sex prevalence was equally low in NSW (3.3%) and Queensland (3.6%) prisons, in NSW prisons, where condoms are freely distributed, a much higher proportion of prisoners who engaged in anal sex used a condom (56.8%) than in Queensland (3.1%). Moreover, there was no evidence of increased consensual or non-consensual sexual activity [217]. However, where there are deeply held prejudices against homosexuality, education about condoms as well as their provision should be introduced to counter the stigma that people engaging in same-sex activity face [218].

SUGGESTIONS

Preventing and Responding to HIV and Other Infections in Prisons: Efficiency and Prison Administration Development

Two elements are key to preventing and responding to HIV, in prisons, such as (i) Introducing comprehensive prevention measures by enhancing efficiency and (ii)

Bringing development in prison administration. In addition, improving prison conditions and undertaking other prison reforms and reducing prison populations is also essential.

Comprehensive Prevention Measures by Enhancing Efficiency

Information and Education

Education is an essential precondition to the implementation of HIV prevention measures in prisons. The World Health Organization's Guidelines on HIV Infection and AIDS in Prisons recommends that both prisoners and prison staff be informed about ways to prevent HIV transmission [219]. Written materials should be appropriate for the educational level in the prison population. Furthermore, prisoners and staff should participate in the development of educational materials. Finally, peer educators can play a vital role in educating other prisoners. However, information and education alone are not sufficient responses to HIV in prisons. A few evaluations have indicated improvements in levels of knowledge and self-reported behavioral change as a result of prison-based educational initiatives [220]. But education and counselling are not of much use to prisoners if they do not have the means (such as condoms and clean injecting equipment) to act on the information provided.

HIV Testing and Counselling

HIV testing and counseling (HTC) is important for two reasons: as part of an HIV prevention program (it gives those who may be engaging in risky behaviors information and support for behavior change); and as a way to diagnose those living with HIV and offer them appropriate treatment, care, and support. In practice, HTC in prisons is often available only on demand of prisoners, but in some systems, HTC is easily available. In some other systems, HTC is undertaken routinely or is even compulsory. There is evidence suggesting that mandatory HIV testing and segregation of HIV-positive prisoners is costly, inefficient and can have negative health consequences for segregated prisoners [221].

Consistent with HTC guidance developed for prisoners [222], detainees and people undergoing compulsory drug treatment,

countries should ensure that all people in these settings have easy access to HTC programs at any time during their stay. They should be informed about the availability of services, both at the time of their admission and regularly thereafter. In addition, healthcare providers in these settings should offer HTC to all during medical examinations, and recommend HTC in the event of signs, symptoms or medical conditions that could indicate HIV infection, including TB, to assure appropriate diagnosis and access to necessary HIV treatment, care and support as indicated. Efforts to increase access to HTC should not be undertaken in isolation, but as part of comprehensive HIV programs aimed at improving healthcare, decreasing stigma and discrimination, protecting confidentiality of medical information, and vastly scaling up access to comprehensive HIV prevention, treatment, care and support. All forms of coercion must be avoided, and HIV testing must always be done with informed consent, adequate pre-test information or counselling, post-test counselling, protection of confidentiality, and referral to services.

Provision of Condoms and Prevention of Rape, Sexual Violence and Coercion

Recognizing the fact that sex occurs in prisons and given the risk of disease transmission that it carries, providing condoms has been widely recommended. As early as 1991, 23 of 52 prison systems surveyed by the World Health Organization provided condoms to prisoners [223]. Today, many more prison systems make condoms available, including most systems in Western Europe, Canada and Australia, some prisons in the United States, parts of Eastern Europe and Central Asia, and countries like Brazil, South Africa, Iran and Indonesia [224]. There is evidence that condoms can be provided in a wide range of prison settings – including in countries in which same-sex activity is criminalized – and that prisoners use condoms to prevent HIV infection during sexual activity when condoms are easily accessible in prison (i.e., when prisoners can pick them up confidentially, without having to ask for them) [225]. No prison system allowing condoms has reversed its policy, and none has reported security problems or any other relevant major negative consequences. It has been found that condom access represents

no threat to security or operations, does not lead to an increase in sexual activity, and is accepted by most prisoners and correctional officers once it is introduced [226]. However, in some countries where legal sanctions against sodomy exist in the community outside prison, and where there are deeply held beliefs and prejudices against homosexuality, introduction of condoms into prisons as an HIV prevention measure may have to be particularly well prepared. This can be done through education and information about the purpose of the introduction of condoms, as well as initiatives to counter the stigma that people engaging in same-sex activity face. Finally, while providing condoms in prisons is important, it is not enough to address the risk of sexual transmission of HIV. Violence, including sexual abuse, is common in many prison systems. In many prison systems, HIV prevention depends as much or more on prison and penal reform than on condoms. Prison and penal reform need to greatly reduce the prison populations so that the few and often underpaid guards are able to protect the vulnerable prisoners from violence – and sexual coercion. The Guidelines on HIV Infection and AIDS in Prisons [227] and the International Guidelines on HIV/AIDS and Human Rights [228] highlight the reality that prison authorities are responsible for combating aggressive sexual behavior, such as rape, exploitation of vulnerable prisoners and all forms of prisoner victimization by providing adequate staffing, effective surveillance, disciplinary sanctions, and education, work and leisure programs. Structural interventions, such as better lighting, shower and sleeping arrangements, are also needed. Conjugal visits should also be allowed and an appropriate section of the prison outfitted for this purpose. Condoms should be available in that section, and prisoners should be allowed to carry condoms back to the main prison, thus allowing for further discreet distribution.

Needle and Syringe Programs

The first prison needle and syringe program (NSP) was established in Switzerland in 1992. Since then, NSPs have been introduced in more than 60 prisons in 11 countries in Europe and central Asia. In some countries, only a few prisons have NSPs. However, in Kyrgyzstan

and Spain, NSPs have been rapidly scaled up and operate in many prisons [229]. Germany is the only country in which prison NSPs have been closed. At the end of 2000, NSPs had been successfully introduced in seven prisons, and other prisons were considering implementing them. However, since that time, six of the programs have been closed as a result of political decisions by the newly elected conservative state governments, without consultation with prison staff. Since the programs closed, prisoners have gone back to sharing injecting equipment and to hiding it, increasing the likelihood of transmission of HIV and HCV [230]. Staff has been among the most vocal critics of the governments' decision to close the programs and has lobbied the governments to reinstate the programs [231]. In most countries with prison NSPs, implementation has not required changes to laws or regulations in order to allow it. Across the 11 countries, various models for the distribution of sterile injecting equipment have been used, including anonymous syringe dispensing machines, hand-to-hand distribution by prison health staff and/or non-government organization workers, and distribution by prisoners trained as peer outreach workers [232]. Systematic evaluations of the effects of NSPs on HIV-related risk behaviors and of their overall effectiveness in prisons have been undertaken in 10 projects. These evaluations and other reports demonstrate that NSPs are feasible in a wide range of prison settings, including in men and women's prisons, prisons of all security levels, and small and large prisons. Providing sterile needles and syringes is readily accepted by people who inject in prisons and contributes to a significant reduction of syringe sharing over time. It also appears to be effective in reducing resulting HIV infections [233]. At the same time, there is no evidence to suggest that prison-based NSPs have serious, unintended negative consequences. In particular, they do not lead to increased drug use or injecting; nor are they used as weapons [234]. Evaluations have found that NSPs in prisons actually facilitate referral of people who use drugs to drug dependence treatment programs [235].

Studies have shown that important factors in the success of prison NSPs include easy and confidential access to the service, providing the

right type of syringes and building trust with the prisoners accessing the program [236]. For example, in Moldova, only a small number of prisoners accessed the NSP when it was located within the healthcare section of the prison. It was only when prisoners could obtain sterile injecting equipment from fellow prisoners, trained to provide harm-reduction services, that the amount of equipment distributed increased significantly [237]. Following an exhaustive review of the international evidence, WHO, the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Program on HIV/AIDS (UNAIDS) in 2007 recommended that “prison authorities in countries experiencing or threatened by an epidemic of HIV infections among people who inject drugs should introduce and scale up NSPs urgently” [238].

Bleach Programs

Programs providing bleach or other disinfectants for sterilizing needles and syringes to reduce HIV transmission among people who inject drugs in the community were first introduced in San Francisco, United States, in 1986 [239]. Such programs have received support, particularly in situations where opposition to NSPs in the community or in prisons has been the strongest. The number of prison systems that make bleach or other disinfectants available to prisoners has continued to grow, but already in 1991, 16 of 52 prison systems surveyed made them available, including in Africa and Central America [240]. Today, bleach or other disinfectants are available in many prison systems, including in Australia, Canada, Indonesia, Iran and some systems in Eastern Europe and Central Asia [241]. Evaluations of bleach programs in prisons have shown that distribution of bleach or other disinfectants is feasible and does not compromise security [242]. However, WHO has concluded that the “evidence supporting the effectiveness of bleach in decontamination of injecting equipment and other forms of disinfection is weak” [243]. While the efficacy of bleach as a disinfectant for inactivating HIV has been shown in laboratory studies, field studies have cast “considerable doubt on the likelihood that these measures could ever be effective in operational conditions” [244]. Moreover,

studies assessing the effect of bleach on HCV prevalence did not find a significant effect of bleach on HCV seroconversion [245]. For these reasons, bleach programs are inadequate to address the risks associated with sharing of injecting equipment and are regarded as a second-line strategy to NSPs. WHO, UNODC and UNAIDS have recommended that bleach programs be made available in prisons where “authorities continue to oppose the introduction of NSPs despite evidence of their effectiveness, and to complement NSPs” [246].

Opioid Substitution Therapy and Other Drug-Dependence Treatment

Since the early 1990s, and mostly in response to raising HIV rates among people who inject drugs in the community and in prison, there has been a marked increase in the number of prison systems providing opioid substitution therapy (OST) to prisoners. Today, prison systems in nearly 40 countries offer OST to prisoners, including most systems in Canada and Australia, some systems in the United States, and most of the systems in the 15 “old” European Union (EU) member states [247], as well as Iran, Indonesia and Malaysia [248]. In Spain, according to 2009 data, 12% of all prisoners received OST [249]. However, in most other prison systems, coverage is much lower. OST programs are also provided in some of the states that joined the EU more recently (including Hungary, Malta, Slovenia and Poland), although they often remain small and benefit only a small number of prisoners in need [250]. A small number of systems in Eastern Europe and Central Asia have also started OST programs (such as Moldova and Albania) or are planning to do so soon [251]. Reflecting the situation in the community, most prison systems make OST available in the form of methadone maintenance treatment (MMT). Buprenorphine maintenance treatment is available only in a small number of systems, including in Australia and some European countries [252].

Generally, drug-free treatment approaches continue to dominate interventions in prisons in most countries [253]. OST remains controversial in many prison systems, even in countries where it is accepted as an effective intervention for opioid dependence in the

community outside of prisons. Prison administrators have often not been receptive to providing OST due to philosophical opposition to this type of treatment and concerns about whether the provision of such therapy will lead to diversion of medication, violence and/or security breaches [254]. A recent comprehensive review showed that OST, in particular with MMT, is feasible in a wide range of prison settings [255]. As is the case with OST programs outside prisons, those inside prisons are effective in reducing the frequency of injecting drug use and associated sharing of injecting equipment if a sufficient dosage is provided (more than 60 mg per day) and treatment is provided for longer periods of time (more than six months) or even for the duration of incarceration [256]. In addition, evaluations of prison-based MMT found other benefits, both for the health of prisoners participating in the programs, and for prison systems and the community. For example, re-incarceration is less likely among prisoners who receive adequate OST, and OST has been shown to have a positive effect on institutional behavior by reducing drug-seeking behavior and thus improving prison safety [257]. While prison administrations have often initially raised concerns about security, violent behavior and diversion of methadone, these problems have not emerged or have been addressed successfully where OST programs have been implemented [258]. WHO, UNODC and UNAIDS have recommended that “prison authorities in countries in which OST is available in the community should introduce OST programs urgently and expand implementation to scale as soon as possible” [259]. In contrast to OST, other forms of drug dependence treatment have not usually been introduced in prison with HIV prevention as one of their objectives. Therefore, there is little data on their effectiveness as an HIV prevention strategy [260]. Nevertheless, good quality, appropriate and accessible treatment has the potential of improving prison security, as well as the health and social functioning of prisoners, and might reduce re-offending. Studies have demonstrated the importance of providing ongoing treatment and support and of meeting the individual needs of prisoners, including female prisoners, younger prisoners and prisoners from ethnic minorities [261].

Given that many prisoners have severe problems related to the use of illegal drugs, it would be unethical not to provide people in prison with access to a wide range of drug treatment options [262].

Therefore, WHO, UNODC and UNAIDS have recommended that, in addition to providing OST, prison authorities also provide a range of other drug dependence treatment options for prisoners with problematic drug use, in particular for other substances, such as amphetamine-type stimulants. However, because data on the effectiveness of these other forms of treatment as an HIV prevention strategy are lacking, they recommended that evaluations of their effectiveness in terms of reducing drug injecting and needle sharing should be undertaken [263]. While drug-free or abstinence-based treatment should be considered as a necessary element of comprehensive prison drug services, such programs alone are insufficient to address the multiple health risks posed by injecting drug use and HIV transmission in prisons. In some countries, including Cambodia, China, Indonesia, Laos, Malaysia, Myanmar, Thailand and Vietnam, people who use drugs can face coerced “treatment” and “rehabilitation” in compulsory drug detention centers, which results in many human rights abuses [264]. In many of these centers, the services provided are of poor quality and do not accord with either human rights or scientific principles. Treatment in these facilities takes the form of sanction rather than therapy, and relapse rates are very high [265]. These centers should be closed and replaced with drug treatment that works.

The government has to mitigate the facts that contribute to high rates of HIV such as early marriage, lack of knowledge about HIV prevention, adults’ discomfort in discussing reproductive health, stigma related to HIV and lack of access to reproductive health care (including HIV testing and counseling) and there have to be included specific initiatives regarding youth and HIV education, delaying sexual debut, increasing condom use, improving youth access to health services, increasing access to early detection and

treatment of HIV, and reducing stigma related to HIV [266].

Confidential Test

If somebody wants to be tested to know whether s/he is HIV positive, then the person requires signing a consent form before undergoing HIV test. But without taking the consent of the person, nobody is allowed to have his or her HIV test. Usually a confidential test is carried out with the permission of the person and if the test proves to be positive then that is reported to the state health department but not to be given to anyone else. It is always suggested that pregnant mother should undergo HIV test, because if the mother is tested positive then the treatment with antiretroviral drugs during her pregnancy could greatly reduce the chances of her baby to be infected [267].

Media and Publications

Unhappy conjugal life sometimes derails the spouses and thereby pushes them to the risk of getting HIV virus infected. Therefore, conjugal life needs to be made conflict-free and meaningful. All the media including printing and electronic one can play a very vital role to make the people aware of HIV/AIDS. Children of all ages should be educated with our long-cherished moral values. Drug addicts may be prevented from taking open intravenous drug. Monogamous family system is to be established as our principal value in the society. Counseling about HIV/AIDS and sexually transmitted infection (STIs) is a must for those going abroad. Blood must be tested before the patients take it and the blood of the people coming from abroad needs to be immediately tested. Seminar, meeting, workshop etc. may be conducted to raise awareness among the people of all walks of life about HIV/AIDS. The text-books of secondary and higher secondary levels of education can incorporate HIV/AIDS related articles for the students to realize the danger of the disease. Political, religious as well as local-level leaders may be encouraged to work on building awareness among the people regarding HIV/AIDS [268].

Promote Behavior

It is imperative that healthy behavior be promoted among IDUs and sex users not only

for their own health but for the health of the country. Prevention will be the key to halting the spread of HIV infection through the implementation of communication and education programs aimed to change high-risk behavior [269]. Whereas mass media strategies are often utilized as initial information-spreading sources, these channels alone are often not enough to affect behavioral change. Interpersonal channels of communication are more effective in opening lines of communication and building trust between the target audience and the outreach worker [270].

Measures towards Transgenders

When we talk about gender-based violence we do not count transgenders. They are also victims of different kinds of violence. There should be strong punitive measures in case of violence against transgenders and feminine males [271].

Clinical Service

Today's low level of HIV infection in our country does not guarantee low prevalence tomorrow. A set of well-established healthcare indicators may help to identify general strengths and weaknesses of health systems. Detection and treatment of individuals with STIs is an important part of an HIV control strategy. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV [272].

Integration and Family Planning

Transmission from mother to child is one of the ways of HIV transmission. If we consider maternal health and do integration of maternal health and HIV, there would be less risk of HIV transmission from mother to child [273]. Integration of the HIV with the reproductive health can easily disseminate the little message about HIV in a short period of time to a large group of population through a large number of field workers of family planning program. Integration of the migration issue with the HIV can reduce the risk of transmission. Besides, child marriage is another problem as the girl does not have any negotiation skill with her sexual partner. This can also increase the risk of transmission. We need to think how the child marriage issue can be related to HIV to prevent further transmission. Gender

discrimination and gender inequality actually disempower female counterpart and she does not have any negotiation power over sex. If there is social and economic empowerment, the female counterpart will have a definite say for safe sex practice.

In our family planning centers we should have some diagnosis facility for women who are at risk, for example women who have husbands living abroad or addicted or open to high risk behavior. It is important because there is a risk of vertical transmission of HIV from mother to child [274].

Prison Administration Development

HIV is a serious threat for prison populations, and poses significant challenges for prison and public health authorities. Prisoners are at exceptional risk for infection with HIV and sexually transmitted infections because of incarceration for short and long time stay, overcrowding, unsafe behavior and association of unsafe injection drug use. Accurate and adequate information for staff and inmates can reduce fears and ultimately affects institutional policies in ways that can alter prisoners' lives profoundly. All persons entering prison should be informed in clear, simple terms, and in their own language, about how to avoid transmission of HIV and other communicable diseases. Educational programs can reduce fears about HIV and its transmission among staff members and inmates [275]. The confinement of male and female prisoners in the same jail without separate areas is harmful to women who are more easily subjected to physical and sexual abuse. Serious violations have occurred in the past. Separation is must for men and women prisoners and even for child prisoners [276].

A sound and balanced prison administration system can perform its best for gaining the aim keeping in front of which prison system is created. Then all rights can be ensured to all prisoners including prisoners infected with HIV/AIDS as their rights for being prisoners. For ensuring this some recommendations [277] are to be prescribed as follows;

- Outdated laws and procedures concerning prisons should be amended to institute a more humane and sophisticated approach.

It is important to promote the concepts of prison reform and the protection of human rights and security of prisoners based on the evidence that such treatment is more effective than retributive treatment. This is particularly true for vulnerable groups such as children and women.

- There should be separate prisons for female prisoners, near the larger central and district jails. Failing this, female wards should be completely separated by a partition wall from male prisoners. It is strongly felt that there should be separate prisons for adolescent and juvenile convicts.
- To improve the medical administration of the prisons, proper medical administration and equipment are recommended.
- Better monitoring of the performance of prison staff should be undertaken in order to remove anomalies existing in prison administration.
- Formal complaint mechanisms for prisoners are recommended to reduce human security violations. All prisoners should have access to court proceedings. Prisoners should also be allowed to send complaints against prison officials directly to the Ministry of Home Affairs, without censorship by jail authorities to obtain redress of grievances and stop security violations inside prisons.
- The system of visits should be improved so that it provides checks and balances on the administration of prisons. Vulnerable groups should be able to put forward their grievances to visitors for redress. Visitors should have free access to all classes of prisoners, except political prisoners. This will enable visitors to hear complaints from prisoners on possible security violations by prison officers' guards, and to take them up directly with the Ministry of Home Affairs.
- The conditions for prison officers and staff should be improved. Since prison officers are working under difficult circumstances, they should be allowed better scales of pay and allowances, at a par with the police.
- A reform program should be introduced whereby individual prisoners are given treatment based on their different needs. Vocational, academic, and religious

training facilities should be made available to individual prisoners for their reform and re-socialization. Diagnosis of individual prisoner's treatment needs is essential. More emphasis should be placed on the diagnosis of the specific problems. Such a reform program should include modern methods of classification of offenders through psychological, psychiatric and sociological tests. A "classification board" consisting of the head of prison, a psychologist and technical and medical staff could be established. This should be the basis of classification system for offenders, in terms of custodial [278] and treatment considerations [279].

There is need to develop advocacy networks and support NGOs and CBOs (that include self-help groups in the context of Bangladesh) to develop advocacy strategies and materials and link with national advocacy technical working group [280].

HIV treatment in prisons and jails is influenced by many factors including: prior treatment history, resistance to medications, other health issues, such as injection drug use, mental health problems, liver disease, and diabetes, patient preferences, length of prison term, medication timing relative to inmate activities, food requirements, and refrigeration [281]. Prisoners are considered to be highly at risk of HIV due to behaviors such as sharing needles, unprotected anal sex and the low access to prevention, care and treatment services. In Bangladesh there is evidence to show a considerable problem of intravenous drug use; however, there is no data on HIV/AIDS prevalence in prisons. Therefore, there is a need to build an evidence base to guide future programming. A risk assessment will be conducted according to the UNODC project proposal submitted to UNAIDS. Conducting risk assessment study in prisons (according to UNODC proposal) is to be funded under UNAIDS [282]. There is no doubt that HIV/AIDS in Bangladesh could be described as a looming threat. Although we do not have reliable official data about the number of HIV/AIDS patients living in Bangladesh, thousands of Bangladeshis are feared to be suffering from the disease. The fact must be

recognized, and all out efforts need to be given immediately on the part of the government so that spreading of HIV/AIDS in Bangladesh could be stopped effectively. Turning blind eye to the fact would be disastrous for all of us and in that case the epidemic will have a free space to spread resulting in killing innumerable people of our country. People of Bangladesh are mostly religious. Religious values have a great impact on the life of the people, though the practice of actual religious values has been declining these days in our country. Most of our people are the followers of Islam and a small portion of our population is Hindu, Buddhist and Christian. Every religion condemns the act of illegal sexual activities and always puts emphasis on the moral values that the people are expected to internalize. There is a need to encourage the people to follow the actual religious values of their respective religion which would play a very effective role to fight HIV/AIDS spreading in our country. People should be made aware of the fact that extra-marital sex is prohibited in Islam [283]. HIV burden in Bangladesh is 0.2% and the estimated AIDS cases are 1000 where in India it is 0.9 and 770,000, in Indonesia 0.1 and 11,500, in Nepal 0.5 and 7800 and in Thailand 1.5 and 114,000. Bangladesh may be able to learn from the successes and shortcomings of neighboring countries that have faced similar challenges in the fight against HIV/AIDS [284]. Although Bangladesh has taken many positive steps towards preventing and controlling HIV in recent years however, there are still many challenges to be addressed. Some legislative changes are required to create universal access for HIV mitigation.

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