

Health and social welfare in prisons in the Republic of Kazakhstan – women with HIV and the role of the social worker

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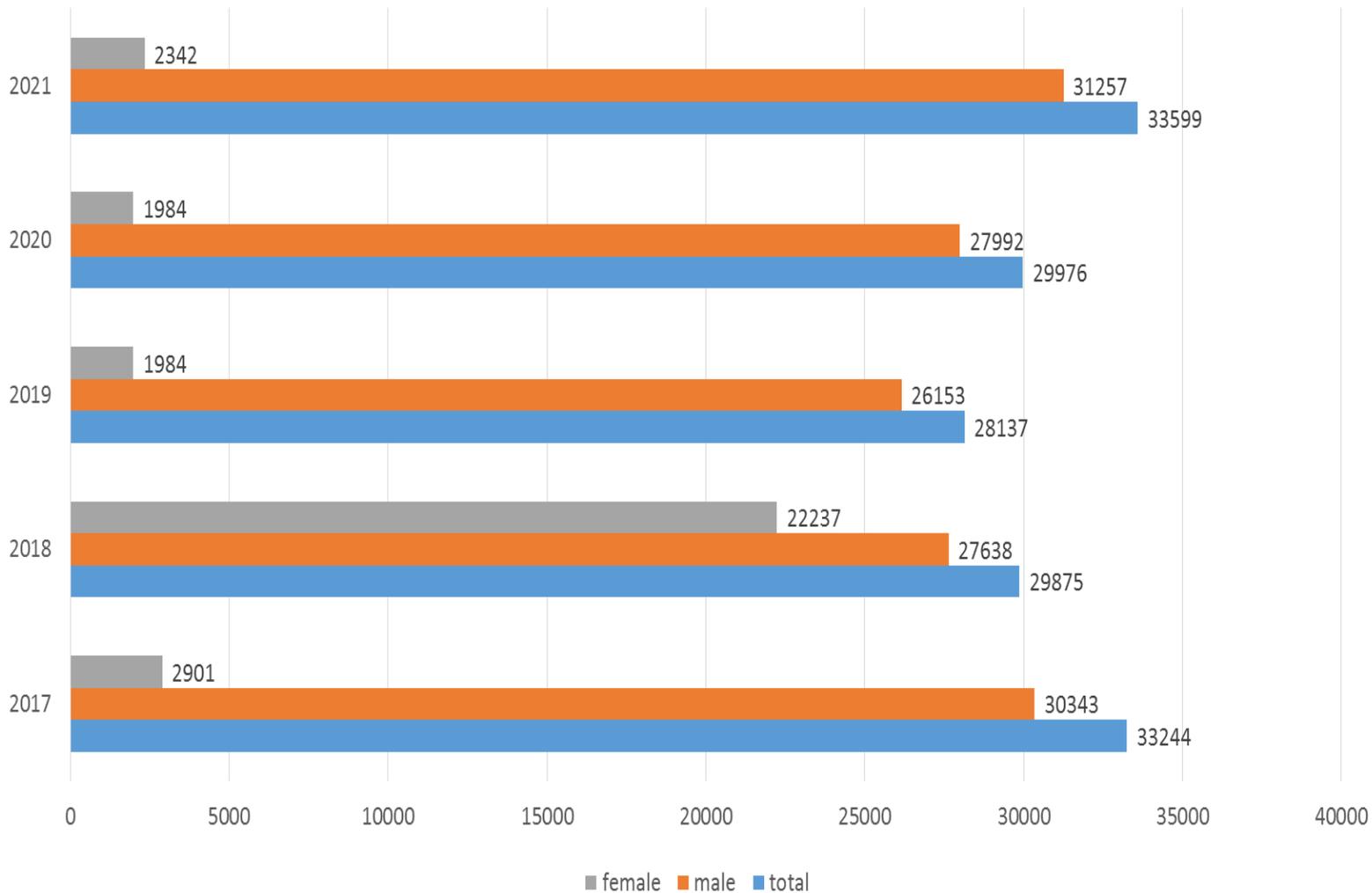
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Background

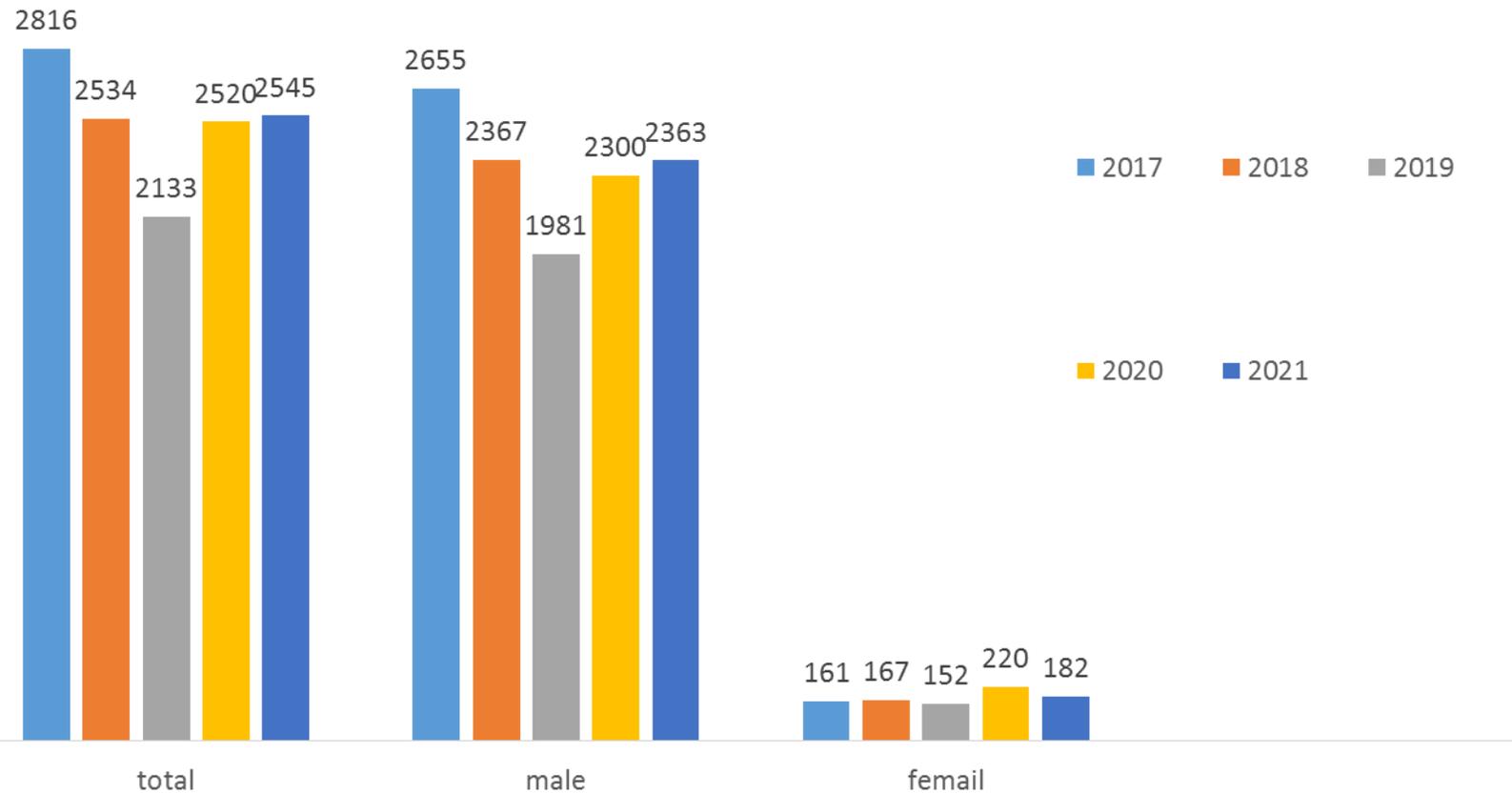
Number of prisoners in Kazakhstan (n)



Until 2020, the number of prisoners has gradually decreased

From 2021 there is an increase in the number of prisoners, even in comparison to 2017.

Number of prisoners with infectious diseases (HIV/AIDS, Hepatitis B,C, Tuberculosis) (male/female) (n)

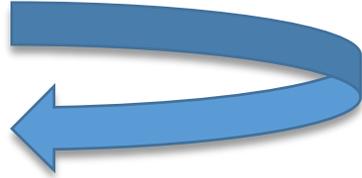


The main types of crimes committed by women

- Punishment for grievous bodily harm;
- Murder in excess of self-defence;
- Drug offences
- For committing theft
- Robbery

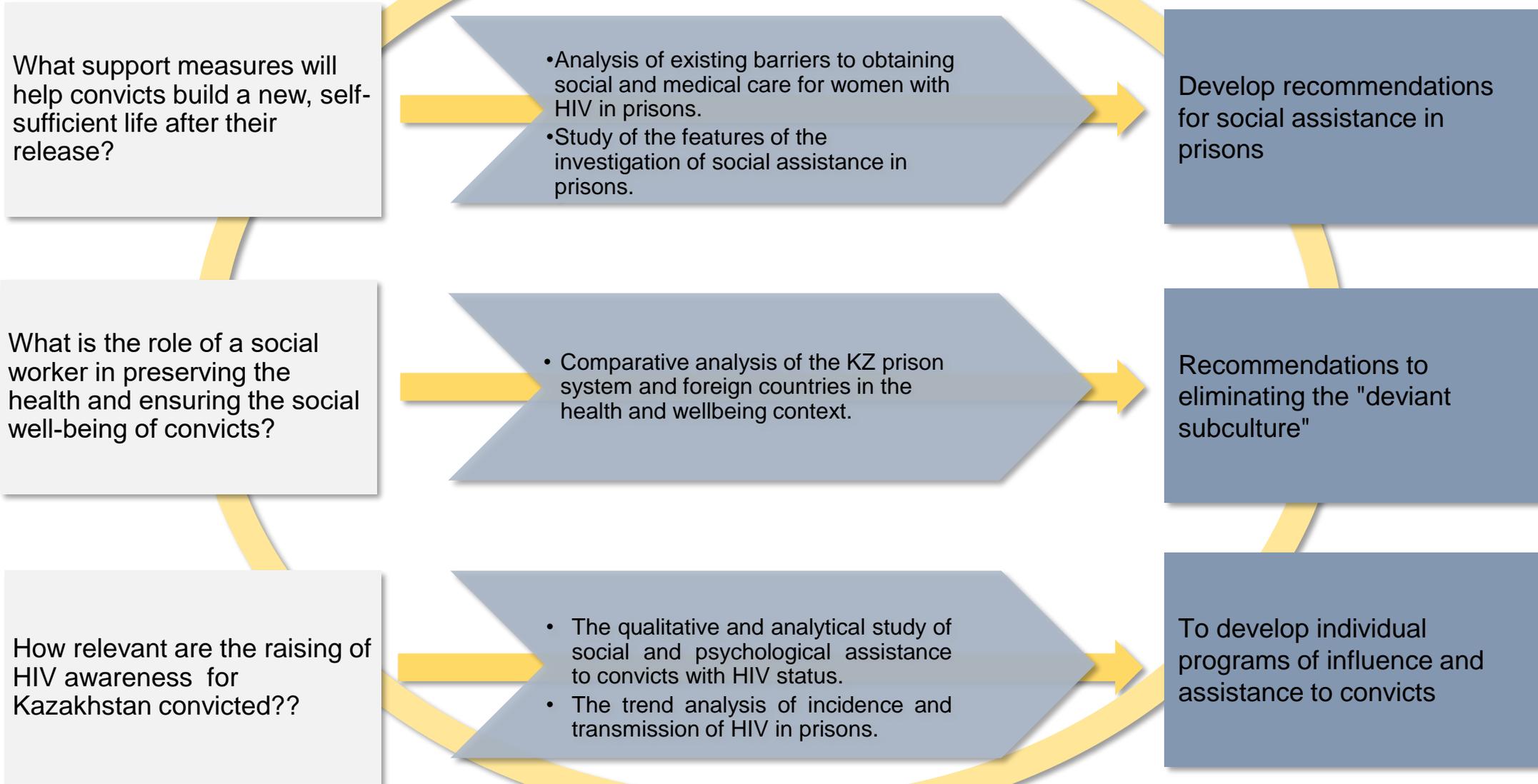
Aim and objectives

The AIM - is to identify the main theoretical approaches to building the professional activity of a social worker in the penitentiary system, as well as to develop recommendations for protecting the health and psychosocial status of prisoners.



- To explore the scope, accessibility and quality of health services according to national and international guidelines (e.g. NM, Bangkok Rules) (expert interview)
- To study international experience of social services in the area of HIV management in Penitentiary System (Germany, China, Kyrgyzstan, Finland);
- To examine the significance of social work experience in the penitentiary system for resocialisation of inmates; (survey)
- To Identify key problems and needs of women in places of deprivation of liberty; (survey)

Research questions



Research methodology

Was developed formalized questionnaire

Respondents were surveyed online using the Google Forms platform

Was used of non-random sampling, the snowball method



Women from key populations

Women with HIV

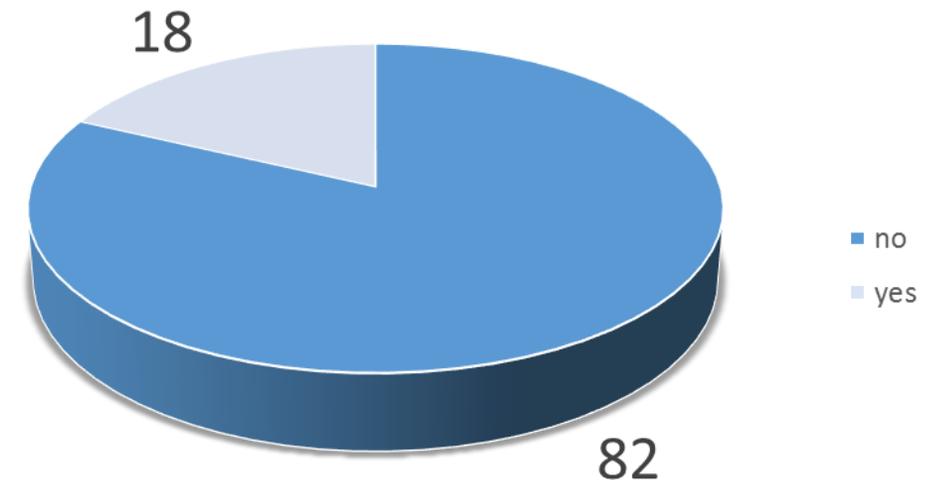
Women, former prisoners

Current situation of social wellbeing in prisons in the Republic of Kazakhstan

What kind of support in places of deprivation of liberty, in their opinion, would be most useful for them?

- I don't know - 3%
- None – 26%
- Psychological consultations - 22%
- Career guidance, training in a new profession - 35%
- Temporary residence after release - 5%
- Improving legal literacy -3%
- Awareness of state social programs and the activities of NGOs working to support people released from prison - 6%

Respondents who received social support (%)



Drug use (before/during/after incarceration)

- **55%** of respondents started using drugs from the age of 10 to 20
- **83%** do not use drugs at the moment
- **56.7%** used drugs in places of detention (**53%** of them used heroin)
- **30.2%** said they used non-sterile syringes while injecting drugs
- **43%** of respondents washed the syringe with running water

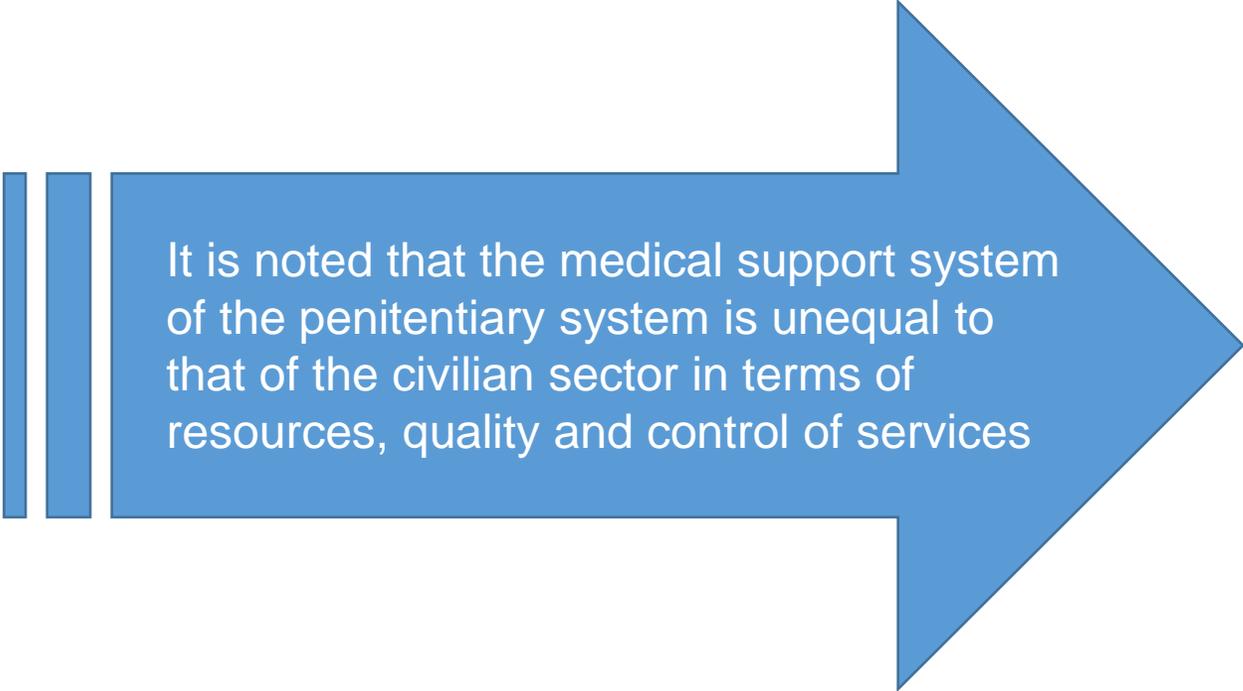
Most of respondents had access to drugs administered by injection. To clean used syringes, prisoners washed syringes in running water (**42.0%**), boiled (**18.8%**), used bleach treatment (**11.6%**) and **ONLY 2.9%** did not share used syringes.

Health and social support

-  **68%** - have positive HIV status
-  **60%** - of respondents identified positive HIV status during imprisonment
-  **35%** - have positive hepatitis C virus status (41% of them found out their status after imprisonment)
-  **15%** - have a positive status of Viral hepatitis B (55% of them found out after the detention)
-  **1.7%** - of respondents have the status of Tuberculosis (50% of them found out their status after the imprisonment)

Among 30.16% of respondents who tested HIV-positive, 4.88% of women were in the 18-29 age group and 43.90% in the 30-40 age group. This category requires special conditions of detention, as well as certain therapeutic measures (medication and psychological assistance) during and after imprisonment

Health and social support



It is noted that the medical support system of the penitentiary system is unequal to that of the civilian sector in terms of resources, quality and control of services

In 2021 Kazakhstan started the process of the transfer of medical care for prisoners from Minister of Internal affairs to the Ministry of Health

- **58.3%** of respondents received medical services in prison; 51.7% of respondents received some kind of information and explanatory work regarding their health issues
- **38.3%** underwent drug treatment for HIV during incarceration
- **53.3%** noted the absence of specialized specialists in prisons
- **51.7%** noted the absence of ultrasound and MRI in prisons
- **71.7%** of respondents did not receive the COVID vaccine ()

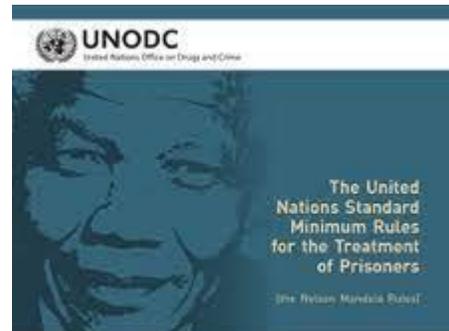
Psycho-social assistance for women

- **81.7%** did not receive any social support in prison before their release,
- **30%** received information about existing public organizations where they can apply for help after their release,
- **38.3%** maintain contact with any social services,
- **96.7%** did not receive a one-time allowance from the state after being released from prison

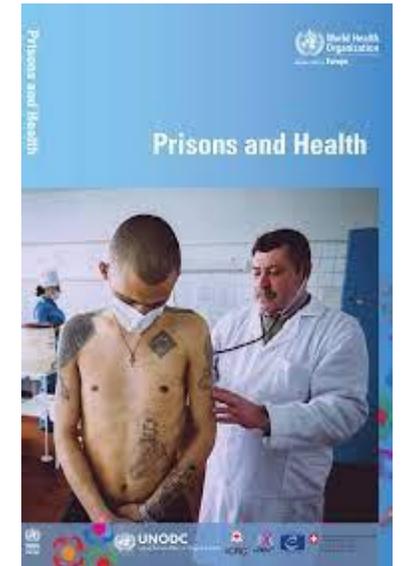
As the provisions of international instruments and the positive experience of foreign practice show, the effectiveness of the resocialisation process depends on many circumstances, including both the work done to prepare prisoners for release and the social and psychological assistance provided during the adaptation period after release.



International Covenant on Economic Social and Cultural Rights



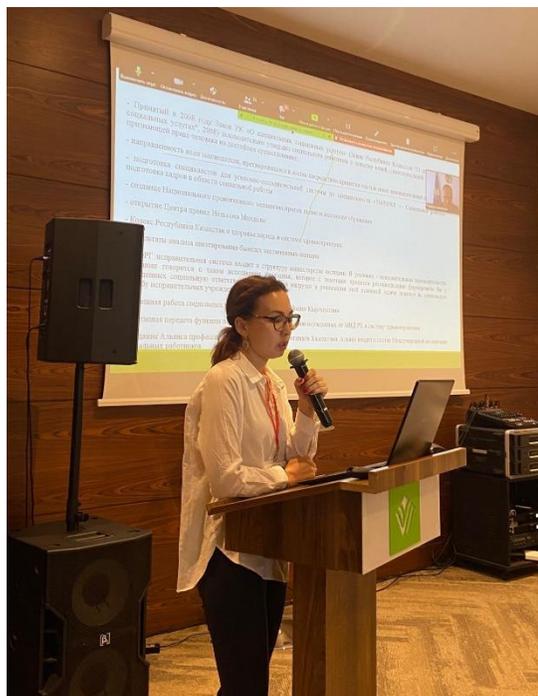
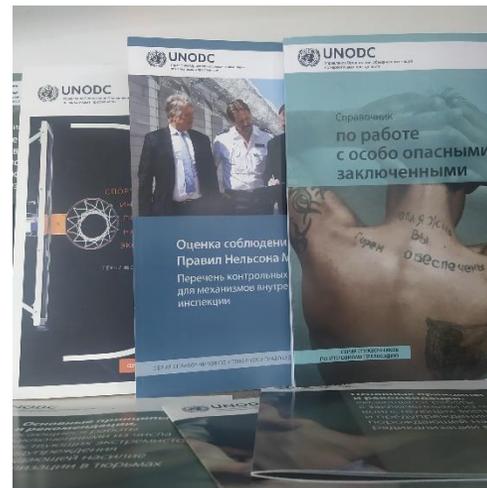
An updated blueprint for prison management in the 21st century



Expected results

Micro level	Middle level	Macro level
To improve the quality of care in prison institutions	Support of effective communication and interaction between human rights and HIV service organizations	To reduce the recidivism rate in the country.
Effectiveness coordination between the main actors.	Resocialization and adaptation of convicts	To improve the health and well-being of the country's population.
To develop a program for the preparation of SW in the prison system.	Understanding of the activity, increasing the skills and competencies of the social worker.	To reduce government spending on healthcare
Professional development of specialists in the field of HIV	To support effective communication and interaction between human rights and HIV service organizations.	
	To expand preventive work aimed at improving the well-being of convicts.	
	To eliminate barriers to receiving social assistance by organizing.	

Progress



Conclusion

- According to respondents, women do not receive significant support before being released from prison (82%). Whereas to a greater extent, they need training in a new profession (35%), counseling a psychologist (22%), improving their level of legal literacy and awareness (9%), as well as providing temporary accommodation (5%).
- The risk of infection with socially significant infectious diseases in women increases during incarceration since determining the positive status of HIV in respondents occurred during imprisonment (60%), the positive status of Viral Hepatitis C - after incarceration (41%), the positive status of Viral hepatitis B - after imprisonment (55%), the positive status of Tuberculosis - after imprisonment (50%).

Conclusion

- In places of detention, access to narcotic drugs is not restricted since 56.7% used drugs in places of detention (53% of them used heroin). Also, during the period of imprisonment, women need a program of treatment and rehabilitation for drug addiction (38%).
- Women in places of deprivation of liberty are not sufficiently provided with medical care. Only a small part of the respondents received medical assistance in information and explanatory work (51.7%) and medical treatment of HIV (38.3%). Being in correctional institutions restricts getting advice from clinical specialists (53.3%), undergoing a study on specialized ultrasound and MRI devices (51.7%), vaccination against COVID19 (71.7%).
- The factors of state support (32%), labor security (20%), non-discrimination (16%), and housing (8%), according to respondents, are the most significant for re-socialization and adaptation after release from prison.

Thank you for your attention

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