Frequency of musculoskeletal disorders among prisoners of Lahore, Pakistan

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Objective: To determine the frequencies of musculoskeletal disorders among male and female prisoners of Central Jail, Lahore.

Methodology: This descriptive cross sectional study included male and female prisoners of central jail, Lahore. Convenient sampling was used. Data were collected through Nordic musculoskeletal questionnaire.

Results: Out of 294 subjects, 57% were male and 43% females. The musculoskeletal disorders are very common; disorders of knee were 60%, being

the highest affected body part. Low back pain was 2nd most common disorders (51%) followed by ankle and foot (35%).

Conclusion: Musculoskeletal disorders were highly prevalent among prisoners of Lahore. Both male and females are commonly affected. Lower limb was more affected than upper limb. The most commonly affected areas are knees, low back ankle and foot. (Rawal Med J 202;45:388-391).

Keywords: Musculoskeletal disorders, Nordic, Pain, Lahore, prisoners,

INTRODUCTION

Musculoskeletal disorders (MSDs) are the most health care problems faced by society nowadays. These disorders are more common in people who live in generally underprivileged areas. To determine the musculoskeletal disorders, psychosocial work factors, individual factors and physical ergonomic should be examined simultaneously.^{2,3} These disorders are associated with over loading of a body part due to applying excessive forces, repetitive motion, long time sitting, sustained exertions and bad postures. ⁴ These disorders have a higher impact on long-term disabilities, chronic health conditions and restriction in ADLs (54%, 40%, 24%), respectively.^{5,6} Musculoskeletal disorders among prisoners are common, as they have more poor health status than general public due to poor diet, awkward postures, poor ergonomics and poor hygienic conditions. They have higher rate of chronic medical conditions as compared to general population. Because selfmedication is prohibited in prison, they need more medical help even for simple complaints.9 Those prisoners who are confined in cells have poor sunlight exposure and low dietary intake so vitamin D deficiency can occur, which can lead to muscle weakness and fractures.10

A study on English prisoners age more than 60 years showed that effected in 85% had one or more major illness, 3rd common was MSK.¹¹ Despite prisoners population is increasing in number, they are excluded in national health surveys.¹² A Canadian study reported that the male inmates had highest prevalence of head injury (34.1%) followed by low back pain (19.3%).¹³ A study from Brazil stated that most prevalent disorders found were spine, neck and back pains (76.7%), second was joint dislocation (28.2%) and bursitis (28.2%) while less frequent were sciatica and arthritis.¹⁴

There is little data about prisoner's health in Pakistan. The main aim for this study was to determine the frequencies of MSDs prisoners of Central Jail, Lahore. The results of the study can be beneficial for the health care providers to plan strategies to minimize risk factors and prevent disability, and may help prisoners after completing the tenure of punishment to be able to work efficiently for family support.

METHODOLOGY

This descriptive cross-sectional study was completed in 6 months from November 2018 to May 2019 after Ethical Committee approval from Azra

Naheed Medical College, Lahore. A sample of 304 participants was taken using 5% Margin of Error, 95% Confidence Interval, 70% Response distribution and Expected Prisoners to be 5000 using Raosoft Sample Size calculator¹⁵ using convenient sampling. The data were obtained from the prisoners both male and female of central jail Lahore after the informed permission by Inspector General (IG) Punjab after complete procedure and documentation. Written informed consent was taken from every participant.

The study included participants who were confined from more than 6 months having age 20-45 years of age, both male and female gender, while prisoners with physical violence (remand), mental disorder and any musculoskeletal injury were excluded. Data were collected through Nordic Musculoskeletal Questionnaire, which is most common and valid tool for MSDs/discomfort assessment.¹⁶

Statistical Analysis: All data were entered in SPSS version 21. For categorical variables, frequency and percentage was used and for discrete variables, mean and standard deviation was used.

RESULTS

Out of 294 subjects, 57% were male and 43% females. Majority of prisoners were working more than 20 hours per week. Mostly were in prison from 1-5 years (49%). 28% participants were in prison from 6-10 year. Only one was prisoner for more than 20 years.

Table 1. Frequency of upper extremity disorders.

Region of Body	Have you at any time during the last 12 months had trouble (such as ache, pain, discomfort, numbness, tingling, or pins and needles)			last 12 n from do (at home	at any time nonths been ing your no e or away fr use of the tr	rmal work rom home)	Have you had this trouble during the last 7 days			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
	N=166	N=128	N=294	N=166	N=128	N=294	N=166	N=128	N=294	
Neck	54	39	93	20	25	45	50	39	89	
	(33%)	(30%)	(32%)	(12%)	(20%)	(15%)	(30%)	(30%)	(30%)	
Shoulder	25	27	52	36	44	80	38	45	83	
	(15%)	(21%)	(18%)	(22%)	(34%)	(27%)	(23%)	(35%)	(28%)	
Elbow	8	15(12%)	23(8%)	13 (8%)	34(27%)	47(16%)	13 (8%)	35	48	
	(5%)							(27%)	(16%)	
Wrist	9	53	62	12	70	82 (28%)	12 (7%)	72 (56%)	84	
& Hand	(5%)	(41%)	(21%)	(7%)	(55%)				(29%)	

MSK=Musculoskeletal, N= Number of Participant

Table 2. Frequency of lower extremity and back disorders.

Region of the Body	Have you at any time during the last 12 months had trouble (such as ache, pain, discomfort, numbness, tingling, or pins and needles)		Have you at any time during the last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble?			Have you had this trouble during the last 7 days			
	Male N=166	Female N=128	Total N=294	Male N=166	Female N=128	Total N=294	Male N=166	Female N=128	Total N=294
One or both Hip, Thigh,	8	33	41	5	29	34	5	33	38
Buttocks	(5%)	(26%)	(14%)	(3%)	(23%)	(12%)	(3%)	(26%)	(13%)
One or Both	97	78	175	93	73	166	95	77	172
Knee	(58%)	(61%)	(60%)	(56%)	(57%)	(56%)	(57%)	(60%)	(59%)
One or Both	51	52	103	46	45	91	51	51	102
Ankle/Feet	(31%)	(41%)	(35%)	(28%)	(35%)	(31%)	(31%)	(40%)	(35%)

Table 3. Frequency of Back disorders.

Region of the Body	last 12 mo as ach	at any time on onths had tro e, pain, disco s, tingling, o	ouble (such omfort ,	last 12 r from doi:	u at any time nonths been ng your norn way from ho	Have you had this trouble during the last 7 days			
		needles)			of the troub				
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	N=166	N=128	N=294	N=166	N=128	N=294	N=166	N=128	N=294
Upper	18	32	50	16	29	45 (15%)	17	31	48
Back	(11%)	(25%)	(17%)	(10%)	(23%)		(10%)	(24%)	(16%)
Lower	72	77	149	66	76	142	70	76	146
Back	(43%)	(61%)	(51%)	(40%)	(59%)	(48%)	(42%)	(60%)	(50%)

During last 12 months, almost all had upper extremity disorders; wrist and hand (21%), shoulder (18%) and elbow (8%) (Table 1). Lower extremity disorders were found in both knees (61%), ankle and foot (35%), neck (32%) and hips and thighs (14%) (Table 2). Almost all studied body areas were exposed to MSDs but knee disorders were most common (60%). Low back pain was 2nd most common disorders (51%). Ankle and foot were found to be the third most affected area having MSK disorders (35%) (Table 3).

DISCUSSION

This is perhaps the first study which is going to provide frequencies of musculoskeletal disorders among male and female prisoners of Lahore, Pakistan. Percentage of male population (56.5%) was more than female population (43.5%) in this study. Majority of prisoners were working more than 20 hours per week and most were in prison from 1-5 years (49%).

Upper limb was more affected by MSDs. Knee was the most commonly affected area (60%). The second most commonly affected area is low back (51%). And the third area which was prone to MSDs was ankle and foot (35%). Our results are similar to the study by Fazel and Baillargeon who found that 85% of elderly prisoners had one or more major illnesses and MSD.¹⁷

Musculoskeletal disorders of knee were 60% prisoners. A study by Wolff et al showed that somatic health problems like skin (27%), MSDs (19.2%), digestive (15%) and respiratory (14%) were highly prevalent in detainees. On the other hand, Feron et al showed that, on average a prisoner

consults to general practitioner times per year. ¹⁸ Musculoskeletal disorders (12%) were one of the common reasons of consultation to general practitioners. ¹³

Creasey et al studied prisoners of war (POWs) and non-prisoners of war (non POWs) and found that MSDs were 76% in POWs and 60% in non POWs and caused a great decline in functional performance of prisoners. We had similar results. Limitations of study were that it was only carried out at single settings of Central Jail Lahore. Further studies can be carried out in different jails of Punjab. The study has not focused other health conditions including depression, anxiety and mental health.

CONCLUSION

Musculoskeletal disorders were highly prevalent among prisoners of Lahore. Both male and females are affected. Lower limb was more affected than upper limb. The most commonly affected areas were knees, low back, ankle & foot. This alarming rate of musculoskeletal disorders can be minimized through education and provision of proper health facilities for the prisoners.

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REFERENCES

- 1. Urwin M, Symmons D, Allison T, Brammah T, Busby H, Roxby M, et al. Estimating the burden of musculoskeletal disorders in the community: the comparative prevalence of symptoms at different anatomical sites, and the relation to social deprivation. Ann Rheum Dis 1998;57:649-55.
- 2. Carayon P, Smith MJ, Haims MC. Work organization, job stress, and work-related musculoskeletal disorders. Hum Factors 1999;41:644-63.
- 3. Hales TR, Bernard BP. Epidemiology of work-related musculoskeletal disorders. Orthop Clin N Am 1996;27:679-709.
- 4. Waters T, Collins J, Galinsky T, Caruso C. NIOSH research efforts to prevent musculoskeletal disorders in the healthcare industry. Orthop Nurs 2006;25:380-9.
- 5. Badley EM, Rasooly I, Webster GK. Relative importance of musculoskeletal disorders as a cause of chronic health problems, disability, and health care utilization: findings from the 1990 Ontario Health Survey. J Rheumatol 1994;21:505-14.
- 6. Wahlström J. Ergonomics, musculoskeletal disorders and computer work. Occup Med 2005;55:168-76.
- 7. Baillargeon J, Black SA, Pulvino J, Dunn K. The disease profile of Texas prison inmates. Ann Epidemiol 2000;10:74-80.
- 8. Binswanger IA, Krueger PM, Steiner JF. Prevalence of chronic medical conditions among jail and prison inmates in the United States compared with the general population. J Epidemiol Commun Health 2009:2009.090662.
- 9. Wolff H, Sebo P, Haller DM, Eytan A, Niveau G, Bertrand D, et al. Health problems among detainees in Switzerland: a study using the ICPC-2 classification.

- BMC Public Health 2011;11:245.
- Nwosu BU, Maranda L, Berry R, Colocino B, Flores Sr CD, Folkman K, et al. The Vitamin D Status of Prison Inmates. PLoS ONE. 2014;9(3).
- 11. Fazel S, Hope T, O'Donnell I, Piper M, Jacoby R. Health of elderly male prisoners: worse than the general population, worse than younger prisoners. Age Ageing 2001;30:403-7.
- 12. Glaze LE, Parks E. Correctional populations in the United States, 2011. Population 2011;6:8.
- 13. Stewart LA, Nolan A, Sapers J, Power J, Panaro L, Smith J. Chronic health conditions reported by male inmates newly admitted to Canadian federal penitentiaries. CMAJ Open 2015 Jan;3(1):E97.
- Minayo MC, Ribeiro AP. Health conditions of prisoners in the state of Rio de Janeiro, Brazil. Ciencia Saude Coletiva 2016;21:2031-40.
- Raosoft I. Sample size calculator. Available from: www. raosoft com/samplesize. 2004.
- Descatha A, Roquelaure Y, Chastang JF, Evanoff B, Melchior M, Mariot C, et al. A. Validity of Nordic-style questionnaires in the surveillance of upper-limb workrelated musculoskeletal disorders. Scand J Work Environ Health. 2007;33:58.
- 17. Fazel S, Baillargeon J. The health of prisoners. The Lancet 2011;377(9769):956-65.
- 18. Feron J-M, Paulus D, Tonglet R, Lorant V, Pestiaux D. Substantial use of primary health care by prisoners: epidemiological description and possible explanations. Epidemiol Comm Health 2005;59:651-5.
- 19. Creasey H, Sulway MR, Dent O, Broe GA, Jorm A, Tennant C. Is Experience as a Prisoner of War a Risk Factor for Accelerated Age-Related Illness and Disability? JAm Geriatr Soc 1999;47:60-4.