

SECLUDED, CAGED AND NEGLECTED BUT AT HIGH RISK: INMATES HIV/AIDS HIGH-RISK BEHAVIOUR IN SELECTED PRISONS IN NIGERIA.

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Introduction

Prisoners constitute a vital group among the various vulnerable groups of HIV/AIDS. For instance, other groups like prostitutes, long distance truck drivers, military personnel, and so on have access to HIV/AIDS awareness programmes and materials, while their counterparts in prisons do not because of their status as criminals (either convicted or under trials). The prison environment also predisposes them to risky practices as there are inherent structural conditions in prisons which expose inmates to high risk of HIV/AIDS. These coupled with the attitudinal factors of inmates make them a peculiar group among the vulnerable groups. However, the concern for the prison population about HIV/AIDS in Nigeria gained prominence in the late 1992 (Orubuloye et al, 1995). The concern for the prison population is also borne out of the inevitable fact that most inmates will someday return to the society, hence the concern for the prison population is the concern for the wellbeing of the society. To this end, it is expected that if the laudable millennium development goal of eradicating HIV/AIDS is to be achieved, the prison population which has hitherto been neglected in research and implementation programmes on HIV/AIDS should be given necessary attention.

This article is aimed at advancing knowledge on this by investigating the level of awareness as well as risky practices of HIV/AIDS among prisoners in selected prisons in Nigeria.

The Study

The study was carried out in two prisons selected from two southwestern states in Nigeria. A sample of 341 respondents comprising both male and female inmates was chosen in both prisons. Some officers of the prisons were also purposively selected from strategic departments to elicit information on certain structural factors which bother on the risky practices of HIV/AIDS among inmates. Ethical considerations were strictly adhered to.

RESULTS AND DISCUSSION

Inmates' socio-demographic characteristics

Table 1 presents background information of selected inmates. In all, 91% were males while 9% were females. Generally, male population usually predominate prisons (Coyle, 2002). The respondents were mainly young people with a mean age of 31 years. This implies that they were in sexually active ages. NDHS (2003) has confirmed that majority of those who contract the HIV/AIDS virus fall under the age of 30 years.

On the educational background of respondents, only one-fourth had post secondary education and interestingly, more than half of those with post secondary education did not complete their education for reasons varying from financial constraints (53%), to incarceration (25%). The inmates were mainly of the Yoruba extraction in Nigeria while very few were from other tribes of the country. This may be a reflection of the areas in which the study was carried out and also the fact that crimes are expected to be tried where they were committed. Over half of the inmates were single while almost 45% were married. This is an indication of a tendency for the period to be a time of abrupt sexual discontinuation, particularly among the married inmates.

Awareness of HIV/AIDS

Majority of the respondents (67.6%) did not know the full meaning of AIDS though they had an idea of what it means as many of them gave different interpretations of AIDS in their local language. Almost all the inmates (90.1%) are of the opinion that AIDS is avoidable. Those who have heard of AIDS heard mostly from the radio (76.3%). This corroborates the findings of Orubuloye et al (1995) who reported that prisoners heard most of the information on AIDS from the radio. On measures to prevent AIDS, more female inmates than males are of the opinion that abstinence could prevent AIDS.

Majority of the inmates were however of the opinion that AIDS could be prevented with the use of condoms. Many of them are not aware that AIDS can be contracted through intercourse with prostitutes. Very few of them also know that AIDS can be contracted through homosexual intercourse. This is interesting, more so that homosexual practices are common subculture among inmates. In-depth interviews conducted with some of the officers revealed that there had been reported cases of homosexual practices among the inmates in the past. Also very few of the inmates are aware that AIDS can be contracted through injecting drug use (IDU), though most of the respondents denied involvement in this act. Majority of the respondents are not also aware that AIDS can be contracted through unscreened blood transfusion. Out of all the means of contracting HIV/AIDS virus, sexual intercourse was the most commonly known to inmates.

Attitude to Voluntary Counseling and Testing (VCT).

Voluntary counseling and testing (VCT) services were reported to be provided to prisoners. Taking a VCT may indicate the level of awareness of AIDS, because one of the cardinal points in VCT is the enlightenment of patient on the AIDS virus as well as ways of coping with the virus if tested positive. Majority of the inmates (77.4%) had not

done VCT before. This was however a structural problem since, according to the officers, the prisons often run short of the equipments needed for VCT. Most of the inmates (62%) expressed positive attitude to VCT and were willing to confirm their HIV/AIDS status. However, very few inmates (3.8%) insisted that they would continue to have sexual intercourse even after testing positive and few (5.9%) reported that they would commit suicide if they discovered they were positive. This may underscore the essence of counseling.

Actual risky practices of HIV/AIDS

As already noted, most of the inmates are sexually active as majority of them had their first sexual intercourse with a girl/boyfriend and about one-third of them had their last intercourse just a month before their incarceration. More interestingly, more than half of them did not use condoms during the intercourse. In keeping their hair and cutting their nails, more than half of them use razor blade and three out of five of them shared the blades with others. Observation and interviews with the Chief Wardress in charge of the female inmates in one of the prisons revealed that the wardress kept some blades with her and gave them to the inmates on request. Interestingly, there was no means of identifying which of the blades belonged to which of the inmates. The wardress seemed to be more concerned about the “safety” of the inmates in that they do not use the blades to attack each other than the risk of contracting or spreading HIV/AIDS.

Another interesting finding here was the fact that the prison authorities in a bid to empower inmates, allowed some inmates who were professional barbers to continue with the trade of barbing. These “barbers were patronized by some inmates and some officers but the barbing instruments are not usually sterilized either because the inmates do not

have access to sterilization tools or they are unaware of such process, hence they underscored the essence of sterilizing the kits.

Sexually Transmitted Diseases

Sexually transmitted diseases had been reported to often accompany and exacerbate the prevalence of HIV/AIDS among inmates (UNAIDS, 2004). Medical history of inmates as related to sexually transmitted diseases (STDs) showed that two out of five among the inmates had contracted an STD before incarceration. Majority (62.6%) of those who contracted STD had gonorrhoea while very few were not sure of the type of STD they contracted. More than half of those infected with STDs were infected by their boy/girlfriends while one-third got the infection from commercial sex workers (CSW). Respondents denied having sexual intercourse in prison but in-depth interviews with some of the officers revealed that there had been reports of such in the past.

Criminality History of Respondents

Majority of the inmates were arrested for armed robbery with very few convicted while many others were under trial. Others were held for miscellaneous offences like theft, murder, rape, arson, breaking and entry among others. Some of these crimes exposed the inmates to risky practices like violence and incision.

Over half of the inmates had done incision before for reasons which varied from protection, oath taking to health seeking purposes. Incision for whatever reason is being done exposes the inmates to HIV/AIDS as most of the instruments used were unsterilized.

Discussion

Generally, the neglect of the prison population may be a reflection of the penal policy of the country, which emphasizes punishment and retribution at the expense of reformation and rehabilitation of offenders. If the nation must meet the millennium development goal of eradicating HIV/AIDS, then such philosophy must be changed in line with global developments.

Also the fact that radio has been established as the most effective medium of mass mobilization on awareness of HIV/AIDS, the prison authorities should adopt measures at installing central radio systems whereby inmates would be allowed to listen to awareness programmes on HIV/AIDS. Though this may seem as an unnecessary luxury to inmates but the aim of enlightening the prison population would be realized at the same time.

The study also revealed that some of the officers were not better aware of AIDS than some of the inmates. This was demonstrated by the seeming ignorance of the Chief Wardress of one of the prisons who did not know the implication of inmates sharing the same razor in cutting their nails. She was satisfied that they were safe as long as the inmates made use of the razors under her “watchful” eyes.

The study also revealed that most of the inmates’ knowledge of HIV/AIDS is limited to sexual intercourse with the opposite sex. Interestingly, many of them are unaware that homosexual acts, unscreened blood transfusion, sharing of sharp instruments as well other risky practices of AIDS are as risky as sexual intercourse. Moreover, the fact that such acts as homosexual, tattooing and sharing of blades are common practices among inmates which expose them to HIV/AIDS.

Lastly, voluntary counseling and testing which is one of the crucial approaches in the management of HIV/AIDS is not taken seriously in most prisons. The necessary materials needed for carrying out VCT were reported to be in short supply in both prisons understudied. Apparently, this is an attestation of the fact that the prison is often neglected in the campaign for the eradication of HIV/AIDS.

Conclusion

The existence of AIDS in prisons is no longer a novel idea and inmates' risky practices have been established in Nigerian prisons. The incorporation of HIV/AIDS enlightenment programmes in prisons should be considered as imperative as those carried out for people outside the prisons if the programmes are to make meaningful impact. This is true because most of the inmates will someday return to the society. The epoch when inmates were considered as inconsequential members of the society under the punitive and retributive penal system is over. The welfare of prisoners is invariably the welfare of the society. Finally, government should consider alternatives to imprisonment in order to alleviate the concomitant effects of prison congestion, one of which is the health implications, especially with regards to HIV/AIDS.

References

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Table 1: Respondents' Socio-demographic Characteristics

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Age of respondents			
18-20 years	10.4	6.3	10.0
21-29 years	38.8	37.5	38.7
30-39 years	28.2	37.5	29.0
40-49 years	17.8	9.4	17.0
50 years and above	4.9	9.4	5.3
Mean age	31.4 years	32 years	31.5 years
Median age	30 years	30 years	30 years
S.D	9.84 years	10.42 years	9.88 years
Educational level of respondents			
No education	13.3	9.4	12.9
Primary	21.4	31.3	22.3
Secondary	41.1	28.1	39.9
Post-secondary	24.3	31.3	24.9
Occupational status before incarceration			
Civil Servant	16.2	31.3	17.6
Artisan	20.7	18.8	20.5
Trader	53.7	43.8	52.8
No Occupation	9.4	6.3	9.1
Religion			
Christian	64.1	53.1	63.1
Islam	33.7	40.6	34.3
Others	2.3	6.3	2.6
Ethnic group			
Hausa/Fulani	8.4	18.8	9.4
Igbo	18.1	12.5	17.6
Yoruba	67.0	68.9	67.2
Others	6.5	0.0	5.8
Marital status			
Married	45.0	46.9	45.2
Single	50.5	46.9	50.2
Separated/divorced/widowed	4.2	6.2	4.7

Source: Author's fieldwork, 2006

Table 2: Percentage Distribution of Respondents' HIV/AIDS Awareness Level

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Full meaning of AIDS			
Brief idea	8.4	6.3	8.2
No idea	58.4	68.8	59.4
Good idea	33.1	25.0	32.3
Ever heard of HIV/AIDS from any of these media			
Radio			
Yes	75.4	84.4	76.3
No	24.6	15.6	23.8
Television			
Yes	49.2	65.6	50.7
No	50.8	34.4	49.3
Newspaper/magazine			
Yes	40.9	59.4	42.5
No	59.2	40.6	57.5
Community health worker			
Yes	27.3	53.1	30.2
No	72.1	46.9	69.8
Clinic			
Yes	28.5	37.5	29.3
No	71.5	62.5	70.7
Posters			
Yes	28.8	25.0	28.5
No	71.2	75.0	71.6
Is AIDS avoidable?			
Yes	90.9	90.6	90.1
No	6.8	9.4	7.0
Don't know	2.3	0.0	2.1
How Can AIDS be Avoided?			
Abstinence	26.2	56.3	29.0
Use condom	62.8	65.6	63.1
Limit sex to one partner	33.0	59.4	35.5
Avoid sex with prostitutes	27.8	46.9	29.6
Avoid sex with homosexuals	20.1	37.5	21.7
Avoid injecting drugs use	13.9	37.5	16.1
Avoid unscreened blood transfusion	27.2	37.5	28.2
Avoid injection with unsterilised syringes	31.2	43.8	32.6
Avoid sharing blades	38.2	37.5	38.1
Avoid kissing	8.4	3.1	7.9

Source: Author's fieldwork 2006

Table 4: Distribution of Respondents' by Risk Behaviour of HIV/AIDS

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Age at first sex			
Under 10 years	2.9	6.3	3.2
10-15 years	25.9	18.6	25.2
16-20 years	43.0	50.0	43.7
21-25 years	21.7	18.8	21.4
26 years and above	6.2	6.3	6.2
Never	0.32	0.0	0.3
Condom use at first intercourse			
Yes	25.9	34.4	26.7
No	74.1	62.5	73.0
No response	0.0	3.1	0.3
Relationship with man/woman with whom you had sex			
Girl friend/boy friend	76.7	71.9	76.3
Commercial sex worker	10.4	15.6	10.9
Casual acquaintance	7.1	0.0	6.5
Husband/Wife	0.0	0.0	0.0
Last sexual intercourse before incarceration			
Less than one month	32.7	25.0	32.0
One-two months	20.4	40.6	22.3
Three-four months	45.0	34.4	44.0
Five months and above	1.6	0.0	1.5
No response	0.3	0.0	0.3
Condom use at last intercourse before incarceration			
Yes	44.0	30.0	42.7
No	54.2	66.7	55.4
Don't know	1.8	3.3	1.9
How do you keep your hair?			
Clipper	39.5	12.5	37.0
Blade	56.0	59.4	56.3
Weaving	4.5	25.0	6.5
No response	0.0	3.1	0.3
Do you share this instrument with anybody?			
Yes	63.8	50.0	62.5
No	33.7	43.8	34.6
No response	2.6	6.3	2.9

Source: Author's fieldwork, 2006

Table 5: Medical History of Respondents

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Have you contracted STD before?			
Yes	39.8	50.0	40.8
No	57.9	43.8	56.6
No response	2.3	6.3	2.6
What type of STD	N=122	N=17	Both (N=139)
Gonorrhoea	62.3	64.71	62.6
Syphilis	13.9	17.7	14.4
Other	4.1	0.0	3.6
Don't know	19.7	17.7	19.4
Who infected you?			
Girl/boyfriend	56.1	62.5	56.8
Commercial sex worker	26.8	25.0	26.6
Wife/Husband	10.6	6.3	10.1
Others	0.0	6.3	0.7
How did you treat yourself?			
Hospital	57.7	81.3	60.4
Chemist/dispensary	7.3	12.5	7.9
Herbalist	13.0	0.0	11.5
Self medication	22.0	6.3	20.1

Source: Author's fieldwork, 2006.

Table 6: Respondents' Criminality History

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
How long have you been in prison?			
Less than one month	19.1	28.1	20.0
Less than one year	37.5	40.6	37.8
Two or more years	43.4	31.3	42.2
What offence did you commit?			
Armed robbery	45.6	25.0	43.7
Murder	15.9	31.3	17.3
Theft	20.1	31.3	21.1
Drug related offense	13.3	9.4	12.9
Others	5.2	3.1	5.0
Have you ever done incision?			
Yes	48.2	78.1	51.0
No	51.9	21.9	49.0
Why did you do incision?			
Protection	41.1	71.8	44.0
Oath taking	11.7	3.1	10.9
Initiation	27.8	16.6	26.7
Others (child birth, sickness, etc)	19.4	9.4	18.5

Source: Author's fieldwork, 2006