

Knowledge and attitude of prisoners towards HIV/AIDS infection

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SUMMARY

Sentenced and locked away, prisoners are often a forgotten population. Little is being done to prevent the spread of HIV/AIDS in this environment where they are at a higher risk of infection. There is need for prevention programmes to target such correctional institutes so as to curtail the tendency for cross infection amongst the inmates and further spread on eventual release. The study was aimed at evaluating the knowledge, attitude and practices of inmates of the Jos Prison, Nigeria towards HIV infection. A cross sectional study involving one hundred and eleven male prisoners. Data was collected using an interviewer's administered questionnaire.

Age range was 19-73 years (mean = 32.5 ± 11.0). About half (50.5%) were in the age group 20-30 years. Fifty-one (45.9%) had been married before incarceration. Eighty-five inmates had been in the prison for between 1-60 months. Family and friends

(31.5%), health care workers (27%) and the mass media (26.1%) were the commonest sources of information on HIV/AIDS for the inmates. Seventy-nine inmates (71.2%) had no idea as to the cause of HIV while 21 (18.9%) affirmed a viral origin. One hundred and one inmates (91%) knew that HIV is transmissible, citing at least one mode of transmission, with 84.7% confirming the sexual route being the commonest. Knowledge of HIV/AIDS had affected the sexual practices of 100 (90.1%) inmates mainly in the areas of mutual fidelity to their partners (45.9%), and condom use (22.5%). Homosexuality (76%) was identified as the commonest sexual practice in the prison.

INTRODUCTION

The problem of HIV/AIDS is usually approached from a perspective of risky behaviour and modes of transmission. As far as interventions are concerned, such an approach leaves certain target groups who do not present at the usual settings unaccounted for. For instance, men who have sex with men do not have well-defined meeting places where HIV/AIDS educators can easily reach them and are therefore less likely to receive targeted HIV-related interventions. On the other hand, certain HIV high-risk groups in well defined but restricted settings are also left out from the interventions they deserve. Inmates are an example of this left out population.¹

HIV prevalence in the prisons is usually higher than in the population at large. It could be 5 times,² 6 times,³ or even as much as 10 times higher than the values obtained in the general population.⁴ This is as a result of the overcrowded prison conditions in most countries of the world which are ideal for HIV transmission. Other reasons are the rampant use of drugs, unprotected sex among inmates, violence, sexual assault, practice of tattooing and toothbrush sharing among inmates.³⁻⁶ Sexual activity between male inmates is not uncommon in prisons and jails.³ This is because

prisons, being unisexual institutions, create an ideal environment for various sexual activities between men.⁷ These sexual encounters are fraught with the risk of contracting HIV because of the frequent tearing of sensitive anal membranes.

Nigeria is one of the countries in Africa with a high sero-prevalence rate of HIV/AIDS (9%) among prisoners. Others include Côte d'Ivoire (27.5%), South Africa (15%) and Zambia (26.7%).³ This figure (9%) is higher than the 5% reported for the general population. Previous studies in Nigeria showed that there were high levels of sexual activities going on in prisons and that only 32.5% of inmates at Kirikiri (a prison in the southern part of Nigeria) and 34.5% of inmates at Kano (in the north) were aware of HIV/AIDS. Prisoners were not provided with condoms and very few sessions on AIDS education took place.⁸ A similar study in Côte d'Ivoire showed that 76% of the inmates were adequately informed on AIDS, while 44% had shared sharp instruments in prison.⁹ The average scores of knowledge and tolerance towards HIV-infected people in France were lower among inmates than in the general populace.¹⁰

Despite the necessity of providing targeted HIV-prevention interventions for prison inmates, institutional and access barriers have impeded the development and evaluation of such programmes,¹¹ though prisoners also have the right to health and preventive care that are available outside the prisons. These preventive interventions are supposed to address the risk of transmission of HIV, elicit a complete change of behaviour, and encourage voluntary counselling and HIV antibody testing in prison populations. This study describes the knowledge, attitude and practices of male inmates of the Jos Main Prison, Nigeria towards HIV infection.

MATERIALS AND METHODS

The Jos Prison was established in 1956 and is the main prison (out of seven) in Plateau State, Nigeria. It has a total capacity of 1,145 and houses both male and female inmates. All categories of prisoners are represented there.

The study was a cross-sectional survey conducted in July 2004. Clearance was obtained from the authorities in charge of the prison through a letter explaining the nature and aims of the survey. All the inmates (apart from the condemned ones) were

released and assembled in a hall for an address. There were only 6 female inmates available on the day of the survey. These were excluded from the study. The consent of the inmates was sought by explaining the aims and objectives of the study. It was made clear that the study was voluntary. Individuals who agreed to participate still had the opportunity to refuse to answer any question, and to withdraw from the study at any time. There was neither pressure nor the promise of reward for inmates who decided to participate in the study. A total of 111 inmates agreed to participate.

Data was collected through questionnaires administered by an interviewer* (IAQ). Strict confidentiality was maintained. The questionnaire collected information on socio-demographic characteristics, knowledge of HIV/AIDS and its transmission, the source of this knowledge, and its effect on their sexual practices, among others.

Statistical analyses of all data were done using SPSS software version 11.0 and P values <0.05 were considered statistically significant. An association of baseline characteristics was made by means of Pearson's chi square test for qualitative variables.

RESULTS

The age range of the respondents was 19-73 years (mean = 32.5 ± 11.0). About half (50.5%) were in the age group 20 to 30 years. Fifty-one (45.9%) inmates had been married before incarceration. Eight-five (76%) inmates had been in the prison for between 1 and 60 months. Only one inmate claimed ignorance of HIV/AIDS. Family and friends (31.5%), health care workers (27%) and the mass media (26.1%) were the commonest sources of information on HIV/AIDS for the inmates. Seventy-nine inmates (71.2%) had no idea as to the cause of HIV, while 21 (18.9%) affirmed a viral origin. One hundred and one inmates (91%) knew that HIV is transmissible, citing at least one mode of transmission; 84.7% confirmed the sexual route as the commonest. Knowledge of HIV/AIDS affected the sexual practices of 100 inmates (90.1%), mainly in the areas of mutual fidelity to their partners (45.9%) and condom use (22.5%). Homosexuality (76%) was identified as the commonest sexual practice in the prison. The knowledge of someone with HIV/AIDS was very effective in altering the sexual behaviour of

*Known as: 'interviewer-administered questionnaire' (IAQ).

inmates ($p > 0.05$). The educational levels of the inmates had no effect on their sexual behaviour ($p > 0.05$). Other results are summarized in table 1.

Table 1. Marital status, knowledge, practice and information access on HIV/AIDS by respondents

Some Questions	Freq.	%
Marital status		
Married	51	45.9
Single	58	52.3
Divorced	2	1.8
Duration of imprisonment		
< 4 weeks	9	8.1
> 4 weeks to 60 months	85	76.6
61 months - 120 months	8	7.2
> 121 months	9	8.1
Have you heard about HIV/AIDS?		
Yes	110	99.1
No	1	0.9
What was your source of information?		
Family and friends	35	31.5
Mass media	29	26.1
Health care officials	30	27
Prison officials	19	14.4
What do you think causes HIV/AIDS?		
Virus	21	18.9
Bacteria	4	3.6
Evil force	6	5.4
Don't know	79	71.2
Intravenous drug use		
Yes	2	1.8
No	109	98.2

DISCUSSION

Prison authorities have a moral and legal responsibility to prevent the spread of HIV and other infectious diseases among inmates and staff. They are also to provide a level of care for the inmates living with HIV comparable to what obtains in the community. Difficulties in obtaining information from the inmates is due to several reasons. First, the majority of inmates are sensitive about being incarcerated and most investigators find it difficult to gain acceptance and access to this group. Second, inmates are marginalized people and generally receive less attention than other groups, who are in the mainstream. Third, public health officials believe that the application of interventions to this group are generally less effective, and sometimes, less efficient than other groups because of their tendency to resist interventions and/or their

lack of freedom within the prison environment to make sensible or healthy choices.¹

Going by the aggressive awareness and prevention campaigns on HIV/AIDS by the National Action Committee on AIDS (NACA) in association with its many partners, a lot has been achieved in sensitizing people to the presence of the infection in the country. Nearly all (99.1%) of the prisoners had heard about HIV/AIDS despite their confinement and their varying duration of imprisonment. Though their knowledge is still shallow in some respects because some of the inmates (18.9%) believe there is a cure. In addition, and a total of 79 (71.2%) did not know the cause of the infection, which could have aided them in identifying preventive measures.

The 20-30 years age group (fig.1) represents the largest group of inmates; similar to a study conducted in the southern part of the country with a 53.6% representation.¹² Knowledge on the transmissibility of

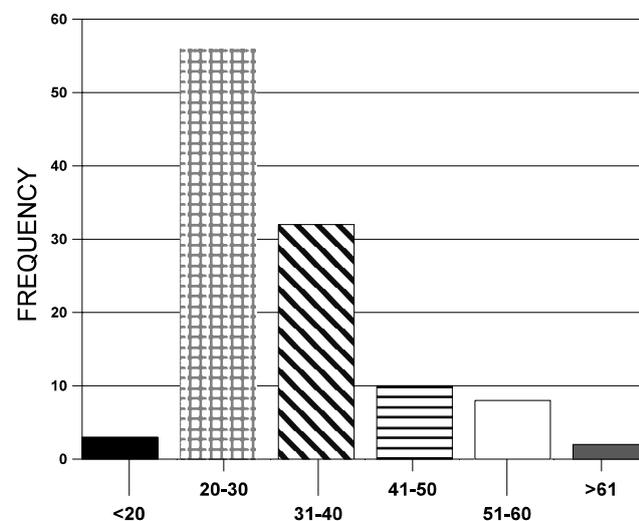


Figure 1. Age groups of inmates in the Jos Prison, 2004.*

*source: culled from survey questionnaire

the infection is very high among the inmates, with 84.7% of the inmates identifying the sexual route as the commonest. Despite this, homosexuality is still commonly practiced in the prison. The practice of homosexuality is a criminal offence in Nigeria, unlike South Africa and many Western countries where it is legal. Despite its illegality in Nigeria, prison officials had acknowledged that homosexuality accounts for over 90% of HIV/AIDS transmission in Nigerian prisons.⁸

The primary goal of HIV/AIDS education within the prison systems is to prevent the transmission of HIV. Much has been written about prisons being a potential threat in relation to increases in HIV

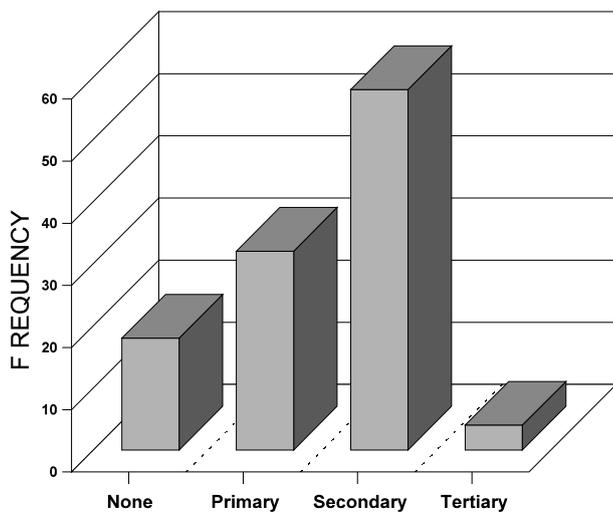


Figure 2. Educational levels of inmates of Jos Prison, 2004.

Source: Same as figure 1.

transmission both within the prisons themselves, and eventually as a vector for increased transmission of the virus in the society generally. A number of factors affect whether a person will change a behaviour that carries the risk of HIV infection. These include their need to differentiate between risky health behaviours, health promoting behaviours, the realization of being at risk themselves and their ability to link risky sexual behaviour to an incurable disease. Knowledge that HIV is incurable must be translated into the need to change risky behaviour and to believe that their behavioural change will lessen their chances of becoming infected with HIV.²

Prisoners who are HIV-positive or who have developed AIDS will require education, counselling and support in order for them to be able to live with the virus and with other people. The progress made in HIV/AIDS control in Nigeria is commendable, but greater efforts to address the problems of HIV/AIDS in Nigerian prisons are needed to prevent its spread in prisons and outside prisons.

Sentenced and locked away, prisoners are often a forgotten population. Little is being done to prevent the spread of HIV/AIDS in an environment where they are at a greater risk of infection. The potential for the spread of HIV is increased by lack of information,

education, and proper medical care. Every inmate entering the Nigerian prison system must be informed in clear terms and in their own language about how to avoid the transmission of HIV and other communicable diseases.³

CONCLUSION

Prison inmates are disproportionately affected by HIV/AIDS and STDs and these health problems in turn affect the health of the larger communities to which the vast majority of the inmates return. Prisoners represent a crucial and huge target population for HIV education programs because it concentrates persons at risk who are not easily reached in the community by such efforts. There is therefore an urgent need to intensify efforts in educating both the prisoners and prison officials on the need to change their HIV high risk behaviour.

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