GLOBAL JOURNAL OF MEDICINE AND PUBLIC HEALTH

Condom acceptability for prevention of HIV infection amongst male inmates in a convict prison in north western Nigeria: A Qualitative Research Report

Audu Onyemocho[1] Ogboi Sonny Johnbull[2], Victoria Nanben Omole[3], Joshua Istifanus Anekoson[3], Anejo-Okopi Joseph Aje[4]*

GJMEDPH 2014; Vol. 3, issue 5

[1]Department of Epidemiology and Community Health
College of Health Sciences
Benue State University
Makurdi, Benue State, Nigeria
Affiliation: Nigerian Prison Service, Kaduna State Headquarters
Independence Way,
Kaduna, Nigeria
[2]Malaria & Human Development
Department of Life Sciences and Public Health
University of Camerio
62032 Camerio (MC), Italy
[3]Department of Community Medicine
Kaduna State University
Kaduna, Nigeria
[4]AIDS Prevention Initiative in Nigeria
Jos University Teaching Hospital
Jos, Nigeria

***Corresponding Author**
Department of Epidemiology and Community Health
College of Health Sciences, Benue State University
Makurdi, Benue State, Nigeria
audeeony@yahoo.com

Conflict of Interest—none

Funding—none

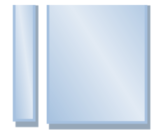
ABSTRACT

There is a general recognition of homosexuality being responsible for the high prevalence of HIV/AIDS among inmates in Nigerian prisons. However, the use of condoms which is an evidenced-based preventive measure is critical in the prison setting because of socio-cultural reasons. Due to the dynamic nature of the prison population, interventions targeting the prisons will have a significant effect on the general population. This study assessed condom acceptability for the prevention of HIV infection among male inmates in a convict prison in north-western, Nigeria in order to provide supplementary information that will corroborate some findings from quantitative methods. A qualitative study was conducted in Zaria prison between 18th December, 2012 and 8th January, 2013. Purposive sampling identified 48 inmates who had Focused Group Discussions (FGDs) and In-depth Interviews (IDIs). Common trends and variations in the responses were identified and reflected as appropriate and presented as narratives with relevant quotations. Majority of the respondents agreed that homosexuality exists among the inmates, but all the inmates scowled at the distribution of condoms to inmates in prison. Majority were of the opinion that condom distribution will promote homosexuality which is prohibited by Nigerian laws and controlling HIV transmissions in Nigeria prisons can be effectively done through behavioral modifications that are geared towards total abstinence.

Keywords: *Homosexuality, condom acceptance, HIV, male inmates, Nigeria*

INTRODUCTION

Since 1986 when the first case of Human Immunodeficiency Virus (HIV) was reported in Nigeria, the seroprevalence and severity of the disease in Nigerian prison populations has remained considerably higher than the national average due to the widespread nature of some physical and social conditions associated with imprisonment, which may as well facilitate the spread of the infection[1-5]. There is also the general recognition of sexual activity, which is responsible for the high prevalence of HIV/AIDS among inmates[5-7]. Prior to incarceration most prison inmates engaged in risky sexual practices such as unprotected sex with multiple partners, homosexuality, commercial sex work, transactional sex, sexual violence, drug abuse, sex in exchange for drugs culminating to impaired judgment[6]. Incarceration on the other hand, put them at an extra



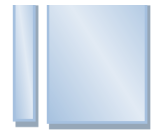
disadvantage and risk of HIV/AIDS infection[6]. Most inmates are aware of the illicit sexual activities occurring within the prisons but due to overcrowding and congestion in prison cells and inadequate prison staff, these illicit sexual behaviors among inmates often take place without the knowledge of the prison authorities and inmates cannot report fellow inmates for fear of punishment[3,5,7].

Intervention programs to forestall the infection amongst prison populations have been on ongoing in Nigeria. In 1999, Life Link Organization (LLO) observed some risky practices and low level of awareness of HIV/AIDS among Nigerian prison inmates. In response, they organized a national conference on HIV/AIDS in Nigerian prisons and that led to the decision to have the HIV/AIDS policy in Nigerian prisons[7-9]. They have also carried out some intervention programs in prison communities mainly targeted on behavioral change modification[10]. Of recent, the Nigerian prison authorities and some development partners have refocused the prevention strategies on the prevention of new infections and treatment of old cases in prisons. In these strategies, sexual intercourse has been recognized as one of the significant methods of transmission of the disease in prisons[6, 10, 11], but the moralistic tone behind sexual intercourse in prisons is often a difficult challenge to overcome [7]. This is more profound in Africa where homosexuality is virtually a taboo subject. Therefore, secrecy and misreporting characterize it's mode of handling by observers[12, 13].

Correct and consistent use of latex condoms helps in preventing the sexual mode of transmission of HIV from an infected person to a susceptible host and reinfection with another group or subtype of HIV in those who are HIV positive[14]. The availability of condom which is defined as the number of people who can acquire a condom per total population aged 15-49 years is one of the main determinant factors for the usage[15]. Other factors include: the knowledge of condom among the populace, proximity and convenience of sources and affordability[16].

About 9 billion condoms are used up yearly[15] but inmates' access to condoms has been a controversial issue worldwide. It is argued that condom distribution would condone and promote sexuality activity and prison cells are not regarded as places of privacy, so sex between prisoners has been considered illegal. Also condoms as social commodities in prison institutions are considered to be illegal or are categorised as contraband since the container can be used for hiding illicit drugs as seen in other studies[1, 17, 18]. Many prison systems in Europe, Canada, and Australia, and parts of the former Soviet Union and in countries like Brazil, Iran and Indonesia, make condoms and lubricants, available to prisoners and these have not increased sexual behaviors significantly or unintended usage as initially feared; and the prisoners themselves accept the condoms[19-21].

Condom distribution in Nigeria through the social marketing strategy and through the Federal Ministry of Health to State Ministries of Health and Local Government Areas (LGAs) has increased significantly over the years. Between 2003 and 2005 alone, over 700,000,000 pieces of condoms were distributed nationwide[11]. However, condom availability in prison is one of the many issues which legal and public health interests still have conflicts over[22]. The use of condom in prison is indeed prohibited and often pouted against by most authorities and even inmates[6, 23]. To compound the situation, homosexuals, bisexuals and transsexuals are all seen as unnatural or anomalous because of their illegality under Nigerian law. Inmates are often discharged back to the community from where they are sentenced, thus an inmate's health is a critical factor in how well they make the transition to life back in their community[24]. One study done in Nigeria showed that the prevalence rate of HIV infection among inmates in Nigeria was 12%[4]. Since the sero-prevalence of HIV among prison inmates is higher than the national average and homosexuality has been identified as an incriminating factor among the inmates, condom acceptability either by the authorities or the inmates themselves has become important for the achievements of zero HIV levels because of the dynamic nature of prison populations[24]. This study was conducted to assess condom acceptability for the prevention of HIV infection amongst male inmates in a convict prison in north-western Nigeria.



MATERIALS AND METHODS

Study Area

The study was carried out in Zaria Convict Prison, Kaduna State, (north-western) Nigeria. This prison was established in 1948 to accommodate 377 inmates. At the time of this study the total inmates incarcerated therein were over 600 with convicted inmates constituting 22.5% of the total population. The inmates are categorized into condemned criminals, lifers, long sentenced, short sentenced and awaiting trials. The prison has an administrative block, records section, gate lodge, welfare section, industrial workshop and a medical unit. The medical unit provides comprehensive health care services to inmates and staff. At the time of this study, the prison had an operational, pre-admission HIV counseling and screening program for all inmates, and all HIV sero-positive individuals received their Anti-retroviral Treatment (ART) services from the Ahmadu Bello University Teaching Hospital (ABUTH), Zaria; a tertiary health facility of about twenty minutes' drive from the prison.

Study Design

A qualitative, observational study was employed between 18th December, 2012 and 8th January, 2013

Study Population

The targeted study population was all the inmates who had been in custody for a year or more. Inmates who had stayed less than a year in Zaria prison and those not willing to participate in the study were excluded.

Sampling Procedure

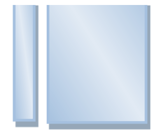
Purposive sampling technique was used for the selection of respondents. The list of all the male inmates in custody was obtained from the records office and a careful verification of the list was carried out with the assistance of a health staff and a general duty staff of the Nigerian Prisons Service, Kaduna State Command to identify the inmates who had spent a year or more in the study prison. The inmates who met the inclusion criteria were grouped into four categories based on the nature of their sentence and their cell accommodation, for ease of access and participation. Group one was made up of the convicted inmates with long term sentence, while group two comprised of convicts with short term sentence. Group three was made up of condemned prisoners and lifers and group four was awaiting trial inmates. Ten (10) inmates were selected from each of the groups for Focus group discussions (FGDs) and two key informants from each group for in- Depth interviews (IDIs), making a total of forty eight (48) respondents. Any inmate who had spent a year or more in the study prison (Zaria prison) was considered eligible for the FGDs, but the eligibility criteria for the selection of respondents for the IDIs was based on three factors. The first factor was the influence of the proposed inmates on other fellow inmates (the cell leaders). The second factor was the inmates' knowledge about risky sexual practices in the prison, while the third factor was whether the inmate had ever been caught engaging in homosexuality or had ever reported other inmates whom they had seen engaging in homosexual practices before the survey. These were based on information from the prison authorities and the inmates themselves. Those selected for the IDIs were not included in FGDs. The respondents who declined to participate in either the FGDs or IDIs were replaced by other eligible inmates.

Data Collection

Data were collected by research assistants (a moderator and a note taker) in four different locations approved by the prison authorities within a period of three weeks (18th December, 2012 to 8th January, 2013). Each session of FGDs lasted for one and half hours and each IDI lasted for 30 to 45 minutes. The moderator used locally-spoken languages- Hausa, English or Pidgin English for adequate understanding. All the FGDs and IDIs were fully recorded with the aid of mini-tape recorder. Data collected for conceptual variables during the FGDs and IDIs include: number of years spent in prison, reasons for custody, knowledge about HIV/AIDS, practice of risky sexual behaviors in prison and acceptability of condom distribution to inmates.

Quality Control Measures

Recruiting qualified research assistants and training them on how to conduct the interviews was considered an important aspect of quality control for this study. Familiarization meetings were held with



the Controller of Prisons (CP), Kaduna State Command and the Deputy Controller of Prisons (DCP) in-charge of Zaria Prison before the commencement of the study. Based on the outcome of the visit, six prison officers enrolled to assist in the conduct of the research. To ensure confidentiality, the prison officers enrolled were not recruited from the same prison (Zaria Prison) where the respondents were. All the research assistants were trained for two days on the research protocol and data collection procedures by the principal researcher. After the general training, there was role play; and all observations and criticisms made were noted and discussed. A pretest of the data collection tool was carried out in Birnin Gwari Prison in Kaduna State.

Ethical Consideration

Ethical approval for the study was obtained from the Ethical Committee of the Nigerian Prisons Service Review Board. An informed verbal consent was also obtained from each of the participants before carrying out the study, agreeing that inmate's confidentiality must be maintained. The Nigerian Prison Service authorities and the participants gave their permission for the discussions to be recorded.

Data Analysis

The focus group discussions and the interviews were transcribed immediately from the languages in which they were conducted and each transcription took 5-7 hours. These were then translated to English after which the transcribed data were coded. Common trends and variation in the responses were identified and categorized. The relationship between the various categories of responses was analyzed for clear understanding and presented as narrative with relevant quotations[25].

Limitations of the Study

Due to the peculiar nature of the prison environment, security consciousness was a limitation to an ideal qualitative research. In each of the FGDs and IDIs contact sessions, ten other prison officers outside the selected volunteer research assistants were stationed around the group for security reasons and that may have affected the inmates' willingness to divulge detailed information. To minimize this limitation, we allocated different two hour periods within the open out time of 9am and lock up time of 1.30pm daily. Sometimes, Saturdays were used to make up for groups that could not be released at their appropriate scheduled periods. "Awaiting trial" inmates were also excluded from the research in view of their dynamic nature but at the time of this study they constituted about 77.5% of the total prison inmates locked up.

RESULTS

The information gathered from all the focus group discussants and the interviewees were combined and the following findings were identified:

Socio-demographic Characteristics

The self-reported mean age for all the discussants was 31 ($\pm$ 5.0) years. The respondents were predominantly Muslims of Hausa ethnicity. Majority of them were not married before imprisonment and those who had attained either primary or secondary education or both were higher in proportion. Trading was relatively the commonest occupation of the respondents before imprisonment. The respondents had different opinions regarding their sentences. Some were of the view that they were convicted by the court for offences they actually committed, while few believed that they were convicted as a result of wrong judgments. . Robbery/theft was relatively the commonest reason for imprisonment. Rape and domestic violence were given as reasons for imprisonment by some respondents.

Knowledge of HIV/AIDS

Regarding the knowledge of HIV/AIDS, the emphasis was on awareness, the meaning of the acronym HIV/AIDS, causes of AIDS, knowledge of the symptoms/signs of the disease, mode of transmission and treatment.

-Awareness

The discussants in various groups gave almost an equal or similar account of awareness of HIV/AIDS. The disease was not regarded as a new thing to most of the inmates. According to them, they heard about HIV/AIDS before their incarceration. Their sources of information before incarceration were mainly through radio and television. Among the few inmates who first

heard of HIV/AIDS in prison, counselors from development partners and Non-Governmental Organizations (NGOs), pamphlets, handbills and fellow inmates were their main sources of information.

One of the respondents said:

> "*We heard about HIV/AIDS from radio while we were outside, but since most of us came to prison several people have approached us and the prison authority have also organized several lectures for us on HIV/AIDS. Some of us have done the test several times and we know our status, but the last time we were called for the test, some people refused and the authorities did not force them to have the test".*

Another discussant said:

> "*The prison Muslim Brothers Association gave pamphlets on HIV prevention and control to us and when I read it I found it useful"*.

-Understanding of HIV and AIDS

There was a general understanding of what the acronyms HIV and AIDS stand for. The respondents were able to define the acronym HIV as "Human Immunodeficiency Virus" and AIDS as "Acquired Immune Deficiency Syndrome" However, some respondents gave incorrect descriptions of the acronym:

One of the respondents said:

> "*HIV is Human Deficiency Syndrome, while AIDS is Acquired Deficiency Diseases"*

- Causes of HIV and AIDS

There were varied ranges of views by respondents, but the prevailing notion was that HIV is a viral infection and AIDS is caused by a virus (HIV). Other explanations given were:

> *"HIV is a bacterial infection"*
>
> *"HIV can be contracted by virus, bacteria, witchcraft and even handshake"*
>
> *"AIDS is caused by bacteria"*

-Symptoms and Signs of HIV/AIDS

Majority of the respondents had a good understanding of the symptoms and signs of HIV/AIDS. The most commonly mentioned features include:

- Diarrhoea lasting for more than one month
- Fever lasting for more than one month
- Weight loss
- Cough and
- Body rashes or boil.

According to one respondent:

> "HIV *is the milder form of the disease which eventually leads to AIDS after a long time*. *Because of the chronic nature of AIDS, some rashes will come out of the body and even the hair will start dropping; from then the person will lose weight, manifest with other diseases like tuberculosis and finally the person will die*".

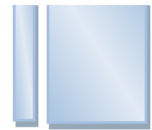
A discussant in one of the FGDs did not accept that HIV/AIDS is a global disease. He said:

> "*HIV is a white man's (Europeans') disease"* and that "*any symptom which was mentioned (earlier) is not due to HIV in Africa*".

A respondent in the IDIs attested to this denial that the westerners (Europeans) just introduced the disease to reduce the population of the black nations.

-Mode of Transmission of HIV and AIDS

A good proportion of the respondents mentioned all the routes of transmission of HIV. The predominant mode of transmission mentioned was heterosexual and homosexual means. A minority of the respondents mentioned intravenous drug use



and mother to child transmission of HIV. Some respondents in the FGDs had misconceptions regarding the mode of transmission.

One of the respondents said:

> "*HIV is transmitted from one person to another by witchcraft, use of same toilet and kissing".*

Another discussant said:

> **"***HIV/AIDS is caused by (a) virus through our girls that meet dogs (in) abroad (that is overseas)"*

The IDIs findings were different as there was no misconception noted among those interviewed.

-Treatment of HIV and AIDS

The general picture from the respondents depicts an existence of a cure for HIV and no cure for AIDS. While majority of those who believed that there is a cure for HIV believed that the use of orthodox drugs was the remedy, a minority of them believed in traditional medicines.

For example one of the respondents said:

> *"It is not possible to cure HIV or AIDS with orthodox drugs. Instead of using orthodox drugs, a sero-positive person should be kept in a place to be given adequate feeding, because orthodox medicines will rather worsen the condition until a time the disease will become chronic and get him down and he dies."*

He further stated that he knew a traditional medical practitioner who had cured many HIV sero-positive individuals while he was outside the prison.

Attitude towards HIV Positive Inmates

All the respondents who participated in FGDs and IDIs were of the view that HIV/AIDS exists in Zaria Prison, with the prevalence perceived to be lower than the general population. The respondents had varying levels of perceived attitude towards people living with HIV/AIDS in prisons. Generally, the respondents expressed dissatisfaction if tested positive, and some of them had this to say:

> "*If they are diagnosed negative they will not be happy as well, until the test is repeated six months later and the result still proved negative"*

> *"Since HIV is not easily contracted through interactions that are not sexual, they will still interact with inmates living with HIV/AIDS, but they will not have sex with females who are sero-positive"*

> *"If they are diagnosed positive they will leave it for God (that is accept their fate as the will of God)".*

> "*HIV sero-positive inmates should be given extra food (ration) and should be granted amnesty because they have unique feeding and psychosocial problems"*.

> *"Imprisonment on its own is a problem, and if combined with HIV/AIDS it means a double sentence, hence those with HIV/AIDS in prison should be granted amnesty".*

> *"They will never share anything in common with people living with HIV/AIDS (PLWHAs)."*

> *"Contracting HIV is just like having malaria; I can eat from the same pot and sleep on the same bed with a HIV patient"*

> *"If I am diagnosed of HIV, I have to wait until my time comes to die because it has no cure, and if I discover any inmate with HIV/AIDS I will stay clear from the inmate".**-One of the IDI Respondents***

Risky Practices in the Prison that could make someone acquire HIV and AIDS

The commonest risky sexual practice cited by most respondents was homosexuality. There was a chorused response of disgust from the respondents in

all the FGDs when homosexual practice was mentioned by the moderator. Other risky sexual practices mentioned were lesbianism, oral sex and masturbation. Some respondents agreed that majority of the risky sexual behaviors seen among the inmates were mostly at night. Others agreed that some inmates were also caught at noon and sometimes in the early hours of the day.

One of the respondents said:

> *"There are people who practice homosexuality in this prison; one day I was going to the toilet and I caught someone practicing it (homosexuality) I caught them red handed".*

Another respondent said:

> *"For me I will not lie; once I am pressed, since I do not have wife here in prison, I masturbate just to keep myself at ease".*

-Determinants of Homosexual practice

Various reasons were given as the usual or likely driving factors of homosexuality in prisons. Some of the FGD respondents believed that the inmates who practice homosexuality do it in **e**xchange for food and the inmates interviewed supported this reason. Others believed that some inmates engage in homosexuality in exchange for toiletries. However, some respondents strongly disagreed with the listed driving factors, reasoning that any inmate who practices the aforementioned risky sexual practices did not just started it in prison custody, that they might have done it several times before their imprisonment.

-Actions taken by prison authorities on inmates caught in homosexual practice

When asked about what the prison authorities do to inmates who were caught practicing homosexuality in prison? The prevailing response was that the prison authorities were not aware in most instances because the cases were not reported to them. A few may talk to close friends (inmates) about what happened but only a small proportion of cases were ever reported to the prison authorities. Inmates who conceal the problem resort to avoiding harassment by the culprits. The general consensus was that the prison authorities punish those caught or those who get reported by fellow inmates.

Among the respondents who had witnessed a punitive measure taken against the culprits, one of them said:

> *"The prison authorities normally punish the victims. The commonest punitive measure imposed by the authorities is putting the culprit in a back cell which is worse than other cells in terms of accommodation. The back cell has smaller space and the toilet facility and bedding is not as good as those found in normal cells."*

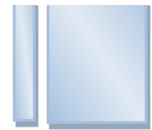
-Respondents' opinions about actions to be taken on inmates caught in homosexual practice

Among all the FGDs respondents, various suggestions were proffered on actions to be taken on the culprits: The major suggestions offered include:

> *"They should sing round the cell where they are caught".*
> *"They should be forced to miss their ration (food) for a day."*
> *"They should face further imprisonment (sentence)"*.

For the respondents interviewed (IDIs) the commonest suggestion was reformative measures instead of punitive measures. One of those interviewed said:

"I have this feeling of same sex since my childhood. When I was about eight years old I used to prefer male folks anywhere I go even though I schooled in a boy and girl school. I grew up to have more affection for men more than women. In fact, the imprisonment is a problem to me because I have my colleagues outside but right in here it is difficult to have them because of the punishment the



authorities impose on anyone involved in homosexual acts. But I think such individuals have their right to live and their reproductive rights need to be protected".

Another respondent said:

"*The last time two inmates were caught in my cell we sang **mata maza** ("female- husband") for them and they danced in the cell; both of them have finished their jail term and have been discharged already, but I feel that punishment was not humane".*

Acceptability of Condom Distribution to Inmates

Majority of the respondents alluded to the negative consequences of condom distribution in prisons. It was generally felt among the respondents that HIV/AIDS exists in prisons and the commonest perceived mode of transmission among male inmates in prison is homosexuality. However, all the respondents of the FGDs scowled at the distribution of condoms to inmates in prison.

Reasons for Non-acceptance of Condom Distribution in Prisons

The reasons given by the respondents were generally the same. The commonest reason was based on arguments that if condoms are distributed in the prison, homosexuality amongst inmates will increase. Other reasons given include:

- It will increase promiscuity
- It is against the Nigerian law
- It will encourage rape in prison since those who refuse will be forced to do so
- It is against our religion and culture
- Inmates can use the condoms for trafficking contraband drugs into the prison.

One of the respondents said:

"Conjugate visit is not done here and we are all men. The female inmates are in separate wings and we don't have access to them, if we are provided with condoms what do we use it for? Or do you want us to use it to have sex with male inmates? God forbid!

Another respondent in one of the FGDs said:

"Even the holy book is against homosexuality; except if you people want to promote it and face the punishments of God"

Opinion about HIV Test

Majority of the respondents were of the opinion that compulsory HIV Counseling and Testing (HCT) should be instituted for all inmates in order to know their HIV status. All the IDIs respondents disagreed with the idea of compulsory HCT because of the fear of turning out positive. In all the FGDs only few of the respondents understood the real meaning of "positive" and "negative" HIV test results.

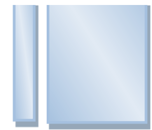
Sexual and Reproductive Rights

It was generally agreed that same-sex sexual practice is not only disallowed by the Laws of the Federal Republic of Nigeria but also by the Nigerian Prisons Service. It was also generally perceived that inmates are completely denied of sexual and reproductive rights while in prison custody. Some respondents suggested that the prison authorities should make provision for conjugate visits for the inmates especially the married inmates with long sentence.

Suggestions on How to Prevent HIV and AIDS in Prisons

In spite of what was perceived as the mode of transmission of HIV/AIDS in prison and the position of the law concerning condom distribution by different respondents, there was consistency in the suggestions made by the respondents concerning the method of preventing HIV/AIDS. These suggestions include:

- Faithfulness and keeping to one sexual partner which is the best option.
- Avoidance of indiscriminate sexual intercourse with multiple partners.
- Proper use of condoms (but not in prisons).
- Eradication of homosexuality in the general population and the prisons. On this note majority of the respondents expressed their worry on the issue, and felt that if it can be totally wiped out, then eradicating HIV in prisons will be a reality.



A respondent in one of the IDIs said:

> *"Even though we see HIV in prison, all the prison inmates who have HIV in prison came to prison with the disease either as a diagnosed case of HIV/AIDS or as undiagnosed case which may probably be in the window period. The cases of HIV in prison cannot be solely due to homosexual practices. Moreover, anybody who wants to practice homosexuality in the prison must have most probably been involved in the practice before his imprisonment."*

The respondents therefore, suggested that the control of homosexual practices should be targeted more on the general population from where the inmates are sentenced.

Other discussants had this to say that:

> "*HIV/AIDS can be prevented in prisons through Government efforts in speeding up justice and releasing inmates to avoid prison congestion".*

> *"Every discussant in this group is a convict, implying that we all know our fate in terms of the judiciary decision/judgment, but majority of other inmates have been in custody for a long time without trial. The Bible says there is time for everything; there is a time that you feel like having sex and if you cannot remove your mind from it; and you at the same time cannot control yourself, you will start misbehaving and involving yourself in things like homosexual practice, masturbation or anything possible to get rid of your sexual arousal"* **-a discussant in group two**

> "*Toiletries and clothing should be provided for inmates at regular intervals to avoid being lured into homosexuality by other inmates who may wish to practice it"*.

Other discussants stressed the need for regular visits by families of those in custody.

> "*The families of those in prison custody should not look at the inmates as social outcasts or as a shame to the family; rather they (the inmates' relatives) should pay the members of their family in custody regular visits".*

Some respondents called for public campaigns to encourage relatives to visit their family member(s) in the prisons because some inmates who do not have sufficient items can easily be persuaded to have sex secretly with other prisoners who have enough in exchange for those items they lack.

DISCUSSION

It was apparent from the study that the awareness of HIV/AIDS among the prison inmates is high. However, some of the inmates could not define the acronyms (HIV/AIDS) properly and they expressed more concern about their stay in prison custody more than HIV issues. Misconceptions concerning the mode of transmission of the disease also abound; the most common being *bacteria*, *witchcraft*, *handshake*, *toilet and kissing*. Few inmates still feel that HIV was brought into Africa by the Europeans to reduce the population of the black nations (FGD-report: 3.2.4). The present work shows comparatively greater awareness and ways of preventing HIV infection as compared to earlier works done in Kaduna and Zaria Convict Prisons [5, 7, 8]. The high level of awareness in this study could be due to the general increase in awareness about HIV/AIDS in the country and on-going sensitization through various intervention programs since HIV/AIDS in prison is a subset of the general concern. However, the misconception that is still present in this study is an important issue of concern. The implication here is that the general level of knowledge of HIV/AIDS among the prison inmates has risen to a level that is almost equal to that of the general population and the misconceptions provide some opportunity to intensify on the existing prevention programs or build more.

In this study none of the discussants (in the FGDs) agreed to have engaged in homosexuality before the survey, even though this contradicts findings from the eligibility criteria for the selection of respondents for IDIs and the findings that some inmates have ever been caught (FGD. 3.4), this study therefore demonstrates that homosexuality exists in Zaria Prison. This was emphasized also by one discussant as ***"mata-maza"*** (meaning male to male sexual partnership in Hausa language). There are similarities in the findings of this study to those of quantitative

researches carried out in South Africa[23] and selected Nigerian prisons[7,9,11]. The implication is that the inmates represented a group at high risk for HIV infection.

Consistent and appropriate use of condoms is a core component of basic HIV prevention services recommended by the US Centers for Disease Control (CDC) and the World Health Organization (WHO)[24]. The WHO recommendation on HIV in prisons specifically calls for widespread condom availability for all inmates[26]. In this study all the inmates scowled at condom distribution to prison inmates (FGDs and IDIs: 3.5). In most instances it is the authorities that protect against condom distribution to inmates. In Nigeria for instance, the legal institutions prohibit same-sex marriage which implies that condom distribution is not allowed to inmates in Nigeria prisons. This may simply mean that the sexual reproductive rights of inmates in Nigerian prisons are tied to the legal institutional backings of the country. The implication of these findings is that, since there is no legal provision in support of same-sex sexual intercourse in Nigeria and inmates themselves scowled at condom acceptance and its distribution in prison, controlling HIV transmissions through homosexual route in prisons can be effectively done only through behavioral modifications that are geared towards total abstinence.

Some inmates were of the opinion that if condoms are distributed to inmates it could promote sexual promiscuity. The findings are similar to those in earlier studies reported in Nigeria[8]. This is contrary to the findings in other parts of the world. In the United States of America for instance, different controversies on condom distribution by prison authorities and the inmates led to the development of HIV laws in 1990s permitting the use of condoms in prisons and jails. Thereafter, majority of inmates felt there was no increase in sexual activity as a result of condom availability, though this maybe largely subjective. In addition, the vast majority of correctional officers reported no problems with this policy[27,28].

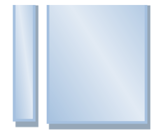
This study showed positive attitudes among inmates towards inmates living with HIV/AIDS. Majority of the inmates believed that HIV existed in prisons, but still have a positive attitude towards PLWHAs. The findings do not tally with the work by Audu et al[8] in Kaduna Prison where they found a high level of unfavorable, negative attitudes towards PLWHAs. Similarly, the findings are also inconsistent with inmates in Lesotho prisons where majority of the respondents were of the view that inmates with HIV/AIDS should be isolated[29] and that reported for Pakistani prisons, where majority of the respondents opined that they were scared of getting HIV in the future[30]. The implication of this favorable level of attitudes towards PLWHA was that with good intervention strategies taking cognizance of the peculiar unmet needs of the inmates such as reproductive rights, achieving the zero level of HIV is possible.

CONCLUSION

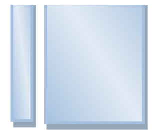
Homosexuality exists among inmates in Zaria Prison despite their high level of knowledge of HIV/AIDS, but use of condoms which is a core component of basic HIV prevention service as recommended by WHO is scowled at by the inmates. The implication of these findings is that, since there is no legal provision in support of same-sex sexual intercourse in Nigeria and inmates themselves scowled at condom acceptance and its distribution in prison, controlling HIV transmissions in Nigerian prisons can be effectively done through behavioral modifications geared towards total abstinence.

REFERENCES

1. Oloyede G, Agomoh U (1999.). A baseline assessment of the substance abuse and HIV & AIDS situation in selected prison institutions in Nigeria. United Nations office on Drug and Crime.
2. The Federal Ministry of Internal Affairs (2002). HIV/AIDS Knowledge, Attitudes, Practices and Seroprevalence among Staff of the Paramilitary Services (Nigerian Prisons and Immigration) and Prison inmates: A Rapid Assessment Report (draft).
3. Ehinmowo OC, Akpan RC, Ofobrukweta DE. Preventing HIV/AIDS among female prisoners in Kirikiri prison Lagos .International Conference on AIDS (15th: 2004: Bangkok, Thailand)



4. Joshua IA, Ogboi SJ (2008). Seroprevalence of HIV amongst inmates of Kaduna prison, Nigeria. *Sci World J*, 3 (1): 17-19 (accessed at www.scinceworldjournal.com on 10th June 2009).
5. Sabitu K, Iliyasu Z, Joshua IA (2009). An assessment of knowledge of HIV/AIDS and associated risky behavior among inmates of Kaduna convict prison, the implications for prevention programs in Nigerian prisons. *Nig J of Med*, 18(1): 1115-2613.
6. Chima C, Labo HS, Adebayo S, Anyanti J, Nwosu AN, Okekearu I, Mohammed H (2009).. High HIV sero-prevalence rates in prisons in Nigeria: A case of double sentencing for prison inmates. The society for family health rapid assessment report.
7. Audu O, Ogboi SJ, Abdullahi AU, Sabitu K, Abah ER, Enokela OP (2013). Sexual Risk Behaviour and Knowledge of HIV/AIDS among Male Prison Inmates in Kaduna State, North Western Nigeria. *Int'l J of Trop Diseases and Health*, 3(1): 56-67.
8. Audu O, Sabitu K, Ogboi J, Abah ER, Abdullahi AU' Okopi J ((2013). "Effect Of Health Education Intervention On Knowledge Of HIV/AIDS And Risky Sexual Behaviors Amongst Prison Inmates In Kaduna State, Nigeria" *Int'l J of Sci: Basic and Applied research* (IJBAR), Volume 11, No,1:181-192.
9. Federal Ministry of Health, Nigeria. National HIV/AIDS and Reproductive health Survey, Abuja, Nigeria; 2005.
10. Olusegun LI, Melvin OA (2008).. Prison Reform and HIV/AIDS in selected Nigeria Prisons. *J of Int'l Soc Researc*, Vol I/4 summer
11. National Action Committee on AIDS (NACA): HIV/AIDS policy for the Federal Ministry of Internal Affairs/Paramilitary sector (2005). Edition Produced with support from USAID and ENHANSE project.
12. Labo HS. The Nigerian Prison System (2004). Present Situation and prospect for reform, National institute press publisher, Bukuru Jos
13. Teunis N (2001). Same-sex sexuality in Africa: a case study from Senegal. AIDS Behav, 5:173–82.
14. Stapes B (2004). Fighting the AIDS epidemic by issuing condom distribution in prisons. New York Times. September 7, 2004-A22.
15. UNAIDS (2001). Evaluation of a national AIDS program: A methods package prevention of HIV infection. UNAIDS/01.19 E (English Original, 1994) WHO/GPA/TCO/SEF/94.1
16. The Punch Newspaper of Nigeria 25; 4th December, 2013; pp. 6.
17. Goyer KC (2003). HIV/AIDS in Prisons: Problems, Policies, and Potentials. Paper presented at the Institute for Security Studies, 18th Feb.2003.
18. CDC (2006). HIV transmission Among Male Inmates in a State Prison System-Georgia 1992-2005. MMWR 2006; 55(15): 421-6.
19. Dolan K, Lowe D, Shearer J (2004). Evaluation of the condom distribution program in New South Wales prisons, Australia. *J of Law, Med & Ethics*, 32: 124-128.
20. May JP, Williams EL(2002). Acceptability of condom availability in a US jail. *AIDS Education and Prevention*, 14(5 Suppl: HIV/AIDS in correctional settings): 85-91.
21. Elizabeth K (2006). HIV transmission and prevention in prisons. HIV Insite Knowledge Base Chapter.
22. Oluwole O, Babatunde A, Micheal G, Oluwatosin M (2006).The National response to HIV/AIDS. AIDS in Nigeria; A nation on the threshold. Harvard Center for Population and Development Studies publisher, USA, Pp 241-277.
23. Simooya O (2002). Acceptability of condoms for HIV/AIDS prevention in an African jail [Rapid Response e-Letter] *BMJ* -2002. http://bmj.bmjjournals.com/cgi/eletters/320/7248/1493/a#8213.
24. AIDS InfoNet. HIV in prisons and Jails. Fact sheet Number 615. (accessed at www.aidsinfonet.org on 10th may 2012)
25. Margaret OA (2003). Research Methodology with Statistics for Health and Social Sciences, First Edn. Nathadex Publishers, Ilorin, Nigeria, pp. 130-159.
26. UNAIDS (2004). 2004 Report on the global AIDS epidemic, page.72.
27. John BFD, Philippe CGA (2012). HIV/AIDS: The Role of Behavior and the Social Environment in a Global Pandemic. Encyclopedia of Human behavior, Second Edn, pp. 316-324
28. Joseph DT, Suzanne WC, Jacqueline PT (2007). The catch 22 of condoms in US correctional facilities, B MC Public Health, 7:296- 298. doi:10.1186/1471-2458-7-296.
29. Akeke VA, Mokgate M, Oguntibeju OO (2007). Assessment of knowledge and attitude about AIDS among inmates of Quthing prison, Lesotho. *West Indian Med J*, 56: 48-54.



30. The Lawyers & Jurists Monthly law Report (2012). Awareness on Prevention and Control of HIV/AIDS Among the Adults. (Accessed at www.lawyersnjurists.com/articles-reports-journals/ on 8th December, 2012).