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ASSESSMENT OF AWARENESS AND
RISK BEHAVIOUR OF HIV/AIDS
AMONG INMATES IN AGODI AND
ILESA PRISONS

2008

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BEHAVIOUR OF HIV/AIDS AMONG INMATES IN
AGODI AND ILESA PRISONS**

BY

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CERTIFICATION

This research work carried out by Ikuteyijo Lanre Olusegun, has been read and approved as meeting part of the requirements for the award of M.Sc. in Sociology and Anthropology of the Obafemi Awolowo University, Ile-Ife.

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DEDICATION

This work is dedicated to God Almighty: the author and custodian of wisdom and knowledge and to the loving memories of my late parents; Late Mr. John Ehindero and Mrs. Medinat Juliana Ikuteyijo. You left a legacy of humility, love and diligence, which you consistently told us to uphold.

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LIST OF ABBREVIATIONS

AIDS Acquired Immunodeficiency Syndrome

HIV Human immunodeficiency Virus

NACA National Action Committee on HIV/AIDS

MDG Millennium Development Goals

NGO Non Governmental Organizations

AFP Agence France Press

ATP Awaiting Trial Persons

IDU Injecting drug Users

FMOH Federal Ministry of Health

HEAP HIV/AIDS Emergency Action Plan

HRW Human Rights Watch

BBC British Broadcasting Corporation

ICPS International Center for Prison Studies

HBM Health Belief Model

SP Superintendent of prisons

ASP Assistant Superintendent of Prisons

CDO Chief Disciplinary Officer

KII Key In-depth Interview

PLWHA People Living with HIV and AIDS

CW Chief Warder/Wardress

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CHAPTER ONE

1.1 INTRODUCTION

The Human Immunodeficiency Virus (HIV) scourge has proven to be a complex epidemic where the individual behaviour, determined by various social, economic and political factors has added to its fast spread. For the past few decades, the epidemic has been spreading across the world sparing no country. It makes no difference as to the ethnic, racial, religious, cultural, age, gender, educational level, political affiliation or social economic status of the people being infected (Rady, 2004). It is also no respecter of the social status of individuals; free citizens are as prone as prisoners. The first incidence of the acquired immunodeficiency syndrome (AIDS) in Nigeria was in 1986 (National Population Commission and ORC Macro, 2004: 169; UNAIDS, 2002). But today, Nigeria is one of the high-risk countries of HIV/AIDS in the world. The prevalence rate has reached a threshold of 5.8% (Federal Ministry of Health, 2001). The explanation for this increase and sustained high prevalence rate is related to the level of awareness of the disease amongst the people. Reports have it that a sizeable number of Nigerians are not aware of threats and prevention of the disease (National Population Commission and ORC Macro, 2004; UNAIDS, 2002: 172).

In line with the above, the Federal Government and some other concerned institutions have expended a lot of human and material resources in their bid to sensitise the people on the dangers of HIV/AIDS. This is evident in different programmes, campaigns, and so on. Various strategies have also been adopted to reach this laudable goal. For example, the Federal Government of Nigeria

initiated a three-year HIV/AIDS Emergency Action Plan (HEAP) in 2001; the National Action Committee on HIV/AIDS (NACA) was also established to work with other development partners (for instance, local and international NGOs) to alleviate the effects of HIV/AIDS. The federal government has also introduced the production of anti-retroviral drugs, which will be well subsidized at the level of care for affected persons. All these efforts are put in place without consideration of the fact that certain categories of people who should as well be informed and protected are being neglected either intentionally or otherwise.

According to United Nations Agency for International Development and Strategy (UNAIDS 2003), Nigeria has the biggest population in Africa with one in every six African being Nigerian. Although HIV/AIDS prevalence rates are much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population meant that, by the end of 2003, there were an estimated 3,600,000 people living with HIV/AIDS. This is the largest number in the world after South Africa and India. (UNAIDS 2004) There are many avenues for contracting the virus but the most common is sexual intercourse. In fact, about 80% of HIV infections in Nigeria are transmitted through heterosexual activities (avert.org, 2005).

The prison as a correctional institution arose to replace earlier forms of punishments like capital punishment, mutilation and branding, slavery, banishment, and estate forfeiture (Carney, 1979). The prison system of any society could be a reflection of the society's level of development. Contemporary prison studies advocate for a more humane attitude of the society towards

prisoners. The fight against HIV/AIDS will therefore be more meaningful if the prison is considered as an institution, which should not be left out in the awareness programmes.

The prison is one institution, which has been neglected in the HIV/AIDS campaign. This may however portend negative consequences considering the fact that the prisoners would eventually be reintegrated into the larger society after serving their jail terms. Also, the prisoners interrelate within their confined environment in a manner that makes them highly susceptible. Inmates in prisons are human beings who are also prone to getting infected just like other free members of the society, they intermingle with one another, and indulge in some other HIV/AIDS risky behaviour like sharing of blade, injecting drug use, tattooing, homosexuality, violent behaviour amongst others. Nolan (2004) noted that 95% of the prisoners will eventually be released back into society, so if they contract HIV/AIDS or other diseases while incarcerated, they constitute a tremendous burden to the society due to health care costs and the threat they pose for spreading diseases.

Furthermore, the Nigerian prisons are well known for their appalling health conditions. Most of the prisons were built about seventy-to-eighty years ago and lack functioning basic facilities, like potable water, adequate sewage facilities, and severe overcrowding resulting in unhealthy and dangerous sanitary conditions. They are even stuffed with a population twice or thrice their capacities. Other problems like congestion, poor medical facilities, inhumane treatment of inmates and mixing-up of convicted prisoners with awaiting trial

persons, are also rampant in most prisons. In the rural areas, women and juveniles are reportedly held together with adult criminals. (Country Reports on Human Rights Practices, 2003)

In cases like these above, a myriad of abuse, like sexual and drug abuses in form of injecting drug use, homosexuality, among others take place in these prisons with one of the concomitant risks being the spread of HIV/AIDS. Also, apart from the fact that most first time offenders come out of prisons more hardened than before, some of them are sexually abused by the older and more hardened criminals. This has a lot of social and psychological implications- they are likely to be infected with the virus if their abusers are already infected and they are also likely to become abusers themselves after the ugly experience.

Worse still the Nigerian prison authorities do not have adequate facility for the screening of prisoners for HIV/AIDS. This increases the dilemma of inmates in these prisons who are mostly unaware of the virus (Orubuloye et al, 1995). Giving the above scenario, a study of the awareness and risky behaviour of inmates in Nigerian prisons is not only necessary but also timely.

1.2 STATEMENT OF RESEARCH PROBLEM

The Nigerian Prisons have notoriety for a plethora of problems. These include: poor ventilation, congestion, poor medical facilities, inadequate funding, inhumane treatment of inmates by prison officers and so on. A major problem that has not enjoyed so much research and attention is the spread of HIV/AIDS among inmates in Nigerian prisons. The prison as a correctional institution has

been overlooked in the campaign against the dreaded HIV/AIDS disease. Congestion is a major problem that the Government has consistently made attempts to alleviate. The Government had in the past, adopted such measures as; granting state pardon to some prisoners, establishing committees to look into the problem of congestion, among other measures to alleviate this problem. Moreover, the interactions between and among prisoners could really make them to be highly susceptible to the HIV virus. Rape and other violent acts are common among male prisoners, which also make them susceptible. (Center for the Right to Health, 2003)

Prisoners lack access to mass media, which is a major source of information available to even free people on HIV and its preventions. Consequently, the necessity of providing HIV/AIDS education in prison has not been seriously considered by the prisons authorities. UNAIDS (1999) noted that prisoners are the community; they come from the community and return to it. Protection of prisoners is invariably protection of our communities. The release of an HIV/AIDS ignorant prisoner is therefore capable of undermining the commendable efforts made by various agents of government as well as Non-Governmental-Organizations at reducing the spread of the deadly disease.

1.3 RESEARCH QUESTIONS

This study provided answers to the following questions;

1. What is the level of awareness of inmates in Nigerian prisons of HIV/AIDS?

2. What are the various risk behaviours indulged in by prisoners which could make them susceptible to HIV/AIDS
3. Has the number of years spent by a prisoner in prison any impact on his or her awareness of HIV/AIDS?
4. Are female prisoners more vulnerable to HIV/AIDS than their male counterparts?

1.4 OBJECTIVES OF THE STUDY

The main objective of the study is to examine the level of awareness of HIV/AIDS among inmates in prisons in Nigeria and to investigate the various risky behaviours practised by these prisoners. Other specific objectives are to:

1. examine gender differentials on risky behaviour among inmates
2. investigate the level of awareness of inmates on risky behaviour and HIV/AIDS
3. examine the impact of exposure to information on risky behaviour among inmates
4. investigate the various risk behaviours indulged in by prisoners
5. assess the relationship between time spent by prisoners in prison and their level of awareness of HIV.

1.5 SIGNIFICANCE OF THE STUDY

The study will be of importance in the area of informing us about the level of awareness of prisoners of HIV/AIDS and also their vulnerability to the dreaded

disease. It will also reveal various means of contracting the virus, which may be previously unknown to the prison authorities. The Federal government has spent so much on the campaign against HIV/AIDS and any effort aimed at complementing their efforts will be commendable. More so, since some of the prisoners will later come back to the society, an HIV/AIDS-ignorant prisoner's return to the society may have such negative impact as to reverse the results of decades of efforts towards the alleviation of the scourge. Any attempt to disregard them in terms of enlightenment will certainly jeopardize other members of the society and delay the realization of one of the important Millennium Development Goals (MDGs) of eradicating deadly diseases like HIV/AIDS and others. In this context, this study aims at identifying gaps and needs for a better advocacy in order to improve the national response to HIV/AIDS among prisoners. More importantly, since little attention has been directed toward empirical study of this problem, we believe this study will be of help in enlarging the frontiers of knowledge in this field.

1.6 DEFINITION OF TERMS

The following terms will be prominent in the study and they are defined as follows:

Awareness: This means the extent of knowledge. It also includes the beliefs of the inmates about the subject of study. This also implies the understanding of the prisoners about the virus.

Risky Behaviour: This means the various practices of the prisoners, which expose them to HIV/AIDS. This will include sharing sharp objects, and indiscriminate sexual acts among others.

Injecting Drug Users: These are prisoners, who inject themselves with hard drugs like cocaine, heroine, other injectable drugs.

Awaiting Trial Persons: These are prisoners that are yet to be convicted. Their cases are still pending in the courts of law.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents a critical review of the existing literature of related works on prisons and HIV/AIDS. The review of literature for this study is divided along the following themes:

- The origin of prisons
- Changing philosophies of prisons
- The Nigerian criminal justice system
- The prison as a social institution
- Prisoners' Vulnerability to HIV/AIDS
- Female inmates and HIV/AIDS

2.1 THE ORIGIN OF PRISONS

Punishment for crime worldwide is meant to deter criminal activities by showing criminals what awaits them if they commit crime. Over the years, punishments for crime have evolved from seizure of goods to death penalties, depending on the seriousness of such crime. From the literatures, the establishment of the prison as a correctional institution dates back to many centuries ago and it could be very difficult trying to pin down the establishment of prisons to a particular time (Carney, 1979). Several authors have also noted that what is today known, as the prison did not begin with that intention. For instance, Rothman (cited in Alemika, 1987, Enuke, 2001) observed that prisons began all over the world not as ultimate institutions for punishment and correction but were

initially meant for the custody of persons caught up in the criminal justice system awaiting trials or the execution of their punishment, which could either be, whipping, banishment or death depending on the nature of crime and how much threats it poses to the society.

The prison maintained a custodial role until the mid 19th century when it changed to the institution for enforcing punishment, penitence and correction of the criminal (Enuku, 2001). Morris and Rothman (1995) have observed that prisons are common in many societies and they constitute a vital part of the criminal justice system. Spierenburg, (1998) observed that in the Dutch Republic, prisons and workhouses were established to lock up beggars and vagrants while Carney, (1979) traced the antecedents of the penitentiary to many historical influences ranging from religion, architecture, philosophy as well as social custom. He further suggested that the antecedents or forerunners of the prison could be linked to institutions like the house of corrections in Britain whose philosophy was to force inmates (who were mostly beggars, vagabonds and vagrant children) to perform hard and unpleasant labour. Such labour was meant to serve as deterrent to crime and convert idle drifters to lives of hard work and discipline. Some popular houses of correction in Europe include the one established at Amsterdam in 1596 and at Ghent, Belgium in 1773 (Carney, 1979).

In Nigeria, the antecedents of prison have been traced to the Ogboni Cults among the Yorubas and the Ewedos among the people of Benin Kingdom. (Elias 1968). Also, Awe, (cited in Rotimi, 1982) observed that in Nigeria, certain places

of detention were in existence before the arrival of the British, for example, the Tivs and the Fulanis of the Northern Region had designated buildings used as prisons. In the Eastern parts of the country, prisons were however not popular as Meek, (cited in Rotimi, 1982) observed. More so, Achebe, (1958) in his epic novel, "Things Fall Apart", noted that slaves and criminals were usually kept in custody of the king or a mighty warrior. The prisoners are usually put to death either in form of ritual or outright execution as in the case of Ikemefuna, the slave boy who was put in care of Okonkwo, a notable warrior in the village. Ebbe, (1990) also noted that pre-colonial Nigeria did not employ prisons as penalties. In pre-colonial Nigeria, punishment took the form of fines, mutilation, castration, excommunication, lynching, and dedication to the gods, in which case the offender becomes untouchable, for instance the "Osu" phenomenon in Igboland where such people are isolated and in most cases ostracized to the extent that almost everyone in the community will have nothing to do with them.

Prison administration as it were in modern sense was first introduced by the British administration. The first prison in Nigeria was established in 1872 and was located on Broad Street in Lagos (Rotimi, 1982; Enuke, 2001, Ebbe, 1990). Later on, prisons were established in other parts of the country, for example, Calabar, Onitsha, Benin City, Sapele, and Degema. (Rotimi, *ibid.*). In fact, by 1960, Ebbe noted that there was a prison in every provincial headquarters in Nigeria. The Nigerian prisons have undergone many reforms since then. Presently, Kirikiri is the largest prison complex and has both maximum and

medium security branches (Rotimi, 1982, Ebbe, 1982: Igbinovia, 1984: Iwarime-Jaja, 1989).

The Nigerian Prison Service is headed by the Comptroller-General of prisons who is appointed by the President of Nigeria with the approval of the Public Service Commission. The system is currently under the Ministry of Interior and the present Nigerian prison system is modelled after the British system (Rotimi, 1982: Ebbe, 1990). Though there are certain innovations, which the British system has introduced over the years but which may seem impracticable presently in Nigeria due to certain structural reasons. Some of these reforms include the introduction of alternatives to imprisonment such as provision for probation and parole. Succinctly, probation is the practice whereby an offender is to undergo some social works in lieu of imprisonment while; parole is a post prison experience whereby an offender is allowed to undergo some social works after serving part of his/her sentence in prison. Both practices use supervision and social work techniques to achieve their goals (Carney, 1979). These are by-products of changing philosophies of the prison system.

2. 2 CHANGING PHILOSOPHIES OF THE PRISONS

The society's reaction to crime and criminal behaviour is dynamic. Several years ago, crime and criminal behaviour were viewed as diabolical manifestation (Centre for the Right to Health 2003). The society's attitudes towards prisoners were often based on an attempt to protect the society from the prisoner. Then, prisoners were considered more as "pests" and locking them up was with a nonchalant attitude, which depicted primordial sentiments to crime and criminal

behaviour. These attitudes invariably had profound impact on the lives of prisoners as they were considered as getting too many benefits and receiving too little penalties. At that time, the society also treated criminals like devils, which must be eradicated; the need for a penitentiary to keep criminals was not the primary concern of the society.

Scholars are also of the opinion that one of the ways to measure the level of civilisation of a society is through its penal policies. For example, Churchill, (cited in Carney, 1979) observed that the mood and temper of the public with regards to the treatment of crime and criminals is one of the unfailing tests of civilization. Mandela (1994) corroborated this view when he observed that the way to judge a nation's attitude to the well being of its citizens is not from how the elites are treated but how the prisoners are faring. Although the early philosophies underlying the establishment of the prison were those of retribution and deterrence, the modern society is tending towards reformation and rehabilitation as popular criminological parlance. It is also pertinent at this point to add that the penal policy, philosophy and sentiments of any society are reflected in its prison systems (Rotimi, 1983). However, these philosophies have changed over the years from retribution and deterrence to rehabilitation and reformation.

The transformation from retribution and deterrence to rehabilitation and reformation has led to a radical break with outdated prison traditions and modifications in the functions and training of prison personnel. (Carney, 1979). The transformation is also reflected in the roles of prison staff, who now recognize that they are not just mere guards, whose sole task is to deprive

people of their liberty. Now, they have to combine their custodial role with educational and reformatory roles. (Coyle, 2002). The major implication of this is the unassailable fact that societies are changing their perceptions of the prisoner as an inconsequential member of the society, who must be left to die gradually of neglect and harsh treatment. The implications of this transformation to this study is that the health of prisoners is given more attention in a prison system built upon reformation and rehabilitation as philosophies than in a system built upon punishment and restitution as philosophies. Some of the major highlights of the changing prison philosophies include:

- The incorporation of counselling programmes within the facility, which allow offenders deal with the addictions and behaviours that brought them to prison and refrain from returning to the same lifestyle upon release, thereby helping them break the cycle of incarceration and reduce recidivism.
- The availability of life skills and educational classes to inmates to help them deal with the needs and stress of everyday life, and to seek gainful employment upon release, thus becoming productive members of the society.
- The prison philosophy, which sees prisoners as redeemable and equipped them with abilities to deal with normal everyday activities rather than as incorrigible elements injurious to the society.

The society's reaction to crime therefore cannot be divorced from the policies regarding harm reduction measures of HIV/AIDS in prisons. It is not surprising therefore that in many countries (where their attitudes towards crime and criminals are primitive), harm reduction measures like needle exchange in

prisons, provision of accessible HIV testing/screening, provision of a standard of HIV/AIDS care equivalent to the outside community among others are considered a “no go area.” More so, when supplying prisoners with needles and condoms may be equated with admitting that drugs and illicit sexual intercourse are tolerated in the prisons.

Finally, one important aim of the changing philosophies of the penal system is to allow for a programme, which would permit the prisoners to be abreast with developments outside the prison walls, and not allowing them to be stagnant while the outside world is developing. In relation to this study, prisoners’ education on harm reduction measures, which is essential to the reduction and eradication of HIV/AIDS among inmates, could therefore be possible only under a rehabilitative and reformatory penal philosophy.

2.3 THE NIGERIAN CRIMINAL JUSTICE SYSTEM

Some of the institutions in the Nigerian criminal justice system include: the courts of law, the prisons, and the police (which performs both policing and prosecution services), all of them working hand-in-hand. Policing and prosecution services are two distinct but interconnected institutions and both rely on each other to succeed in their fight against crime. For instance, a perfectly investigated crime will not lead to a conviction if its prosecution is flawed. Equally, a flawless prosecution will lead to an acquittal of the accused if the police have not uncovered sufficient evidence to allow the prosecution to prove its case beyond

reasonable doubt. In essence, one weak link in the criminal justice process is all that is required for it to fail.

The Nigerian criminal justice system is well known for being so slow that many offenders are left to stay longer in custody than necessary. In analysing the bane of the criminal justice system in Nigeria, The Nigerian Legal Aid and Pre-trial Detention Project (2004) in its report on national inter-agency consultation and skills training for duty solicitors and their coordinators, observed the following structural challenges facing the system;

- state prosecutors charged with ensuring due process in criminal arrangements lack mechanisms to monitor or control federal level police;
- Police reporting and filing is inadequate and many people are held in detention without proper records documenting their arrest;
- bail is rarely granted or granted only under prohibitive conditions; and
- finally, the power of the Magistrate courts and State level courts below the High courts to place in remand, people suspected of crimes beyond the court's jurisdiction, while awaiting decisions on prosecution also leads to the increasing number of awaiting trial persons.

Consequent to increased criminal activities is also the issue of the prison population, which seems to be bursting at the seams. The immediate effect of these constraints inherent in the criminal justice system is manifested as some of the challenges facing the prison system and the direct implication of these flaws is what is today known as one of the greatest blights in the Nigerian prison system; congestion.

That the Nigerian prisons are in an appalling state cannot be divorced totally from the criminal justice system of the country. Ibe (2005) noted that Pre-trial detention has become a sore point in Nigeria's criminal justice system, as recent and official estimates indicate that Awaiting Trial Persons (ATMs) constitute 65% of the total inmate population in Nigerian prisons. (Ibe, (ibid), BBC NEWS, 5th Jan. 2006). This implies that the number of convicted criminals is far less than the remand prisoners who are yet to know their fate. Unfortunately, most of them end up staying in detention longer than the stipulated period for the offence allegedly committed. BBC NEWS, 13th January, 2006) reported that many prisoners in Nigeria wait up till ten years, often in awful conditions for their case to come up for trial. This explains why awaiting trial prisoners are usually more than convicted prisoners in many prisons in Nigeria. Worse still, in some cases, women and juveniles are held with male prisoners, especially in rural areas. The extent of abuse in these conditions is better imagined than experienced. In most cases, women accused of minor offences are released on bail; however, women accused of serious offences are detained. Although the law stipulates that children shall not be imprisoned, juvenile offenders are routinely incarcerated along with adult criminals. This portends great danger for the former, who face the risk of being sexually abused.

Moreover, the existing justice system is dysfunctional and poor people lack access to safety, security and justice. Ibe, (2005) also noted that the critical challenges facing the key justice institutions in Nigeria, (the police, the prisons and the courts) are: outdated legal regime and inadequate legal framework,

delays and backlogs, scarce resources, poor financial and personnel management, inability to respond to an increasing rate of crime and violence, and high prevalence and tolerance of violence and corruption. However, the government is reported to be making frantic efforts to speed up trials and also free some prisoners who fall into certain predetermined categories like the elderly, the sick, (especially those with terminal diseases like HIV/AIDS and Tuberculosis) (BBC NEWS, 13th January, 2006). The building of six halfway houses by the government to provide freed prisoners with education and training is also under consideration (BBC NEWS, 5th January, 2006). This further poses some other interesting questions, is Nigeria really prepared for institutions like these; do we have adequate manpower to run them? These and many other questions are pertinent to having a practical alternative to the prison system in Nigeria.

2.4 THE PRISON AS A SOCIAL SYSTEM.

The prison as a social system is associated with the rehabilitation of criminals to become law-abiding citizens. Generally, the Nigeria prison system shares the universally recognized and accepted aims of imprisonment, which include rehabilitation, retribution and deterrence even though they have not been vigorously pursued. Imprisonment has been described by Giddens (1989), as a mode of punishing wrong doers and protecting citizens from them. Also, the underlying principle of the prison system is to improve the individual to play a fit and proper part in society. Kayode (cited in Rotimi, 2005) also observed that rehabilitation (a process of re-orientating the offender away from his or her deviant ways of life) is one of the stated objectives of the prison. However, Giddens, (ibid) believes that prisons do not have this effect on prisoners because they acquire certain habits and attitudes in prison, which are negative to those they should acquire. Likewise, Alemika (cited in Rotimi, 2005) has observed that the talk of rehabilitation in the Nigerian prison system is a mere “smoke screen”.

The condition to which a typical inmate is subjected during incarceration does not contribute and may indeed reduce prospects for rehabilitation. For example, during incarceration, the inmate subculture will socialize the individual offender to those values, which may be antithetical to any rehabilitation goals. In juvenile institutions for example, the most hardened criminals tend to dominate other criminals indoctrinating them with rationales for crime (Glaser, 1980:58).

Also, Ibe (2005) observed that the prisons have the statutory function of reforming the inmate and preparing him for a crime free life on completion of

his/her term of sentence. However, years of infrastructure decay and neglect of prisons in all its ramifications including lack of funds succeeded in converting the prisons into breeding grounds for criminals whereby a previously “drug free” criminal comes out only to be tutored on the use of drugs and also a once heterosexual criminal comes out of the system as a homosexual. The Nigerian prisons are plagued by a myriad of problems but the one that directly correlates with the subject of our study is congestion.

2.4.1. Congestion in Nigerian Prisons

The problem of prison congestion is an upshot of the appalling and bureaucratic nature of the Nigerian criminal justice system. There are approximately a total of 228 Prisons in Nigeria with a total of about 40,444 inmates including pre-trial detainees (remand prisoners) as well as convicted prisoners. (International Center for Prison Studies 2005). Ibe, (2005) has observed that prisons in Nigeria do not have the capacity to process the number of inmates due ordinarily to them. This state of affairs is sustained by the fact that the relevant authorities have neither built new prisons nor rehabilitated the existing ones in a decade. The Federal Government has acknowledged overcrowding as the main cause of the harsh conditions common in the prison system, and the problem of congestion has been attributed to prolonged pre-trial detention. (Country Reports on Human Rights Practices 2003).

The problem of overcrowding has a lot of health implications on the inmates, and many scholars have been able to document the acute problem of

overcrowding in Nigeria prisons. For instance, Joshua and Ojong (2005) observed that overcrowding of prisoners invariably leads to a myriad of problems including deterioration of hygiene, care supervision, risk of violence, rape and homosexuality in the prisons. This was corroborated in a report on Human Rights Issues in Nigeria (2004). By this report, it was observed that over 46,000 inmates in Nigeria prisons struggle for spaces meant for less than a quarter of this number. The implication of this is better imagined than experienced. Communicable diseases like tuberculosis, cholera, and HIV/AIDS are almost inevitable in such environment. Hence, Rotimi (1983) noted that it is a common knowledge that when human beings are enclosed in a small space, there is heightened interaction not to talk of health hazards as disease spreads very rapidly in a congested environment. Between June and September 1997, the Nigerian Human Rights Commission visited some prisons in Nigeria.

Table 1: Awaiting Trial Inmates, Convicts and capacity of Six Prisons in Nigeria between June and September 1997

Prison	Awaiting Inmates	Trail	Convicts	Total inmates	Prison capacity
Kano	592		223	817	690
Goron Dutse	311		164	475	600
Kirikiri (medium)	1768		521	2289	704
Ikoyi	1517		144	1661	800
Port Harcourt	965		379	1344	804
Kuje	100		44	144	80
Total	6392		2213	8604	4734

Source: PRAWA 1999. Rotimi, 2005

Table 1 shows six of the seven prisons visited by the Nigeria Human Rights Commission in 1997 and it is obvious from the table that most Nigerian prisons are overcrowded. Ikoyi prison, which was originally built to accommodate eight hundred inmates, had over one thousand six hundred inmates being catered for.

In line with this issue of overcrowding and other related issues, the next theme examines the vulnerability of Nigerian prisoners to HIV/AIDS.

2.5 PRISONERS' VULNERABILITY TO HIV/AIDS

Several scholars have written on the precarious health of most prisoners in Nigeria, some of these include; Oyesoro, (1995), Kayode, (1990), Asuni, (1990), Akinkuotu, (1997) all cited by Rotimi, (2005), who wrote on the medical implications of congestion in most prisons in Nigeria. They all agreed that the problem of congestion creates an unhygienic environment, which often leads to the spread of communicable diseases. However, most literatures available on the health of prisoners (especially in Nigeria and other developing countries) tend to highlight such communicable diseases like tuberculosis, diarrhea, and others. Not much is said about HIV/AIDS. This may be due what Dolan (1996) described as the difficult but important nature of embarking on such study. This difficulty is often characterized by the problem of gaining access to inmates and obtaining representative samples among others.

It is not strange that HIV/AIDS exists in prisons. Prisoners are as vulnerable to HIV/AIDS as free citizens. Infact, Lawson and Fawkes, (1992), observed that the virus that causes HIV/AIDS may be more common among inmates than previously thought. Their observation was based on the testing of nearly 11,000 inmates entering 10 prisons and jails between mid-1988 and mid-1989. The study, which was conducted by the Johns Hopkins School of Public Health and Centres for Disease Control indicated that that rates of HIV infection

ranged from 2.1 to 7.6 percent for male inmates, and from 2.5 to 14.7 percent among females. This is one of the very few studies on HIV/AIDS in prison but the study has several methodological challenges. Also, Bailey, (1987) observed that “punk” is a slang used in American prisons for homosexuals. Locally, Agence France Press, (2003) reported that seven inmates of an overcrowded and ill-maintained Nigerian prison in Lagos died of HIV/AIDS; likewise, four inmates of Ondo State prison were reported to be infected with HIV/AIDS (Daily Sun, Thursday, May 25th 2006, P.26). Though the report was silent on the likely means of contracting the virus but the report has no doubt lent credence to the fact that prisoners are highly susceptible to the deadly HIV/AIDS virus. Also, Rady, (2004) in describing the vulnerable groups of HIV/AIDS mentioned the following; mobile populations, Armed Forces, and *prisoners*. Prisoners include all those in confined areas, including adult prisoners, juvenile prisoners and delinquents in rehabilitation institutions. Prisoners become more prone to HIV/AIDS due to the weak or non-existent screening system and deplorable health care conditions of prisons in general.

Furthermore, some of the behaviours, which expose prisoners to HIV/AIDS, include, violence, sexual harassment, (which could be in form of coercive or willing homosexual or heterosexual acts). Prisoners also indulge in tattooing and incision, (which is either meant for protection or at initiation into gangs). These acts involve the use of sharp objects to pierce the body and these objects are not sterilised in most cases. (BBC NEWS, 5th Jan.2006) Sexual abuse in prisons is as common as any other vice in the institution. Sodomy, (e.g

homosexuality and lesbianism) and other acts of sexual practices, which are out of the ordinary, are regular in most prisons. In fact, one of the ways prisoners establish their domination of other inmates is through sexual abuse. Some ex-prisoners have given their prison experiences on sexual abuse in prison include Kayode Williams, an ex-prisoner in one of Nigerian prisons who said that trouble makers in prison intimidate other prisoners and they force themselves sexually onto young or new prisoners.

Furthermore, another Nigerian ex-prisoner, Obi, reported that some prison “chiefs” invent rules that are impossible to follow, they give all sorts of punishments including washing the chiefs’ clothes, but often, prisoners pay for misdeeds by being beaten or sexually assaulted (BBC, NEWS, 5th January, 2006). This practice is however not peculiar to Nigerian prisons as, Vincente, an ex-Guatemalan prisoner who was sent to prison at the age of sixteen reported that children incarcerated with adults are often beaten, raped and forced to give up their clothing or compelled to pay for a place to sleep (Human Rights Watch, 2004). This is however unintentionally encouraged in the Nigerian prison system, because it lacks categorization. Unlike in more developed countries, where some prisons have *Vulnerable prisoners units* used to house prisoners that cannot be imprisoned with regular prisoners as they are classified as vulnerable. The vulnerable prisoners often include sex offenders who may forcefully assault or rape other inmates. In Nigeria, career criminals are often mixed with first offenders and even awaiting trial persons and this may pose a great danger for the “innocent” ones.

Another problem, which makes prisoners susceptible to HIV/AIDS, is what Rotimi, (1983) described as *trafficking of contraband items* by both prisoners and some prison officials. Some of these illegal items, which the prisoners bring into the prison with the help of some unscrupulous warders include: cigarettes, canned foods, and in some cases hard drugs. A prisoner who is addicted to drugs can easily continue with such lifestyle as long as he gets an accomplice in any prison staff.

Generally, prisoners engage in several other risky behaviours like sharing of clippers, nail cutters and blades for shaving and cutting of nails, among other risky behaviours. Though the prisoners and the prison authorities deny some of the practices because of the strict prison regulations on these issues, they however exist within the prison walls. Another issue is the fact that some prisoners who are addicted to drugs inject drugs intravenously using syringes. But some prisoners, who do not have easy access to such items, devise other instruments to do these which may include pen cases, straws, and so on. The sharing of these items also makes the prisoners vulnerable to the deadly virus. (Rady, 2004). From the foregoing, therefore, the issue of whether HIV/AIDS is in prison or not is not as relevant as how to nip the problem in the bud. Though the disciplinary role of prisons has placed serious limitations on the prison health care function, a harm- minimization policy can and should be implemented to reduce the risks associated with injecting drug use and unprotected sex in prisons.

2.6 FEMALE INMATES AND HIV/AIDS

The proportion of women in prison in any system throughout the world varies between 2% and 8% (Coyle, 2002). The International Center for Prison Studies (2005), also gave the percentage of female prisoners in Nigerian prisons in 2004 to be 1.9%. The major implication of this statistics is that prisons and prison systems tend to be organized on the basis of the needs and requirements of male prisoners. This applies in terms of structural design, security and other facilities inherent in the prisons. For instance, in Nigeria, the only exclusively female prison is in Kirikiri, Lagos State. (Agomoh, 2002, Ebbe, 1990). This “official” neglect however has serious consequences for female inmates who are made to go through the same harshness as their male counterparts, despite their peculiar physical and physiological makeup.

Some scholars, who have established that female prisoners are more vulnerable to HIV/AIDS than their male counterparts include Coyle, (2002); Ehinmowo et al, (2004); and, Strazza et al (2006). The engine that drives the HIV/AIDS epidemic in many parts of the world is sexual violence and subordination of women and girls and most female prisoners are vulnerable to sexual assault either from their prison mates or from prison officials. The United Nations Commission on the Status of Women concluded in 2001 that Women's and girls' relative lack of power over their bodies and their sexual lives, which is supported and reinforced by their social and economic inequality, makes them more vulnerable to contracting and living with HIV/AIDS. In America, while women still represent only 5.8 percent of the incarcerated population, their rates

are increasing faster than male prisoners. A larger proportion of women are incarcerated for drug convictions-one out of three women compared to one out of thirteen prisoners overall (Thorburn, 1993).

There are also pregnant women in prisons. Though the issue of when and where they got pregnant is not the issue for discussion here but whether they got pregnant before or after their incarceration, their pregnancies often need intensive management due to high risks, such as drug use during early stages, blade sharing, and other risky behaviours. In cases like these, the woman is not the only one exposed to HIV/AIDS risks but the unborn child as well. Since women still represent a small proportion of incarcerated population, their extensive health needs are often difficult to meet in systems that are planned for male-dominated programmes. For instance the prison authorities do not make provisions for nursing mothers in prisons but these have largely been left to the exclusive preserve of Non-Governmental Organizations. (NGOs). This study will however examine the level of awareness of women as compared with their male counterparts and study the various ways in which the system exposes them to the risk of contracting HIV virus.

CHAPTER THREE

3.1 THEORETICAL FRAMEWORK

The theory used in this study is a micro-sociological theory, which is called the Health Belief Model. The Health Belief Model hereafter referred to as HBM was suggested by Rosentock (1966) and modified by Gochman, (1972) and Becker and Maiman (1975). The model was designed originally to explain preventive health behaviour. The assumption of the model is that beliefs and attitudes of persons are critical determinants of their health related actions. The model also holds that when cues to action such as symptoms are present, the variations in utilization behaviour can be accounted for by beliefs concerning four sets of variables, which include:

- The individual's views of his own vulnerability to illness
- His beliefs about the severity of the illness, which may be defined in terms of physical harm or interference with social functioning.
- The person's perception of the benefits associated with actions to reduce the level of threat or vulnerability
- His evaluation of potential barriers associated with the proposed action (this may be physical, psychological or financial).

In relation to the study, the health belief model helps to appreciate how prisoners perceive their vulnerability to HIV/AIDS. This will in turn affect their risky behaviour. Also, the model helps us to identify the prisoners' perception of the benefits associated with their actions, (the harm reduction measures taken by the prisoners). The strength of the theory is that it suggests that the level of

awareness of the prisoners will determine to a large extent, their involvement in risky practices. In other words, a prisoner's involvement in risky behaviour will be influenced by certain factors, which include his knowledge, attitude and belief of the virus.

However, the HBM is limited in that it can only explain from the individual's perspective of the situation. In most cases, the prisoner's knowledge and attitude are influenced by the social or institutional structures in which he finds himself. The programmes of the prison may dictate the prisoner's access to mass media, which is a major source of information about the HIV/AIDS virus, ways of contracting it as well as preventive measures.

Moreover, the penal policy may be the type that emphasizes rehabilitation and reformation at the expense of retribution and deterrence. Such development will invariably facilitate the knowledge and attitude of prisoners towards preventive measures and safer practices. Despite, all these shortcomings, the theory is appropriate in the explanation of the relationship between level of awareness and risky behaviour of HIV/AIDS among inmates in prisons.

3.2 PROPOSITIONS OF THE STUDY

The following propositions are going to be used in the study:

- More educated prisoners are more aware of HIV/AIDS than less educated prisoners.
- Prisoners who spent less time in prison are more aware of HIV/AIDS than prisoners who spent more time in prison.

- Prisoners engage in certain risky behaviour, which makes them prone to HIV/AIDS.
- Female prisoners are more prone to HIV/AIDS than male prisoners.
- Female prisoners are more aware of HIV/AIDS than male prisoners.

3.3 CONCEPTUAL FRAMEWORK

- **INDEPENDENT VARIABLES**

SELECTED SOCIO-DEMOGRAPHIC VARIABLES
(EDUCATION, SEX, MARITAL STATUS)

- **INTERVENING VARIABLES**

- EXPERIENCE DURING INCARCERATION
- LENGTH OF INCARCERATION
- PRISON INTERVENTION PROGRAMMES.
(AIDS AWARENESS CAMPAIGNS)

- **DEPENDENT VARIABLES**

- AWARENESS LEVEL
- RISKY BEHAVIOUR

CHAPTER FOUR

METHODOLOGY

This section discusses the methodology used in data collection. It covers issues like the population and sample frame, instruments for data collection, location of study and so on.

4.1 LOCATION OF THE STUDY

The two prisons selected are the Agodi and Ilesa prisons. They both have certain things in common; for example, they are both medium-security prisons, accommodate male and female prisoners, and admit prisoners from all parts of the country. Moreover both institutions were established before 1960.

4.2 POPULATION AND SAMPLE FRAME

Table 2: Population of Prisoners in Ilesa Prison

	CONVICTED PRISONERS	AWAITING TRIAL PRISONERS
Male	87	237
Female	01	11
Total	88	248 = 336

Source: Author's fieldwork, 2006

Table 3: Population of Prisoners in Agodi Prison

	CONVICTED PRISONERS	AWAITING TRIAL PRISONERS
Male	77	507
Female	02	07
Total	79	514 = 593

Source: Author's fieldwork, 2006

This study was carried out among all the prisoners in the penitentiaries at Agodi and Ilesa. As shown in tables 1 and 2, there are a total of 336 and 593 inmates in Ilesa and Agodi prisons respectfully. 292 (50%) male inmates were interviewed at Agodi while 162 (50%) male inmates were interviewed at Ilesa. All female inmates (100%) were interviewed in both prisons. Key informant interviews were held with some key officers in both prisons; the Superintendent of Prisons in charge of administration, the Superintendent of Prisons in charge of health, the Chief Warder and the chief wardress were interviewed at Ilesa while the Superintendent of Prisons in charge of Health, the chief wardress, and the Superintendent of Prison in charge of administration were interviewed at Agodi. This was necessary to get more information and also to understand the position of the prison authorities on certain sensitive issues, which are relevant to the study. The sampling technique used was the stratified random sampling technique for the prisoners, while purposive sampling technique was used in the selection of the officials.

4.3 DATA COLLECTION TECHNIQUES

Mahon (1998) observed that undertaking a study of prisoners' high risk behaviours "invites many methodological, logistical and ethical challenges", considering the fact that correctional facilities are by nature coercive environments, and sex and drug use, which form the commonest form of transmission of HIV/AIDS virus, violate prison regulations. Particularly, since Agomoh, (1996) observed that Nigerian Prison authorities would tolerate

researchers more when the issue has to do with criminality than when it has to do with prison conditions and other issues which might expose the deficiencies of the system, therefore both qualitative and quantitative data collection techniques were adopted. Survey questionnaires were administered as well as in-depth interviews. Secondary sources of data were also be used.

In-depth interview and observation were used instead of focus group discussion, which the prison authorities would not allow. The questionnaire was not be administered directly by the researcher because the inmates were not allowed to come in contact with outsiders. So the peer education mechanism was adopted. Some of the prisoners were enlightened about the study and on how to administer the questionnaire. However, there was a female research assistant who had direct access to the female prisoners. Permission to carry out the study has been obtained from the State Comptroller of Prisons (headquarters) in Oyo and Osun states respectively.

4.4 SAMPLING TECHNIQUE

The prisons were divided in to several sections; first, male and female, then the male cells were further divided into about eleven and inmates were randomly selected from these cells. However, a census of the female inmates was taken in both prisons.

4.5 DATA ANALYSIS

Data collected from this study were analysed using both quantitative and qualitative analytical techniques. The quantitative data were entered with EPIINFO and analysed with the STATA package.

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CHAPTER FIVE

DATA ANALYSIS AND RESEARCH FINDINGS

This chapter presents data analysis and interpretation of some of the findings of this study. The analysis is discussed under the following themes; socio-economic characteristics of respondents; HIV/AIDS awareness level of respondents; knowledge of prevention of AIDS; attitude of respondents to voluntary AIDS test; perception of respondents on the best tool to educate prisoners on AIDS; perception of respondents on awareness programmes and vulnerability to AIDS; respondents' risk behaviour of AIDS; medical history of respondents, and criminal history of respondents. The chapter also discusses some of the highlights of the research.

5.1 SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

Table 5.1: Percentage Distribution of Respondents by Socio-economic 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	1.3	3.1	1.5
Divorced	2.6	3.1	2.6
Widowed	0.65	0.0	0.59

Source: Author's fieldwork, 2006

Table 5.1 shows some selected socio-economic characteristics of respondents. Both male and female respondents were interviewed in Agodi and Ilesha prisons. The table indicates a preponderance of males in the two selected prisons. In all, 91% were males while 9% were females. This is a presentation of the archetypal Nigerian prison system, which is male-dominated. The respondents were mainly young people with a mean age of 31 years. The implication of this is that most of the prisoners are youths who are sexually active and research efforts have shown that majority of those who contract the virus fall under this age bracket. (Nigeria Demographic Health Survey 2003) Also, the implication of a male-dominated prison is the neglect of women's care and little attention being paid to the well being of women. (Coyle, 2002); Ehinmowo et al, 2004; and, Strazza et al 2006). Very few of the prisoners (13%) had no formal education as most of them had at least a primary education. About 40% had secondary school education, while one-fourth had a post secondary education. Interestingly, more than half of those who reported having post secondary education did not complete their education.

The reasons for respondents' dropouts ranged from financial (52.9%), inability to cope with academics, (17.7%) to incarceration (25%). The predominant occupation among the prisoners before their incarceration was trading and very few of them were in white-collar jobs. The major religion of the prisoners was Christianity as 63% reported that they were Christians. Very few reported other religions apart from Islam.

Majority of the respondents were Yoruba while very few were of the other tribes of the country. This is a reflection of the areas in which the study was carried out, since most criminals are expected to be tried in areas where they have committed the crimes. Over half of the respondents were single while 45% were married, 1.5% were separated, 6% divorced and less than 1% widowed.

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Table 5.2: 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 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

Source: author's fieldwork, 2006

5.2 RESPONDENTS' LEVEL OF AWARENESS OF HIV/AIDS

Majority of the respondents did not know the full meaning of the acronym "AIDS" though they have an idea of what it means as many of them gave different interpretations to it. Some of the names they call it include: "deadly disease" "incurable disease" and so on. Also, almost all (90.1%) are of the opinion that AIDS is avoidable. Table 5.2 also reveals that of the media, radio was the most common as about 76.3% of the respondents heard of HIV/AIDS through the radio. This is in line with the findings of Orubuloye et al (1995) which reported that prisoners heard most of the information on AIDS from radio, television and newspapers in that order. The direct implication of this is that the radio should be considered as a very viable means of passing messages on AIDS awareness programmes. Ironically, prisoners are denied access to radio of whatever type. This still reflects the philosophy behind prison system in the country.

Table 5.3: Percentage distribution of respondents' knowledge of Prevention of AIDS

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
How can AIDS be avoided?			
Abstinence	26.2	56.3	29.0
Use condom	62.8	65.6	63.1
Limit sex partner to one	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 intravenously	13.9	37.5	16.1
Avoid unscreened blood transfusion	27.2	37.5	28.2
Avoid injection with unsterilized syringes	31.2	43.8	32.6
Avoid sharing blades/other sharp objects	38.2	37.5	38.1
Avoid kissing	8.4	3.1	7.9
Can mosquito spread AIDS?			
Yes	21.9	34.4	22.9
No	77.4	65.6	76.3
Don't know	1.0	0.0	0.9
Can AIDS be spread by sharing food			
Yes	5.5	21.9	7.0
No	92.6	65.3	90.0
Don't know	1.9	12.5	2.9
Can an AIDS infected person look healthy?			
Yes	70.9	59.4	69.8
No	26.0	25.0	25.8
No response	3.2	15.6	4.4

Source: Author's fieldwork, 2006

5.3 RESPONDENTS' KNOWLEDGE OF PREVENTION OF AIDS

Table 5.3 shows respondents' opinions on how to avoid AIDS. More female respondents than males were of the opinion that abstinence can help prevent AIDS, but in all, very few of the prisoners (29%) were aware that AIDS could be avoided by abstinence. Also, more female respondents (59.4%) than males (33%) are of the opinion that AIDS can be avoided by limiting the number of sexual partners. Majority of the prisoners are however of the opinion that AIDS can be prevented with condom. Very few of the respondents are also aware that AIDS can be prevented by avoiding sex with prostitutes. Moreover, only 21.7% of the respondents are of the opinion that avoiding sex with homosexuals can prevent AIDS. This is surprising especially when you consider the fact that homosexual acts are common in prisons and is also a common means of contracting HIV/AIDS. About 16.1% of respondents are also aware that AIDS can be contracted through injecting drugs intravenously. Very few of the respondents (28.2%) are also aware that AIDS can be contracted through unscreened blood transfusion.

Some of the respondents (23%) are of the opinion that mosquitoes can spread AIDS. It is pertinent to note that very few of the respondents are aware of some important means of contracting AIDS like injecting drugs intravenously (16.1%), homosexuality (21.7%), sex with prostitutes (29.6%), and unscreened blood transfusion (28.2%), compared to use of condom (63.1%). These imply that sex is the most popular means of contracting AIDS known to the respondents and the immediate effect of their opinions is that they are likely to

indulge in some of these risky practices since most of them are not well informed about the other means of contracting AIDS beside sexual intercourse. About 70% of the respondents are of the opinion that it is possible for an AIDS-infected person to look healthy.

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5.4 Percentage Distribution of Respondents' Attitude to voluntary AIDS Test

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Have you done a voluntary AIDS test before?			
Yes	21.0	28.1	21.7
No	78.0	71.9	77.4
No response	1.0	0.00	0.9
Would you like to go for one?			
Yes	61.8	52.5	61.9
No	38.2	37.5	38.1
What would you do if result were positive?			
Engage in indiscriminate sex	3.9	3.1	3.8
Avoid sex	14.2	9.4	13.8
Commit suicide	5.8	6.3	5.9
Pray about it	35.6	18.8	34.0
Go to doctor	51.5	50.0	51.3

Source: Author's fieldwork, 2006

5.4 RESPONDENTS' ATTITUDE TO VOLUNTARY AIDS TEST

Taking a voluntary AIDS test may imply the level of awareness of a person of AIDS and also indicate that the person knows his/her HIV/AIDS status. Majority of the respondents (77.4%) have not done a voluntary AIDS test before, so they do not know their AIDS status but about 62% of them would like to do the test. Though, both prisons under study possess AIDS screening facilities, they run out of materials most of the time. Key in-depth interviews with the Assistant Superintendents of prisons (health) in both prisons reveal the following respectively:

"The rules say that we should carry out screening tests for inmates at the entrance point, which we do but we are always in short supply of these materials, so we don't do regular screening of inmates" (ASP in charge of Medical Unit, Ilesha).

"We do screen inmate for HIV/AIDS but the materials are exhaustible and we often run out of stock" (ASP in charge of Medical Unit, Agodi).

However, respondents have different reactions to being positive. Interestingly, very few of the respondents would avoid sexual intercourse if tested positive, this portends danger for fellow inmates and other who might be close to them as they would invariably spread the virus by continuous engagement in sexual intercourse.

Also, very few would commit suicide if they discover they are positive while many would go to the doctor if they know they are positive. Interestingly, 34% of the respondents would pray about it. These responses indicate the fact that some respondents' knowledge of their HIV/AIDS status would be taken in

good faith. However, the percentage of those who are not ready to take a voluntary AIDS test is relatively high (38.1%), this may be informed by their fear of being positive.

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5.5: Percentage Distribution on Respondents' Perception of Best method to Educate on AIDS

WHAT IS THE BEST WAY TO EDUCATE INMATES ON AIDS?			
Video	22.3	37.5	23.8
Counseling	49.2	43.8	48.7
Group discussion	17.5	12.5	17.0
One-on-one talk	4.5	3.1	4.4
Personal testimony	6.5	3.1	6.2

Source: Author's fieldwork, 2006.

5.5 RESPONDENTS' PERCEPTION ON BEST METHODS TO EDUCATE ON AIDS

On the best tool to educate prisoners on HIV/AIDS, Table 5.5 shows that 48% are of the opinion that counseling is the best tool, while very few, (4.5%) support one-on-one talk, 23% believe that the use of video is the best tool to educate prisoners on AIDS. This according to them is because many of them are not well educated and they would always remember what they see much longer than they would what they were taught. The percentage of respondents who suggested personal testimony as a tool of educating inmates on HIV/AIDS is so few (6.2%). This may be informed by the attitude of members of the society towards people living with HIV/AIDS (PLWHA). A personal testimony of an HIV/AIDS infected inmate may therefore lead to his/her ostracization by other inmates.

5.6: Perception of Respondents on Awareness Programmes and Vulnerability of AIDS

VARIABLE	MALE (N=309)	FEMALE (N=32)	BOTH (N=341)
Do you have access to AIDS awareness programmes in prison?			
Yes	67.0	43.8	64.8
No	33.0	56.3	35.2
Who is more vulnerable to AIDS?			
Male	62.9	53.13	69.9
Female	36.6	43.8	37.2
Both	0.7	3.1	0.9
Reasons for higher vulnerability			
Blade sharing	12.3	16.7	12.7
Flirting	1.0	0.0	0.9
Homosexual acts	21.4	3.3	19.8
Love of money	10.7	0.0	9.7
Outside visits	14.6	0.0	13.3
Polygyny	13.9	33.3	15.6
Promiscuity	14.6	0.0	13.3
Higher sexual urge	9.7	36.7	12.1
Receives more visitors	1.9	10.0	2.7

Source: Author's fieldwork, 2006

5.6 PERCEPTION OF RESPONDENTS ON AWARENESS PROGRAMMES AND VULNERABILITY OF AIDS

More than half of the respondents (64.8%) reported that they had access to HIV/AIDS awareness programmes in prison. It is also interesting to note here that more male inmates (67%) reportedly have access to these programmes than their female counterparts (43.8%). This is explained by the fact that female inmates are more secluded than the male inmates. Key informants interviews with some prison officials revealed the following:

“Female inmates don’t always go out for exercise. They stay here most of the time when they are on break” (Chief wardress, Agodi)

“Only the male prisoners are allowed to do exercises, play football, and engage in other activities during their break hours. The females are not allowed to come out” (Chief Warder, Ilesa).

To measure the perception of respondents of their vulnerability, they were asked who was more vulnerable to AIDS between men and women, majority of the respondents (70%) are of the view that male prisoners are more vulnerable to AIDS than female prisoners. This negates the findings of Ehinmowo et al, (2004) and Strazza et al (2006), who both concluded that females were more vulnerable to HIV/AIDS in prison than their female counterparts. However, this finding corroborates the 2003 National Demographic Health Survey, which stated that males are generally more prone to AIDS than females. Respondents gave several reasons for their opinions; 19.8% of the inmates believe that homosexual acts among men make them more vulnerable. Some of the respondents (12.7%) reported that blade sharing among female inmates make them more vulnerable,

while 36.7% of the female inmates are of the opinion that males have higher sexual urge and this makes them more vulnerable.

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Table 5.7: 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

5.7 RESPONDENTS' RISK BEHAVIOUR OF HIV/AIDS

Most of the respondents (76.3%) had their first intercourse with a girlfriend or boyfriend. It was also revealed from Table 5.7 that 32.0% of the respondents had their last sexual intercourse less than a month before incarceration and more than half of them (55.4%) did not use condom even then. Since sexual intercourse is not the only avenue of contracting HIV/AIDS, the respondents were asked how they keep their hair. It was revealed that more than half of the respondents (56.3%) make use of razor blade while 37.0% make use of clippers. Interestingly, 62.5% of them share these instruments with others. Excerpts from key indepth interviews also revealed that;

"I keep their blades with me and give it to them when anyone needs it" (Chief wardress, Agodi).

"Some of the inmates who are professional barbers are allowed to practise their trade. They barb for their fellow inmates and some staff also patronise them." (ASP in charge of administration, Ilesa)

Interestingly, the Chief wardress at Agodi prison showed the researcher some blades, which she had kept for the inmates. The blades were kept under a tablecloth and there was no way to know which blade belongs to whom. This, no doubt exposes inmates to AIDS infection.

Furthermore, to determine the respondents' risky behaviour in terms of unprotected sexual intercourse; they were asked when they first had sex. Some of the respondents (3.2%) had their first sexual intercourse under the age of 10, while almost half of them had their first intercourse between the ages of 16 to 20

years. This reflects sexual activity at a pretty young age. Interestingly, none of the inmates had their first sexual intercourse with their husbands/wives.

Furthermore, Majority of them (74.1%, male and 62.5%, female) did not use a condom during their first intercourse. This portends great risk for HIV/AIDS as several research efforts have revealed that unprotected sexual intercourse is one of the commonest means of contracting HIV/AIDS.

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Table 5.8: 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	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.

5.8 MEDICAL HISTORY OF RESPONDENTS

Sexually transmitted diseases often accompany and exacerbate the prevalence of HIV/AIDS among inmates (UNAIDS, 2006). Table 5.8 reveals that 39.8% of male and half of the female respondents had contracted a sexually transmitted disease (STD) before their incarceration. Majority (62.6%) of those who had contracted an STD before had gonorrhoea, while 14.4% syphilis. Interestingly, 19.4% of the respondents did not know the name of the STD but only remembered they had contracted one before their incarceration.

On how they became infected, more than half of the respondents were infected by their girlfriends/boyfriends, while commercial sex workers infected 26.6%. This further indicates that the respondents were exposed to the virus through unprotected sexual intercourse before incarceration.

Also of interest is how they treated themselves when they discovered they were infected. 60.4% used a hospital while 11.5% patronised a herbalist. Some (20.1%) also practised self-medication.

However, respondents denied that they engage in sexual activities in prison and the prison officials interviewed corroborated this by saying that the possibility of sexual activities was nil since male are separated from female inmates. However, the following excerpts from the key in-depth interviews with some of the officers revealed that:

“Sometime ago, some inmates were involved in homosexual acts in the toilets when pit latrines were used in prisons, but now that is impossible because we use water system whereby only one inmate uses the toilet at a time. More so, a prison guard escorts

them to toilet.” (ASP in charge of medical unit, Agodi).

The possibility of a prison guard always escorting inmates to the toilet is however doubtful as some of the toilets are dirty and may be irritating for an escort to follow them there everytime they want to use the toilet. Also:

“We have had reported cases of homosexual activities before but the culprits were dealt with appropriately” (ASP in charge of administration, Ilesa).

“Yes, sometime ago we had reported cases of homosexual acts, but such cases are no longer common now” (Chief Warder, Ilesa).

The prison authorities may be quick to deny the existence of homosexual acts among inmates because it is prohibited and may expose the inadequacy of monitoring programme of the prison authorities.

Table 5.9 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

5.9 RESPONDENTS' CRIMINALITY HISTORY

Table 5.9 shows the criminality history of respondents. Most of the respondents (42.2%) have been in prison for more than two years while 20% have been in prison for less than one month. Majority of them (43.7%) are either convicted or on trial for armed robbery, while 12.9% are held for murder. Respondents jailed for theft is 21.1%, while other offences like rape, arson, breaking and entry, and others account for 5.0%. Some of these crimes expose the perpetrators to risky practices like violence and incision (undertaken either during oath taking or initiation).

Consequently, 48.2% of the male respondents and most (78%) of female respondents have done incision at one time or the other before for various reasons. Most (71.8%) of the women did incision for "protection", while two-fifth of the male respondents had done incision for same purpose. About one-tenth of the respondents did incision on account of oath taking, while about 26.7% of them did incision during their initiation to criminal groups. Others (18.5%) had done incision for sundry reasons like during childbirth and as health seeking behaviour for sickness. Incision, for whatever reason it is being done, exposes the respondents to HIV/AIDS as most of the instruments used are hardly sterilised before or after usage and in most cases, sharp objects like blades, knives, and others are used for incision.

Table 5.10 Length of time Spent in Prison by Some Dependent Variables

	<1 MONTH (N=68)	<1 YEAR (N=129)	>2YEAR (144)	COMMENT
Heard of HIV/AIDS from 3 common sources – radio, newspapers and television	86.7	88.4	82.6	P=0.385
AIDS is avoidable	86.8	94.6	89.6	P= 0.148
AIDS preventable by abstinence, condoms and marital faithfulness	72.1	79.8	72.9	P=0.323
Those who share clippers	39.7	34.9	31.9	P=0.539

Source: Author's fieldwork, 2006

5.10 LENGTH OF TIME SPENT IN PRISON BY SOME DEPENDENT VARIABLES

The length of time respondents had spent in prison was also analyzed by some dependent variables like awareness of AIDS from three common sources i.e. radio, newspapers and television. The respondents were divided into various time spent in custody ranging from less than one month, less than one year, and two years and above. A chi square test was also run to show the level of significance between these variables. Table 5.10 shows that the length of time spent in prison is not a significant factor in determining the awareness level of prisoners about HIV/AIDS. For instance majority of the respondents, irrespective of the time spent in prison have heard of HIV/AIDS from at least three common sources, i.e. radio, newspapers and television (86.7% of those who have spent less than a month, 88.4% of those who have spent less than a year, and 82.6% of those who have spent more than two years). Also, almost all the respondents are of the opinion that AIDS is avoidable and that another ways of avoiding AIDS include abstinence, condoms and marital faithfulness. Moreover almost the same proportion of inmates, 39.7%, 34.9% and 31.9% of respondents who have spent less than one month, less than one year and more than two years respectively share the same clippers with other respondents. The implication of these is that the length of time spent in prison is not a major determinant of respondents' level of awareness.

Table 5.11 Educational Qualification by Selected Outcome Variables

	N=44	N=76	N=136	N=85	
	No formal education	Primary	Secondary	Post-secondary	P-value
Heard of HIV/AIDS from 3 common sources – radio, newspapers and television	72.7	90.8	83.8	90.6	P=0.022
Avoidability of AIDS	90.9	89.5	89.0	95.3	P=0.426
AIDS preventable by abstinence, condoms and marital faithfulness	61.4	76.3	72.8	85.9	P=0.017
Those who share clippers	43.2	43.4	25.0	37.7	P=0.019
AIDS transferable from mosquito bite	34.1	23.7	21.3	18.8	P=0.197
Voluntary AIDS test	6.8	15.8	25.7	28.2	P=0.035
Condom use at last sex	28.6	32.9	48.8	48.7	P=0.003
Ever done incision	50.0	56.0	54.1	41.1	P=0.208

Source: Author's fieldwork, 2006.

5.11 EDUCATIONAL QUALIFICATION BY SELECTED OUTCOME VARIABLES

In table 5.11, educational qualification of respondents was analysed against some dependent variables. In terms of those who have ever heard of HIV/AIDS from three common sources, (radio, newspapers and television), 7 out of 10 respondents without formal education have heard of HIV from these sources, while 9 out of 10 of respondents with post-secondary education have heard of HIV from these sources. Two out of five respondents without formal education share clippers and blades with others, while only one out of five respondents with secondary education share clippers and blades with others. Among respondents without formal education, only 7% have gone for a voluntary HIV/AIDS test while about 30% of those with post secondary education have gone for a voluntary HIV/AIDS test. Lastly, 30% of respondents without formal education used condom during their last sexual intercourse while about 50% of respondents with post secondary education used condom during their last sexual intercourse. Moreover, the chi test shows that educational qualification of respondents is very significant at 0.022. Also there is a significant difference in respondents' knowledge of preventing AIDS as the chi test shows a 0.017 significant level. Also other variables, which were significant include those who share clippers at 0.019, those who have had voluntary AIDS test at 0.035, and those who use condom at last sex at 0.003. All these imply that the level of education of respondents is a significant factor in determining some of these risky practices and level of knowledge of inmates of AIDS.

5.12 RESEARCH PROPOSITIONS

This section presents the test of the research propositions:

The following propositions are going to be used in the study:

- **Proposition 1**

More educated prisoners are more aware of HIV/AIDS than less educated prisoners.

Table 5.11 shows that the relationship between academic qualifications of respondents and their level of awareness of HIV/AIDS is significant as the P-value is less than 0.05. The proposition is therefore accepted that more educated inmates are more aware of HIV/AIDS than inmates who are less educated.

- **Proposition 2**

Prisoners who spent less time in prison are more aware of HIV/AIDS than prisoners who spent more time in prison.

Table 5.10 shows that the length of time spent in prison is not a significant factor in determining the awareness level of prisoners about HIV/AIDS. Therefore the proposition that prisoners who spent less time in prison are more aware of HIV/AIDS than prisoners who spent longer time is not accepted.

- **Proposition 3**

Prisoners engage in certain risky behaviour, which makes them prone to HIV/AIDS.

Prisoners indulge in HIV/AIDS risky practices like blade/clipper sharing for the purpose of shaving, barbing and nail cutting. Table 5.7 shows the various risky practices engaged in by prisoners. The proposition is therefore accepted that prisoners engage in certain behaviours, which make them vulnerable to HIV/AIDS.

- **Proposition 4**

Female prisoners are more aware of HIV/AIDS than male prisoners.

Sex is not a significant factor in determining the level of awareness of prisoners of HIV/AIDS. Therefore, the proposition that female prisoners are more aware of HIV/AIDS than male prisoners is rejected..

- **Proposition 5**

Female prisoners are more prone to HIV/AIDS than male prisoners.

The research has shown that male inmates are as vulnerable to HIV/AIDS as their female counterpart. The factors, which make the male more vulnerable in some instances, include:

- a. Some of the male respondents indulge in homosexual acts (though this act goes on undercover often, it is however not deniable that homosexual acts are not practised in prisons), and homosexuality is one of the commonest ways of contracting the virus.
- b. Some of the male respondents also reportedly have multiple sexual relations and more of them had sex without using condoms shortly prior to their incarceration.

- c. According to the perception of the respondents, male inmates *go out of the prison more often than female respondents do. This makes them more susceptible.

Therefore, the proposition that female prisoners are more prone to HIV/AIDS than male prisoners is rejected.

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CHAPTER SIX

SUMMARY OF FINDINGS, DISCUSSIONS AND CONCLUSIONS

6.1 SUMMARY OF FINDINGS AND DISCUSSIONS

The study endeavoured to assess the level of awareness and risky behaviour towards HIV/AIDS among inmates in two prisons in southwestern Nigeria. These were Ilesa and Agodi prisons in Osun and Oyo States respectively. The study employed both quantitative and qualitative data collection methods; questionnaires were used for the survey of inmates (male and female), while key in-depth interview was employed to get information from selected key prison officers. In all, a total of 341 inmates were surveyed while six members of staff including the heads of medical units, chief wardresses and chief warders, and Superintendents of Prisons in-charge of administration were interviewed in both prisons. The prison authorities disallowed some data collection techniques like focus group discussion and in-depth interviews with inmates for security reasons. The inmates were mostly males (91%) and few females (9%), which implies that more male are tried in the criminal justice system than females. The mean age of inmates was 31 years and very few of them had no formal education as over 85% had at least a primary education. Most of the inmates were traders before their incarceration and very few of them were in white-collar jobs. Over half (63%) of the inmates were Christians and very few reported other religions apart from Islam and most of them were of the Yoruba tribe.

Almost all the inmates have heard of AIDS before though some of them do not know the meaning of the acronym but they call it several names like “deadly

disease”, “incurable disease,” “death” among others. Among those who have heard of HIV/AIDS before, 76.3% heard of it through the radio while very few heard of it through clinics and posters (29.3% and 28.5% respectively). Most of the inmates are involved in some risky practices like sharing of blades and clippers (62.5%). Intravenous drug users are not common in both prisons surveyed and as such the use of injection was not a major risky practice engaged in by inmates in both prisons. This may be explained by the fact that drug injection is not a major problem among inmates in Nigerian prisons. Another explanation of this may be that the prison authorities have nipped the problem of drug use in the bud by their policies. In terms of respondents’ knowledge on various ways of preventing AIDS, condom use was predominant with 63.5% of the respondents saying that AIDS can be avoided by using condoms.

Interestingly, very few of the respondents knew that AIDS could be contracted through intravenous injection of drugs, sexual intercourse with prostitutes (29.6%) and unscreened blood transfusion (28.2%). Both prisons have facilities for HIV/AIDS screening but usually run out of materials and this affects regular screening exercise for inmates at entry points. Also 77.4% of the respondents have not done the voluntary AIDS test before and 38.1% of them are not willing to carry out the tests.

Moreover, only 13.8% will avoid having sex if they discover they are positive with HIV/AIDS. Majority of the respondents were sexually active as 76.3% had their first intercourse with an acquaintance and without using a condom. Also 32% of the respondents had sexual intercourse less than a month

before incarceration and more than half of them (55.4%) did not use condom even then. Since sexual intercourse is not the only avenue of contracting HIV/AIDS, the respondents were asked how they keep their hair. It was revealed that more than half of the respondents (56.3%) make use of razor blade while 37.0% make use of clippers. Interestingly, 62.5% of them share these instruments with others. This, no doubt exposes them to AIDS infection.

On the best method of educating the inmates on HIV/AIDS, 48.7% of them are of the opinion that counselling is the best method while only 6.2% believe in personal testimony. In terms of access to HIV/AIDS awareness programmes, more male (67.0%) than females (43.8%) reportedly have access to such programmes. In the opinion of the respondents, males (69.9%) are reported to be more vulnerable to AIDS than females.

Some of the reasons given by inmates for their opinion on the vulnerability of prisoners include inter alia; blade sharing, flirting, homosexual acts, promiscuity, and sexual urge, which they said are common practices among respondents.

The medical history of the respondents also revealed that 39.8% of male and half of the female respondents have contracted a sexually transmitted disease (STD) before their incarceration. Gonorrhea was the predominant type of sexually transmitted disease contracted by the respondents. More than half of the respondents got the STD from their girl/boyfriends, while commercial sex workers infected 26.6%. Finally, Less than half of the respondents (43.7%) were either convicted or on trial for armed robbery, while 12.9% were held for murder.

One other risky practice common among respondents was incision, which 48.2% of the males and 78% of the females have done for various reasons ranging from protection, oath taking and as health seeking behaviour. The study put five propositions to test and came up with the following results:

- Education is a significant variable in determining prisoners' level of awareness of HIV/AIDS.
- Length of time spent in prison by prisoners is not a significant variable in determining their level of awareness of HIV/AIDS.
- Prisoners engage in certain behaviours, which make them vulnerable to HIV/AIDS.
- Sex of prisoners is not a significant variable in determining their level of awareness of HIV/AIDS.
- Male prisoners are more prone to HIV/AIDS than their female counterparts.

The following issues were prominent among the findings of the study and the researcher therefore believes that they are worthy of further discussions;

- Male dominance in prison, implication for reproductive health of women

The preponderance of male inmates over females is one of the major findings of the study. This corroborates the findings of Coyle, (2002) who observed that the proportion of women in prison in any system throughout the world varies between 2% and 8%. This may also be a reflection of the level of female criminality in the country. However, one of the other implications of this is the neglect of female reproductive health needs. The health facilities in both prisons under study were only equipped to take care of the general

medical needs of inmates, while inmates, especially females with special needs are either not adequately taken care of or referred to other facilities outside the prisons. Each of the two prisons under study have working partnerships with a hospital namely; University Teaching Hospital, Ibadan and Living Hope Hospital, Ilesa respectively and inmates with HIV/AIDS and others with peculiar health needs are referred to these institutions. There is therefore a need to empower health facilities cited in prisons to cater for such needs like HIV/AIDS. More so, since the incidence of AIDS in prisons is no longer a myth but a reality.

- Condom as the most popular means of avoiding AIDS among inmates.

The study reveals that condom use (631%) was the most popular means of avoiding AIDS as reported by the inmates. This is at the expense of other means of contracting the virus like, intravenous drug use, unscreened blood transfusion, homosexual acts, and others which recorded much less among the opinions of inmates.

- Risky practices in prisons established

This study has also been able to establish the fact that certain HIV/AIDS risky acts are perpetrated in prisons. The prison authorities may deny some of these acts like homosexual acts among inmates but others are undeniable as they are practised, probably due to the ignorance of those perpetrators of the consequences of such acts. This finding is very crucial in the sense that the question is no longer if these acts exist but how to nip them in the bud.

- Exclusions of certain categories of inmates from prison reform activities

This study also revealed that certain categories of inmates are deliberately or otherwise excluded from some activities in prison for example, women are often excluded from sporting activities which their male counterparts usually engage in during their break hours. One of the underlying philosophies of these activities is to keep the inmates' minds busy and also to burn some energy. Meanwhile, the exclusion of women was initially based on the fact that since women inmates are to be separated from their male counterparts, then they should not mingle with them since there is usually only limited space to play and men usually occupy this. In fact, both prisons under study have much less space designated for women than for their male counterparts. Another category of inmates excluded from some of the prison reform activities are the awaiting trial inmates (ATMs). This according to the Superintendent of Prison in charge of Health, Ilesa is because "involving the in activities meant for convict may be rebuffed by the prisoners and condemned by some human rights bodies who usually visit the prison."

- Access to radio by prisoners

One of the most important findings of this study is the fact that inmates' most common means of awareness of HIV/AIDS is the radio. But radio is one of the prohibited items for inmates. They are not allowed to listen to radio or own one as this is disallowed for security reasons. This still reflects a punitive and retributive prison philosophy, which needs to be addressed by prison authorities. The inmates have the right to be aware of

activities, which will pose as threats to their health since most of them will still be released back to the society after serving their various jail terms.

6.2 RECOMMENDATIONS

Following the findings emanating from this study, the following recommendations are therefore suggested:

- Prisoners are human beings with the right to know their HIV status and such should not be denied them, the fact that they are incarcerated notwithstanding.
- Prison authorities should liaise with relevant non governmental organizations (NGOs) specializing in AIDS awareness campaigns to regularly visit inmates and offer lectures, seminars and other educative programmes for inmates.
- Prison staff, especially those who have regular contacts with inmates should be made to go on regular lectures, seminars, workshops and symposia on HIV/AIDS prevention.
- Prisoners who have tested positive to HIV/AIDS should be managed effectively, allowing them to visit the hospital regularly.
- Prison authorities should establish a special unit to handle HIV/AIDS in their medical section.
- Social workers should be employed to work in prisons to educate inmates on risk practices and preventive measures of HIV/AIDS.
- Prison authorities should arrange for a public address system whereby inmates can listen to educative giggles on HIV/AIDS.

- The Federal Ministry of Health should also beam its searchlight on the prisons in terms of management awareness campaigns on HIV/AIDS.
- Relevant authorities should consider other alternatives to imprisonment like probation and parole to alleviate prisons congestion and its concomitant health hazards.
- Inmates should be made to know that sexual activities is not the only way to contract HIV/AIDS as other ways like unscreened blood transfusion, use of unsterilised syringes for injection, and others are equally important means of contracting the virus.

6.3 CONCLUSION

The existence of AIDS in prisons is no longer news and risk practices of AIDS have been established in Nigerian prisons. Prison authorities have no choice but to consider the incorporation of HIV/AIDS enlightenment programmes in their calendar. Inmates are sentenced to imprisonment to be reformed and rehabilitated to be better citizens of the society. Most of the inmates will eventually return to the society after serving their various jail terms (even those sentenced to life imprisonment spend a maximum of twenty years.), so the same approach to HIV/AIDS advocacy used for free members of the society should be extended to the inmates. Finally, the government should consider other alternatives to imprisonment, in order to alleviate the problem of prison congestion with its attendant problems.

6.4 FUTURE RESEARCH SUGGESTIONS

Some of the issues raised as a result of this research, which could be the subject of study, by other research activities include:

- Changing roles of prison officials in a reformed penal system
- Female sexuality in Nigerian prisons
- Linkages of criminal acts to risks of HIV/AIDS

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REFERENCES

- Achebe, Chinua (1958). *Things Fall Apart*. Heinemann Educational books Limited, London.
- Agence France-Press. (2003) Nigeria-Prisoners-HIV/AIDS: Seven Nigerian Prisoners Died of HIV-/AIDS This Year: Official. <http://www.afp.com/>
- Agomoh, U. (1996) "Female Prisoners in Kirikiri Maximum Prisons" PhD Thesis, Department of Sociology, University of Ibadan.
- Alemika, Etannibi, E.O. (1983) "The Smoke Screen: Rhetoric and Reality of Penal Incarceration in Nigeria" *International Journal of Comparative and Applied Criminal Justice*. Vol. 1 Pp. 137-149.
- Akinkuotu, Ayodele (1997) "Cry the besieged Country" *Tell* February 17th Pp 25-27.
- Asuni, (1990), "Organisation and Management of medical care in Nigerian Prisons" *Paper presented at The National Seminar on Prisons Reform in Nigeria*. Abuja June 18th – June 20th.
- Avert.org (2005) "HIV and AIDS in Nigeria," <http://www.avert.org>.
- Becker, M. H. and Maiman, I.A. (1975) "Sociobehavioural Determinants of Compliance With Health and Medical Care Recommendations" *Medical Care* Vol. 13.
- Bailey, Kenneth. (1987) *Methods of Social Research*. New York. The Free Press
- BBC NEWS (5th January, 2006) "The Nigerian Prison and the Legal System". United Press International. bbc.co.uk.
- BBC NEWS (13th January, 2006) "Nigeria Ex-Convict Preaches Reform" United Press International. bbc.co.uk.
- Carney, L. P. (1979) *Introduction to Correctional Science*. Dallas, McGraw- Hill Inc. U.S.A.
- Center for the Right to Health, (2003) HIV/AIDS and Human Rights in Nigeria. Background Paper for HIV/AIDS Policy Review in Nigeria. September.
- Country Reports on Human Rights Practices (2003) Released by the Bureau of Democracy, Human Rights, and Labor February 25, 2004
- Coyle, Andrew (2002) *A Human Rights Approach to Prison Management Handbook for Prison Staff* International Centre for Prison Studies York Road London United Kingdom. PP. 15-47.

- Dolan, Kate (1996) HIV/AIDS, Drugs and Risk Behaviour in Prison: state of the Art. National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia.
- Ebbe, Obi N.I. (1982) "Crime in Nigeria: An Analysis of Characteristics of Offenders Incarcerated in Nigerian Prisons. Ann Arbor: University Microfilms International.
- Ebbe, Obi N.I.(1988) "Juvenile Justice System in Southern Nigeria" International Journal of Comparative and Applied Criminal Justice. Vol. 12; No 2 1988, PP 191-204.
- Ebbe, Obi N.I.(1990) "World Fact book of Criminal Justice, Nigeria. State University of New York, Brockport.
- Enuku, U.E. (2001) Humanizing the Nigerian Prison Through Literacy Education: Echoes From Afar. The Journal of Correctional Education. VOL. 52, Issue 1 March. PP 18-22.
- Ehinmowo Onuwa, Akpan, R.C, Ofobrukmeta, D.E.,Egopijah, U.M., Ilobah,M.N., Iwoh, G.I.(2004) "Preventing HIV/AIDS among Female Prisoners in Kirikiri Prison, Lagos, Nigeria. Presented at the 15th International HIV/AIDS Conference, Bangkok, Thailand, July 11-16,
- Giddens, Anthony (1989) Sociology second edition. Cambridge, Polity Press. UK
- Gochman, D.S. (1972) "The Organizing Role of Motivation in Health Beliefs and Intention@ Journal of Health and Social Behaviour. Vol.13
- Glazer, Daniel (1980) "Alternatives to incarceration". *International Review of Criminal Justices Policy*. Pp. 55-58.
- Human Rights Watch (2004) "Promises Broken" An Assessment of Children's Rights on the 10th Anniversary of the Convention of the Rights of the Child" hrw.org. NY. USA.
- Igbinovia, Patrick E. (1988) "Nigeria" World Encyclopedia of Police Forces and Penal Systems. George Thomas Kurian. (ed.) (New York: Facts on File).
- Iwarime,-Jaja, Darlinton.(1989) "Corrections in Nigeria: A System of Reform". Criminal Justice International. Vol. 5, No 5. PP 13-19
- International Center for Prison Studies. (2005) "Prison Brief for Nigeria" Kings College London, University of London.
- Joshua, I.A. and Ojong M.M. (2005) Prisoners: The Forgotten HIV/AIDS Risk Group. The New Times, The Times Publications Sarl, Kigali-Rwanda. Saturday, 03 December.

- Kayode, Oluyemi and Alemika, Etanibi (1984) "An Examination of Some Socio-Economic Characteristics of Inmates of a Nigerian Prison" *International Journal of Comparative and Applied Criminal Justice*. Vol. 8 No.1 PP. 85-91.
- Kayode, Oluyemi (1990) "The Prisons: Our means and our conscience". Paper presented at the *National Seminar on Prisons reform*. Abuja June 18 – 20.
- Lawson, Travis and Fawkes, Lena Sue (1992), "HIV/AIDS and the Female Offender" *The Federal Journal of Prisons*. VOL. 3 NO 1. Spring. PP.66-75.
- Mandela, N. (1994) "Long Walk to Freedom" London. Little Brown, UK.
- Morris, Norval and Rothman, David J. (1995). *The Oxford History of the Prison. The Practice of Punishment in Western Society*. Oxford University Press.
- Mahon, Nancy (1998) *Methodological Challenges in studies of Prisoners' sexual Activity and drug Use*. Centre on Crime, Communities and Culture, Open society Institute, 888 Seventh Avenue, New York. USA.
- National Population Commission (NPC) (Nigeria) and ORC Macro. 2004 *Nigeria Demographic and Health Survey, 2003*. Calverton, Maryland: PP.169-181
- Nigerian Legal Aid and Pretrial Detention Project (2004). *A Report on National Inter-Agency Consultation and Skills Training for Duty Solicitors and their Coordinators*.
- Nolan, Pat (2004) "The Positive Body". <http://www.thebodyclub.logos/html>.
- Orubuloye, I.O. Omoniyi, O.P. and Shokunbi, W.A. (1995) *Sexual Networking, STDs and HIV/AIDS in Four Urban Gaols in Nigeria*. *Health Transition Review*, Supplementary to Volume 5 PP 123-129
- Oyesoro, Yinka (1995) "2000 die in prisons" *Sunday Tribune*. March 5th, P.1.
- Report on Human Rights Issues in Nigeria. (2004) *Joint British-Danish Fact-Finding Mission to Abuja and Lagos, Nigeria*. November. Danish Immigration Service. Copenhagen.
- Rosentock, I. M. (1966) "Why People Use Health Services. *Milbank Memorial Fund Quarterly*, Vol. 44, 1966.
- Rady, Alissar (2004) *Advocacy Needs Assessment for Youths and HIV in Lebanon*. Final Report submitted to UNFPA, September 22. Beirut, Lebanon.
- Rotimi, Adewale R. (1982) *Prison Administration in Modern Nigeria* *International Journal of Comparative and Applied Criminal Justice* 9(1), P.73-83.

- Rotimi, Adewale R. (1983) "Penal Policy, the Public, and Implications for Prison Administration in Nigeria" Federal Probation, September, pp. 62-71.
- Rotimi, (2005) "Alternatives to Imprisonment in Nigeria: the case for Probation and Parole." (Unpublished edition).
- Ibe, Stanley (2005) " The Holding Charge Debacle: A call to institutional Reforms in Nigeria. Vanguard Media. <http://www.vanguardngr.com/index.html>.
- Strazza, L, Azevedo, R. S, Carvalho, H.B. and Massad E. (2006)"The Vulnerability of Brazilian Female Prisoners to HIV Infection. Brazilian International Journal of Medical and Biological Research Vol. 37(5) 771-776
- The Sun, Newspapers (2006), HIV/AIDS ravages Prison Inmates. Thursday May 25th, P.26. Lagos.
- Thorburn, Kim Marie (1993)"Correctional Health Care Issues For Substance Abusing Offenders" A publication of Information Services, National Center for Prevention Services, Centers for Disease Control, 1600 Clifton Road N.E., Mail stop E-06, Atlanta.
- Spierenburg, Petrus Cornelis (1998) Close to the Edge: Criminals and Marginals in Dutch Cities" Eighteenth Century Studies Vol. 31 No. 3 Spring PP355-359
- UNAIDS. (1999). "Handbook for Legislators on HIV/AIDS and Human Rights." PP.41.
- UNAIDS, (2004) Epidemiological fact sheet Nigeria, update2004.