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## High HIV sero-prevalence rates in prisons in Nigeria: a case of double sentencing for prison inmates

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### BACKGROUND

- HIV and AIDS is a serious health threat for those incarcerated in the Nigerian prison system. While national HIV prevalence is 3.6%, prevalence among prison inmates is considerably higher (FMOH 2008).
- This increased risk is believed to be due in part to a lack of HIV prevention care and support services and the occurrence of unprotected sex and other risky behaviors among inmates. Condom distribution in Nigerian prisons is currently illegal.

### RESULTS

In all, a total of 1,387 inmates and staff participated in the study representing six states of the geo-political zones of the federation. HIV prevalence rate among inmates (7%) was higher than the national prevalence of 3.6% and that among prison staff (3.4%) HIV prevalence amongst female inmates (18.8%) was higher than males (6.8%) and among short term inmates (10.8%) than lifers (3.3%).

HIV prevalence was highest among adults between 25-39 years. 5.2% among 25-29 years 7.9% among 30-39 years compared to 15-19 yrs (2.6%) and respondents above 39 yrs (4.0%).

Married inmates were more than 2 times more likely to be infected with HIV ( $p < 0.05$ ) than single inmates.

The study confirmed existence of same sex practices (anal and oral) among prison populations interviewed in the study during the qualitative study.

Use of drugs (marijuana specifically) was common among inmates interviewed at 39%.

Knowledge on major routes of HIV transmission was variable - sexual intercourse (86%), sharing of sharp (72%), blood transfusion (27%), multiple partners (14%) and mother to child (1%)

Knowledge of the 5 routes of HIV transmission was low amongst inmates (0.1%)

### METHOD

In 2009, The Society for Family Health (SFH) in collaboration with the Nigerian Prisons Service conducted a National Prisons Baseline Survey to measure sexual knowledge, attitudes and behaviour among prison staff and inmates. The baseline included HIV testing using rapid test kits, and confirmatory testing using Elisa at a nationally approved facility. A two stage sampling design was used to select eligible participants from 6 of Nigeria's 36 states and 18 prisons. Survey respondents were selected from the list of inmates and prison staff according to sex and other attributes such as rank. Participants were interviewed using a face to face interview technique. The sample allowed for HIV sero-prevalence estimates for prison staff and inmates. The biomarker component included consented testing and storage of blood samples from eligible participants.

### CONCLUSIONS

- There is an urgent need to advocate for a national framework that will address access to quality health services and promote HIV prevention programmes among prison inmates.
- Further research will have to be carried out to determine source of infection as prevalence was higher among short term inmates which could suggest recent infection.
- Programmes targeting short term inmates could be prioritized considering comparatively higher HIV prevalence and the potential of their return to the general population during the acute infection stage.
- Improved health and welfare services for prison populations needs to be addressed through policy and legislative reforms at national level.
- Collaboration between the Ministry of Justice, the Police and civil society is needed to improve prison conditions in Nigeria.
- Future materials and HIV programmes for prison inmates should address risk associated with unprotected sexual activity occurring in prisons.

#### References

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National Population Commission (2008) *National Population Census 2006*

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