Chapter 2

REVIEW OF LITERATURE

The present chapter starts with an overview of the available literature on HIV/AIDS in general and studies related to HIV/AIDS in prisons in particular.

The lack of proper awareness and knowledge regarding HIV/AIDS may leave a large section of the population vulnerable to contract the disease. Correct knowledge and awareness regarding the disease is a general prerequisite for the prevention and control of HIV/AIDS. Keeping this in mind, the studies discussed in this section primarily focus on the knowledge, attitude, behaviour and understanding of prevention (KABP) regarding HIV/AIDS of various section of the population including the prisoners. The literature review also includes the various interventions undertaken worldwide and in India to tackle the problem of HIV/AIDS in prisons.

2.1 Studies related to HIV in the general population

A lot of studies have been conducted on various sections of the population regarding health in general population and knowledge, attitude, behaviour and understanding of prevention (KABP) of HIV/AIDS in particular.

i. Street workers: A study on the female street workers in Nigeria by Oyefara (2005) revealed a huge difference between the general awareness and the practical perceptions of the disease. Many of the respondents were highly ignorant about the various modes of HIV/AIDS transmission and had mistaken beliefs about HIV/AIDS which had significant negative effects on their risk behaviour making them more vulnerable to contract the virus.

ii. Students: Owens (1995) measured the knowledge and attitudes of 48 African and American social work students and found that many of the students had some knowledge about cause and prevention but lacked information about prognosis and transmission. Many students felt unprepared to handle AIDS practice situations, and felt apprehensive about contact with people living with AIDS. The study suggested the need to take steps to ensure that African American social work students are prepared to intervene effectively in the AIDS epidemic.
A similar study by Davis et al. (2007) on 156 African American college students’ from three public universities revealed that the sexually active participants reported less knowledge about HIV/AIDS transmission and more prejudiced attitudes toward individuals living with HIV/AIDS than the abstaining students. HIV/AIDS awareness was inversely associated with intentions for future casual sex encounters and was positively correlated with intentions to use condoms in the event of a one night stand. This study proposed intervention based research to increase safer sex practices and increase condom self efficacy.

A survey of 500 Turkish university students’ knowledge, attitude, sexual behaviour and perceptions of risk related to HIV/AIDS (Cok, Gray & Ersever, 2001) revealed a moderate level of knowledge about the transmission, symptomology and prevention of HIV. The students had significant misconceptions regarding HIV/AIDS. Students’ attitudes toward people with HIV/AIDS were contradictory showing both accepting and unaccepting views depending, in part, on their personal involvement with an HIV positive person. One third of the total participants who reported sexual activity also described limited safer sexual behaviours. The perceptions of students of their personal risk of contracting HIV were low regardless of their sexual activity. The study recommended HIV/AIDS education for Turkish university students.

A similar survey (Norman, Carr & Jimenez, 2006) of 1252 Jamaican university students examined the attitude of the students towards people living with HIV. The study revealed that less than half of the students reported sympathetic attitudes towards homosexual men or women sex workers living with HIV while a majority reported generally sympathetic attitudes towards heterosexual men and non-sex worker women living with the disease. Male students were significantly less likely to report sympathy for homosexual men than for any other group. Spirituality was associated with sympathy for homosexual men and women sex workers, but not for the remaining two groups. The study suggested targeted interventions at the individual and societal level.

Buseh (2004) tried to understand sexual risk behaviours of students (n=941) from four coeducational secondary schools in Swaziland. Results indicated that considerable proportions of young people were sexually experienced, irrespective of gender. Findings also suggested unacceptable high levels of sexual coercion, irrespective of age or gender. While boys were less likely than girls to experience sexual coercion, being a male in this setting was not a protective factor. No significant
differences were found on these variables in relation to location of the schools (rural vs. urban). Implications for developing and implementing HIV prevention programmes were suggested.

Melkote and Goswami (2000) conducted a study of 203 Hyderabad university students (India) to predict their attitude towards people living with HIV/AIDS. This study provided with statistically useful multiple regression model where higher scores on knowledge of AIDS transmission through external contact indicated more positive attitude towards AIDS and safe sex, and higher parental income respectively had a direct (positive) influence on attitude towards people living with HIV/AIDS. This study indicated the importance of health communication/ education campaigns in bringing about a positive change of opinion towards people living with HIV/AIDS by influencing the attitude and knowledge of AIDS variables.

Gray, Devadas, Vijayalakshmi & Kamalanathan (1999) examined the knowledge, attitudes, beliefs of Hindu students from a government women’s college of South India, towards people with AIDS. The sample consisted of four hundred female students at a government funded Women’s University in Southern India who participated in an AIDS survey research project. Results indicated that a majority of the participants learned about HIV/AIDS from reading material while some learned about HIV/AIDS from school classes, and only a few learned from family members. Thirty-nine percent had never communicated to any one about HIV/AIDS. The results indicated that the majority of Indian women in this study did not know about explicit sexual behaviours which transmitted the virus. The study suggested the need to increase educational efforts at the university to address the multiple psychosocial issues related to HIV/AIDS.

iii. Community members: Wiegand (2007) conducted a knowledge, attitudes, beliefs and practices survey in Zambia with 125 community members from 12 different villages by using a initial baseline survey and six months later the end-evaluation survey. The study established positive trends in areas of basic knowledge around HIV transmission, counselling and ARV treatment opportunities, social perception of HIV positive people etc. Nevertheless, persistent misconceptions and knowledge gaps were also found. The results of the two surveys showed that people were exposed to inconsistent and contradictory messages. The two most striking areas were condom usage and stigmatization. The study recommended trainings of Community Welfare
Assistance Committee, the Committee responsible for targeting, monitoring, counselling beneficiary households, with special regard to identified knowledge gaps and misconceptions.

Herlitz & Ramstedt (2005) monitored potential changes in sexual behaviour, sexual attitudes, and sexual risk related to HIV in the general population of Sweden, during the period of 1989–2003. The study revealed that the prevalence of multiple sexual partners and casual sexual contacts without the use of a condom was comparatively high for men, for persons aged 16–24 years, single persons with and without a regular partner, and persons living in towns and urban areas. There was an increase in the prevalence of multiple sexual partners in the general population. The reported number of sexual partners and the prevalence of casual sexual contacts increased significantly for both sexes, but more for women than for men. Personal risk assessments related to HIV did not change significantly over time. The study showed that risky sexual behaviour related to HIV/AIDS increased in the Swedish population between 1989 and 2003, and that attitudes concerning casual sexual relations became more permissive.

A study by Naik et al. (2005) on the knowledge, attitude, and practices regarding sexuality, HIV/AIDS and other STDs amongst tribal communities living in the southern region of Karnataka (India) revealed very low knowledge, awareness and information regarding HIV/AIDS. High prevalence of behavioural risk factors, coupled with ignorance, and inadequate health infrastructure contributed to the spread of the disease. Women were reported to be particularly vulnerable to contract the disease. The study suggested the formulation of effective, culture sensitive and appropriate intervention programs to combat the spread of HIV/AIDS in the tribal population.

Pallikadavath et. al. (2004) conducted a study in rural Maharashtra (India) to characterize knowledge and attitudes about HIV by using focus group discussions and in-depth interviews of villagers and HIV-positive individuals. The study revealed that while men reported contracting HIV from sex workers in the cities, women considered their husbands to be the source of their infection. Correct knowledge about HIV transmission co-existed with misconceptions. Men and women tested for HIV reported inadequate counselling and sought treatment from traditional healers as well as professionals. Stigma and social isolation following widowhood were common, with an enforced return to the natal home. The study suggested the need to assure
access to supportive care and means of preventing opportunistic infection that overcome gender and societal constraints to reach rural women, children and the poor.

iv. Private security and legal services: Simbayi et. al. (2007) conducted a critical assessment of knowledge, attitudes, beliefs and practices on HIV/AIDS using participatory approach and triangulation methods in the private security and legal services industries in South Africa. The result showed high knowledge about HIV/AIDS except few misconceptions or myths in both the sectors. Generally positive attitudes towards people living with HIV/AIDS were found on most issues. More women believed that they were not at risk of contracting HIV/AIDS. The study recommended the need for protracted HIV/AIDS health education and communication campaigns in workplaces and development of interventions that promote disclosure and address stigma among families with members who are living with HIV/AIDS.

v. Young People: Omorodion, Gradebo & Ishak (2007) examined young African’s perceptions of sex and relationships and discussed the ways in which their sexual behaviour was embedded in both the traditional norms and values of their heritage societies and in the day-to-day life of modern day Canada. Findings highlight the influence of gender power in determining the nature of sexual activities and outcomes, as well as risky sexual behaviours. The study suggested future actions to decrease HIV transmission through culturally sensitive and culturally inclusive ways.

Vinh et. al. (2003) conducted a knowledge, attitudes, beliefs and practices survey among 902 young Vietnamese people in Ho Chi Minh City. Results indicated good overall knowledge about HIV, sexually transmitted diseases and safe sex. A minority of respondents (11%) declared having sexual activity. Eighty percent of those sexually active used condoms. Significant differences of knowledge, beliefs and practices between men and women were observed. The study recommended development of gender specific interventions and conducting similar study in other groups of young people.

Rwenge (2000) studied the factors associated with risky sexual behaviour among 671 young people in Cameroon. The study revealed that although the young people were well informed about AIDS, its main means of transmission and methods of prevention, but they continued to have sexual relations that could expose them to
HIV infection. Also youths with few economic resources and those with less stable living environments were more likely than other youths to engage in sexual behaviours that put them at risk of contracting HIV. Communications between adolescents and their parents or guardians on the subject of sex were poor. The study suggested improving the living conditions of families, especially those headed by single women could help curb the spread of AIDS. Informing and educating young people about sex and AIDS should be sufficient enough to motivate them to change their sexual behaviours. Need for education programs to improve parents’ knowledge of the reproductive health of young people was also ascertained.

Ndyanabangi, Kipp, & Diesfeld (2004) studied the difference in sexual behaviour patterns of in-school adolescents with those of out-of school adolescents by interviewing a total of 300 in-school and 256 out-of-school adolescents. The study revealed that condom use was significantly higher among in-school than out-of-school adolescents. Also, in-school adolescents were more likely to have used modern contraceptive in the past than out-of-school adolescents. The study concluded with the fact that out-of school adolescents were less likely to practice safe sex and to use modern family planning methods than in-school adolescents. The study suggested the need to provide more information to the out-of-school adolescents who were traditionally neglected in favour of the in-school adolescents who had greater access to information.

Nayar, Bhatnagar and Arora (2007) studied the knowledge and awareness of adolescents about issues related to sexuality and HIV/AIDS and found that 13-14 year olds living in metros like Delhi had a low level of information about issues related to sexuality and HIV/AIDS. On an average, less than half of them had correct information while more than half either did not know or were misinformed. Girls remained uninformed while boys remained misinformed. The study concluded by suggesting that sexuality education and HIV/AIDS prevention programmes should be integrated in the school curriculum.

vi. Household survey: Furlonge et. al. (2000) conducted a knowledge, attitudes, beliefs and practices study in selected households in Trinidad by using a probability sample. The study revealed relatively high knowledge of HIV transmission and prior HIV testing and relatively low levels of sexual risk behaviours. Males, never married/ separated/divorced/widowed reported the highest levels of unprotected intercourse
with non primary partners. Condom possession was found to reduce rates of unprotected intercourse within primary and non primary relationships. The demographic indicators of age, education, income, and religion, tended to influence sexual onset and HIV testing history, but not current sexual risk behaviours. Younger respondents, as well as those with lower levels of education and income, reported earlier age of sexual onset. Those with lower income levels, Hindus, and those residing in non-urban areas were less likely to be tested for HIV antibodies, suggesting that testing services may need to target these groups.

vii. Different risk groups: Bollinger, Cooper-Arnold & Stover (2004) studied the relation of key HIV/AIDS-prevention services to changes in behaviour among different risk groups like intravenous drug users and men who have sex with men and described the gaps that exist in the literature. The study showed that there was gap in the knowledge, although research evaluating HIV/AIDS interventions was available. This was because lack of pre-intervention data and inadequate control groups disqualified a number of such studies. In other cases, evaluations of interventions were not undertaken, as in the case of programs focused on young people, workplace interventions, and interventions focused on such high-risk groups as intravenous drug users and men who have sex with men. The study suggested that rigorous and well-controlled evaluation studies must be designed and carried out so that the results may be used to inform future analyses and program design.

Hope (2001) analyzed the relationship between population mobility and multi-partner sex and their implications for the spread of HIV and AIDS in Botswana in a sample of 292 mobile workers working in rural and urban settings in four selected districts of the country. The study indicated that mobile occupations such as truck driving and road construction work which were predominantly taken up by men, made them vulnerable to HIV. The study found that majority of the mobile workers were aware of HIV/AIDS, its mode of transmission and effects, mostly through the mass media national campaigns, by reading newspaper or from NGOs. Despite this, there were a large number of mobile workers who either never used a condom or did so occasionally. There were attitudes of sympathy towards people living with HIV/AIDS and vociferous requests for more information and support. The study suggested the need for the cooperation of the private sector and NGOs to help mitigate the spread of HIV/AIDS.
Agha (2002) examined the level of risk of acquiring sexually transmitted infections among truck drivers and their helpers in Pakistan. Quantitative, self-reported, sexual behaviour data were collected from 300 randomly selected long-distance truck drivers and their helpers. Qualitative information was gathered through conversations with drivers. The findings show that multiple sexual partnerships with men and women were common among truckers. Awareness of AIDS and knowledge of sexual transmission of HIV was high. However, most truckers did not believe that AIDS existed in Pakistan. Nor were they aware that condoms were an effective way of preventing HIV transmission. Knowledge of the risks associated with unprotected sex was low among truckers, who considered themselves vulnerable to sexually transmitted infections because of their self-perception of being moral persons. The study suggested campaigns to increase risk awareness to emphasize the importance of condom use and interpersonal communication as STI/HIV prevention methods.

Health Vision and Research (2005a) studied the awareness, knowledge, attitude and behaviour of Injecting Drug Users (IDUs) in West Bengal (India) with regards to STD/HIV/AIDS. The study revealed that both male and female IDUs had low knowledge regarding HIV transmission and symptoms for sexually transmitted diseases (STD). Also, 73 percent respondents reported being arrested and out of this 62 percent respondents were jailed. The study recommended inclusion of risk perception and risk reduction in strategies to reduce risk of HIV transmission. Also, another important recommendation of this study was to include jails and police stations as essential stakeholders in HIV prevention strategies.

Another study conducted by Health Vision and Research (2005b) analyzed the knowledge, attitudes, beliefs and practices among 122 people living with HIV/AIDS (PLWHA) in the West Bengal (India). The study reported lack of adequate knowledge about STD and related symptoms. There were issues of negative attitudes. Majority PLWHAs reported having sex with their spouses only. The study recommended greater involvement of PLWHA in planning and implementing the HIV prevention programme.

ORG Centre for Social Research (2003) examined awareness and behaviours related to reproductive health and HIV/AIDS among truckers and their cleaners/helpers in the cities of Ranchi, Bokaro and Jamshedpur in the State of Jharkhand, India. The baseline survey showed that the level of awareness regarding HIV/AIDS was quite high. However, the level of awareness regarding the prevention
of HIV/AIDS was not so high. More than 40 percent of truckers and cleaners/helpers had misconceptions on the mode of HIV/AIDS transmission. Awareness of sexually transmitted diseases (STDs) and their common symptoms was particularly low among truckers and cleaners/helpers. Overall, condom awareness among the truckers and cleaners/helpers was high. Truckers and cleaners/helpers were sexually active at a young age and were at risk of HIV transmission, since they had multiple partners.

viii. Women: Schensul, Schensul, Oodit, Bhowon & Ragobur (1994) noted that although Mauritius continued to have a low prevalence of HIV/AIDS, information about modes of transmission and means of protection among Mauritius women was low. Two third of the women knew that HIV could be transmitted through sexual relations and majority did not consider themselves to be at risk for HIV infection. Most of the women considered fidelity to their partners as the best way to prevent HIV transmission. The results suggested that research geared to the national interventions must focus on the population as well as the institutions that shape people’s lives, which affect the success of the intervention.

2.2 Studies related to HIV in the prison population

Prison population has always been a neglected lot when issues of health in general and HIV/AIDS in particular are concerned. Various studies have been conducted from time to time on various aspects of the prison life in India, especially relating to the appalling conditions of the prisons. The research studies have repeatedly documented about overcrowding, work and vocational training, lack of infrastructure, role of prison personnel in correctional activities, plight of the children of women prisoners in Indian jails (Haikerwal, 1939; Srivastava, 1977; Khan, 1990; Singh, 1991; Bedi, 1998; Shankardass, 2000; Chatteraj, 2006). Very few studies have examined especially on the state of health and medical facilities in prison setting (Srivastava, 1977; Bedi, 1998; Sarangi, 1999; Tiwari, 2002).

The available literature on HIV/AIDS in prisons is mostly prepared by organizations like the World Heath Organization (WHO), United Nations Office on Drugs and Crime (UNODC), United States Agency for International Development (USAIDS), National AIDS Control Organization (NACO) etc. However, few studies on
HIV/AIDS in prisons have been conducted and published in the form of books, articles, monograph and research studies.

i. Medical Care: Goyer (2003) in his study based in South African prisons, “HIV/AIDS in Prison: Problems, Policies and Potential”, highlighted the fact that people who are most likely to contract HIV are the same people who are most likely to go to prison viz. young, unemployed, under-educated, black men. This is because many of the same socio-economic factors, which result in high-risk behaviours for contracting HIV, are the same factors, which lead to criminal activity and incarceration. Inside prison, high-risk behaviours for transmitting HIV include homosexual activity, intravenous drug use, and the use of contaminated cutting instruments. Conditions of overcrowding, stress and malnutrition compromise health and safety and have the effect of worsening the overall health of all inmates, and particularly those living with HIV or AIDS. He laid emphasis on the victimization of younger, weaker prisoners as a direct result of the relatively unobstructed power of gangs, facilitated by corruption within the Department of Correctional Services in South Africa. Gang activity also increases the incidence of tattooing and violence between prisoners, both of which can create the risk of HIV transmission. Many governments, with the assistance of international organizations such as the World Health Organization (WHO) and UNAIDS, have attempted to devise policies to appropriately respond to HIV/AIDS in prison. The practice of mandatory HIV testing and segregation is not supported internationally because it violates the rights of HIV positive individuals and cannot be medically justified. Goyer also highlighted the importance of HIV/AIDS education being emphasized by governments and non-governmental organizations alike. Distributing condoms and lubricant is advocated by WHO and UNAIDS although the difficulties in getting authorities to acknowledge homosexual activity in prison has impeded the development of condom policies in some countries. Equally important has been the distribution of bleach and/or needle exchange programmes in those countries where drug use presents a problem amongst the incarcerated population. The challenge of treating HIV in the prison environment is related to limited resources and problems with ensuring the crucially important level of adherence to treatment programmes. International guidelines advocate the ‘equivalence principle’, or the idea that the same care should be provided in prisons that is available to the general public. Further, specific health concerns related to HIV/AIDS outside of prison, such as Tuberculosis
(TB) and other sexually transmitted infections (STIs), are of particular importance inside prison. *The Department of Correctional Services in South Africa has introduced policies to address HIV/AIDS in prison*. These policies have some good features, which are implemented extremely well, some excellent features, which are not appropriately implemented, and some features which are neither correctly designed nor implemented. To conclude, Goyer suggested that for prisoners in the late stages of AIDS, the **early release policy** must be updated and streamlined. Additional assistance for this, and other much needed HIV-related initiatives, can be provided by various NGOs and funding organizations.

Braithwaite, et al (1996), in their study, “Prisons and AIDS: A Public Health Challenge”, explored the many systematic barriers to health promotion and disease prevention programs typical of incarcerated population. The study provided an overview of the problems confronted by inmates across different types of correctional facilities in the United States. The various case studies revealed compelling information on frequency of sexual contact, drug use, needle sharing, tattooing and the lack of access to condoms among inmates. The authors provided strategies for developing culturally sensitive HIV/AIDS prevention programs in correctional settings, based on the disproportionate high incarceration rate of ethnic minorities. Further, the book documented differences in the patterns of HIV/AIDS cases among adult, juvenile, male and female inmates and explored policies and programs relevant to these populations, including education and prevention, testing and disclosure, partner notification and housing.

Ray (ed.) (2002) in the monograph entitled, *Drug Abuse among Prison Population: A Case Study of Tihar Jail*, highlighted the various issues concerning drug abuse among prisoners over the four years (1997-2000) as seen in Tihar Jail, New Delhi, India. The study aimed to provide understanding of the issues in drug abuse relating to prison population. It studied the extent and pattern of drug abuse in a large prison of the country and described the profile of the drug abusers. The major components of this study were National Household Survey, Drug Abuse Monitoring System and Rapid Assessment Survey. It stressed the fact that the data on drug abuse among prison population in India was virtually absent, though it was widely believed that a significant percentage of population in the prison might be addicted to one or more drugs. Highlighting the details of the prisoners’ socio-economic background, the
study took into consideration the treatment facilities for drug users in Tihar Jail and
the monitoring mechanism for the drug users. The study recommended designing
specific instruments to measure the quality of care provided for drug abusers in
prisons and developing a monitoring instrument for prison population by setting up
detoxification and rehabilitation centres in prisons in India and extending treatment
option. The study also recommended the use of therapeutic community model in
prisons nationwide and extending treatment services to a larger number of prisoners
under the NDPS Act.

and Options”, raised certain inherent difficulties associated with HIV/AIDS in a
correctional setting and strived for the need for a separate set of rules for prisoners
infected with HIV. His literature review of various studies conducted abroad
regarding the prevalence of HIV/AIDS in prisons highlighted that the prevalence rate
of HIV/AIDS and Tuberculosis was higher in prison populations as compared to the
general populations. Apart from the prevalence rate, the studies conducted abroad
also highlighted the screening options, costs involved in screening inmates and issues
connected with managing prison inmates. His article raised various issues related to
prisoners suffering from HIV/AIDS in prisons viz. the need for epidemiological
studies on HIV/AIDS in correctional institutions, mandatory testing vs. optional
testing, confidentiality vs. disclosure and segregation vs. mainstreaming etc. He
suggested that among other things, the rules for dealing with AIDS prisoners should
include HIV testing, confidentiality, counselling, medical attention and psycho social
services, accommodation and correctional management, anti-discriminatory
provision, special provision of persons with fully developed AIDS, research and
information, education and communication. Further he mentioned that the war against
the spread of HIV/AIDS could be broadly divided into two categories - isolationist
approach (isolating the patient) and integrationist approach (keeping the patient in the
mainstream). While some countries like Cuba and Romania have tried isolationist
approach and have experienced disastrous failure, the World Health Organization has
suggested the integrationist approach.

The findings of a study on “Medical Facilities in Indian Prisons: Role of
Prison Doctors and Para-Medical Staff” (Tiwari, 2002) to uphold the Right to
Health of Prisoners highlighted that appalling conditions of overcrowding, lack of
sanitation, inadequate diet, unhygienic living conditions and lack of health awareness among prisoners were the most responsible factors for various diseases (viz. tuberculosis, diarrhoea, anaemia, malarial fevers, skin diseases, sexually transmitted diseases and respiratory related problems) and health related problems in prison setting. Prison medical services were not effectively linked with State Health Services. The study concluded that medical examination of newly admitted prisoners was not being carried out in the prisons according to the guidelines set by the National Human Rights Commission. The vision, mission and perspective plan for medical care in prison setting was missing. Doctors and para-medical staff posted in the prisons lacked training in Torture Medicine and Human Rights Jurisprudence with special reference to health care in prisons. Overcrowding, corruption and clandestine approach of the prison managers (i.e. Superintendents and Jailors) and doctors were main factors for sub-standard quality of medical care in the prisons. The study came out with various recommendations relating to provision of proper medical care for prisoners, restructuring the prison medical services, and effective monitoring mechanism in order to provide effective medical care to the prisoners. Regarding HIV in prisons, the study mentioned that the incidence of AIDS in prisons was substantially higher than in the community as a result of frequent intravenous drug use (Anno, 1991). The National Health Care Standards setting agencies (the National Commission and American Public Health Association) disapproved of segregating inmates who were positive for the Human Immunodeficiency Virus (HIV) but who were not symptomatic, and most prisons followed that policy. However, a few courts had supported segregation of HIV-positive inmates who were symptomatic.

ii. Seroprevalence study: Pal, Acharya & Satyanarayana (1999) carried out a seroprevalence study of HIV infection among jail inmates in three prisons in Orissa from March 1994 to December 1995. The study revealed that all the prisoners of Indian origin (300), housed in these jails tested negative for HIV infection, while 33.8% of jail inmates from foreign countries (Thailand and Myanmar), serving short terms in Orissa jails were found positive for HIV infection.
iii. Knowledge, Attitude, Behaviour and Understanding of Prevention

Singh (2008) conducted a study on the knowledge and understanding of prison inmates regarding HIV and AIDS in a male maximum security prison in Durban by using questionnaire and Focus Group Discussions (FGD). The study revealed superficial understanding of HIV/AIDS among prison inmates, high prevalence of HIV/AIDS in prison and inadequate access to anti-retroviral treatment. This was coupled with inappropriate living conditions, overcrowding, high risk sexual behaviour gang activity and corruption within the prison. The study suggested more proactive role by the Government for the making better health care available in the prison and the need for more academic research related to health care in prison setting.

Weilandt, Stover, Eckert, & Grigoryan (2007) conducted an anonymous survey on infectious diseases and related risk behaviour among Armenian prisoners and prison staff. The results revealed that both prisoners and prison staff had a poor knowledge on the transmission and prevention of infectious diseases. This poor knowledge was associated with negative attitudes towards HIV-infected persons. Although the rate of high-risk behaviour related to drug use in the prisons was quite low, the results indicated a potential for risk behaviour. The prevalence of other risk behaviours in prison such as tattooing, the sharing of razor blades and male-to-male sexual contacts with penetration was indicated. The HIV prevalence rate in prison was 27 times higher than in the general population. None of the prisoners testing positive for HIV was aware of his infection. The prevalence rate of Hepatitis C in prison was 4 times higher than the general population. The most significant risk factors for contracting HCV infection in the study population was drug use, followed by the time spent in prisons within the last 10 years. The study suggested the need for a rapid development of education and information programmes for both prisoners and prison staff, as well as the provision of prevention measures against infectious disease transmission.

Sifunda et al. (2007) conducted a cross-sectional study to examine a possible link between substance use and risky sexual behaviour, among 357 inmates across four South African prisons involved in a pre-release intervention programme for parolees. About 93% of the participants reported using alcohol and 52% used marijuana prior to imprisonment, while 56% reported previous occurrence of sexually
transmitted infections (STIs). Logistic regression analyses explored the impact of substance use on intention to reduce risky sexual behaviour. Age and inconsistent use of condoms were positively associated with having an STI prior to incarceration, while reported alcohol and marijuana intake had no effect. Never using condoms before was highly associated with lower intention to engage in preventive behaviours upon release. It was concluded that inmates demonstrated high levels of substance use and engagement in risky sexual behaviours. Targeted pre-release substance abuse interventions were suggested to reduce the burden of disease amongst offenders.

Gillespie (2005) in his study on 1000 prison inmates across 30 different correctional institutions throughout Kentucky, Tennessee and Ohio, developed a multi-level model of drug-related behaviour inside prison using elements from the importation theory, the treatment perspective, and differential association. The Hierarchical Linear Modelling was used to examine the impact of correctional context on individual behaviour. Results indicated that drug abuse inside prison varied across different correctional institutions. Inmates who reported a history of using drugs on the street prior to incarceration were especially likely to engage in drug abuse inside overcrowded prisons. Micro level imported qualities (e.g., prior street-drug use) actually interacted with macro level deprivations inside prison (e.g., prison overcrowding) to influence individual-level adaptation and behaviour. Drug abuse inside prison was positively associated with youth, white race, years incarcerated, non-participation in prison religious services, prior history of selling drugs on the street, rule-violating prison friends, and negative definitions of the rules. Moreover, several prison-level variables like the age of the prison, its location, its security level, the number of prison programs, the inmate-to-staff ratio, percentage non-white, percentage young had neither main nor interaction effects on drug abuse.

Krebs (2002) proposed an integrated theoretical framework to explain intra-prison high risk HIV transmission behaviour, by merging the importation and deprivation models of inmate behaviour. The study used a mailed survey of 500 randomly selected male prison inmates from 11 state prisons representing various security levels and geographic locations in the United States. The results indicated that tattooing behaviour was fairly common in prison. Injection drug behaviour could be imported into prison but essentially occurred in response to the prison environment (deprivation). Inmates who were willing to have sex with men undoubtedly came to
prison (importation), but majority of inmates who had sex in prison were responding to the deprivation of heterosexual relationships or were victims due to various other prison deprivations. This study carried some important policy implications like allowing pornography inside prisons (which was previously there and eventually stopped), additional supervision, conjugal visits, provision of condoms inside prison, providing methadone maintenance to inmates who were addicted to opiates etc to prevent HIV transmission in prisons.

Mullings, Marquart & Hartley (2003) highlighted the associations between childhood sexual abuse, adult substance use, and increased risk for HIV/AIDS. This study examined the contextual measures of childhood sexual abuse and their relationship to HIV/AIDS risk behaviours using a sample of 1,198 newly admitted female prisoners in 1998-1999. Analyses revealed that sexually abused prisoners were more likely to have experienced childhood neglect, came from one-parent families, and had parents with drug and/or alcohol and psychiatric problems. Sexually abused women reportedly engaged in more high-risk drug and sexual activities than non-abused counterparts. Additionally, inmates involved in risk-taking behaviours were more likely to have prior prison incarcerations. The findings suggested the need for prison-based programs to assist women prisoners, especially those sexually abused as children. The study concluded several important policy implications like screening at entry for highly at-risk female offenders with multiple treatment needs and link between prison and community-based drug treatment programs.

A significant study by Swartz, Lurigio & Weiner (2004) showed that knowledge was not a significant predictor of level of risk behaviour. This study explored Illinois prison inmates’ pre-incarceration sexual and drug use practices, their knowledge about HIV risk and risk-reduction techniques, and their beliefs regarding their own HIV-risk status and their ability to avoid HIV infection. The sample consisted of 526 men and 104 women. The results suggested despite knowledge, a substantial number of participants expressed willingness to participate in high risk behaviours, such as unprotected sex and needle sharing. Self-efficacy and perceptions of vulnerability were both significant predictors of level of risk. Level of risk was significantly related to demographic characteristics. Male inmates and young inmates were more likely to belong to higher risk groups than were female inmates and older inmates. Although participants were quite knowledgeable about HIV, they were at a high risk for infection because of multiple sex partners and unprotected
sexual intercourse. The attitudes and beliefs of the prison inmates jeopardized their potential to translate knowledge gained through interventions into behaviour changes. The study proposed that since there was no one-size-fits-all HIV risk-reduction program, individuals should be assessed on their overall level of risk, their specific risk behaviours (including heavy drug use), and the psychological factors that were preventing changes in their behaviours. Individualized or at least specialized programs for high-risk groups of persons with similar risk profiles could then be developed and aimed at the more problematic issues for that specific group. Such tailored programs would not only be much more engaging for participants but also more effective in changing their behaviours.

West (2001) conducted focus group interviews with groups of Latina women prisoners to obtain a generalized understanding of their HIV-related needs. The content analysis of the interviews provided insight into the general HIV-related needs and concerns and information about the effects of racial/ethnic/cultural differences on beliefs and attitudes about HIV-related issues and problems. Moreover, the interviews emphasized the effects of HIV-infection status on these beliefs and attitudes. These interviews highlighted the limited ability of correctional systems to address HIV infection among Latin populations, especially among the women. Specifically, effective correctional policies were constrained by traditional Latin culture and gender roles, including the cultural concepts of machismo and marianismo and a strong belief in Catholicism. The results also showed that Latina women were most at risk through heterosexual contact, they were restricted (through machismo, marianismo, and Catholicism) in their ability to negotiate the use of condoms with their partners, especially with their husbands. Latina women were restricted from requesting that their husbands/partners remain monogamous and/or refrain from same-sex contact because machismo cherished multiple sexual conquests. This study suggested the consideration of cultural differences within gender-sensitive epistemologies for effective HIV prevention programmes. For Latina women, interventions should increase awareness of risk, develop communication skills so that women were able to talk about sexual matters, and developed some type of protection that was not dependent on the cooperation of men. Another suggestion was to promote condom use among Latino men as the “macho” and “manly” thing to do. The study indicated the responsibility of the prison staff and the surrounding community to initiate and
perpetuate programs that would increase awareness, motivate the women, and provide the necessary tools to help women help them upon release.

In a descriptive and comparative study, Collica (2002) investigated the levels of knowledge of HIV/AIDS, self-reported behaviours leading to an increased risk for HIV infection, and perceptions of future behaviour modification among adult female inmates in the AIDS Counselling and Education (ACE) Program at Bedford Hills Correctional Facility in New York State. This program was a peer-led inmate program rendering HIV/AIDS education to approximately 6,000 women yearly. The program provided individual counselling, HIV testing, outreach services, support groups, annual events, professional trainings, discharge planning/case management, and important follow-up services when the women were released. The study covered three sets of HIV workshops on a sample size of 35 women for the pre-test and 27 women for the post-test.

The analyses showed a statistically significant increase in knowledge following the workshops. Comparisons made between groups determined which participants benefited the most from ACE’s program. Many women were not taking this disease seriously if it had not “hit home.”

The study evolved the need for more education for women with male partners to curtail acts of risky behaviour and to acquire skills for negotiating safer sex with their partner(s). Implementation of more advanced HIV classes including various types of kinaesthetic learning techniques (e.g., role plays, assertiveness, and communication) was suggested. Follow-up services to assist in implementing behavioural changes were recommended. Comprehensive education including additional components such as testing, counselling, community referrals, support groups, and so forth was suggested. Individual counselling was suggested for women engaged in high-risk behaviours (i.e., drug use, unprotected sexual activity, and prostitution) and who had higher levels of knowledge but lower perceptions of risk than other types of women, to uncover the deeply ingrained beliefs that caused them to engage in high-risk drug and/or sexual activities. The study suggested that future studies should focus on the women who do obtain follow-up services after completion of the workshops to see if there was a reduction in risky behaviours. These women should continue to be studied even after they return back to the community to see if a continuum of services affected behaviour modification.
iv. HIV/AIDS Intervention in Prisons: Global Scenario

Inciardi et. al. (2007) developed a peer facilitated, multimedia HIV and Hepatitis protocol to address HIV risk reduction and prevention for the correctional populations. Drawing its rationale on the fact that effective behaviour interventions was essential to prevent HIV transmission, the fundamental premise of this study was the reduction of barriers to behaviour change that were present in marginalized offender populations. In developing the HIV and hepatitis prevention intervention, the study took into consideration three major factors: a. the salient cultural issues of the target population i.e. the prisoners, b. the gender and racial/ethnic minorities and finally c. four factors in communications research namely the message, the messenger, the mode and the setting. This resulted in a race and gender specific HIV prevention protocol in a DVD format, specially designed for the re-entry population i.e. prisoners who entered the society after release from the prison.

The survey conducted by Klein et. al. (2002) examined the extent of HIV prevention interventions provided by the Criminal Justice Initiative and available to approximately 70,000 inmates housed in 69 correctional facilities in New York State and explored barriers to offer prevention services. A written survey was used to ascertain the availability of specific HIV prevention interventions within the previous 12-month period at each correctional facility. The survey instrument consisted of five sections: HIV/AIDS prevention education activities, inmate involvement with HIV prevention activities, individual level HIV/AIDS prevention counselling, group level HIV/AIDS prevention counselling, and HIV/AIDS support groups. The results indicated a high level of availability of HIV prevention interventions and services. All 69 (100%) correctional facilities reported prevention education, and 59 (86%) said they met or exceeded inmate demand. More than 90% correctional facilities reported individual and group counselling and more than three-quarters offered both in English and Spanish languages. Support groups were reported as being offered at 50 (73%) prisons. Significant progress was achieved in meeting HIV prevention needs of New York State inmates. The study suggested the need for HIV prevention materials in Spanish and the development of HIV prevention materials for Spanish-speaking inmates and translation of existing HIV prevention materials into Spanish for both community and correctional settings. Finally, the study prioritized the need to meet
HIV prevention needs of all inmates—inmates known to be infected, inmates uncertain of their HIV-infection status, and inmates who believed they were uninfected.

Laufer, Arriola, Dawson-rose, Kumaravelu, Rapposelli (2002) described in detail the innovative strategies or models for community-based case management and discharge planning implemented in jails by four states—California, Massachusetts, New Jersey, and New York in the U.S. Each project was collaborating with the public health department, jail facilities, and community based organizations (CBO) to provide continuity of care for HIV-infected and HIV-negative inmates at high risk. By seeking to engage inmates in social services and medical care both while in jail and upon release, these projects attempted to extend health-seeking behaviour beyond the duration of the case management services offered while incarcerated. The strategies demonstrated how correctional facilities, CBOs, and public health providers could collaborate to make services available to improve the health of the individual inmate and the community to which he or she would return. These strategies offered the potential to enhance the ability of inmates to receive appropriate HIV care and treatment while incarcerated and as they moved to the community. The study highlighted the need for adequate funding for training, service expansion, and establishing linkages with community organizations that were both willing and capable of addressing the medical and social needs of the inmate population both during and following incarceration. Collaboration and coordination among correctional facilities, community organizations, and public health departments facilitated provision of services to incarcerated persons. Finally, recommendations to improve the continuity of care among HIV-infected and high-risk HIV-negative jail inmates and the need for strategies to improve the health of the inmate and the community to which he or she would return were emphasized.

Bryan, Robbins, Ruiz, O’Neill (2006) assessed the effectiveness of a prison-based HIV/AIDS intervention to change attitudes toward HIV prevention, norms supporting HIV prevention, perceived behavioural control (i.e., self-efficacy) for HIV prevention behaviours, and intentions to engage in HIV prevention behaviours post release. The intervention also had the goal of encouraging inmates to become HIV/AIDS peer educators. A total of 37 groups completed the Beyond Fear program, a multi-session HIV education program conducted in maximum-security facilities and two minimum-security facilities by using pre-test and post-test questionnaires. The
program was designed to address inmates’ knowledge, fears, perceptions, beliefs, and concerns about HIV and to promote the training of inmate HIV/AIDS prevention advocates (peer educators). The intervention itself was based on several overlapping theoretical models, including social cognitive theory, the health belief model and cultural sensitivity. It aimed to bolster participants’ awareness of HIV/AIDS risk behaviours, their ability to anticipate high-risk situations, self-efficacy (i.e., perceived behavioural control), problem-solving abilities, and coping skills. In addition, the program sought to enable participants to evaluate their own social networks, strengthen ties to healthy support networks, and utilize supportive individuals for help in reducing their own HIV/AIDS risk behaviour and solving life problems.

Results suggested that the intervention appeared most successful at influencing beliefs and behaviours related to peer education and somewhat successful at influencing beliefs and intentions related to condom use. Analyses also showed some significant differences in effectiveness by race/ethnicity. Results were discussed from the perspectives of both research and practice with regard to prison-based HIV prevention efforts.

The study suggested the empirical evaluation of the interventions that existed, determined what aspects of those programs were successful, made recommendations for improvements, and refined interventions so that prevention needs of incarcerated men and women could be more appropriately addressed. Furthermore, it was suggested that extensive elicitation research be conducted with ethnic and racial subgroups within the prison population so that programs could specifically address HIV prevention issues particular to each racial/ethnic group.

Sifunda et al. (2008) tested the effectiveness of a systematically developed health education intervention targeting soon-to-be-released prison inmates on psychosocial determinants of reducing risky sexual behaviours, specifically taking into account the socioeconomic, linguistic, and cultural contexts of inmates in South African prisons. The study further explored the merits of engaging former prison inmates to act as peer educators who delivered the health intervention to other prison inmates, as they were viewed to be potentially more efficacious than ordinary health educators. The curriculum of the final intervention program covered the topics: (a) HIV and AIDS, (b) STIs, (c) nutrition and TB prevention and management, (d) alcohol and other drug abuse, (e) sexuality and gangsterism, and (f) manhood and general life skills. The study was conducted using a questionnaire based on the theory
of planned behaviour and the social cognitive theory and information that was obtained through the focus group interviews. The questionnaire measured the knowledge and beliefs about causes and transmission of STIs, including HIV/AIDS, attitudes toward condom use and people living with HIV/AIDS, sexual communication, social norms about gender relations and sexual violence, self-efficacy, and skills for practicing safer sex following demographic variables, such as province, age, ethnicity, level of education, employment history, and marital status. The number of participants in the analysis was 263 inmates covering three out of four prisons. The control group had 63 participants; in the intervention groups, 86 had a peer negative instructor and 107 had a peer positive educator. The study used a nested experimental design. The results showed that short-term evaluation while inmates were still in prison, demonstrated that experimental groups showed higher knowledge of sexually transmitted infections and had a more positive intention to reduce risky behaviour than the control group in two out of three prisons. Long-term assessment of 3 to 6 months after release from prison indicated that experimental groups were more positive about sexual communication, self-efficacy, and intention. Groups educated by an HIV-negative educator performed marginally better than those in groups with an HIV-positive peer educator. The study suggested that an HIV-negative peer educator was likely to be a better choice of an agent for behaviour change in prison populations. The study also highlighted the different socioeconomic differences between inmates in the developing world and inmates in a first-world setting in terms of the urgent issues that needed to be addressed in pre-release and community reintegration programming for inmates. The study also highlighted the need to explore further subgroup-specific behaviour determinants that apply to inmates’ risk-related behaviour. It was argued that peer-led health education programs might be effective in reducing risky behaviour amongst soon-to-be-released inmates.

Grinstead, Zack & Faigeles (1999) reported on a series of HIV prevention intervention programs for prison inmates and their partners that were developed, implemented, and evaluated by a collaborative group. The collaboration included an academic research institution, a community-based organization, and the staff and inmate peer educators inside a state prison in the U.S. In this ongoing collaboration, the authors developed and evaluated a series of HIV prevention interventions for prison inmates and for women who visited prison inmates. The results showed that peer educators were an important resource in conducting interventions in prison and
improving the possibility of behaviour change. The importance of addressing service utilization in the community was realized. The study suggested the importance of collaboration as an innovative method in the basic science of HIV prevention. It also affected policy as funders were challenged to change their traditional methods of funding research to accommodate collaborative teams. It supported the feasibility and effectiveness of HIV prevention programs for inmates and their partners both in prison and in the community. The development of collaborative research partnerships could overcome access and institutional barriers to HIV intervention research in prisons.

Simooya & Sanjobo (2001) studied a prison intervention programme called 'In But Free' in Kamfinsa Prison in Zambia. Beginning July 1995, this programme was led by inmates trained as peer educators (PEs). Activities included face-to-face information giving, provision of HIV/AIDS educational materials, distribution of scissors, voluntary HIV counselling and testing and the promotion of better standards of hygiene. Condoms were not distributed. The project was well received by inmates and staff. Reports from inmates and staff indicated a reduction in tattooing and injecting drug use but male-to-male sex and the sharing of razor blades continued. HIV testing showed prevalence rates of 75% compared to the national average of 19% in adults. The findings of the study suggested measures to address the increasing risk of HIV transmission at the prison including condom distribution in prisons as well as steps to improve the poor living conditions in most Zambian prisons.

Kalantar & Alijev (2005) described the work of a non-government organization (NGO) named, Convictus Eesti operating in Estonia. The organization successfully co-operated with many other organisations that worked actively in penitentiary systems. The NGO noted that the average age of HIV infected prisoners was 20/25 years. Every week, between four and five new HIV cases were discovered in Estonian prisons, and this increase was attributed to the lack of knowledge about hygiene and the danger of HIV and sexually transmitted diseases among prisoners. Convictus conducted seminars which provided a forum for prisoners to ask any question related to their health, on an individual or more general basis, without the fear of being targeted by other prisoners or staff, and with the confidence that they were getting correct and up-to-date information. It was apparent that the methods used to communicate messages about the spread of infectious diseases and the problems
that drug use could bring appealed to a wider audience and eventually attracted a higher level of interest as compared to previous strategies.

The World Health Organization (2007) mentioned the following pilot HIV prevention (harm reduction) programmes that were introduced in prisons in many countries throughout the world:

a) **Mandatory Testing and Segregation**: Prisons of United States, Moldova, Hungary the Nizhnii Novgorod region of Russia, Mexico introduced mandatory testing and segregation of known HIV-positive prisoners.

b) **Education**: Most educational programmes implemented in the prison setting focus on providing knowledge about routes of HIV transmission and risks associated with illicit drugs. The prison staffs and prisoners themselves delivered some programs as peer educators. However, the effectiveness of the educational efforts in reducing HIV transmission among prisoners is unknown (UNAIDS, 2004)

c) **Condoms**: Although sexual activity is illegal in most prison systems in the world, both consensual and coerced sexual activity occur in prisons. Many prison systems in Western Europe make condoms readily available to prisoners. Some jurisdictions in Australia, Brazil, Canada, Ukraine, Moldova, Estonia, Turkmenistan, Romania and other regions in the Russian Federation, South Africa, very few US prisons (4 city and 2 state systems), UK (only via prescription) permits the distribution of condoms.

d) **Bleach**: Many prison systems in Europe make bleach available to prisoners to sterilize needles and syringes used as injecting equipment for injecting drug users. However, this has been criticized on the ground that it may be condoning the illegal act of injecting drug use inside the prison, it may also encourage non users to experiment with injecting drug use and could be used against staff as a weapon. Also, bleach is also not fully effective in reducing the hepatitis C infection.

e) **Needle Exchange or Distribution**: Penal Institutions in Western Europe, Central Asia, Switzerland, Germany, Spain, Moldova, Kyrgyzstan, Belarus have introduced needle exchange programme. The program distributed syringes via a number of means including doctors, vending machines, drug counselling services, correctional staff or external staff.
f) **Tattooing:** The Canadian federal prison system has drafted guidelines for a safer tattooing pilot project. The project involves education of prisoner, providing safer tattoo services through a prisoner staffed tattoo shop, training of prisoner tattoo artist and encouraging voluntary screening for blood-borne infectious diseases for tattoo artists.

g) **Methadone Maintenance Treatment (MMT):** Methadone is a long acting synthetic opiate that is easily absorbed when taken orally once daily and has a half-life of approximately 25 hours. Studies have shown that methadone blocks the effects of the withdrawal symptoms of opium. Thus, methadone maintenance treatment is effective in reducing major risks, harms and costs associated with untreated opiate addiction. The introduction of MMT in penal institutions provides prisoners with an additional opportunity to get away from needle use and syringe sharing.

h) **Sexual Health Intervention Strategies:** The Ministry of Ukraine developed an action programme on HIV/AIDS prevention at the end of 1997. The pilot projects were carried out in Schitomir, Kiev and Odessa. The main objectives of the project were to reduce the risk of HIV/AIDS transmission in Ukrainian prisons, to raise awareness on HIV/AIDS/STD among prison staff, inmates, local authorities and civil society organizations involved in the project implementation, to promote efficient and effective interventions focused on harm reduction and safe sexual behaviour and also to improve the access to counselling, psychological support services and STD treatment. The main activities included conducting training for trainers, conducting training sessions for prison staff and inmates at local levels, knowledge, attitude, practices and behaviour studies among staff and inmates, dissemination of information and educational materials on transmission routes and prevention, providing staff and inmates with individual means of protection (disinfectants, condoms, special gloves for staff), establishing regular access to high quality STD treatment and counselling to reduce the risk of HIV/AIDS/STD transmission and improve access to psychological assistance and counselling in order to promote non-discriminative approaches towards HIV/AIDS infected inmates. The major lessons learned were provision of unbiased information on HIV/AIDS in prisons and the general population, availability of a group of dedicated authorities among government and prison officials.
who were aware of the problem and intent to improve the situation, familiarization of as many senior decision makers in prison as possible with information on HIV/AIDS prevention and creation of plan of action coordinated with prison departments. In New York, in addition to basic information on transmission and prevention of HIV/AIDS, ongoing prevention group meetings, led by a health educator, were organized. An HIV/AIDS hotline was made available to New York state prisoners who used a toll free telephone service designed to be culturally sensitive. English and Spanish speaking counsellors, mostly former prisoners, gave general information, information about prevention, treatment and referrals.

v. HIV/AIDS Intervention in Prisons: Indian Scenario

The following select interventions and research studies have been carried out in some prisons in India by various governmental and non-governmental organizations for addressing the problem of HIV/AIDS in Indian prisons:

The Gujarat State AIDS Control Society, a unit of the National AIDS Control Organization, initiated a pilot project on behaviour change communication interventions in 1998 in the Surat District Prison. In 2001, the interventions were replicated in nine prisons all over the state (UNODC, 2007).

Another study by UNODC (2007) revealed that homosexual activity, both coercive and consensual, took place inside prisons. In this regard, the Hindustan Latex Limited established a technical resource unit to manage targeted interventions under agreement with the Andhra Pradesh State AIDS Control Society. Initially, four prisons were selected for the intervention programme, which was up-scaled to eight after a rapid assessment of needs. The intervention focused on behaviour change communication sessions, STD care and counselling, peer education, condom distribution and a referral system for partner treatment. The process highlighted the need for systematic needs assessment and phased up-scaling, sensitization and involvement of key stakeholders like prison officials and inmates, proper advocacy and sensitization activities, and avoidance of initial media attention in order to provide a greater sense of privacy, security and freedom to the concerned project implementers (Lingamallu as cited in UNODC, 2007).
Partnerships for Sexual Health Prison projects in Andhra Pradesh: The Prisons Department of Andhra Pradesh in collaboration with the Andhra Pradesh State AIDS Control Society (APSACS) initiated a project on partnerships for sexual health (PSH). This project aimed to bring behavioural change among the prison inmates from the sexual health perspective in the context of STDs and HIV/AIDS. The prison interventions were functional at 43 prisons across the state covering all central prisons, district prison, open-air jails, women jails and 23 sub jails. The chief objectives of the project were, ‘to increase the utilization of quality sexual health services by the prison inmates,’ and thereby minimize the incidence of STDs among the inmates. The specific objectives of the project was to assess the sexual health needs of the prison inmates on a regular basis and to address them effectively; to provide quality care and treatment for Sexually Transmitted Disease (STDs) amongst the prison inmates and increase their knowledge levels pertaining to STDs and HIV/AIDS; to promote health seeking behaviour among the prison inmates and to explore means to achieve sustainability of the programme. The project was implemented through the activities of STD Care and Treatment, STD Counselling, Behaviour Change Communication (BCC) & peer education and condom promotion. The project was operational from May 2000 to July 2007.\(^1\)

A study by Rajkumar et al, (2004) documented the social characteristics, HIV/AIDS knowledge and preventive practices of selected male prisoners in Central Prison, Chennai. This study also elicited the impact of educational programmes on knowledge and practice among the inmates. In this study, a control group design was adopted. 200 randomly selected prisoners in the age group of 20 to 40 (Experimental/E Group) were given HIV/AIDS awareness education in the form of street plays, demonstrations and interactive sessions by an NGO. A similar age matched group of 300 prisoners (Control/C Group) who had not attended the programme were used for comparison. The study comprised of an interview session using a well-structured questionnaire to seek information about the prisoners’ social data, their knowledge about HIV/AIDS, including its transmission and prevention, and their indulgence in HIV/AIDS risky behaviour. An analysis using SPSS (10.0) software revealed that the average scores of knowledge about HIV/AIDS, including

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\(^1\) Data obtained from the Office of the Additional Inspector General of Prisons, Hyderabad, August 2007.
its transmission, was 95 per cent for the E Group while it was only 23.5 per cent for the C Group. Similarly, awareness about the use of condoms for casual sexual contacts to prevent HIV/AIDS was 90 per cent for the E Group but only 12 per cent for the C Group. This study demonstrated that information campaigns and other prevention measures inculcated risk awareness. Well-designed (IEC) programmes on AIDS, with the provision of risk-reduction counselling, were therefore recommended for prisoners to effectively combat the imminent HIV/AIDS epidemic.

Counselling and Testing by Pune City District AIDS control Society: Pune City AIDS Control Society (PCACS) was established in collaboration with Maharashtra State AIDS Control Society (MSACS), Mumbai and Pune Municipal Corporation in September 2001. Among its various activities, PCACS is involved in counselling and blood testing of Prisoners at the Yerwada Central Prison, Pune. A counselling and HIV testing of prisoners by counsellors of PCACS was started in Yerwada from July 1st 2006 twice a week as per the directives by the MSACS and permission given by the Pune Municipal Corporation and Vice Chairman of PCACS. Thereafter, PCACS has appointed one male and one female counsellor and one lab technician. PCACS has been conducting pre-test and post-test counselling. Blood is collected for HIV testing from the willing prisoners with their consent. The guidelines of the Maharashtra State Aids Control Society (MSACS) are followed in the whole process. A copy of the reports is handed to the Superintendent of Prison, Yerwada, Deputy Director of Health Services (DDHS), Pune Circle and MSACS at the end of the month.2

Intervention of NGO in Prisons: The Commonwealth Human Rights Initiative (CHRI) undertook a National Scoping Study of NGOs working for prison reform from across 14 states in India. The study highlighted examples of best practices ranging from grass roots level to policy framing level. A closer look at the work of the various organizations in various prisons in India highlighted the fact that most of the works are carried by the faith based organizations for education, vocational training, and sometimes NGOs are occasionally conducting some awareness generation activities. There is dearth of any concrete and sustainable work

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2 Information collected from the AIDS Nodal Officer and Secretary, and counsellors of Pune City AIDS Control Society, 2006
related to health per se and HIV/AIDS in particular (www.humanrightsinitiative.org, retrieved on January 6, 2008).

*Sankalp Rehabilitation Trust* is a non-governmental organization that deals with the problem of drug abuse in the Mumbai Central Prison and Byculla District Prison in Mumbai, Maharashtra. The organization is involved in providing drug treatment services and legal aid to help inmates who were drug abusers prior to incarceration, through individual counselling, group sessions, medical support, legal intervention, family visits, recreation activities and training to peer educators.  

SAPREM initiated the *PINJRA* (Prevention of HIV/AIDS Infection by Joint Relief Action) Project in Kalyan District Prison, Thane, Maharashtra. The various activities carried out by this NGO in the Kalyan District Prison include behaviour change communication, management of sexually transmitted infections and counselling for HIV testing, training of peer educators. Saprem in collaboration with the Tata Institute of Social Sciences organized a one day sensitization workshop on need for HIV/AIDS intervention in prison on May 12, 2007. The need to organize similar workshops state wise to strengthen care and support on HIV/AIDS intervention in prisons and the need to frame macro level policy on HIV/AIDS in prisons, emerged as the major recommendations of the workshop (Saprem, n.d.).

**Intervention by the Government Hospital:** The Department of Preventive and Social Medicine of the L.T.M. Medical College & General Hospital, Sion, Mumbai was conducting a project on inmates having HIV/AIDS. The project included counselling session for prisoners with HIV/AIDS, pre-test counselling of all prisoners followed by suggestion to the inmate regarding HIV testing and conducting HIV related workshops for the prison staff once in a month. The workshops included information regarding the disease, mode of transmission and treatment.

**Effort by the United National Office on Drugs and Crime (UNODC):** The UNODC Regional Office for South Asia, New Delhi, in collaboration with Tata Institute of Social Sciences, Mumbai organized a five days national training programme to address HIV prevention amongst incarcerated substance users from

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3 Information collected through informal discussion with the worker of the organization and researchers’ experience of a briefing session by the organization inside the Mumbai Central Prison as a part of the national training programme organized by UNODC and TISS.

February 27 to March 3, 2006. The training was aimed for the Senior/Middle Level Officers drawn from Prisons (Superintendents and Jailors), Police (Anti-Narcotic Cell and the Criminal Investigation Department) and Non-Governmental Organizations from eight Western and Southern States of India. The programme aimed to equip the participants with knowledge and information pertaining to substance use and HIV/AIDS in prisons; to sensitize the prisons officials and NGOs working in HIV/AIDS prevention in prisons to the problem of substance use and HIV/AIDS in prison settings and capacity building of prison officers and other service providers for facilitating training and interventions in the field (UNODC, 2007).

In response to the training programme, UNODC and Sankalp organized a one-day sensitization programme regarding HIV/AIDS inside the Mumbai Central Prison premises for the prisoners and staff including the prison personnel, prison medical doctor and para medical staff. However, the programme was poorly attended with a few prisoners, prison staff and para medical officials.

From the above, it may be said that there have been some efforts from the government and non-governmental organizations to address the problem of HIV/AIDS in prison. However, as evident, all these efforts have been piecemeal without any concrete and regular action being taken on behalf of the prison department to address the issue of HIV/AIDS in prisons. Thus, it seems that the issue of HIV/AIDS in prisons is being left out either by the Government machineries or by the civil society organizations and sustainable efforts to strengthen prison medical facilities is still in the infancy stage. The failure to implement comprehensive programmes to reduce the risk of HIV transmission in prisons and to promote the health of prisoners living with HIV/AIDS is often related to lack of political will, concerns about security and a lack of resources and technology. This public health crisis requires urgent attention and action.

As observed from the above literature review, it appears that lot of studies have been conducted in Indian prisons from time to time. However, most of these studies have remained limited to the appalling conditions of the prisons, various other prison related issues such as vocational training, education of prisoners etc. There

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5 According to the observation made by the programme coordinator of the national training programme on March 15, 2006.
seems to be no substantive published literature on HIV/AIDS in prisons in general and on the knowledge, attitude, behaviour and understanding of prevention of HIV/AIDS of prisoners in specific. Hence, there is a gap in the existing literature on this issue and thus there is a need to conduct this study. Thus, this PhD study attempts to fill this gap in the existing literature.