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SA Prisons at a glance

The prevalence of HIV in South Africa's prison system: some, but not all the facts, at last

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Introduction

UNAIDS refers to prisons as 'incubators' of HIV infection and other diseases, such as Hepatitis C and tuberculosis.1 Even though AIDS has been known in Africa for more than 20 years, very little is known about the epidemic in prisons, prevalence rates, how it is transferred, the effectiveness of interventions, the link between prison and community, and the management of AIDS patients in prison. Prevalence figures cited are often based on research that was done only in one locality, making it difficult to obtain a system-wide view of the problem.2 The announcement in 2006 by the South African Department of Correctional Services (DCS) that it will conduct a national HIV and syphilis prevalence survey amongst its staff and prisoners, was therefore welcome indeed. The results of this survey were released at the end of January 2008 in a report entitled: *Department of Correctional Services HIV Prevalence Survey (2006)*.3

The lack of reliable research data and more specifically, data on intervention impact evaluations, present a particular challenge in respect of evidence-based law and policy reform. In resource-constrained environments it is indeed risky for government to develop or adjust policy and legislation in the absence of evidence, continued research and evaluations.4 On the other hand, a quick perusal of the policy documents, guidance notes and technical commentaries developed by international agencies over the past two decades on HIV/AIDS indicate a demanding agenda for developing countries, and in particular for Africa, which has the least resources but carries more than two-thirds of the HIV burden.5

In this *CSPRI Newsletter*, the key results of the *Department of Correctional Services HIV Prevalence Survey* are presented and comments made in response. For a detailed description of the methodology followed and related matters, the full report should be consulted.

Methodology of survey

The DCS commissioned Lim'uvune Consulting to undertake the 'Unlinked, anonymous HIV and Syphilis Surveillance Study' amongst staff and offenders in the custody of the DCS. The sample of both staff and prisoners was stratified in respect of: urban and rural prisons, gender, age, work rank level in respect of staff, and the regions of the DCS.6 Ethical approval for the study was obtained from the Human Sciences Research Council. Blood samples were drawn according to NHLS/NICD7 prescripts from survey participants and tested by the nearest laboratory of the NHLS. It should be noted that the survey targeted 'offenders', referring to people who have been sentenced as well as those convicted but not yet sentenced. Unsentenced prisoners were therefore excluded, an issue that will be discussed further below.

A pilot study was done in Gauteng in May and June 2006 during which 786 staff members and 2770 prisoners were targeted for participation. Actual participation was 8.72% and 26.93% respectively. A national roll-out of the survey was completed in October to November 2006 and 10% of both the staff of the DCS and the offender population was targeted for participation, giving rise to a sample size of 3024 staff members and 8649 offenders. Actual participation in the national survey, including the low participation rates from the Gauteng pilot study, was 29.0% for staff and 46.4% for offenders.

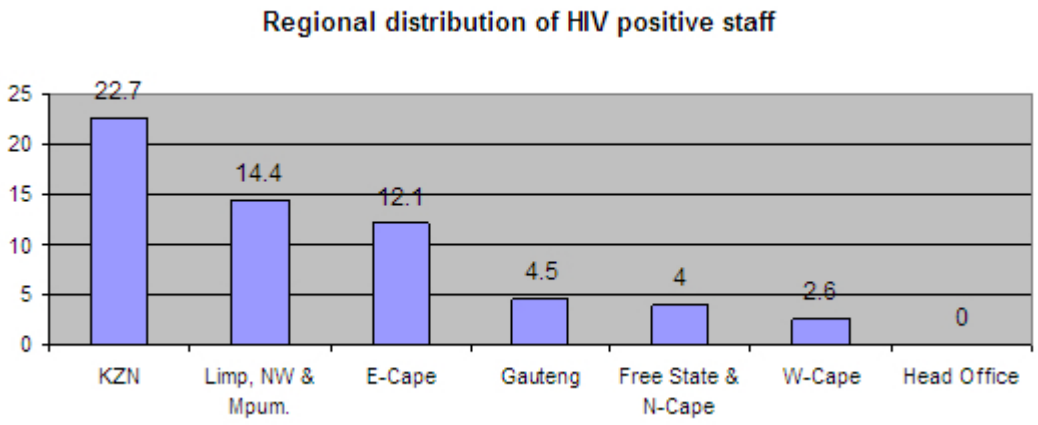
Findings

An important feature of this survey is that it included both prisoners and staff of DCS. The significance of this lies in the fact that approaches to dealing with HIV in prisons often exclude staff and focus only on prisoners. While the World Health Organisation (WHO) guidelines on Aids in Prisons place the emphasis on prisoners, it should be acknowledged that prison staff capacity and stability are key components of a comprehensive strategy towards effective prevention and management. Staff attrition due to illness, absence and death contribute to a loss of productivity and diminish the capacity of the prison service to render services at the desired level.8

Prevalence of HIV and syphilis amongst staff: A total of 1098 staff members participated in the survey and 109 individuals, or 9.9%, tested HIV-positive. Based on these results the report concludes that the national HIV infection rate amongst DCS staff is between 6.7% and 13.9%. Of those who tested positive, 94% were production-level staff, with the balance being from middle management and top management. Their age distribution shows that less than 1% is aged 18-25 years; 45% aged 26-35 years; 42.2% aged 36-45 years; 9.2% aged 46-55 years and 0 above the age of 56 years.

The regional HIV- infection rates for staff are presented in Figure 1

Figure 1



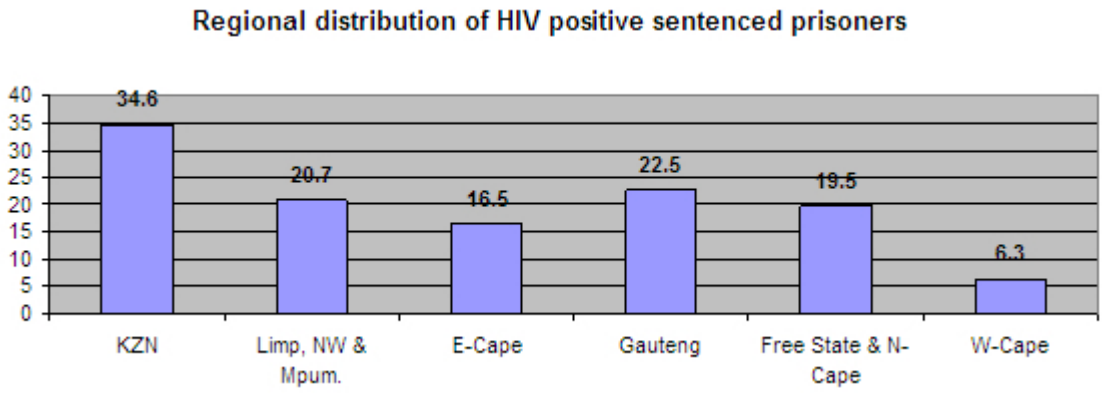
The prevalence rate of syphilis amongst staff of the DCS was found to be 2.9% (N= 32). Of this small group: 65% were aged between 26 - 45 years; 87.5% are operational staff with the balance being at management and top management. Based on these results the report concludes that the syphilis infection rate amongst the total staff corps is between 1.6% and 6.9%.

Prevalence of HIV and syphilis amongst prisoners: A total of 5299 prisoners participated in the survey of whom 1047 or 19.8% tested positive for HIV. This is slightly higher than the national prevalence rate of 16.25%, as calculated by the Department of Health. Based on this result, the report concludes that the infection rate across the total sentenced prisoner population is between 18.4% and 22.6%. The age profile of the prisoners who tested HIV-positive indicates that: 11.8% are aged 18-25 years; 46.6% aged 26 - 35 years; 21.4% aged 36-45 years; 3.2% aged 46-55 years, and 0.9% aged 56 years and older.

The regional HIV-infection rates for prisoners are presented in Figure 2, indicating the highest prevalence

in KwaZulu-Natal, followed by Gauteng, with the Western Cape being the lowest.

Figure 2



A total of 297 (5.6%) out of 5299 prisoners tested positive for syphilis. Of this group the highest prevalence was found in Gauteng at 9.5% and the lowest in the Limpopo/Mpumalanga/North West Region at 3.9%.

Comparing HIV and syphilis infection rates: Table 1 shows that for both staff and prisoners the infection rate of HIV is much higher than that of syphilis, with the exception of Gauteng and the Western Cape in the case of staff, and the Western Cape in respect of prisoners.

Table 1

Participants	Category	Head Off.	E-Cape	W-Cape	Fs N-Cape	LimMpNW	KZN	Gaut.
Staff	Syphilis	3.0	3.8	3.0	2.3	3.2	1.7	4.5
	HIV	0	12.1	2.6	4.0	14.4	22.7	4.5
Prisoners	Syphilis		5.26	5.33	6.07	3.88	4.34	9.52
	HIV		16.5	6.3	19.5	20.7	34.6	22.58

Staff resistance to participation: During the pilot study conducted in Gauteng during May and June 2006, the researchers noted that there was significant resistance to participation in the survey by DCS officials. During the national roll-out of the survey this was again observed, albeit not at the same level observed in the pilot study. This resistance is firstly noted as a limitation to the study, but also, as the researchers point out, indicates underlying issues in the organisational culture that will impact on efforts to manage HIV/Aids effectively in the Department. Investigating the cause of this resistance further was not mandated but informal discussions revealed worrying perceptions amongst staff. The one was the fear that the real intention of the survey was to identify HIV-positive staff members through the survey and 'medically board' them. Resistance to senior management initiatives was identified as a second reason for refusal to participate; as noted by one staff member: 'why do we have to participate when management shows no interest in ourselves and our well-being'.

Prisoners' resistance to participation: The researchers noted that in a number of instances the potential respondents, during pre-test counselling, stated that they know that they are HIV-positive but refused to participate as it 'reminds them of their condition' which they are unwilling to accept. The possible effect of this on the overall findings is, however, not further described by the researchers.

Overall infection rates

The study report concludes with the following infection rates, at a 90% confidence level, for the full staff

complement and total sentenced prisoner population:
? Between 2588 and 5392 of the 38 268 employees of the department's employees are HIV-positive, with the likely level to be 3775 or 9.8%
? Between 623 and 2629 of the 38 268 employees of the department's employees are infected with syphilis, with the likely level to be 1388 or 3.6%
? Between 20 909 and 25744 of the 113 567 sentenced prisoners are HIV-positive, with the likely level to be 23 258 or 20.5%
? Between 5533 and 8466 of the 113 567 sentenced prisoners are infected with syphilis, with the likely level to be 6900 or 6%

Discussion

The DCS should be commended for undertaking a study of this magnitude and nature. It is now in a better informed position to deal with the significant challenges in respect of HIV/Aids amongst sentenced prisoners and its own staff. With one in ten officials HIV-positive and one in five sentenced prisoners HIV-positive these are indeed significant challenges. Moreover, there are good reasons to believe that the infection rate amongst staff is higher than what the survey found. The survey unfortunately suffers from a number of significant shortcomings. These do not invalidate the findings but if addressed at the design phase would have yielded valuable information to further understanding on how HIV and Aids are manifested in the prison system.

HIV in prisons in developing countries is often associated with tuberculosis (TB), and this together with other Sexual Transmitted Infections (STI) forms a deadly combination.[9] It is therefore of particular concern that this extensive survey did not include TB testing, as well as a wider range of STIs, to investigate co-infections more broadly.

The survey also focussed exclusively on sentenced offenders and although they form the majority of the prison population, unsentenced prisoners constituted 32% of the total prison population at the end of 2007. This is a significant proportion and amounts to nearly 54 000 people in the care of the DCS.[10] The unsentenced prison population is also a highly mobile sector in the total prison population with many being released and re-arrested. For example, in 2004 a total of 225 373 unsentenced prisoners who were taken to court, were not returned from court to prison.[11] This amounts to nearly 18 800 unsentenced prisoners per month. The importance of the unsentenced population lies not only in the overall proportion that they constitute, but in their mobility between prisons and society. In managing HIV/Aids and other STIs this becomes a very important feature of the landscape.

It is also noted that the survey excluded prisoners under the age of 18 years. Although they constitute less than 2% of the total prison population, they are an important part of it and in need of particular attention.

The survey reports on the gender, age, race[12] and geographical spread of the prisoner respondents. Apart from this, very little is known about the prisoners surveyed. Length of sentence, imprisonment history, period in detention (unsentenced), gang membership, sexual assault victimisation, health history, tattoos and history of substance abuse are important variables to investigate in order to gain a deeper understanding of HIV/Aids in South African prisons. With an epidemic of this scale, recalling that one in five prisoners is estimated to be HIV-positive, it is necessary to go beyond the clinical description of prevalence and seek a sociological understanding of HIV/Aids.

Despite these shortcomings in the survey scope, the findings still raise important questions. From a human resource management perspective the fact that an estimated one in ten (but possibly more) officials is HIV-positive cannot be ignored and requires an urgent response. The impact of this will increasingly be felt on the operations of the department and evidence of this is already emerging.[13] Whilst there is no published record of the causes of death amongst DCS officials, the mortality rate of officials nationally, who died in office, increased from 3 per 1000 in 1993[14] to 6.1/1000 in 2001,[15] and to 7.8/1000 in 2007[16] - more than doubling over the 14-year period. To an extent, this increase follows the growth in the mortality rate of prisoners, which increased from 1.65 deaths per 1000 in 1995[17] to 9.2 per 1000 in 2005, and which is generally accepted to be related to the AIDS epidemic.[18] In the light of these trends, policy and planning need be aimed at proactive management to reduce the risks associated with

productivity-loss, attrition, succession, and the loss of skills.

The national infection rate amongst prisoners of one in five also masks regional variations and at some prisons sampled in KwaZulu-Natal the infection rate amongst participants was above 30% and in one sub-sample, 57%. Such regional concentrations also require urgent interventions.

The survey has brought a better understanding, but a lot remains unanswered. For example, sexual predation is common in prisons but it is unknown if this is how prisoners are infected with HIV. It is equally possible that they are infected prior to imprisonment and are re-infected once in prison. More research is required to learn more about infection patterns in order to develop appropriate preventive responses. Of equal importance is what happens to prisoners after they have been released. If prisoners were able to access anti-retroviral therapy during imprisonment, can they continue treatment after release and what steps have the DCS taken to facilitate this?

The DCS is facing a deeply complex challenge and this is exacerbated by not only shortages in skilled staff but also by resistance from its own officials in addressing the problem. Acknowledging staff concerns and recognising that prisoners are part of society will be important steps en route to an effective response. It is also the case that much has been learnt about managing HIV/AIDS in prisons in the past 20 years and the department should draw on these lessons. In its 2005 White Paper the DCS is clear on what it wants to achieve in respect of prisoners and HIV/AIDS (and other communicable diseases):

'HIV/AIDS and other communicable diseases such as TB and sexually transmitted infections will be addressed as integral to provision of comprehensive health care services and health care education to inmates. The department should focus on programmes to reduce the impact of HIV/AIDS and other communicable diseases to allow people under correction to leave the system as healthy as possible.'19

In achieving this, it will need the support and active participation of its officials as well as the support from external stakeholders because 'good prison health is good public health'.

Endnotes

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1.UNAIDS (2006) *Report on the Global AIDS Epidemic*, p. 119

2.Dolan K et al (2007) 'HIV in prison in low-income and middle-income countries' *The Lancet Infectious Diseases* Vol 7 No. 1 p. 36.

3.An electronic copy of the report is available on the CSPRI website. Note that the appendices are not available electronically and should be requested from the DCS.

4.For a more detailed description on improved policy-making see Bullock H, Mountford J & Stanley R (2001) *Better policy making*, Centre for Management and Policy Studies, London.

5. Stubblefield E (2000) 'Prisons and jails worldwide - Update from the 13th international Conference on AIDS' HEPP News 2000, p. 1

6.The DCS is divided in six regions being: Eastern Cape, KwaZulu-Natal; Free State/Northern Cape; Gauteng; Limpopo/Mpumalanga/North West; and Western Cape.

7.National Health Laboratory Service/National Institute for Communicable Diseases

8.Pharoah R (2005) *Not Business as Usual - public sector responses to HIV/AIDS in Southern Africa*, ISS Monograph, Institute for Security Studies, Pretoria, p.1.

9.UNODC (2006) *HIV/AIDS Prevention, Care, Treatment and Support in Prison settings - a framework for an effective national response*, UNODC/UNAIDS/WHO, New York, p.3

10. As at the end of December 2007 there were 166 627 prisoners in South Africa's prisons of whom 53 649 were unsentenced and 112 618 were sentenced. (Judicial Inspectorate of Prisons)

11. Office of the Inspecting Judge (2005) *Annual Report of the Judicial Inspectorate of Prisons 2004/5*, Cape Town, p. 21.

12.Data on race profiles is provided in Appendix 3 but not in the report itself.

13.Tapscott, C. (2008) *The Impact of HIV/Aids on prison governance*, CSPRI Research Report, Forthcoming.

14.Department of Correctional Services, (1994), *Department of Correctional Services Annual Report 1993*, Table 16.

15.Department of Correctional Services, (2002), *Annual Report 2001/02*, Pretoria, p. 25. Accessed on 5 October 2007 at http://www.dcs.gov.za/Annualreport/DCS%20Annual%20Report%202002.pdf

16.Department of Correctional Services, (2007), *Annual Report for the 2006/07 Financial* Year, Pretoria, p.144. Accessed on 18October 2007 at http://www.dcs.gov.za/Annualreport/DCS%20Annual%20Report%202007.pdf

17. Judicial Inspectorate of Prison, (2006), *Annual Report for the period 1 April 2005 to 31 March 2006*, Cape Town. Accessed on 18 August 2007 at http://judicialinsp.pwv.gov.za/Annualreports/ANNUAL%20REPORT%202006.pdf p.34.

18.Tapscott, C. (2008) *The Impact of HIV/Aids on prison governance*, CSPRI Research Report, Forthcoming.

19.Department of Correctional Services (2005) *White Paper on Corrections in South Africa*, Pretoria, p.15, Para 10.8.4

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Category	Feb '07	Dec '07	Incr/Decr %
Functioning prisons	237	237	0.0
Total prisoners	161,674	166,627	3.1
Sentenced prisoners	113,213	112,618	-0.5
Unsentenced prisoners	48,461	53,649	10.7
Male prisoners	158,115	162,733	2.9
Female prisoners	3,559	3,534	-0.7
Children in prison	2,077	2,158	3.9
Sentenced children	912	879	-3.6
Unsentenced children	1,165	1,279	9.8
Total capacity of prisons	115,327	114,559	-0.7
Overcrowding	140.20%	145.00%	
Most overcrowded			
Umtata Medium	353%	438%	
Least overcrowded			
Flagstaff	15.50%		
Hopetown		28.00%	
Awaiting trial longer than 3 months	21,203	22,527	6.2
Infants in prison with mothers	168	155	-7.7