Contextualising the Sustainable Development Goals

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Sentenced and locked away, HIV/AIDS in Zimbabwean Prisons

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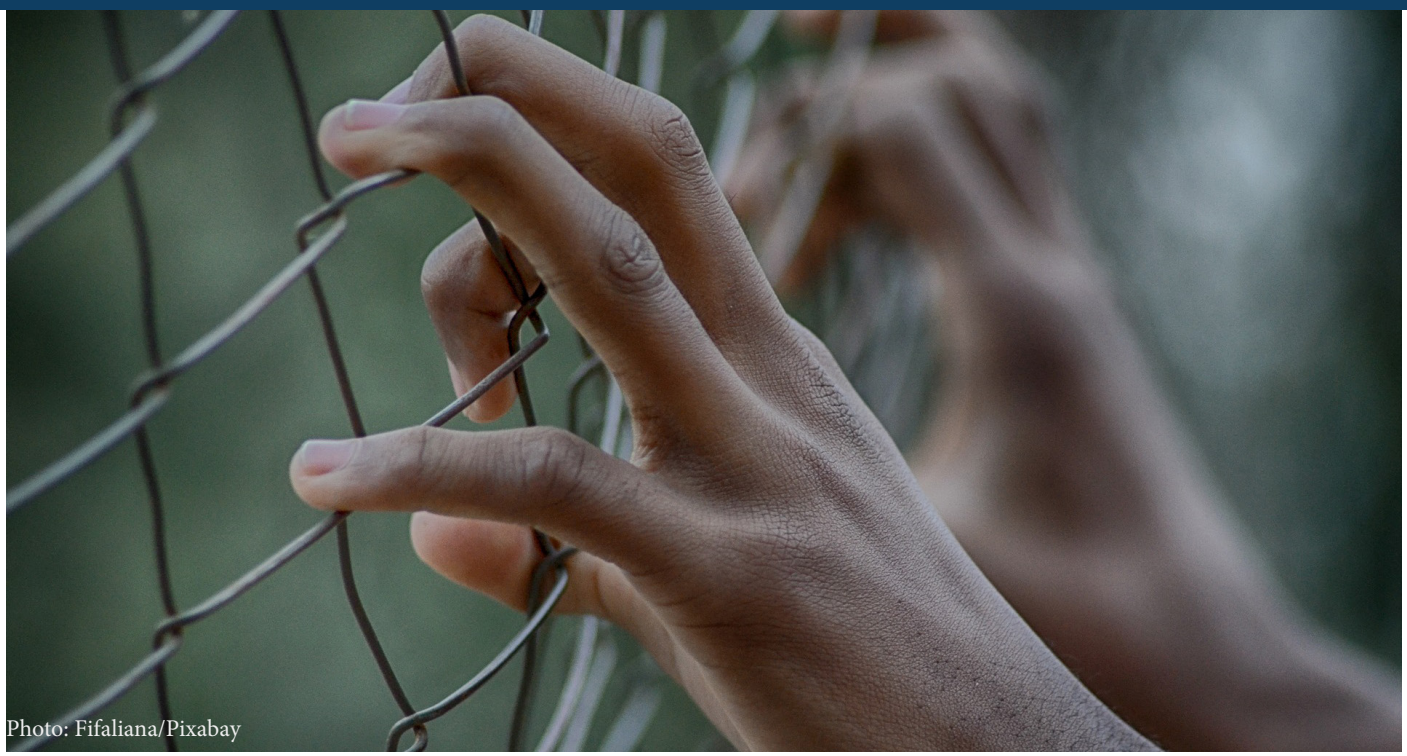
Briefing Paper 2018



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The prevalence of HIV among prisoners in Zimbabwe (28% in 2011) is double the HIV prevalence in the general adult population (13.8%) (ZPS, 2011; ZimSTAT and ICF international, 2016). Although the Zimbabwe prison population is predominantly male, HIV prevalence is higher among female prisoners (39%) than male prisoners (26.8%) (see ZPS, 2011; MoHCC and NAC, 2015). The higher HIV prevalence among women mirrors that in the general population. Most inmates with HIV acquire it in their communities, before they are incarcerated. The social groups most vulnerable to HIV are also groups at increased risk for criminalisation and imprisonment, as many of the same wider social and economic circumstances that increase susceptibility to HIV also increase vulnerability to incarceration.

The male dominated prison space is likely to create an environment where male-to-male sexual violence (prisoner-to-prisoner and guard-to-prisoner) is common (see UNAIDS, 2014). Such prison space offers new norms of dominance and power, particularly between male prisoners. These norms often alter traditional gender identities and roles that become highly sexualised. Male dominance may be exercised through rape and sexual abuse perpetrating the culture of violence that is typical of prison life. However, statistics and knowledge on the actual instances of such (sexual) violence are not readily accessible due to the continued denial of the problem, stigma and discrimination, fear of being exposed and the criminalisation of sodomy and homosexuality in Zimbabwe. Inmate rape, including male rape, is one of the most ignored crimes in the country and remains a tremendous health rights problem, especially as it predisposes prisoners to HIV infection.

The prison population not only contains high numbers of HIV-infected and at-risk individuals but is also highly susceptible to many infectious diseases, including (multidrug-resistant) tuberculosis, hepatitis (A, B and C) and sexually transmitted infections (STIs). If not treated, STIs can significantly increase vulnerability to HIV infection. In addition to inadequate nutrition, and unsanitary conditions, overcrowding and unprotected sex are common on prison

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grounds and put prisoners already living with HIV and AIDS at risk of illness while creating ideal conditions for new HIV infection and TB transmission. There is insufficient knowledge about the prison community, both in and out of correctional facilities – for example, the sexual behaviours and attitudes of prison communities and the multiplier effect on societies as a whole is largely unknown. This gap is evident at various levels including institutional, legislative, policy and programming, civil society, and communities and individuals.

The disparity between what is known and unknown about HIV in Zimbabwean prisons is alarming but underscores the importance of acting rapidly to address information gaps that can be bridged to assess the national situation better, identify good practice and support more effective policies, programs and service delivery. This briefing paper summarises the inventory of existing information on HIV among prison communities in Zimbabwe, identifies gaps in knowledge and proposes research framework for HIV stakeholders, government and partners working in and out of Zimbabwe.

This work is based on a desk review (analysis of secondary data), consultations with relevant health staff and local nongovernmental organisations.

Key Messages

What do we know about HIV in Zimbabwean prisons?

- Prison populations in Zimbabwe are predominantly adult male, including the prison staff. Female prisoners only constitute 1.8% of the prison population, while minors under the age of 18 represent 0.5% of prison population (ICPR, 2016).
- The prevalence of HIV among prisoners (28% in 2011) is double the HIV prevalence in the general adult population (13.8%) (ZPS, 2011; ZimSTAT and ICF international, 2016)
- HIV prevalence is higher among female prisoners (39%) than male prisoners (26.8%) (see ZPS, 2011; MoHCC and NAC, 2015).
- The official capacity of the Zimbabwean prison system is 17,000 prisoners, but in 2015* the occupancy level was at 110.9% representing approximately 18,900 prisoners, including nearly 600 women and 50 juveniles, spread across 46 main prisons and 26 satellite prisons.
- The prison population rate (per 100,000 of national population) is 145 based on an estimated national population of 13.01 million at January 2015 (ICPR, 2016).

* 2015 data is the latest data on prison occupancy in Zimbabwe as of 20 December 2017

Future research

- Additional research is required to provide insight into the experiences of prisoners and factors that contribute to the transmission of HIV in Zimbabwean prisons. The factors should include the impact of the weak criminal justice and judicial systems, social stigma, institutional and societal neglect of the wellbeing of prisoners and how these interact to increase vulnerability to HIV infection in prisons. Inadequate food and poor nutrition, overcrowding, lack of resources for maintenance of prison infrastructure, lack of health care, high-risk sexual behaviour and a lack of conjugal visits are critical factors which should also be considered.
- Behaviours relating to the exchange of personal possessions such as shoes or hygiene products such as soap for sex as those items may be unavailable in prisons should be explored, including how the scarcity of food and poor nutrition among those incarcerated drive prisoners towards the exchange of sex for products such as food.
- Research should be carried out to understand the incidence and prevalence of tuberculosis in prisons. HIV-positive prisoners with TB can easily transmit TB to those who are not infected with HIV. Furthermore, with multi-drug resistant TB strains appearing in many places, the problem warrants further investigation.
- Finding out where and how HIV antiretroviral treatment is provided to prisoners, where antiretrovirals are and are not available, what additional support to malnourished prisoners is delivered and what successful treatment looks like should be considered.
- Overcrowding contributes to tension, frustration, and idleness among prisoners, so it should be investigated whether this leads to the release of these pressures through sex and sexual abuse, and to what extent if so.

Conclusions

This briefing paper outlined areas of concern for HIV and prison affected communities with information, and identified ways forward in helping to mainstream the prison population in the AIDS response throughout the country. The Ministry of Health and Child care, the National AIDS Council, multilateral, bilateral and nongovernmental partners can use this document to build coordinated research priorities on HIV in prisons to create informed policies and services.

We consider this a living document, to be revised as new information, experiences and resources dictate. We welcome the future contributions of other institutions and organisations for the broader dissemination of this document and also to facilitate the implementation of the recommendations from this paper.

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