

**OPPORTUNITIES FOR HIV PREVENTION AMONG MEN
WHO HAVE SEX WITH MEN (MSM) WITHIN THE
ZAMBIAN PRISON SETTING.**

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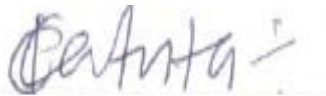
DECLARATION

I, **CHILAMBE KATUTA**, do hereby declare that this dissertation is of my own effort and where other people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with departmental requirements in the preparation of this dissertation.

The thesis "**OPPORTUNITIES FOR HIV PREVENTION AMONG MEN WHO HAVE SEX WITH MEN (MSM) WITHIN THE ZAMBIAN PRISON SETTING**" is my own work.

Word Count: 9,838

Signature:

A handwritten signature in blue ink, appearing to read 'Chilambe Katuta', written over a faint horizontal line.

Date: 19th August, 2009.

DEDICATION

Kasuba Nthombi and Mwelwa Ayanda.

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Chilambe

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
FHI	Family Health International
HIV	Human Immunodeficiency virus
KIT	Royal Tropical Institute
MSM	Men who have Sex with Men
NAC	National AIDS Council
PAAC	Prisons AIDS Advisory Committee
PRISCCA	Prisons Care and Counselling Association
PFZ	Prison Fellowship of Zambia
SADC	Southern African Development Community
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UN	United Nations
UNAIDS	Joint United Nations Program on HIV and AIDS
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

GLOSSARY

Men who have sex with men (MSM) is a term used mostly to classify men who engage in sex with other men, regardless of whether they self-identify as gay, bisexual, or heterosexual. (Mapulanga 2009)

Prisoner- in this study the term prisoner will be used to refer to a person in custody on a criminal charge, being kept in jail, or any correctional facility in Zambia. (Mapulanga 2009)

High Risk behaviour- common high-risk behaviour in the prison environment include unprotected sex (mostly anal and between males), rape, sex bartering and “prison marriages”. In addition, unsafe injecting practices among injecting drug users, blood exchange and the use of non-sterile needles and other cutting instruments for tattooing are widespread. (UNAIDS 2007)

Prison Rape-in this study the term prison rape will include sexual abuse in general such as forced oral sex, simulated sex with any part of the body and the use of objects while the concept of sexual violence includes not only the use of force to rape and abuse, but also aspects of manipulation and coercion. (Mapulanga 2009)

Inmate-one who is imprisoned in a jail, prisoner; (UNAIDS 2007)

Prison sexuality-deals with sexual relationships between confined individuals or those between a prisoner and a prison employee (or other persons to whom prisoners have access). (Mapulanga 2009)

ABSTRACT

Background: HIV in prisons presents a major public health challenge for both prison and public authorities because the inmates are part of the regular community and once they are released from prison they become part of the regular community. (UNAIDS 2009). Zambia holds about 15,000 inmates in its prisons spread country wide and the majority are serving sentences or are in remanded custody (UNAIDS 2007) and about 80% of the prison population are sexually active, while 27% are HIV positive, and 15% have STIs. (Sanjobo, N. and Simooya, O. 2004a). There are a number of NGOs working in the prison setting but they are not allowed to distribute condoms as it is perceived that it would encourage Men having Sex with Men (MSM) which is illegal under the Zambian law and the government had for many years denied that Men were having Sex with Men within its prison walls.

Objective: To carefully analyse HIV risk factors among the male prison population in Zambia, so as to create awareness with a view to guiding future policy decision relating to HIV and AIDS in the Zambian prison setting.

Methodology: The study is descriptive in nature. It did not do any form of primary research but instead did a desk review of literature on issues such as prison health from different sources such as books, journals, reports, published articles and studies. The Literature reviewed have been sourced from published Zambian Government documents, United Nations technical reports, NGO, private and institutional documents and research studies. Also informal discussions were held with some key informants who were knowledgeable about the subject under review.

Findings: HIV is a serious problem. MSM and sexual violence are rife and condoms are not allowed. However, inmates are smuggling condoms into the prisons and the condoms are used as a form of currency. Boredom, overcrowding, and gang activity were some of the factors that contributed to MSM.

Conclusions: The inmates that are in prison today come from within the communities and once they finish serving their sentences, they will return to the community. Therefore, by having interventions in place that will promote and protect their health and wellbeing. This will go a long way in not only protecting the inmates themselves, but also their families, the prison staff and this will have a “snow ball” effect on the broader public health in Zambia.

Recommendations: Political will is needed so as to reduce the HIV risk and sexual violence vulnerability among the male prison population in Zambia. There is need for policy reform that will allow alternatives to incarceration so as a way to decongest the prison system. The reforms should ensure that inmates are protected from acts of sexual violence. The prison staff should undergo training in human rights so that they acquire important skills regarding the treatment of inmates in accordance with international human rights treaties that Zambia has signed.

Keywords: The study used the following keywords in its search matrix: MSM, Health; HIV Infections; Homosexuality, Male; Zambia; prevention & control; Sexuality, prisons

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Chapter I: Introduction

1.0 Chapter Introduction

This Chapter provides an introductory outline to this dissertation; it explains the focus of this dissertation, why this study is important and it also outlines the study aim and research questions that need to be answered in this dissertation. This Chapter sets the scene and the direction for the dissertation.

1.1 Background

HIV in prisons presents a major public health challenge for both prison and public authorities because the inmates are part of the regular community and members of the regular community such as prison staff are in contact with the inmates' every day. (UNAIDS 2009). Current evidence suggests that most inmates are HIV+, therefore, there is a great need to have a consented and coordinated response in addressing HIV within the prison walls. (Steinberg 2005) Zambia has made very good progress in terms of halting the spread of HIV within its general population. However, not much attention has been paid to fight against HIV within the prison walls. (Central Statistical Office 2007). It is also important to note that there are organisations that are working within prisons, but under very hard and difficult conditions to halt the spread the HIV within the prison walls.

Needless to say that the prison setting is a fertile ground for the spread of the virus due to a number of factors, such as the lack preventive tools like condoms, widespread acts of MSM, also the overcrowding makes it almost impossible to fight off opportunistic infections like TB. (Steinberg 2005). For a very long time in Zambia, government officials denied that acts of MSM were rife in the prison system. Because of this denial a lot of programming has focussed on the prevention of HIV among heterosexuals and not among the MSM in the prison setting. It was only until the late President Mwanawasa when touring a Zambian prison had called on the prison authorities to bring the aspect of MSM to a halt. (Zambia Daily Mail 2007). Mwanawasa had said that young male offenders were in most cases the victims of forced sexual acts mainly at the hands of the violent older convicts and that that acts MSM in the prison system were a contributing factor to the increased number of related HIV and AIDS cases being recorded in the prison setting. (Zambia Daily Mail 2007). Because of the above denial issues such as the patterns of sexual behaviour prisoners especially male population and the nature of circumstances leading them to take part in very high-risk sexual activity in Zambia's prison environments largely remain unknown. (NAC 2008). Much of the literature on issues such as sex within prison has focused on deconstructing the Zambian prison sexual experience but has not focused on the causal factors that are responsible for high sexual risk behaviour in Zambia's prisons. (Mapulanga 2009). This greatly shows that a significant knowledge gap exists in understanding the nature and causes of high sexual risk behaviour and its multiplier effect on societies at large. (Kawilia 2004). This gap is evident at the following levels; institutional, legislative, policy and programming, civil

society, communities and individuals. The Ministry of Home affairs in Zambia has neglected to account for what takes place within the prison walls. (Mapulanga 2009).

The statement below is a personal account of an inmate serving time for robbery in a Zambian prison; his statement sets the premise for this study.

“I have been inside in this prison for almost two years and my crime was to do with robbery. Inside the prison we have same-sex couples, Husbands and Husbands, we have gangs, ‘tribes’, or clans, or whatever you would call them, for friendship, support, protection and sexual release – which can be mutual affection or rape. There are approximately 30 men to a cell. I feel sorry for the guys that have got small bodies because they are the most targeted ones. Boys get raped everyday in here. The sad part is also that the prison warders leak the prisoner’s information to other inmates, so if it happens that you are not serving a long sentence, calling them “Mulendo” meaning a visitor, so that will alarm other inmates to do all sorts to that new inmate before he leaves since they know that he’s only staying for a short time. Since I came into this prison I have been gang raped eight times. Most of you might be wondering how much I have gone through, well first of all I’m not homosexual and I’m sure when I get out of here I will go back to having sex with women. .This is the sort of life that I have exposed myself to, I’m not even sure if I have HIV, I just hope all my results would be good when I’m out of here. ”

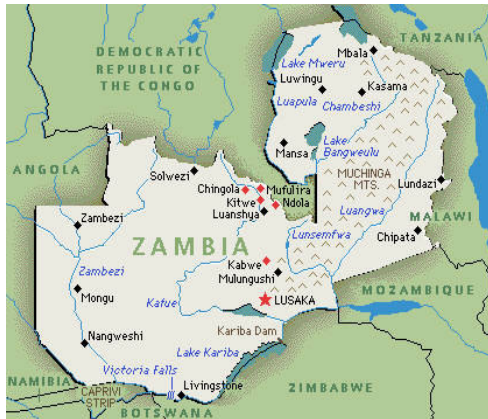
(Chola 2006 cited in Mapulanga 2009:8)

It has been documented that the high prevalence rate of HIV infection is almost twice as high amongst the inmates when compared to the general population outside the prison walls. The high infection rate has sometimes been attributed to the sharing of contaminated needles and also the unprotected sexual acts within the prison (Kawilia 2004), (Sanjobo, N. and Simooya,O 2004b).Furthermore, the failure to implement comprehensive prevention programmes and the lack of political will as well as no policy in place to provide guidance for effective HIV prevention in prison. (Steinberg 2005) . All this has created a huge public health problem that needs immediate government attention.

The Zambian government has signed various international treaties that make it to have a moral and ethical obligation to halt the spread of HIV in prisons as well as to developed and introduce policy and programmes that will provide full preventive information and health services for male prisoners. People whether prisoners or not must have the same right to access to health care and services. Therefore, if comprehensive HIV prevention programmes are developed, they will not only protect the prison population but the general public as whole. (Lines et al. 2004).

1.2 Zambia's Country Profile.

Figure 1: Map of Zambia



(C) Image-Google Images.

Zambia is found in Southern Africa and has an estimated population of 11.2 million. (Central Statistical Office 2007). The national HIV prevalence rate for the country is 14.3%. (Central Statistical Office 2007). There is a difference between the urban and rural HIV infection rates, for example in the rural areas the average HIV infection is around 10 - 15% while in urban areas it is higher at 15-25%. (Zulu 2004) About One million Zambians are living with HIV and the most vulnerable groups are the youth, prisoners and discordant couples. (NAC 2008)

1.3 Zambia's Legal Position on Homosexuality.

The Constitution of the Republic of Zambia (1996) under Cap 87, Sections 155 through 158 of the penal code criminalizes any homosexual act.

Section 155 reads “any person who- (a) has carnal knowledge of any person against the order of nature; or (b) has carnal knowledge of an animal; or (c) permits a male person to have carnal knowledge of him or her against the order of nature; is guilty of a felony and liable, upon conviction, to imprisonment for a term not less than fifteen years and may be liable to imprisonment for life.” Section 156 imposes imprisonment for seven years for any attempt to commit unnatural offences. Section 157 states that “ any male person who, whether in public or private, commits any act of gross indecency with another male person, or procures another male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony and is liable to imprisonment for five years.” Section 158 reads “any female who, whether in public or private, commits any act of gross indecency with a female child or person, or procures a female child or person to commit any act of gross indecency with her, or attempts to procure the commission of any such act by any female person with himself or with another female child or person, whether in public or private, commits a felony and is liable, upon conviction, to imprisonment for a term of not less than seven years and not exceeding fourteen years.”

(Constitution of the Republic of Zambia 1996) pp.90-91

1.4 Justification

Zambia holds about 15,000 inmates in its prisons spread country wide and the majority are serving sentences or are in remanded custody (UNAIDS 2007) and about 80% of the prison population are sexually active, while 27% are HIV positive, and 15% suffer from STIs (Sanjobo, N. & Simooya, O. 2004a). The study Sanjobo et. al. (2004a) did not clearly define what was meant by sexually active, whether it included aspects such as masturbation. Factors that contribute to MSM within the Zambian prison setting are understudied and not clearly known. Despite the fact that prison confinement has been stated as a major driver of HIV in Zambia due to the frequent unsafe sexual practices such as prison rape among the inmates. (NAC 2008).

There is very little evidence to inform policy and practice leading to a neglect of intervention programmes targeting prisoners. Studies have shown that MSM groups, especially those in prisons are at highest risk of HIV infection. This is because of the confusion on the definition of MSM and obstacles faced in data collection on HIV transmission among MSM, has made it difficult to research on them in Zambia.(NAC 2008).

There is no defined response to the public health situation in Zambian prisons. (Kawilia 2004) Efforts to improve the health status of the MSM are currently being championed by community based organizations rather than the government as there is no policy in place to ensure that this group is targeted. (Baral 2008). This research is among the first steps towards contributing to the knowledge base to inform policy and the development of HIV prevention programmes targeting prisoners. Therefore, it is believed that this research will contribute to the knowledge and information. It is hoped that this research will encourage further research that might lead to the development of policy and programmes for the prevention of HIV among MSM in the Zambian prison system.

1.5 Statement of the Problem

There has been very limited and less effective intervention programmes that were aimed at preventing HIV among the male prison population. Despite the fact HIV is a serious health threat for male prison population in Zambia. (UNAIDS 2009). The fact however, will remain that inmates are part and parcel of the community hence, demonstrating the fact that the health threat of HIV and AIDS within and out of prisons is inextricably linked and therefore, calls for coordinated action. (UNAIDS 2009). As the old saying goes no “man is an island”. There has been a lot of debate in Zambia whether condoms should be distributed in prison especially among the male prisoners where MSM is thought to be rife.

It was not until a few years ago that the late Zambian President Mwanawasa after touring a Zambian prison had urged the prison authorities to find solutions to the cases of MSM. This was the first time that a high ranking government official even a head of state had publicly acknowledged that MSM was there in the Zambia. Furthermore, despite the fact HIV prevention is a very big vertical programme in Zambia, just like in other parts of the world that are affected by HIV, has such HIV prevention programming does receive a lot of funding. However, in Zambia very little funding has been allocated to address HIV prevention among the male prison population especially MSM.

It goes without mentioning that by protecting and promoting the health of prisoners. The benefits of such interventions will also guarantee a healthier, safer workplace for prisons staff as well, (UNAIDS 2009). Studies conducted over the years have greatly shown that MSM is common in prison. Therefore, there is a great need to find solutions to this problem. It poses a big public health challenge to the country, in that majority of the male prisoners serve short prison terms and they are released back to the community. While the debate goes on what type of intervention should be carried out the men who are in prison continue to have sex among themselves and get infected, die both within the prison and outside the prison walls.

1.6 Study Aim and Objectives.

Aim

The paper aims at carefully analysing HIV risk factors among the male prison population in Zambia, so as to create awareness with a view to guiding future policy and prevention programming decisions relating to HIV and AIDS in prisons in Zambia.

Objectives

1. To describe some of the sexual practises of MSM in the Zambian prison setting and the resulting spread of HIV.
2. To outline the reasons why MSM in prisons engage in high risk sexual behaviour.
3. To outline the gaps in terms of information that may exist in the provision of HIV prevention activities and health services to the male prisoners.
4. To recommend legal, regulatory and other prevention programmes possibilities for high HIV risk reduction in the Zambian prison setting.

Chapter II: Research Methodology

2.0 Chapter Introduction

This section describes the methodology that was employed in the data collection for this research. The chapter begins with the research design and concludes with the limitation of the study.

2.1 Research Design

The study is descriptive in nature. It did not do any form of primary research. It conducted a desk review of literature on issues such as prison health from different sources such as books, journals, reports, published articles and studies. The Literature reviewed in this study was sourced from published Zambian Government documents, United Nations technical reports, NGO and private and institutional documents and research studies. Informal discussion with some key informants who were knowledgeable about the subject under review were also held.

2.2 Data Sources

Using Reference Manager the study obtained its data from a number of online databases such as Science Direct, PUBMED, Popline, Google Scholar among others and also a number of websites such as the World Health Organisation, The Joint United Nations program on HIV and AIDS, Ministry of Health (Zambia) were browsed for information. Print journals and texts were sourced from the University library. Policy papers were sourced from the WHO, UNAIDS and UNFPA. A national HIV management policy was obtained from the National AIDS Council of the Republic of Zambia.

2.3 Study Design Rationale

The utilization of secondary forms of data collection as opposed to primary sources was selected because first the duration of the study was very limited and the ethical process both in Zambia and Holland would have taken a very long time to be approved. Furthermore, there were no funds available for the study to conduct a primary data collection and the secondary data collection methods would just as well yield a lot of valuable information that would be very useful to the study.

2.4 Document Management

The management of the bibliography and reference material was done electronically by using Reference Manager, Microsoft PowerPoint, Microsoft Excel, Microsoft Word and Adobe Acrobat Professional.

2.5 Ethics

Since no interviews for collection of primary data ever took place and the study was of a secondary nature. There was no need to obtain ethical approval in Zambia.

2.6 Literature Review

The literature that was reviewed focused on the following areas: sexual violence, prison sex, sex risk behaviours, HIV prevention in prisons was arranged and classified according to a focus on one of the following themes;

- Sexual violence within the prison setup
- Sexual practices among the male prisoners
- Reasons for engaging in high risk sexual behaviour
- Men who have Sex with Men in Zambia
- What interventions are there within prisons to prevent HIV

Box 1.1: Search Terms and Databases used for searching International Literature

Search Terms
“Men having Sex with Men (MSM)” and: “Health”, “HIV infection”, “Homosexuality”, “Zambia”, “Male”, “Prevention and Control”, “Sexuality”, “prisons”, “inmates”, “Sodomy”
Databases
PUBMED www.pubmed.com
SCIENCE DIRECT www.sciencedirect.com
POPLINE www.popline.org
AIDSONLINE http://journals.1www.com/aidsonline
BRONXDEFENDERS www.bronxdefenders.org
ELDIS www.eldis.org
Ministry of Health, Zambia www.moh.gov.zm

2.7 Limitations of the study

This study depended mainly on published documents and studies. Although, there were a lot of studies on Zambia in terms of HIV prevention there was very limited literature when it came to HIV in prisons and issues such as MSM. Many of the literature used therefore were on other Sub-Saharan African countries that were relevant to the Zambian situation. Other studies relevant to the Zambian situation were also used. The research topic is a sensitive in nature and very complex issue and inability to be able to conduct full in-depth interviews with the male population within the Zambian prison system was major limitation of this study.

Chapter III: Results

3.0 Chapter Introduction

This Chapter presents the findings and interprets the results.

3.1 An Overview of Men who have Sex with Men (MSM) in Zambia

Issues to do with homosexuality are of a sensitive nature in Zambia and are criminalised under the *Zambian Penal Code*. In 2005, the *Zambian parliament* did pass laws that made the promotion or advocacy of homosexuality tougher. As it stands now the *Zambian law* states that anybody who is found guilty of homosexuality or sodomy will serve a prison sentence of not less 25 years. (*Zambia Daily Mail* 2007).

In 2004 Kaizar P Zulu did conduct a study on the aspect of MSM in relation to HIV. The sample consisted of males aged 15 to 35 in and out of school, prison inmates, ex-inmates and young males no longer living with their parents. (Zulu 2004). One important point was that study was allowed to conduct interviews in both the prison and boarding schools. This study was one of the first to be conducted in Zambia. It highlighted the existence of MSM in the *Zambian population* and clearly outlined how the denial of MSM had greatly impacted on HIV programming for MSM. The results of the study showed that homosexuality was more prevalent in Zambia.

3.2 Strategies and sexual practices among the male prisoners

Government reports indicate that the number of inmates at *Zambian prisons* far outstrip the capacity which they were designed to hold. In the prison setting the number of MSM are not officially known mainly due to the stigma and fear of the law. This overcrowding has become a “hot-bed” for violence, sexual violence and it should be noted that most of the prisoners commit crimes between 15-45 years old. The prisoners form a section of the *Zambian population* that is in a very high HIV prevalence bracket.(NAC 2008). The *UNAIDS* (2006) reports that overcrowding, poor supervision and safety in most prisons in sub-Saharan African had led to prisoners ganging up and engaging in acts of violence such as sexual violence.

Studies have shown that HIV prevalence is very high in prison setting. One of the major drivers of HIV within the prison walls has been the issue of unprotected sex. However, the prison service was in denial for a long time that prison sex existed. This caused the HIV infection within prison walls to increase faster than in the general population. (Steinberg 2005) It has been observed that prison conditions make it possible for the transmission of HIV as they operate in an environment of violence and fear. Sexual violence a big threat to the good health of the prisoners and while some prison systems have continued to deny the sexual violence is a major issue other prison systems have shown that it is possible to greatly address this issue of sexual violence and therefore, halt the spread of HIV within prisons walls. (*World Health Organization* 2007), (*IRIN* 2009). In a study that was conducted in Zambia it was found 8.4 % inmates were engaged in some form of transactional sex and most of them were young with an average age of 24 years. (Simooya et al. 1995)

In study entitled “*Understanding sexual relationships and HIV and AIDS among inmates in Zambian prisons*” carried by out by Sanjobo, N. and Simooya, O (2004b) revealed that Zambia had a prison population of about 15,000 inmates and that over 80% percent of the inmates were sexually active. However, the study did not clearly outlined if sexual activities like masturbation were defined as a sexual activity in their study. The study outlined that about 27% were HIV positive and 15% had contracted an STI. The study also stated that the older inmates use things like foodstuffs, soap, razor blades, cigarettes, as currency to make younger inmates get into sexual relationships with them since there is a shortage of such things in prisons.

The study by Sanjobo et al (2004b) presents us with an overview of the fact that inmates are engaged in some form of sexual activity. However, this study does not clearly state or show which of the sexual activity is between male and male or female and female or that from the prison warder and the inmate.

The study does not state whether most of the inmates contracted HIV or the STI while they were inside the prison system or they had contracted HIV and STI before they were convicted. The study also claims that there was a reduction in incidence of unprotected sex between men since 1995, it does not elaborate if the inmates were given condoms or what intervention was put in place for the authors to conclude that the incidences rates of unprotected had dropped.

Likewise, Frank Shayi (2008) carried out a study that looked at the Sexual Practices in South African Prisons. He collected his primary research data from 5 (five) South African prisons. He discovered that men who were jailed for a long time in a confined space without the opportunity for normal heterosexual outlet had ended practising homosexual acts and that the acts were rife in South African prisons. In most cases there was some form of forced or coerced homosexual activity and the major contributing factor to this form of “male-rape” was the aspect of prison gangs that existed within the South African prison system. (Shayi 2008). Even though the above study does highlight the incidence of sexual practises in the South African prisons especially those holding males. It makes an assumption that the incidence of homosexual acts in the prisons is mainly due to the sexual orientation of the male offenders who come into the prison and the study also states that homosexuals are allowed to have sex in prison. (Shayi 2008). The heterosexuals are denied their rights to have sex with their partners. The study does not mention other methods or strategies that the inmates could practice to overcome their sexual feeling.

In another study by Okochi et al (2000) conducted among prison inmates of a Nigerian prison. Their study showed that inmates used various methods to overcome their sexual feelings in that 46.5 % reported having taken part in some form of homosexual act with a fellow inmate while 53.3% practised masturbation. The study interestingly reported that about 7.8% of the inmates used condoms with their male partner. The above study just like other studies carried out in the prison setting especially those that hold male prisoners shows that inmates use various methods to overcome their sexual feelings. Some engage in homosexual activities that are very risky in nature. The study also states that a certain percentage of the inmates used condoms during the sexual acts. It does not explain where the inmates got the condoms or if the prison authorities did distribute the condoms to the inmates.

Mapulanga (2009) in his study among male ex-prisoners highlighted that male prisoners had used one form sexual activity to overcome their sexual feeling. A majority of the prisoners had either taken part in male to male sex which could have been consented, or it could have been forced through violence mostly targeted at those inmates who had just arrived in prison. One of most important highlights of the Mapulanga study was that prisoners were not tested for HIV when they entered the prison system and that prison authorities had in fact “allowed” some form of violence towards the incoming inmates as form of coming of age within the prison system. Despite the fact that the Mapulanga study presents us with a view of what might be going on in the prison system from the point of the inside. The sampled size for study was 20 which was very small to generalise for the whole prison population. The study not having conducted interviews with the current inmates and prison authorities also presented it also set of limitations. The study presents a rare view of the actual “confirmation” of MSM within the prison system.

In a study by Simooya et al (2001) that was done to find out about the HIV seroprevalence and related risk behaviours among male inmates at Mukobeko, Kamfinsa and Solwezi prisons of Zambia. The methodology the study employed was a cross sectional study and mixed studies (semi-structured questionnaire and focus group discussion) to collect data from both the inmates and staff. The number of inmates who took part in the study was 1596 which represented about 86% of the total prison population at the three prisons during the time the study took place.(Simooya et. al. 2001).

They found that 3.8% inmates admitted to having sex with other men in prison. It was not clear why the percentage of inmates who had admitted to be having sex with other men was very low. However, those who had provided blood sample for HIV antibody testing. Their results showed that about 27% of the sample was found to be reactive to the test. It also found that 17.4% inmates had tattoos and about 26.0% among this group had tested positive for HIV and about 63.4% inmates had been sharing razor blades with other inmates.

The study concluded that the major cause for HIV infection among the inmates in the Zambian prison setting was the aspect of heterosexual intercourse outside the prison walls, in that the inmates come into prison already infected with HIV. However, it observed that there was a very high risk of HIV transmission from penetrative anal sex that was very high in Zambian prisons setting. It interesting to note that the study concluded that there was a very high risk for HIV when it found that only 3.8% of inmates had admitted to having sex. The study recommended that condoms be provided and the government should reconsider the non-distribution policy of condoms in prisons. (Simooya et al. 2001).The study also called for the addressing of the poor socioeconomic conditions that existed in the Zambian prison setting as this was one of the many factors that had contributed to the spread of HIV within the prison setting. (Simooya et. al. 2001).

3.3 Reasons for engaging in high risk sexual behaviour

Sexual violence comes in a number of forms within the prison walls and for this reason it seems it has become part of everyday prison culture for new inmates to be sexually abused by other inmates' mostly older ones. This section attempts to bring to the fore some of the reasons that have been highlighted as to why inmates are engaging in high risk sexual behaviour such as prison rape.

According to a study entitled "Sexual behaviour and issues of HIV and AIDS prevention in an Africa prison" by Simooya et al (1995) that was conducted at Kamfinisa Prison in Zambia. The study included 452 inmates. It found that 8.4 % of the inmates interviewed had taken part in homosexual acts.(Simooya et al 1995). Those who had taken part in the homosexual acts were of an average age of 24 years and the inmates gave some of the reasons to take part in the homosexual acts: to the use of Kachasu (an illicit liquor), drugs such as cannabis, compassion due to the length prison terms, sexual needs, poor diet, bullying and also have access to shaving appliances and tattooing. One major recommendation that the study made was the call for the distribution of condoms in the prison because of the evidence that unprotected sex did take part in the prisons.

A similar study by Mapulanga (2009) called "Male sexual urges, prison sex and sex risk behaviours in Zambian prisons" found that most prisoners would not manage to abstain and in order for them to satisfy their sexual feelings they had taken part in homosexual acts and sometimes the homosexual acts were consent but most times they were not and all the cases they was no use of condoms when the act was mutual or coercive in nature. He also found that the prison culture contributed to the high risk sexual behaviour as it was a norm to sexually abuse new inmates and the prison authorities did not enforce the strict rules that pertain to sexually violence other inmates but in fact encouraged the sexual violence to take place.

"...prison can do strange things to a man. This is even hard to say, but I will go ahead and say it. Am not a homosexual, but there was this one kid that came from Mozambique that was brought in for stealing cattle. I took him into my care. And I one night I found myself rubbing against his behind I was embarrassed, but he never stopped me , I continued until I was almost inside him then I came <ejaculated> even before I had fully gone inside him

This continued every time I needed to release some of my stress I would do it with this one kid, that with time I even started to inside him, sometimes I think I was in love with him."

(Chola 2006 cited in Mapulanga 2009:48)

The study by Mapulanga further found that prisoners were also smuggling condoms in the prisons. Below is an extract of interview that Mapulanga had with one of the participants in his study.

“..one could be lucky if your visitor brings you a pack of condoms and that the guard has not seen the condoms that you received. If the guard has seen the condoms they get from you and you are punished. Most people outside here don’t know that condoms just as cigarettes are now being used as currency in here and the inmates here look forward to be getting condoms rather than cigarettes and those who might have smuggled the condoms get a lot of protection from other gangs and they don’t get picked on. For lubricant we use spit mostly, or Vaseline if you are lucky to get some. It’s not that by saying or asking for these things in the prisons is a way of encouraging homosexuality, no, it’s trying to make sure that not everyone that completes his sentence without having contracted HIV or STDs. The government is well aware about what is happening inside the prisons so it’s just a matter of accepting that they have to reduce the spread of the diseases in here. But since their no condoms it’s hard for you to have safe sex in here. Some people come already sick from outside and then bring the diseases in here. Because of no condoms, But again when you are raped the guys don’t ask you if you want a condom. Like guys outside even when their condoms they just want like that...”

(Chola 2006 cited in Mapulanga 2009:50)

In a study entitled *Sexual practices in South African Prisons from the perspective of Christian ethics* that was conducted in South African prison system by Shayi (2008) found that some of the factors or reasons that prisoners decided to have sexual relationship with their fellow men were overcrowding. For example,more powerful inmates tended to take advantage of weak men. Other reasons were physiological needs, boredom, lack of support, prison gangs, also in a similar study by IRIN (2009) that was conducted in South Africa. It has been reported that about 65% of inmates in South African prisons do take part in one form of homosexual activity and many of the inmates awaiting trial have been robbed and raped by fellow inmates in the same holding cells. Sex or the power to control sex is seen as a powerful currency with the prison system. for example if an inmate is poor and does not have any influence or protection from the powerful prison gangs, his only way out would be to be a passive partner to another inmate after which he will have the power to exert influence within the prisons walls.

3.4 HIV Intervention in Zambian Prison Setting

This section highlights some of the intervention work that is taking place within the Zambian prison service by various stakeholders with regard to HIV prevention.

“The situation with regard to HIV and AIDS is grave in the Zambian prisons. Although there are no current statistics available on prevalence rates, it is very reasonable to report that the prevalence rates are considerably higher than the national average of 14%. Congestion, poor hygiene and poor diet contribute to an environment where opportunistic diseases are rife. TB is a

major problem, along with skin diseases and other illnesses. All of this is closely interlinked with HIV. Prisons Service is very aware of the problems, and is with little means through NGOs attempting to address the issues through sensitization, trainings, and provision of ART. The Zambian office of UNAIDS initiated the work with prisons in April 2005. The work until now has centred on information gathering, support to mobilization of NGO partners and other stakeholders as well as advocacy activities directed at Ministry of Home Affairs and others.”

(UNAIDS 2008) pp.02

Since 2005, with the partnership from UNAIDS, the Zambia Prison Service (ZPS) has created an HIV and AIDS unit which has been tasked to initiate HIV prevention programmes in various prisons that are found in Zambia. Furthermore, a Prisons AIDS Advisory Committee (PAAC), has also been created and some of the members of PAAC ; include partners from Ministry of Home Affairs, prisons NGOs, Prisons Service, Bilateral representatives and some UN agencies. Other important development in the prison service has been the creation of the Parole Board so as to assist in prison decongestion and in the long run reduce the many risk factors that expose inmates to HIV and AIDS. The launch of the HIV/STI/TB Workplace Policy and Strategic Plan (2007-2010) in December 2008 and the recent commissioning of a sero prevalence and behavioral survey of the HIV and AIDS situation in Zambian prisons, whose results will help guide future policy and programme decisions. (UNAIDS 2009).

“IN BUT FREE” is another Zambian Prison NGO that has been working in the prison setting. The primary goal of this NGO has been to reduce the transmission of HIV infection in Zambian prisons and as well to provide care, treatment and support to those already living with HIV and AIDS and other chronic illnesses. The NGO working at one of its sites at Kamfinsa Prison. The NGO has noted that unprotected male to male sex, sharing of razor blades, tattooing and injecting drug use, have been recognized as risk factors for HIV transmission at the prison. Therefore, in July 1995, the NGO began an intervention where it trained inmates as Peer Educators (PEs) and the PEs had the responsibility of giving viable information on HIV and AIDS, STIs, educational materials, distribution of scissors and razor blades, voluntary HIV counselling and testing and the promotion of better standards of hygiene. The NGO has trained in total 119 PEs that work in prisons. The NGO does not distribute condoms and it reported that despite its intervention among the inmates the aspect of male to male sex continues and it had called on the relevant authorities to reconsider the ban on the distribution of condoms in prisons (Sanjobo and Simooya 2001)

The Prison Fellowship of Zambia (PFZ) was established in 1997 and is a Christian organisation. PFZ runs HIV and AIDS and TB programmes in 20 prisons across the country. Its programmes range from encouraging voluntary counselling and testing (VCT), discouraging homosexuality, sensitising the prisoners and officers on the safe use of razor blades and other utensils. PFZ works in about 40 out of 53 prisons that are found in Zambia. It has through its health department developed different approaches to reduce the incidence of new infection among the inmates and the staff.

PFZ has also been involved in advocacy when it comes to issues to do with the improvement of the conditions of living for the inmates. PFZ has noted that working in a prison setting can present its own set of challenges. Such that security consideration tend to conflict with genuine public health concerns for example unprotected sex among the male prisoners is very high and yet condoms are not provided to prisoners as homosexuality is a crime in Zambia and that issues surrounding sexuality are not openly talked about due to traditions and ignorance is high because they claim AIDS is caused by witchcraft. (Kawilia 2004;Matandiko 2009)

3.5 International Treaties

Below is part of the speech that a Danish embassy official delivered at the Lusaka Central Prison during an official function.

“... prisoners are human beings like the rest of us, and therefore, they enjoy exactly the same human rights like anybody else. The congestion of the prisons in Zambia is so heavy and there is need to improve the conditions is, because once the prisoners are released, they again become part of society. It is therefore vital that the prisoners can interact and start out fresh without being too scarred from the experience they have had in prison. Protecting the prison community is after all, protecting society itself. ”

(Times Reporter 2007) pp: 4

Zambia does not live in isolation and as such the country has signed a number of international instruments that aim to help the country achieve total health for its citizens. One of the treaties that Zambia has signed to is the United Nations International Covenant on Economic, Social and Cultural Rights. Article 12 of the International Covenant reads that,

“(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness...”

(United Nations 1976)

The above means that states like Zambia have the international obligation to prevent diseases as well as treat, control epidemics and other diseases as stated by Article 12 above to which Zambia is a part to. It also covers the aspect of prevention and treatment of diseases which include HIV whether in the prison setting or the general Zambian population needs to be given much attention. Furthermore, Zambia has adopted the Southern African Development Community (SADC) protocol on health which it signed on 18th August,1999 and under Article 10 which looks at HIV and AIDS and Sexually Transmitted Diseases calls for member states reads that;

“..In order to deal effectively with the HIV/AIDS/STDs epidemic in the region and the interaction of HIV/AIDS/STDs with other diseases, state parties shall: harmonise policies aimed at disease prevention and control,...”

(SADC 1999)

The SADC protocol above is another international obligation that states like Zambia should promote and improve the health of their population and this is another obligation of Zambia and just within the SADC protocol on health and Zambia did on 4th July 2003 Zambia sign a SADC declaration on HIV and AIDS that calls upon to put in place strategies that address and strengthen initiatives that prevent people from getting HIV infection. Therefore, Zambia has an obligation at both regional and international levels that makes it mandatory to address the issues of health and protect its citizens from getting infected with HIV no matter their sexual orientation and whether they are in prison or not.

This Table 1; displays the author, titles and findings of some the studies that have been used in literature review.

Zambia Based Studies

AUTHOR	TITLE	FINDINGS	METHODOLOGY AND SAMPLE SIZE
Simooya, O., et al (1995)	Sexual behaviour and issues of HIV/AIDS prevention in an African prison.	8.4 % of the inmates interviewed had taken part in homosexual acts and those who had taken part were on average 24 years.	Cross sectional study and mixed studies Sample Size: 452
Sanjobo, N., et al (2004)	Understanding sexual relationships and HIV and AIDS among inmates in Zambian prisons.	80% percent of the inmates were sexually active, even the study did not clearly outline the sexual activity that the inmates engaged in and 27% the total of the sexually active in the sample size had HIV positive and 15% of the sexually active group had an STI.	Cross sectional study and mixed studies Sample Size: 501
Kaizar P Zulu (2004)	Male to Male Sex : HIV and AIDS in Zambia	The study showed that homosexuality was on the increase in Zambia than thought and the most of the people who had been introduced to the act did carry on to practise homosexuality even when they had married to hide the fact that were practising homosexuality.	Cross sectional study and mixed studies Sample Size: 3,000

Soyapi Mapulanga (2009)	Male Sexual Urges, Prison Sex and Sex Risk Behaviors in Zambian Prisons.	Sex in prison was either consented or forced through violence mostly targeted at those inmates who had arrived in prison and it also found that condoms were smuggled into prison by the inmates.	Cross sectional study and mixed studies Sample Size: 20
Simooya O. et al (2001)	'Behind walls': a study of HIV risk behaviours and seroprevalence in prisons in Zambia	3.8% inmates admitted to having sex with other men in prison. The study concluded that the major cause for HIV infection among the inmates in the Zambian prison setting is the aspect of heterosexual intercourse outside the prison walls	Cross sectional study and mixed studies Sample Size: 1,596

Studies from other African countries

AUTHOR	TITLE	FINDINGS	METHODOLOGY AND SAMPLE SIZE
Frank Shayi (2008)	Sexual Practices in South African Prison From the Perspective of Christian Ethics.	Men who were jailed for a long time in a confined space without the opportunity for normal heterosexual outlet had ended practising homosexual acts and that the acts were rife and in most cases there was some form of forced or coerced homosexual and the major contributing factor to this form of “male-rape” was the existence of prison gangs	Cross sectional study Sample Size: 104

IRIN (2009)	HIV in South African Prisons.	65% of inmates in South African prisons did take part in one form of homosexual activity. Some inmates had been raped by fellow inmates in the same holding cells. Sex seen as a powerful currency within the prison system.	Cross sectional study and mixed studies Sample Size: 274
Okochi, et al (2000)	Knowledge about AIDS and Sexual Behaviors of Inmates of Agodi Prison in Ibadan, Nigeria.	46.5 % of the inmates reported having taken part in some form of homosexual act with a fellow inmate while 53.3% practised masturbation. The study interesting reported that about 7.8% of the inmates used condoms with their male partner.	Cross sectional study and mixed studies Sample Size: 381

Chapter IV: Discussion and conclusion

4.0 Chapter Introduction

This Chapter discusses and provides a conclusion to some of the key emerging issues from the results section of the dissertation. It will also look at what are the implications for policy when it comes to HIV programming within the Zambian prison setting.

4.1 Conceptual Framework

This section presents the “Chamber’s conceptual framework,” that can be used to analyse the aspect of HIV in Zambian prisons. This framework has been adapted to show a link of how a number of factors interplay to increase HIV infection within the prison setting and how inmates become vulnerable to getting infected as they are exposed to more risk such sexual violence that greatly increases their vulnerability to HIV infection. (Isabelle 2007).

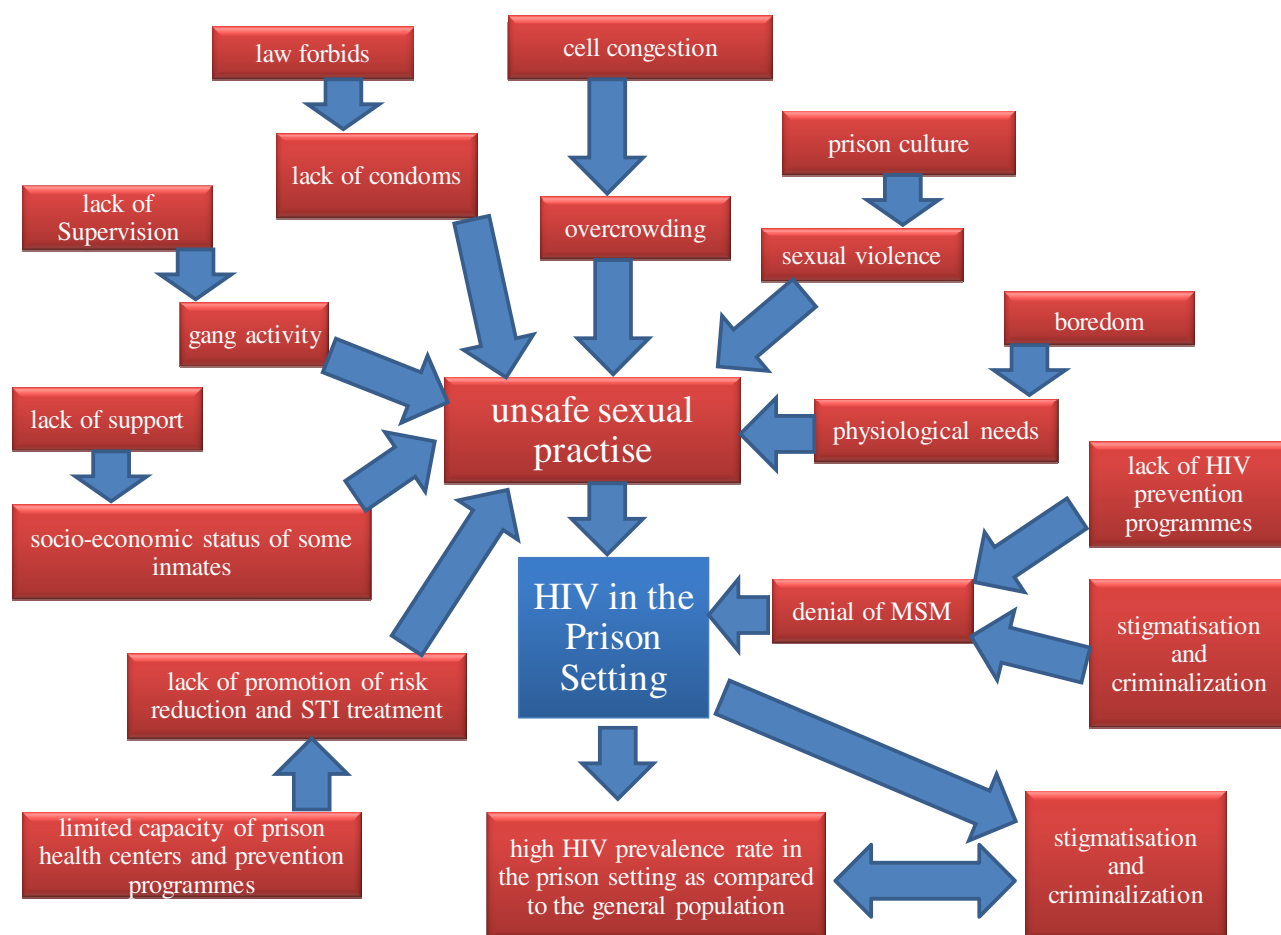


Figure 2

Source: Chambers (1983) adapted cited in Isabelle (2007).

4.2 MSM in Zambian Prison Setting

One key emerging issue has been the denial of MSM in the prison in Zambia by key policy makers. This denial by policy makers is a major drawback to HIV prevention not only in the prison setting but also the general population as well because HIV affects everyone in the community and that extends to everyone beyond the normal prison walls. The denial has led to lack of effective HIV programmes in the prison setting. It has also made the MSM very difficult to reach because the denial has contributed to the stigmatization of MSM. The results have shown that the aspect of MSM is very rife in prisons. What was also important to note was how sex was used as a form currency between the inmates for example those inmates that lacked such basic necessities such as blankets. Sex was used to obtain these things from other inmates who had them plenty. Therefore, the failure to acknowledge the gravity of MSM in prison has to the HIV prevalence rate in prison.

4.3 Prison Culture

It was also noted that the prison culture that currently exists is a major factor to this high risk sexual behaviour and the “strict rules” were not enforced by the prison staff on those inmates that were found guilty of raping other inmates while in prison and sexual violence. (Mapulanga 2009). As Shayi (2008) found in his study in South Africa, it was difficult for inmates to hold back their sexual feelings and those men who were held for a very long period of time had ended up having sex with their fellow men so as to “cope with” their sexual feelings.

“...in male prisons, in Africa, homosexual activities not uncommon – though the reported number of instances is likely to be much lower than the actual numbers due to the denial or criminalization of homosexuality, stigmatization of prisoners by society at large, and underreporting of rape and sexual abuse among male prisoners and where socioeconomic barriers break down—offer new norms of dominance and power, particularly between male prisoners. These norms often alter traditional gender identities and roles that become highly sexualized. Same sex relations, including “marriages” between male prisoners, are common, although considered circumstantial. Gang rape and sexual abuse (e.g. exchange of men for favours among gangs and individual prisoners) take place frequently. Consequently, victims of continual rape and sexual abuse often resort to prostitution as a survival or coping mechanism.”

(UNAIDS 2007) pp.16-17

4.4 HIV and Health Services in Prison

It has emerged from the results that HIV within the Zambian prison setting is a serious problem. The prison health service which only has 15 clinics in its 53 prisons does not offer comprehensive HIV prevention information and services to the inmates. The prison population does not have access to condoms for prevention against HIV and other STIs while drug compliance of those inmates who are on ART is difficult to monitor. (Central Statistical Office 2007). The prison service recently introduced ART but because of the problems such as the

lack of drugs in its health centres and the non adoption of a comprehensive HIV prevention information and services programme. It is believed this greatly undermines the effectiveness of the HIV prevention and treatment programmes within the prison setting in Zambia.

4.5 Condoms

With growing evidence of MSM inside the prisons. The government should strongly reconsider the aspect of allowing condoms in the Zambian prison setting as the study has shown MSM do exist in the prisons. There is a demand for condoms as they are being smuggled into the prison by inmates. The smuggled condoms have now become a form of currency that is used by the inmates to have some form of influence and power in prison. It is not clear, however, in what condition the smuggled condoms are and if they have not yet expired and how the inmates dispose of the used condoms. Therefore, the inmates would still get infected even when they were using the condoms in prison. The introduction of condoms will greatly save so many lives. The assumption by the various stakeholders has been that distribution of condoms would greatly encourage MSM.(Sanjobo, N. & Simooya, O. 2004a). There has been no research within the Zambian prison setting to support the above assumption by the various stakeholders.

“...it is increasingly recognized that sex occurs in prisons and this condition promotes HIV transmission among men. It is noted that in prisons, men usually engage in consensual or forced anal sex for lust, comfort, privileges or domination. Much public dissent has been noted, in which the fear is that this would be seen as condoning homosexuality. However, it is emphasized that the issue in prisons is not one of homosexuality, but of recognizing that many heterosexual men in prison will take the only sexual outlet available to them (in addition to masturbation). In doing so, they are at great risk of HIV infection, hence encouraging mutual or self masturbation and actively promoting condom use must be part of the response to the epidemic issue.”

(SAfAIDS NEWS 1997) pp.1

4.6 Overcrowding

From the study it was observed that overcrowding in Zambian prisons is a major issue for example in Zambia occupancy rates are around 300 % to 345% above what the prison system was made to hold. (UNAIDS 2007). The Zambia prison system was meant to house about 5,000 inmates but today it holds 15,000 inmates. (Times of Zambia 2008). It is left to the imagination of one’s mind to understand how the prison cells are really overcrowded. This lack of space has made young offenders to be placed in the small hold cells with old inmates. This placement of young offenders has greatly put them to be very vulnerable to sexual violence within these overcrowded cells.

Overcrowding is seen as a major contributor to the high number of cases of sex among male inmates and this greatly impedes efforts made to address HIV and AIDS as it leads to more opportunities for unethical and unacceptable sexual practices. (IRIN 2009), (Shayi 2008) and accelerates the transmission of airborne communicable diseases like tuberculosis (T.B).Evidence also suggests that this overcrowding does not only contribute to further deterioration of the prison premises but to poor supervision and safety, which leads to increased

gang activity, violence, tension, frustration and idleness among the male prisoners. All of this is often released through sex and sexual violence. (UNAIDS 2007).

4.7 Interventions

The results have also shown that a number of interventions aimed at addressing HIV within the prison setting are taking place. These interventions are both from the government working with a number of cooperating agencies, including those within the United Nations System. Through these initiatives PAAC was created, which has now been given the mandate to draw up a draft policy that will focus on HIV and AIDS within the prison setting. PAAC is also supposed to develop an action plan for the prison service and to put in place structures that led to the formation of an umbrella organisation that will be able to coordinate the work of various NGOs that work within the prison setting. A number of NGOs are also providing some form of intervention in a few prisons; the NGOs conduct Peer Education activities, conduct VCT, provide information on HIV and STIs to the inmates and also encourage the promotion of better standards of hygiene among others.

The current HIV programmes that are taking place within the Zambia prison setting of an educational nature and it was also observed that the inmates have a very high knowledge of HIV in terms how it was transmitted and how they would prevent them from having an HIV infection.

“..Education is one of the most important ingredients of an effective HIV and AIDS in prison policy. However, HIV and AIDS education in the prison environment presents specific challenges which are unlike those for the general population and the unfortunate truth is that an increase in HIV and AIDS related knowledge is not always translated into altering or reducing high risk behaviour and what might be valued by the average citizen outside of the prison is not the same as that appreciated by the average prisoner..”

(IRIN 2009) pp.44:45

However, it was also noticed that the HIV infection rate stood at 27% was very high and did not correspond to the high knowledge of the HIV. It is expected in a normal situation where there are high knowledge levels that HIV infection would be much lower than the 27% recorded. However, despite the high knowledge levels sexual assault is an everyday thing within the prison walls and given the fact that inmates are not tested for HIV at port of entry in the prison setting, makes it even hard to know where and when they got infected when they test while in prison.

4.8 Conclusion

As the saying goes “*Good Prison Health is Good Public Health*”. The inmates that are in prison today come from within the communities.(UNAIDS 2009) Once they finish serving their sentences, they will return to the community, therefore, by having interventions in place that will promote and protect their health and wellbeing. It will go a long way in not only protecting the inmates themselves, but also their families, the prison staff and this will have a “snow ball” effect on the broader public health in Zambia.

HIV has greatly stretched the limited capacity of the prison health services to breaking point, which was already facing a very high burden disease from such diseases like T.B. Therefore, if there is progress to be made in reducing the spread of HIV within the prison setting. Further policy reform is needed so that the various contributing factors to MSM in prison are to be addressed and mostly importantly the issue of distributing condoms in prisons should be looked at as a public health issue and a moral issue.

Chapter V: Recommendations

5.1 Introduction

As the results have shown HIV in the prison setting in Zambia is a serious problem and a number of steps are needed so as to quickly address the situation. As highlighted by the study a number of factors are at play that make HIV prevalence rate to be on the higher side than the general population outside the prison setting. Therefore, recommendations that are given below border more on policy issues, as it is believed that policy reform is part of the key to unlocking the problem and finding lasting solutions.

5.2 Laws and Policy Reform:

5.2.1 Acceptance of MSM in prison

There has been a lot of denial about MSM in the Zambian prison setting and yet MSM are a major stakeholder to HIV prevention in prison. The denial has also led to there being no specific programmes that target MSM in prison. Therefore, the government needs to provide necessary leadership and political will by accepting that MSM exists in its prisons, so that long lasting solutions to MSM and HIV in prison are found.

5.2.2 Prison Decongestion

The Zambia prison system as it stands now is very overcrowded and the study has clearly shown a link between overcrowding and HIV. There is need for the government to make amendments to the Zambian Penal Code and Prisons Act so that there is an early release or other alternatives to incarceration, in order to assist in the decongestion of the prison system.

5.2.3 Restrictions

The prison service should also be brought in accordance with the United Nations recommendations and the Prison Service HIV and AIDS policy have in place drug treatment programmes for the inmates and also provide disinfectant materials such as bleach. It is understood that the prison does not have enough resources to provide the above that is why it is important that prison service opens up the restrictions on HIV prevention to other partners without necessarily compromising the security nature of the prison service.

5.2.4 Conjugal Rights

The government should also consider as preventive strategy to allow the prisoners to have conjugal rights with their partners. However, there is need to do more research. To find out if granting of conjugal rights is the best way to stop unsafe sexual practices among MSM in prison and that it won't be another way of HIV transmission from the prison setting to the outside.

5.2.5 Prison Staff Training in Human Rights

The prison staff should undergo training in Human Rights so that they acquire important skills regarding the treatment of inmates in accordance with international treaties that Zambia has signed.

5.3 Prison Health Services

5.3.1 HIV intervention programmes in prison

There is a great need to strengthen the current HIV intervention programmes that are in existence in the prison setting. There is need to improve the ART programmes for those prisoners who qualify to be on treatment if possible those inmates on ART should be released on medical grounds so that they may be able to access better treatment programmes outside the prison setting.

5.3.2 Tuberculosis (TB)

The current Zambian prison conditions are right for the spread of TB. T.B. is a big threat to the inmates, prison staff, their families and the community as a whole. The prison authorities should ensure that they treat T.B. within the prison setting in accordance with the published WHO guidelines called the Directly Observed Therapy (DOT). So that T.B. is effectively treated in the prison setting. The prison authorities should also put in place a programme that will ensure that inmates adhere to the DOTs treatment.

5.3.3 STIs treatment

The prison authorities should ensure that they step up STI testing and treatment within the prison setting. This should be done within the WHO recommendations for the treatment of STIs. It is assumed that with the effective testing and treatment of STIs. The incidence and prevalence rates of STIs would reduce to manageable levels. This could make it possible for the eradication of STIs within the prison setting. Because the prison population is in one place and as such if those have STIs are treated effectively then chances of STIs being transmitted are very low.

5.3.4 Prison Clinics

The Zambia Prison Service should consider increasing the number of prison clinics from the current 15 to 86. So that the health care needs of prison service are taken care of.

5.3.5 Condoms in prison

The government should strongly reconsider the aspect of allowing condoms in the Zambia prison setting as the study has shown MSM do exist in the prisons and there is clearly a demand for condoms as they being smuggled into the prison setting by inmates and mostly the introduction of condoms will greatly save so many lives.

5.4 Research Recommendation.

Notwithstanding, the security nature of the prison system. The prison authorities should encourage further research. So as to find long-lasting solutions to the issue of MSM and sexual violence within the Zambian prison setting. The best methodology to be used for this research could be that of Ethnography. The ethnography would clearly give an outline of the prison culture and the factors that are at play for MSM.

Literature on issues like MSM in Zambian prison setting is very limited. Therefore, the prison service should encourage and reduce on the bureaucracy in accepting research proposals. However, the prison service must also ensure that the said research proposals meet all the ethical requirements as stated by the ethical committee in Zambia. Research should be conducted at the remand and open air prisons where inmates are serving short sentences and have little time left on their convictions.

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