

PRISCCA wants MPs to tackle HIV, AIDS and TB in prisons

Staff Writer

The Executive Director of the Prison Care and Counselling Association (PRISCCA) in Zambia, Dr Godfrey Malembeka, has warned that HIV epidemics in the world's prisons can fuel epidemics in mainstream communities unless steps are taken to safeguard the health of prisoners.

Dr Malembeka sounded the warning while addressing a Consultative Capacity Development Session for Zambian Civil Society Organisations working on Sexual and Reproductive Health and Rights, HIV and AIDS. The session sought to map out a strategy for engaging the Parliament of Zambia.

Noting that the African continent was the hardest hit by the global HIV and AIDS epidemic, Dr Malembeka bemoaned the fact that prison settings in Sub-Saharan Africa had received "surprisingly little" attention in terms of national and international funding to respond to the epidemic.

PRISCCA represents thousands of serving and ex-prisoners in Zambia. Dr Malembeka is an ex-prisoner, having spent four years in jail. Thereafter he spent 16 years working closely with the Government of Zambia on efforts to rehabilitate ex-prisoners. He therefore, boasts of a wealth of experience in issues that affect prisoners or when they leave detention.

He said PRISCCA submits related reports to the Parliament of Zambia twice a year. The organisation also uses Parliament Radio to discuss issues that affect prisoners. It takes MPs out for a retreat every year to further debate those issues. Additionally, PRISCCA takes MPs on visits to some of the country's correctional facilities so that the lawmakers witness first-hand the challenges in those settings.

He said the SADC Region alone had approximately 650 000 incarcerated people, 19 000 of those in Zambia.

Stressing that good prison health was equal to good public health, Dr Malembeka warned that unless steps were taken to keep prisoners healthy, the health of people outside prisoners would be in jeopardy.

"HIV in prison is both a public health and a human rights issue. It is also a legal issue and there are myths and stigma, surrounding incarceration," he said.

He cited overcrowding and poor physical conditions in most prisons as major challenges in HIV prevention.

With prison populations being predominantly male, Dr Malembeka said male-to-male sexual activities were frequent.

“There are three types of sexual activities in prisons. The first is consensual, where a few people have agreed to live like that because some are there for life or serving more than 30 years.”

The second type was rape, which was fuelled by prisoners that preyed on juveniles or the weak.

“The third type is circumstantial sex. Sometimes because of overcrowding, male prisoners end up naked and squeezed close together in such a way that some ‘dreams’ can come,” he explained.

He called for research to determine the levels of sexual activities in prisons, saying much of it was not reported and therefore not documented.

“Potential links for transmitting HIV from prisons into the general population are high due to stigma, marriage break ups and lack of partner notification.”

Dr Malembeka said lack of knowledge and education among prisoners about the risks of contracting and transmitting HIV coupled with the absence of protective means and proper medical care, increased prisoners’ risks to HIV infection.

Women prisoners

“Most of our sisters who are incarcerated are divorced in advance because (few people) are ready to wait for their spouses.”

He said over half a million women and girls were being held in penal institutions worldwide.

“Women are especially vulnerable to sexual exploitation and may trade or be forced to trade sex for food, goods or drugs with other prisoners or staff,” he said.

Turning to factors that contribute to HIV in prisons and that MPs could examine, Dr Malembeka cited weaknesses of the criminal justice system, overcrowding, poor food and nutrition as well as lack of health care and lack of follow up on released prisoners.

Others included poor adherence to ART treatment, lack of prevention commodities such as condoms the mixing of pre-trial detainees, juveniles and convicted people.

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