



NATIONAL ASSESSMENT OF HIV AND AIDS, DRUG USE AND HEALTH SERVICES SITUATION IN NIGERIAN PRISONS

INTRODUCTION

Prisoners are key populations not only for HIV and other sexually transmitted infections (STIs) but also for Tuberculosis (TB) and Hepatitis B (HBV). Penal institutions all over the world are considered environments for fast and uncontrolled spreading of HIV and Hepatitis B due to many risk factors including unsafe sexual practices as well as poor health care and living conditions. Globally prisoners are five times more likely to live with HIV/AIDS than members of the general population.¹

GOAL

To provide critical information on the current situation with regards to prevalence of HIV/AIDS Tuberculosis and Hepatitis B as well as the availability of quality health services.

METHODOLOGY

A cross-sectional descriptive study with both quantitative and qualitative data collection methods was employed for the assessment. The study covered twelve prisons across the six geopolitical zones. Informed consent was obtained for both behavioral and biological components of the study. Ethical approval was obtained from the National Health Research Ethics Committee.

RESULTS

A total of 2,511 people in prisons participated in the study of which majority were male (92%). About 50% of the respondents were aged 25 - 35 years and. Ninety-eight percent were Nigerians and about two-fifths had secondary level education. Seventy-five percent of the respondents were employed prior to being incarcerated and about two-thirds were single.

HIV Prevalence

Overall, HIV prevalence was 2.8% among people in prison, double of that reported in the general population (1.4%). HIV prevalence was significantly higher among female prisoners (6.9%) than males (2.7%). It was highest among those with no formal education (3.8%) and among those older than 45 years (8.1%). By geopolitical zone, it was lowest in prisons located in the North East region (1.4%) and highest in North Central region (7.1%). For other regions it was 2.6% in North West, 3.9% in South East, 2.2% in South South and 2.8% in South West regions.

	Female	Male	Total	95% CI
HIV Indicator	%	%	%	
16 - 24 yrs	2.6	0.9	1	0.0 - 2.0
25 - 35 yrs	5.6	1.8	2	1.1 - 2.9
36 - 45 yrs	10	5.4	5.7	3.1 - 8.4
> 45 years	17.7	7.1	8.1	4.0 - 12.2

Table 1: HIV Prevalence Disaggregated by Age and Gender

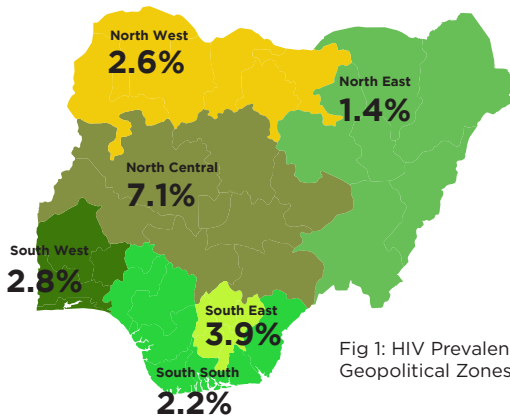


Fig 1: HIV Prevalence by Geopolitical Zones

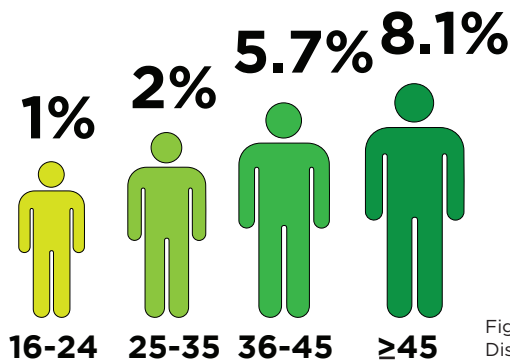


Fig 2: HIV Prevalence Disaggregated by Age

¹UNODC. HIV in Prisons Factsheet. 2019



Sex in Prison

While only 4% reported to have engaged in consensual sex with other people in prisons, over 70% reported that consensual sex between people in prisons occurred and this was higher among males (76%) than females (28%). Also, 60% of the respondents indicated that sex was being offered for goods and services and this was reported to be higher among male prisoners (64%) than females (12%).

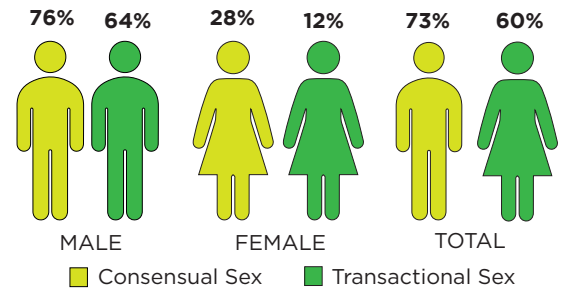


Fig 3: Distribution of Consensual Sex and Transactional Sex Among People in Prison



Tuberculosis Screening

Overall, positive TB screening was 46% and this was similar for both males and females. Positive TB screening was higher among older people in prisons compared to younger ones. By geopolitical zone, it was lowest in the North East (17%) and highest in the South South (71%).

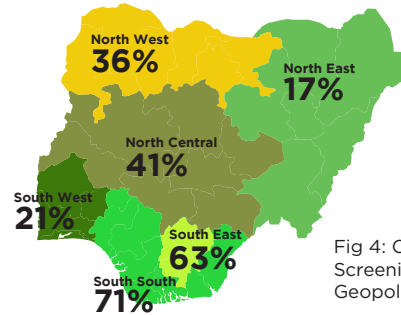
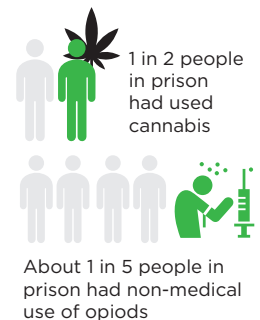


Fig 4: Clinical TB Screening Positivity by Geopolitical Zone



Drug Use

Both injecting and non-injecting drug use were reported by people in prisons. About 50% of respondents had a lifetime history of use of cannabis compared to 11% among the general population. For non-medical use of opioids it was 16% among people in prison compared to 5% among the general population. The most common drugs used in prison were cannabis and opiates. Estimated proportion of people who inject drugs in prison was about 2.5% compared to 0.05% among the general population. About 2% of respondents reported initiating injecting drug use in prison.



HIV and Hepatitis Risk Perception Among People in Prison

Risk perception to infections was low with only 55% of people in prison feeling at high risk to HIV and 30% feeling at high risk to Hepatitis.



Availability and Quality of Health Services

Less than 66% of the respondents reported the availability of HIV testing, Hepatitis prevention and treatment, sexual and reproductive health services and any harm reduction services². Only 37% of respondents were satisfied with the quality of services received at the prison health facility. Satisfaction was lowest in the south-south zone (23%) and highest in the north-east zone (50%).

CONCLUSIONS

- ✓ HIV prevalence was significantly higher among prisoners than among the general population;
- ✓ Key risk factors for HIV and Hepatitis for people in prison are:
 - Unprotected sex
 - Sharing of needles and injection equipment
- ✓ HIV and Hepatitis risk awareness was low;
- ✓ There is a need for prevention interventions among people in prisons in Nigeria as well as efforts to improve the availability of sexual and reproductive health and harm reduction services;
- ✓ Effective TB screening programs must be instituted to enhance early detection;
- ✓ Satisfaction with the quality of health services provided to people in prisons is low.

¹ United Nations Office on Drugs and Crime. Drug Use in Nigeria. 2018. <https://www.unodc.org/nigeria/en/nigeria--eu-and-unodc-release-first-ever-national-drug-use-survey.html>

²Comprehensive harm reduction package includes; (i) needle and syringe exchange programs, (ii) opioid substitution therapy, (iii) HIV testing and counselling, antiretroviral therapy, (iv) prevention and treatment of sexually transmitted diseases, (v) condom programming, (vi) targeted information, education and communication, (vii) prevention, vaccination, diagnosis and treatment of viral hepatitis, prevention, (viii) diagnosis and treatment of viral hepatitis. Source: WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2012.