

SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA CENTRAL PRISON

by

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DECLARATION

I declare that **SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA CENTRAL PRISON** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Mamosadi, T

Signature: _____

Date: _____

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GOD, My Father and Creator, thank you for giving me the opportunity and strength to complete this study. I will always praise your miracles. AMEN!

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To father Ketlojang Mamosadi and my siblings *Sebotša, Matladi, Mankwana and Ragosebo Mamosadi* thank you for your love and inspiration.

DEDICATION

To my late mother, Dibolo Boledi Mamosadi. My heart still bleeds with the pain of your abrupt departure. Mmamma sekgoba sa ga go gase thibege mo go nna, ke tlo go gopola ge lehlaba le ge ledikela. Robala ka khutšo Boledi wa Ngwato

Rena re ba Mamosadi wa Mathupana ga re bowe mono re boa Dumane naga nthethelego, re batho ba bo Sebotša sa bo bodiba bjoo bojelego T šhumu bja ja Thamaga, mongwatšhumu a šala a llela borete, Ngwana mosetsana a llela powa bogadi bja gagwe. Gona kua Dumane naga mehloga mebedi, naga go rata ke dikgaka le megudi. Rena re mapono re bowa Tswako, moo re tšhabilego rupa sa meno go betlwa, re tšhaba koma go bolla le banna. Re batho ba bo Mahepela selete. Rena re batho ba bo Mabešadinamakgathegabannabadutše.

ABSTRACT

A qualitative study aimed at exploring the nature and extent of the perceived social support available to male prisoners living with HIV at Pretoria Central Prison was conducted. A literature investigation into the life and world of male prisoners, with a focus on the nature and extent of the perceived social support provided to prisoners living with HIV, is presented. Fifteen (15) prisoners were identified by means of non-probability purposive sampling. In-depth interviews were conducted to collect information on how male prisoners living with HIV at Pretoria Central Prison viewed the nature and extent of the social support available to them. The study shows that the research participants living with HIV tended to receive social support from practitioners and other prisoners trained as voluntary caregivers. The study recommends that prisoners living with HIV should have greater access to social support from their significant others.

KEY WORDS

Perceived social support, male prisoner, male-male sex, prison gangs, intravenous drug use, progression of HIV, VCT in prison, human rights of prisoners, harm reduction

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretroviral
CCBC	Correctional Centre-Based Care
DCS	Department of Correctional Services
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use
PEP	Post Exposure Prophylaxis
PLWHA	People Living with HIV/AIDS
SADTU	South African Democratic Teachers Union
TB	Tuberculosis
UNAIDS	United Nations programme on AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

The prevalence of Human Immunodeficiency Virus and Acquired Immune deficiency syndrome (HIV/AIDS) within South African prisons is increasing alarmingly because certain prisoners, especially male prisoners, continue to be exposed to the use of illicit drugs with unsafe injecting practices, the use of contaminated tattooing equipment, running the risk of being raped and/or having unprotected male-male sex (UNAIDS, 2006:119). Niehaus (2002:91-93) contends that male-male sex practices within South African prisons is a reality which takes place in two forms, namely *consensual sex*, which occurs when a powerful prisoner enters into a sexual relationship with a younger and less powerful prisoner who then exchanges sexual favours for protection and other material benefits such as food and cigarettes; and *coercive sex*, which is in the form of rape whereby powerless inmates are subjected to sexual activities against their wish. Both these relationships may expose male prisoners to high levels of infection of HIV/AIDS and other sex-related illnesses. In addition, prisoners experience stigmatisation and discrimination from the general public and certain officials within government institutions such as the Department of Correctional Services.(DCS) The stigmatisation and discrimination against prisoners is recorded by the UNAIDS (2006:120), which mentions that “there is considerable anecdotal evidence that some public officials feel that prisoners who inject drugs or participate in male-male sex get what they deserve”. Prisoners therefore tend to suffer double stigmatisation and discrimination if diagnosed with HIV.

Generally, themes on HIV/AIDS fall within two categories, namely: firstly, the prevention of HIV transmission and, secondly, the mitigation of the effects of HIV/AIDS (Fisher & Forfeit 2002:4). This study is concentrated on the latter by focusing on the perceived social support of male prisoners who are living with HIV/AIDS. The most effective interventions for prisoners who are living with HIV/AIDS are those which include social support, without which prisoners may find it difficult to adapt to their environment (Young, Van Niekerk & Mogotlane 2003:100).

Social support means those who suffer from physical, emotional and psychological problems receive help from their significant others and from public health care practitioners. Social support is derived from the theoretical perspective of a psycho-social approach that seeks to integrate social, psychological and biological factors needed for the healthy survival of the individual (Rugulies, Aust & Syne 2004:39). The social support approach is aimed at addressing the maladaptive behavioural patterns which are closely associated with the disease, such as for example, depression, anxiety, helplessness, hopelessness and withdrawal. Social support is the theoretical orientation of this study, although the empirical research is focusing on the way in which male prisoners living with HIV *perceive* this social support in their daily lives.

In this chapter, the researcher discusses the following elements of the research: the rationale for the choice of the topic, problem formulation, aim/goal and objectives of the study, the research question of the study, research design, population and sampling method, research procedure and the layout of the research report.

1.2 RATIONALE

The researcher is an HIV/AIDS activist who is pursuing a post-graduate degree. He is currently working in the Department of Correctional Services in an administrative position after serving previously for five years as a warder. The researcher is of the opinion that male prisoners pose a serious threat of infecting other people with HIV once they are released to their respective communities. The rate of HIV infection in prison is higher than that in the general population – in South Africa the estimated figure is as high as 41% in the general prison system (UNAIDS 2006:119). It is clear that effective interventions are required in order to provide the prisoners, especially the male ones, with social support so that they can live a dignified life and take the necessary precautionary measures to protect their relevant significant others from infection.

1.3 PROBLEM FORMULATION

Male prisoners, just as all other people, who have just discovered that they are HIV-positive become highly stressed and tend to use a variety of defence mechanisms in order to protect

themselves from facing the reality of the illness. Male prisoners need social support to help them cope with the stressors which are associated with HIV/AIDS since these stressors have the ability to interact with the symptoms of the illness, resulting in chronic disability that is difficult to tackle medically (Steptoe & Ayers 2004:178). Male prisoners who are living with HIV must, according to the social support approach, be encouraged to develop and maintain their own support systems from those they interact with while imprisoned, such as family members, relatives, inmates, social workers, chaplains, medical practitioners and correctional officers.

Pretoria Central Prison, the research site for this study, holds close to three thousand (3000) male prisoners. If the high HIV-infection rate in South African prisons is taken into account, it implies that the prison regularly releases a number of HIV-infected individuals into the community. The researcher is of the opinion that those who are living with HIV should be assisted in order to increase the prisoners' quality of life and that of their support networks (outside the prison).

1.4 GOAL AND OBJECTIVES OF THE STUDY

The goal of this study is to investigate the nature and extent of the perceived social support available to male prisoners who are living with HIV at Pretoria Central Prison.

This goal can be divided into three objectives which are interrelated:

- (a) The first objective of the study will be to investigate through literature the nature of social support available to male prisoners who are living with HIV;
- (b) The second objective of the study will be to investigate through empirical study the nature and extent of the perceived social support available to male prisoners who are living with HIV at Pretoria Central Prison; and
- (c) The third objective of the study will be to formulate guidelines and make recommendations regarding the most effective social support resources for male prisoners who are living with HIV.

1.5 RESEARCH QUESTION

How is the social support for male prisoners living with HIV at Pretoria Central Prison perceived by them?

Based on a literature review which is detailed in the following chapter, a study focusing exclusively on the nature and extent of social support available to male prisoners who are living with HIV at Pretoria Central Prison has not been not conducted in the past, and as such this study contains the characteristics of being exploratory research. According to Neuman (2000:21), exploratory research is conducted on a topic which is new and is aimed at generating hypotheses for other research types, for example, the descriptive and the explanatory. This study is therefore regarded as the initial step in a sequence of other studies.

1.6 RESEARCH DESIGN

As already mentioned, the topic of this study is regarded as exploratory research because the social support available to male prisoners living with HIV had not been thoroughly researched before according to (De Vos, 1998:126) and no subsequent studies were uncouncted in the literature studies. Due to the exploratory nature of the research a qualitative research approach was used which would provide insight and understanding in the analysis of the social support for prisoners living with HIV/AIDS.

The aim of a research design is to ensure that the evidence obtained enables us to answer the initial question as unambiguously as possible. The various elements of the research design will be discussed in more detail in Chapter 3 of this study. The population and sampling as well as the research procedures are briefly outlined below.

1.6.1 POPULATION AND SAMPLING METHOD

The population for this study is composed of all the male prisoners living with HIV and imprisoned at Pretoria Central Prison. The researcher applied the non-probability sampling method called

purposive sampling to select prisoners who would take part in this study. Babbie (2008:182) explains that when elements in the population do not have an equal and known chance of possible inclusion in the sample, the type of sample is called a non-probability sampling. Judgemental sampling is described as “the researcher using her or his judgment to achieve a particular purpose, and for this reason [judgemental samples] are sometimes referred to as purposive samples” (Robson, 1993:140). In this study, purposive sampling was used to select members of the population who are living with HIV and are willing to take part in the research. Furthermore, the researcher considered the age of the prisoners, their educational qualifications, the types of occupation before imprisonment, marital status and the sentences the prisoners are serving in prison to ensure variation within the sample. This information was available to the researcher before he made contact with the participants. The researcher therefore included every approached male prisoner who volunteered to participate in the study until a sample size of fifteen (15) prisoners was attained, which ensured that both depth and width of information were obtained (cf. Sandelowski 1995:179).

1.6.2 RESEARCH PROCEDURE

The research procedure refers to the manner through which data for a study was collected and analysed. The main research method in this study was individual in-depth interviews. This research took place at Pretoria Central prison where the researcher interviewed the male prisoners who are living with HIV. Interviews were individually conducted at an office where there was no disturbance. The data collection and data analysis are detailed in Chapter 3 and Chapter 4 of this study.

1.7 LAYOUT OF THE RESEARCH REPORT

This research study is presented as follows:

In the second chapter, the researcher presents the conceptualisation of the effects of the perceived social support on the people living with HIV, with special reference to the male prisoners,

In the third chapter, the researcher presents the research design for the study,

In the fourth chapter, the researcher analyses and interprets the qualitative data collected during the data collection stage of the study, and

In the fifth chapter, the researcher presents the conclusions and recommendations arrived at after the research study was completed.

CHAPTER 2

SOCIAL SUPPORT FOR MALE PRISONERS LIVING WITH HIV

2.1 INTRODUCTION

Prisoners are exposed to conditions that could easily lead to being infected with HIV and other communicable diseases. Factors that contribute to prisoners' high risk of contracting HIV include the widespread use of intravenous drugs, unsafe tattooing habits, and the practice of male-male unprotected sexual intercourse, violence and gangsterism. Compared to the general population, prisoners have fewer social programmes aimed at preventing them from contracting HIV. This is exacerbated by the fact that prisoners often live in overcrowded conditions. Also they are largely voiceless and therefore cannot force government, specifically the DCS, to increase the provision of social support to them. Apart from the risks that prisoners are exposed to, they in turn also pose a high threat to other members of society if they live with HIV and continue with unsafe sexual practices. A cycle of infection can manifest if prisoners are released into their respective communities and, in some cases, re-incarcerated. Prisoners may have sexual partners outside of prison, which means that they may infect both such sexual partners and other inmates. They can thus spread HIV directly to them and indirectly to the community at large.

Within this context the aim of this study is to investigate the prisoners' perceived social support available to them if they are living with HIV at Pretoria Central Prison. The general circumstances within prisons as they relate to HIV are firstly explained, and then a theoretical orientation to social support is given. The available support found in prison and the perceptions of such support by prisoners living with HIV are lastly highlighted.

2.2 PRISON LIFE

A prisoner is someone who has been incarcerated within a public prison for the crimes he/she has committed. The Correctional Services Act (Act 111 of 1998) defines a prisoner as "any person, whether convicted or not, who is detained in custody in any prison or who is being

transferred in custody or is en route from one prison to another prison". It must be noted that prisoners may be incarcerated within the maximum security facility such as Pretoria Central Prison – even when they serve short sentences. This could be determined by their criminal track records, their safety, their flight risk and other factors. Male prisoners are accommodated separately from female prisoners in South Africa .

Life for male prisoners can be gruelling in that they can, for example, lose property, be a victim of rape and even be infected with HIV. Many male prisoners have high-risk behavioural patterns that expose them to infection with the illness. In this section, the researcher highlights some of the problems that are experienced by male prisoners with regard to HIV. The problems are overcrowding; illicit lifestyles of male prisoners, such as unsafe male-male sexual relationships; intravenous drug use; tattooing; violence and gangsterism.

2.2.1 OVERCROWDING

Although prison overcrowding is not a direct cause of HIV infections, it indirectly exacerbates the prevalence of the disease. Overcrowding means the number of prisoners in a cell exceeds the maximum capacity it was planned for and can house (Dankwa 2008:83). Overcrowding is more than just an issue of space; it dehumanises prisoners, encourages the spread of disease, facilitates an environment for sexual relations, which increases the spread of sexually transmitted diseases such as HIV/AIDS, minimises the supervision and categorisation of prisoners, burdens prison staff, and detracts from acceptable levels of hygiene, sanitation and sufficient food. Overcrowding predisposes prisoners to a variety of physical, psychological and emotional malfunctioning (Dankwa & Sarkin 2008:16-17).

Prison overcrowding affects the ability of correctional officials to do their work because it decreases the proportion of offenders in rehabilitative programmes, increases the potential for violence and greatly strains staff morale (Clear & Cole 1997:492). Prisoners who are housed in a small space tend to be violent towards each other and may be easily infected with other communicable diseases. Goyer (2003:33) contends that conditions of overcrowding in prisons

are linked to the spread of TB. Because it is an airborne communicable disease, TB is easily spread wherever conditions combine a large number of people and low sanitary standards.

Overcrowding thus sets the scene wherein the illicit lifestyles that are present in male prisons contribute to the high rate of HIV infection in South African prisons. As mentioned, the illicit lifestyle of male prisoners includes different forms of unsafe male-male sexual practices, intravenous drug use, tattooing, violence and gangsterism, and each of these will now be discussed in more detail.

2.2.2 VARIOUS PRACTICES OF MALE-MALE SEX IN SOUTH AFRICA

Male-to-male sex, or carnal relationships, has historically been recorded in the South African mine compounds during the nineteenth century (Niehaus 2002:91; Gear 2005:90). Older men kept male 'wives'. Gear (2005:91) notes that mine marriages took place between older men and younger boys and were characterised by the former assuming a masculine role and the boys occupying a feminine role as their 'wives'. The boys ('wives') were sexually passive and provided domestic services to their so-called 'husbands'. Women were not allowed in the compounds, depriving the men of 'normal' sexual contact, intimacy, domesticity and their manhood, leading to male-to-male sexual intimacy (Niehaus 2002:81). The older men provided their boy-wives with material needs and protection. Male-male sex was regarded as an effective tension control practice, because it was believed that prolonged celibacy caused poorly regulated bodily fluids, short temper, recklessness, depression and an inability to think clearly (Niehaus 2002:82). The mine compound male-male sexual relationships were mostly based on the exchange of material resources and sexual favours, and such alliances were temporary in nature. A 'natural' end to the marriage occurred when a 'wife' grew older and could claim a masculine status and the active sex role that went with it, taking 'wives' of their own (Gear 2005:91).

As boys grow older, they may develop a desire to have sexual contact with girls or young women at home. In the mining context, this does not mean that they would drastically end their 'marriages' with husbands in the compounds. Gear (2005:91) notes that the boys engage in heterosexual relationships when they are home, but as soon as they return to the mine

compounds, they continue their relationship with older men as a means to accumulate wealth which they in turn use to pay lobola (bride wealth) for their wives to be. When boys become men themselves, they start having sexual relationships with other young boys, and so the process continues. Mine marriages are reportedly not widely practised anymore because many miners nowadays have houses near to their workplaces where their families live, or they visit them often.

The way in which male-male sex in mines was practised bears some resemblance to the practice of male-male sex in prison. Male-male sex in prison is discussed in the next section.

2.2.2.1 MALE-MALE SEX IN PRISON

Male-male sexual relationships in prison are similar to those reported in the mine compounds, but the difference between the two is that in prison, the relationships are developed and enhanced through gangsters. Gear (2005) states that all gangs will at times engage in sexual activities. "Male prison populations tend to be divided into people identified as 'men' and those identified as 'women'" (Gear 2005:94). That is, the stronger and more violent the male prisoners become, the more likely will they become classified as men, and those who are weak are classified as 'women', who should be sexually penetrated in order to symbolise their submissiveness.

In prison, it is the most highly ranked men who have the greatest entitlement to sex with other men, regardless of age. This was captured in a statement by Gear (2005:102) which states that unlike on the mines, where a coming of age saw a gender reorganisation, for most prison *wyfies* there is no 'natural' end to their feminised status. *Wyfie* is an Afrikaans word that indicates femaleness, and therefore in this context means that certain male prisoners are treated as wives/females. When *wyfies* grow older and become more powerful, they may obtain the status that emancipates them from being regarded as *wyfies* but these are only under exceptional circumstances.

Male prisoners are exposed to high levels of HIV infections through male-male sexual relationships. Goyer (2003:22) reports that the number of new HIV cases in South African prisons

is 20 times that of the population at large. In most male sexual contact in prison, men penetrate other men with the penis into the anus. This type of sexual contact easily leads to the transmission of HIV infection within the prison if no condoms are used. Goyer (2003:17) contends that during rapes, the receptive partner's rectum often tears, resulting in his blood system receiving the HIV and therefore "it is clear that unprotected anal intercourse has the highest potential for transmitting the virus".

Most of the prisoners who are recipients of such unprotected male-male sex practices are young prisoners who are sexually abused by older and more powerful prisoners. Dembo, Williams and Schmeidler (1993:101) mention that young men entering the prisons experience high rates of emotional difficulties, particularly when they are physically and sexually abused. Goyer (2003:19) adds that sexual victims in male prison cells are usually young men who have no resources, protection or other amenities.

Male-male sex must not be regarded as only forceful; it may have an element of agreement between parties as well. In this regard there is a distinction between consensual and coercive sex in prisons, which will now be focused upon. The next section will focus on the types of male-male sex as practised within South African prisons today.

2.2.2.2 THE TYPES OF MALE-MALE SEXUAL PRACTICES WITHIN SOUTH AFRICAN PRISONS

There are three male-male sexual practices identified within South African prisons, namely (i) consensual sex, (ii) coercive sex, and (iii) transgressive ruptures.

(i) CONSENSUAL SEX

In the case of consensual sex, young prisoners agree to be treated as sex objects by more powerful and older inmates. In return for sexual favours, the older inmates provide their 'boy-wives' with protection and goods such as food, cigarettes and drugs. Niehaus (2002:91) explains that consensual sex is preceded by a proposal and normally takes place within the framework of

a formal relationship between a dominant *lebosa* (the he-one) and a subordinate *picanini* (boy) or *mfana wa misa* (boy wife). With sexual relationships such as consensual sex being the norm within the prisons, it is evident that the spread of HIV/AIDS is on the increase. In addition, Niehaus (2002:94) indicated that certain male prisoners who practise male-male sex believe that condoms expose them to HIV infection, and that HIV cannot be transmitted by male-male sex. This puts male prisoners at high risk of being infected with HIV. As will be seen below, the difference between consensual and coercive sex is difficult to determine in many cases.

(ii) COERCIVE SEX

Coercive sex on the other hand, can simply be defined as rape. Often, as a form of initiation, newcomers are raped by gang members (Niehaus 2002:92).

Prisoners who were raped find it difficult to report the offences to the prison authorities. Gear (2005:95) notes that victims of forced sex in prison are blamed for what has happened to them. In this context therefore, victims may select to be silent in order to secure their safety. Niehaus (2002:87) contends that “in prison they make you a wife” to explain that, whether one likes it or not, one is forced into sexual relations with other men.

First-time offenders are naturally the most likely victims of rape in South African prisons. Rapes are accurately planned and masterminded by the most powerful prisoners, who are often members of the gangs. The difference between consensual and coercive sex may be difficult to determine if the method of trickery is taken into account: the first-time offenders are vulnerable in that they are poor, powerless and in one way or another need specific protection. Prisoners who do not regularly get visitors, or those who are physically weak or unwilling to use violence, and those who are good-looking, are targeted as victims of rape. These individuals either engage in consensual sex relationships or they are raped. In the case of the former, young prisoners are made ‘wives’ through trickery. Most men would not like to be turned into ‘women’ by other men, and therefore trickery is the tool which is used by most gangs to force others into submission. New offenders are offered minor gifts (such as food or drugs) and protection; if they accept these, it then translates into a debt which the first-time offender may find very difficult to repay.

The provider of these commodities may demand the debt to be paid by sex in return. The first-time offender will have no other option but to surrender and accept their new roles of 'womanhood' (Gear 2005:95-97).

This entails that new offenders do not voluntarily choose to be classified into categories as 'men' and 'women', but are forced into being classified. According to a study conducted by Gear (2005), certain gangs rely on a 'doctor' to make the classification. The 'medical doctor' claims to be capable of reading people's impulses and classify them as either 'soldiers' or 'women'. Those individuals the medical doctor classified as 'women' must be made 'women'. It is apparent that these new offenders will find it difficult to play a new role that they are not accustomed to. In this context therefore, the prison system inside the cells has a 'Blacksmith' readily available in order to trick the new recruits into taking their new roles. He will workshop them accordingly into the necessary issues related to being acceptable 'women'.

The aftermath of being made a 'woman' is a serious psychological and emotional disgrace to most of the male prisoners. This pain is captured by Gear (2005:101), who contends that individuals are placed in a position that up until then defined what they were not. They are situated as their erstwhile 'others'. This condition results in victims suffering from maladaptive behavioural, psychological and emotional patterns of guilt, self-hatred and low self-esteem.

(iii) TRANSGRESSIVE RUPTURES, AN ALTERNATIVE MALE-MALE SEX RELATIONSHIP IN SOUTH AFRICAN PRISONS

Another male-male sexual relationship in the South African prisons was identified by Gear (2005) as 'transgressive ruptures', which can simply be defined as a process through which male prisoners engage in sexual relationships with one another without playing the roles of 'manhood' or 'womanhood'. Male prisoners who practise this type of sexual relationship, wherein neither one is considered inferior or superior, take turns to penetrate and receive (Gear 2005:103). It is a practice that is referred to as 'an equal exchange of sex for sex' and therefore the participants engage in it as a measure of doing each other favours and/or taking turns to be the man (Gear 2005:103).

This sexual relationship is highly discouraged within the prisons, in that the individuals who practise it are most likely to be penalised by the others. Gear (2005:103) mentions that this practice is outlawed by the prison gangs. In this practice, male prisoners agree that they will perform sexual favours for one another without the exchange of material resources or protection. These individuals will continue to engage in secretive sexual practices without other inmates knowing about it. If they are caught, they will be isolated or eliminated. This practice is usually done by offenders who are themselves *wife's* of the soldiers. Gear (2005:105) contends that some *wife's*, in seeking out pleasure, tend to switch roles and engage in sexual intercourse with other *wife's*.

Other lifestyle practices by male prisoners which are closely related to the spread of HIV in South African prisons are intravenous drug use, tattooing and activities of prison gangs.

2.2.3 INTRAVENOUS DRUG USE

Intravenous drug use (IDU) is a process through which individuals make use of equipment such as syringes and needles to inject illicit drugs into their bloodstream. Various drugs are used in prisons and the popularity of certain drugs varies over time, for example, South African prisons were infested with the abuse of a drug called 'pinks', but this drug is no longer consumed as it is found to be highly lethal (Goyer 2003). Duke and Singer (2009:44) found that heroin is the most popular injected drug used by prisoners today. Whilst this type of drug use is on the increase within South African communities in general, it is also increasing in the prisons. Intravenous drug use is one of the methods that put people at risk of contracting HIV throughout the world.

Although injecting drugs in it is not posing a risk of contracting HIV, sharing contaminated syringes and needles does pose a serious risk. Burris *et al.* (2009:13) note that there is considerable evidence that IDU carries an elevated risk of spreading communicable disease. HIV/AIDS is an example of such communicable diseases. Exchange of contaminated syringes among drug consumers and unprotected sexual contacts are the most important pathways of the spread of HIV and hepatitis (Nelles *et al.* 2000:28). Goyer (2003:15) mentions that, while in

prison, addicts will find ways to continue their habit of drug use, but are less likely to obtain clean syringes or disinfectants – and thus needle sharing is a widespread practice.

UNAIDS (2006:114) states that once HIV enters a community of injecting drug users, progress of the illness into the rest of the population can be very rapid. The syringes used for injecting drugs are usually shared amongst gang members, which mean that once one member is HIV-infected, the illness can spread in a very short time to the entire community who share the equipment. Prisoners hide their use of the drugs as drugs are outlawed by public legislation. This means that little equipment is at their disposal and as a group will share the little equipment that they have. This therefore indicates that members of the gang have no escape from HIV infection once they start sharing the drugs and injecting equipment with other prisoners. Prison authorities may only become aware that a certain group of prisoners are consuming illicit drugs through needle injection after a long period.

Another health issue related to intravenous drug users is that they are often estranged from the health care system so that they are unlikely to seek medical services. UNAIDS (2006:118) mentions that injecting drug users who are infected with HIV are especially prone to severe bacterial infections such as infective endocarditis and pulmonary tuberculosis. Diagnosing these symptoms requires highly trained medical practitioners. Since prisoners are usually only checked medically when they suffer from other medical conditions, it can take a long time before they are actually identified and helped.

UNAIDS (2006) mentions that injecting drug use can be reduced through a programme called 'harm protection', which entails that government must supply free needles and syringes to the inmates that consume drugs to prevent sharing of equipment, and thereby reduce the high infection rate of HIV in prisons. Such programmes are not welcomed as most view them as a process which encourages drug use in prison. This 'harm protection' programme is discussed in greater detail below.

2.2.4 TATTOOING

Tattooing is done through piercing the flesh with some instrument or equipment in order to brand the individual with symbols or numbers that represent their respective gangs of affiliation. In

South Africa, tattooing is part of the powerful gang structures within the prisons. Goyer (2003:32) states that because everyone's clothing is standard issue, identifying tattoos become the medium for communicating who belongs to which gang. Tattooing is against the regulation in prisons and as such, prisoners are unable to obtain clean equipment and disinfectant, and may also find it difficult to seek medical attention for infected wounds resulting from tattooing.

Tattooing was identified as another high-risk activity in relation to HIV which frequently takes place in prisons. Prisoners most frequently share the tattooing equipment – a practice which exposes them to HIV infection. There is an element of bleeding which usually takes place during the tattooing process, and this becomes a concern with regard to the spread of HIV when prison gangs share the tattooing equipment (Duke 2003:70; Pete 2008:59).

The instruments or equipment used for tattooing are usually smuggled into the prison cells without the knowledge of the prison authorities. These instruments and equipment are limited so that prisoners who need to be branded are compelled to share them. This practice exposes prisoners to HIV infection.

Another feature of the illicit lifestyles lived by male prisoners is an ever-present element of violence, which is discussed in the succeeding section.

2.2.5 VIOLENCE

Violence is any form of coercion which is practised by certain prisoners and or groupings of prisoners subjecting physical harm and injury on other prisoners and the prison authorities. Edgar, Martin and Donnell (2003:23) mention that violence within prisons is defined within the 'restricted' approach to mean positive interpersonal acts of force, usually involving the infliction of physical injury. Violence is the use of damaging physical force with possible fatal consequences, and the purposeful humiliation of others. In prison, prisoners use violence in order to make statements for driving their victims towards subjection (Edgar *et al.* 2003:24). Prisoners within the South African context, especially male prisoners, have the proficiency to manufacture weaponry inside prisons for self-defence and injuring others. They are also capable of smuggling lethal

weapons such as guns into the prison environment. A prison is thus a volatile environment that is characterised by extreme physical injuries and even deaths. With regard to the transmission of HIV through violence, the virus can pass between prisoners when they beat each other, stab each other and even when they assist the injured members of the gangs, since blood from exposed wounds of HIV-positive people carries the virus.

Generally, prisoners are highly violent because they protect themselves from other gangs. Edgar *et al.* (2003:25) point out that this type of violence includes conflict which they describe as a process of covering a range of interactions between individuals and groups when they clash over interests, values or needs.

In the following section, the researcher identifies certain gangs within South African prisons. As explained above, most of the illicit activities discussed are perpetrated through gangs and therefore a short overview of the best known gangs in South African prisons is provided.

2.2.6 SOUTH AFRICAN PRISON GANGS

South African prisons are occupied by prisoners who have affiliations to numerous gangs, and gangs are associated with violence. Clear and Cole (1997:282) mention that for most people, the thought of being incarcerated raises images of the loss of freedom and of the loss of personal security. This is due to the fact that in prison, interpersonal violence occurs as a way of life, with numerous inmates being injured or killed. There are prisoners who are serving longer sentences who feel they have nothing to lose, and they make life for other prisoners behind bars a living hell.

Prison gangs are a major source of violence but they also provide protection for their members from other gangs, and it has been found that members that are veterans of street gangs tend to regroup in prison (Clear & Cole 1997:284). Prison gangs define the nature of South African prisons because they frequently impose a reign of terror on ordinary prisoners and prison authorities. Pete (2008:59) mentions that highly organised and structured criminal gangs have dominated all aspects of life in South African prisons for more than a century.

The existence of most South African prison gangs is fuelled by certain correctional officials who are corrupt, some even being members of these gangs. Goyer (2003) noted that certain correctional officials are responsible for the smuggling of food, weapons, cigarettes, drugs and other items, as well as the prostitution of juveniles to certain prisoners.

South African prisons have numerous types of gangs. The following are some of the gangs that operate within the South African prisons:

2.2.6.1 THE 28 GANG

The most notorious gang responsible for most prison rapes is the 28 Gang, whose members are mainly long-term prisoners sentenced for rape and murder (Niehaus 2002:89). This group is dangerous and their sexual encounters are usually not reported to the prison authorities for fear of reprisal. Technikon SA & Department of Correctional Services (1999:39) mention that this gang is involved with 'blood' and 'poison', that is, they are fighters and also keep 'male wives.' The sexual conduct of this gang, which is associated with the spread of HIV, is of importance to this study.

2.2.6.2 THE BIG FIVE GANG

Members of this gang speak Afrikaans and *tsotsitaal*, that is a lingua franca spoken by criminals, and they collaborate with the prison authorities in order to secure privileges such as extra food and early release (Niehaus 2002:89). Technikon SA & Department of Correctional Services (1999:44) maintains that this gang is also called the Germans in that they pretend to be in cooperation with authorities to protect themselves or fellow prisoners and to obtain more privileges. A factor which is related to this study is that the Big Five Gang is also associated with sodomy or anal penetrative sex.

2.2.6.3 THE 26 GANG

This gang is composed of members who were predominantly arrested for crimes such as robbery, theft and cash heist (Niehaus 2002:89). The main feature of this gang is that its members are always on the lookout for goods and money through theft, robbery and smuggling, enabling them to lead a life of luxury (Technikon SA & Department of Correctional Services 1999:41). The behaviour of the 26 Gang that contributes to the spread of HIV infections in prison is mostly violent crime, where some prisoners bleed and in the process infect other with the illness.

2.2.6.4 THE AIR FORCE GANG (FLYING SPRINGBOK OR THE RAF FOR “ROYAL AIR FORCE”)

This gang's main objective is to escape from prison (Technikon SA & Department of Correctional Services 1999:45). Niehaus (2002:90) states the valuable possessions of the gang are kept outside the prison because gang members believe they can escape at any time.

The section above detailed the lifestyles which expose male prisoners to the spread of HIV infection. Male prisoners can easily be infected with the illness and/or spread the virus to other inmates, even when they are separated from the general population. It is therefore important to now concentrate on the conditions which are experienced by male prisoners once they are infected with HIV.

2.3 A THEORETICAL PERSPECTIVE OF SOCIAL SUPPORT FOR PRISONERS LIVING WITH HIV

Social support is an aspect that is contained within a psycho-social perspective which asserts that people experience fewer challenges associated with illnesses once they receive physical, psychological, emotional and spiritual support from others. UNAIDS (2006:174) states that psycho-social support is aimed at mitigating the effects of being infected and affected with HIV.

In section 1.1 it was stated that social support means the help that those who suffer from physical, emotional and psychological problems receive from their significant others and public health care practitioners. It is important to note that social support has both a formal and an informal component. Rugulies et al (2004:39) were referred to in explaining that social support is derived from the theoretical perspective of a psycho-social approach that seeks to integrate social, psychological and biological factors needed for the healthy survival of the individual. This multidimensional nature of social support is underlined by Berke, Fagan, Mak-Pearce and Pierides-Muller (2002:19). Young *et al.* (2003) 'unpack' the multidimensional nature of this approach by pointing out that for prisoners living with HIV to attain a measure of quality of life, various social support systems should provide patient and family assessment, nursing care, medical treatment, education, assistance with basic needs, referral for financial support, emotional support, spiritual care, counselling, referral for services beyond their capabilities, practical support of the caregivers and bereavement support. The AIDS Guide (2007:124) also lists some of the elements that are contained within a social support approach: (i) a life skills education programme that is aimed at improving the manner in which people living with HIV deal with the everyday challenges that are associated with the illness; (ii) prevention programmes which also include the collection of HIV/AIDS prevention material; (iii) a voluntary counselling and testing (VCT) programme which provides the pre-test and post-test counselling to people; (iv) an antiretroviral therapy programme that is intended for individuals who have reached the AIDS stage of the illness; (v) home-based and community-based care programmes which include care, treatment and support provided to people living with HIV by their respective volunteers and other members of the community; and (vi) mitigating factors: this includes relieving people living with HIV of the stressors associated with depression, anxiety and spiritual pain, and support for their families and caregivers.

Social support thus includes effective interventions for successful coping with living with HIV, and it is defined as the interactions between people as they share advice, information and other forms of support (Dageid & Duckert 2008:185). Social support means a variety of services and support systems people living with HIV can obtain from their loved ones, traditional and religious leaders, medical practitioners and other support groups (Dageid & Duckert 2008:191).

The above overview of social support suggests that life would be unbearable for people living with HIV if not provided with social support.

In this section, social support for prisoners is discussed by focusing on the conceptualisation of social support; social needs of prisoners; social support within South African prisons; when prisoners become infected with HIV; and the challenges faced by prisoners living with HIV.

2.3.1 SOCIAL SUPPORT CONCEPTUALISED

The social support people receive from those around them tends to modify stressors and instil a desire to live with them. Social support entails help, comfort, caring or encouragement people receive from others. This becomes a most effective resource for people who are HIV-positive because high levels of social support appear to reduce stress (Sarafino 2004:8). Social support has the advantage of instilling personal control in those who are ill, meaning that such people tend to take charge of their own circumstances by avoiding undesirable outcomes and producing desirable ones.

Caring is an aspect of social support provided to people living with HIV – also to prisoners. Steptoe and Ayers (2004:4) maintain that caring tasks can also be sources of satisfaction and self-esteem. In this analysis, care giving is seen as a most necessary resource for people who are HIV-positive or who have AIDS, in that it can instil in them a sense of hope and upliftment because of the evidence that someone cares about them.

Care is usually provided by significant others, friends and home carers. As mentioned above, prisoners have lost access to these traditional sources of care, which were largely replaced by highly formalised and professionalised care that is provided to them by prison authorities and other professionals within the prison environment.

A carer within the prison environment can be a prison authority official, a medical specialist, a nurse, a social worker or a cell mate. The care giving provided by such people is not always perceived as satisfactory by prisoners. In this regard Goyer (2003) notes that prison

environments are usually exclusive of regular interactions with the outside world and prisoners may regard the caregivers within the prison environment as untrustworthy, inhumane and disrespectful of their human dignity. Prisoners may feel that they have inadequate social support systems because they are separated from their original social systems that would otherwise have provided them with social support of their own choice. The absence of choosing the most suitable support makes life for prisoners even more unbearable.

Stephoe and Ayers (2004:179) add that emotional support can help people who are HIV-positive with the management of the day-to-day challenges that are associated with the disease. Stanko *et al.* (2004:162) point out that prisoners who are suffering from AIDS should generally be housed in a centralised institution (area) which is equipped with larger medical facilities for better handling and treatment. Therefore, people who happen to be highly isolated tend to suffer more from the illness than those who consistently and regularly interact with their significant others, who may provide them with love, acceptance and medical treatment.

There are various types of social support for prisoners living with HIV, for instance the following:

Informal social support such as family, friends and other members of their respective communities, formal social support, which includes professional practitioners such as psychologists, social workers, counsellors and others, medical support such as doctors and nurses, the VCT practitioners and volunteers, the ARV support services and others; the social service support, which includes all practitioners, individuals and agencies that are able to assist people living with HIV with matters of finances, humanitarian and legal counselling, the care of orphans and so on and peer support, which includes the development and maintenance of the self-help groups, support groups and other groups that could be established within the prison environment.

These types of social support systems respond to the specific needs of prisoners living with HIV, and these social needs together with the appropriate form of support will now receive further attention.

2.3.2 SUPPORT NEEDS OF PRISONERS LIVING WITH HIV

Prisoners living with HIV have a variety of social support needs such as the following:

2.3.2.1 PSYCHOLOGICAL NEEDS

The psychological support needs of prisoners living with HIV are related to the emotional nature of people infected and affected with the illness. UNAIDS (2006:175) stated that psychological support is highly relevant to people who are living with HIV in that it addresses HIV-related mental disorders and improving their cognitive and behavioural functioning. Psychological support is closely related to the process through which various psychological defence mechanisms that are associated with the illness, are addressed. These defence mechanisms are covered in detail in the next section, which deals with the emotional aspects of living with HIV.

2.3.2.2 EMOTIONAL NEEDS

Emotional needs are categorised as belonging needs, according to Dageid and Duckert (2008). These emotional needs are provided for by the significant others of prisoners living with HIV such as spouses and family members, as well as professional practitioners such as social workers, counsellors and psychologists. The preferred type of emotional support is often the prisoner's family members, as is suggested by Dageid and Duckert (2008:189). The significant others are an important extension of one's self and the world around. However, given the realities of the weak ties certain prisoners have with their families and the limited opportunities to see them, their emotional needs can also be met by other resource people from within or outside the prison environment. Such support can be from professional people such as social workers, counsellors or psychologists, or from lay people such as friends from outside the prison or fellow inmates.

Prisoners living with HIV are often experiencing heightened emotions (Davis, Frankis & Flower 2006:339) and therefore they require HIV care, treatment and support. In this regard, prisoners living with HIV must be encouraged to take part in the programmes or interventions intended to improve their lives.

Like any other person in the general population, once prisoners learn they are HIV-positive, they start to experience most of the psychological and emotional manifestations which are associated with stress. Stress is any condition which is experienced by individuals when their bodies are challenged by internal and/or external demands. Stress is experienced when the body cannot cope with such demands. Coping involves active and inactive efforts to make a crisis pass more favourably (Greve, Hosser & Bosold 2006:179). The four aspects below are indicative of someone not being able to cope.

Fear: Fear is related to the concept of anxiety, and entails a condition of being nervous about the immediate environment and/or those around an individual (SADTU HIV and AIDS 2006:67).

Denial: When persons are informed of challenges which are life-threatening and detrimental to their well-being and their future, they tend to be shocked and try to protect themselves through disbelieving that they are indeed in that circumstance (AIDS Guide 2007:108).

Loss: People who have just learnt that they are HIV-positive or that they have AIDS, tend to feel as if they are losing control of their lives. They feel a loss of power and control over their bodies (Zappulla 1997:203).

Depression: The most disorientating psychological maladaptive manifestation exerted by people who are HIV-positive or who has been diagnosed with AIDS, was identified as depression. Depression is a psychological state such as anxiety which can make people unaware of their physical problems (Petrie & Pennebaker 2004:129). Depressed prisoners living with HIV tend to isolate themselves from others and as a result, they enjoy minimum social contact with others.

2.3.2.3 SOCIAL NEEDS

Social needs are met when prisoners living with HIV are given the opportunity to liaise with their respective social systems, both within and outside of the prison environment. These could

include the visits they receive from family and other members of their communities and the attention they get from other professional practitioners such as social workers, counsellors and psychologists. According to UNAIDS (2006), prisoners must not be closed off from the world. Prisoners have human rights, which include that they should be provided with opportunities to communicate and have ties with people of their choice. In this regard therefore, a need for social support becomes an important element or a prerequisite in the lives of prisoners living with HIV. The social support approach can be regarded as an extension of social protection and welfare systems (UNAIDS 2006:181). This therefore becomes an effective strategic intervention necessary for the mitigation of the impacts related to living with HIV.

2.3.2.4 SPIRITUAL NEEDS

Spiritual support in this study is defined as the process through which prisoners living with HIV are allowed to consult, affiliate and practise their religious beliefs when imprisoned. This support cannot be undermined as it tends to play a significant role in the psychological, health and emotional life of prisoners living with HIV, and encourages them. Dageid and Duckert (2008:191) assert that prisoners living with HIV need a spiritual support system such as the involvement of their respective traditional healers and spiritual healers as a way of coping with traumatic events.

2.3.2.5 INFORMATIONAL NEEDS

Prisoners living with HIV have specific informational needs; they should be provided with adequate information regarding the causes, prevention and the mitigation factors associated with the disease. They need continued counselling that is aimed at reducing the risk behaviours and lifestyles in order to address the spread of HIV infection in the prison situation. Counselling interventions towards the reduction of the HIV risk may be provided, in conjunction with the voluntary counselling and testing (VCT).

Mathithi *et al.* (2005:269) report that information-motivational enhancement counselling sessions contribute to lower rates of unprotected intercourse and greater use of risk reduction strategies. In this context therefore, the prisoners living with HIV must be encouraged to change their

behavioural standards and lifestyle standards in order to sustain their health and social support opportunities.

2.3.2.6 MEDICAL NEEDS

Prisoners living with HIV require regular medical checkups and medical treatment by professional medical practitioners such as doctors and nurses. The medical support is also concerned with the supply of condoms in prison cells, medicines and the introduction of the harm reduction programmes in prisons (see below for further detail). UNAIDS (2006:160) suggests that there is a need to increase countries' ability to manage supplies of medication and effective health service delivery to their general citizenry, including to prisoners. Medical support is an important element in dealing with prisoners living with HIV, and it should also be concerned with the type of food they consume, the conditions under which they are kept, their humane treatment and so on. This support system is of the utmost importance in that once it is undermined, prisoners living with HIV can experience serious health defects that are associated with the illness.

2.3.2.7 INSTRUMENTAL NEEDS

Instrumental support for prisoners living with HIV refers to practical assistance with the activities of daily living. This may also include therapeutic sessions provided to them by the psycho-social support services.

One of the therapies, namely the highly active antiretroviral therapy (HAART) is identified as beneficial to individuals who have reached the AIDS stage in that it has greatly improved health and reduced the need for continuous care and support (Dageid & Duckert 2008:189). The HAART has reduced death and morbidity rates among people living with HIV and therefore it is highly recommended for male prisoners living with HIV. The therapy is advantageous in that it leads towards improved life expectancy; it reduces the viral activity and protects or restores the immune systems of people living with HIV/AIDS.

It is evident that combinations of antiretroviral (ARV) medications dramatically reduce the viral burden, improve the health and quality of life of people living with HIV, and contribute directly to significant declines in HIV-related mortality (Kalichman, Picciano & Roffman 2008:317). This therapy is therefore capable of giving people living with HIV a second chance in life.

It is necessary for the DCS to give HAART to prisoners who are infected with HIV and other communicable diseases as this could decrease the risk of transmission of these infections in the prisons.

2.4 HIV/AIDS IN SOUTH AFRICAN PRISONS

Up to now the conditions contributing to the high prevalence of HIV/AIDS in prison and the nature of social support has been discussed in this chapter. In this section the focus is on the ideal conditions of social support for prisoners by firstly looking at the human rights of prisoners. Thereafter the focus is on Harm Reduction Programmes which can be described as specific policy manifestations of such human rights. After discussing such ideal programmes, the policies and practices relating to prisoners living with HIV are highlighted.

2.4.1 HUMAN RIGHTS OF PRISONERS

Prisoners are not always trusted by members of the public (especially not by their victims), who may feel that they should be harshly punished. Prisoners have little say themselves and can even be described as voiceless. The human rights of prisoners can be further eroded by prison authorities. However, people are still entitled to human rights when they are imprisoned (Stanko *et al.* 2004:111-126; UNAIDS 2006:22).

It will be a serious infringement of human rights if the prison authorities deprived prisoners of the opportunity to access amenities such as protective sex modalities (condoms and others) and injection aids (needles). A prisoner is an individual like any other person and should only serve the respective prison terms without being exposed to other challenges such as experiencing the advent of HIV/AIDS in their lives. Prisoners should have access to the same health, emotional,

psychological, social, cultural and economic resources enjoyed by the rest of society outside prison. Their difference to the general population rests in the aspect that they are serving terms for the crimes they have committed. This connotation is highlighted by UNAIDS (2006:122), which states that prisoners must be protected from cruel and inhuman punishment.

By being sentenced, prisoners have indeed received adequate punishment, and they should no longer be subjected to other forms of punishment. Goyer (2003) mentions that a prison sentence which deprives a person of his/her liberty, is in most societies the ultimate penalty and represents the strongest disapproval. The rights of prisoners were summarised as follows in a statement by the UNAIDS (2006:122): “[By] entering prisons, prisoners are condemned to imprisonment for their crimes; they should not be condemned to HIV and AIDS.”

Everyone, be it an ordinary civilian or a prisoner, has basic human rights. According to Serkin (2008:2), prisons have always been a key focus of those practitioners interested in human rights because they believe that “a society’s human record is mirrored in the state of human rights protection in its prisons”. It has been realised that most countries are not adequately equipped to deal with those who have violated the prisoners’ human rights. Tapscott (2008:67) has observed that “prison conditions in many African countries do not conform with the articles of the African Charter on Human and Peoples’ Rights and to the international norms and standards for the protection of the human rights of prisoners”. Some conservative thinking maintains that prisoners should not be equated to individuals in the general population. According to this view, prisoners’ human rights should be limited. Code (2008:82) maintains that it would be untenable to consider that human rights should be suspended at the gate of every prison and reactivated only when a prisoner takes that first step back to freedom.

Prisoners who are at the AIDS stage of HIV/AIDS must be released. The motivation behind a policy of early release is to allow a person to die in dignity either in their own home or with their family, rather than forcing them to die isolated and alone in prison (Goyer 2003:48). Early release of these prisoners would provide them with the opportunity to die a dignified death next to their significant others. On humanitarian grounds it might be argued that executive clemency or parole should be granted so that AIDS patients do not spend their last days in prison, yet there is a

moral and probably a legal obligation to ensure that they are not simply dumped on the streets (Clear & Cole 1997:131).

Prisoners have the right to enjoy the social support available to others, such as education, family and religion. Prisoners must not be subjected to inhuman practices because they have committed crimes sometime in the past. To subject prisoners to conditions that deprive them of their respective human rights is wrong and should be ultimately redressed. With regard to the prisoners who are living with HIV/AIDS, release on medical parole would be a solution. But that is not the case with South Africa as prisoners have a minimal chance of being released on medical parole. Lubisi and Mapikolo (2009:1) note this violation of prisoners' human rights when they mention that "the law allows for prisoners to be released on medical grounds when they are close to death so they can die near their relatives". It is apparent that prisoners would in all likelihood die in prison once they are infected with HIV/AIDS. This results in large numbers of prisoners dying at the various prison premises within South Africa. These discrepancies between policies and practices will be returned to below, after focusing on harm reduction programmes that can be described as specific manifestations of the human rights of prisoners.

2.4.2 HARM REDUCTION PROGRAMMES

The harm reduction programme can be defined as a process through which prisoners are provided with equipment necessary to change their illicit lifestyles, such as providing them with condoms and lubricating gels to lessen their chances of contracting HIV. Harm reduction applies especially to syringe provision, methadone maintenance and prescription of heroin or injectable substitutes – elements of harm reduction which remain almost completely withheld from prisoners (Nelles *et al.* 2000:29). According to Nelles *et al.* (2000:28), harm reduction programmes aimed at minimising the health risks associated with imprisonment, have been proved to reduce the risk of HIV infection among drug users and might play an important role in improving the health situation in prisons.

Harm reduction was officially adopted as a policy goal in countries such as the USA and Britain. It involves the extension of syringe exchange schemes, free distribution of condoms, education

around injecting and sexual practices, and increased use of methadone treatments (Duke, 2003:59). Reducing syringe exchange among the injecting drug users is of the utmost importance, because failure to provide them with the resources can expose them to HIV infection.

Harm reduction programmes are necessary because drug addicts may not stop injecting themselves, which means they are resorting to unsafe practices. Duke (2003:59) has highlighted that if these programmes are suppressed, people outside prison who come into contact with HIV-infected ex-prisoners are also at risk of contracting the disease. Policy makers in the countries mentioned, were persuaded that harm minimisation strategies had to be adopted to contain the virus and prevent further transmission.

Duke and Singer (2009:45) mention that prisoners would discard a syringe only once the point of the needle had become blunt, that is, at the point at which it would become painful to puncture a vein and would put the user at risk of causing vein damage. Sharing of needles and syringes is associated with the lack of availability of sterile syringes at the precise time of the injecting act, as well as the lack of money to purchase a syringe when it was needed. Needles and syringes are usually bought from the pharmacies, but due to their lack of money, it is difficult for prisoners to purchase new equipment.

Another intervention beside the needle and syringe exchange is the methadone treatment. Methadone programmes could be introduced in prisons, under which addicts are provided with original substances and prisoners are provided with clean drug injection equipment (Jacob & Stover 2000:75).

The treatment of substance abusers through a methadone treatment is extensive and has been shown to be effective in reducing withdrawal symptoms and drug cravings (Peters 1993:52). It must be noted that most drug abusers suffer the harsh nature of withdrawal symptoms when they attempt to stop the habit. Methadone treatments are therefore a solution towards decreasing these withdrawal symptoms. Jacob and Stover (2000:70) suggest that an effective methadone

treatment that was started during detention should be continued without interruption even after imprisonment.

The harm reduction strategy is highly criticised since it is viewed as encouraging male-male sexual relationships in prisons and the use of injecting drugs. UNAIDS (2006:120) argues that many people worry that harm reduction measures and the provision of condoms in prison might lead to an increase in sex between men or an increase in injecting drug use. This is actually not so. Countries such as Spain, have achieved a reduction in the HIV prevalence rate through this measure. This approach has the advantage of reducing the HIV infection rate, which ultimately saves the society from further contamination. The most important aspects related to the harm reduction measures are (i) to develop a planned and comprehensive clinical programme for drug-dependent prisoners, (ii) to develop a needle, syringe and other equipment exchange programme for prisoners and communities at large, and (iii) to provide prisoners and outside communities with needles, syringes and tattooing instruments together with information and training facilities.

Burris *et al.* (2009:14) advocate that resources such as clean syringes, disinfectants and a hygienic place to inject should be made available to prisoners. Policy makers are adamantly against introducing programmes such as this because they view it as another form of encouraging the practice. Burris *et al.* (2009:17) conclude that “interventions that change law, policy or the attitudes and practices of law enforcement agents are ‘structural’ with respect to IDUs because they alter the risk environment with which IDUs have to cope”. Jacob and Stover (2000:76) state that in many big cities in the developed world there are places where addicts can go and exchange injection implements or where machines supplying sterile syringes have been set up so that sterile equipment is available at any time and can be obtained anonymously. Clear and Cole (1997:373) agree with such provisions, and maintain that drug treatment can be a valuable, cost-effective crime reduction strategy.

On the other hand, Nelles *et al.* (2000:29) argue that the resistance of prison staff, prison authorities and politicians against far-reaching harm reduction measures is often justified with fears that provision of syringes might encourage drug intake, that syringes might be used as

weapons against fellow inmates or staff, and that indisposed contaminated syringes might cause injuries and infections such as HIV.

Harm reduction programmes are not formally adopted in South Africa. The specific policies relating to prisoners living with HIV will now be discussed.

2.4.3 POLICY REGARDING THE PRISONERS LIVING WITH HIV

Policies that are nationally designed, disseminated, implemented and evaluated were firstly debated at international bodies such as the United Nations. In the context of the South African correctional services, the Correctional Service Act (Act 111 of 1998) was developed in line with that process, because as a country and as a democratic nation, South Africa wanted to be seen as adhering to the rules and regulations shared by other developing and developed countries.

In this regard, in 2004, South African delegates were among those who formulated and developed the *Status Paper on Prisons, Drugs and Harm Reduction* that was coordinated by the World Health Organization (WHO) at De Leeuwenhost (UNAIDS 2006:121). This legislation was developed for the protection of prisoners' life and human dignity. All countries agreed to legislate the following, which also indirectly appears within the Correctional Service Act (Act 111 of 1998):

Ensuring that all prisoners are given basic information relating to HIV and other blood-borne diseases and knowledge on how they spread;

Providing clinical management of drug-dependent prisoners at a standard equivalent to that in the local community;

Ensuring that adequate information and guidance are provided before prisoners are released;
and

Providing follow-up care with links to community services, which is important for all prisoners with health problems, but is essential for those dependent on drugs.

This shows that all prison systems within the country are adopting an approach based on public health and human rights. And yet UNAIDS (2006) is adamant that there is generally no access to

sterile injecting equipment at prisons in South Africa. These conditions violate the human rights and the stipulations contained in the *Status Paper on Prisons, Drugs and Harm Reduction* mentioned above, and underline the point made earlier that there is a discrepancy between the policies and the practices in South African prisons. The Correctional Service Act (Act 111 of 1998, Section 79) mentions that the DCS will summarily release prisoners on parole if they are diagnosed to be experiencing the final phase of any terminal disease or condition. This study, which focuses on the perceived social support of prisoners, will uncover discrepancies between policies which aim to provide social support (in various forms, but specifically informational and instrumental support), and the perceptions of prisoners living with HIV on their access to such social support.

2.4.4 PRISONERS LIVING WITH HIV AND AIDS

When a person is diagnosed as HIV-positive, it means they have the Human Immunodeficiency Virus in their bodies. This virus will stay in their system for as long as they live. This virus is a retrovirus. AIDS is caused by the weakening of the immune system as a result of the infection with HIV, it is the last stage of HIV disease, and is characterised by the appearance of a multitude of opportunistic infections resulting from the breakdown of the immune system (Weinreich & Benn 2004:2). Once people reach the AIDS phase, they face death. Medical scientific interventions have been put in place to save such people from dying, namely antiretroviral therapy.

Antiretroviral therapy is providing people who are HIV-positive with antiretroviral drugs (ARVs), which have the advantage of prolonging life for those who have reached an AIDS stage. According to Weinreich and Benn (2004:79), the therapy is not taken from the start of the infection, but only when the infection has reached a certain stage. These drugs must be taken by people who have approached the AIDS stage because they have a 70% chance of delaying death.

The main goals of ARV therapy are identified by the AIDS Guide (2007:76) as follows:
to reduce the HIV viral load as much as possible;

to restore and or preserve immunological function so as to improve immune functioning, reduce opportunistic infections and delay the onset of AIDS;
to improve the quality of the HIV-positive person's life; and
to reduce HIV-related sickness and death and to reduce the impact of HIV transmission in the country.

ARVs are taken in combination with other drugs to lower the levels of HIV in the body. This allows the immune system to partially recover and prevent further damage to the body (HIV and AIDS Community Project 2005:39). People taking ARVs may find that their general health improves – their appetite may return, they might put on weight, and problems such as diarrhoea or skin rashes could clear up (HIV and AIDS Community Project 2005:39).

The ARV therapy is a programme that is provided to prisoners living with HIV who have ultimately approached the stage of AIDS in the progression of the illness. At Pretoria Central Prison, the ARVs are provided to prisoners at a local clinic which is situated within two kilometres from the prison. That is, prisoners living with HIV at Pretoria Central Prison do not have to be transported for long distances in order to access the ARV therapy treatment. It has already been mentioned above that the prisoners' human rights include their access to this medication which tends to prolong their lives. The Pretoria Central Prison is such a typical model which adheres to the stipulations of the prisoners' human rights with regard to HIV/AIDS, as advocated by the *Status Paper on Prisons, Drugs and Harm Reduction* and the Correctional Service Act (Act 111 of 1998), as explained in the section above.

Prisoners who have been infected with HIV are identified through routine medical check-ups or when they voluntarily take HIV tests. The prisoners can consult other professionals such as medical practitioners, nurses and social workers when they need to be tested for HIV.

The Pretoria Central Prison is divided into three sections, each provided with its own voluntary counselling and testing (VCT) facility. The VCT sites provide prisoners with pre-testing and post-testing counselling services. Prisoners are not referred to distant VCT sites outside the premises of the prison for counselling and testing.

2.4.4.1 PRE-TEST COUNSELLING

The purpose of pre-test counselling is to give someone who is considering being tested for HIV all the necessary information and support to make an informed decision (Van Dyk 2005:202). It also provides reasons why individuals want to be tested, the nature and extent of their previous and present high-risk behaviour and the action required to prevent them from becoming infected or from transmitting HIV infection.

2.4.4.2 POST-TEST COUNSELLING

Immediately after people are diagnosed as being positive or negative with HIV/AIDS, they are provided with post-test counselling. The reasons for post-test counselling are:

To help convince the patient about the reality of their HIV-positive status if they do receive a positive result;

To ensure that the person understands the meaning of the result;

To help the person to cope with the result;

To make a follow-up plan for ongoing care; and

To explain the need for re-testing if he/she is considered to be in the 'Window period' (SADTU HIV and AIDS 2006:58).

The prisoners are provided with pre- and post-test counselling services while serving their terms in prison. The challenges facing the prison authorities with regard to these services are that some prisoners tend to have their own belief systems which differ from those of the mainstream with regard to the prevalence of HIV/AIDS infection.

At the VCT site, prisoners are tested for their HIV status. They learn that they are either HIV-positive or -negative. When they are HIV-negative, they are encouraged to live healthily and protect themselves and others from being infected by the illness.

There are 20 HIV/AIDS volunteers who were trained as peer educators within the Pretoria Central Prison. A volunteer in this context is a prisoner who has pledged their services to assist their fellow prisoners living with HIV without physical or other benefits. The volunteers within a prison environment are prisoners who are also experiencing the HIV illness, and who are more knowledgeable and skilled in encouraging others to deal positively with the challenges that are associated with the illness.

At the Pretoria Central Prison, the prisoners were involved in establishing their own HIV/AIDS support groups. There are three groups of this kind. The HIV/AIDS support groups meet once a week, on Wednesdays. These groups are a mouthpiece for all the prisoners living with HIV at the prison in that they are involved with aspects such as formulation, implementation and evaluation of policies and procedures concerning the improvement of the quality of life for prisoners.

The condom supply into sections of the Pretoria Central Prison is provided according to the stipulations of the National Health Department. Male condoms are distributed according to a dispensary system referred to as the 'condo - can'. According to this arrangement, the corridors within the holding cells of prisoners are supplied with 'condo cans' that are always filled with a fresh supply of condoms so that prisoners can collect as many condoms as they like.

2.4.4.3 THE PRACTITIONERS

The concept 'practitioner' in this study refers to the professionals who were adequately educated, trained and skilled to deal with the more psychological and emotional needs of the prisoners during their incarceration. There are two types of professionals in the Pretoria Central Prison, namely psychologists and social workers.

There only three psychologists that are involved with prisoners living with HIV at Pretoria Central Prison. This low number is due to the fact that these individuals have skills that are also in high demand by the private sector; the public sector, such as government prisons, cannot afford to pay competitive salaries for their specialised services.

There are ten qualified social workers who provide the social support services to prisoners living with HIV at Pretoria Central Prison. This indicates that most prisoners within the South African context are assisted by social work practitioners, who assess their social support needs and also link these needs with provision systems. Social workers play an important role in addressing the emotional needs of prisoners, they involve the close interactions between prisoners and their respective families and communities, and they advocate for the protection of the human rights of prisoners living with HIV. In a nutshell, no prison can function well without the assistance of social workers.

There are other social support systems within the prison such as the nursing staff and medical practitioners, who provide the care and treatment services to prisoners living with HIV. They are detached from the Pretoria Central Prison because they provide the service outside the boundaries of the prison.

2.4.5 CHALLENGES FACED BY PRISONERS DURING THE HIV/AIDS PROGRESSION

HIV-positive individuals can live for years before they reach the AIDS stage – if they practise a healthy lifestyle. Prisoners find it very difficult to accept their HIV-positive status, and as such they require social support services to help them deal positively with the condition.

Zappulla (1997:194) mentions that the diagnosis of a life-threatening illness changes one's perception of reality forever. Although the aspects of life may not have changed at all, nothing is the same after the diagnosis. A diagnosis of HIV is a milestone that shatters one's former life and ushers in a whole new meaning. People who are HIV-positive perceive themselves as no longer in control of their lives. Many of them do not have expectations or hope for the future, because they associate a positive HIV status with devastating circumstances.

In a nutshell, people who have just learnt that they are HIV-positive may develop maladaptive behavioural patterns. It is believed that individuals who are classified under this category without pre-counselling tend to exhibit such maladaptive behavioural patterns more frequently. This view receives support from Young *et al.* (2003), who state that preparing and enabling the body to

respond to challenges or threats in ways that will increase the likelihood of surviving this threat, is an effective approach in helping those who are ill. It is therefore imperative that prisoners are adequately and appropriately guided through the range of threats which are associated with the HIV/AIDS disease before and after they participate in the VCT.

For Sarafino (2004:14), people who are experiencing life-threatening illnesses such as AIDS can be treated by ensuring their adherence to a strict medical regimen and adjusting to their disability and the possibility of dying. Therapists and counsellors should encourage the sick to deal with death in a dignified manner. This preparation includes important considerations such as: the identification of guardians who will look after the children after the parents are dead; writing of wills which specify how their property could be shared amongst their remaining loved ones; sorting out bank accounts or insurances so that spouses and/or children do not experience problems in accessing the money; people whose children are still small, may want to write a letter for the children to read when they are bigger in order to relate their feelings towards their children; and efforts should be made to ensure that people spend their last days in comfort, in familiar surroundings and with the people they love (HIV and AIDS Community Projects 2005:49). The above challenges are particularly difficult for prisoners since they have limited contact with the outside world.

2.4.6 SOCIAL SUPPORT SYSTEMS NOT PERCEIVED TO BE AVAILABLE TO PRISONERS

Prisoners living with HIV experience limited access to social support services, compared to the general population. The social support services which they have only limited or no access to, include family, friends, other people living with HIV and AIDS (PLWHA), community, church, adequate VCT sites, home-based care, hospital care, hospice, palliative care and traditional healers. Although some of these systems are available in prison, they are very limited compared to those enjoyed by the general public. These elements are summarised in this section as follows:

The community: The entire community is a source of interaction because people cannot be called a community when they do not interact with each other and form relationships. UNAIDS (2004:48) mentions that AIDS-affected households rely heavily on relatives and community support systems. Prisoners have limited contact with their communities of origin and as such they do not enjoy its ultimate social support.

The church: Churches have made a definite contribution to the advocacy of education and training, and the humane handling of people living with HIV/AIDS (Weinreich & Benn 2004:98). Churches provide people living with HIV/AIDS with home-based care and look after their spiritual needs. Some of the prisoners within the South African context cannot access the churches of their choice when imprisoned. Their right to religious consultation and affiliation is therefore limited (Goyer 2003).

Voluntary counselling and testing (VCT): The voluntary counselling and testing sites are located in the local clinics and hospitals. HIV testing without adequate counselling is not helpful, and in many cases may actually be harmful. Counselling before the test (pre-test counselling) should prepare people for a positive test result (Weinreich & Benn 2004:61). The medical practitioners, social workers, community workers, clergy, volunteers in home care projects and others who compose the VCT, are not necessarily available in prison and even if they were, prisoners do not always access these mentioned sources of social support for safety and security reasons.

Home-based care: Home-based care is provided by home-based caregivers at the homes of those who are infected and affected by the HIV/AIDS epidemic. As the name suggests, home-based care services are not applicable to the prison environment.

Hospital care: Prisoners are only admitted to the public hospitals when their health conditions have ultimately deteriorated, such as when they experience the AIDS symptoms.

Hospices: Hospices are day-care centres which are established by the community and or churches for the purpose of caring for those people who are terminally ill. There are no hospice

facilities within the prison environment. Most prisoners cannot spend their last days in a dignified manner if they are dying of AIDS-related illnesses whilst incarcerated.

Palliative care: Palliative care is the care given to those who are terminally ill for the purpose of easing their suffering and assisting them to die with courage and dignity (Young *et al.* 2003:213). There are no palliative care facilities within the prison environment. Prisoners who are about to succumb to death are treated like any other prisoners.

Traditional healers: Traditional healers are in demand in South African black communities because many people believe that traditional medicines can help in the fight against HIV/AIDS. Weinreich and Benn (2004:78) are of the opinion that in South Africa, traditional medicine remains very important for some people who are HIV-positive or have AIDS. In this context, traditional healers have great potential in the fight against AIDS. The prisoners living with HIV cannot access their preferred traditional healers in jail if they wish to.

2.4.7 CONCLUSION

To summarise, male prisoners increase the rate of HIV infection due to behavioural patterns such as unprotected male-male sex, tattooing, intravenous drug use and physical violence. DCS is also faced with the problem of overcrowding in the prisons, leading to some prisoners being infected with prison-borne illnesses such as malaria, tuberculosis, HIV and other communicable diseases. The prison gangs are an important aspect of prison life; they tend to disrupt the lives of the prisoners with regard to their HIV infection, and the manner in which they deal with the illness. The progression of HIV to AIDS for prisoners is closely associated with numerous defence mechanisms called stressors, and other physical ailments, which could be addressed through adequate and effective social support systems. The social support systems are explained through the psycho-social theoretical perspective. This approaches includes the protection of prisoners' human rights.

Prisoners in general have limited social support from their significant others such as family members, friends, colleagues and community members. This is due to the fact that prisoners have restricted freedom to consult their respective family members, colleagues, neighbours and others. The researcher argues that the social support as perceived by prisoners can be increased through regular contacts and extended visitation times by their loved ones. This argument is directed at the improvement of the prisoners' human rights. South Africa is one of the countries that support the importance of the enhancement of human rights to all individuals, including prisoners. UNAIDS (2006:168) maintains that prisoners have health care rights similar to any other person in the general population, and as such prisoners should be provided with enhanced social support from the general population.

Prisoners who are living with HIV find it difficult to adapt to the prison environment when they experience a reduction in social support. Thus, the social support provided to prisoners by the prison authorities and other health and psychological professionals may be seriously weakened if it is not augmented by the one obtained from their significant others. This is due to the fact that the most effective and adequate social support is usually provided by those close to the person suffering with the illness.

Prison authorities and their respective policies can reduce the risk of HIV infection by means of introducing programmes such as HIV/AIDS awareness and by providing male prisoners with condoms and lubrication gels. However, such attempts can be viewed as encouraging male-male sexual practices. It is the researcher's view that these programmes in fact minimise the likelihood of HIV infections, both within and outside prisons. Furthermore, as has been argued before, UNAIDS (2006:121) warns that prisoners are eventually released, and infection contracted inside prison can easily be transmitted outside.

Prisoners living with HIV have special and expensive medical needs which the prison authorities must ensure to provide them with. Stanko, Gillespie and Crews (2004) advocate that prisoners' rights is a concept that should include their rehabilitation for the purpose of protecting the general population out there. In this regard, the legislators must do away with policies and programmes that deny prisoners the right to access the social support from professionals and their significant

others, thus saving both the prisoners and their respective communities. This is an effective strategy meant to protect the entire society from being infected with the illness. In conclusion, UNAIDS (2006:121) states that national AIDS programmes must significantly expand their provision of comprehensive HIV prevention, treatment, care and support services in prison.

The harm reduction programmes that relate in particular to intravenous drug use is an example of how policies can be adapted to respond to the needs of prisoners.

The following chapter is concerned with an outline of the research methodology used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study focuses on the perceived social support of male prisoners living with HIV whilst serving a sentence at Pretoria Central Prison. In the previous chapter, the researcher reported on risky behavioural patterns such as male-to-male sexual relationships, injecting drugs and the use of unhygienic tattooing equipment. Apart from changing these behavioural patterns, male prisoners require social support which would help mitigate the impact of HIV upon their psychological, emotional and physical health. There are numerous sources of social support available to them within the prison, namely other inmates, prison authority officials, medical practitioners, social workers, chaplains and others. However, these sources may be inadequate and inefficient in improving the quality of life of male prisoners, since they are not attached to the prisoners by way of a familiar bond, community, kinship or trust. From the research participants' verbalised experiences of different forms of social support, a clearer picture is sought on the perceived social support from within and outside prison for prisoners living with HIV.

It was already mentioned that a qualitative research design is employed and that individual semi-structured interviews were used as the research method. In this chapter, the population, sampling, data gathering, data analysis strategy and ethical considerations are discussed in more detail, but first an overview is given of the research site as a point of orientation to the research process.

3.2 DESCRIPTION OF PRETORIA CENTRAL PRISON

Pretoria Central Prison is a facility under the management of DCS, which has the responsibility to incarcerate prisoners who were sentenced. It is divided into two sections called medium A and medium B. Medium A consists of high-risk inmates. Their sentences range from 15 years to life imprisonment. Their crimes include murder, rape, fraud, extortion and cannibalism. Medium B

consists mostly of inmates serving less than 15 years. Their crimes include housebreaking, tax evasion, assault and robbery without aggravating circumstances. The prison is also a home for prisoners who are regarded as a 'high flight risks'. It is here that prisoners who were given death sentences during the previous South African dispensation were held. The death sentence was later transformed into life sentence. There are a limited number of reported escapes from Pretoria Central Prison. The prison is a home to male prisoners only; female prisoners are kept in another prison, namely the Pretoria Female Prison. Although most prisoners who are kept in this prison are serving very long sentences, such as life sentences, it still releases certain prisoners into their respective communities. Pretoria Central Prison is connected to outside communities in various ways, but the strongest connection with such communities is through the processes of incarceration and release to the communities. As indicated before, the entire wider society is under threat of being infected with prison-borne communicable diseases which could be spread by felons through contact to their loved ones.

Pretoria Central Prison contains a separate block which is used as a health facility. There are professional nurses who provide primary health care, and very ill prisoners are transferred to the public hospitals which are used by the general community at large. Immediately after the frail prisoners received medical treatment and care for such periods as deemed fit by their prison surgeons, they are returned back to their respective holding cells to completely recover.

3.3 THE RESEARCH APPROACH

This study uses a qualitative research design because it seeks to explore the perceived social support available to male prisoners. A qualitative research methodology utilises phrases, statements and sentences in order to describe the nature of phenomena under investigation ("soft" data). Creswell (2003:65) is of the opinion that the use of qualitative research is relevant when research problems require researchers to learn about the views of individuals, assess a process over time, generate theories based on participants' perspectives, and obtain detailed information about a few people or research sites. It is because of this view that the researcher selected to involve only a few male prisoners in this study.

Henning, Van Rensburg and Smith (2004:19) write that studies within a qualitative paradigm try to present the reality of participants from their point of view. By the employment of qualitative research, knowledge is constructed not only of observable phenomena, but also through descriptions of people's intentions, beliefs, values and reasons, and the formulation of meaning and self-understanding, which are obtainable through the use of open-ended questioning (Neuman 2000). Lietz, Langer and Furman (2006:443) reiterate that qualitative studies reflect the thoughts, feelings and experiences of the people who participate in the research studies, which ensure authenticity. In achieving such authenticity, qualitative research should be conducted in a rigorous manner to enable the researchers to understand the phenomena under review in more detail (Goodwin & Horowitz 2002:34).

A qualitative approach is considered the most applicable in this study since it is capable of collecting detailed information related to the perceived social support available for male prisoners. The researcher could, by using a qualitative data collecting methodology, collect rich information related to the perceived social support they (prisoners) receive whilst incarcerated.

In this study, qualitative research is conducted through the use of in-depth interviews as a data collection method. The aim is to provide an opportunity for the male prisoners living with HIV to explain in detail the nature of the perceived social support they receive whilst incarcerated. This will enable the researcher to understand the type, nature, adequacy and effectiveness of the perceived social support available to the male prisoners. It will also enable the researcher to develop recommendations required for the improvement of social support to male prisoners who are living with HIV.

3.3.1 TRUSTWORTHINESS OF DATA

Trustworthiness is achieved when the findings of a given study closely reflect the meanings as described by the participants (Lietz *et al.* 2006:443). Rolfe (2006:305) and Koch (2006:91) view trustworthiness as a concept that encompasses credibility, dependability, transferability and

conformability, emphasising that the aspect of dependability is of the utmost importance in qualitative research as it relates to reliability in quantitative studies.

In this study, the researcher used an audio-tape recorder to capture every conversation between him and the research participants during the interview sessions. This process enabled him to capture all the information shared with him by the male prisoners who are living with HIV, when they explained the social support provided to them during their incarceration.

3.4 THE NATURE OF IN-DEPTH INTERVIEWS

In-depth interviews are a process which involves researchers and participants interacting with each other by sharing information relevant to the study. In this context, the researcher poses open-ended questions towards the respondents and records their responses. Neuman (2006:360) notes the importance of an in-depth interview as a strategy necessary to ensure obtaining detailed information from the participants. Lietz *et al.* (2006:443) are of the opinion that the questions posed to the participants in a study should attempt to collect their thoughts, feelings and experiences regarding the issues under investigation. In this context therefore, the questions posed to the participants are – in line with a qualitative research approach – open-ended in nature, to allow the participants to define and describe in detail how they experience the issue at hand. When the participants have not provided all the required information, the researcher can probe for more elaboration or clarification. This entails that the in-depth interview sessions should ideally take place in environments which are free from interruption and other disturbances.

In this study, the researcher requested to use an office which is normally used by the professional practitioners such as nurses, psychologists, social workers and others. This office is situated away from the administration block and the prison cells. This site was selected for the reason that it provided male prisoners who are living with HIV and are the respondents for the study, freedom to express their own situation in detail. The site was preferred over that of the hospital bed, where participants regard themselves as patients, or the prison cell where they could still regard themselves as prisoners.

3.5 POPULATION AND SAMPLING

According to Black (2002:48), a population is defined as the total number of possible units or elements that are included in the study. The concepts of 'all' or 'the total' are usually used when researchers are attempting to define populations. Another concept which is used when populations are defined is that of a characteristic being shared by members of a similar group, because "at the broadest level is the population, in which a group of individuals possesses one characteristic (that distinguishes them from other groups)" (Creswell 2005:358). In this study therefore, the population is every person who shares the characteristic of being a male, is living with HIV and is incarcerated within the Pretoria Central Prison.

In most studies, researchers are unable to collect information from all the members of the population as the process might be impractical and too expensive to conduct. In this regard they rely on the use of samples. A sample is a fraction of the population, namely the individuals who were drawn from the population to participate in the research.

In this study, a purposive sampling method was used. This sampling method is classified under non-probability sampling, because it does not provide sample elements with a known chance of being selected and included in the sample. In non-probability sampling, the probability of a person being chosen is unknown (Whitley 2002:391). Non-probability samples are less advantageous because the findings cannot be generalised to the population. The probability that any element (unit of analysis) will be included in a non-probability sample cannot be specified. This is always the case in that in some circumstances, certain members of the population may have no chance at all of being included in a sample (Welman & Kruger 2001:61).

In purposive sampling, the researcher selects people believed to have adequate information about the phenomenon under study for their inclusion in the sample (Black 2002:54). This is further elaborated in a statement by Babbie (2008:204), who mentions that it is a type of non-probability sampling in which the units to be observed are selected on the basis of the researcher's judgement about which ones will be the most useful. For example, every male

prisoner who is living with HIV is regarded as having information about the experience of living with the illness, and could therefore be included in the sample. Consequently, male prisoners who are living with HIV and are incarcerated at the Pretoria Central Prison, were selected until a total number of 15 was reached.

However, additional factors had to be considered in the sampling process, and the researcher involved the prison authorities during the selection process of the participants for the reason that they kept the records of behavioural patterns, personality and safety and security related to the prisoners. Since it was decided that no prisoner would be interviewed whilst being chained, because it has a dehumanising effect on the participant, the researcher selected for the interviews only those who did not pose a threat of escaping. The following criteria were thus employed in the sampling process:

The prisoners were males who were living with HIV, the prisoners were receiving treatment, care and support from the prison's VCT site on a voluntary basis, the prisoners have no record of violent behaviour or threats of escapes, the prisoners' conduct is recorded as "good" in the three months preceding the interviews, and the prisoners have volunteered to participate in the study and knew that they would not gain any physical benefit and/or favour in exchange for their participation.

The above criteria ensured that the prisoners had the relevant knowledge about the research topic and that they could be interviewed alone without the presence of prison authorities.

3.6 DATA GATHERING

The data collection process focused mainly on the qualitative data obtained through the interviews, but this was augmented by the availability of the biographical characteristics of the participants on file. The following biographical information of the research participants could thus be obtained prior to the interviews: age, marital status, number of dependants, highest educational qualification, racial classification, religious background, the number of years the participants were living with HIV, and the number of years they had served in prison.

As mentioned, the main data for this study was gathered according to the in-depth interview method. This method implies that the researcher gains entry into the participants' natural environment and collects information related to their lifestyles and how they define themselves in their own words. In the context of this study, the researcher entered the milieu of the prisoners that is the prison, in order to learn more about their perceptions of social support in relation to their living with HIV. Having entered this world without knowledge about the specifics of the prisoners' perceived social support whilst living with HIV, the research participants' sharing of the relevant information enabled the researcher to investigate the provision of social support to male prisoners who are living with HIV.

During the in-depth interview sessions, the researcher posed the open-ended questions to the participants. In certain circumstances, the researcher made use of follow-up questions in order to probe for clarity or elaboration on their responses. These conversations between the researcher and the participants were recorded by means of an audio-tape recorder. In instances where the participants expressed some of their feelings through non-verbal signs, the researcher described such information and also requested the participants to explain such signs. At the end of each interview session, the researcher thanked the participant for taking part in the research.

The items which were included in the interview schedule (see Appendix B) guiding the in-depth interviews, focused on the following themes:

To determine whether the participants had sexual relationships with other male prisoners and the nature and extent of such relationships if they exist, the adequacy of VCT services in prison as perceived by the participants, if they made use of these services during their imprisonment (although VCT services are related to learning about one's status and not social support per se, it does indicate the extent of medical, informational and psychological support related to HIV within this prison), to determine whether there is a presence of high-risk lifestyles amongst the participants, for example tattooing and sexual practices, the nature of the perceived care, treatment and support available to male prisoners living with HIV at the Pretoria Central Prison, exploring the relationships with people with whom the participants can develop and maintain

close relationships while prison, individuals who provide participants with care, individuals who provide participants with treatment, individuals who provide participants with support, participants' perception of programmes (if they exist and are attended) that are provided to male prisoners living with HIV at the Pretoria Central Prison, perceived limitations regarding the provision of social support to male prisoners living with HIV at Pretoria Central Prison, knowledge of the phases of HIV status of male prisoners living with HIV, and suggested improvements of the nature and extent of the provision of social support to male prisoners living with HIV at Pretoria Central Prison.

When interviewing prisoners, the researcher did not wear his uniform which would have defined him as part of the prison authorities of the DCS. The interviews were conducted in the first language of the prisoners, mainly Sesotho, and then translated into English during the transcription process.

3.7 DATA ANALYSIS

The qualitative data of this study was analysed in a step-by-step process, as recommended by Creswell (2003), which is summarised below:

Organise and prepare the data for analysis. This involves transcribing interviews, scanning material, typing up field notes and arranging different types of data on the sources of information, read through all the data in order to get the general sense of the information, code the material, that is, allocate codes to similar themes, use the codes in order to describe the setting, people or feelings/opinions, use a narrative passage in order to convey the findings of the analysis. Researchers may also use visual aids, figures or tables as adjuncts to the discussions, and a final step involves interpreting the data.

The researcher applied the above steps by relying on his field notes and transcribing the interviews. Themes were then identified, coded and developed further.

3.8 ETHICAL ISSUES

Ethical considerations entail that the researcher shall not knowingly expose the research participants to physical, psychological or emotional harm. If researchers fail to protect the participants from such harm, then they have conducted unethical research.

Interviewing male prisoners who are living with HIV/AIDS require careful ethical consideration since they tend to be already exposed to high levels of stigmatisation and discrimination. The researcher therefore addressed the ethical issues by considering the following elements, which were highlighted by De Vaus (2001), Neuman (2000) and Dane (1990):

Harm to the participants: This includes the physiological, psychological and emotional disrespect of the participants. According to Dane (1990:44), participants must by all means be protected from both physical and psychological harm which may occur during interviews. In this research, the participants were not exposed to any direct physical or psychological harm.

Informed consent: This means that the participants must be given all the information regarding the research, so that they can be able to provide a researcher with written consent agreeing to participate (Neuman 2000:96). An informed consent form can be viewed as a contractual agreement between the participants and the researcher. The consent form for this study is attached as APPENDIX A in this proposal.

Anonymity: Anonymity is defined as not disclosing any identifying characteristics of the participants so that they are only identified by numbers and/or codes. De Vaus (2001:87) states that “an obvious way in which participants can be harmed is by failure to honour promises of confidentiality. People participating in interviews are entitled to expect that they cannot be identified as the source of any particular information”.

Confidentiality: Confidentiality can be defined as the ability of the researcher to keep information he/she has obtained from the participants from reaching the hands of other people. Confidentiality exists when only the researchers are aware of the participants' identities and have

promised not to reveal those identities or the nature of their interactions with the participants to others (Dane 1990:51). The authorities in the DCS cannot in any way access information related to this study. The information was kept confidential between the researcher and his research supervisor.

Deception: This means to lie or to tell a half-truth in order to induce another person into participating in a research study he/she would have otherwise not done. Prisoners are a population which is difficult to involve in study programmes and therefore researchers have a tendency to deceive them into participating. This unprofessional practice can be avoided by means of the use of an informed consent form (Marshall & Rossman 1999:97). Prisoners were not coerced into participating in the research against their will.

Obtaining permission: The researcher sought permission to conduct this research study from the Head Office, Department of Correctional Services, by means of a correspondence which is included in this proposal as APPENDIX C. The ethical committee of UNISA also approved the proposed research in accordance with UNISA's ethical guidelines (see APPENDIX D), in accordance with the recommendations stipulated by Robson (1993:33).

Stigmatisation and discrimination: The researcher conducted all the activities and interviews with the selected prisoners, without informing his colleagues or other prisoners about the processes. This element honoured the concept of confidentiality, which means that the biographical profiles and information obtained from the participants of the study shall not be used to harm them or be revealed to other authorities without their permission (Mark 1999:46-47).

3.9 CONCLUSION

The research methodological plan for this study required a qualitative research design because in-depth information was needed for this exploratory research. The qualitative research approach entails qualitative data collection methods and their respective qualitative data analysis methods. The in-depth interviews was defined as the most effective data collection method, which is relevant when researchers enter the world belonging to minority groups such as prisoners, and

study their perceptions. This study was conducted at Pretoria Central Prison where social support for male prisoners who are living with HIV was assessed. Prisoners are a difficult population to engage in a study, and therefore the most relevant sampling method used for selecting them for inclusion in the study would be a non-probability sampling called purposive sampling. In this regard, researchers use their own judgements in order to select participants whom they feel can inform the study with valuable information. The replication and generalisation of the study is limited due to the qualitative nature and the non-random sampling method used. Strict ethical guidelines were adhered to throughout the study.

The following chapter presents the research findings of the study.

CHAPTER 4

THE FINDINGS OF THE STUDY

4.1 INTRODUCTION

In the previous chapter, the researcher presented the research methodology which was utilised in this study. It was already mentioned that this is a qualitative research and as such it made use of in-depth interviews as a data collection method. The respondents for the study, namely; male prisoners who were living with HIV and were serving long term sentences at Pretoria Central Prison, were selected according to the purposive sampling method. The questions in this study were divided into two categories, the first part collecting information related to the biographical characteristics of the participants, and the second part focusing on the nature of social support available to male prisoners living with HIV. In this chapter therefore, the findings of research are presented in the above-mentioned two parts.

4.2 THE BIOGRAPHICAL CHARACTERISTICS OF THE PARTICIPANTS

The data collected was aimed at describing the nature of the biographical characteristics of the participants. This data is summarised in the three tables that are presented below. In order to maintain the ethical requirement of anonymity, the researcher provided all the participants with pseudonyms. Neuman (2000:363) mentions that pseudonyms are used to protect the participants' confidentiality.

4.2.1 AGE, MARITAL STATUS AND NUMBER OF CHILDREN OR DEPENDENTS

The age, marital status and the number of children or dependents of the participants are summarised in Table 1 below.

Table 1: Age, marital status and the number of children or dependents

No.	Pseudonyms	Age	Marital status	No. of children or dependents
1	Martin	44	Single	2
2	Timothy	35	Single	0
3	Mathew	39	Single	2
4	Nelson	32	Single	1
5	Jacob	32	Single	3
6	Reuben	42	Single	1
7	Robert	41	Single	0
8	Simon	26	Married	2
9	Tony	32	Single	2
10	Isaac	32	Single	7
11	Lucky	27	Married	2
12	Samuel	33	Single	3
13	Steven	30	Single	1
14	Lucas	29	Married	3
15	Joshua	27	Single	2

In Table 1 above, the researcher found that eleven participants, namely; Timothy, Nelson, Jacob, Simon, Tony, Isaac, Lucky, Samuel, Steven, Lucas and Joshua were categorised as younger than 35 years old. Four of them, namely; Martin, Mathew, Reuben and Robert were more than 35 years of age.

Twelve of the participants were single. As reflected in Table 1 above, two participants, namely; Timothy and Robert reported they did not have children or dependents at all. Three of them, namely; Nelson, Reuben and Steven reported to having only one child or dependent each. Another three participants, namely; Jacob, Samuel and Lucas mentioned that they had three children or dependents each and only, Isaac, stated that he has seven children or dependents.

The majority of participants, namely; six said they have two children or dependents - they are Martin, Mathew, Simon, Tony, Lucky, and Joshua.

4.2.2 HIGHEST EDUCATIONAL QUALIFICATIONS, OCCUPATION AND RACIAL CATEGORY OF THE PARTICIPANTS

The highest educational qualifications, occupations and racial backgrounds of the participants are reflected in Table 2 below.

Table 2: Highest educational qualification, occupations and racial category

No.	Pseudonyms	Qualifications	Occupation	Race
1	Martin	High school	Hawker	Black
2	Timothy	Primary school	Manufacturing industry	Black
3	Mathew	High school	Unemployed	Black
4	Nelson	Primary school	Motor mechanic	Black
5	Jacob	High school	Taxi driver	Black
6	Reuben	High school	Hawker	Black
7	Robert	High school	Machine operator	Black
8	Simon	Primary school	Carpenter	Black
9	Tony	High school	Crime	Black
10	Isaac	High school	Crime	Black
11	Lucky	High school	Teacher	Black
12	Samuel	Primary school	Taxi driver	Black
13	Steven	High school	Hawker	Black
14	Lucas	High school	Carpenter	Black
15	Joshua	High school	Crime	Black

It is indicated in Table 2 above, that four participants, namely; Timothy, Simon, Nelson and Samuel completed basic primary school education. The majority of the participants, i.e. ten, namely; Martin, Mathew, Jacob, Reuben, Robert, Tony, Isaac, Steven, Lucas and Joshua

mentioned that they obtained a high school education. Lucky, the teacher, is the only one who obtained a higher education qualification.

The majority of the participants (eight) reported that they were employed before their imprisonment in that they held occupations in sectors such as teaching, carpentry, the manufacturing industry, motoring (as a mechanic) and transport industry (as taxi drivers). Four participants, Martin, Reuben, Tony and Steven reported that they were self-employed doing jobs such as selling (hawker) and tiling floors for other people. Only two participants, namely, Isaac and Joshua stated that their income came from criminal activities whereas Mathew reported he was unemployed before imprisonment.

All 15 participants in the study were black.

4.2.3 RELIGIOUS BACKGROUND, YEARS SENTENCED AND NUMBER OF YEARS ALREADY SPENT IN PRISON

The religious background, number of years sentenced and number of years already spent in prison by the participants are summarised in Table 3 below.

Table 3: The religious background, number of years sentenced and number of years already spent in prison

No.	Pseudonyms	Religious background	No. of years sentenced	No. of years already spent in prison
1	Martin	Apostolic Church	15	2
2	Timothy	Ancestors	9	1
3	Mathew	St. John	15	3
4	Nelson	Roman Catholic	15	2
5	Jacob	St. James	9	5
6	Reuben	Ancestors	15	3

7	Robert	Zion Christian Church	15	1
8	Simon	Roman Catholic	15	2
9	Tony	Zion Christian Church	12	1
10	Isaac	Zion Christian Church	15	3
11	Lucky	Shembe	15	1
12	Samuel	St. James	12	1
13	Steven	Ancestors	15	3
14	Lucas	Anglican	15	3
15	Joshua	Shembe	12	2

Twelve of the participants reported that they were affiliated to religious groupings which are classified under Christianity such as the Apostolic, St John Apostolic, Roman Catholic, St James, Zion Christian (ZCC), Shembe, and Anglican churches. Timothy, Reuben and Steven reported that they regarded their ancestral spiritual make-up or African religion as a form of the religious background.

Timothy and Jacob were sentenced to nine years, and Tony, Samuel and Joshua were sentenced to twelve years. The majority of participants (ten) were sentenced to fifteen years imprisonment.

Five participants reported that they were in their first year of imprisonment. Four said they had already been there for more than a year and therefore in their second year in prison. Five of the participants had stayed between a period of two and five years in prison. Only Jacob had already spent a prison period of more than five years. Overall these men are thus long term prisoners who had served only a short period of their sentence. Being HIV-positive at such an early stage implies that they will need considerable health care from the prison authorities for long periods.

4.3 RESPONSES REGARDING THE NATURE AND EXTENT OF SOCIAL SUPPORT AVAILABLE TO MALE PRISONERS LIVING WITH HIV

It must be noted that the following findings form the focus of the study since it has already been mentioned that the research is of a qualitative nature. In this context, the researcher presents the opinions, beliefs, views and expectations shared by the participants through the detailed descriptions and explanations. This section of the chapter was therefore divided into ten interrelated and interconnected subtopics which were obtained from the questions posed to the participants during the interview sessions.

4.3.1 THE NATURE OF THE VOLUNTARY COUNSELLING AND TESTING PROCESS

All the prisons under the South African correctional services are expected to provide prisoners with voluntary counselling and testing (VCT) services. Goyer (2003:67) states that prisoners should therefore receive HIV testing (and appropriate counselling) upon request. Although VCT services relate to initial awareness of being HIV- positive for prisoners, this can be regarded as a first step of social support where medical, psychological, instrumental and emotional needs should be met

The responses from the participants were categorised into two main categories, namely; positive and negative responses.

Most participants in the study reported that the VCT process was conducted appropriately and they mentioned that pre - and post test counselling was provided for them. The following statements illustrate some of the participants' descriptions of the nature of voluntary counselling and testing process:

'It went well but they told me things which I already know, but the time was too short' (Mathew).

'It was a doctor, a sister and the other person who provided me with counselling' (Robert).

'I tested at Cape Town Prison and they gave me good counselling, they told me that HIV is like any chronic disease' (Tony).

'[Counselling] was done by Sister Sarah and it was very good. She did all pre- and post counselling' (Samuel).

Another group of the participants felt that the VCT process was poorly conducted or that it was absent.

'I tested here but they did not do counselling for me and when the result comes back they just gave me the results without counselling' (Martin).

'[In this prison], they took my blood again but the counselling process was not good enough like the one I received at [public] hospital' (Jacob).

'In this prison they do not do counselling ... here I [only] tested, they did not do counselling' (Robert).

It appears from some of the statements indicated above that the voluntary counselling and testing process is provided in an appropriate manner only when they were referred to the public hospitals. A nearby public hospital is the most preferred institution available to the male prisoners who are living with HIV.

4.3.2 THE POSSIBLE HIV INFECTION RISKS IN PRISON

The HIV infection risk behavioural patterns refer to the lifestyle patterns of the male prisoners, now living with the virus, before they were infected with the virus. In the literature review (see Chapter 2), it was indicated that prisoners are at high risk of contracting the virus especially when they practice certain lifestyles such as male-male sexual relationships and tattooing. Informational aspects of social support are of concern here, since it transpired that certain research participants were unaware of different ways in which one can contract HIV.

Some of the participants agreed that they were indeed exposed to HIV infection risks that led to their positive status. Those who said they contracted the disease through the use of contaminated tattoo equipment mentioned the following:

'I was not aware of possible infection [when] I [did a] tattoo with other prisoners using hair clipper without sterilising it. I was member of [a] gang [called] 28' (Martin).

'I have tattoos on my body but I was not aware of possible infection when [sharing] the same needle with other prisoners. We were many prisoners sharing same needle. I am a big five gang member' (Lucky)

'I used [contaminated needles] many times' (Timothy).

'Yes, I knew when this disease started I knew that you can be infected not by only intercourse' (Reuben).

Reuben is the only participant who indicated that he understood the danger of HIV transmission which is closely associated with sharing needles and other contaminated body piercing equipment.

Some of the participants were of the view that they were protecting themselves from further HIV infection. They mentioned they were using new individualised blades which they disinfect with disinfectants (such as Dettol) as can be seen in the following statements:

'I do not use razor blades, I use hair clipper to shave. I wash it with Dettol and myself I wash my head after shaving by Dettol' (Nelson).

'Since I discovered that I am HIV-positive, I did not share any needle and razor blades with anybody because I know that it is high risk [I can infect them]' (Tony).

These responses are encouraging as it shows how prisoners take responsibility and change certain behaviour related to HIV-infection once they are aware of the risks associated with specific practices. Informational support, as part of the larger social support approach, is thus of utmost importance in prison.

4.3.3 THE NATURE OF CARE, TREATMENT AND SUPPORT IN PRISON

This research question was aimed at finding out whether the male prisoners living with HIV at Pretoria Central Prison were receiving the necessary care, treatment and support programmes

as stipulated in the policies of the DCS. The responses of the participants are classified into positive and negative in this regard.

Only two participants mentioned that the nature of care, treatment and support available to the participants in prison was good:

'Is very good generally, they give us special diet and treatment' (Samuel).

'The prison [authorities are] only giving medicines' (Lucas).

The remaining thirteen participants reported that the nature of care, treatment and support available to the participants in prison was poor in quality. Here are some of their statements:

'There is nobody who can help as some treatment has side effects' (Nelson).

'Is poor unless your parents or your family forced them to give you treatment as one of your rights' (Isaac).

'It is not good, the officials are not involved [in our health at all]' (Steven).

The policy frameworks which are formulated, implemented and evaluated within the correctional service are aimed at providing the prisoners with care, treatment and support but it appears that in reality these policies mean little to many prisoners.

Care support systems are individuals, persons and/or groups and organisations that people living with HIV would prefer to receive care from and upon whom the prisoners lay their trust.

Male prisoners living with HIV do not enjoy the care support systems that are available to the general public living in communities. This is captured from the responses that were shared by the participants:

'There is no exercise; we are always locked up the whole day. The care is not [satisfactory]' (Joshua).

'There is no care here ... like now we do not have soaps, if you want to bath you must ask someone [for] soap' (Isaac).

Some of the participants reported that limited support systems were provided to them by their respective spiritual leaders. Churches play an important role in providing prisoners living with HIV with spiritual support as Simon stated: *'I receive it [support] from my fellow Christian and those who are also positive we sit-down and guide each other.'*

Some of the participants mentioned that they received support from the trained volunteers within the prison environment. They shared the following concerns with the researcher:

'There is no care in this prison, we are caring for ourselves after giving you results they do not make follow up how are you coping with the disease, they really do not care, is up to you to care for yourself' (Samuel).

'I make sure that I clean my place and I take my tablets on time as there is no care here' (Robert).

'Is only from support group' (Reuben).

The participants felt that the prison authority expected them to receive care from the experts, professionals and others. The following statements were sampled in order to give expression to their views:

'The only care [available to me is when] I managed to get ARVs and the [nutritional] food that they give me' (Steven).

'[Good care is available only] until next months when they go to a nearby public hospital to see a doctor' (Nelson).

'The only care is at a nearby clinic as it is better and is where you explain your problem freely as the people there are not working at the prison. They are real caregivers' (Timothy).

Some of the participants in this study reported that they care for themselves as there is no care facility available to them as can be seen in the following comments:

'Talking about care in the prison, I care for myself; there [are] no prisoners who trained as caregivers' (Mathew).

'No one only myself' (Lucas).

'Nobody cares about me as [I] can do anything for myself' (Jacob).

Certain participants maintained that there is no provision of care at Pretoria Central Prison. Some of their statements include the following:

'There is no care in this prison as there is no one who is caring, no spiritual care, psychological support and the prison provides one pair of clothes' (Timothy).

'There is no one who is caring for us. I must make sure that I drink medicine, nurses do not care if I take medicine incorrectly' (Robert).

'I did not eat anything from the morning that is why I drink [tablet] it very late' (Simon).

Care is often provided to male prisoners living with HIV by fellow prisoners who volunteered to care for others.

4.3.4 MEDICAL TREATMENT

It is assumed that prisoners living with HIV should receive adequate treatment and support from the specialised officials within the prison, for example the medical practitioners, psychologists, social workers and volunteers. The treatment support system entails an entire process through which an individual is provided with amenities such as food, hygiene facilities as well as advice and emotional support during their experience of the illness.

Most of the participants reported that they received adequate treatment from the medical professionals such as the medical doctors at the nearby hospital. The participants specifically mentioned the following:

'We collect treatment at a nearby clinic and the doctor is the one who give it to us and he [doctor] discusses everything with us. We receive treatment every month' (Simon).

'Firstly I was receiving tablets of vitamin here and when it was finished I took the box for the other ones. Now I receive ARVs at a nearby clinic at Pretoria local prison each month' (Jacob).

'The clinic and Pretoria local prison is where I get my treatment and I do not see any problem to go there, the doctor gives me treatment in a private room' (Martin).

Although the provision of treatment to male prisoners living with HIV at Pretoria Central Prison was described as good by most of the participants, some still felt that that was not enough. The reasons for this argument are highlighted by some of the following statements:

'After the results they took 9 months to give me treatment, they did not start it immediately. They waited [until I became] very ill, then they started to give treatment' (Martin).

'We receive the treatment [through] the window in public hospital and sometimes they tell us the tablets are not available' (Timothy).

'They just give it [treatment] in public, they just say hey man take your things ... you just take and go without any plastic or cover. In front of other prisoners' (Reuben).

It is clear that the lack of privacy concerning their treatment is not well received by some of the participants.

4.3.5 SOCIAL SUPPORT

Some of the respondents reported that they were indeed receiving adequate social support from the prison. One of the research participants mentioned the following:

'There is counselling everyday when you take treatment, they counsel you and sometimes the dietician sees you and tells you about the food you have to take. Food is right' (Mathew).

Most of the participants mentioned that they only received social support from their fellow prisoners, namely; the group formations that they developed in the prison. They said the following:

'The only moral support is the one we receive from our own support group' (Martin).

'Only support is that from support group which [was] formed by prisoners who are HIV-positive' (Mathew).

'There is no support from correctional officials; the support is only from our own support group which support us emotionally' (Reuben).

A more cynical view of the support between prisoners is:

'The support is not good because the only support group which [is] formed by prisoner seems as if the prisoners are attending because they want certificates in order to present themselves in parole board for parole, deep in their hearts they are not interested for what this support group is for' (Tony).

Some of the participants felt that the provision of support to male prisoners living with HIV at Pretoria Central Prison was not adequate in that it did not meet the requirements of their respective human rights. The researcher sampled some of the reports and or statements from some of the participants that included the following:

'For me, there is no support for me.... A doctor wrote a [referral] letter to me to go to hospital and here they just give me painkillers, ahii here ah we are suffering. There is no support from correctional officials; the support is only from our own support group which help us emotionally (Timothy).

They (Correctional officials) are not supportive, it seems as [if] they are not worried about the disease, really there [is] no involvement from them' (Simon).

'There is no support; they just give treatment but not supporting emotionally, psychologically and spiritually' (Isaac).

The researcher wanted to find out with which individuals the participants developed and maintained close relationships whilst in prison. The concept of close relationship in this regards mean anybody an individual is free to tell their personal problems without fear of embarrassment and it encompasses trust.

The participants never mentioned any perceived social support received from the visitation from family and friends outside the prison environment yet the family and friends were identified as the most effective social system which the participants felt they could openly develop and maintain close relationship with. Some of the participants specifically mentioned the following:

'I want to [consult a] social worker [and request them] to call my family, I want to tell them [my family] that I am HIV-positive' (Joshua).

'Most of time is the brothers [friends] whom I know from outside' (Lucky).

'Families are not coming regularly as they are allowed to come [only] on weekends [when] they are very busy' (Reuben).

Some of the participants felt that they could develop and maintain relationships with prison authorities. Their reasons were articulated in the statements as follows:

'I am far [friendly] with the warders ... I do not bother them and they also do not bother me' (Robert).

'[With] correctional officials and nurses [especially those that are friendly]' (Simon).

Most of the participants reported that they tended to develop and maintain close relationships with other prisoners who were also HIV-positive. Some mentioned that they were stigmatised and discriminated against by the wardens and the entire prison population who were HIV negative were called '*scrap yards*¹' to denote a person who could infect others with the disease. It is revealed from this analysis that prisoners developed their own support groups as indicated in the following statements:

¹ The word 'scrap yard' is jargon used in the South African prisons to mean individual who are about to die from any communicable disease.

'Those who are [also] positive are helping me a lot because we encourage each other in our support group' (Timothy).

'This friendship with other prisoners help a lot [in] coping] especially those who are also positive' (Mathew).

'I socialised with members [of a] support group and my cell mates' (Steven).

Some of the participants reported that they developed and maintained close relationships with fellow prisoners whom some referred to as prison friends as can be seen in the following:

'The person who is staying with me in the cell, he wakes me to take medication [especially] in the morning [at] 8 o'clock and 8 o'clock in the evening, he wakes me up to take it' (Lucas).

'Is good as I am [making friends] with those who we attend same church and it help me to cope with this disease ... Is good as when I was sick the person who was carrying me was not sick' (Jacob).

'I am [developing good] relationship with all [other] prisoners, but my best friend is Bongani' (Martin).

To summarise – although support from family and friends outside of prisons are desired, support and care seem to come mostly from trusted medical personnel and fellow prisoners (especially if they also live with HIV). The development of informal support groups within prison transpired as important because of limited formal support as perceived by participants.

4.3.6 THE AVAILABILTY OF OFFICIAL PROGRAMMES FOR MALE PRISONERS LIVING WITH HIV

DCS has numerous programmes meant to assist prisoners, especially those living with the HIV. In this study, the researcher requested the participants to inform him about the programmes that are made available to them by the department with regards to living with HIV in prison.

Most of the participants in this study mentioned that they were satisfied because programmes are made available to them. Some of them mentioned the following:

'We [attend an] AIDS course and there was certain facilitator by the name of A, he sometimes brought the videos which shows us that there are people who are infected because [they engage in sexual relationships with] many partners. This programme is very good as it advises us that we have take care of ourselves, we must not say we are HIV-positive and it is the end of the world (Lucky).

'There is only one programme which [is] formed by prisoners and it helps us to cope [with the illness]. It is new programme which [is] run by an agency and it is not enough, they must introduce more programs to help more [prisoners]' (Reuben).

'That one of AIDS awareness ... meaning that if you want to be peer educator you tell the agency officials and you register and you will help others' (Nelson).

Some of the participants felt that the programmes are there for prisoners living with HIV which focus on informational support and to some extent on emotional support, but yet they were not adequate. The following statements attest to this point of view:

'Only one programme is available, that one formed by prisoners. The programme is helpful but it must involve social workers and people from outside who can support us with more information' (Mathew).

'Is not enough, they must introduce more programmes to help more [prisoners]' (Tony).

There are also male prisoners who state that there are no programmes provided to prisoners living with HIV. This argument was captured in statements related to the researcher during interviews as follows:

'There is no programme of HIV/AIDS.... they must bring the programme that will help us to cope. The officials are not taking it serious and officials are not involved, so we need them to help us as they are lazy, they know that they are going to be exposed' (Robert).

'They must bring more programmes to remove this stigma as it is always in our mind' (Lucas).

'There is no programmes except that one formed by prisoners. To improve the officials should be taught how to handle the situation of people living with HIV meaning that they must be involved in the programmes' (Joshua).

These mixed responses from the same prison point to problems in the current prison programmes that may not be appropriately planned, implemented and evaluated. A need for formal social support was particularly articulated.

4.3.7 THE SEXUAL RELATIONSHIPS EXPERIENCED DURING INCARCERATION

It is believed that that most male prisoners living with HIV often experienced a sexual relationship with other male prisoners in one way or the other such as for example penetration of the anal tract during sexual intercourse, this process is called *matanyola* in Sesotho. In investigating this view, the participants were requested to explain in their own words the nature of the sexual relationships they have experienced with other male prisoners during their incarceration. Although this statement intimated below is not explicit, the respondent mentioned that he has experienced a male-male sexual relationship through rape.

'Yes one day a certain man came to me, told me that we must have sex [because] I am so beautiful and he was trying to force me' (Jacob).

One participant reported that he had a sexual relationship with another prisoner wherein he was a man and the other a wife.

The researcher observed that another participant was a member of gang although he denied having sexual relationships with other prisoners. It is possible that according to the prisoners' code, participants might be penalised in some way by fellow gang members, if they disclose information of a sexual nature.

A participant said that other prisoners would not try to have sex with him due to his condition of being HIV-positive. He stated the following:

'I did not involve in sexual activities while in prison, if a person tried he will be brave enough as I tell everybody that I am positive' (Samuel).

The majority of participants denied ever practicing a male-male sexual relationship with other prisoners whilst in prison. Their statements are explicated in this report as follows:

'No I was not' (Steven).

'I did not have any sexual intercourse but they are many who tried to propose me but I am not such a person and I see many prisoners are involve in such things and I am not a gang member' (Tony).

'No, I will be lost if I join one because they are doing funny things' (Mathew).

Except for the mentioned cases, the participants denied that they were involved in male-male sexual relationships. It is difficult to determine whether the participants were indeed not involved in sexual relationships or whether they simply did not have a close enough relationship with the researcher to reveal such activities. The prisoners should be encourage to talk openly about gang problems, not joining gangsters and get full support and protection from warders when they divorce their affiliated gang. Social, psychological and emotional support are this needed to break codes of silence and stigmatisation in prison

4.3.8 THE LIMITATIONS WITH REGARDS TO THE PROVISION OF SOCIAL SUPPORT TO MALE PRISONERS LIVING WITH HIV AT PRETORIA CENTRAL PRISON

This aspect of the research was focusing on the limitations with regards to the nature and extent of the provision of social support to prisoners living with HIV. A limitation points to something that is not going according to the policy and programme stipulations, which therefore needs to be corrected in order to improve the entire policy and/or programme formulation, implementation and monitoring and evaluation.

When the participants were asked about the limitations with regards to the provision of social support to male prisoners living with HIV, most of the participants argued that the correctional services authorities provided them with limited time to discuss common issues of importance with the members of their support group as can be seen in the following statements:

'Limitations are only the officials who are working at the hospital who do not want to help us' (Jacob).

'Sometimes if you want to see a doctor the officials just write your name on a piece of paper and they do not call you again. When you return [you find they have] thrown it away' (Simon).

Some of the participants felt that the limitations with regards to the provision of social support to male prisoners living with HIV was due to the red-tape, in that it took too long for them to receive social support from the relevant person. They mentioned the following aspects:

'Even inside the prison there is no free movement from one section to another, this means that there are a lot of limitations regarding the provisions of social support as you cannot attend classes of support group' (Lucas).

'If you want to see doctor or social worker you must wait for some weeks and we are not allowed] to attend the classes of the support group as we want' (Nelson).

'Sometimes they [Correctional Officials] do not want to open the gates because the other prisoners who are peer educators are the ones who ask them and they do not trust them' (Joshua).

One participant mentioned that it was difficult for them to receive social support from outside the prison, he mentioned the following:

'There is limitations as only prisoners are helping each other, they appealing to the Department to bring people from outside to help them as members are not involved and the prisoners are not well informed as they are always inside the prison' (Samuel).

4.3.9 PHASES OF THE PARTICIPANTS' HIV STATUSES AND RELEASE FROM PRISON

The participants were asked about the phase of their HIV/AIDS related illnesses and whether the correctional authorities had informed them that they could be released from prison due to the illness. Most of the participants reported that they were still at the HIV stage and that they were not informed of the possible early release due to the illness. Here are some such statements:

'I am at HIV stage, my CD4 count is down, is 344 and they say if it comes down to 220, I must take ARVS' (Martin).

'Now I can say I am in moderate, they did not inform us but I enquired [from] my friends and I asked at hospital who should be released and they say is the person who will die at any time' (Nelson).

'I checked in 2008 and I find that I am still right and up to so far I did not check. Because I do not know the procedure to check my stage and I do not know who to ask. I do not know about medical parole' (Isaac).

'I am at HIV stage and I do not know [the] stage [at] which I can be released and I know nothing about medical parole' (Lucky).

Another group of the participants mentioned they have already approached the AIDS stage of the illness. They also mentioned that the correctional officials did not inform them of possible early release from prison due to the illness. Some mentioned the following:

'Last month [when] I was at public hospital because of anaemia, they said my liver has a sore, I always have pains on my feet and I have headache and [at] the course we are attending they told me that when you see these symptoms [you are at] the stage 5 and the sixth one is full blown and I am next to that and I do not know [at] which stage/phase I can be summarily released' (Simon).

'My stage is AIDS now and I do not know on which stage of HIV I can be summarily released [from prison]' (Timothy).

Most of the participants were not certain about the phase of their HIV and that they were not informed of the possibility of summary release from prison by the correctional authority. It is therefore clear that formal informational support is lacking. Some mentioned the following:

'I do not know that thing and I do not know medical parole and I just saw it happening in the hospital at local prison' (Jacob).

'Now is my third month and they are still going to take blood in order to inform me which stage am I, as I am not aware of the stages. I do not know about medical parole' (Robert).

Most male prisoners living with HIV in the study do not know the phases of their illness. This lack of information is detrimental to these prisoners as knowing their status and its stages is one of the effective strategies to help people fight the illness as can be seen in the following statement:

'HIV/ AIDS stages [were] taught [at] in the support group [meetings] and is helping because sometimes we lose our mind and it helps us to fight against these disease and they are telling us that we are not alone in this disease' (Samuel).

4.3.10 THE IMPROVEMENT OF THE NATURE AND EXTENT OF PROVISION OF SOCIAL SUPPORT TO MALE PRISONERS LIVING WITH HIV

The researcher is of the opinion that policies and programmes could be improved through the input from the prisoners who were experiencing the relevant conditions. The DCS cannot therefore attempt to improve the nature and extent of provision of social support to male prisoners living with HIV without their (male prisoners) active involvement in the process.

Most of the participants were adamant that the provision of social support to male prisoners living with HIV could be adequately and effectively improved through the increased attention by professionals from outside. The following were highlighted during interviews:

'The [improvement of] the social support [is possible by] calling all stakeholders of prison to sit down and guide each other to fight this pandemic' (Martin).

'To arrange support from social workers and people from outside to support us, maybe we can be relieved because they are calling us scrap yards' (Reuben).

'[The active] involvement of all stakeholders' (Simon).

Some of the participants said that the provision of social support to male prisoners living with HIV could be improved through active involvement and good treatment by the correctional officials. One of the respondents maintained that they received limited respect from the prison authorities when he stated:

'There should be a correctional official who they assign to check if people are taking treatment on time. To avoid the names like scrap yard when calling people who are going to hospital' (Tony).

A group of the participants were of the opinion that the nature and extent of the provision of social support to male prisoners living with HIV could be improved by the adequate provision of medicine and other utilities. These individuals demanded that they should be treated the same as the general public. The following was mentioned:

'[Except the] medication we receive, but we [are] running short of DVDs to learn about what is happening now which we do not know like people who has many partners' (Joshua).

'To introduce more programmes, not calling us scrap yards, to give us more hygienic [and nutritional] food as sometimes we spent two days without food, food was not tasty' (Lucky).

Some of the participants reported that the improvement of the nature and extent of the provision of social support to male prisoners living with HIV could be attained if they are provided with information and care according to their constitutional human rights, such as the early release from prison. The following was recorded:

'I think it will be good to release people who are HIV-positive because many people are dying here' (Reuben).

'They must give us support and care which is full and then if there is medical parole, they must give it to us' (Nelson).

'I just ask them to give us parole and the food that is given us is not good like they give us milk but this milk is not good for me' (Timothy).

The majority of the participants mentioned that the active involvement of prisoners in programmes intended to assist them was an important attribute necessary for the improvement of the nature and extent of provision of social support to male prisoners living with HIV in prison. Some of the statements included:

'The support group that is formed by prisoners will help. The other people [who are] patients [must group together] and guide each other' (Mathew).

'To improve the support – those who know about programme like the prisoners who formed support group they must teach them more and the officials must be involved in this programmers' (Jacob).

'The social worker must come to the support group to give them advice --- If social worker intervenes knowing that I am HIV-positive person and I need care they will listen to him/her' (Steven).

It is interesting to note that the prisoners want multiple sources of engagement including individuals that are within as well as those that are outside of prison. The types of social support needed are multi – faced and in accordance with the discussion from the literature in Chapter 2 (section 2.3.2)

4.4 CONCLUSION

In this chapter on the perceived social support available to male prisoners living with HIV, I include a discussion on the prisoners' biographic characteristics as background for the research participants' experiences. This study suggests that according to the perceptions of male prisoners living with HIV, they are not receiving adequate social support from traditional sources, such as the family and community, since they are not accessible to them. Although the prisoners

report that certain medical support is available, many still lack adequate knowledge of their illness and what can be done to deal with it. Certain discriminatory practices and remarks related to being HIV-positive are repeatedly identified as hurtful and undermining of their human dignity. Fellow prisoners and other volunteer helpers are often cited as a source of social support and information but it is believed that more professional guidance, from example social workers, can greatly strengthen these initiatives.

In the succeeding chapter, the researcher draws conclusions and makes recommendations from the findings that were presented in this chapter.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study is about the social support perceived by male prisoners living with HIV at Pretoria Central Prison. As Prisoners could be infected with HIV when they are imprisoned. or they may arrive in prison already living with HIV. The researcher conducted a literature review focusing on these issues which is compiled as Chapter 2 in this study. This literature review revealed the nature and extent of risk factors that could expose male prisoners to HIV infections. In addition the conceptualisation of social support and the policies related to prisoners living with HIV were analysed. In the empirical phase of the study, the researcher had face-to-face in-depth interviews with fifteen long-term prisoners who live with HIV. The male prisoners, henceforth referred to as participants, informed him about their experiences of the nature and extent of the perceived social support available to male prisoners living with HIV. The findings of this study were analysed in the previous chapter.

This chapter focuses on the conclusions and recommendations regarding the nature and extent of social support available to male prisoners living with HIV, including how perceived social support could be improved.

5.2 THE NATURE AND EXTENT OF SOCIAL SUPPORT AVAILABLE TO MALE PRISONERS LIVING WITH HIV

This part presents the conclusions and recommendations for the entire study. The researcher will firstly summarise the main conclusions and then make recommendations based on the findings of the study.

5.2.1 PRISONERS' EXPERIENCES OF VOLUNTARY COUNSELLING AND TESTING

This study set out to indicate the nature and extent of perceived social support available to male prisoners living with HIV at Pretoria Central Prison. The first factor in perceived social support that was focused on is the VCT process.

The DCS has its own VCT sites within prisons. These sites are manned by volunteers different from those utilised by the general public. Within the prison environment, the VCT facilities lack confidentiality in that prisoners are always accompanied by prison officials when seeking services from these facilities. It has been mentioned in Chapter 3 that the VCT sites in prison are manned by volunteer caregivers, who are prisoners who were trained according to the guidelines of Correctional Centre Based Care. Talent Emporium (2007b:20) elaborates that there is a lack of required resources with regards to the provision of prisoners with VCT facilities within the DCS. This includes practitioners, office space and others.

Certain participants reported that pre- and post test counselling was encouraged in prisons. However, most of the participants explained that the VCT process was absent and they were not provided with pre- and post test counselling.

It is well understood that VCT sites are made available to prisons throughout South Africa. There is a notion that prisoners did not want to consult the VCT sites provided for them by the DCS. This notion must not be underestimated because Talent Emporium (2007b:21) mentions that the successful implementation of the VCT programme within the DCS largely depends on the level of readiness of offenders to participate in the programme. When they do not have the will to participate in the programme, the prisoners should not be forced to. However, the results of this study indicate that a lack of services from VCT sites rather than an unwillingness to make use of VCT services is experienced.

5.2.2 EXPOSURE TO HIV INFECTION RISKS IN PRISON

The participants indicated that they were exposed to HIV infection risks that led to their HIV-positive status. Yet, almost all did not want to discuss any risk factors openly, other than tattooing, which the researcher believes is because of their fear of stigmatisation.

Male prisoners are not provided with safe equipment for tattooing in prison because the Information Manual for Prisoners specifically warns that “any article not officially issued or approved by the Department of Correctional Services or purchased from the tuck shop or any article altered so as to perform a function other than for what it was made, is prohibited” (2005b:6). This regulation is not adequately enforced as tattooing equipment is being smuggled into the cells and prisoners share it. It is recommended that the DCS formulate and implement harm reduction policies through which tattooing equipment, presently discouraged, is made available to prisoners. This will ultimately reduce the rate of HIV infections in prisons.

It is a known reality within the male prison section that some of the prisoners are engaging in male-male sexual activities. As mentioned, the participants did not want to be drawn into a discussion of this issue. Minority groups such as prisoners who engage in male-male sexual activities do not want to divulge their illicit lifestyles to the general population. In this regard, the harm reduction programmes should cater for the dispensing of condoms in male cells. The harm reduction programmes, as explained in Chapter 2, refer to the provision of condoms, tattooing equipment and detergents (amongst other items) in the prison cells in order to prevent prisoners from being infected with HIV and other prison-borne illnesses.

Talent Emporium (2007b:29) notes that harm reduction programmes are stifled because they are regarded as a risk to the public health in general. Male prisoners who contracted HIV through unsafe male-male sexual contact were sometimes ignorant to the fact that this behaviour could expose them to the infection. Once one is HIV-positive there is no way out. In this regard the DCS has to develop and implement policies that are related to the further prevention of infections. Service Level Standards for HIV/AIDS Programmes for Offenders (2007a:14) mentions that the DCS is currently rendering programmes intended to inform all offenders in

awareness raising sessions of the need to use condoms. The prison officials go as far as distributing condoms that is available in every corridor within holding cells so that offenders can access them. Condoms are always dispensed in this nature. This is an effective harm reduction practice introduced and implemented by the South African Department of Correctional Services, and similar practices related to tattooing should be developed and encouraged.

5.2.3 THE NATURE OF CARE, TREATMENT AND SUPPORT AVAILABLE TO THE PARTICIPANTS IN PRISON

Care, treatment and support for prisoners living with HIV is provided by the clinics at all prison hospitals. Goyer (2003:53) highlights that the nursing staffs that run these clinics provide care, treatment and support to prisoners living with HIV, and the nurses monitor the conditions of patients with HIV/AIDS, arrange diet supplements and consultations with other specialists such as psychologists, social workers and medical practitioners. It was also mentioned in Chapter 2 that some of the prisoners were trained by the DCS to become volunteers.

However the researcher indicated in the previous chapter that only two participants reported the nature of care, treatment and support available to prisoners living with HIV as sufficient and the remaining thirteen participants reported it as inadequate.

It is therefore concluded that although care, treatment and support systems are available in most South African prisons, the experiences of the quality of these services varies.

5.2.4 DEVELOPING AND MAINTAINING CLOSE RELATIONSHIPS

The participants mentioned (as stated in the previous chapter) that they could not adequately develop and maintain close relationships with family and friends who are generally agreed to be the most effective perceived social support systems. The social workers were ranked the highest in terms of perceived social support, but prison authorities such as correctional officials, officials in the specialised fields and practices such as medical practitioners, psychologists and volunteers, as well as other prisoners who were HIV-positive, were also included. Some of the

participants reported that they developed and maintained close relationships with fellow prisoners whom they referred to as prison friends.

The researcher concludes that individuals with whom male prisoners can develop and maintain close relationships should include both those inside and outside the prison environment.

Prisoners in general have limited opportunity to develop and maintain close relationships with people with the result that many prisoners affiliate to different gangs (Goyer 2003:36). However, once prisoners become HIV-positive, they need other people they can develop and maintain close relationships with other than gang members. These include caregivers, and other specialists such as psychologists, social workers, nurses and medical practitioners. Unfortunately under the circumstances, Goyer (2003:65) mentions that the prison health care facilities were not designed nor intended to care for a large proportion of chronically or critically ill prisoners. Family support would feature in this scenario. And yet prisoners living with HIV have very limited opportunity to contact families, spiritual leaders and others who are in the general population outside the prison environment.

5.2.5 CARE SUPPORT SYSTEMS

It was revealed in the previous chapter that male prisoners living with HIV do not enjoy the care support systems that are enjoyed by the general public outside of prison. Reports indicated that male prisoners do not receive required care from families and that their contact with spiritual leaders is very limited.

Some mentioned that they received care from other prisoners who are trained as volunteers in the support groups that are available in the prison. The correctional officials are reported to have adequately referred male prisoners living with HIV to the experts whom they consulted every time.

The participants felt that in general, care support systems were unavailable at Pretoria Central Prison. Care for male prisoners living with HIV is basically provided by individuals, usually the

prisoners who were trained to become the volunteer caregivers. These volunteers differ from the traditional caregivers that are available to the general population in that the prisoners do not have the freedom to choose who should provide them with care, they are not drawn from communities of origin of the prisoners, and the volunteers do not necessarily have sympathetic feelings towards them. The Correctional Centre Based Care Policy Procedures (2005a:2) stipulates that the policy “seeks to guide the Department in the practical implementation of care and support services that are rendered voluntarily by offenders to other terminally ill offenders in correctional centres”. This entails that the Correctional Centre Based Care (CCBC) is intended to replace the traditional home-based care services that are developed according to the National Department of Health. The latter’s care services are more effective in that they involve the participation of volunteers that are part of the prisoners’ lives and are members of the communities they were drawn from.

The researcher recommends that prisoners living with HIV be provided access to their original and traditional home-based and community-based care services enjoyed outside prison. However, in light of the prominence of support from volunteer prisoners and support groups, an alternative recommendation is that these networks should be strengthened with the expertise of professionals such as social workers.

5.2.6 TREATMENT SUPPORT SYSTEMS FOR THE PARTICIPANTS

Although a lot of the participants reported that they received adequate treatment from medical professionals, such as doctors and nurses at the nearby clinic, some of them felt that the treatment was not adequate. Minimal health care treatment is provided to male prisoners living with HIV. The Information Manual for Prisoners (2005:10) mentions that on admission to a prison, prisoners have the responsibility to inform a registered nurse about the state of their health including their HIV/AIDS status. This is a pre-requisite in that prisoners who do not inform the registered nurses about their health will not be treated. According to the DCS policy, prisoners are provided access to basic health care services based on the principles of Primary Health Care. It must also be noted that prisoners firstly seek health treatment from either the prison clinic or hospital, and only after their health has deteriorated can they be referred to the external

public clinic or hospital. The Information Manual for Prisoners (2005b:10) specifies that “based on your medical condition, you may be admitted to a prison hospital or referred for admission at an outside hospital.” The public hospital offers better treatment than the prison hospital. In this instance, the researcher suggests that the prisoners should be directly referred to the public hospitals if they are found to be experiencing illnesses that are associated with HIV.

The DCS’ policies on offenders’ right to health treatment services allow offenders to make use of the available public services of choice. An exception is provided for those prisoners who may wish to make use of private medical practitioners. Since all the participants in this study were drawn from impoverished communities, it is deduced that most of them did not have resources enabling them to access private medical practitioners. It is encouraging to learn that the DCS is ready to provide prisoners living with HIV with the anti-retroviral treatment as stipulated by the Service Level Standards for HIV/AIDS Programmes for Offenders (2007b:17) when it states that “every offender must have access to anti-retroviral treatment (including prophylactic treatment) and treatment for HIV and AIDS related opportunistic infections at all times”. The ARV treatment is made available to the DCS by the Department of Health. The male prisoners living with HIV are accordingly given access to this facility prescribed by their respective medical practitioners.

Despite the above mentioned policies certain participants reported that they were not provided adequate treatment with regards to their HIV illness. It is therefore recommended that medical practitioners who check the prisoners should immediately make recommendations that they (prisoners) be put into the most adequate and effective medical services such as the public hospitals. The researcher has mentioned above that public hospitals are the most reliable place to seek medical help for prisoners and the general public. Talent Emporium (2007b:145) supports that medical practitioners (those practicing within the prison environment) have an ethical duty to act in the best interest of the prisoners living with HIV and to resource their clinical independence. Medical practitioners who are consulted by prisoners living with HIV must provide them (prisoners) with professional and ethical facilities expected of them. The lack of knowledge certain prisoners have with regards to the progress of their illness and how they can handle this should also be given attention by medical practitioners.

With regards to the prophylactic treatment mentioned above, male prisoners who are infected with HIV through rape and violence are provided with a programme termed Post Exposure Prophylaxis (PEP), a programme “intended to guide health professional personnel action in the event of offenders being exposed to potentially HIV infected body fluids during the course of duty or as result of violent behaviour among offenders” (Department of Correctional Services: PEP Guidelines for Offenders 2005d: 2). The PEP entails that anti-retroviral medication for rape and coercive sex shall be provided to prisoners in keeping with Department of Health protocols and policies. According to these policy guidelines, PEP is only to be administered to HIV negative patients, it is dispensed for non-consensual sexual penetration (e.g. rape), is dispensed for injuries resulting from fighting among offenders and is dispensed when there is evidence of contaminated skin piercing instruments having been used such as shaving, haircut and tattooing equipment.

Prisoners must not be subjected to inhumane conditions. The White Paper on Corrections in South Africa (2005:53) states that “profiling and offender management must begin with recognition of the offender as a human being, as a product of society and as a potential valued member of the community.” Talent Emporium (2007b:20) notes that offenders have to always be accompanied by personnel to every session, which infringes on the privacy and confidentiality of offenders’ information and HIV status.

5.2.7 SOCIAL SUPPORT SYSTEMS

The participants reported in the previous chapter that the social support systems utilised by male prisoners living with HIV included fellow prisoners who were also victims of the illness and the informal support groups that were developed within the prison. This social support is perceived to be inadequately provided to the prisoners. The participants never mentioned any support received from families, friends and communities.

Social support available to male prisoners living with HIV is therefore limited in that prisoners do not receive visitations from loved ones on the terms they may wish for. Offenders’ Privileges Policy (2005c:2) stipulates that prisoners can gain privileges only on account of their good

behaviour. “Privileges refer to any goods or services, education and/or work programmes which are directly linked to an offender’s good conduct and good performance. According to this policy, offenders should be able to access amenities such as interaction with family and significant others, promotion of social and moral responsibility, promotion of positive behaviour and adaptation, and provision of offenders with opportunities and resources to interact with the outside world. It is therefore recommended that male prisoners living with HIV be provided with more relaxed access to enable them to consult with family and significant others who can provide them with more adequate social support than that which is available within the prison environment.

Some of the male prisoners living with HIV received support from spiritual counsellors or healers. Spiritual Care Policy (2005e:1) mentions that spiritual care forms an integral part of the rehabilitation programme for the offender and aims to contribute to changing an offender’s behaviour. The policy adds that spiritual care empowers offenders to have unconditional love, the capacity to bear the pressures of life, a readiness to forgive and be forgiven, and readiness to help others (Spiritual Care Policy 2005e:3). However, the DCS’ spiritual care system does not force prisoners to affiliate to churches or religious groups. Little mention is made of traditional healers although a portion of prisoners may wish to have access to the services of such people.

5.2.8 PROGRAMMES AVAILABLE TO MALE PRISONERS LIVING WITH HIV

With regards to the availability of programmes for male prisoners living with HIV, certain participants reported that they do know of programmes of this nature. It was reported that in cases where there is awareness and participation of the programmes, that they do not adequately involve social workers and people from outside, and that often they are left to the male prisoners living with HIV to run them on their own. The researcher therefore recommends that programmes intended for prisoners living with HIV be supported by the prison authorities and they should also involve the active participation of communities, such as for example, visitation of prisoners by support groups that are available to the general population.

There were numerous limitations with regards to social support available to male prisoners living with HIV at Pretoria Central Prison, including that the correctional services authority provided the prisoners with limited time to discuss issues of importance with members of the support group, that it was difficult for them to receive social support from their outside communities and that it took too long for them to receive social support from whomever they preferred.

Male prisoners living with HIV should therefore be given access to adequate programmes that provide them with support and knowledge in addition to good nutritional food, contact with own families, friends and other community members.

5.2.9 THE SEXUAL RELATIONSHIPS THE PARTICIPANTS EXPERIENCED DURING INCARCERATION

Although the majority of the participants denied ever engaging in male-male sexual relationships, two reported that they indeed experienced the practice through rape and consent respectively. The researcher is of the opinion that most male prisoners living with HIV are ashamed to specifically mention that they have contracted the illness through their sexual contact with other male prisoners. The DCS tries to provide male prisoners with condoms by placing it in the condom can in the corridors of holding cells.

The PEP programme seems adequate enough to assist male prisoners who are victims of rape and violence because when the participants reported the incidences they were able to be helped. Practically this programme has some limitations in that prisoners who were raped or physically abused may find it difficult to lodge a complaint with the relevant authorities for fear of reprisal. It is a requirement that they have to report the violent incident to the police before they receive the PEP facility. According to Talent Emporium (2007b:127), a victim who has been exposed to HIV infection as a result of injury or rape should immediately report such an incidence to the police or health practitioner. The researcher recommends that prisoners should be provided PEP upon request without the need for identifying the perpetrators.

5.2.10 HIV STATUS AND THE RELEASE OF PRISONERS

Mention was made in the previous chapter of the participants' various phases of HIV infection. Some said they were in the HIV stage, some reported they did not know their HIV stage and some said they had already reached the AIDS stage. All the participants mentioned that they were not informed that they could summarily be released from prison due to their medical condition.

Male prisoners living with HIV should be informed of the possible dates they could be released from prison. This will empower them in dealing with the illness and possibly lengthen their lives.

5.2.11 THE IMPROVEMENT OF THE NATURE AND EXTENT OF SOCIAL SUPPORT AVAILABLE TO MALE PRISONERS LIVING WITH HIV

The participants mentioned in the previous chapter that there are certain aspects that are necessary for the improvement of the nature and extent of perceived social support available to male prisoners living with HIV. These aspects include increased attention from professionals from outside prison, an active involvement of correctional officials, good treatment of prisoners by the correctional officials, adequate provision of medicines and other amenities, implementing their constitutional human rights such as the early release from prison and an active involvement of prisoners in programmes intended to assist them.

The improvement of the nature and extent of perceived social support available to male prisoners living with HIV can be maintained through the effective planning, implementation and evaluation of HIV/AIDS programmes that involve the prisoners, wardens, professionals, families and members of the communities.

5.3 LIMITATIONS OF THE STUDY

The limitations of this study include non-probability sampling which makes it difficult for the researcher to make generalisations and conclusions. Future studies should involve larger

representative samples of male prisoners living with HIV so that generalisations to the entire population can be made. Future research programmes should also consider the extension of the time periods for their respective projects and longitudinal studies are recommended.

5.4 CONCLUSION

This chapter presented the conclusions that were drawn from the findings of the study; and the recommendations that were made in relation to this. The chapter was divided into two parts, namely; the first part detailing the biographic characteristics of the participants, the second part especially concentrated on the focus of the study, namely; the availability of social support perceived by male prisoners living with HIV. This study calls for further studies in the field on how to improve the perceived social support available to male prisoners living with HIV.

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APPENDIX A

INFORMED CONSENT FORM FOR THE MALE PRISONERS AT THE PRETORIA CENTRAL CORRECTIONAL CENTRE

Please read and sign this informed consent form before you actually participate in the research study.

I (full names, you can use a pseudonym)..... hereby give consent to participate in a research study as a respondent in accordance with the following agreements:

The title of the study is “Perceived social support for male prisoners who are living with HIV at Pretoria Central prison”.

I fully understand the purpose of the study, namely, to indicate the nature and extent of the perceived social support available to male prisoners who are living with HIV at the Pretoria Central Correctional Centre;

I will be asked to respond to questions regarding the nature and extent of the perceived social support available to male prisoners who are living with HIV;

There are no physical and mental benefits I will receive after participating in the study;

No other person except the researcher shall have access to the contents of the interview;

No other person including the researcher, shall identify me by my personal identification except by means of the codes attached to me;

My participation in the study shall not be revealed to other prisoners and or correctional officials,

The researcher has not deceived me into participating in the study without adequate information regarding the research processes;

I have the freedom to withdraw from participating in the study at any time I feel necessary;

I understand my rights as a research subject and I voluntarily consent to participate in this study;

I agree that the research interview can be audio-taped.

This agreement done and entered into between myself and the researcher (Mr Tseke Mamosadi) today the of2009 at the Pretoria Central Correctional Centre, PRETORIA.

Pseudonym (Name)

Signature

Researcher (T Mamosadi)

Signature

APPENDIX B

INTERVIEW SCHEDULE FOR THE MALE PRISONERS AT PRETORIA CENTRAL CORRECTIONAL CENTRE

As you have learnt during the completion of a consent form, my name is Tseke Mamosadi and I am interested in the nature and extent of the perceived social support for male prisoners who are living with HIV at this prison (Pretoria Central Correctional Centre). Just before we commence with an interview, you are free to ask me any question of concern to you.

PART I

1 Your age (Years)	
2 Your marital status	
3 Number of children/ dependants	
4 Your highest educational qualification	
5 Your racial classification	
6 Your religious background	
7 Number of years you were sentenced and the period you have been in prison	
8 What was your occupation before imprisonment?	

PART II

Please explain the voluntary counselling and testing process you have undergone when you learnt that you were HIV-positive.

Please describe in detail the possible HIV infection risks you were exposed to when in prison, such as tattooing, sharing blades with other prisoners, the use of injection, etc.

What is the nature of the care, treatment and perceived support available for you in this prison?

With whom do you develop and maintain close relationship/s whilst in prison?

Who is providing you with care?

Who is providing you with treatment?

Who is providing you with support?

Which programmes for male prisoners living with HIV, if any, were made available to you?

Have you had any sexual relationship experience in prison? If so, can you tell me about it.

Are there any limitations regarding the provision of social support to male prisoners who are living with HIV at the Pretoria Central Prison?

At which phase of your HIV, if any, were you informed you could summarily be released from prison?

What can be done to improve the nature and extent of provision of social support to male prisoners who are living with HIV at the Pretoria Central Prison?

APPENDIX C

RESEARCH FORMS OF DEPARTMENT OF CORRECTIONAL SERVICES



DEPARTMENT OF CORRECTIONAL SERVICES

RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES

INSTRUCTIONS:

This form caters for research carried out by a team or an individual

Please complete in PRINT-Using blank ink

* Mark with an X where applicable

Please attach the following documents to your application:

- (i) A detailed research proposal and proposed method
- (ii) Certified copies of your ID Book(s)/ Passport(s)
- (iii) Current proof of registration from the institution where you are studying (Students only)

A. PERSONAL INFORMATION

A1: For research conducted by an **individual** (**Note:** If it is research by a team of individuals, details of the team leader should also be included here)

1) Title: MR

2) Surname: Mamosadi

3) Initials T

4) Full Name(s) Tseke

5) ID Number

6) Country of Origin South Africa: _____

If not a S.A. Citizen: Passport No

A2: For research conducted by a team of individuals

7) Details of team members must be completed in the table below (If more than five, include others on the separate sheet)

	Surname	Initials	ID/ Number	Passport	Highest Obtained	Qualification
1.						
2.						
3.						
4.						
5.						

8) Postal Address: <div style="text-align: right;">Code:</div>	12) Residential Address: <div style="text-align: right;">Code:</div>
9) [H] Telephone No: Area Code:	13)[W] Telephone No: Area Code:
<div style="text-align: center;">Number:</div>	<div style="text-align: center;">Number:</div>
10) Fax Number: Area Code:	14) Cellular Phone Number:
<div style="text-align: center;">Number:</div>	
11) E-Mail Address:	

15) Academic Qualifications

Diploma / Degree/Certificate	Institution	Date obtained

16) Present Employer Department of Correctional Services.

17) Position Occupied: Administration clerk

18) If you are a member of the Department of Correctional Services: Persal Number

19002572

19) Station National Head office. Pretoria

B. INDIVIDUAL/GROUP'S PREVIOUS RESEARCH AND/OR PUBLICATIONS

20) Title	21) Publisher	22) Magazine	23) Date

C. PLANNED RESEARCH

24) Title: **PERCIEVED SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA CENTRAL PRISON**

25) Is your planned research required to obtain a qualification?

Yes*

No

If yes, specify MA SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS

If no, stipulate purpose of research

26) Does your planned research have any connection with your present field of work?

Yes

No*

27) Subject to the conditions that may be set in this regard, do you intend to publish or orally present the findings of your research/ dissertation/ thesis or parts thereof during lectures/ seminars?

Yes

No*

If yes, in which way, and at what stage?

28) At which Area(s) of Command/ Prison(s) do you plan to do your research?

Pretoria Central Pretoria

29) Which of the following will be involved in your research?

	Yes	No	Specify
Prisoners	YES		MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA CENTRAL PRISON
Personnel			
Official documents of the Department			
Interviews	Yes		Questions about social support which is provided by Department of Correctional Services to HIV-positive offenders.

Questionnaires	Yes		Questions about social support which is provided by Department of Correctional Services to HIV-positive offenders.
Observations		No	
Psychometric tests		No	
Technological Devices		No	
		No	
Medical Tests including: <ul style="list-style-type: none"> • Physical Assessment • Laboratory tests (blood, sperm, urine) • X-ray examination • Other 		No	

D. SUPPLEMENTARY INFORMATION

30) For which tertiary institution/ Organisation/ Company are you conducting the research?
UNIVERSITY OF South Africa Department/ Division/ Section/ Component/ Unit SOCIOLOGY
Project or Group Leader/ Promoter/ Lecturer: Title DR

31) Surname RABE Initials M

32) What value is your planned research to the Department of Correctional Services?

The objective of the study will be to formulate guidelines and make recommendations regarding the most effective social support resources of male prisoners living with HIV

33) Do you receive any financial assistance for your planned study in the form _____ of a Scholarship / Loan/ Bursary/ Sponsor? Yes *No

If yes, does your sponsor/ loaner/ funder have any copyrights to the study?

If yes specify

E. COMMENTS/ RECOMMENDATIONS OF THE CHAIRPERSON OF THE INSTITUTION'S RESEARCH COMMITTEE WITH REGARD TO THE APPLICATION

34) Title: _____

35) Surname: _____

36) Initials : _____

Signature: _____

Date: _____

Official stamp of the Institution/ Organization/ Company
--

F. DECLARATION STATEMENT BY APPLICANTS:

I/We confirm that:

1. the particulars mentioned above are true, and
2. if this application is favourably considered, I/ We will comply with the conditions which may be set with regard to the application.

Note: If it is research carried out by a team, the Team Leader's signature must appear in the space provided below, together with the signatures of two other members of the team as witnesses.

Applicant/Team Leader's Signature

Witness's Signature

Date:

Date:

FOR OFFICE USE BY HEAD OFFICE ONLY

In case of Bursary Holders of the Department of Public Service and Administration please refer to the Director:

Policy and External Training

14. AGREEMENT REGARDING CONDITIONS APPLICABLE TO RESEARCH DONE IN INSTITUTIONS WHICH ARE UNDER THE AUTHORITY OF THE COMMISSIONER OF CORRECTIONAL SERVICES

I Tseke Mamosadi (name & surname) wish to conduct research titled **PERCEIVED SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA CENTRAL PRISON** in/at institutions which fall under the authority of the SA Commissioner of Correctional Services. I undertake to use the information that I acquire in a balanced and responsible manner, taking into account the perspectives and practical realities of the Department of Correctional Services (hereafter referred to as “the Department”) in my report/treatise. I furthermore take not of and agree to adhere to the following conditions:

INTERNAL GUIDE

The researcher accepts that an Internal Guide, appointed by the Department of Correctional Services will provide guidance on a continual basis, during the research. His/her duties will be:

To help with the interpretation of policy guidelines. He/she will therefore have to ensure that the researcher is conversant with the policy regarding functional areas of the research.

To help with the interpreting of information/statistics and terminology of the Department which the researcher is unfamiliar with.

To identify issues which could cause embarrassment to the Department, and to make recommendations regarding the utilisation and treatment of such information.

To advise Correctional Management regarding the possible implementation of the recommendations made by the researcher.

With regard to the above-mentioned the research remains the researcher’s own work and the internal guide may therefore not be prescriptive. His/her task is assistance and not to dictate a specific train of thought to the researcher.

GENERAL CONDITIONS WHEN DOING RESEARCH IN PRISONS

All external researchers; before conducting research must familiarise themselves with guidelines for the practical execution of research in prisons as contained in the handbook (see par.11 of Policy).

Participation in the research by members/prisoners must be voluntary, and such willingness must be indicated in writing.

Prisoners may not be identified, or be able to be identified in any way.

Research Instrument such as questionnaires/schedules for interviews must be submitted to the Department (Internal Guide) for consideration before they may be used.

The Department (Internal Guide) must be kept informed of progress and the expected completion dates of the various phases of the research and progress reports/copies of completed chapters furnished for consideration to the Department should this be requested by the Department. The Research Ethics Committee must be provided with an unbound copy of the researcher's report at least two months prior to presentation and publication for evaluation (see par.9 of Policy).

Research findings or any other information gained during the research may not be published or made known in any other manner without the written permission of the Commissioner of Correctional Services.

A copy of the final report/essay/treatise/thesis must be submitted to the Department for further use.

Research will have to be done in the researchers own time and at his own cost unless explicitly stated otherwise at the initial approval of the research.

CONDUCT IN PRISON

Arrangements to visit a prison (s) for research purposes must be made with the Area Manager of that particular prison. Care should be taken that the research be done with the least possible disruption of prison routine.

Office space for the conducting of tests and interviews must be determined in consultation with the Area Manager of that particular Prison.

Research instruments/interviews must be used/done within view and hearing distance of a member (s) of the South African Correctional Services, otherwise only within view of a member (s) of the Department.

Documentation may not be removed from files or reproduced without the prior approval of the Commissioner of Correctional Services.

Any problem experienced during the research must be discussed with the relevant Head of the Prison without delay.

Identification documents must be produced at the prison upon request and must be worn on the person during the visit.

Weapons or other unauthorised articles may not be taken into the prison.

Money and other necessary articles that are worn on the researcher's person are taken into the prison at his own risk. Nothing may be handed over to the prisoners except that which is required for the process of research; e.g. manuals, questionnaires, stationery, etc.

The research must be done in such a manner that prisoners/members cannot subsequently use it to embarrass the Department of Correctional Services.

Researchers must be circumspect when approaching prisoners with regard to their appearance and behavior, and researchers must be careful of manipulation by prisoners. The decision of the Head of Prison in this regard is final.

No prisoner may be given the impression that his/her co-operation could be advantageous to him/her personality.

INDEMNITY

The researcher waivers any claim which he may have against the Department of Correctional Services and indemnifies the Department against any claims, including legal fees at an attorney and client scale which may be initiated against the latter by any other person, including a prisoner.

CANCELLATION

The Commissioner of Correctional Services retains the right to withdraw and cancel authorisation or research at any time, should the above conditions not be adhered to or the researchers not keep to stated objectives. In such an event or in event of the researcher deciding to discontinue the research, all information and data from the liaison with the Department must be returned to the Department and such information and data may in no way be published in any other publication without the permission of the Commissioner of Correctional Services. The Commissioner of Correctional Services also retains the right to allocate the research to another researcher.

SUGGESTIONS

The researcher acknowledges that no other suggestions except those contained in this agreement; were made which had led him/her to the entering into this agreement.

Signed at Pretoria on the 02 day of 12 month 2008 year.

RESEARCHER: Tseke Mamosadi

WITNESSES

Abovementioned researcher signed this Agreement in my presents.

Name & Surname: _____

Date: _____

**ENDORSEMENT BY PROMOTER OR EMPLOYER OF THE RESEARCHER
WHERE APPLICABLE**

I have taken cognisance of the contents of this agreement and do not have any problem with the conditions/have the following reservations about the conditions of this agreement.

Signature:  _____

15. Information of Research at Department of Correctional Services

THE DCS RESEARCH REQUIREMENTS APPLICATION REQUIREMENTS

All research applications must be made on the appropriate forms:

The Research Application Form ([G179](#)) form and

The [Research Agreement Form](#) (also available @ Head Office Research Unit).

[Priority Research Topics/ Themes](#)

These forms must be accompanied by:

Certified copies of ID and approval letter from the Institution (only if is for academic purpose)

A questionnaire (only if it is part of the methodology) and;

Research proposal that will provide the following information for consideration:

Aim of the research, investigation or inquiry.

Purpose, nature and extent of the investigation.

The research plan and duration of the investigation.

Research designs;

Interviewing techniques and instruments such as questionnaires, audio tape recorders, video recording, etc.

The areas where the research will be conducted.

The sample size of the research must be provided.

The funders/sponsors involved, if any.

The value of research to the Department.

Possible ethical issues emanating from the proposed research should be reflected in the research proposal.

The researcher should indicate whether there is an intention to publish the research findings.

The research can be written in any language but for the Department's consideration it must be submitted in English.

(The above issues should not be regarded as a research proposal format but rather as additional requirements to be included in the research proposal for consideration by DCS).

[Approved Research Agenda 07/10](#)

[List of Approved Research Reports](#)

DUE DATES

	Closing Date for Application	REC Meeting
Students	16 December 2008	16 January 2009
Academic Institutions and Organisations	14 March 2009	14 April 2009
Students	14 June 2009	14 July 2009
Academic Institutions and Organisations	16 September 2009	16 October 2009

ENQUIRIES

Research

Directorate

Marianne Chegwidden-Lecante - 012 3058081 and Mamajoro Shilubana - 012 3058619

NO LATE APPLICATIONS WILL BE CONSIDERED. LATE APPLICATIONS WILL BE DEALT WITH AT THE NEXT REC MEETING.

Applicants will be informed in writing of the outcome of their application.

Applications can be sent to: Fax Nr: (012) 328 5111 Tel Nr: (012) 307 2359 or Director Research Private Bag X 136 PRETORIA 0001



Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O Church and Schubart Street, PRETORIA
Tel (012) 307 2359, Fax (012) 328-5111

Mr. T Mamosadi
P/Bag X136
Pretoria
0001

Dear Mr. Mamosadi

RE: FEEDBACK ON THE APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON "SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV AT PRETORIA MAXIMUM CORRECTIONAL CENTRE"


It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Area and Regional Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Deputy Director: HIV & AIDS- Ms R. Boo!**. You are requested to contact her at telephone number (012) 307 8560 before the commencement of your research.
- It is your responsibility to make arrangements for your visiting times.
- Your identity document and this approval letter should be in your possession when visiting the center.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005).
- You are not allowed to use photographic or video equipment during your visits to the Correctional Centre, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number 012-305 8619/8523/8627 or 307-2359/2770.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully


MR. N LEBOGO
ACT DC: POLICY CO-ORDINATION & RESEARCH
DATE: 05/02/2009

APPENDIX D

OFFICE OF THE DEPUTY EXECUTIVE DEAN
COLLEGE OF HUMAN SCIENCES

31 July 2009

Tseke Mamosadi
Private Bag X136
PRETORIA
0002

Proposed title: SOCIAL SUPPORT FOR MALE PRISONERS WHO ARE LIVING WITH HIV
AT PRETORIA MAXIMUM PRISON

Principal investigator: TSEKE MAMOSADI

Reviewed and processed as: Class approval (see paragraph 10.7 of the UNISA Guidelines for
Ethics Review)

Approval status recommended by reviewers: Approved

The Ethics Subcommittee of the College of Human Sciences has reviewed this proposal and
considers the methodological, technical and ethical aspects of the proposal to be appropriate to
the tasks proposed. Approval is hereby granted to the principal investigator to proceed with the
study in strict accordance with the approved proposal and the ethics policy of the University of
South Africa

In addition, the principal investigator should heed the following guidelines:

- To only start this research study after obtaining informed consent
- To carry out the research according to good research practice and in an ethical manner
- To maintain the confidentiality of all data collected from or about research participants, and
maintain security procedures for the protection of privacy
- To record the way in which the ethical guidelines as suggested in the proposal has been
implemented in the research
- To work in close collaboration with your supervisor(s) and to notify the Subcommittee in
writing immediately if any change to the study is proposed and await approval before
proceeding with the proposed change
- To notify the Subcommittee in writing immediately if any adverse event occurs.

Approvals are valid for ONE academic year after which a continuation must be submitted.



Prof Kuzvinetsa Peter Dzvimbo
Deputy Executive Dean, College of Human Sciences
Tel: 012 429 4067
E-mail: ka@unisa.ac.za

