



University of Zululand

An investigation into prisoners' awareness about HIV/AIDS with reference to the Empangeni Qalaka-busha Prison.

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By

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Degree: M.A in Sociology

Declaration

This is to declare that this dissertation represents my own work both in its conceptual framework and execution.

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Nompumelelo Mkhize

Dedications

This work is dedicated to:

- My two loving parents whom I owe my life and respect to. They sacrificed all they have in order to lay in me the foundation of what I am today. Ntombie Madonsela and Idah "Mamntimande" Mkhize:
"Soon you will be enjoying the fruits that you plough by placing me in this earth, believe me you will never regret having me as your daughter and that is a promise!"
- My two and only sons, Kwenzakhwethu and Phindokuhle Sibisi:
"In whatever I do, all my thoughts are for you and I'm living for you hence I am yours and you are mine!"

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- To God, My Creator, Almighty my provider and comforter. A million gratitude's can never explain my feelings for you, for giving me life to live with my loved ones in your earth:

"In whatever happens Lord, know that I love and praise you for being my King"

- To my supervisor, Professor.H.Glass, for his guidance, support and academic help he gave to me during this study:

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- To Mr. "Mshazi" Nzuza from the Department of Information System and Technology:

"I never knew that I can have a friend like you, don't ever change your good heart and keep up with your excellent help to the up coming generation!"

- To the J 9 crew, Sonto, Terreble, Towanda, Phume, Thabitha, Nonku, Noma, Buhle, Gugu, Londy, Nosipho, Mahlengi, Mathemba and Mesuli Mhlongo:

"I will never forget you no matter what, you were the wind beneath my wings through out this study, I will miss you my friends"

- To all the respondents who cooperated and assisted me whole heartedly in the completion of this study:

"Without you this study would have never been completed".

- To the authors whose work I consulted:

"Through your work I now have an idea of how to write a well organized research".

"Abstract"

It gives me pleasure to present the first report on "Prisoner's awareness on HIV-AIDS with reference to Empangeni Qalakabusha prison. The compilation of this research emanates from the willingness to inform, educate, advice and guide the Government and Prison management on the issues relating to HIV-AIDS in South African prisons, since less has been compiled in relation to this issue.

The report reflects on the most important challenges facing our prison society, their causes and consequences. This is done to ascertain whether there is progress, activities or means done in relation to developing HIV-AIDS awareness in the prison institutions.

The contents of this report are organized and delivered in a series of four chapters, dealing with specific and different contents, under the umbrella of the main study topic. Each chapter simply begins with an introduction, which gives an overview of the material entertained in that particular section.

An inclusive response from all Empangeni Qalakabusha prison stakeholders' through questionnaires and interviews form bases of this qualitative study report findings. Recommendations are made inter alia some of the findings.

These recommendations are aimed at all South Africans facing this epidemic. The researcher also sincerely hopes that information on this report will be used to promote the culture of "Breaking the silence" around this silent killer of our nation. As South Africa faces the challenges of its renewal or renaissance, there is no greater potential barrier to the attainment of this vision than the spectra of the HIVAIDS epidemic.

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Chapter one

Orientation of the study

1. Introduction

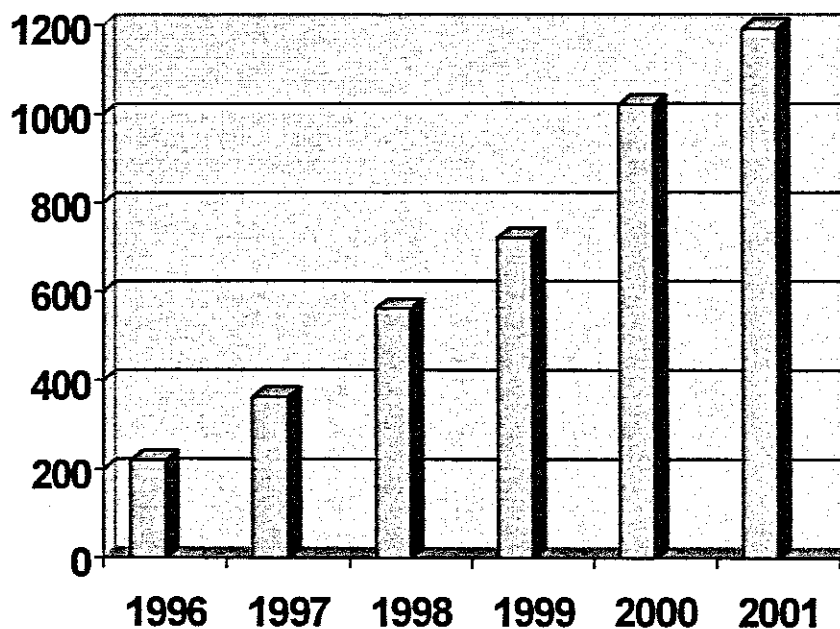
This study examines and investigates the percentage of prisoners, who are aware of HIV/AIDS and the ones who have no knowledge about this pandemic. Thus, finding out about the ways and means provided by the Department of health, social services, education and legal professionals and above all the prisoners at large inside the prisons in order to prevent HIV/AIDS. This will optimize the health and welfare of these male prisoners in the face of this epidemic.

2. Statement of the problem

Whilst the number of unnatural deaths in prisons, due to violence etc, has remained low, the number of "natural" deaths continued to increase rapidly. The "natural" deaths appear to be caused by HIV/AIDS.

The following graph illustrates the rapid increase in number of "natural" deaths that occurs in South African prisons since 1995-:

"Natural" deaths of prisoners in prisons



The HIV/AIDS in prison comprises of two issues -:

1. The substantial number of prisoners who are already HIV positive upon entering the prison.
2. The undetermined percentage of prisoners who are contracting HIV/AIDS during their incarceration. Because most prisoners are young, unemployed and under-educated (if not illiterate) African males, the estimated infection rate is approximately 30%.

Conditions inside the prison create an environment, which is rife with high-risk behavior for transmission of the virus, including sodomy, rape, tattooing and sharing needles for intravenous drug use.

This high incidence upon admission compounded with high-risk behavior contributes to infection rates inside the prison that are up to 10 times that of the general community.

The majority of prisoners in South Africa serve a sentence of less than 7 years and many will serve only 3 to 5 years. Upon release most prisoners will return to their marginalized communities from where they came from, the same communities, which are already hardest, hit by HIV/AIDS. If no action is taken to address the need for awareness of HIV/AIDS inside the prisons especially to those who are HIV positive.

Thousands of people released from prison each year will return to society in advanced stages of the illness, contributing to higher transmission, greater health care costs, reduced productivity and potentially increased recidivism and crime. Without the exception of anyone remaining, then South Africa will be finished or destroyed because of this virus. Only to realize later that the solution could have been AIDS education inside the prisons as well as in the communities.

3. Motivation of the study

- The researcher was motivated by the high rate of deaths from the prisoners who are inside the prison and while serving their sentences are getting raped by other inmates or even get infected by being stabbed or cut with sharp objects containing the HIV infected blood.

Such unbecoming conduct occurs during the bullying process among the inmates.

- The prisoners after serving their sentences go out to their families, only to die after a while from HIV/AIDS. Whereas such a situation may have been avoided through HIV/AIDS and sexual education in prisons.
- This study has also been motivated by the mere fact that the issue of HIV/AIDS in South Africa prisons has been egregiously under-researched for a number of reasons such as:-

(a) The closed nature of the prison system in South Africa,

(b) Prior to the introduction of the correctional services Act of 1998, it was illegal to stand within 100 meters of a prison without a written permission from the commission.

Now that the situation has been harnessed, it then opens up opportunities to all other interested researchers, on any field that relates to the prisons, to make use of it. This is a catalyst for this study to take shoot.

4. Aims of the study

- To investigate the means and ways of government, on preventing the spread of AIDS inside the prison or in preventing inmates from infecting one another inside the Empangeni Qalakabusha prison.
- To find out whether the knowledge they have about this virus is enough or insufficient or does it (the knowledge) have an impact on their daily life inside and outside the prison. So as to encourage deeper involvement in action around HIV/AIDS and to create effective long-term solutions to the epidemic.
- To dig up any information concerning the awareness of the prisoners about HIV/AIDS as to whether they (prisoners) are kept in the dark about the consequences of this pandemic or they are the ones who turns a blind eye when it comes to this issue of HIV/AIDS.

5. The brief history about HIV/AIDS

The biology of HIV/AIDS is not exactly known, except some findings by few scientist/researchers. Scientists have agreed that between the year 1957 to 1960 the vaccine called CHAT was fed to more than 3000 000 Africans in the countries now known as Congo, Rwanda and Burundi. The very areas now thought by many scientists to be the hearth or source of AIDS.

The said vaccine was contaminated with a cell killing monkey virus, Hooper (2000:55). Hopper 'search for the cause of AIDS took him even further back to the 1950's to a time when Africa was used as a testing ground for

Polio vaccines. When a man called Hillary Koprowski was racing against the clock to be crowned the first person to discover a Polio vaccine.

Dr Michael Gottlei of the University of California in Los Angeles published a report in 1981, which initially drew little attention from infection experts. Gottlei describes a rare form of pneumonia occurring in homosexual men. Other reports about the same time indicated that other homosexual men were developing rare forms of cancer.

This new set of symptoms, a new syndrome in medical terms, was eventually called Acquired Immune Deficiency Syndrome because the symptoms were consistent with damage to the immune system in previously healthy individuals.

More-over, this disease was not congenital or inherited, but appeared to have been acquired. We now know that this resulted from infection by a virus. The acronym AIDS, which is used to describe this disease, has now become a prominent fixture in our language, Fan, Conner and Villarreal (1989:78).

HIV (Human Immune deficiency Virus) is ranked among the top five health problems in the world, especially in Africa's rural and urban populations and is known as a main source that formulates full-blown AIDS. So far not even one person who has developed HIV/AIDS has ever recovered or been cured. Nicholas (1988:94).

It is also a fact that HIV/AIDS infects anyone who is a human being i.e. infants, teenagers, middle-aged and adults, whether female or male there is no exception when it comes to this virus. Therefore prisoners are also an area of concern in such a topic, as they are part and parcel to our societal agendas.

6. Sampling

Non-probability sampling will be used in this research, as any member of the population being selected, will be known; and the exact number will be identified, though in some instances, certain elements may have no chance of being included in such a sample, Bailey (1987:63).

Thus **twenty-six** (26) informants or respondents will be selected from the prison population including the prison staff. **Fifteen** (15) male prisoners, **ten** (10) warders or staff members, and **one** (1) Head of the Department of Correctional Services at Empangeni Qalakabusha prison. The sample will be selected randomly from the population as follows -:

1. **10** (ten) questionnaires consisting of **18** (eighteen) questions to the staff of the prison i.e. warders.
2. **15** (fifteen) questionnaire consisting of **33** (thirty-three) questions to the male prisoners whom are heterosexual and non-heterosexual males.

3. 1 (one) questionnaire consisting of 12 (twelve) questions for the Head of the Department of Correctional Services at Empangeni prison. Please note that both the staff and prisoners will also be interviewed.

7. Value of the study

This research or study will provide an over view of prisoners' awareness with special emphasis on the HIV/AIDS epidemic in South Africa. It is part of a broader effort to encourage deeper involvement from the government sector, health departments, warders, social services etc to participate in action around HIV/AIDS and to create effective long-term solutions to the epidemic inside the prisons.

The overall emphasis of this study involves the understanding for social change to take place in a carefully planned integrated approach and in order to ensure that our own is well natured. So that we could avoid any future detrimental situations.

There is a need to provide a framework of support for social action, where individuals (inmates) are in position to mobilize around issues that affect their lives. In other words the significance of this study emphasizes on prevention so that approaches can be applied in the provision of care and support. As the HIV/AIDS epidemic advances care and support issues become far more urgent and programs and strategies need to ensure increasing emphasis on awareness of prisoners about this epidemic.

The researcher trusts that this study will help to enrich understanding of the way forward on full knowledge of HIV/AIDS virus inside the prison.

8. Geographical delimitation

The Empangeni Qalakabusha prison is a maximum security with a complex infrastructure. It has high electrical fencing and rigid visitor's procedures. For an example on entrance a visitor must be searched and made to give solutions to a list of a multitude of questions. The environment is tempting for the inexperienced and young researchers to feel no sense of belonging.

It is by these reasons that the researcher saw the geographical surroundings of this prison extremely demanding for a person to get inside and that the prison surroundings are for prisoners only, not the visitors or tourist.

9. Historical Background of the Empangeni Qalakabusha Prison.

The Department of Public Works handed over the first phase of its successfully completed Repair and Maintenance Programme (RMP) at Empangeni, which was R9, 4 million worth. Due to the fact that Empangeni prison (the original prison) had become dysfunctional and abandoned, which is symptomatic of many other government-owned fixed properties.

The new Empangeni Qalakabusha prison was opened officially on November 2000. The accommodation facilities are a combination of single and double cells arrangements providing a total of 1.392 beds together with the necessary support infrastructure, which include inter alia, ad ministries, hospitals, teaching, library, and worship and sports facilities.

The total buildings area is approximately 40 000 m². It is a double story building, which can accommodate 256 prisoners in a unit. Each and every cell has two prisoners in it with two single beds.

This facility combines principles of human behavior and facility design in order to create a detention environment that maximizes the correctional services officer's effectiveness. It is equipped with an integrated electronic security management system for the control of inmate movement and to allow for remote surveillance.

Also surrounding the prison are hostels (single and married quarters) for all Correctional Officers (warders) who work at the Empangeni Qalakabusha prison. The amount or number of the Correctional Officers employed inside the prison is three hundred and forty-six (346), while the amount of prisoners held inside this prison since September 2003 is one thousand six-hundred and sixty-five.

There are five categories of prisoners at Empangeni Qalakabusha prison, namely -:

- Unsented prisoners (mainly prisoners standing trial on a charge and detained in prison pending their hearing).
- Short-term prisoners (prisoners serving a sentence of less than 2 years).
- Long-term prisoners (prisoners serving sentences of 2 years and longer).
- Unsented children/juveniles and youths between the ages of 14 and 25.
- Sented children/juveniles and youths between the ages of 14 and 25.

The physical appearance of the Correctional Officers of the Qalakabusha prison is a khakhi and brown uniform which is to be worn during office hours, then there is also a dark brown uniform worn while working in the field (outside the office). Prisoners used to wear green overalls but now an orange overall identifies them.

Socially the interaction between the prisoners and the warders is a daily routine, which begins at seven o'clock in the morning when prison cells are being opened by the warders, the prisoners are counted by the warders then give their complaints and request to the officers/warders.

The prisoners then join together for breakfast in the dinning hall and from there to their usual daily activities such as: sports, attending educational classes and cleaning the surroundings of the prison, this takes place in the presence of the warders. After all the activities are done including the serving of lunch and supper, the warders then make sure that all the prisoners are placed safe and sound back to their cells at quarter to four in the afternoon.

10. Mission statement of the Correctional Services.

The primary function of the Correctional Services is to keep those detained in prison in safe custody until they are legally released. The focus is on the promotion and development of leadership qualities. A holistic approach is followed in which-:

- Young prisoners are motivated to actively participate in their own developments and the realization of their potential.
- A culture and atmosphere of development prevails.
- Sound discipline and co-operation between personnel and prisoners and amongst prisoners is fostered and maintained.
- Physical care of the prisoners is regarded as an important responsibility of the department, and includes health care, nutrition and accommodation.
- The department endorses the fundamental rights and privileges of all prisoners.

11. Outline of the study

Submission of Chapters

Date

Research proposal

18 October 2002

Chapter two: Literature Review

1 November 2002

Chapter three: Research Methodology

4 February 2003

Chapter four: Data Analysis

10 March 2003

Chapter five: Recommendations and Conclusions

21 April 2003

Complete Draft

11 May 2003

Chapter 2

Literature Review

2. Introduction

All research is built on the foundation of the hard work, academic dedication and findings of earlier research and earlier writers in the field. Welman and Kruger (1999:105).

In this research there are a number of books about the HIV/AIDS pandemic and about prisons, but there are few/less books about the awareness of the prisoners about HIV/AIDS inside the jail. This is due to the unpopularity of prison researches, which resulted from the past misconceptions about prisons, the law before 1998 and closed nature of the prison system in South Africa.

2.1. Literature Review

Prospective researchers should acquaint themselves with previous research on a particular topic before they start planning research on it, Welman and Kruger (1999:99). Thus the researcher's referral work will rely mostly on the Internet, informational leaflets about HIV/AIDS awareness, television news, radio news, newspapers as well as annual reports from the Department of Health.

There will be also the use of past books about the behavior of prisoners inside the prison as well as the use of any documents or data about the HIV/AIDS pandemic. Most of all the researcher will compile any separate or isolated summaries of the year 2001-2002 projects about the awareness of AIDS in prisons or means and ways of preventing the HIV/AIDS epidemic inside the South Africa prisons. In order to capture more data about this topic and so as to gain more referral background.

2.2. Primary literature review

These are projects, journals and researches that have and still exist about HIV/AIDS in the prison and outside the prison.

- Authors of the World Health Organization (WHO) in 1999, stated this" We are still in the early phases of a complex pandemic whose future scope we cannot yet predict. It is relentlessly highlighting the weakness, inadequacies and inequities of our health and social systems. It is much too early for complacency".

Thus this statement by WHO shows that HIV/AIDS Projects were developed later than they should have emerged, since this pandemic was long discovered before the year 1999. This also shows that there was much dragging of feet when it comes to AIDS projects in the past.

- Another project from HEARD by George was undergone during 1998-2000, which included a number of activities, such as: the development of AIDS Brief and Toolkits, which offer guidelines and suggest innovative approaches to dealing with the issue of HIV/AIDS in prison. More over they provide more specific aspects of AIDS interventions and prevention activities targeted at specific government Ministries. The establishment of the Education Mobile Task Team (MTT) on HIV/AIDS and the facilitation of planning workshops about AIDS.
- While the development of additional AIDS Briefs and Toolkits (with a comprehensive approach to issues around Democracy and Government and AIDS. Workshops with ground breaking representation which emphasizes that economist, members of finance and human resource management departments in South Africa have to plan for HIV/AIDS is a project formulated by USAID (United States Agency for International Development) 2000-2002.
- Goyer (2001) a visiting researcher conducted a public study of HIV/AIDS in prisons which form part of her dissertation. The study is based on research conducted at the Westville Medium B prison in Durban. It captured the first ever HIV prevalence data from a representative sample of a prison in South Africa. By administering a six-page questionnaire, which covered each prisoner's criminal history, drug-use and economic situation prior to incarceration: knowledge of HIV/AIDS as well as the standard demographic question.

The results were HIV prevalence would be approval from the South Africa Department of Correctional Services (2002).

With this only research on HIV/AIDS in South Africa's prison, the researcher was able to form an ideology. Which says: research on HIV in prison has been sorely lacking in South Africa, but in the coming years it is likely to gain increasing attention and the researcher will be a significant contributor to the debate.

- The Hillcrest AIDS Centre operated by staff members (Christians and AIDS trainees by a secular organization) specializes in raising awareness among the people of Durban. HIV/AIDS is affecting these communities and can be beaten through education. This centre also cares for both infected and uninfected people.
- The Hillcrest AIDS Centre also addresses the issue of poverty at the same time. They co-ordinate poverty alleviating programs to increase self-esteem and self-sufficiency of individuals and equip them with positive changes in their lives.
- Parker, Dalrymple and Durden (1998:2) wrote a manual for South Africa titled "Communicating Beyond AIDS" awareness which is an overview of issues, along with case studies and examples that are relevant at national, provincial and local level. In general there is an emphasis on prevention, deeper involvement in action around HIV/AIDS and to create effective, long-term solutions to the epidemic by communicating.

2.2.1. HIV/AIDS Intervention in an African prison.

Simoooya and Sonjobo (1995:3-4) also wrote a short report in HIV/AIDS awareness in Africa prison with reference to the Kamfinsa prison. They stated that unprotected male to male sex, sharing of razor blades, tattooing and injecting drug use have been recognized as risk factors to HIV transmission at Kamfinsa prison in Zambia.

Condom distribution in prison must now be considered as well as steps to improve the poor living conditions in most Zambian prisons. Simoooya and Sonjobo verified that: because of the high security nature of most prisons, the flow of people from the outside community with skills in HIV/AIDS prevention and care has been restricted.

In Zambia, the first ever attempt to address the problem of AIDS in prisons began in 1990 when a conference of senior prison officers was convened.

In December 1994, almost five years after the prison conference, a study was carried out at the Kamfinsa prison to evaluate the impact of HIV/AIDS programs in Zambian prisons.(Soomoya et al.1995). Thirty-eight inmates (8.4%) reported male to male sex on direct questioning through interviews conducted in focus groups and information obtained from key informants such as prison staff suggested much higher figures.

Condoms were unavailable at the prison and male to male sex was linked to age, marital status, cannabis and tobacco. The report also revealed that in addition, although over 90% of the prisoners were willing to share cells with HIV positive colleagues, very few HIV/AIDS activities or educational materials were found at the prison.

2.2.2. Knowledge of Prophylaxis treatment therapy among HIV/AIDS prisoners.

This study was conducted by Stephens, Braithwaite and Cozza (1999:1, 2, 3), with the aims of examining of the level of knowledge and understanding of Pneumocystis Carinii Pneumonia (PCP) treatment among heterosexual and non-heterosexual inmates (prisoners) with HIV infection. Participants for this study were 99 HIV positive inmates recruited between May and June 1995. It was consistent with the research that HIV positive individuals may engage in risky sexual behavior that may place non-infected individuals at risk of contracting the virus.

The National Institution of Justice (NIJ) in conjunction with the Centers for Diseases Control and prevention (CDC) conducted a survey with the U.S prison system. A total of 4,588 inmates have died of AIDS related illness since the first NIJ/CDC study. The question is whether these data exist because of the AIDS epidemic in mainstream within the society or because of the lack of adequate HIV/AIDS education and prevention programs within the correctional system. (CDC1996).

However the development of additional educational programs maybe limited by budget constraints and qualified staff shortages, (Stewart, 1992:156). More than 56% of the sample admitted their preferred sexual orientation as heterosexual compared to 43% non-heterosexual. The heterosexual positive group was proximately three years old than the non-heterosexual positive group.

2.2.3 Special significance of HIV in prison, a report from American prisons.

Prison may well occupy a key position for the control of the community. They provide a "bridging situation", where considerable numbers of injecting drug users (a high proportion of whom are HIV carries) can be expected to have occasional homosexual contact. The frequency and type of homosexual contacts in prison are not known, but anecdotal accounts by prisoners suggest that anal intercourse and mouth/genital sex are rather frequent.

Even between prisoners who have heterosexual orientation outside prison. Therefore it is vital to limit this bridging phenomenon which may contribute to the spread of HIV in prison, United Nations Children's Fund (UNICEF, 1996:39).

- Lancelet (1993:57), states risk factors for sero-conversion to HIV among male heterosexuals. Lancelet reveals that the risk of HIV transmission as a result of injecting drug use among prisoners is difficult to assess.

When heroin is smuggled into the prison, clean needles and syringes are not available. Inevitable, drug-dependent prisoners will share a needle and syringe without adequate sterilization. The overall risk is therefore probably at least as high as in the communities.

The fact that it is possible to improve much stricter controls in the prisons has led to suggestions that strict controls should be imposed to limit the spread of HIV. Such policy would imply compulsory testing of all prisoners for HIV antibodies.

- While Macmillan. (1988:175), says prison conditions make health education difficult. Psychological reactions are specially serious and difficult to manage among sero-positive prisoners. It is clear in many countries, medical confidentiality is not guaranteed and prison administrators receive HIV antibody test results. At the same time the use of condoms in casual sexual contacts are denied in prisoners.

Macmillan concluded that ethical and scientifically standards in the control of HIV and care of AIDS in prison do not correspond to those accepted for the community in general. Improvements are unlikely, unless greater independence and more resources radically change the structure of health care delivery to prisoners.

- Prisons pose a particular problem for AIDS education. The prison staff must be informed of the risk-real and imagined. The prisoners must be educated and prisoners with AIDS or who is HIV positive must be protected and helped. It is likely that the proportion of prisoners who are HIV positive will be greater than the population at large as prisons contains an excess of drug users and traffickers, Wyatt (1988:83).

Wyatt agrees that many homosexuals will resort to homosexual practices while in prison.

Tattooing with unsterilized needles and pins is common. Therefore prisons are seen as potential hot spots for HIV transmission. She adds by saying there is a real fear that normally heterosexual who are infected in prison, will unknowingly pass on the virus to their partners on release from prison.

While writing this research paper Wyatt witnessed an incident from a large maximum-security prison. When one prisoner was known to be HIV positive, as soon as he arrived, his cell was destroyed by fire that night and was removed to the isolation wing for his own safety. When the staff refused to touch the HIV positive prisoner, the Governor himself washed the prisoner's clothing in the courtyard in view of prisoners and staff. As a proof that AIDS cannot be contacted without blood.

- The Medical Research Council (2001:39) found that large numbers contract HIV while in prison. Although the department would encourage the release of prisoners who are fatally ill with the disease, it has indicated that it is often more difficult to release prisoners into the community where there is also inadequate health care.

2.3. Secondary literature review

This section of reviewing relies on books by authors, which have dealt or have been written, about the awareness of HIV/AIDS in prison. Although most of the chapters written about this epidemic education inside prisons, consist of one or two pages in each book. In other words authors may have restricted information or interest about the awareness of HIV/AIDS in prison, due to the unpopularity of researching about prisoners AIDS education while serving or awaiting trial.

- According to Thompson (1999:36) the province of Kwa-Zulu Natal is the most affected. A culture of silence and fear has also developed around the HIV/AIDS disease carriers. Individuals refrain from disclosing their HIV status because of fear of rejection and isolation from the community.

In this case the researcher will refer to prisoners who are HIV positive and are afraid to disclose to their inmates for the same afore-mentioned reasons inside the prison.

The cause of this course can result from being uneducated or illiterate about how to behave when infected with this pandemic (unawareness).

- Green (1995:29) estimates that more than 80% of all cases of HIV/AIDS infection in South Africa are heterosexually transmitted and up to 10% are from contaminated blood supplies. The spread of HIV/AIDS among heterosexual has resulted in devastating implications for the families. Another thing that causes HIV/AIDS in prison is that most prisoners apply tattoos on their bodies; this is a risk because they share one needle when drawing these tattoos as they are regarded as a sign of being a strong/dangerous man in prison. Murphy and Birchall (1992:46).
- In a book by Strang and Stimson (1990:106). The researcher as one of the study's review noted this statement: the overall impression of the management of HIV and AIDS in prison is pessimistic. Opportunities are being missed; counseling for sero-positive prisoners is insufficient. Care for prisoners with AIDS is inadequate.
- Prison administrations and judicial authorities are unprepared for the complex decision, which must be taken concerning both individuals and institutions. Health authorities were initially slow to react to the AIDS problem in prison. Several factors increase the probability of prisoners being sero-positive on entry, in comparison to the general population.

Strang and Stimson elaborate by saying the first is the extent of injecting drug use among prisoners, 20-30% of prisoners regularly (at least once a week) inject drugs. Second, there is a demographic structure of the prison population, because prisoners are predominantly young men (over 80% of prisoners are in the age range 18-40 years).

Prisoner's population therefore corresponds closely to the demographic distribution of the risk groups for HIV infection in the general population. Third, there is sexual promiscuity, homosexual contacts occur in prison, and well-documented cases of sexually transmitted diseases other than HIV (i.e. syphilis and gonorrhea) have been reported among prisoners, such that transmission must have occurred in prison.

- While Jackson, (1992:32). Adds that there are many drug-dependent persons in prison, many of these persons are HIV positive and will develop AIDS. Jackson goes on by saying the factors which appear to determine the rate of HIV positive among prisoners in a given country are the proportion of prisoners who were injecting drug abusers prior to imprisonment, and the rate of HIV positive among injecting drug abusers in the community.
- Hubley (1995:71) has researched AIDS education in prison halfway. He found out that prisoner both male and female are a group whose needs for AIDS education have only recently been recognized.

The level of HIV infection in prisons is often higher than among the general population. Hubley also studied that HIV can be transmitted within prisons by homosexual intercourse and drug injection.

- In addition of the above WHO (World Health Organization), 1992. Said in 1993 the WHO produced a set of guidelines on HIV infection and AIDS in prison. They condemned compulsory testing of prisoners as "unethical, ineffective and discriminatory" and recommends the following:
 1. Condoms should be available to prisoners if any possibility of sexual intercourse exists
 2. Wherever prisoners inject drugs, prisons should consider providing needle exchange programs and bleach to clean injecting equipment if these services exist outside the prison.
 3. Adequate staffing, surveillance and disciplinary sanctions, as well as education should combat aggressive sexual behavior such as rape.
 4. Confidential voluntary HIV testing, with pre-test and post-test counseling, should be available in prison when it is offered in the outside world.
- Stine (1995:178), says that all of sexual activities, anal intercourse is the most efficient way to transmit HIV. It appears that the membranous linings of the rectum are more easily torn than those of the vagina.

Thus also information collected from cross-section and longitudinal (cohort) studies has clearly implicated receptive anal intercourse as the major mode of acquiring HIV infection.

- "When AIDS struck, it struck hard" these are the words from Aggleton, Davies and Hart's book (1993:124). To support this statement they say, today about 60% of homosexual men in South Africa are infected probably the highest density of infection anywhere in the developed world. In a single year 21% of the uninfected gay male population became infected and for some reason yet known many of those infected early dies early. The proportion of new single sexual practice is about 90%.
- According to Schurink and Schurink (1990:50), innovative educational strategies are needed to combat the spread of AIDS inside the prisons. A combination of printed materials and interpersonal discussion, videos, personal contact with AIDS sufferers etc should be used. As well as global co-operation to devise effective educational strategies should be encouraged.

They (Schurink) also stated that the effectiveness of educational strategies should be monitored by multiple-disciplinary research. Both summative and formative evaluation of all educational material is necessary. Any strategy aimed at education on AIDS in prison should be explicit, honest, non-judgmental and insufficiently funded. The message should also be consistently repeated, precise and uniform.

- McMahon (1992:74), voiced out that AIDS should be addressed in the same manner as any other human disease and should not be seen as a moral issue linked to people's behavior and lifestyles. The disease should (like any other disease) be managed by means of medical care and social support and not by segregation, discrimination and rejection. It should be explained in terms of sin, evil and moral responsibility.

The above words can be referred to the prison system in dealing with AIDS education. Thus everyone needs to be aware of AIDS inside the prisons despite the difference of skin color or gender everyone has a right to know.

2.4. Hypothesis

The researcher will like to know and capture all the data, which concerns the prisoner's awareness about HIV/AIDS inside the Empangeni Qalakabusha prison. Whether the knowledge they have about this virus is enough or insufficient and has an effective impact on their daily life, by talking to the prisoners and staff inside the Department of Correctional Services at Empangeni Qalakabusha prison. As a result the researcher formulated the following hypothesizes:

- There must be a relationship between the prisoners and warders.
- There must be a relationship between the prisoners and the management (Head of the Department).
- Prisoners and warders need to have information about HIV/AIDS.

2.5. Definition of terms

1. AIDS

Acquired Immune Deficiency Syndrome. It is a virus which attacks the immune system (the body's natural defense against infection). When someone has AIDS they cannot fight off illnesses as they would normally. There are a few specific illnesses, which are relatively rare in the general population, which can develop quite easily in people with AIDS. It is noticing these illnesses in individuals that help doctors to make diagnosis of AIDS.

This is how AIDS got its name: the collection of symptoms (Syndrome) indicating that the body's defense system has been weakened (Immune Deficiency). The Acquired part of the name simply indicates that it can be transmitted to you, it is not something caused by your genes Cooke, Baldwin and Howison (1990:68-69). The more often a person has unprotected sex or share needles and syringes, the more likely they are to contract or pass AIDS on.

2. HIV

Human Immunodeficiency Virus. A microscopic "germ". Many other diseases, such as flu and measles are caused by viruses and can be cured, but HIV is a sneaky infiltrator. The immune system detects it and produces antibodies, in the usual way.

But HIV is unusual because it knocks out parts of the immune system and it converts immune cells to work for it, producing more viruses Bevan (1988:21-22).

According to Fan, Conner and Villared (1989:73-74) it is the virus that causes AIDS, it belongs to a class of viruses called retroviruses named lent viruses (meaning "slow" viruses, since they often cause diseases extremely slowly). One of the puzzles about HIV is how it can cause such devastating diseases with such apparently low levels of circulating virus. They also added that HIV is present only in cells and human fluids of infected people. To be classed as HIV infected, an individual must have repeated positive results in tests for the presence of HIV antibody.

3. HIV/AIDS AWARENESS

Knowledge is power in all life aspects, be informed as well be aware of the consequences and reality about the HIV virus and AIDS. Examples of HIV/AIDS awareness by WHO (World Health Organization) are:

- i. Developing a constructive partnership with the media to encourage responsible and accurate reporting on HIV/AIDS,
- ii. Stimulating media coverage of HIV/AIDS issues so as to increase public understanding of the social, political, and economic as well as health implication of the pandemic.

It is all about the nation's efforts to combat HIV/AIDS.

4. WADER\PRISON OFFICER

A trained personnel whose job description is to look after inmates well being and behavior. Their primary job involves concern for security and concern for the welfare of the prisoners. Correctional officers are recognized as integral participants in the prison world.

5. PRISON

A place where by criminals or offenders are kept in after being sentenced for a particular period. Prisons exist in order to protect society from people who are violent or destructive. According to Dodge (1979:8) prisons are essential so that wrong doers may be punished and, at the same time, make peace with their God for their antisocial or anti- Godlike acts.

McMahon (1992:18) states that prisons provide a kind of experimental laboratory, a controlled enclosure in which the new knowledge could develop. It provides the possibility for the long-term observation of criminals who could be examined, measured, photographed and catalogued in an organized manner. It produces statistical data on conviction rates, recidivism pattern and criminal careers, which were invaluable criminological/materials unavailable elsewhere.

It also provides a place where the idle, the vagrants, those who do not contribute to society's well being, may find labor and thus they may become

beneficial to society and to themselves. A place builds to incorporate maximum supervision, control and surveillance of inmates.

5. PRISONERS

The sentenced and the awaiting trial section of the prison population is called the prisoners or inmates in this document.

6. HETEROSEXUAL

Refers to sexual or physical attraction of a person, to his or her own sex. It can therefore be used for "gay" in men or "lesbians" in women.

7. SEROPOSITIVE

Muller and Rockwell (1988:xx) define Seropositive as the presence of Antibodies in one's blood serum. It refers to an HIV positive someone. In this study it is mainly used on prisoners who are HIV positive.

8. A CELL

In this study this word refers to the room inside the prison, where by the prisoner or inmates are kept.

2.6. Conclusion.

Most of the research work done on this topic or on a similar topic as of this research was performed in USA. This results to limited documentation. Journals, reports, manuals or handbooks about the awareness of HIV/AIDS in South African prisons were used in capturing the data for the review of the literature. Some of the documented material on the topic at hand seems to be outdated.

Chapter 3

Research Methodology

3. Introduction

In this chapter an analysis is made of the research procedure to be employed in the gathering and analyzing of data. It basically entails and explains how the researcher went about methodologically gathering information, the kind of study this research is and what instrumentation was employed and how sampling was done.

3.1 Locality

The Empangeni Qalakabusha male prison is situated at the north of Empangeni town, facing the suburbs of Hillview residents.

3.2. Method of investigation

3.2.1. Research design

An exploratory design was selected for this study. Monette, Silland and Dejong (1990:86), stated that when there is little theoretical understanding of a phenomenon, it may be impossible to develop precise hypothesis.

Wechsler, Reinherz and Robbin (1981:86:) also stated that exploratory designs are appropriate when little is known from prior research of the phenomenon, group or program to be investigated.

The researcher found exploratory design suitable for the current study because so little is known about the problem of HIV/AIDS inside South African prisons. According to Bailey (1994), Rubbin and Babbie (1997), Yegidis and Weinbach (1996), the major issues that are addressed by the research design are:

- Where and when should the research be conducted?
- What data should be collected?
- How are the data collected from the target population/s?
- How should the data collected be organized and analyzed?
- From who are data collected?
- Dissemination of research-findings?

Tripodi, Fellin and Meyer (1969:48) cites several requisites for a research design to be classified as an exploratory study:

- i. It should not be classified as either an experimental or a quantitative descriptive study.
- ii. The investigator should go beyond the qualitative description by attempting to conceptualize the interrelations among the phenomenon observed.

Qualitative research is interpretative research. As such the biases, values and judgment of the researcher become stated explicitly in the research report; such openness is considered to be useful and positive, Locke, Spirduso and Silverman (1987:94)

3.3. Research instruments/ Techniques

3.3.1 Data collection instruments

The research will consist of structured or closed ended and unstructured or open-ended questions. In fact, questionnaires may be defined as forms for securing answers to questions. Further they are forms which the respondent fills himself. Instead of observing a persons behavior, then we ask him in writing about himself, his behavior or his attitudes and, and he responds in writing (Forces and Richer, 1973:160).

3.3.2. Interviews

Data will be collected by the use of closed and open-ended questionnaires. Pro-coded questionnaires will be administered to the male prisoners, warders and the Head of the Department of Correctional Services at Empangeni Qalakabusha prison. These questionnaires will also be administered by the medium language (English), and then translated in the language of the respondents.

3.4. Questionnaires

3.4.1 Open and closed Questions

Data sometimes lie buried deep within the minds or with the attitudes, feelings or reaction of men and women (Goode et al, 1952). In this study it is within the male prisoners of Empangeni Qalakabusha prison.

Closed ended questions should be used when the answer categories are discrete, distinct and relatively few in numbers. While open ended questions are used for complex questions that cannot be answered in a few simple categories but requires more detailed information and discussion. They are used to elicit the respondent's unique views, philosophy or goals (Bailey, 1987:21-22). In this study survey questionnaires and interviews were used to collect data.

Open-ended and closed questionnaires are suitable for this type of the study or research because they allow respondents to formulate their responses themselves. Also it is best for open-ended questions to be used in unstructured interviews. Neuman (1991:94) states that open-ended questions are usually employed in exploratory research to identify important variables in a particular area, to formulate penetrating questions on them, and to generate hypotheses for further investigation.

While Welman and Kruger (1999:196) reveals that in unstructured open-ended interviews an attempt is made to understand how individuals experience their life-world and how they make sense of what is happening to them. Therefore the interviewer's questions would be directed at the participant's (prisoners) experiences, feelings, beliefs and conviction about the theme in question (awareness of HIV/AIDS in prisons).

3.5. The Sample and Sampling procedure

The researcher found that non-probability samples are less complicated and more economical (in terms of time and financial expenses) than probability samples. Also that, in some instances, certain elements may have no chance at all of being included in such a sample, Bailey (19987:62).

Therefore this study will be complete if there will be no financial expenses as well as no time wasted. More over not all the prisoners population will be interviewed or counted in the sample, only a few numbers will be questioned or listed in this sample.

According to Wechsler, Reinhers and Robbin (1981:90-91) social work research by its nature involves the use of humans as subjects. In so doing, it must comply with the legal and ethical requirements to safeguard the rights of these subjects. As first stop, informed consent must be secured before some one is included in a sample.

This effect means that " the person must know what the research is about, what his or her participation will mean, and what the risks in the research will be" (Wechsler et al, 1981:90-91)

3.5.1. Sampling bias

There is a number of inherent biases in the sample, the most evident of which was:

- The desire on the part of HIV positive and HIV negative prisoners inside Empangeni Qalakabusha prison to benefit directly and indirectly from participation in this study.

3.5.2. Interview schedule

Setting and duration of the interview:

The researcher will visit the Qalakabusha male prison at Empangeni, whereby a formal permission will be obtained by a way of a consent form. The respondents in this study are adult and young males who are serving their sentences inside the Qalakabusha male prison at Empangeni.

Both HIV negative and HIV positive inmates will be interviewed or participants in this study as well as the warders and the Head of the Department of Correctional Services at Empangeni prison.

The populations for this study are men residing inside the prison (incarcerated), prison staff (warders) and the Head of the Department of Correctional Services at the Empangeni prison.

Fifteen (15) male respondents who are HIV negative/HIV positive from different cells or wards will be interviewed. While other ten- (10) informants, who are warders, with one (1) respondent who is the Head of the Department of Correctional Services at Empangeni prison, will be interviewed for the purpose of this study.

Thus in trying to ascertain a well informed or an inclusive comment of the topic, it becomes necessary to interview the main population of the institution. This includes prisoners, warders and the admin staff.

The importance of interviewing the Head of the Department of Correctional Services at Empangeni Qalakabusha prison:

- To find out whether he is fully aware about what happens inside the cells of the prison. Is there a good relationship between him and the prisoners?
- To get information on the ways and means he does or organize to create the awareness of HIV/AIDS for the prisoners and the prison staff, e.g. the supplying of condoms and the provision of the AIDS education.
- The head of department holds the highest authority making powers within the institution, both managerial and functionally.

3.5.3. Ethical consideration

Ethics is that branch of philosophy, which pertains to the study of right and wrong conduct. So central and practical is this branch of philosophy that theories of ethics have been produced throughout recorded history (Dooley, 1984:330).

Bailey (1987:427) says that to be ethical is to conform to accepted professional practices. According to Moorhead and Griffin (1998:576), the researcher must contend with ethical concerns.

Two concerns are particularly important. First, the researcher must provide adequate information for participants in the study and not violate their privacy without their permission. For an example, suppose that a researcher is studying the behavior of employees, a good way to increase people's willingness to participate is to promise that their identities will not be revealed.

Having made such a guarantee, the researcher is obliged to keep it. Like wise, participation should be voluntary, as all the prospective subjects should have the right to not participate or to withdraw their participation after the study has begun.

Researchers according to Dooley (1984:331) can also act unethically when analyzing data, for an example by revealing only part of the facts, presenting facts out of context, falsifying findings, or even offering misleading presentations such as "lying" with statistics.

Consent from subjects was obtained after the purpose of the study had been fully explained including what would happen to the results, and also how would the subjects benefit from the study.

According to Bailey (1987:427), it is generally agreed that it is unethical for researchers to harm anyone in the course of the research, especially if it is without the person's knowledge and permission. This includes deceiving respondent about the true purpose of the study, asking questions that cause him/her extreme embarrassment, causing emotional turmoil by reminding him/her of an unpleasant experience, causing guilt or invading his/her privacy.

Obviously conducting research that may violate the rights and welfare of research participants is neither the intent nor the major interest of social scientist. The aims of the research were fairly explained to the respondents who then responded to the study willingly. Confidentiality was maintained and anonymity was reassured. There were no threats and no coercion used to get the respondents to take part in this study.

3.5.4 Method of data analysis

Data will be analyzed by the use of the technique for logically ordering and presenting data in simple form. Tables, bar graphs and pie charts will be used to present data according to the percentage distribution of respondents. Percentages will be used for further interpretation with the aid of the following formulae -:

$$\frac{\sum X}{N} \times \frac{100}{1}$$

3.5.5 Procedure

The study was conducted at Empangeni Qalakabusha prison. Twenty-six (26) questionnaires were issued to the respondents. All the questionnaires were successfully completed and returned. They were distributed amongst prisoners, warders and the Head of the Department of Correctional Services at Empangeni Qalakabusha prison.

A permission form to interview and also give questionnaires to the respondents was completed and submitted with a signature by the researcher, to verify her true personnel details. Also a proof was produced by the researcher as a proof that she really has a right to conduct this study, or is really a Masters student at the University of Zululand.

A group of prisoners were organized to be interviewed in a private empty room inside the prison and questionnaires were given to the warders and to the Head of the Department of Correctional Services

The problems that the researcher encountered while pursuing her research was -:

- i. Some respondents asked irrelevant questions while they were supposed to answer a question.
- ii. There was a delay in the day of collecting the questionnaires.
- iii. The researcher was promised to come and collect questionnaires after having traveled a long distance and at the end of the day was told to come back another time.
- iv. The researcher had insufficient funds to travel to the prison and back to her destination.
- v. The researcher was under the impression that if she could be endangered or harmed it will be her own business, because most of the doors when entering the prison were written: "ENTER AT YOUR OWN RISK", which the researcher interpreted as lack of tight security.

N/B Due to the overprotective manner the Correctional officers, gave the researcher permission to do the study inside the prison, the researcher found it hard to create a larger sample of the population to be interviewed.

Some of the warders refused to be part of this study by not taking the questionnaires prepared by the researcher for them. Even the Head of the Department of this prison told the researcher that she will not be allowed to interview a large percentage of the prisoners, his reasons being that prisoners can be very dangerous and rude.

3.6. Limitations of the study

A more comprehensive study about prisoner's awareness on the issue of HIV/AIDS would have been far possible and interesting if it was done on national level, but due to some hassles the topic has been contained in Qalakabusha prison only.

As a result of the latter and immense task and impious time availability the study has been subjected to the limitations. The researcher will be turning a rarely turned stone in referring or quoting data from previous documentation or research paper. This situation arises because the study has never been attempted on an academic level before.

3.7. Research Methodology

According to Creswell (1994:83), the stance in qualitative researches is: researchers interact with those they study, whether this interaction assumes the form of living with or observing informants over a prolonged period of time, or actual collaboration. In short the researcher tries to minimize the distance between him/her and those being researched.

Therefore the researcher names this study as a qualitative one because it has all the qualifications that Creswell has counted.

3.7.1. Research techniques

The researcher intends to collect data for this qualitative study utilizing the following techniques of research -:

Interviews.

Questionnaires.

Sampling.

3.7.2. Exploratory research design

Exploratory research design was selected for this study as this type of design typically use questionnaires and interviews in order to determine the opinions, attitudes, preferences and perceptions of person's interest, Neuman (1991:35). Weschler, Robbin (1981:86) also states that exploratory designs are appropriate when little is known from prior research of the phenomenon, group or program to be investigated.

The researcher is convinced that the exploratory design is suitable for this current study because so little is known about the issue of HIV/AIDS awareness inside the prisons. Both interviews (open ended and close ended) and questionnaires (structured and unstructured) will be used. This will allow respondents to voice out all their opinions and views about the issue of awareness of HIV/AIDS in prison without being restricted.

For instance questions which need No/Yes (only) for an answer will be accompanied by a comment in this research, as they will cause this study to be complete.

3.8. Conclusion

The researcher found exploratory design suitable for the current study since little is known about the HIV/AIDS awareness in South African prisons. The instrument used to collect data were both structured and unstructured interviews scheduled together with the close and open-ended questionnaires. The researcher also chose purposive sampling in this study because the method permits the selection of a study population that possesses the characteristics being investigated.

Chapter 4

Data analysis

4.Introduction.

This chapter is a delivery of the data collected from the interviews, which were organized at the Empangeni Qalakabusha prison, as well as the questionnaires, distributed inside this prison. The data will be analyzed in a form of presenting information given by the respondents with tables, bar graphs/figures and pie charts. In other words this chapter analyses the data obtained, conclusions and recommendations.

4.1. Information on prisoners at the Empangeni Qalakabusha Prison.

4.1. Age of respondents.

"Age of the respondents"

Variables	Respondents	Percentage
20-25	6	40
25-30	5	33.3
30-35	4	26.6
Total	15	100%

Table 4.1.1 shows that 40 %(6) of the respondents were of the age 20-25, 33.3 %(5) of the respondents were of the age 25-30, and 26.6 %(4) of the respondents were of the age 30-35.

4.2. Marital status of the respondents.

"Marital status"

Variables	Respondents	Percentage
Married	4	26,6%
Single	10	66,6%
Divorced	1	6,6%
Total	15	100%

Table 4.2 indicates that 26,6%(4) of the respondents are married, 66,6%(10) of the respondents are single, and 6,6%(1) respondent is divorced.

4.3. Religion of the respondents

"Their religion"

Variables	Respondents	Percentage
Christian	4	26,6%
Rastafarian	7	46,6
Shembe	2	13,3%
Ancestral worship	2	13,3%
Hinduu	0	0%
Total	15	100%

Table 4.3 clearly shows that 26,6%(4) of the respondents believes in Christianity, (7) of the respondents are Rastafarians in religion, 13,35(2) of the respondents are of the Shembe religion, 13,3%(2) of the respondents believes in Ancestral worship, and 0%(0) of the respondents are Hindu's.

4.4. Educational levels of the respondents.

"Educational levels"

Variables	Respondents	Percentage
Matric	10	66,6%
Technikon/College	3	20%
University education	2	13,3%
Illiterate	0	0%
Total	15	100%

Table 4.4 displays that 66,6%(10) of the respondents completed standard 10/matric, while 20%(3) of the respondents gained College/Technikon education, and 13,3%(2) of the respondents have degrees from the universities. There is 0%(0) of the respondents who are illiterate.

Summary of the responses

4.5. What does HIV stands for?

Results revealed that all respondents 100% (15) were able to identify and describe the abbreviation of HIV as Human Immunodeficiency Virus, though some of them spelled it incorrectly when writing the answer down.

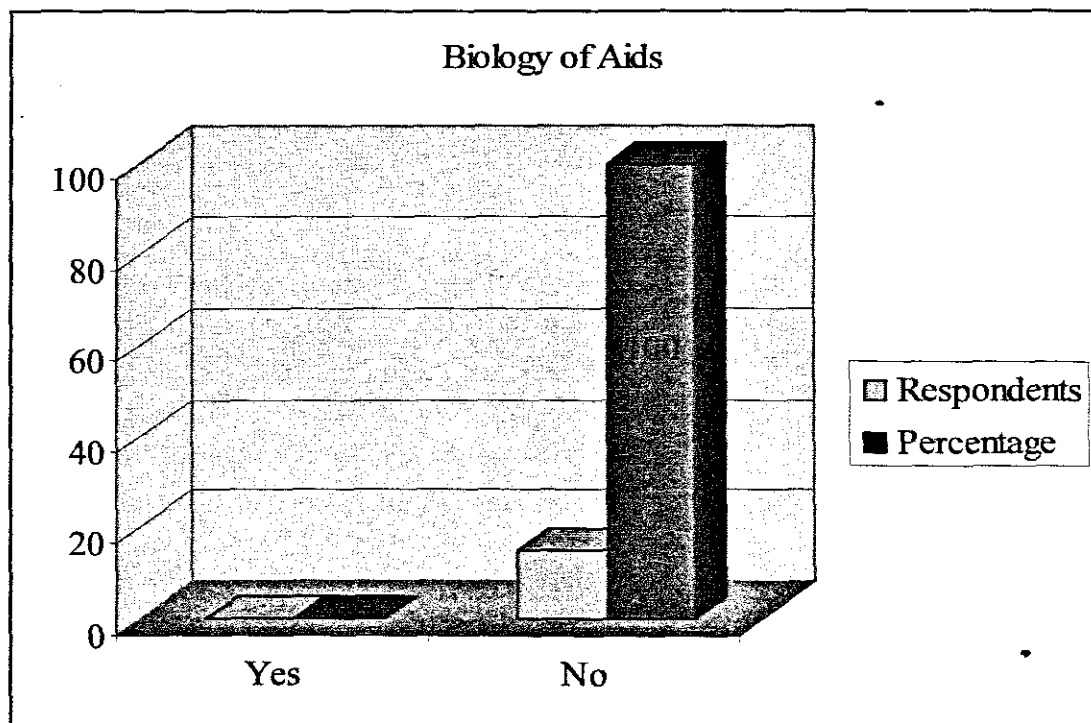
4.6. What is the definition of AIDS?

The results showed that all 100% (15) of the respondents answered by defining the word AIDS as Acquired Immune Deficiency Syndrome.

4.7. What causes AIDS?

Research results indicate that 66% (10) of the respondents said the cause of AIDS is the HIV virus, while 33.3% (5) of the respondents said that unprotected sex/sharing of the needles/blood transfusion is the cause of AIDS.

4.8. Do you know the biology of AIDS?



Graph 4.8 unanimously shows that 100% (15) of the respondents do not know or have no knowledge about the biology of AIDS.

4.9. Where do AIDS come from?

Answers from the respondents revealed that 93, 3% (14) of the respondents have no idea as to where does AIDS comes from, while 6.6% (1) of the respondents said that AIDS comes from Europe.

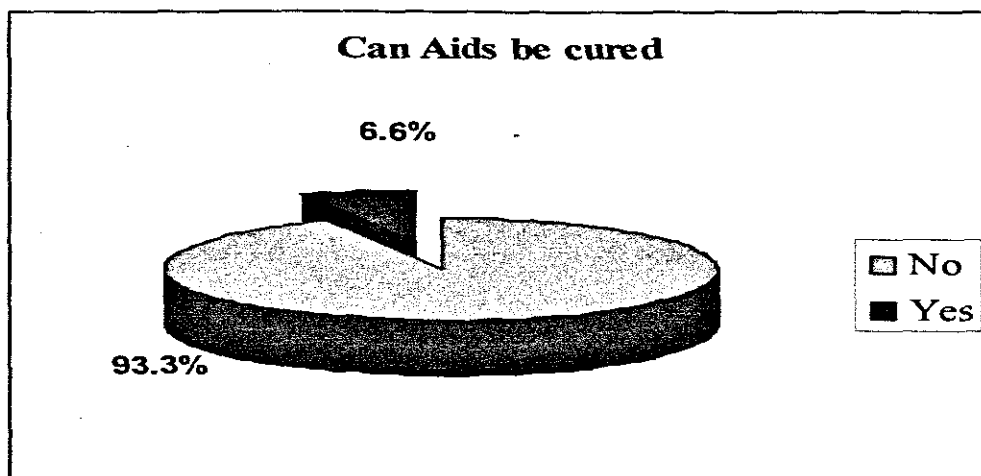
4.10. Whom this virus can infect?

Research from respondents indicated that all 100% (15) of the respondents were clear in saying that any person/anyone/everybody in this world can be infected by this virus.

4.11. How can AIDS be contacted?

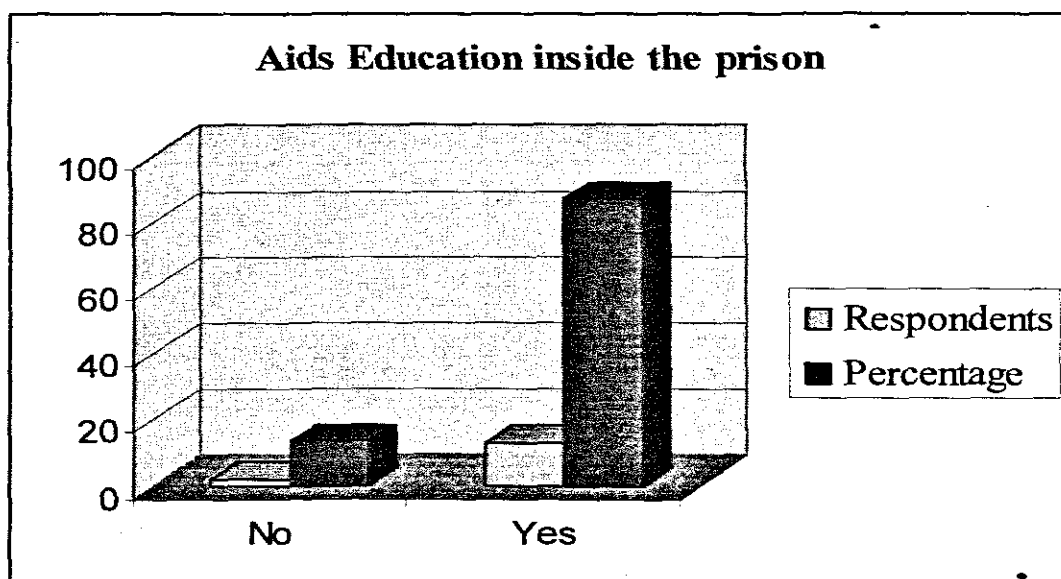
Results from the researched revealed that AIDS can be contacted by having unprotected sex/sharing razor and needles with a person who is HIV positive also by breast feeding.

4.12. Can AIDS be cured?



Pie graph 4.12 indicates that 6.6% (1) of the respondents believes that AIDS can be cured and 93.3% (14) of the respondents are of the opinion that there is no cure for AIDS.

4.13. Do you get AIDS education inside the prison?



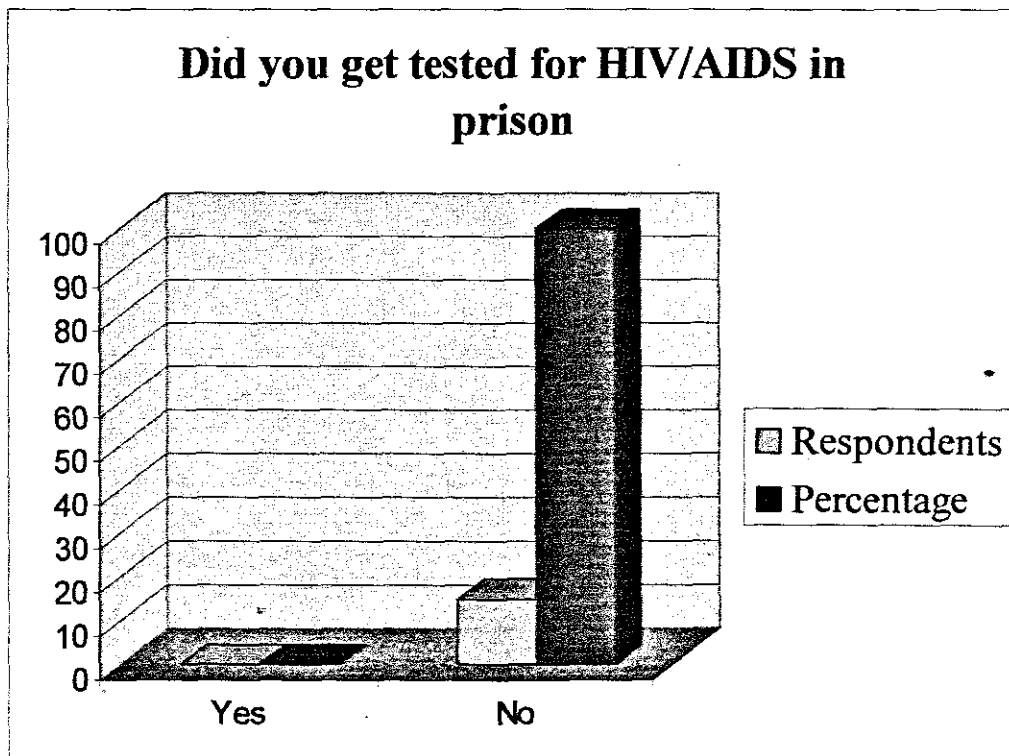
Graph 4.13 shows that 86.6% (13) of the respondents indicated that they do get AIDS education inside the prison, while 13, 3% (2) of the respondents disagreed that the prison does provide them with AIDS education.

4.14. How often do you get the following AIDS Educational programs?

- Workshops about HIV/AIDS. (Monthly)
- Video tapes about the pandemic. (Yearly)
- Pamphlets /educational leaflets about this virus. (Weekly)
- Plays about HIV/AIDS. (3 times a year)

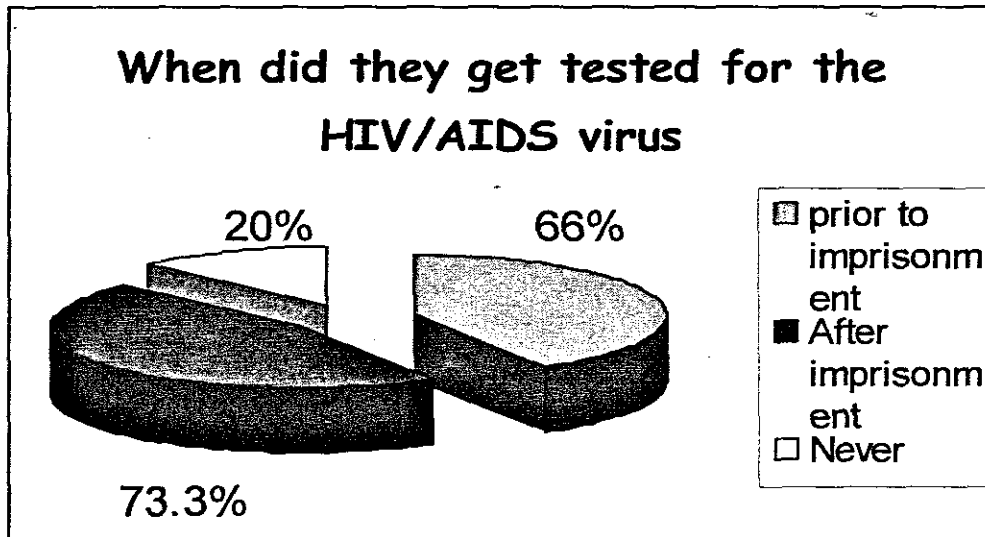
Display 4.14 shows that all 100% (15) respondents agreed that they do receive the above-mentioned AIDS educational programmes on the times indicated.

4.15. Did you get tested for HIV/AIDS while in prison?



Graph 4.15 clearly shows that 100% (15) of the respondents stated that they were never tested for HIV/AIDS while in prison.

4.16. When did you get tested for HIV/AIDS?



Pie graph 4.16 reveals that 6.6% (1) of the respondents got tested prior/before imprisonment, while 73.3% (11) of the respondents were tested after imprisonment and 20% (3) of the respondents had never been tested for HIV/AIDS.

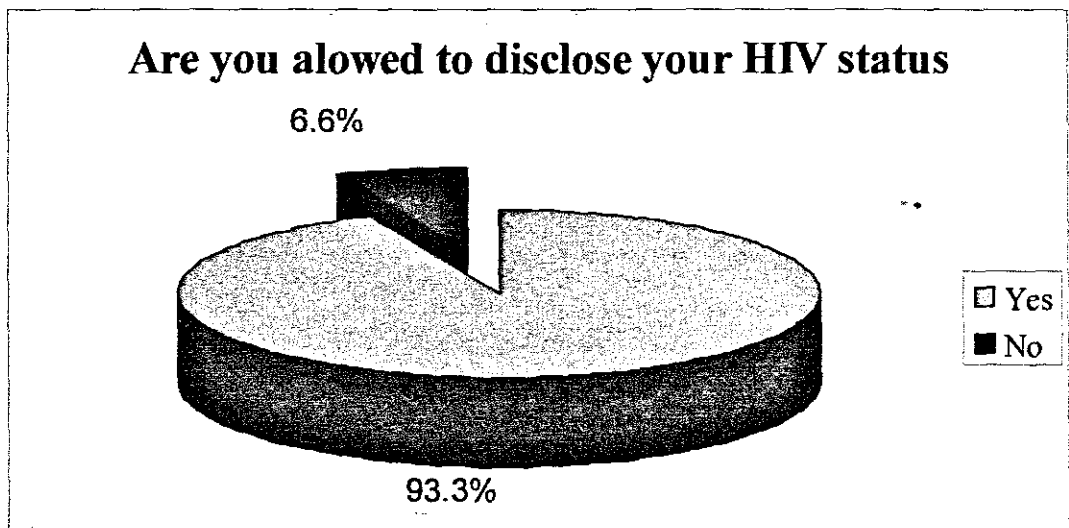
4.17. Do you get counseling/therapy treatment inside?

"Counseling/therapy treatment"

Variables	Respondents	Percentage
Yes	5	33.3
No	10	66.6
Total	15	100%

Table 4.17 shows that 66.6% (10) of the respondents were of the opinion that counseling/therapy treatment is not provided given inside the prison. While 33.3% (5) of the respondents agreed that they do get counseling/therapy treatment inside the prison.

4.18. Are you allowed to disclose your HIV status?



Pie graph 4.18 reveals that 93.3% (14) of the respondents agreed that they are allowed to disclose their HIV status inside the prison and 6.6% (1) of the respondents disagreed to the fact that they have freedom of disclosing their HIV status.

4.19 Have you disclosed your H.I.V status?

"H.I.V status"

Variables	Respondents	Percentage
Yes	1	6.6
No	14	93.3
Total	15	100%

Table 4.19 indicates that 6.6% (1) of the respondents has disclosed his HIV status to the other prisoners, while 93.3% (14) of the prisoners have never publicized/make known of their HIV status to the others.

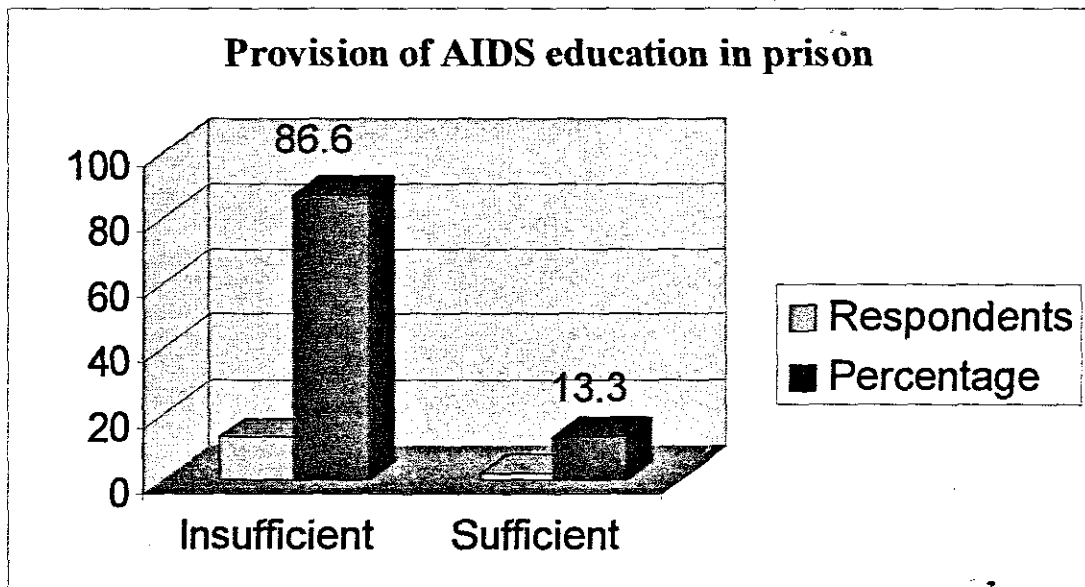
4.20. Do you think your inmates/staff members of the prison treat you differently because of your HIV status?

"Prison treatment"

Variables	Respondents	Percentage
Yes	0	0
No	15	100
Total	15	100%

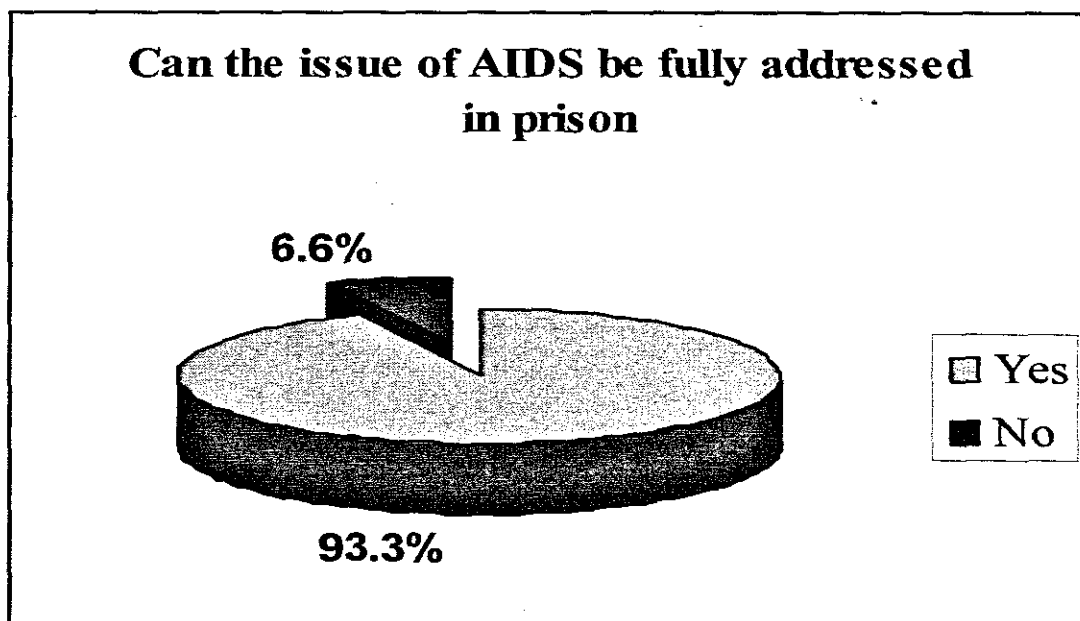
Table 4.20 reveals that out of 100% (15) of the respondents interviewed, unanimously agreed that there is no different treatment from both prisoners and staff members received because of their HIV status. They added that all prisoners are treated the same either HIV positive or HIV negative.

4.21. How is the provision of AIDS education in the prison?



Graph 4.21 indicates that 86.6% (13) of the respondents are of the same opinion that the provision of AIDS education inside the prison is insufficient. 13.3% (2) of the respondents feels that it is sufficient.

4.22. Can the issue of AIDS be fully addressed in prison?

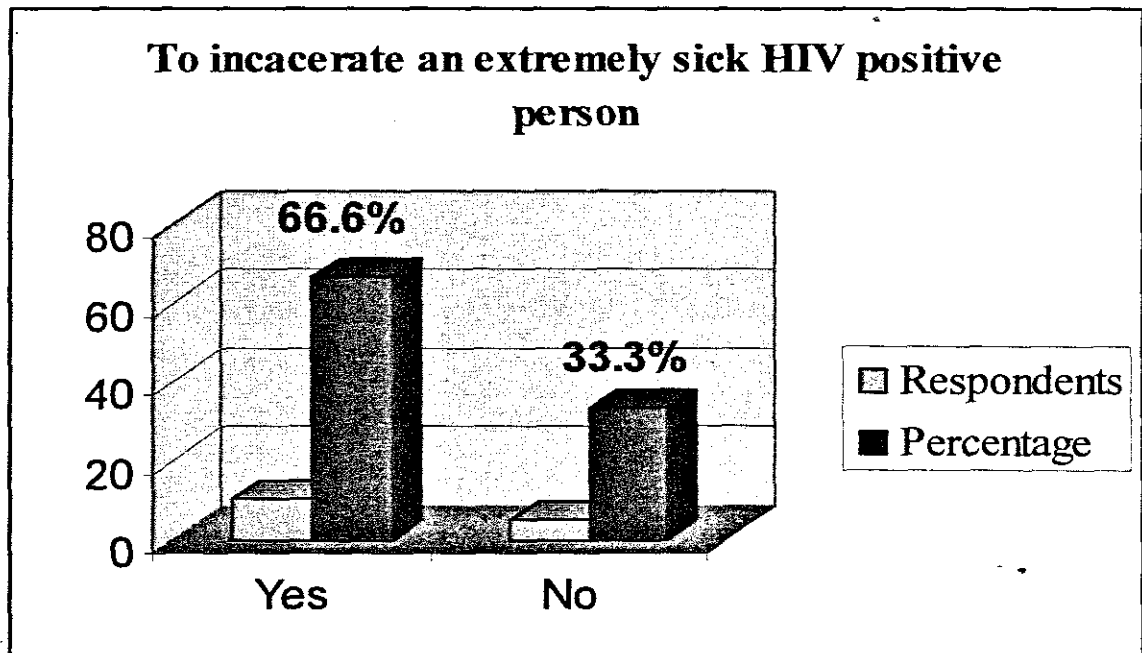


Pie graph 4.22 shows that 93.3% (14) of the respondents agree that the issue of AIDS can be fully addressed inside the prison, while 6.6% (1) of the respondents disagree.

4.23. In your opinion who can fully address the issue of AIDS in prisons?

Results revealed that there is no clear cut and dry solution but, social workers with the prison doctors and nurses were mentioned by the prisoners, while other prisoners opted for the training of some of the prisoners inside the prison as a solution for fully addressing AIDS inside. They also feel that prisoners can address this issue easily inside the prison as they relate very well with the situations of the prison.

4.24. Is it fair to incarcerate an extremely sick HIV positive person?



Graph 4.24 shows very striking results in that 66.6% (10) of the respondents are of the opinion that it is fair and okay to incarcerate an extremely sick HIV positive person, while 33.3% (5) of the respondents feels that it is not fair to imprison such a person.

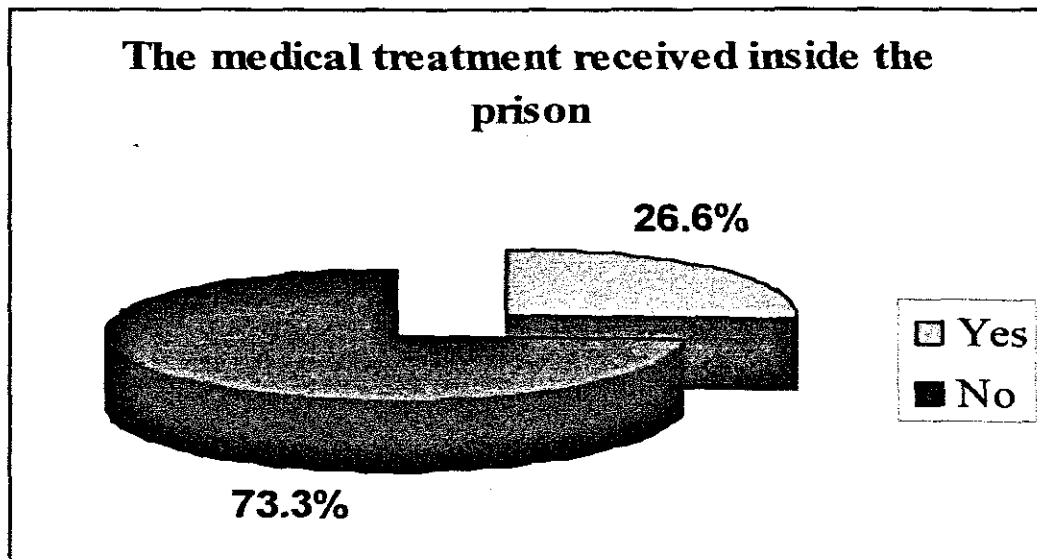
4.25. Do you get medical treatment inside the prison?

"Medical treatment inside the prison."

Variables	Respondents	Percentage
Yes	15	100
No	0	0
Total	15	100%

Table 4.25 indicates that 100% (15) respondents agreed that they do get medical treatment inside the prison.

4.26. Are you satisfied with the medical treatment you get inside the prison?



Pie graph 4.26 shows that 73.3% (11) of the respondents are not satisfied with the medical supply they receive inside the prison, while 26.6% (4) of the respondents are satisfied.

4.27. Do you practice sexual intercourse here inside the prison?

"Practice of sexual intercourse inside the prison"

Variables	Respondents	Percentage
Yes	0	0
No	15	100
Total	15	100%

Table 4.27 indicates that all 100% (15) respondents denied practicing sexual intercourse inside the prison.

4.28. Do you support the use of condoms?

"Condoms support"

Variables	Respondents	Percentage
Yes	15	100
No	0	0
Total	15	100%

Table 4.28 shows that 100% (15) of the respondents unanimously agree that they support the use of condoms.

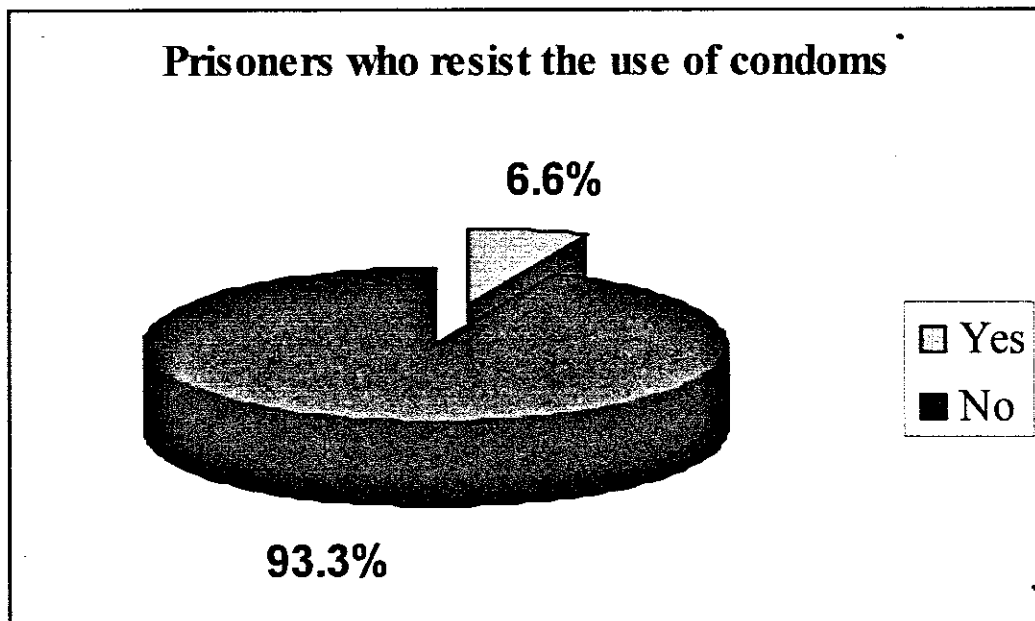
4.29. Is the provision of condoms inside the prison well maintained?

"Provision of condoms inside the prison"

Variables	Respondents	Percentage
Yes	13	86.6
No	2	13.3
Total	15	100%

Table 4.29 indicates that 86.6% (13) of the respondents' find the provision of condoms inside the prison well maintained. 13,3% (2) of the respondents disagree.

4.30. Do you know of prisoners who resist the use of condoms?



Pie graph 4.30 indicates that 93.3% (14) of the respondents have no information on prisoners who resist the use of condoms, while 6.6% (1) of the respondents do know of some prisoners who resist the use of condoms.

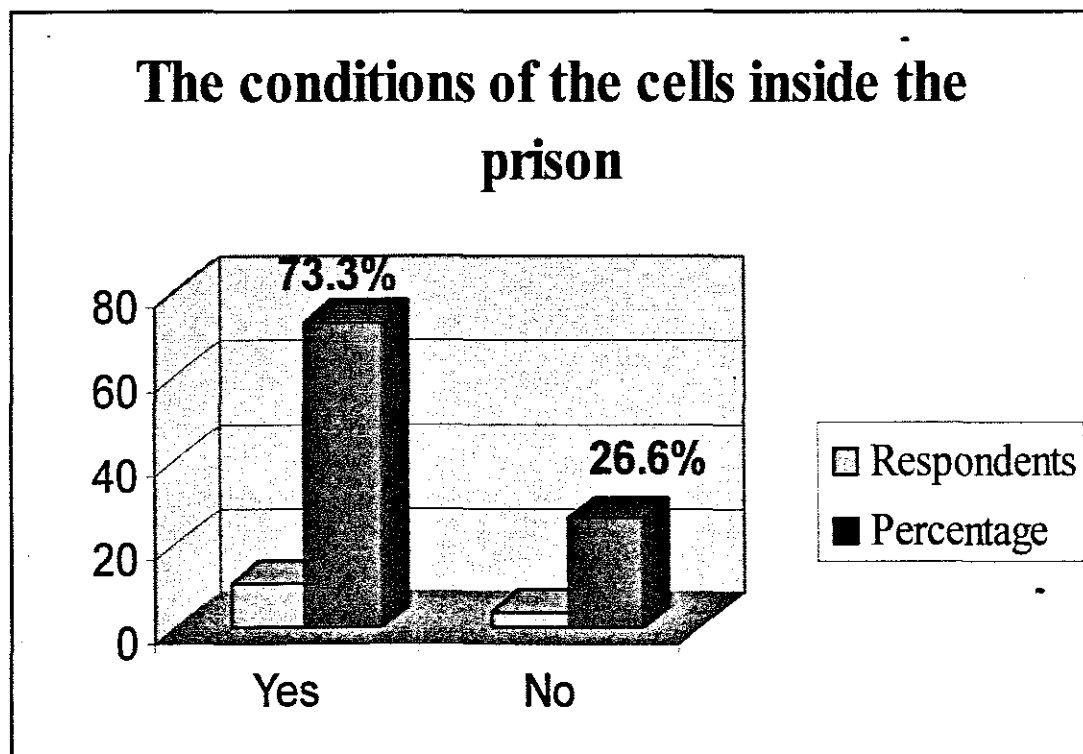
4.31. Do you think HIV positive prisoners can spread the virus inside the prison deliberately?

"HIV positive prisoners and the spread of AIDS"

Variables	Respondents	Percentage
Yes	14	93.3
No	1	6.6
Total	15	100%

Table 4.31 shows that 93.3% (14) of the respondents agreed that HIV positive prisoners can spread the virus deliberately as part of revenge and 6.6% (1) of the respondents disapproved saying that positive prisoners are well informed about the risk of spreading AIDS.

4.32. Are the conditions of the cells inside the prison good enough for HIV positive inmates to live in?



Graph 4.32 shows that 73.3% (11) of the respondents agreed that the conditions of the cells are good enough for HIV positive inmates to live in. 26.6% (4) of the respondents think conditions are not conducive.

4.33. Do you know of any drug use using injection?

"Drug use using injection"

Variables	Respondents	Percentage
Yes	5	33.3
No	10	66.6
Total	15	100%

Table 4.33 shows that 66.6% (10) of the respondents do not know any drug use using injection, while 33.3% (5) of the respondents do know.

4.34. Do you use drug injection for drug use?

"Drug injection use"

Variables	Respondents	Percentage
Yes	0	0
No	15	100
Total	15	100%

The above table shows that all 100% (15) respondents do not use drug injections for drug use inside the prison.

4.35. Is it fair for HIV negative prisoners to share same cells with HIV positive prisoners?

"The sharing of same rooms by the HIV positive/negative"

Variables	Respondents	Percentage
Yes	13	86.6
No	2	13.3
Total	15	100%

Table 4.35 reveals that 86.6% (13) of the respondent's think that it is fair for HIV negative to share same cells with HIV positive prisoners. 13,3% (2) of the respondents feels that it is unfair.

4.36. Have you ever witnessed an incident whereby an HIV inmate dies inside the cell after a long sickness due to the lack of medical supply in the prison?

"Incidents due to the lack of medical supply"

Variables	Respondents	Percentage
Yes	0	0
No	15	100
Total	15	100%

Table 4.36 clearly shows that all 100% (15) respondents have never seen an incident whereby an HIV positive inmate dies due to the lack of medical supply inside the prison. Adding that when any prisoner is sick he/she gets medication for that sickness straight away.

4.37. Findings and recommendations for the prisoners.

HIV/AIDS or the HIV virus is an inevitable phenomenon in both private and public organizations. It mostly affects prisoners in one way or the other, since this pandemic affects everybody in the society and prison negatively.

There has not been a clear cut and dry solution to the problems that have been presented by the HIV/AIDS virus. As some problems brought about by this virus are being reduced, others come to light because HIV/AIDS is inevitable but is something that shall affect the lives of prisoners and prison staff members.

HIV/AIDS is known for making tremendous disaster in people's lives, as it is a downfall to any society or community. For the capitalists the HIV virus is opted for decreasing the production process. Others, for profit minimization because the more people die, it is the less economic welfare in this country as there will be no one to perform the duties in any industry, due to this virus.

The findings of the study reveal that the Empangeni Qalakabusha prison has to undergo transformation with regard to the issues affecting the prisoners and the prison staff members. Most of the prisoners interviewed inside the prison are aware that HIV/AIDS does exist and it can affect any member of the society.

Though they do not know exactly where does AIDS comes from or its origins but they are aware of the virus's risks and how deadly it is. Thus, the educational programmes about this virus are provided inside the prison, the problem is that they are not provided to the prisoners to the extent that the prisoners wish them to be provided.

In other words some prisoners as well as some of the warders feels that the AIDS education given is not enough as it is provided few times in a whole year. According to Jordan and Rycroft (1992:152-3), prior notice, consultation and reasonable criteria should take place in order to avoid or minimize industrial conflicts.

Therefore there has to be consultation between the prisoners and the prison management about the issue of supplying enough AIDS education inside the prison, so that every one in the prison will be kept out of the dark concerning this virus. Exploration of alternatives to the effects of the HIV virus inside the prison should be taken to consideration

4.37.1 Conclusion

What seems to be important to recommend for this study is that as prisoners are part of the society because they are from the society, not born in jail they must be exposed to any danger that can affect them. The government must see to it that both prisoners and the community get same equal awareness on AIDS issues. Thus what ever the government provides for the society to be aware about the dangers of HIV/AIDS, must also be provided to the prisoners in order to avoid the insufficient AIDS education inside the prison.

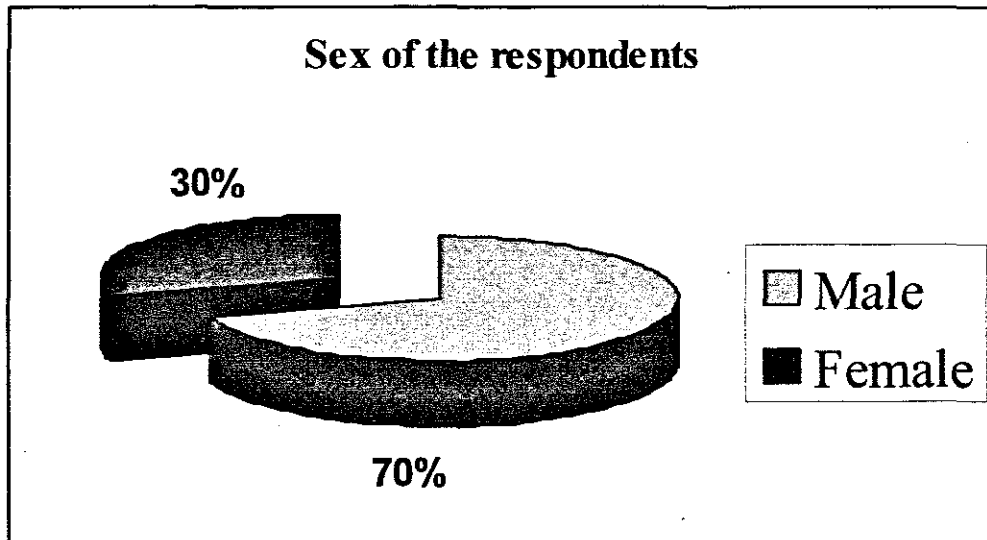
Lastly, if the reason for insufficient AIDS education inside the prison is caused by the lack of facilitators or teachers to perform the workshops or place for the prisoners. The researcher recommends one of the prisoners' ideas that the prisoner can perform those duties themselves, if only the necessary training can be provided.

The researcher favored this idea, as it will not cost the management of the prison much money then to hire from the outside. Any prisoner can volunteer without being forced and the AIDS education can be provided contagious until the prisoners really master everything about the HIV/AIDS facts.

Hopefully after that the rate of dying prisoners will decrease as the society deserves to have them as newly characterized, reborn human beings, who are ready to play an important role in the community not a person who has come outside the prison to say his/her last words to the family due to HIV/AIDS virus.

4.38 Information on staff members (warders)

4.38. Sex of the respondents



Pie graph 4.38 indicates that 70% (7) of the respondents were males and 30% (3) of the respondents were females.

4.39. Marital status of the respondents

"Marital status"

Variables	Respondents	Percentage
Married	6	60%
Single	2	20%
Divorced	2	20%
Total	10	100%

Table 4.39 indicates that 60%(6) of the respondents are married, 20%(2) of the respondents are single, and 20%(2) of the respondents are divorced.

4.40. Religion of the respondents.

"Their religion"

Variables	Respondents	Percentage
Christian	5	50%
Shembe	1	10%
Hinduu	1	10%
Ancestral worship	3	30%
Total	10	100%

Table 4.40 shows that 50%(5) of the respondents are Christians, 10%(1) of the respondents believes in Shembe, while 10%(1) of the respondents is in a Hinduu religion, and 30%(3) of the respondents believes in Ancestral worship.

4.41. Educational levels of the respondents.

"Educational levels"

Variables	Respondents	Percentage
Matric	2	20%
Technikon/College	3	30%
University	5	50%
Illiterate	0	0%
Total	10	100%

Table 4.41 displays that 20%(2) of the respondents completed standard 10/matric, 30%(3) of the respondents gained College/Technikon education, and 50%(5) of the respondents have degrees from Universities. There are no illiterate employees.

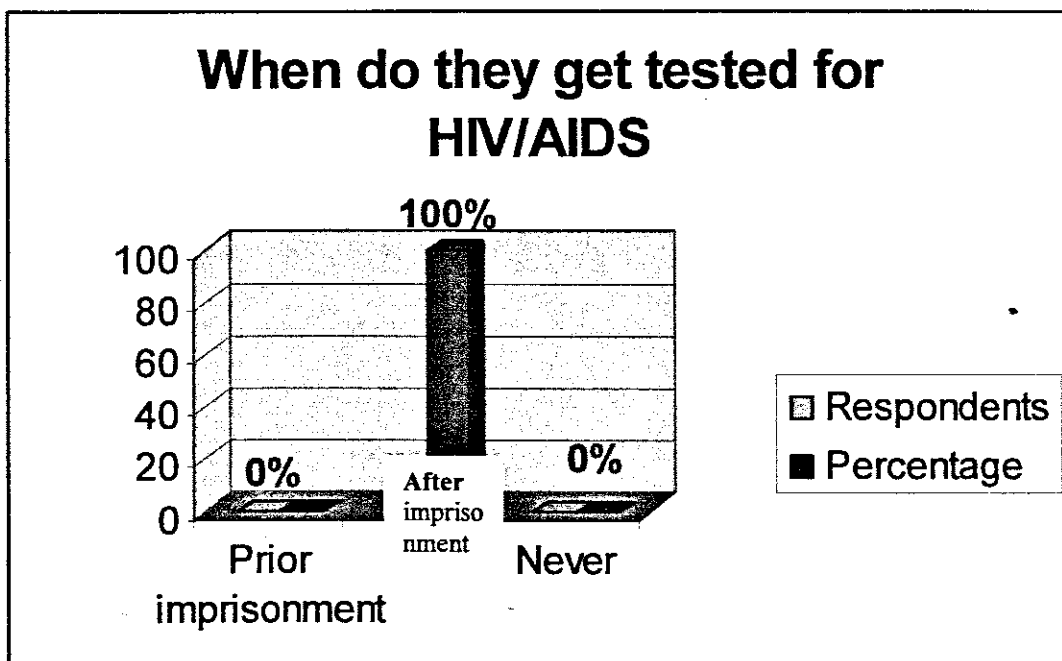
4.42. Are prisoners tested for the HIV/AIDS virus?

"The testing of prisoners"

Variables	Respondents	Percentage
Yes	10	100
No	0	0
Total	10	100%

Table 4.42 shows that all 100%(10) respondents agreed that prisoners do get tested for the H.I.V virus.

4.43. When do they get tested for this virus?



Graph 4.43 reveals that 100% (10) of the respondents unanimously agreed that the prisoners get tested after imprisonment for the HIV virus.

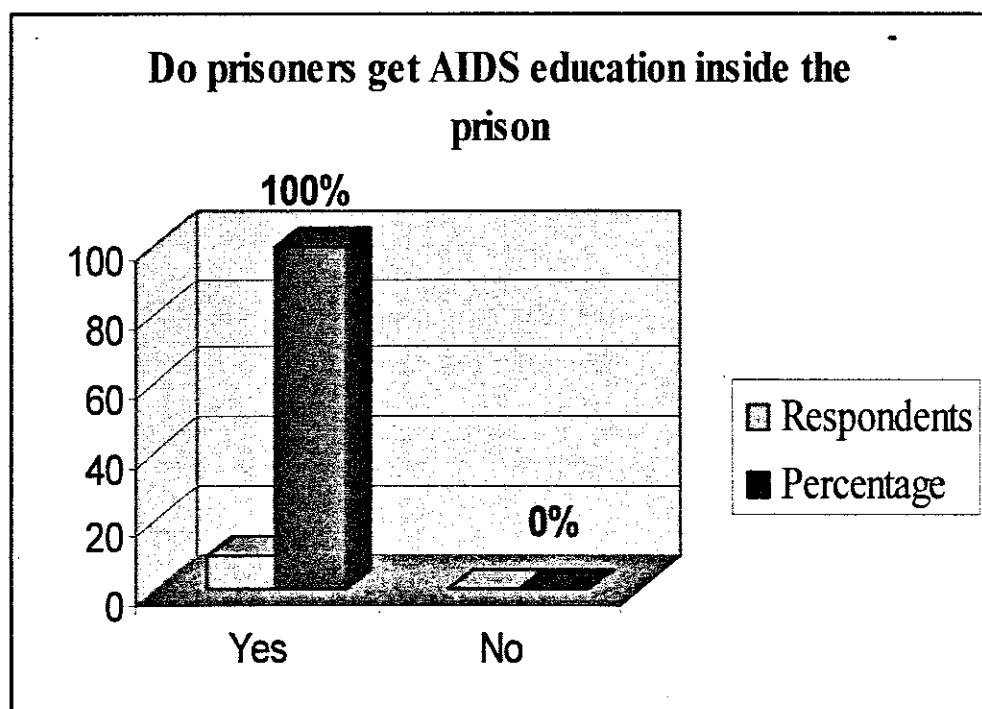
4.44. Is it fair for the HIV positive prisoners to stay together with the HIV negative prisoners inside the cells?

"The placement of both HIV positive/negative in one room"

Variables	Respondents	Percentage
Yes	10	100
No	0	0
Total	10	100%

The above table unanimously shows that 100% (10) of the respondents were of the same opinion that it is fair for HIV negative prisoners to share same cells with the HIV negative prisoners, adding that if they are separated the HIV positive inmates will feel discriminated.

4.45. Do the prisoners get AIDS educational programmes inside the prison?



Graph 4.45 shows that all 100% (10) respondents agreed that prisoners are provided with AIDS educational programmes inside the prison.

4.46. How often in a year do they attend the AIDS educational programmes inside the prison?

"Attendance of AIDS educational programs inside the prison"

Variables	Respondents	Percentage
Weekly	1	10
Monthly	4	40
3 times a year	5	50
Once a year	0	0
Total	10	100%

Table 4.46 shows that 10% (1) of the respondents is of the opinion that prisoners attend AIDS educational programmes weekly inside the prison. 40% (4) of the respondents indicated that prisoners attend them monthly inside the prison. Further, 50% (5) of the respondents said that the AIDS education programmes are attended 3 times a year inside the prison.

4.47. Do prisoners receive the following types of AIDS educational programmes?

4.47.1. Workshops about the virus.

100% (10) of the respondents said yes.

- 4.47.2. Video tapes about AIDS.
100% (10) respondents said yes.
- 4.47.3 Educational leaflets about AIDS.
100% (10) of the respondents said yes.
- 4.47.3. Plays about HIV/AIDS.
100% (10) of the respondents said yes again.

The answers for question 4.47 clearly indicate that all the respondents were of the same opinion that prisoners do receive all the above mentioned AIDS educational programmes inside the prison.

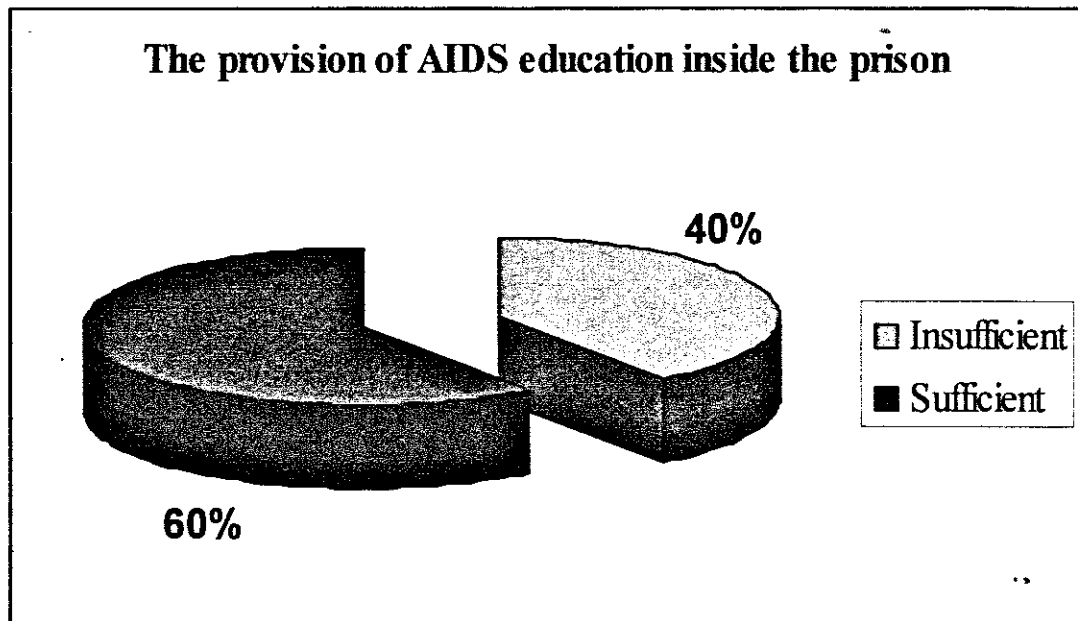
4.48. Are the prisoners forced to disclose their HIV status to other inmates and warders?

"Is it a must to disclose their HIV status"

Variables	Respondents	Percentage
Yes	0	0
No	10	100
Total	10	100%

Table 4.48 reveals that 100% (10) of the respondents agreed that prisoners are not forced to disclose their HIV status to anyone inside the prison.

4.49. How is the provision of AIDS education inside the prison?



Pie graph 4.49 indicates that 60% (6) of the respondents think that the provision of AIDS education inside the prison is sufficient, and 40% (4) of the respondents feels that it is insufficient.

4.50. Do the prisoners get enough medical care inside the prison?

"Medical care inside the prison"

Variables	Respondents	Percentage
Yes	10	100
No	0	0
Total	10	100%

Table 4.50 shows striking results of 100% (100 of the respondents indicating that prisoners do get enough medical care inside the prison. They verified that prisoners get medical care inside the prison better than outside the prison.

4.51. Is counseling/therapy provided for the HIV positive prisoners inside?

"The provision of counseling/therapy treatment"

Variables	Respondents	Percentage
Yes	10	100
No	0	0
Total	10	100%

Table 4.51 results indicate that out of 100% (10) of the respondents, unanimously agreed that counseling/therapy is provided for the HIV positive prisoners.

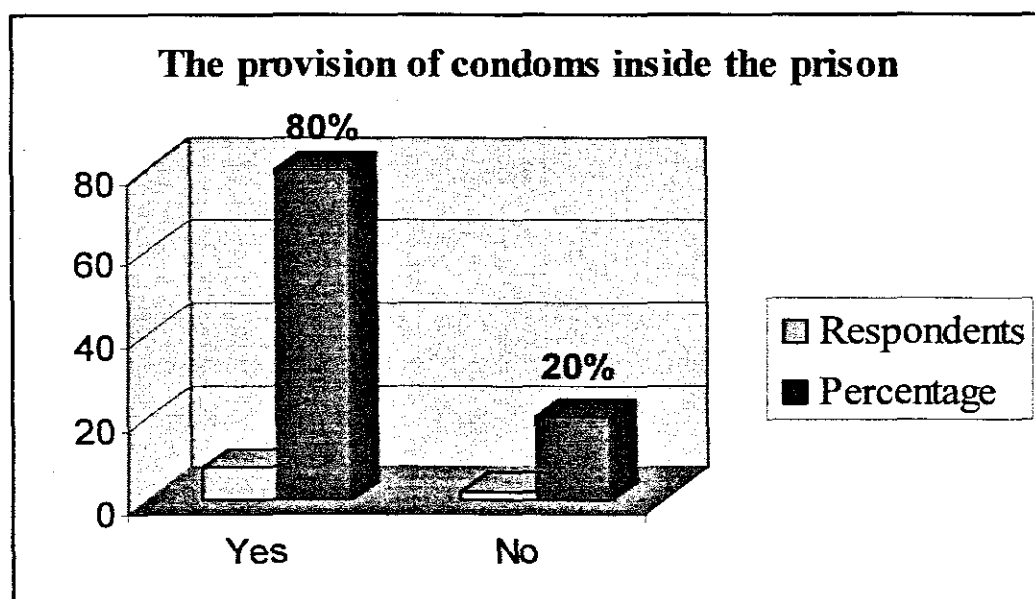
4.52. Do warders in this prison treat HIV positive prisoners differently from others?

"Treatment from the warders on HIV positive prisoners"

Variables	Respondents	Percentage
Yes	1	10
No	9	90
Total	10	100%

Table 4.52 shows that 90% (9) of the respondents do not treat HIV positive prisoners differently from others, while 10% (1) of the respondents agreed that HIV positive inmates are treated differently from others by the warders.

4.53. Is the provision of condoms well maintained inside the prison?



Graph 4.53 reveals that 80% (8) of the respondents agree that the provision of condoms inside the prison is well maintained, adding that they are all over the prison. 20% (2) of the respondents disagreed saying that they are not supplied in all sections of the prison.

4.54. Do you know of any prisoners who resist the use of condoms?

"Prisoners who resist condoms"

Variables	Respondents	Percentage
Yes	1	10
No	9	90
Total	10	100%

Table 4.54 indicates that 90% (9) of the respondents do not know of any prisoners who resist the use of condoms, and 10% (1) of the respondents revealed that he knows of prisoners who resist the use of condoms, stating that most of them are not aware that they are positive or not.

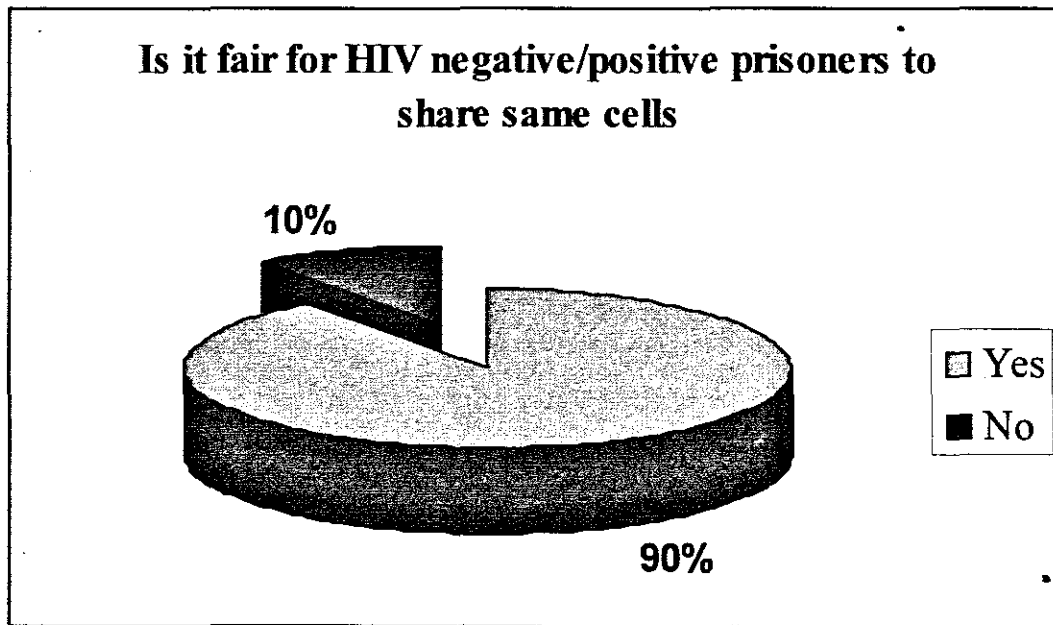
4.55. Do know of any drug use using injections inside the prison?

"Drug use using injections"

Variables	Respondents	Percentage
Yes	0	0
No	10	100
Total	10	100%

Table 4.55; unanimously show that 100% (10) of the respondents are of the opinion that there is no use of drug injections inside the prison.

4.56. Is it fair for HIV positive to share same cells with HIV negative prisoners?



Pie graph 4.56 indicates that 10% (1) of the respondents think that it is unfair for the HIV positive prisoners to share same cells with the HIV negative prisoners, while 90% (9) of the respondents agreed that it fair for them to share same cells so that even those who are not infected can learn to accept them.

4.57. Do you think its fair for extremely sick HIV positive prisoners to serve their sentences inside the prison?

"The issue of incarcerating HIV positive prisoners"

Variables	Respondents	Percentage
Yes	7	70
No	3	30
Total	10	100%

Table 4.57 shows that, 70% (7) of the respondents are of the opinion that extremely sick HIV positive prisoners deserve to serve their sentences inside the prison. 30% (3) of the respondents feels that it is not fair, adding that such prisoner's days are numbered and its possible that they may not complete their sentences they need to be close to their loved ones.

4.58 Findings and recommendations from the Correctional officers.

On the warder's side, the astonishing results of this research are that prisoners do get tested for the HIV virus but they are tested after imprisonment not prior to imprisonment. Then there are these contradicting results which, say HIV positive prisoners do receive counseling or therapy treatment inside the prison. This contradicts with the fact that prisoners are tested after imprisonment, the question is: "How can they provide such treatment to the prisoners if they do not know their HIV status as they do not test prisoners prior imprisonment?"

Results also revealed that HIV negative prisoners and HIV positive prisoners do share same cells inside the prison, reason being to avoid discrimination. Although some of the prisoners feel that it is risk putting both negative and positive prisoners together, nothing can be done as all warders and most of the prisoners feel that it is okay to do so.

The other findings were that all the prisoners interviewed denied practicing sex inside the prison but with the warders verifying that some prisoners inside the prison sodomize, there was no clear and dry explanation for these answers. Also these answers from the prisoners (no sexual practice) are confusing when the same prisoners agreed that the issuing of condoms inside the prison is not well maintained.

Then there is this question which says "Why would the prisoners note that the supply of condoms in the prison is well maintained or not well maintained when they do not engage themselves into sexual practice? Another confusing statement about whether prisoners do practice sexual intercourse or not inside the prison was that, one of the prisoners revealed that he has information on prisoners who resist the use of condoms adding that most of them do not use condoms because they are not aware of the HIV status.

4.58.1 Conclusion

Besides the above confusing findings they were clear results in this research, such as the fact that all prisoners, warders including the Head of the Department of the Empangeni Qalakabusha prison agreed that all prisoners do not use drug infections for drug use in other words the whole Empangeni prison is clean when it comes to drug issues. Also that every prisoner is treated equally with the others, either positive or negative the treatment is the same.

All in all, the researcher may have gained confusing results as well as clear results to some of the question of this study, but because the important information which overalls this study was gained.

This information was on whether AIDS awareness or education is given or provided inside the prison. Therefore this research is complete.

4.59. Information on the Head of the Department of Correctional Services at Empangeni Qalakabusha prison.

This is a face to face interview between the researcher and the Head of the Department of Correctional Services at Empangeni Qalakabusha prison. It was held on the 24th of January at 10:30 am inside Mr.Mbatha office who is the HOD. The following conversation was written down by the researcher while interviewing the HOD:

1. Question: Can you estimate the rate of HIV positive prisoners at Empangeni Qalakabusha prison?

Answer : Yes.

2. Question: What is it?

Answer : Uhmmm... 32%

3. Question: Do you provide AIDS education for the prisoners?

Answer : Yes, though it's not me who does the full job but I do organize for those programmes to be delivered inside this prison. Especially when it is the AIDS Awareness Day.

4. Question:

How is the provision of AIDS education inside the prison?

Answer:

Insufficient, due to the lack of facilities and the low budget from the government, but we are trying our best with the minister of Public Works, Mrs Stella Sigcawu on our side we are making sure that this issue will not be a problem any more.

5. Question:

In your opinion is it safe for HIV negative prisoners to stay together with HIV positive prisoners?

Answer:

No, it's not safe because positive prisoners can force those who are negative to have sexual intercourse with them, other than that we have no choice but to put them together in order to avoid discrimination.

6. Question:

Is it fair for extremely sick HIV positive prisoners to serve their sentences inside the prison?

Answer:

No, so most of the times such prisoners get the medical parole, as they deserve more attention and to be watched closely. No one can perform that duty in a perfect and satisfying way to them except their families or loved ones.

7. Question:

Is the rate of drug injectors inside the Empangeni Qalakabusha prison high?

Answer

No, not at all, there are no such prisoners in this prison they are all clean when it comes to drugs.

8. Question:

Are condoms always available inside this prison?

Answer

Yes, to avoid all STD's as well as this virus called HIV.

9. Question:

Do you know of prisoners who resist the use of condoms inside the prison?

Answer

No, I haven't heard about such prisoners, but I think there are such prisoners because people do not think and act the same.

10. Question:

Are there any incidents whereby HIV positive are being mistreated by the HIV negative prisoners and warders inside the prison?

Answer

No, incidents like that do not occur as AIDS educational programmes are provided for both prisoners and warders, so everyone knows how to act and behave when with someone who is positive or infected. In fact information on prisoners who are positive is very private, so it is unlikely for prisoners and warders to know each other's status.

11. Question:

Do you agree with the statement, which says, "Prisoners are seen as the potential hot-spot for HIV/AIDS transmission in every country"?

Answer

Yes, that can be a true statement when looking at cases such as of a female partner, sustaining from any sexual practice while waiting for her sentenced male partner only to find out that the male partner gets out of the prison with this deadly virus.

The worse part is coming out of the prison not knowing whether you are positive or negative, as this will increase the rate of many people being infected, because the infected one will be spreading unintentionally. On the other hand prisoners are the hot-spot for HIV/AIDS transmission for the fact that a lot of prisoners in other prisons use drug injections for drug use with the same needles.

Other prisoners rape each other inside their cells while on the bullying process without knowing each other's status. But to tell you the truth not only prisoners are seen as the potential hot spot for HIV/AIDS transmission, anyone can be a potential hot spot for transmitting this virus.

4.60 Findings and recommendations for the Head of the Department of Correctional Services.

The research also indicates that the Head of the Department of Correctional Services at Empangeni Qalakabusha prison has surely blamed down the effects of the HIV/AIDS in the prison. That does not mean that everything is well because it still has to be transparent and consult with every staff members of the prison and with the prisoners in decision making, about a greater development in delivering AIDS awareness inside the prison in an acknowledgeable way.

This seems to tally with a point raised by Gerber et al (1998:348), communication and channels used for it are essential for the survival of any organization. Adding that, the communication methods and channels used in the organization usually determine the effectiveness of communication between the various groups such as supervisors, and subordinates, employee groups and employers.

4.60.1 Conclusion

The focus of this research has been on the awareness of prisoners from HIV/AIDS, whether prisoners are clear on the matter that involves their lives, whether they still have doubts or believe in myths when HIV/AIDS matters are being dealt with or else they are out of the dark about this virus. The researcher stated that further research be carried out using a larger sample of the respondents to investigate more about the prisoners, warders and the prison management attitude towards the inevitable phenomenon called HIV/AIDS.

This is mentioned in light of the fact that there are many complains of being unsatisfied about the supply of AIDS educational programmes inside the prison, so these problems can not be solved unilaterally by management but need solidarity among the various parties involved in the prison relationship. Finally a lot still needs to be done in this research.

References

1. John Strang and Gerry Stimson, 1990. AIDS and drug misuse: the challenge for policy and practice in the 1990's, London: Routledge.
2. John Hubley, 1995. The AIDS handbook: a guide to the prevention of AIDS and HIV, 2nd edition London: MacMillan.
3. Gerald.J.Stine, 1995. AIDS update 1994-1995: an annual overview of Acquired Immune Deficiency Syndrome, Englewood Cliffs: Prentice-Hall.
4. Peter Davies and Graham Hart, 1993. AIDS: facing the second decade, London: Falmer Press.
5. Evanthe Schurink and W.J.Schurink, 1990. AIDS: lay perceptions of a group of gay men, Pretoria: Human Sciences Research Council.
6. Natalie.L.Sproull, 1995. Handbook of research methods: a guide for practitioners and students in the social sciences, Metuchen: Scarecrow.
7. Duen.R.Monette, Thomas.J.Sullivan and Cornell.R.DeJong, 1994. Applied social research: tool for the human services, 3rd edition Fort Worth: Harcourt Brace College.
8. N.M.Hooper and B.D.Hames, 2000. Biochemistry, 2nd edition Oxford: BIOS Scientific.
9. Hung Fan, Ross.F.Conner and Luis.P.Villarreal, 1989. The biology of AIDS, Boston: Jones and Bartlett.
10. David Nicholas, Yin wa Pang and Koren Paalman, 1988. End-users of outline information systems, London: Mansell Publishing.

11. Martin.A.Birchall and Soibhan.M.Murphy, 1992. HIV infection and AIDS: colour guide, Edinburgh:Churchill Livingstone.
12. Leslie Bash and Andy Green, 1995. Youth education and work, London:Kogan Page.
13. J.C.Welman and S.J.Kruger, 1999. Research methodology for the business and administrative sciences, Johannesburg: ITP.
14. John Creswell, 1994. Educational research: planning, conducting and evaluating qualitative and quantitative research, New Jersey: Prentice-Hall.
15. Lawrance Neuman, 1991. Social research methods: qualitative and quantitative approaches, 4th edition Boston: Allyn and Bacon.
16. David Cooke, Pamela Baldwin and Jacqueline Howison, 1990. Psychology in prisons, London: Rout ledge.
17. Nicholas Bevan, 1988. AIDS and drugs, London: Gloucester.
18. Calvert Dodge, 1979. A world without a prison: alternatives to incarceration throughout the world, Lexington: Heath.
19. Maeve McMahon, 1992. The persistent prison?: rethinking decarceration and penal reform, Toronto: University of Toronto Press.
20. Norman Miller and Richard Rockwell, 1988. AIDS in Africa: the social policy impact, Lewiston: Mellen Press.
21. WHO (World Health Organization) issuing body, 1999-2001. Diphenylmethane disocynate (MDI), Geneva.
22. Warren Parker, Lynn Dalrymple and Emma Durden, 1998. Communicating beyond AIDS awareness: a manual for South Africa, 1st edition Auckland Park.
23. Randall MacMillan, 1988. MacMillan dictionary of building, London.

24. Harold Wyatt, 1988. AIDS information supply and demand, London: British Library.
25. Henry Wechsler, Reinherz and Robbin, 1981. Social work research in the human services, 2nd edition New York: Human Science Press.
26. Allen Rubin and Earl Babbie, 2001. Research methods for social work, 4th edition Belmont: Wadsworth.
27. Bailey, 1987. Purchasing and supply management, 5th edition London: Chapman and Hall.
28. Tony Tripodi, Phillip Fellin and Henry Meyer, 1969. The assessment of social research: guidelines for the use of research in social work and social science, Itasca: F.E. Peacock.
29. Dennis Forces and Stephen Richer, 1973. Social research methods, Englewood: Prentice-Hall.
30. David Silverman and Spirduso, 1987. Interpreting qualitative data: methods for analyzing talk, text and interaction, London: Sage.
31. William Goode and Paul Hatt, 1952. Methods in social research, New York: McGraw Hill.
32. Silver et al, 1987. Current pediatric diagnosis and treatment, 9th edition Norwalk: Appleton-Century-Crofts.
33. Laurance Neuman, 1997. Social research methods: qualitative and quantitative approaches, 3rd edition Boston: Allyn and Bacon.
34. Gregory Moorhead and Ricky Griffin, 1998. Organizational behavior: managing people and organizations, 5th edition Boston: Houghton Mifflin.
35. David Dooley, 1983. Social research methods, Englewood Cliffs: Prentice-Hall.

36. Gerber, Nel and van Dyk, 1998. Human Resource Management, 4th edition Johannesburg: ITP.
37. Alan Rycroft and Barney Jordaan, 1992. A guide to South African labor law, 2nd edition Cape Town: Juta.
38. Athur Thompson and Strickland, 1998. Strategic management: concepts and cases, 10th edition Boston: Irwin.
39. Samuel Steward, 1991. Understanding the male hustler, New York: Harrington Park Press.
40. Medical Research Council annual report 1998/9: health information and transformation report, 2001. Cape Town: Catalyst.
41. Augusto Boal and Adrian Jackson, 1992. Games for actors and non actors, London: Routledge.

Other sources

42. Sunday Times, 27 August 2003: page 2.
43. Metro FM, Morning parliament news.
44. Internet, google website.
45. USAID (United States Agency for International Development) 2000-2002.
46. UNICEF (United Nations Children's Fund) 1996.

APPENDIX A

A QUESTIONNAIRE FOR MALE PRISONERS AT EMPANGENI QALAKABUSHA PRISON

Dear respondent

Kindly mark the correct answer you have chosen with a tick, an (x) or *circle.
You can also write your honest views and opinions on the comment line
/space. I can assure you that all the information given will be treated with
utmost confidentiality. Please do not mention or write your name and
address.

Thanks for your cooperation

Yours truly

.....

Nompumelelo Mkhize. (Miss)

A QUESTIONNAIRE FOR MALE PRISONERS AT EMPANGENI QALKABUSHA PRISON.

1. How old are you?

2. What does HIV stands for?

4. What is the definition for AIDS?

5. What causes AIDS?

6. Do you know the biology of AIDS

Yes ____

No ____

7. Where does AIDS comes from?

8. Who can be infected by this virus?

9. How can AIDS be contracted?

10. Can AIDS be cured?

Yes —

No —

11. Do you get AIDS education programs inside the prison?

Yes —

No —

12. How often do you get these following AIDS education programs -:

12.1. Workshops about HIV/AIDS?

Weekly —

Monthly —

Yearly —

Never —

12.2. Video tapes about the pandemic?

Weekly —

Monthly —

Yearly —

Never —

12.3. Pamphlets/educational leaflets about the virus?

Weekly —

Monthly —

Yearly —

Never —

12.4. Plays about the HIV virus

Weekly —

Monthly —

Yearly —

Never —

Comments -: _____

13. Did you get tested for HIV/AIDS infection?

Yes —

No —

14. When did you get tested for HIV/AIDS?

Prior imprisonment. —

After imprisonment —

Never —

15. Do you get counseling/therapy treatment inside the prison?

Yes —

No —

16. How often do you get counseling/therapy treatment inside?
Weekly ___
Monthly ___
Yearly ___
Never ___
17. Are you allowed to disclose your HIV status?
Yes ___
No ___
18. Have you disclosed your HIV status?
Yes ___
No ___
20. Do you think your inmates/staff members of the prison treat you differently because of your HIV status?
Yes ___
No ___
21. How is the provision of AIDS education in the prison?
Sufficient ___
Insufficient ___
22. Can the issue of AIDS be fully addressed in prisons?
Yes ___
No ___

23. In your opinion who can fully address the issue of AIDS education in prisons?

Comment -: _____

24. Is it fair to incarcerate an extremely sick HIV positive person?

Yes ____

No ____

25. Do HIV positive/negative inmates know their rights while living inside the prison?

Yes ____

No ____

26. Do you get medical treatment inside the prison?

Yes ____

No ____

27. Are you satisfied with the medical treatment you get inside the prison?

Yes ____

No ____

28. Do you practice sexual intercourse here inside the cells?

Yes ☐

No ☐

29. Do you support the use of condoms?

Yes ☐

No ☐

30. Is the provision of condoms inside the prison well maintained?

Yes ☐

No ☐

Comments -:

31. Do you know of prisoners who resist the use of condoms?

Yes ☐

No ☐

32. Do you think HIV positive prisoners can spread the virus inside the prison deliberately?

Yes ☐

No ☐

33. Are the conditions of the cells inside the prison good enough for HIV positive inmates to live in?

Yes ☐

No ☐

Comment -: _____

34. Do you know of any drug use using injections?

Yes ☐

No ☐

35. Do you use drug injections for drug use?

Yes ☐

No ☐

36. Is it fair for HIV negative prisoners to share same cells with HIV positive prisoners?

Yes ☐

No ☐

37. Have you ever witnessed an incident whereby an HIV positive inmate dies inside the cell after a long sickness due to the lack of medical supply in the prison?

Yes ☐

No ☐

Comment -:

APPENDIX B

A QUESTIONNAIRE FOR THE STAFF MEMBERS (WARDERS) OF THE EMPANGENI QALAKABUSHA PRISON

Dear respondent

Kindly mark the correct answer you have chosen with a tick, an (x) or circle it. you can also write your honest views and opinions on the comment line /space. I can assure you that all the information given will be treated with utmost confidentiality. Please do not mention or write your name and address.

Thanks for your cooperation

Yours truly

.....

Nompumelelo Mkhize. (Miss)

A QUESTIONNAIRE FOR THE STAFF MEMBERS (WARDERS) OF THE
EMPANGENI QALAKABUSHA PRISON.

Female -: _____

Male -: _____

1. Are the prisoners tested for the HIV/AIDS virus?

- Yes _____
- No _____

2. When do they get tested for this virus?

- Prior to imprisonment _____
- After imprisonment _____
- Never _____

3. Is it fair for the HIV positive prisoners to stay together with the HIV negative prisoners inside the cells?

- Yes _____
- No _____

Comments -: _____

4. Do the prisoners get AIDS education inside the prison?

- Yes ___
- No ___

5. How often in a year do they attend the AIDS education programs inside the prison?

- Weekly ___
- Monthly ___
- 3 times a year ___
- once a year ___

6. Do prisoners receive the following types of AIDS educational programs:

6.1. Workshops about the virus

- Yes ___
- No ___

6.2. Video tapes about AIDS

- Yes ___
- No ___

6.3. Educational leaflets about AIDS

- Yes ___
- No ___

6.4. Plays about HIV/AIDS

- Yes ____
- No ____

7. Are the prisoners forced to disclose their HIV status to other inmates and warders?

- Yes ____
- No ____

8. How is the provision of AIDS education inside the prison?

- Sufficient ____
- Insufficient ____

Comments -: _____

9. Do the prisoners get enough medical care inside the prison?

- Yes ____
- No ____

Comments -: _____

10. Is counseling/therapy provided inside for the HIV positive prisoners?

- Yes ____
- No ____

11. Do warders in this prison treat HIV positive inmates differently from others?

- Yes ___
- No ___

Comment - : _____

12. Is the provision of condoms well maintained inside the prison?

- Yes ___
- No ___

Comment - : _____

13. Do you know of prisoners who resist the use of condoms?

- Yes ___
- No ___

Comments - : _____

14. Do you know of any drug use using injections inside this prison?

- Yes ___
- No ___

15. Is it fair for HIV positive prisoners to share same cells with HIV negative prisoners?

- Yes ___
- No ___

Comments - : _____

16. Do you think its fair for extremely sick HIV prisoners to serve their sentences inside the prison?

- Yes ___
- No ___

Comment - : _____

APPENDIX C

A QUESTIONNAIRE FOR THE HOD OF CORRECTIONAL SERVICES AT THE EMPANGENI QALAKABUSHA PRISON

Dear respondent

Kindly mark the correct answer you have chosen with a tick, an (x) or circle it. You can also write your honest views and opinions on the comment line /space. I can assure you that all the information given will be treated with utmost confidentiality. Please do not mention or write your name and address.

Thanks for your cooperation

Yours truly

.....

Nompumelelo Mkhize. (Miss)

**A QUESTIONNAIRE FOR THE HEAD OF THE DEPARTMENT OF
CORRECTIONAL SERVICES AT EMPANGENI QALAKABUSHA PRISON**

1. Can you estimate the rate of HIV positive prisoners at Empangeni Qalakabusha prison?

- Yes
- No

2. What is it? _____

3. Do you provide AIDS education for the prisoners?

- Yes
- No

Comment - : _____

5 How is the provision of AIDS education inside the prison?

- Sufficient
- Insufficient

6 Do prisoners inside the prison get enough medical care/attention?

- Yes
- No

7 In your opinion is it safe for HIV negative prisoners to stay together with HIV positive prisoners?

- Yes
- No

8 Is it fair for extremely sick HIV positive prisoners to serve their sentences inside the prison?

- Yes
- No

9 Is the rate of drug injectors inside Empangeni prison high?

- Yes
- No

10 How high?

11 Are condoms always available inside the prison?

- Yes
- No

12 Do you know of prisoners who resist the use of condoms?

- Yes
- No

13. Are there any incidents whereby HIV positive prisoners are mistreated by the HIV negative prisoners and warders inside the prison?

- Yes
- No

14. Do you agree with the statement, which says, "prisoners are seen as the potential hot-spot for HIV/AIDS transmission in every country?"

- Yes
- No

Appendix D

Permission letter

University of Zululand

Private Bag X 1001

Kwa-Dlangezwa

3886

20 February 2003

Dear Sir/Madam

RESEARCH STUDY ON THE PRISONERS' AWARENESS ABOUT HIV/AIDS INSIDE THE QALAKABUSHA (EMPANGENI) PRISON.

I am presently undertaking a Masters research project on the prisoners' awareness about HIV/AIDS inside the Qalakabusha (Empangeni) prison.

This questionnaire was developed in order to gain information about whether prisoners do get HIV/AIDS education inside the prison. Also to find out if the HIV/AIDS education supplied is insufficient or sufficient to the prisoners.

I would therefore be most grateful if you could please answer all the questions, giving your own honest opinion on each question. There is no right or wrong answers. The questionnaire is completely anonymous; therefore please do not write your names on it. The estimated time to complete the questionnaire is twenty to thirty minutes. I will be grateful if the questionnaire can be completed before 10 March 2003.

Thank you for your cooperation.

Yours faithfully

Nompumelelo Mkhize. (Miss) _____