

Being a Criminology Ethnographer in a South African Prison: A Search for Dynamics and Prevalence of HIV/AIDS in the Westville Prison, Durban, South Africa¹

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KEYWORDS South Africa; prisoners; conditions; overcrowding; infectious disease; HIV/AIDS

ABSTRACT This paper is about doing research in a South African prison. It focuses on three issues viz. overcrowding in prisons, acquiring access to doing research in South African prisons, the impact of overcrowded conditions on prison life, and finding an appropriate conceptual research framework to elicit the best possible material from research in prisons. The paper takes a further cue from prison life to understand what impact it could have on civilian life after the release of prisoners. It postulates that the negativities, especially in health conditions and particularly with HIV/AIDS infections, poses a serious threat to an already unstable situation in wider South African society.

INTRODUCTION

One of the most critical issues threatening our planet today is the problem of HIV/AIDS. South Africa's prisons as well as prisons globally, have become a breeding ground for HIV/AIDS, and prisoners now represent one of the most severely affected segments of the population plagued by the disease. HIV/AIDS is the leading cause of death in prison and is both an indication of the pandemic within and outside prison. Prisoners most often come from disadvantaged and marginalized social groups. An issue of great concern is that many of these prisoners who contract HIV in prison will return to the community from which they come. There are approximately 200 000 prisoners incarcerated in South African prisons at any given time, with some prisons up to 200% to 300% overcrowded. Overcrowded prisons become the breeding ground for various types of infections; these may be airborne, such as tuberculosis, or transmissible due to conditions of promiscuity or unhealthy life styles, such as sexually transmitted infections or diseases due to intravenous drug use within the penal institution (World Health Organisation 2001). This paper focuses on doing research in a South African prison, with the specific purpose of trying to ascertain how the overcrowded conditions and dynamics of life in prison contributes towards the spread of infectious diseases, especially HIV/AIDS. Although South Africa is alleged to have one of the highest rates of HIV/AIDS cases in

the world and its prisons are alleged to have a rate of infection that is higher than the rate in its civilian population; very few attempts have been made to conduct research among prisoners with regards to this. While this is often quoted in the media and discoursed and debated in seminars and conferences on HIV/AIDS, access to prisoners by researchers is still constricted by inhibitive legislation. It is widely agreed by criminologists that such restrictions precludes a fuller understanding of life in prisons and the rehabilitative consequences that they should have – although it is agreed that prisons have to be treated differently from other target groups under normal circumstances. Studies in the lives of prisoners require approaches that must conform to official positions and to security issues that are necessary to ensure the sanctity of an institution that is intended to keep criminals apart from the normal civilian population. For this reason any approach that is used to research such a target group must either be unique or must be an adaptation of an accepted framework that has earned a reputation for generating reliable data. In the course of conceptualizing an approach for this paper, ideas straddled between how to gain access to the prison to do research to what approach would be most appropriate to acquire the best possible information. I posit here that under the circumstances, while written permission had to be sought from the prison authorities outside of Durban, using the time-honored principles of the anthropological

ethnographic approach to research would be my first preference. Research methods in criminology would stand to benefit immensely if this method is increasingly applied to research that is committed to understanding the life of research subjects on an individual and community basis – as the evidence below tries to evince.

RESEARCH METHODS

Criminology and the Need for an Ethnographic Approach

Criminology is concerned with the investigation of crime and is dedicated primarily to the empirical analysis of crime and crime control, as well as to the explanation of contravention of legal sanctions. Modern criminology no longer views official crime and sanctioning data as simply given truths but rather integrates the development, dynamics and social consequences of these data within the hypothesis under investigation.

While the tendencies and numerous results of criminological research are difficult to grasp completely, their gaps, difficulties and undesired side-effects cannot be disregarded. For instance social and medical conditions within prisons systems in South Africa was increasingly brought under the media spotlight since 1994, yet there is a lacuna in empirical data that reliably discourses and debates life threatening diseases viz. Tuberculosis (TB), Pneumonia and HIV/AIDS in prisons. One way in which we should be able to establish this direction in criminology research is through the adoption of an already acceptable tradition in social science research viz. the ethnographic method.

As an established anthropological and sociological method of data gathering, ethnographic research questions the association between culture and behaviour and how cultural processes develop over time. One of the distinctive characteristics of ethnographic research is the engagement in participant observation in order to gain insight into cultural practices and social phenomenon. However, participant observation is not the only method that constitutes a viable research avenue to arrive at the same goal. Knowledge acquired through ethnographic methods, which includes the case study method, conversational analysis and interviewing people can also facilitate

understanding the actions of individuals and the socio-cultural contexts in which they occur. Its significance lies not only in the ways in which both individual and group behaviour can be documented as descriptive studies but also the ways in which individual behaviour can be articulated as manifestations of general social patterns in particular social settings. The use of the case-study method often serves as an important instrument in acquiring such data. For instance, Somekh and Lewin (2005) rightfully assert that individual case studies also reflect upon how individuals respond to wider societal expectations and pressures. Their statement is not only a widely accepted norm in social science research, but it also constitutes a challenge to the ways in which such assertions can be used in specific types of research, such as in criminology.

In the recent past several researchers approached the issue of aids in South Africa as well as of prisoners in South African jails. For instance, Whiteside and Barnett (2002), as medical practitioners, drew attention to the social and economic impact of HIV/AIDS and ominously warn us of the dire consequences of this global epidemic if we do not respond to it with the attention it demands. In the course of their work they allege that “Politicians, policy-makers, community leaders and academics have all denied what was patently obvious – that the epidemic of HIV/AIDS would not affect only the health of individuals but also the welfare and well-being of households, communities and, in the end, entire societies.” Steinberg (2004) produced what he called “a self-effacing understanding on the operation of prison gangs in the Western Cape.” However, Steinberg was allowed to spend only the first half of a day at a time, “shadowing”, as he stated, a senior official as he did his research. The prisoners were returned to their cells between 16.00 hrs and 07.00 hrs - effectively behind bars for 15 hours every day. The prison accommodated 3000 prisoners, with each cell accommodating between 40 and 60 men although they were designed to accommodate an average of 18 per cell. During an 18 month period Steinberg interviewed 30 gang members. Although he draws attention to the prevalence of gang and sexual violence, he failed to draw the relationship between the commission of these acts of violence to the spread of HIV/AIDS in and subsequently out of prison.

The data for this paper was derived from an

attempt to engage in ethnographic data gathering to present a description of the social life and the understanding of the prison environment and its impact on prisoners in the Westville Medium B Prison, the biggest prison that serves the Durban, one of South Africa's megacity metropolitan areas that is situated in the east coast. Ethnographic studies were also informed by a concern to "tell the story", or let the voices be heard, of less fortunate or marginal members, or less visible members within society (Somekh and Lewin 2005). Its usefulness lies in the way individuals are understood and the ways in which they integrate into their wider surroundings. Their personal histories, family backgrounds, community surroundings, approaches to life and world views provide a widely encompassing framework for intensive and extensive research on relevant issues. Bearing this in mind, interviews began in May 2005 with senior officials of the South African prison services in Pretoria and Cape Town, with officials in the prison that was researched, with an NGO that did work with prisoners and with post released prisoners themselves. Observations and interviews were done on several occasions after arrangements were made with the prison officials. While the conventional approach to participant observation is not entirely possible in a prison environment, I assert here that the ethnographic methods through the additional avenues mentioned above are nevertheless useful ways in understanding the dynamics of life in prison.

Fieldwork

Fieldwork for this paper began after the arduous task of completing a PhD in 2004 on overcrowding and related problems in South African prisons. Post-PhD research continued through interviews in one of Durban's major prisons viz. the Westville Medium B (WMB) prison. One of the major factors that recurred in the literature surveys and interviews with people from across a range of backgrounds was the alleged prevalence of HIV/AIDS in prisons. The regularity of this issue urged me towards wanting to understand this phenomenon in greater depth. Attempts to acquire more detailed information on it was often hardly revealing or useful. The Judicial Inspectorate of Prisons (JIP) Annual Report (2004/2005) lists deaths in prisons under two categories: all HIV/AIDS related deaths and

those where a prisoner died because of illness under "Natural Deaths". "Unnatural Deaths" on the other hand included "assault, murder, suicides, accidents or similar events" (JIP Annual Report 2004/2005). This approach is symptomatic of the state's policy of denialism towards the general prevalence of HIV/AIDS in South Africa.

Numerous attempts at securing reliable and authentic information are a perennial problem among researchers in South Africa. Department of Correctional Services employees chosen for interviews included prison officials, social workers and psychologists. My visits to the different sections, (Durban Medium A, Medium B, Juvenile Centre and Female), of the Durban Westville Prison, was initially met with a resistance from officials to respond to my questions, but who eventually agreed provided their identities were not revealed. More frequent visits revealed a very serious overcrowding problem in the prisons. This was evident in the improvised arrangements to accommodate large numbers of prisoners into the cells. Prisoners complained of the lack of basic necessities like beds, blankets, sheets and toiletries²² Visit to the Durban Westville Prison with Criminology 3 students doing the module Corrections in 2004 and 2005.

Two groups of researchers over the last five years have recorded situations that have brought them into direct conflict with the state's approach to revealing the situation with HIV/AIDS in the country's prisons. For instance, a Mail and Guardian report (18 February 2003) provided information that is astounding but reflective of the state's attitude towards the pandemic. They reported that "the number of Aids-related deaths in South African prisons was estimated to have grown by 750% since 1995...Six times more prisoners died of natural causes last year than in 1995, and 90% to 95% of the deaths were believed to have been Aids-related." However, the Department of Correctional Services released statistics that were significantly lower than this estimate, stating that there was no more than a 40% increase in HIV/AIDS between 1996 and 2000. This glaring difference in statistical information was challenged by the vociferous Treatment Action Campaign's (TAC) recent research report in which they boldly state: "The Department of Correctional Services does not know the HIV prevalence rate in prison. The annual report does not disclose how the current estimate, about 3%, is determined but the Department has

acknowledged that this figure is unrealistically low.” However, in self-defense and a continuous style of trying to blur the reality about HIV/AIDS statistics, the Department also disputed the Inspecting Judge of Prisons, Judge Fagan’s estimate that as many as 60% of prisoners could have HIV, as being “unrealistic and unreliable” – but without explanation. The TAC provides detailed information on the dynamics of researchers’ perspectives and the state’s attitude towards the prevalence of this pandemic (Goyer et al 2004). The state’s authoritarian approach to the issue was especially demonstrated when the Commissioner of Correctional Services prohibited the release of a report that exposed important information on the subject. “A few weeks after the prohibition, Special Assignment, a television documentary, aired an expose of corruption at a prison in South Africa. Immediately the Commissioner of Correctional Services declared a three-month moratorium on all prison research. The last instruction received from the Commissioner regarding the Westville report was a command to eliminate any and all reference to the possibility of further research, particularly any statements about the need for a study of a selection of several prisons across the country. Almost two years later, the findings of the Westville report, the only study ever conducted on HIV prevalence in a South African prison, remains under embargo by the Department of Correctional Services. Any and all publications that are drawn from the data must first be submitted to DCS for review. The actual report is considered the property of DCS and cannot be released into the public domain without DCS approval (Goyer et al., 2004).”

It was this issue that provoked my interest in the study of HIV/AIDS in prisons – urging me to visit the Westville Medium B Prison - a maximum security prison with my level three Criminology students in 2005. As part of a module on “Corrections” a principal component pertains to the overcrowding and the consequences thereof within the penal system. To enhance the student’s knowledge and understanding of the correctional institution I felt it was important to give them a practical perspective on the conditions in a major prison in the city of Durban. After communicating with the area commissioner, the Department of Correctional Services officials and the head of the Medium B Prison, only verbal permission was granted to visit the prison. Prior to the intro-

duction of the Correctional Services Act of 1998, nobody was allowed within 100 meters of any prison in South Africa without written permission from the Commissioner.

Preceding the prison visit, students were armed with the knowledge of several aspects pertaining to the state’s legislation on prisoners. In addition, they were also informed about widespread media and independent organizations allegations of overcrowding in prisons. One important aspect of the Correctional Services legislative requirements is Section 35 (2)(e) of the constitution, which states that: “Everyone who is detained, including every sentenced prisoner, has the right to conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material, and medical treatment.” However, the students’ as well as my exposure to these conditions was interesting. Each prison cell accommodated three times the number of prisoners for which they were designed. There were up to 60 inmates in cells that were designed for only 20 prisoners. Three beds were placed bunk-style one on top of the other, with only a few inches separating them laterally. Prisoners were unlocked at 7am and are locked again at 3 pm – keeping them confined to their cells for up to 16 hours of the day with the use of only one toilet and one shower per cell. The Westville prison lock-up times were similar to the times that were revealed by Steinberg (2004: 7). Through a spot-check on 10th February 2006, the WMB had 4251 inmates, whereas its capacity was 1766 – resulting in an overpopulated number of 2485, or 240.71% overcapacity.

While overcrowding was a glaring reality in the prison, talk about the prevalence of HIV/AIDS within it was cautious among the prisoners but more direct by officials who felt an urge to speak about its existence. It was clear that overcrowded prison conditions could easily contribute towards the spread of HIV/AIDS if allegations of persistent sexual activity among prison inmates are true. In an earlier research task I had focused, only through a literature survey on HIV/AIDS, overcrowding, gangsterism and high risk sexual behaviour in prisons. After its completion in 2004 I decided to transcend the boundary by extending my research within an actual prison. This urge was stimulated by a Ministry of Health figure of 6.5 million people infected with HIV, released in July

2004, making South Africa one of the most profoundly affected countries in the world - with one in seven people being a victim of this pandemic.

After numerous emails, faxes and telephonic conversations with the head office of the Department of Correctional Services in Pretoria, I submitted my application together with my research proposal in May 2005, to the relevant office in the Department of Correctional Services for ethical clearance to conduct research. The process was a long consuming one that did not guarantee anything, especially since the Research Ethics Committee of the Department of Correctional Services schedules only four meetings per year. By September 2005, a response was received requesting more specificity and clarity for the intended research. Only two weeks before a conference that was scheduled in Mumbai, for which this paper was intended, I received only telephonic verbal confirmation of the Ethical Clearance for this project.

In the interim however, I was able to focus on four post-released offenders with the explicit intention of acquiring at least a cursory understanding of conditions in prisons. Further to this, I was successful in acquiring permission in February 2006 to carry out interviews with 50 prisoners. While the first part of this exercise is discussed to some extent, the second set of interviews with the fifty prisoners is ongoing and incomplete. They were asked six questions which were thought to be significant to them as prisoners' viz. what they understood by the term "HIV/aids, their awareness of their HIV/Aids status, their knowledge of the prevalence of HIV/Aids in WMB, their estimation of it in terms of it being low, high or non-existent, their awareness of anyone contracting HIV/Aids after being admitted to prison, and their fear of contracting HIV/Aids in prison. However, due to the ongoing nature of the latter of the research only the former will be discussed - before the conclusion³.

A SYNOPSIS OF SOUTH AFRICAN PRISONS

It is an established fact that anti-social behaviour and violence in South Africa is a normative factor of the country's socio-political life (Van Zyl Smit 1990; Mushanga 1992; Rotimi

and Oloruntimehin 1992; Glanz 1996). It would therefore be expected that crime and the prison population in the country would be comparatively higher than many countries that share similar magnitudes of economic and population sizes. During the years of apartheid crime was viewed in racial terms and punishment was meted out similarly, with those who were classified as White in terms of the Population Registration Act of 1950, being given sentences that were mainly intended to rehabilitate and seek redemption rather than punish them. However, while such programmes were probably constructive and helpful to White individuals, it was not helpful to the wider society because of its selectivity and the insulated lives that apartheid created around the classified groups. Among the other population groups viz. Blacks, Asians (mainly Indians) and Coloureds (people of mixed descent) such rehabilitative measures did not exist. Most South African prisoners usually came from communities where poverty was continuously reproduced. These conditions resonate with a recent World Health Organisation (WHO) report which reemphasized the widely known effects and manifestations of poverty, especially in developing countries (WHO, 2001). Prisoners most often come from disadvantaged and marginalized social groups, such as the urban poor, ethnic minorities, new immigrants and substance abusers. Thus the escalation and spread of contagious diseases, becomes rife and the breeding ground for an extensive range of infections, such as tuberculosis (TB), bronchitis and HIV/Aids. These may be airborne or sexually transmitted, as is often allegedly the case among prison populations in South Africa. Of special concern in this paper is the epidemic of HIV/Aids, which is a known carrier of these diseases and is therefore, being increasingly referenced by policy makers, academics and NGOs.

Poverty was and still is the basis for the high levels of crime among South Africa's indigent communities, which in turn impacted on the size of prison populations in the country. Overcrowding in South African prisons has therefore become one of the major challenges that officials in the prison service have to confront. Interviews with Correctional Services officials inevitably drew upon the perennial problem of space and capacity in the prisons that they managed. Early twenty-first century figures on capacity in South African prisons is estimated at

113 825, while the actual prison population at the time of research was 187446. In the prison that was targeted for this research, its capacity was 4500 but the actual prison population in May 2005 when the research began was 12 000. This constituted a near 300% over-crowding, making it an inadequate facility for a region that is still characterized by high levels of crime and very high levels of HIV/AIDS infections. An initial visit and overview of the prison revealed expected inappropriate living conditions, especially with inadequate hygiene and ventilation, over-crowding in cells and frequent references by officials to high risk sexual behaviour, violence, gang activity and corruption within the prison walls. Sodomy, rape, sexual intercourse and sexual assaults have been reported as regular and normative occurrences in the prisons⁴⁴ Visit to the Durban Westville Prison with Criminology 3 students doing the module Corrections in 2004

HIV/AIDS IN PRISONS

Overcrowded conditions in the South African prisons facilitate an easy spread of communicable diseases among inmates, of which HIV/AIDS has become the most tempestuous and problematic. Recent statistics has brought this problem to the fore by highlighting the substantial increase in the recorded number of "natural" deaths" i.e. deaths due to illness in prisons since 1995. In the decade from 1995 to 2004 the number of "natural deaths" increased from 1.65 deaths per 1000 prisoners per annum to its current level of 9.1 deaths per 1000 per annum – resulting in a total of 1758 deaths during this period - amounting to an increase of almost 900%. Of this figure 1689 were "natural " and 69 were unnatural (Judicial Inspectorate of Prisons 2004/2005). 543 of these deaths included prisoners between the age group of 20 to 30 years and 695 were between the ages of 30 to 40 years. These statistics are consistent with two important issues. First it tallies closely with the HIV/AIDS pandemic within the wider South African society - where most of those diagnosed with HIV/AIDS are in the population group aged between 30 to 40 years (Judicial Inspectorate of Prisons 2004/2005). Second, the majority of South Africa's prison population falls within the 20-40 year age group - among whom there is a high rate of intravenous drug use and tattooing - which is another known method of transmitting HIV/AIDS. The country's Director

General of Prison Services, Judge Fagan (2002) stated, when briefing the National Assembly's Correctional Services Committee: "HIV-positive prisoners leaving prison are more likely to spread the disease due to unhealthy conditions inside prisons. It should be noted that while the number of unnatural deaths in prisons, such as those due to violence, remained low and absolutely 'rock-steady', the number of natural deaths was rapidly increasing. Almost all of these were AIDS-related. The conditions in the overcrowded prisons were 'not conducive to longevity of those who are HIV-positive'. Lack of fresh air, lack of exercise and high stress levels are some of the factors shortening inmates' lives."

Reaction to these conditions has been firm, assertive and widespread. For instance, Jacobs (2003) suggests that "...the debate on the prevalence of HIV/AIDS not only provides gruesome statistics regarding the scourge in prisons but also seems to imply a criminal dereliction of duty by Correctional Services with grave consequences for society in the medium to long term". There is a Correctional Services policy on HIV/AIDS to render an effective and efficient HIV/AIDS and Sexually Transmitted Infections health care service to prisoners and to release them back into the community with minimal risk to society. However the policy is not always effectively managed or understood due to the lack of human and financial resources. Although prisoners living with HIV/AIDS are not isolated and in some prisons receive counseling, there is no uniformity regarding the application of Department of Correctional Service's policy.

In 1995 the Department of Correctional Services implemented its policy to separate HIV/AIDS infected inmates from those who were not. This policy was reassessed a year later when the World Health Organization (WHO) Guidelines on HIV Infection and AIDS in Prison condemned the segregation policy. The World Health Organization distributed guidelines on HIV infection and AIDS in prisons. One of the primary principles advocated by WHO was the 'equivalence principle' which states: "All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status or nationality. The general principles adopted by a national AIDS programme should apply equally to all prisoners and to the community (WHO, 1993)." South

Africa was forced to review and change some of its practices to avoid collision with constitutional requirements that were enshrined in the Bill of Rights, as stated in Section 9 of the Constitution (Act 108 of 1996): "Everybody has the right to equality and non-discrimination; everyone, including prisoners, is equal before the law and has the right to equal protection and benefit of the law; equality includes the full and equal enjoyment of all rights and freedoms; the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth." In 1996 the practice of segregating HIV positive prisoners in South African prisons was terminated.

In October 2002 the Department of Correctional Services again restructured its policies on HIV/AIDS in prisons, forcing them to succumb, though not condone an inescapable situation. The reality of homosexual intercourse became an accepted normative practice in South African prisons, coercing the generally conservative officials in the prison services to dispense free condoms. However, there were two significant problems with this policy. First, the condoms were not lubricated and tore easily during anal intercourse. Second, condom dispensers were placed in areas which dissuade prisoners from freely accessing this privilege out of sheer shyness for wardens and the fact that sexual interaction in prisons is actually forbidden.

The table 1 is an illustration of the generally high turnover of prisoners in South African jails. In the year 2004 there were 358 436 prisoners that were released from prison, i.e. about 30 000 prisoners released every month. Yet about the same number is taken into state custody during the same period – creating a virtual static prisoner population. There were 225 373 awaiting-trial prisoners who were taken to court and not returned to prison during 2004. This amounts to 18 793 offenders per month who were exposed to the negative elements of imprisonment for short periods of time. The implications here are that when offenders are released and returned to civilian life, their possible infection in prison is likely to spread within their communities.

The official policy regarding early release of prisoners who have AIDS consists of several bureaucratic levels, with the result that majority

Table 1: People released from Prison during 2004

<i>Releases</i>	<i>2004</i>
<i>Type of Release</i>	
Medical	76
Bail Pending Appeal	311
Deportation/Repatriation	2543
Detainees	2888
Warrant of Liberation	4952
Awaiting-trial transferred to SAPS	1221
Parole Board Prisoners	10211
Fine Paid	15391
Parole Non-Board prisoners	10834
Sentenced prisoners on sentence expiry date	20607
Awaiting-Trial bail paid	64029
Awaiting –trial to court not returned from court	225373
Total	358436

Source: Office of Inspecting Judge Annual Report 2004/2005

of the prisoners die before their release is approved. Goyer et al. (2004) for instance pointed out that: "There are approximately 188 000 prisoners incarcerated in South African prisons at any given time. However, this does not mean that 188 000 criminals are locked away, isolated from public, and unable to impact on the lives of those in the general community. Over 40% of prisoners are incarcerated for less than one year; only 2 % are serving life sentences. On average, 30 000 people are released from South Africa's prisons each month. This translates into 360 000 former prisoners returning to the community each year. They bring their illnesses, infections, and/or disease with them. The greatest concern should not be directed at the risk of HIV transmission inside of prison, but the potential impact of prisoners on HIV transmission outside of prison."

Awaiting-trial prisoners are often assaulted and coerced into homosexual relations with other inmates. If one works on the idiom: "innocent until proven guilty", then it must be equally assumed that among the awaiting-trial prisoners there could well be innocent people whose impoverished statuses precludes their immediate release through payment of bail or a fine to avoid the stresses of generally long drawn out and expensive legal proceedings.

HIGH-RISK BEHAVIOUR IN PRISON CONTRIBUTING TO HIV/AIDS

The South African prison is alleged by officials to be a breeding ground for the spread of HIV/AIDS. Allegations of the prevalence of sexual activities, contamination of needles and

the overcrowded prison conditions itself are well-known contributing factors to the spread of HIV/AIDS and figures of infection rates are generally comparable to those within the community.

The most likely, though not only people, to contract HIV are usually the most vulnerable who are most likely to go to prison viz. the young, unemployed and the uneducated. Goyer (2003) convincingly argues that many of the socio-economic factors which instigate high-risk behaviour for contracting HIV are the same factors, which lead to criminal activity and incarceration. This type of behaviour may include multiple-relationships, homosexual activity, intravenous (IV) drug use, gangsterism and the use of contaminated instruments. Many of the offenders who are incarcerated are often diagnosed to be in poor health. According to Morodi (2003) the prison population throughout the world has been exposed to dreadful diseases of an incurable nature such as HIV/AIDS and other related illnesses like tuberculosis (TB), for a number of reasons, especially through deprivation of conjugal rights and as a result of overcrowding in prison cells. Morodi's study emphasizes that conditions of overcrowding, stress and malnutrition compromise health and safety and have the effect of worsening the overall health of all prisoners, especially those living with HIV or AIDS. In this study similar responses were given by officials in ways that simply echoed the issues that Morodi was communicating. Officials and prisoners repeated claims that the victimization of the younger, weaker prisoners is a direct result of the power of gangs, facilitated by corruption within the Department of Correctional Services.

The scale of sexual activity in prisons is complex to establish because studies must rely on prisoners self-reporting. Sex in prison often takes place in situations of violence or intimidation therefore both perpetrators and victims are reluctant to discuss its occurrence. Sexual activities occur through homosexual interaction – creating an unrelenting social stigma to it and often forces avoidance of complaining to the authorities. Giffard (1999) points out that in a Lawyers' for Human Rights survey, it was estimated that 65% of inmates in South African prisons participate in homosexual activity. In addition to the already infected HIV positive prisoners, it has become a normative expectation that a significant number of yet to be potential arrestees will also contract HIV while

temporarily incarcerated. Rape and homosexual intercourse is part of a larger socially stratified phenomenon, the ranking of prisoners into a hierarchy that is determined by brute strength and fighting prowess. The incidence of forced, coerced, and consensual sodomy is a reality of prison life, and is considerably increased by overcrowding and gang activity (ISS Monograph No 64 September 2001). This type of sexual interaction carries the highest risk of HIV infection, particularly in cases of rape. Forced anal intercourse is more likely to result in rectal tearing, which increases the likelihood of HIV transmission because the virus has a greater probability of entering the bloodstream. HIV transmission is compounded by the presence of untreated sexually transmitted infections (STI's). Some STI's, such as herpes and syphilis, result in genital sores. Breaks in the skin in the genital region increase the likelihood of HIV transmission. The prisoner population has a higher incidence of STI's and prisoners are often not given their constitutional right of access to proper treatment. As a result, prisoners are more likely to have untreated STI's than the general population and are also at greater risk for transmitting and contracting HIV - within and outside of prison (ISS Monograph No. 64 September 2001).

There are also numerous instances where youth who serve in an adult penitentiary will, at some juncture, have to attack or kill, or else face the risk of being labeled "a punk". Interviews with post-released prisoners revealed that "in their world of darkness sex in prison is an every day, every night experience⁵". Only the strong and daringly brave youngsters have the ability to ward off such advances and often have to do so through dangerously fighting against bigger, tougher and more experienced prisoners. The social stigma of "a punk" carries with it an image that is fractious and demoralizing to younger and inexperienced prisoners. It sets them apart from those who are able to enjoy hard earned privileges that are sought through brute strength and precludes them from being treated as equals among their inmates. An inability to fight back almost inevitably turns the weaker prisoners into fair game for the prisoners with a predator mentality.

CONTAMINATED INSTRUMENTS IN PRISONS

In South African prisons tattooing forms a

fundamental part of the prison gang sub-culture. One of the many health and safety hazards linked with this is the transmission of the HIV virus through contaminated instruments. The risk of transmission is higher if an instrument is used to perforate the skin, becomes contaminated with HIV positive blood, and is then instantaneously used on another prisoner without sterilization.

Prisoners are idle for most of the day. Many prisoners utilize this time to design innovative tools from basic utensils such as pens, spoons, plates, wires, toothbrush's and asthmatic inhalers. These instruments are used for tattooing and in assaults. For ink, prisoner's burn rubber bands or use shoe polish⁶. Although tattooing is extremely widespread in South African prisons, it is against the prison regulations. Thus prisoners who develop infections resulting from tattooing are not likely to request medical attention. Their only saving grace possibly lies in the words of Highelyman (1999) "The risk of HIV transmission from use of contaminated cutting instruments will depend upon the amount of blood involved and the time elapsed between uses, as well as the viral load of the infected person and certain biological attributes of the non-infected person."

TRYING TO ASCERTAIN THE PREVALENCE OF HIV/AIDS IN PRISON

Since blood tests for establishing the positive or negative statuses of prisoners is voluntary, no reliable data exists on the extent to which this rate of infection prevails in South African prisons. "We therefore have to rely upon external studies, such as from the United States of America, which states that inmates are dying an average of eight months earlier than AIDS patients in the general population (Moriarty and Fields, 1999)." This finding is supported by Thomas and Moerings (1994) statement that the incarceration of prisoners "speeds the progress of the disease from the infectious stage into the full-blown malady". An only way to estimate the HIV prevalence amongst prisoners in South Africa is to use the demographic statistics provided by the Department of Correctional Services and apply it to projections from antenatal clinic statistics in the broader community. Given what is known about the high-risk behaviour of prisoners prior to their incarceration, the high risk profile of the prisoner demographics and the risk of transmission inside prison, most researchers

agree that HIV prevalence in South African prisons is expected to be twice that of the prevalence amongst the same age and gender in the general population (Goyer, 2003).

According to the Department of Correctional Services, in South Africa, the number of deaths in prison has increased more than five times since 1995, and continues to escalate. The Judicial Inspectorate has projected that in the year 2010, nearly 45 000 prisoners will die while incarcerated.

The prison conditions render an opportunity for prisoners to practice sodomy towards their fellow inmates who have assumed the roles of 'wives' in return for protection against other inmates posing a serious threat to them. Goyer (2003) postulates that those who consistently serve as the receptive partner are often described as 'very needy', they are usually recently detained, either juveniles or young adults, who have no blankets, soap, plates or food. They have no relatives from the outside to help them and care for them, they are in physical need and confused by their recent detention and they turn to somebody to care for them. The ones they usually turn to are those who have outside supplies. The relationship between them was described as similar to that between a poor prostitute and a rich client."

The transmission of tuberculosis (TB), within the prison system is often a dynamic force behind a country's pandemic. TB is a communicable airborne disease. Some of the main causes for the proliferation of this disease are due to: late diagnosis, inadequate treatment, overcrowding, poor ventilation, low sanitary standards and often poor coordination between public health workers and correctional personnel. There are no statistics available on the full extent of TB in South African prisons, but given the conditions of overcrowding there is every reason to believe that the disease affects the prison population to an alarming degree (Goyer, 2003). The level of TB in prisons has been reported, by the Tuberculosis: Strategy and Operations, Monitoring and Evaluation (n.d.), to be up to 100 times higher than that of the civilian population. HIV infection and other pathology more common in prisons (for example, malnutrition, substance abuse), encourage the development of active disease and promote transmission of the infection. The current ad hoc approach to health care in prisons will not control the spread of this epidemic and places both prisoners and staff at risk. The lack

of a comprehensive response also carries with it the added danger of Multiple Drug Resistant TB (MDRTB) (Goyer, 2003). Prisoners are generally unlocked for breakfast around 7 a.m. and are locked again at 3 p.m. This means that a typical cell contains 50 to 60 people who spend 18 hours each day in close proximity to each other with no ventilation or air circulation.

Due to the lack of skills training and employment opportunities prisoners remain idle. Both prisoners and prison officials acknowledge that this leads to gangsterism which is an established means of existence in prison⁷⁷. Gang activities involve the use of alcohol, drugs and weapons. Violence between prisoners often results in bleeding and this contributes to the transmission of the HIV virus. Sodomy is widespread and prisoners, especially juveniles, complained of enforced sodomy and of gang members using food and additional commodities as a means of inducing permission. Tattooing, which is a symbol of membership into a gang, increases the spread of HIV. Violence, an inherent part of gang activity, leads to bleeding and contributes to the spread of HIV.

INTERVIEWS WITH POST-RELEASED OFFENDERS

All of the information discussed above was affirmed by interviews with four post-released offenders - who were incarcerated for serious crimes, i.e. murder, rape, armed robbery, house breaking and car hijacking. A three page questionnaire formed part of the exercise to learn about the offender's criminal history, sexual behaviour, drug use, personal situation prior to incarceration and their knowledge of HIV/AIDS. Semi-structured interviews were conducted with the intention of allowing the interviewee to answer open-ended questions. This allowed me to gain additional insight into their experiences and the conditions that they were subjected to within prison. Every interviewee was promised confidentiality prior to the commencement of the interview. At least four major issues emerged from this exercise. All four offenders were South African citizens. At the time of the commission of their crimes they were youth and were branded by the courts as habitual criminals. Each of them had served approximately two thirds of their sentence and was released on parole. All four prisoners had served part of their sentence at the Westville Prison, either as awaiting trial or

sentenced prisoners. Prior to incarceration the offenders belonged to a gang. However, only one offender alleged that he belonged to a gang within the prison. Gang activity is alleged to be rife in Westville Prison, in which there were five gangs viz. the 26's - responsible for robbery, assaults, stealing and drugs; the 28's - responsible for sodomy; the Big Fives - responsible for spying for prison officials so that they could get a reduction of their sentence or faster parole; the Airforce - responsible for escapes and the Mampatas who were regarded as schoolboys either because they were still young or not physically strong and did the washing, ironing and other chores for the more dominant and physically strong inmates. It was not uncommon for prisoners to "sell their bodies" for sex or bribe kitchen workers with money for better food. The lack of prison personnel is also a contributing factor to sexual exploitation of weaker and younger inmates. For instance, at night only one prison official is required to guard approximately four hundred prisoners from a single observation post.

Prison cells are overcrowded, especially the awaiting-trial section (Medium A). Awaiting-trial prisoners do not receive the privilege of recreational activities. They are subjected to gross human rights violations; for example, all awaiting-trial prisoners returning from court are subjected to being searched naked in full view of everyone. Within a period of seven months one offender was subjected to this humiliation for 32 times. Upon their return from court offenders were required to remain in a cell, referred to as "a box" that accommodated 180 offenders. Offenders had to stand or sit until the following day due to the lack of space. These conditions deprived them of sleep and exposed them to individuals who appeared to have had a penchant for mocking, belittling and robbing others of everything they had. Drug usage, sodomy (which was often used as a form of revenge on other inmates) and assaults within the prison was rampant. It was "an accepted part of life" within the institution.

CONCLUSION

The use of specific techniques in the ethnographic method has helped to ascertain information that produce a sensitivity towards individual experiences in a system that is operated under conditions that are generally very restrictive and ominously overcrowded. Officials

and policy makers would be the first to benefit if researchers are allowed to work on issues that require greater attention in the prisons, especially for the effects that HIV/AIDS is likely to have not just in prisons but outside of it as well. The evidence above demonstrates that whether one is a prisoner or an official, the conditions in South African prisons do not produce anything positive that would allow prisoners the chance to feel rehabilitated. In Whiteside's and Barnett's (2002: 81) assessments, the South African prison is actually a risk environment: "When a deadly disease appears and the social and economic environment is such so as to facilitate rapid and/or frequent partner change, then that environment may be described as a risk environment and the act of sexual intercourse becomes risk behaviour." But entry to them must be more flexible and accommodating. Criminologists too would be contributing immensely, if through the ethnographic method, case studies are written and discussed to enhance our understanding of criminals' personal backgrounds, their life histories and their reasons for doing the type of crime that they commit. Over an 18 month period, Steinberg (2004) was able to do only 30 indepth interviews, while in the early stages of this project I was only to interview only four post-released offenders. While each case might be unique and circumstantial, life histories are likely to produce an understanding of patterns of crime and of behaviour that would keep us better informed. Criminology would be a stronger and more attractive science if newer research methods are tried and tested, especially in view of its inert-relationships with a range of social science and humanities subjects. The ethnographic method, especially through the case-study technique, individual and group interviews would enhance the quality of knowledge that we have on South Africa's enormous prison population. Easier access for researchers into prisons would likely lead to the production of more accurate knowledge and more appropriate policy measures.

NOTES

- 1 I would like to thank the University of KwaZulu Natal for providing me with the opportunity to present this paper at the HOPE 2005 International Conference on HIV /AIDS and Substance Abuse held in Mumbai, India on the 3-5 November 2005. I would also like to thank Professor Anand Singh for his invaluable advice and support in compiling this article.

- 2 Visit to the Durban Westville Prison with Criminology 3 students doing the module Corrections in 2004 and 2005.
- 3 I would like to thank Khulisa, a crime preventative unit in Pinetown; KwaZulu Natal, South Africa for allowing me to conduct interviews with post released prisoners on their premises on the 19 September 2005.
- 4 Visit to the Durban Westville Prison with Criminology 3 students doing the module Corrections in 2004
- 5 Interviews with post released prisoners at Khulisa on the 19 September 2005.
- 6 Interview with prison officials at the Durban Westville Prison on the 28 September 2005.
- 7 On the 28 September 2005 the researcher conducted interviews with prison officials at Westville Medium B Prison. On the 12 October 2005 semi-structured interviews with prison official at Westville Prison was conducted.

REFERENCES

- Annual Report of the Judicial Inspectorate. 2002/2003. [Online] Available at: insp.pwv.gov.za
- Giffard, C. 1999. *Out of Step? The Transformation Process in the South African Department of Correctional Services*. University of Cape Town: University of Cape Town Institute of Criminology.
- Glanz, L.1996. "The causes of crime in South Africa." *Paper presented at the CRIMSA International Conference on Crime and Justice in the Nineties*. Pretoria: Unisa, 3-5 July.
- Goyer, K.C.: 2003. *HIV/AIDS in Prison Problems, Policies and Potential*. ISS Monograph Series. No. 79. February.
- Goyer, K.C., Y. Saloojee, M. Richter and C. Hardy. 2004. *HIV/AIDS in Prison: Treatment, Intervention, and Reform*. A Submission to the Jali Commission on behalf of the AIDS Law Project and the Treatment Action Campaign.
- Harvey, E.: 2002: Rape in Prison. *An Intervention by Rape. Crisis at Pollsmoor Prison*. Track Two. Vol. 11. No. 2. April 2002. [Online] Available at: [6-1-03].
- Highlyman, L.1999. *Sexual Transmission in the Era of New Treatments. Bulletin of Experimental Treatments for AIDS*. AIDS Foundation, Sans Francisco.
- Institute for Security Studies (ISS). 2001. *Private Prisons in South Africa, Issues Challenges and Opportunities*. Correcting Corrections. No 64 September 2001. Imprisonment in South Africa. [Online] Available at: Chap2.html [27-07-02].
- Jacobs, L. 2003. *HIV/AIDS in Prisons : A Reality we all have to fear*. 13 March 2003. [Online] Available at: Page=mediareleases/13BMr7 2003.htm. [23-7-03].
- Judge Fagan, H. 2002. *Prison Overcrowding; One of our Biggest Challenges to Transformation*. Track Two. Vol. 11 No. 2. [Online] Available at: [05-08-03].
- Karim, S.S. and Q. A. Karim (Eds.) 2005. *HIV/AIDS in South Africa*. Granger Bay, Cape Town, South Africa: Cambridge University Press.
- Mail and Guardian. 18 February 2003. *Prison Aids deaths grow by 750%*. [Online] Available at: ? [14-10-05]

- Moriarty, L. and C. Fields. 1999. "Is the Segregation of HIV-positive Inmates Ethical?" *Prison Journal*, 79(1): 3 (1999).
- Morodi, L.R.: 2003. *The Constitutional Rights of Prisoners within the South African. University of South Africa*. [Online] Available at: content and content ID = 1393. [15-8-03].
- Mushanga, T. M. 1992. *Criminology in Africa*. Rome:UNICRI.
- Rotimi, A. and S. Oloruntimehin. 1992. "Teaching and Research Network in Africa in the field of Criminology", (p. 243) in M. Mushanga (Ed). *Criminology in Africa*. Rome: UNICRI. (1992).
- Somekh, B. and C. Lewin 2005. *Research Methods in the Social Sciences*. London: Sage Publications Ltd.
- Steinberg, J. 2004. *Nongoloza's Children Western Cape Prison Gangs During and After Apartheid*. Braamfontein, South Africa. Centre for the Study of Violence and Reconciliation: Y-land.
- Thomas, P.A .and M. Moerings (Eds.) 1994. *AIDS in Prison*. England: Darmouth Publishing Company Ltd. Hants (1994).
- Tuberculosis Strategy and Operations, Monitoring and Evaluation. [n.d.].
- Tuberculosis in Prisons. [Online] Available at: [03-10-03].
- Van Zyl Smit, D. 1990. "Contextualizing Criminology in Contemporary South Africa", (p. 3) in D. Hanson and D. Van Zyl Smit (eds). *Towards Justice*. Cape Town: Oxford University Press (1990).
- Whiteside, A. and T. Barnett, T. 2003. *AIDS in the Twenty-First Century. Disease and Globalization*. New York: Palgrave Macmillan.
- World Health Organisation. 2001. *HIV in Prisons. A Reader with Particular Relevance to the Newly Independent*. Regional Office for Europe.
- World Health Organisation: 2003. "Guidelines on HIV Infection and AIDS in Prisons." Geneva March. D. Hanson and D. Van Zyl Smit (eds). *Towards Justice*. Cape Town: Oxford University Press (1990).