

**Human immunodeficiency virus and acquired immune deficiency syndrome prevention practices in correctional centers in the Eastern Cape, South Africa****Dominic Targema Abaver<sup>1</sup> and P Dana<sup>2</sup>**<sup>1</sup>Walter Sisulu University, South Africa<sup>2</sup>Eastern Cape AIDS Council, South Africa

The millions of intermittently incarcerated people, many of whom are illicit drug users, have been among the most difficult people to reach with critical health information, management and treatment. Usually, inmates in prisons are disproportionately affected by multiple health problems; including Human Immunodeficiency Virus other sexually transmitted infections, tuberculosis and viral hepatitis. An exploration of the availability of policies and guidelines on HIV in prisons and their effective implementation in these correctional centers would inform future Human Immunodeficiency Virus programming. A purposeful selection study was conducted on 39 participants (12 staff and 27 inmates) at five Correctional Centers: Kirkwood (Sentenced Offenders Centre), Queenstown (Remand Centre), Idutywa (Remand Centre), Mthatha (Remand Centre) and Cradock (Juvenile Centre) in Eastern Cape. Data was collected using closed-ended self-administered questionnaires and informal discussions. Screening for Human Immunodeficiency Virus and other sexually transmitted diseases and infections are carried out on inmates on arrival at the Correctional Centre facilities. All the Correctional Centers, except the Remand Centre at Mthatha, have qualified medical personnel manning the centers with the provision of programs and education targeting eradication of Human Immunodeficiency virus and other sexually transmitted diseases and infections. No post exposure prophylaxis at any of the centers, even amidst possible act of sodomy. Though the Correctional Centers do not readily have anti-retroviral therapy on site, inmates requiring the treatment are treated at public health facility nearest to the centre. Inmates on treatment who have completed their jail terms are referred to a public health facility nearest to their place of residence with a seven-day treatment medication. Though policies and guidelines regarding preventive and treatment of Human Immunodeficiency Virus infected inmates are available at the Correctional Centers, their implementation and adherence to treatment are not always administered. There is therefore, need for capacity building of staff, especially nurses in the area of nurse initiated management of ART and provision of level playing ground for these policies and guideline to be implemented.

**Biography**

Dominic Targema Abaver has completed his PhD from University of Abuja in Parasitology. He is a Chief Superintendent of Immigration Nigerian Immigration service, a paramilitary organization in the Ministry of Interior. He has published number of papers on HIV/AIDS, Immunology and Parasitology in reputed journals, such as *African Health Science*, *Pakistani Journal of Medical Sciences*, *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)*. He is a Member of Nigerian Society of Parasitology and a Fellow, Institute of Cooperate Administration. Currently, he is a Contract Researcher at Walter Sisulu University, Eastern Cape, South Africa. His research interest includes epidemiology of HIV/AIDS and other opportunistic infections, preventive measures/techniques of HIV/AIDS, gender, age and sexual orientation as determinants for the impact of HIV/AIDS.

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