

Experience of a prison population on antiretroviral treatment at the Johannesburg Hospital

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BACKGROUND AND OBJECTIVES

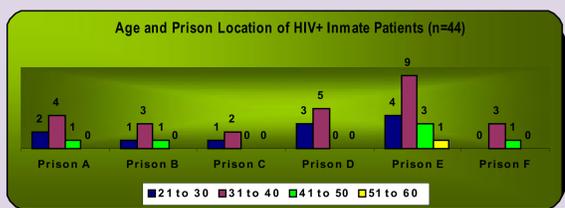
ARV Rollout treatment has been made available to the general public including prisoners. At the Johannesburg Hospital ARV Clinic, inmate patients complained of difficulty in adhering to their medication, for a variety of institutional and social reasons. These patients were interviewed to assess their experiences of taking ARVs.

METHODS

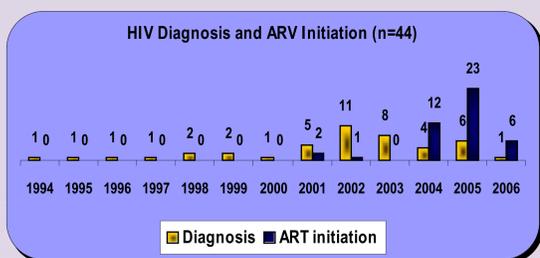
Informed consent was obtained from prisoners on ARVs for at least a month attending the Johannesburg Hospital ARV Clinic. A questionnaire was administered in a confidential setting.

RESULTS:

Profile of prisoner patients

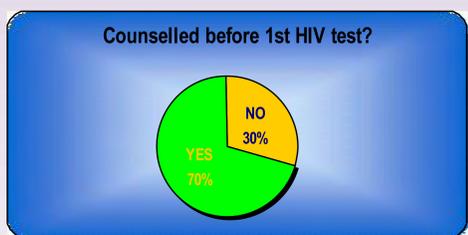


The average remaining time of detainment in prison of 91% of the inmate patients are 7.63 years, while 9% had no idea how long do they still have to serve in prison.



26% had TB history at time of initiation and 82% used condom during sexual encounters

VCT



All inmate patients were counseled prior to treatment initiation.

Disclosure of Inmate Patients (n=44)

Inmate patients had disclosed their status mostly to medical staff (n=38) attending to them as well as to the prison's staff (n=33) and fellow prisoners (n=18). Disclosing to family (n=7) and friends (n=7) was not a common tendency of inmate patients.

Treatment Adherence of Inmate Patients (n=44)

REASONS FOR MISSING TREATMENT	COUNT (% OF TOTAL SAMPLE)
Nothing	26 (59%)
Oversleeping	4 (9%)
Delayed or late dishing out of food	3 (7%)
Running out of medicine	2 (5%)
Distraction from other activities	2 (5%)
No sense of time, no watch, rely on others	2 (5%)
Side effects, e.g. dizziness and tiredness	1 (2%)
Random searches/ prison's activity	1 (2%)

Most (81%) of them kept their ARVs in their cells, which are given at regular intervals according to 91%. Most (n=31) self-administered their medication.

Quality of service and attitude of health personnel as perceived by inmate patients (n=44)

- Of the 44 inmates interviewed, 64 % gave excellent performance rating for the counselors, 55% for the pharmacists; 52% for the nurses; 48% for the doctors and 40% for the clerks.

Main issues and complaints of inmates on ARVs (n=44)

- Not enough food/ poor diet (n=17)
- Inadequate prison medical services (n=13)
- Running out of medicines/ borrowing of medicines from fellow inmates (n=7)
- Unreliable transport to hospital (n=4)
- Irregular follow-up consultations and laboratory tests (n=2)

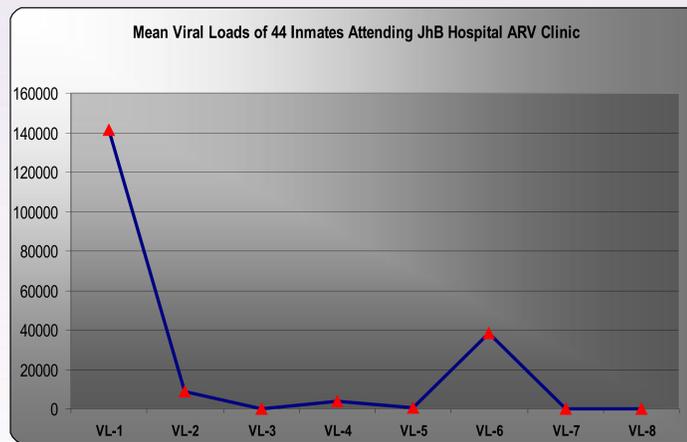
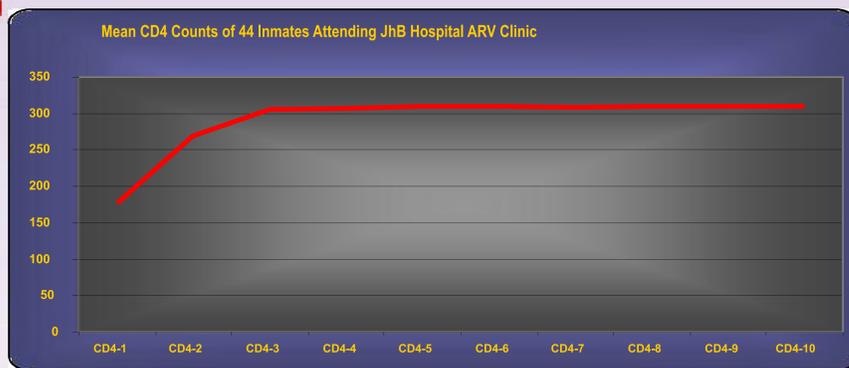
Preference of inmate patients (n=44)

- 75% of inmate patients did not want the prison facilities to initiate and/or continue ART, while 16% said otherwise. The remaining 9% did not give any answer.
- Main reasons for not wanting prisons to manage ART were inefficiency and impatience of prison health personnel due to lack of training and too much workload; running out of medical supply; and lack of trust of prison staff.

Recommendation of Prisoner Patients to improve ART for Inmates (n=44)

- Shorter waiting time at the ARV clinic of Johannesburg Hospital
- Prompt and consistent serving of food in prison.
- Prison medical and other staff trained on ARVs.
- Improved transportation arrangements.

CD4 and VL of Inmates on ART (n=44)



All but one of the inmates had increased VL after treatment due to complications after defaulting treatment.

CONCLUSION:

- Despite the challenges that prisoners face in taking their ARV medications in their prison setting, these had not impacted on their ARV adherence as evidenced by their improved CD4 and suppressed viral load while on treatment.
- Recommendations of the inmate patients for improved services are consistent with the systemic objective of quality improvement for any service providing institution.

