

AVAILABILITY OF CONDOMS AND CONJUGAL VISITS IN PRISONS: A GLOBAL PRISON SURVEY

Bosworth R¹, Salah E², Lehtovuori R², Kinner S^{3,4}, Altice F⁵, Farrell M¹, Moazen B^{6,7} and Dolan K¹

Affiliations: ¹National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia; ²United Nations Office on Drugs and Crime, HIV Prisons section; ³Centre for Adolescent Health, Murdoch Children's Research Institute; Melbourne; ⁴Melbourne School of Population and Global Health, University of Melbourne, Australia; ⁵Yale University, School of Medicine, Yale, United States of America ⁶Non-Communicable Diseases Research Center, Endocrinology and Metabolism Population Sciences Institute, Tehran University of Medical Sciences, Tehran, Iran; ⁷Institute of Public Health, University of Heidelberg, Heidelberg, Germany

Background:

Prisoners experience a high burden of infectious diseases such as HIV and sexually transmissible infections (STIs). Prisoners engage in unsafe sexual activities, often with multiple partners, amplifying disease transmission. Condoms are effective in preventing sexual transmission of HIV and STIs, yet availability in prison remains low. Efforts to end AIDS are undermined by legal, religious and social barriers to condom provision. We aimed to assess the availability of condoms and conjugal visits in prison, identifying regions where gaps exist.

Methods:

In 2017, a global prison survey commissioned by the UNODC was disseminated to 189 countries, inviting prison authorities to participate. Data were collected on the availability of the 15 interventions in the UN Comprehensive Package, including condoms.

Results:

Of the 52 survey responses, 44 countries representing all UNAIDS regions reported on condom availability and conjugal visits. Condoms were available in 20 countries but unavailable in 23 countries. Exceptions were located; three countries provided condoms during visits only, three reported staff only access, while pre-release distribution occurred in three countries. Conjugal visits were allowed in 21 countries; six countries provided condoms for these visits while three countries did not. Conjugal visits were unavailable in 18 countries. Eleven countries reported availability of condoms and visits. Barriers to condom provision were prison sexual activities are not tolerated and *'taboo'* and in some cases condom distribution was at staff's discretion. A need to *'understand provision within the country's political context'* was also reported.

Conclusion:

Results show condom availability and conjugal visits are largely inadequate for these prison systems. Unsafe sexual activity in prison increases disease transmission risk during unprotected conjugal visits. A lack of preventative health care compromises human rights and public health. Supporting countries to implement condoms and

introduce conjugal visitations to achieve an effective and sustainable response to HIV is crucial.

DISCLOSURE OF INTEREST STATEMENT: Funding was provided by the United Nations Office on Drugs and Crime (UNODC) HIV/AIDS section. This research is also supported by an Australian Government Research Training Program (RTP) Scholarship.