Nigerian Prisons Service

NATIONAL AGENCY FOR THE CONTROL OF AIDS
NACA

SITUATION AND NEEDS ASSESSMENT OF HIV AND AIDS, DRUG AND RELATED HEALTH SERVICES IN BORSTAL INSTITUTIONS IN NIGERIA 2019.

UNODC
United Nations Office on Drugs and Crime

EUROPEAN UNION

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Preface

The Situation and Needs Assessment of HIV and AIDS, Drugs Use and Related Health Services in Borstal Institutions in Nigeria was conducted under the leadership of the National Agency for the Control of AIDS (NACA) in cooperation with the Nigerian Prisons Service and with the support of the United Nations Office on Drugs and Crime (UNODC) The study provides an overview of the HIV situation among students of borstals institution from the perspective of the staff working within these institutions.

HIV key populations, including people who use drugs and people in detention settings, typically have insufficient access to HIV prevention, treatment and care services. Fragile health systems, stigma and discrimination, sexual and gender-based violence and lack of supportive policies are some of the barriers that key populations face. Across countries, key populations are between 10 and 50 times at greater risk of HIV infection compared to other members of the general population. Effective government support and community-based HIV prevention and treatment programmes that provide tailored services for each of these key populations are currently too few and too small to result in a significant reduction of new infections.

To achieve the target of reducing new HIV infections among key populations, a wealth of strategic information is needed to guide the development and scaling up of programmes that are responsive to the specific needs and challenges as well as the creation of an enabling social and legal environment –thus the crucial nature of this study on the issue.

The study was conducted in the three existing borstal institution in Nigeria located in Ogun, Ilorin and Kaduna states. A total of 170 staff participated in the study. The study provides an insight on the sexual risk behaviours inborstals, prevalence of drug use inborstals, including injecting use, the status and availability of health servicesin borstals and the status of infrastructure for student rehabilitation. This report provides evidence for policy makers, funders and implementers to inform juvenile justice reform efforts in Nigeria. As the findings are based on key informant data, we envisage that the results trigger the appropriate interest and concomitant response especially from policy- makers, planners, researchers, development partners and non-governmental organisations to formulate and monitor policies, programmes and strategies that help to develop targeted services for the borstal/reform institutions in Nigeria and contribute the optimal rehabilitation of minors to ensure that they can contribute to the society upon their return to their communities.

We would like to appreciate members of National Steering and Technical Committees involved in this exercise, particularly the field staff across the study states, for their dedication and hard work towards the successful completion of the study.

Dr. Sani Aliyu	Ja'afaru Ahmed	Oliver Stolpe
Director General **NACA**	Controller General **Nigerian Prisons Service**	Representative **UNODC**

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARVs	Antiretrovirals
CYPL	Children and Young Persons Law
DCP	Deputy Controller Prisons
FGDS	Focused Group Discussions
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
KABP	Knowledge, Attitude Behaviour and Practice
KIIS	Key Informant Interviews
NHREC	National Health Research Ethics Committee
NPS	Nigerian Prisons Service
PLWH	People Living with HIV
PLWHA	People Living with HIV/AIDS
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations

Executive Summary

According to the United Nations Standard Minimum Rules for the Treatment of Prisoners, young prisoners shall be kept separate from adults. Based on age classifications, adults are thus confined in prisons while young ones/juveniles are confined in borstal homes or reformatory institutions.
The study of borstals in Nigeria aimed to assess (i) the availability and quality of health services in borstals, (ii) the size of drug use and injecting drug use and other risk factors associated with HIV and Hepatitis B and C in borstal institutions and (iii) knowledge, attitudes, behaviors and practices (KABP) on HIV, TB and Hepatitis B&C.

A cross-sectional descriptive study with both quantitative and qualitative data collection methods was employed for the assessment in borstals in Ogun, Ilorin and Kaduna states. Staff of borstals were purposefully selected following informed consent. Data on availability of health services, knowledge, attitude, behavior and practice (KABP) were collected through interviewer administered questionnaire. A checklist was also used to capture the data on the infrastructure and availability of services while qualitative data was collected through focus group discussions (FGDs) and key informant interviews (KIIs). Health services status was assessed by asking questions on the availability of select services and client's satisfaction to these services in prisons.

The results show that a total of 170 borstal staff participated in the study of which majority were male (78%). About 50% of the respondents were aged 30 – 40 years and 78% had tertiary level education. Fifty-nine percent of the respondents were administrative staff and about 14% were medical staff.

Majority of the students in borstals were admitted based on drug related cases (78%), however it was reported that drug use among the students within the institution was minimal as it was reported than less than 1% of them use drugs within the borstal. The most common drugs used in borstals were non-prescription tablets and cannabis with an average of 10 and 7 users respectively.

Sex among students in Borstals was reported to occur with about 40% reported to be consensual between students while about 14% were reported to be forced sex. Also, 40% of students were reported to engaged in transactional sex within the borstals with neglect by parent/guardians and poverty being cited as reasons for the practice.

Knowledge of key transmission routes was high for HIV but low for hepatitis. For HIV, about 90% of respondents correctly identified unprotected vaginal and anal sex respectively as key transmission routes for HIV. Furthermore about 90% identified sharing of needles and sharp objects as transmission routes for HIV. For HBV less than 70% identified unprotected vaginal and anal sex as transmission routes for hepatitis while about 70% of respondents correctly identified sharing of needles and sharp objects as transmission routes for hepatitis. Lastly, less than two-thirds of respondents had received any formal training on HIV, hepatitis, tuberculosis (TB) or sexually transmitted infections (STIs).

Stigma to hepatitis was higher than for HIV. While about 80% of respondents were willing to share a meal or continue to associate with a person living with HIV/AIDS (PLWHA), only two-fifths and about a two-thirds were willing to share a meal or continue to associate with a someone who had hepatitis.

Risk perception to infectious diseases was low as only 30% of respondents felt at high risk to HIV or hepatitis. Reasons cited for this was due to the practice of rejecting admissions for students who were known to have HIV or hepatitis. For tuberculosis, only about 40% of respondents felt at high risk to tuberculosis (TB).

Most of the borstals lacked adequate health facilities or human resource for health. Only about 70% of the respondents reported availability of a medical doctor, 20% and 48% reported availability of a pharmacist and lab scientist respectively, while 43% reported availability of public health officer. Less than 40% confirmed availability of HIV testing services, TB screening or treatment services, and antiretroviral treatment. Less than 20% reported availability of condom and condom compatible lubricants. Only about a fifth confirmed availability of hepatitis B vaccination or C treatment. Lastly, less than half of respondents were very satisfied with the health services within the institution.

Conclusions

The situation and needs assessment of borstals in Nigeria highlights important findings that can be used to improve the services and rehabilitation of students within the institution. First, majority of the students are admitted due to drug related offenses, but the health services are ill-equipped to deal with withdrawal symptoms that occur following cessation of use of psychoactive substances. Second, the borstals need significant infrastructural upgrade both in the living and training facilities of the students to ensure that they have optimal care and are rehabilitated under favourable conditions during the stay

at the borstals. Third, the health system requires strengthening both in human resources, commodity and logistics supply, availability of laboratory and hospital equipment to improve the quality of services available to both student and staff of the institution. Fourth, HIV and hepatitis risk perception were low, and stigma was high with the practice of rejecting admission for students who were diagnosed with HIV or hepatitis and returning them to them parents/guardians. Fifth, the quality of health education and information for borstals staff and student should be increased and improved to reduce HIV and hepatitis stigma among staff of borstals. In addition, the practice of rejecting HIV positive students must be abolished.

1.0 Introduction

According to the United Nations Standard Minimum Rules for the Treatment of Prisoners, young prisoners shall be kept separate from adults [1]. These rules also provide guidance on classification of prisoners which include sex, age, criminal record, the legal reason for their detention and the necessities of their treatment [1]. Based on age classifications, adults are thus confined in prisons while young ones/juveniles are confined in borstal homes or reformatory institutions. The age at which a child and young offender is treated unequally with an adult differs between countries. The Children and Young Persons Law (CYPL, 1985) defines a child as one who is under 14 years while young person is between the ages of 14 and 16 years [2]. The CYPL further recognizes different categories of juvenile delinquent and this includes juvenile offenders, beyond parental control, wanderers, beggars and truants [2,19]. The child justice administration system in Nigeria defines a child as a person below the age of 18 years and entrenches an admixture of both the justice and welfare models stated by all the relevant international instruments on children's rights and juvenile justice administration.

Borstal home originated from the Borstal Village near Rochester in Kent, United Kingdom following the abolition of imprisonment for children under the Crime Prevention Act 1909. Prior to this, the Juvenile Act, 1908, required the removal of those aged under 14 years from prison and mandated that for any court to remand a young person to prison, there must be preliminary procedure and particularly issuance of unruly certificate [2,3]. Borstal institution may be defined as a place where young offenders are remanded and given academic/industrial training to improve their character, prevent them from committing further delinquencies and preparing them for reintegration back to the society [2]. It is a reformatory system designed for young people between the ages of 16 to 21 years.

Borstal Institutions in Nigeria

Borstal Institutions in Nigeria were established further to Section 3(1)(b) of the Borstal Institutions and Remand Centres Act of 1962[3] as a place in which children and young adults between the ages of 16 and 21 who are at conflict with the law may be detained upon conviction and prevent their being involved in crime in future.

The Children and Young Persons Law (1985), provides for the use of Borstal institutions in Nigeria. to protects against [2];

1. The trying of juveniles in open adult criminal courts and made provisions for juvenile courts
2. The sentencing of juveniles to prisons, and made provisions for juvenile probation (except that of the north) and juvenile institutions (e.g. borstals)
3. The maltreatment and neglect of juveniles and made provisions that juvenile institutions must be properly lodged, fed, cared for and instructed.

Overtime, other policies have been formulated that support the controlled punishment of children and adolescents that are found to be deviant from the law. The Sharia Law of Northern, Section 237 of the Zamfara State Sharia Criminal Procedure Code law of 2000, No. 1 Vol. 4 provides that *"No sentence of hudud or qisas shall be imposed on a person who is under the age of taklif. Note- Hudud means offences or punishments that are fixed under the Sharia and includes offences or punishments Sections 126 to 141 of the Sharia Penal Code; Qisa means punishments inflicted upon the offenders by way of retaliation for causing death of or injuries to person; taklif means the age of puberty. Note: Hudud offences include sexual offences like zina (fornication)".* Under Section 238 (1) of the same code, where a person is convicted of a *hadd or qisas* offence and it appears to the court by which he is convicted that he was under the age of *taklif* when he committed the offence, the court shall deal with him in accordance with Section 11 of the Children and Young Persons Law (CYPL) and Section 95 of the Sharia Penal Code. Under Section 95 of the Sharia Penal Code of both Zamfara and Yobe States, when an accused person who has completed his 7th year but not completed his 18th year of age is convicted by a court of any offence, the court may instead of passing the sentence prescribed under this code, subject the accused to (i) confinement in a reformatory home for a period not exceeding one year or (ii) twenty strokes of cane, or with fine or with both**.** Lastly, the Sharia Penal Codes equally protect children and young persons by prescribing punishment for the crimes of causing miscarriage, injuries to unborn children, exposure of infants to danger, cruelty to children and concealment of births.

The Childs' Right Act (2003) under Section 204 provides that *"No child shall be subjected to the criminal justice process or to criminal sanctions, but a child alleged to have committed an act which would constitute a criminal offence if he were an adult shall be subjected only to the child justice system and processes set out in this Act."* [4]. The Child Rights Act 2003 consolidated all other laws inconsistent with its provisions such as the CYPA and provides for approved institutions and correctional homes to replace borstal institutions which are not mentioned in the Child Rights Act of Nigeria and Child Rights Laws of 24 States and provide for a new system of child justice administration modelling the provisions of the Convention on the Rights of the Child and the African Charter of Human and Peoples Rights..

Children and Young Persons Involved with System of Administration of Juvenile Justice

The Nigerian Prisons Service has a total of 242 prisons, of which 141 are prisons meant for detention of convicted offenders, 83 are satellite prisons, 13 are subsidiary farms, two are prison camps and three are borstal institutions (Table 1).

Table 1: Geo-political Distribution of Detention Institutions in Nigeria

	North west	North East	North Central	South West	South East	South South	Total
Prisons	20	28	34	20	16	23	141
Satellite prisons	37	46	0	0	0	0	83
Farms	3	1	2	1	2	4	13
Borstals	1	0	1	1	0	0	3
Camps	1	0	1	0	0	0	2
Total	62	75	38	22	18	27	242

Source: Nigerian Prisons Service. https://www.prisons.gov.ng/prison_locations. Accessed April 29th, 2019

Nigeria has an estimated number of 6,000 children in prison and juvenile detention centres spread across the country. Although girls make up less than 10% of juvenile offenders, some come into contact with the juvenile justice system as a consequence of criminal acts committed against them, such as rape, sexual exploitation or trafficking [4]. Up to two-thirds of all juvenile offenders, experience some physical abuse during arrest or detention by the police and most young offenders in detention do not get proper meals, sleeping facilities and facilities for personal hygiene [4].

Because juvenile offenders are frequently forced to indicate a higher age during arrest, they are locked up with adults in crowded cells, making them more vulnerable to physical and sexual abuse by adult inmates. Many juvenile offenders are detained for non-violent crimes that should invite non-custodial measures but are often tried and sentenced in adult courts because juvenile courts are not available in many parts of Nigeria. Some states do not have a single detention centre for young persons. Juvenile offenders are not often prepared for life after detention due to the inadequacy of vocational and educational facilities, counseling services, and after-care services that should assist in their rehabilitation and reintegration into society. It is in the light of the above problems that the *Child's Rights Act, 2003* was enacted to provide for a new system of child justice administration, and the care and supervision of children, among others [4].

2.0 Goal

The goal of the assessment of was to provide critical information on the current situation with regards to the availability and quality of health services in Borstal institutions.

2.1 Objectives

The borstal assessment was conducted to determine the following;

A. Availability and quality of health services
B. Size of injecting drug use and other risk factors associated with HIV and Hepatitis B&C in borstal institutions
C. Knowledge, attitudes, behaviors and practices (KABP) on HIV, TB and Hepatitis B&C.

3.0 Methodology

3.1 Study Area

This study was conducted in three borstal institutions three of the six geopolitical zones in Nigeria. Ogun state in the south west, Kaduna in the north west and Kwara state in north central Nigeria.

3.1.1 Description of Borstals

3.1.1.1 Ogun State Borstal

The Borstal Institution Abeokuta is in Adigbe Abeokuta Ogun State. The Borstal training institution Abeokuta was established in 1984 to address the total reform and educational/vocational training of children at conflict with the law before reintegrating them to society. It is one of three such institutions in Nigeria and the only one in the southern part of the country. It has a capacity of 100 students with 9 hostels and caters to student mostly from the South-South, South-East and South West of the country. The duration of stay of the Students is usually between one to three years.

3.1.1.2 Kwara State Borstal

The Borstal Training Institution Ilorin is in Ganmo area of Ilorin, Ifedolu local government Area of Kwara State, which is one of the seven states in north central geopolitical zones. It was formally owned by Kwara State Ministry of Social Welfare and was transferred to Nigerian Prisons Service in December 2005. It has a holding capacity of 250 students and is an institution for young offenders from the ages of 16 to 22 years.

3.1.1.3 Kaduna State Borstal

The Institution is in Kaduna South Local Government Area of Kaduna State, which is one of seven states in the North West geo-political zone of the Federal Republic of Nigeria. It is the only borstal institution in the North-West zone. The institution is managed by the Nigerian Prisons Service (NPS) and students can therefore be admitted from any part of Nigeria. The institution has an official holding capacity of 208 students.

3.2 Study Design

This study was a cross-sectional design employing mixed methodology of qualitative and quantitative data collection methods with staff of borstal institutions using structured questionnaires and interview guides.

3.3 Study Population

The study population comprised staff of borstals (male and female).

3.4 Sampling Strategy and Design.

The survey used a cross sectional approach. The three borstal institutions were included. All staff available on the days of data collection were eligible for inclusion.

3.5 Ethical Considerations

This protocol was reviewed by the National Health Research Ethics Committee (NHREC). Interviews were initiated only after receiving written approval from respondents.

3.6 Informed Consent

This was achieved by explaining to participants the aim, purpose, the methods that will be used during the study, potential risks, benefits to themselves, the community and contribution to science and intended use of results of the study. Participants were given the liberty to choose to voluntarily participate or refuse participation and withdrawal even after voluntary enrolment at any point in time if they so wish without any penalty. No data collection was to take place prior to obtaining informed consent. Written informed consent/assent was obtained from all respondents.

3.7 Data Management

3.7.3 Prison staff

The interview was conducted in secure/ private rooms to ensure the confidentiality of information provided by the staff. Structured questionnaire was used to collect data on drug use among borstal students, status of quality of health services provided, common illnesses among borstal students and knowledge on HIV, tuberculosis, hepatitis B and C. Key informant interviews and focus group discussions were done using interview guides. They were assured that all information and discussions would remain confidential and that their participation is voluntary. An observation checklist was used to assess the infrastructure status of the borstals.

3.8 Training of Field Team

3.8.1 Interviewers

Based on an estimated number of people in prisons and prison wards, interviewers, counselors and testers participated in a three-day training that covered basic interview skills, interview techniques,

ethics in research, use of tablets and overview of the questionnaire. In addition, to improve response rate, interpretation of medical/public health terms was done. Lastly each participant engaged in role play sessions to identify gaps and challenges in the interview techniques and/or interpretation/delivery of questions to the participants.

3.9 Data Management and Analysis

Following completion of data collection, the data set was entered into an Excel template, and the data cleaned and coded for analysis. Data analysis was conducted using STATA 15. Unique study IDs were generated for each client. Data analysis included proportions. Variables with sub-cell count of less than 10 were assessed using Fisher's Exact test. Qualitative interviews were recorded and transcribed verbatim. Transcripts were subsequently coded using common themes and analyzed using NVivo.

4.0 Results

4.1 Baseline characteristics

A total of 170 respondents participated in the study with 78% being males and 22% females. About two-fifths (39%) were aged 30-40 years and over 70% (Table 2) had completed tertiary level education. Overall, more females (73%) than males (27%) had completed tertiary level education. Majority of the respondents were in administrative roles (59%) in the borstals and this was similar for both males (62%) and females (49%).

Table 2: Sociodemographic characteristics of people in prisons

Socio-demographic characteristics	Male (N=138) % (n)	Female (N=38) % (n)	Total (N=170) % (n)
Age (years)			
20-29	3.8 (5)	0	2.9 (5)
30-40	34.9 (46)	55.3 (21)	39.4 (67)
41-50	40.2 (53)	23.9 (9)	36.5 (62)
≥51	21.2 (28)	21.1 (8)	21.2 (36)
Median Duration of Work years (IQR)	**10 (7 - 15)**	**6.5 (2 - 10)**	**10 (6 - 14)**
Education level			
Secondary	15.2 (349)	13.2 (5)	24.1 (41)
Tertiary	27.3 (36)	72.7 (96)	75.9 (129)
Role in Institution			
Administrative	62.1 (82)	48.7 (18)	59.2 (100)
Medical	9.9 (13)	29.7 (11	14.2 (24)
Other	28.0 (37)	21.6 (8)	26.6 (45)

4.2 Reason for confinement in Borstals

Overall, the most common reason cited (Table 3) for institutionalization in the borstals was drug use (78%). This was followed by theft (71%), burglary (65%) and sexual assault (49%).

Table 3: Reasons for detention at Borstals

Reasons for detention	Total % (n)	95% CI
Violence	41.8 (41)	32.3 - 52.0
Justice procedure offenses	36.8 (31)	27.2 - 47.6
Drugs related offenses	78.3 (130)	71.3 - 84.0
Sexual assault	48.9 (43)	38.4 - 59.4
Robbery/extortion	40.9 (36)	31.0 - 51.6
Burglary	65.2 (73)	55.8 - 73.5
Homicide	2.5 (2)	0.6 - 9.8
Traffic offenses	11.9 (10)	6.4 - 21.0
Theft	71.3 (102)	63.3 - 78.2
Fraud	10.8 (9)	5.7 - 19.8
Organizational challenges		
Poor hygiene	58.8 (97)	51.1 - 66.1
Staff shortage	90.7 (156)	85.3 - 94.3
Risk to staff safety	63.1 (106)	55.5 - 70.1
Inadequate protective supplies	77.3 (129)	70.2 - 83.0
Overcrowding	63.8 (104)	56.1 - 70.9
Inadequate information on communicable diseases	63.2 (103)	55.5 - 70.3
Others	11.2 (13)	6.6 - 18.5

4.3 Drug Use and Injecting Risk Behaviours

Though majority of the students at the borstals where because of drug related offences, the respondents reported that the incidence of drug use within the institution was low. On the average, only seven students were reported to use cannabis. Only three students were reported to use heroin and opiates (codeine, tramadol). About 10 students on the average were reported to used tablets without prescriptions.

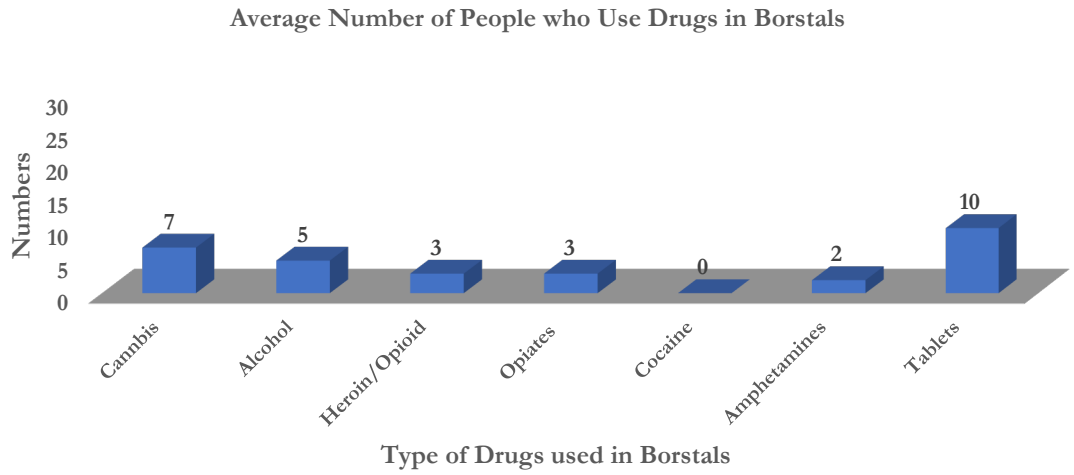

Figure 1: Types of drugs ever used by people in borstals

Furthermore, when respondents were asked to characterize the size of drug use among students, only 2 students on the average were reported to inject drugs in prisons.

4.4 Physical and sexual violence in Borstals

The most common type of violence reported in borstals between students was psychological violence (60%). This was followed by physical violence (52%) and sexual violence (30%). This distribution was similar for both male (62%) and female respondents (55%) respondents. Similarly, the most common type of violence reported between staff and students was psychological violence (43%).

4.5 Sexual practices in Borstals

When asked about sexual practices in borstals (Table 4), 5% reported that sexual encounters had occurred between students and staff. About two-fifths of students were reported to engage in sexual activities between themselves and also transactional sex (38%). About 14% of students were reported to have been forced to have sex in borstals (Fig 2).

Table 4: Types of Violence and Sexual Practices Experienced in Borstals

	Male % (n)	Female %(n)	Total
Violence between people in borstal			
Heard or witnessed sexual violence	29.0 (38)	32.4 (12)	29.8 (50)
Heard or witnessed psychological violence	61.5 (80)	55.3 (21)	60.1 (101)
Physical violence	53.8 (71)	46/0 (17)	52.1 (88)
Violence between staff and people in borstal			
Heard or witnessed sexual violence	15.2 (20)	7.9 (3)	13.5 (23)
Heard or witnessed psychological violence	41.7 (55)	50.0 (19)	43.5 (74)
Physical violence	30.5 (40)	23.7 (9)	29.0 (49)
Sexual practices in Borstals			
Conjugal/intimate partner sex	1.9 (3)	0	2.3 (3)
Between people in borstal	40.8 (53)	27.0 (10)	37.7 (63)
Unauthorized sex between inmates and community	3.1 (4)	2.7 (1)	3.0 (5)
Forced sex between people in borstal	13.0 (17)	15.8 (6)	13.6 (21)
Transactional sex	36.6 (48)	42.1 (16)	37.9 (64)
Consensual sex between people in borstal and staff	6.9 (9)	0	5.3 (9)

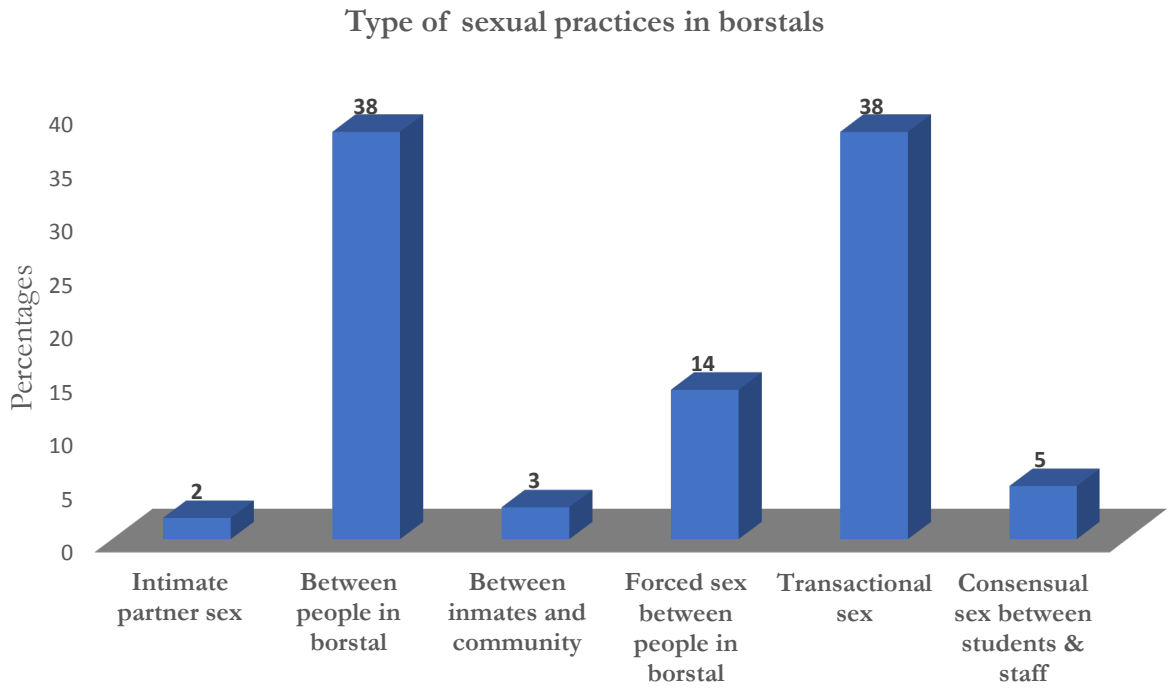

Figure 2: Sexual Practices in Borstals

4.6 Knowledge, Attitudes, Behaviours and Practices

4.6.1 Knowledge of HIV

When respondents were asked about knowledge on HIV transmission routes (Fig 3), majority of the respondents correctly identified unprotected vaginal (93%) and anal sex (90%) as key transmission routes. Also, sharing of needles and sharp objects was also identified by majority of the respondents as key transmission routes (98%). About 80% correctly rejected the misconception that HIV can be transmitted through contact with toilet seats, sharing eating utensils and by mosquito bite.

Knowledge of appropriate route of transmission was higher among females than males for unprotected vaginal sex (100% vs. 91%) and anal sex (100% vs. 87%). Similarly, rejection of misconceptions was higher among females than males for contact with toilet seat (91% vs. 76%), sharing of eating utensils (95% vs. 77%) and mosquito bite (87% vs. 78%).

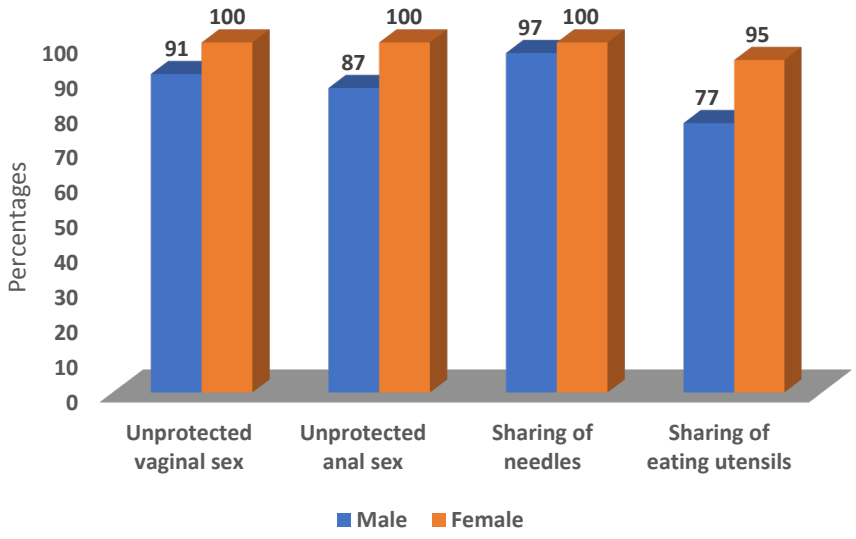

Figure 3: Knowledge of HIV Transmission Routes

4.6.2 Knowledge of Hepatitis Transmission

When respondents were asked about knowledge on hepatitis transmission routes (Fig 4), less than 70% of the respondents correctly identified unprotected vaginal (68%) and anal sex (65%) as key transmission routes. About seventy percent of respondents correctly identified sharing of needles (71%) and sharp objects (76%) as key transmission routes. Lastly, less than a half correctly rejected

the misconception that hepatitis can be transmitted through contact with toilet seats (38%) and sharing eating utensils (46%).

Knowledge of appropriate route of transmission of hepatitis was higher among females than males for unprotected vaginal sex (82% vs. 64%) and anal sex (79% vs. 61%). It was similar between males than females for sharing of needles (71%). Rejection of misconceptions was higher among females than males for contact with toilet seat (42% vs. 37%) and for sharing of eating utensils (49% vs. 45%).

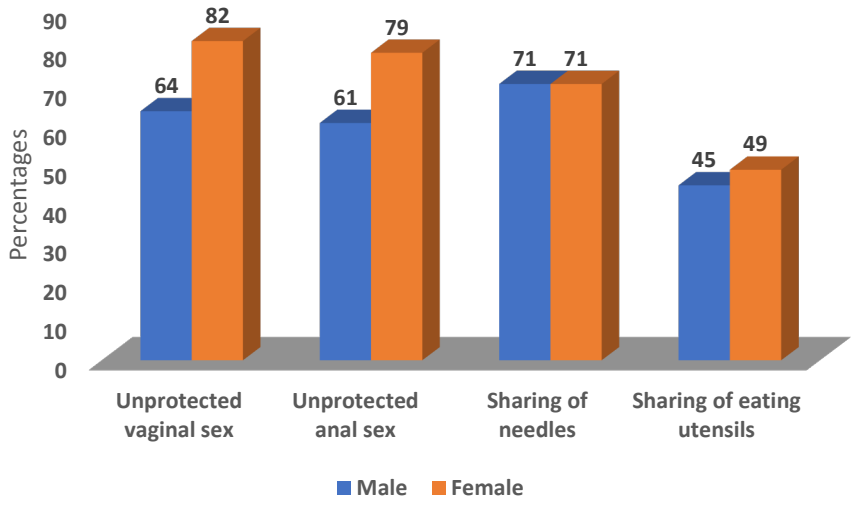

Figure 4: Knowledge of Hepatitis Transmission Routes

4.7. Stigma

4.7.1 HIV Stigma

An assessment of stigma to HIV among the respondents showed that only about 70% were willing to eat (Table 5) with a person living with HIV (PLWH). Seventy-two percent reported that they would be willing to continue to associate with a PLWH. Stigma was higher among males than females for all indicators of stigma.

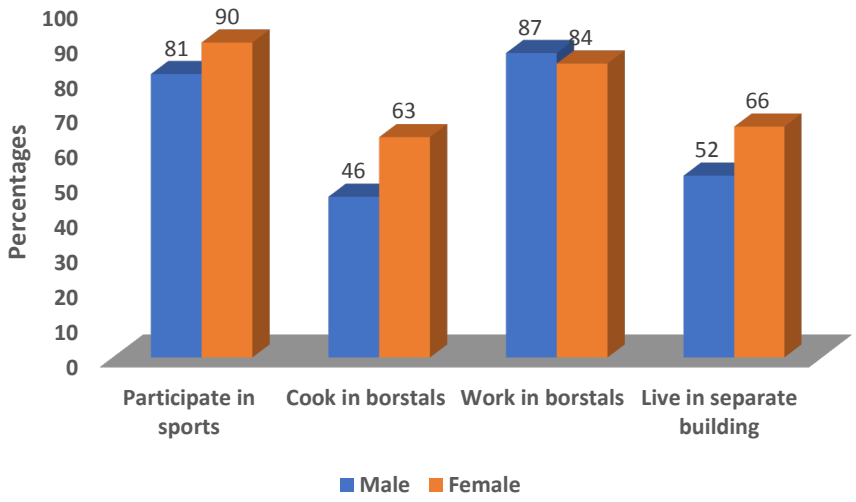

Figure 5: Opinion on HIV Infected Student Activities

For willingness to eat with a PLWH, 69% of males compared to 78% of females, reported being willing to eat with a PLWH. Similarly, 67% of males compared to 90% of females were willing to continue associating with a PLWH. Furthermore, 82% of respondents were of the opinion that students infected with HIV (Fig 5) should be allowed to play sports, 63% were of the opinion that they should be allowed to cook meals for other students and 55% were of the opinion that they should be kept in separate buildings.

Table 5: Stigma and knowledge of transmission routes for HIV and Hepatitis

	HIV			Hepatitis		
	Male %(n)	**Female %(n)**	**Total %(n)**	**Male %(n)**	**Female %(n)**	**Total %(n)**
Knowledge on transmission						
Vaginal sexual intercourse without a condom	90.9 (120)	100 (38)	92.9 (158)	63.9 (83)	81.6 (31)	67.9 (114)
Anal sexual intercourse without a condom	87.1 (112)	100 (38)	90.0 (153)	60.8 (79)	79.0 (30)	64.9 (109)
Oral sex	70.2 (92)	91.9 (34)	75.0 (126)	58.5 (76)	73.7 (28)	61.9 (104)
Contact with toilet seat	76.0 (98)	91.4 (32)	79.3 (130)	37.2 (48)	41.7 (15)	38.2 (63)
By drinking from the cup of an HIV infected person	77.1 (101)	94.7 (36)	81.1 (137)	45.4 (59)	48.7 (18)	46.1 (77)
By kissing	39.2 (51)	55.3 (21)	42.9 (72)	31.5 (41)	26.3 (10)	30.4 (51)
By mosquitoes	77.9 (102)	86.8 (33)	79.9 (135)	51.5 (67)	71.1 (27)	56.0 (94)
By an injection with used needles	93.2 (123)	100 (38)	94.6 (159)	70.8 (92)	71.1 (27)	70.8 (119)
By sharing of razor blades, other sharps objects or tooth brushes	96.8 (165)	100 (38)	97.6 (165)	75.4 (98)	79.0 (30)	76.2 (128)
Common use of toothbrush	72.7 (96)	75.0 (27)	73.2 (123)	65.1 (84)	79.0 (30)	68.3 (114)
By tattooing	84.3 (107)	86.8 (33)	84.9 (140)	68.0 (87)	73.7 (28)	69.3 (115)
By sharing blood in brotherhood rituals	92.4 (122)	82.9 (29)	90.4 (151)	75.4 (98)	73.7 (28)	75.0 (126)

By shaking hands	90.2 (119)	91.4 (32)	90.4 (151)	46.2 (60)	56.8 (210	48.5 (81)
Stigma						
Willing to eat with known HIV person	69.2 (90)	78.4 (29)	71.3 (119)	43.5 (57)	34.2 (13)	41.4 (70)
Willing to continue to associate with a known HIV person	67.4 (87)	89.5 (34)	72.5 (121)	60.3 (79)	67.6 (25)	61.9 (104)
Willing to share a cell with a known HIV person	56.9 (74)	83.8 (31)	62.9 (105)	39.7 (52)	48.7 (18)	41.7 (70)

4.7.2 Hepatitis Stigma

Stigma to hepatitis was assessed by asking respondents their opinion on interaction with known persons infected with hepatitis. Forty-one percent of respondents (Table 5) were willing to eat with people in prisons who had hepatitis, 62% were willing to continue to associate with them, while 42% would be willing to share a cell. Only 34% of females compared to 43% of males reported (Fig 7) being willing to eat with a known person in prison who had hepatitis. Less than two-thirds (60%) of male respondents compared to 68% of female respondents reported being willing to continue to associate with known people in prisons infected with hepatitis.

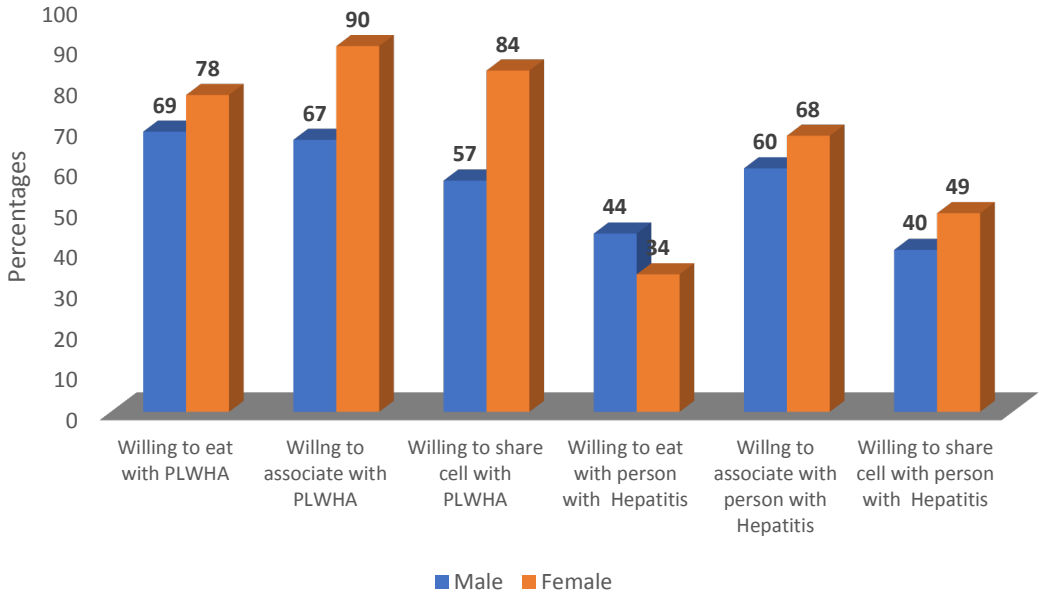

Figure 6: Stigma to HIV and Hepatitis

4.8 Risk Perception to Infections

Table 6 describes respondents' perception to infections in the borstal. Overall, tuberculosis was reported as the infection with the highest risk of being contracted while working at the borstal (57%). This was followed by Hepatitis B and C (44%), and HIV (26%). Across all infections assessed, females felt at more risk than males. For HIV, 39% of females compared to 22% of males felt at risk to contracting the infection. For tuberculosis, 60% of females compared to 56% of males felt at risk to contracting the infection while for hepatitis B, it was 50% vs. 42% for females and males respectively.

Table 6: Risk Perception and Exposure to Infections

	Male % (n)	Female %(n)	Total % (n)
Perception of risk to contracting infections			
HIV	21.9 (28)	39.4 (13)	25.5 (41)
Hepatitis B	42.4 (56)	50.0 (17)	44.0 (73)
Hepatitis C	42.0 (55)	52.9 (18)	44.2 (73)
Syphilis and other STIs	13.0 (17)	16.1 (5)	13.6 (22)
Tuberculosis	56.1 (74)	59.5 (22)	56.8 (96)
Rate of risk of contracting infections			
HIV			
High risk	12.8 (12)	10.3 (3)	12.2 (15)
Low risk	25.4 (24)	31.0 (9)	26.8 (33)
No risk	61.7 (58)	58.6 (17)	61.0 (75)
Syphilis and other STIs			
High risk	4.4 (4)	0	3.5 (4)
Low risk	21.7 (20)	25.0 (6)	22.4 (26)
No risk	73.9 (68)	75.0 (18)	74.1 (86)
Tuberculosis			
High risk	44.9 (48)	25.8 (8)	40.6 (56)
Low risk	25.2 (27)	38.7 (12)	28.3 (39)
No risk	29.9 (32)	35.5 (11)	31.2 (43)
Hepatitis B			
High risk	27.3 (27)	16.7 (5)	24.8 (32)
Low risk	33.3 (33)	40.0 (12)	34.9 (45)
No risk	39.4 (39)	43.3 (13)	40.3 (52)
Hepatitis C			
High risk	26.0 (25)	15.2 (5)	23.3 (30)
Low risk	36.5 (34)	45.5 (15)	38.8 (50)
No risk	37.5 (36)	39.4 913)	38.0 (49)
Exposure to blood			
During a fight	31.8 (41)	35.3 (12)	32.5 (53)
From needles from people who inject drugs during a search	10.9 (14)	19.4 (7)	12.8 (21)
From needles used for tattoos during a search	12.4 (16)	11.8 (4)	12.3 (20)
Others	10.2 (11)	10.0 (2)	10.2 (13)

A further assessment of their perception of the likelihood of contracting these infections, showed that 41%, 4%, 12%, 25% and 23% of respondents reported that they had a high risk of contracting tuberculosis, STIs, HIV, hepatitis B and C respectively.

4.9 Availability and Quality of Health Services

Fig 8 describes the common illnesses experienced by people in borstals in Nigeria and the availability of healthcare services to respond to these illnesses. Overall, malaria was the most common illness reported to occur in borstals. The next most common illnesses reported were fever (85%), stomach ache (76%) and skin diseases (76%). Other illnesses observed to occur include diarrhea (60%), HIV (12%) and tuberculosis (41%).

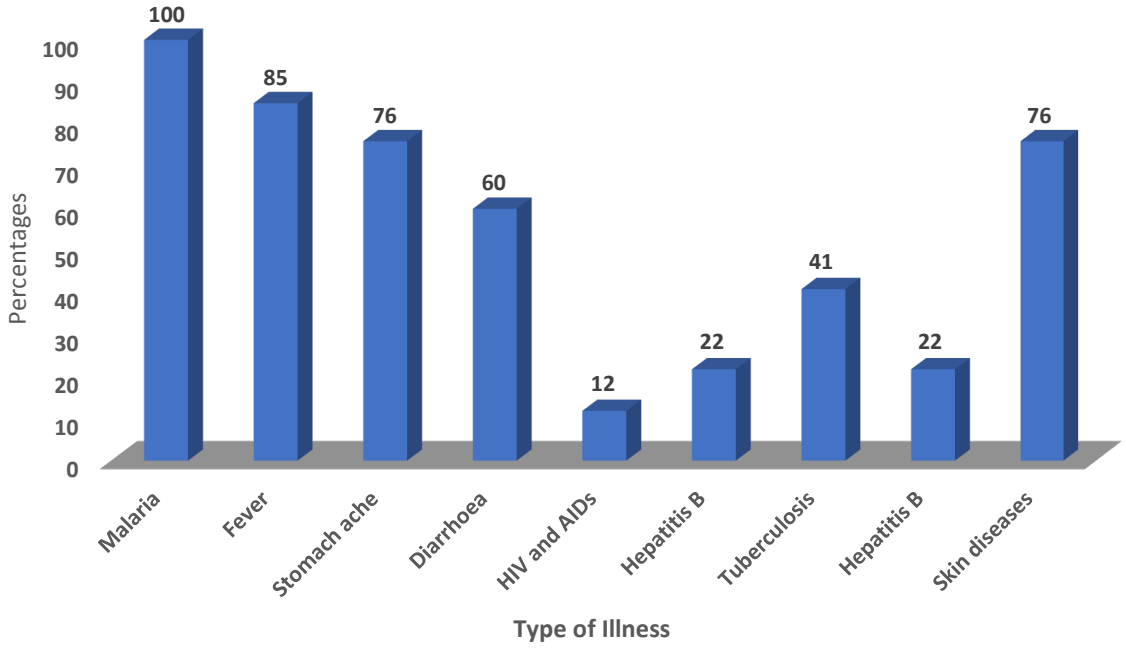

Figure 7: Types of Illnesses Reported in Borstals

4.10 Availability and Satisfaction of Health Services in Borstals

When respondents were asked on availability of health services within the borstals, almost all (99%) reported that health services were available to the students and staff. An assessment on the type of health practitioner available showed that 73% reported having access to medical doctors, 77% to nurses, 39% to pharmacists/pharmacist technician and 49% to laboratory scientist (Fig 8)

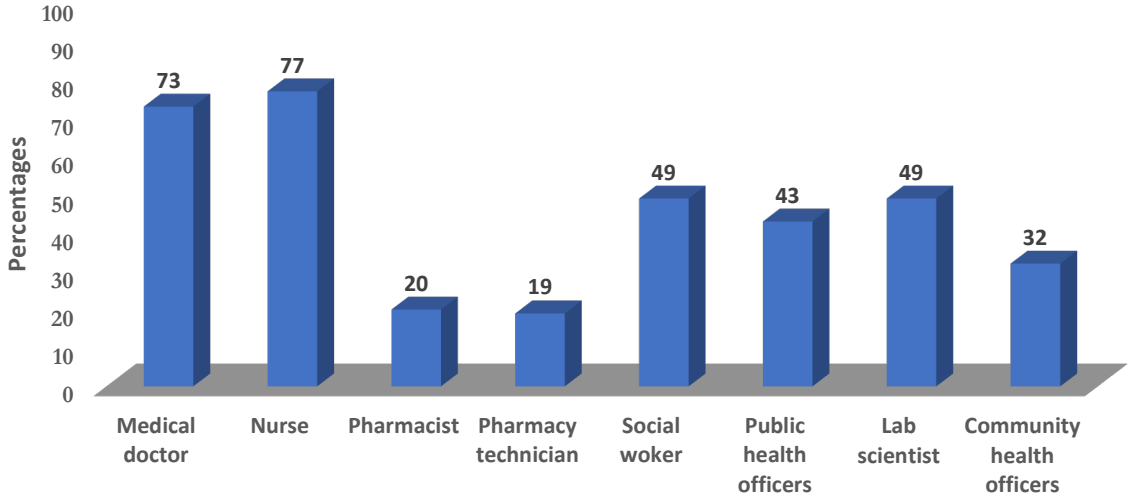

Figure 8: Type of Medical Staff Available at Borstals

An assessment of the range of services available (Table 7) to staff showed that only 52% had access to routine medical check-up. About one-fifth (22%) reported that they had to vaccines for hepatitis B and C while less than 10% reported that they had access to post-exposure prophylaxis. Furthermore, when asked if they had been screened for infectious diseases, only 70% reported to have tested for HIV, 42% for tuberculosis and less than 50% for hepatitis B or C.

Table 7: Types of Medical Personnel and Type of Health Screening for Staff

	% (n)	95% CI
Availability of medical services	98.9	95.5 - 99.7
Type of health personnel available		
Medical doctor	73.3	63.9 - 81.0
Nurse	77.4	67.0 - 85.2
Pharmacist	20.2	12.8 - 30.4
Pharmacy technician	19.1	11.9 - 29.1
Social worker	48.8	38.1 - 59.6
Public health officers	42.9	32.5 - 53.8
Laboratory scientist/technicians	48.5	40.0 - 57.1
Community health officers	32.1	22.9 - 43.1
Staff access to health services		
Routine medical check-up	52.3	44.8 - 59.7
Hepatitis B&C vaccine	22.7	17.0 - 29.6
Post-exposure prophylaxis	8.7	5.3 - 14.0

Ever tested for infectious diseases		
HIV	69.7	62.4 - 76.1
Syphilis and other STIs	37.1	30.1 - 44.8
Tuberculosis	42	34.7 - 49.7
Hepatitis B	48.3	40.8 - 55.8
Hepatitis C	44.7	37.3 - 52.3

Furthermore, only 36% reported the availability of HIV testing and TB screening services (Table 8). About a third (33%) reported the availability of treatment for tuberculosis. Less than a fifth reported availability of antiretrovirals for PLWH (18%) or for prevention of mother to child transmission (12%). Less than a third reported availability of screening for hepatitis B and C (24%) and vaccination against hepatitis B and C (24%). Lastly only about 50% reported availability of replacement feeding for women with babies in borstals.

Table 8: Availability of health services

Characteristics	Male %(n)	Female % (n)	Total % (n)
HIV testing services	39.7 (52)	23.7 (9)	36.1 (61)
Screening for tuberculosis	39.7 (52)	23.7 (9)	36.1 (61)
Treatment for tuberculosis	33.6 (44)	32.4 (12)	33.3 (56)
Prevention of mother to child transmission treatment (PMTCT)	14.5 (19)	2.7 (1)	11.9 (20)
ARV treatment for HIV	16.7 (22)	23.7 (9)	18.2 (31)
Male circumcision	8.3 (11)	2.7 (1)	7.1 (12)
Supplementary feeding for HIV or TB patients	8.3 (11)	15.8 (6)	10.0 (17)
Sexual and reproductive health	21.2 (28)	19.4 (7)	20.8 (35)
Condoms	16.0 (21)	7.9 (3)	14.2 (24)
Lubricants	13.7 (18)	2.6 (1)	11.2 (19)
Needles and syringes for injecting drug users	22.7 (30)	15.8 (6)	21.2 (36)
Testing for Hepatitis B	25.0 (33)	21.1 (8)	24.1 (41)
Testing for Hepatitis C	25.8 (34)	18.4 (7)	24.1 (41)
Hepatitis vaccination	27.5 (36)	10.5 (4)	23.7 (40)
Drug treatment	47.0 (62)	43.2 (16)	46.2 (78)
Respondents who said the following services are available for women in prison			
Women have access to reproductive health service		89.7 (167)	

Women with babies have access to replacement feeding/ powder milk	51.1 (95)

4.11 Satisfaction with Health Services

When respondents were asked about their level of satisfaction (Fig 9) with the health services available at borstals, less than 50% reported being very satisfied with the services available. More females (58%) than males (43%) reported being very satisfied with services available.

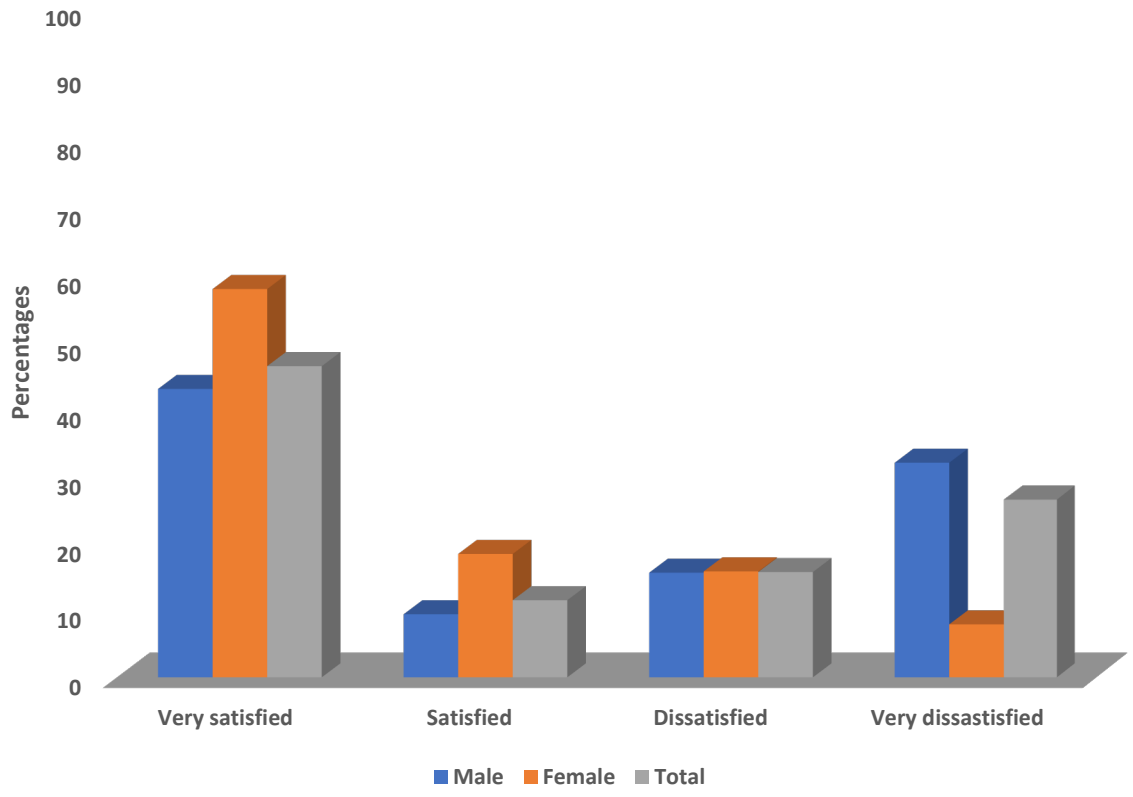

Figure 9: Distribution of Satisfaction with Level of Healthcare Received by People in prisons

4.12 Exposure to Health Information

Fig 10 describes the respondent's exposure to health information while being a staff of borstal. The most common health information received by respondents was on HIV/AIDS (59%).

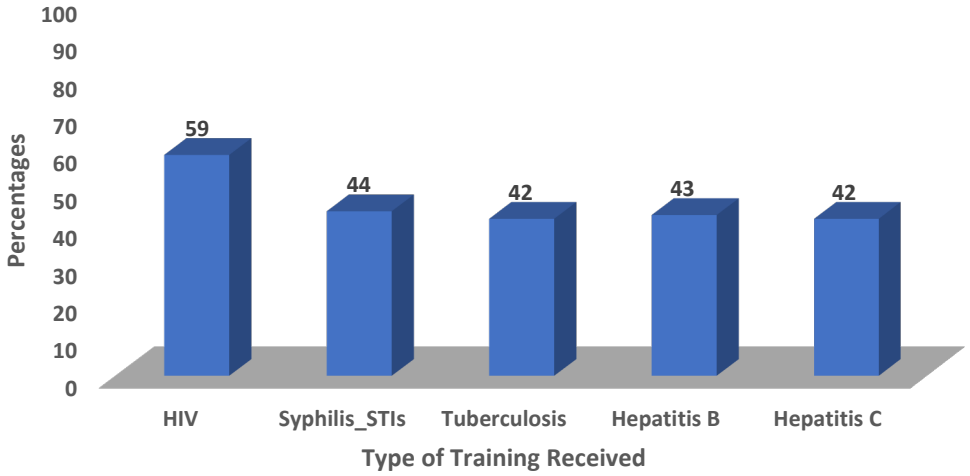

Figure 10: Exposure to Health Education

About two-fifths had received information/training on TB (42%), syphilis and other sexually transmitted diseases (44%), tuberculosis (42%) and hepatitis B and C (43%). Further assessment of these trainings showed that in the 12 months prior to the survey, 16% of respondent had received training transmission and prevention of HIV, 12% on STIs, 10% on tuberculosis and 11% on hepatitis B and C (Table 9). Except for training on tuberculosis which was similar between male and female respondent (42%), more males than females had ever been received health information training. For HIV, 60% of males compared to 55% of females had received some training on HIV. For STIs it was 46% vs. 35% for males and females respectively, while it was 46% vs. 35% and 44% vs. 35% for hepatitis B and C respectively.

Table 9: Training and testing on infectious diseases

Type of training	Male % (n)	Female %(n)	Total % (n)
HIV			
In last 12 months	16.7 (22)	13.5 (5)	16.0 (27)
More than 12 months	43.2 (57)	40.5 (15)	42.6 (70)
Never	40.2 (53)	46 (17)	41.4 (70)
Syphilis and other STIs			
In last 12 months	12.2 (16)	10.8 (4)	11.9 (20)
More than 12 months	34.4 (45)	24.3 (9)	32.1 (54)
Never	53.4 (70)	64.9 (24)	56.0 (94)
Tuberculosis			
In last 12 months	11.5 (15)	2.8 (1)	9.6 (16)
More than 12 months	30.0 (39)	38.9 (14)	31.9 (53)
Never	58.5 (76)	58.3 (21)	58.4 (97)
Hepatitis B			
In last 12 months	13.1 (17)	5.4 (2)	11.4 (19)
More than 12 months	33.1 (43)	29.7 (11)	32.3 (54)
Never	53.9 (70)	64.9 (24)	56.3 (94)
Hepatitis C			
In last 12 months	12.3 (16)	8.1 (3)	11.4 (19)
More than 12 months	31.5 (41)	27.0 (10)	30.5 (51)
Never	56.2 (73)	64.9 (24)	58.1 (97)

4.2 Assessment of Borstal Infrastructure

4.3. Borstal Institution Abeokuta-Ogun State

4.3.1 General Description of Facility

The institution is built on a circular patch of land with the perimeter guarded by iron bars. There is a library and an office reserved for ad-hoc staff. There is a vocational training workshop and 3 hostel buildings. Behind these is an old information technology building that has been converted to a hostel. There is a block of classroom building and three dilapidated and abandoned buildings. The institution has a total population of 318 students and 61 staff. A breakdown of the data of number of students and staff is found in the Table 10.

Table 10: Abeokuta Borstal Institution Capacity and Staff Strength

Item	No
Capacity	100
Current occupancy	318
Members of staff	61
Staff Cadre	
Administrative	4
Health staff	1
Operational	43
Doctors	1
Nurses	2
Academic Teachers	2
Vocational trainers	2
Sport teachers	0

4.3.2 Healthcare and Health Care Services

The healthcare clinic in the institution is a single room, which shares premises with 2 other rooms currently serving as computer rooms. The facility is very poorly equipped, with 2 beds and a chair being the only furniture available; there is a general air of dilapidation and neglect. This room also doubles as the office of the Deputy Controller of Prisons (D.C.P) for Borstal Institutions. There are no isolation facilities nor a laboratory, and there is an inadequate supply of medicine. The facility is also grossly understaffed with only one doctor who works at 2 other hospitals besides the institution and a Health Officer who works between the hours of 8am and 2.30pm.

Medical examinations are not performed in a private and confidential setting, and they are mostly conducted in the presence of other patients outside in front of the clinic. Upon admission into the borstal institution, a comprehensive health screening is performed on the students and the health services are free-of-charge for all students. Health care professionals are allowed to visit the patients who are referred outside for further care whenever necessary. Parents of students are also contacted to consent to medical interventions as required by law. The medical reports of the students are recorded and kept in confidential files, and appropriate measures are put in place for reporting cases of sexual abuse and harassment.

Condoms and condom compatible lubricants are not allowed in the facility and there is no vaccination against viral hepatitis for both staff and students. Sterile needles and syringes are however accessible and there is counselling available for drug dependence and drug treatment.

The facility also provides free HIV counselling and testing for all students, although the staff are required to obtain consent from parents for the younger students (less than 16 years). Those who test positive for HIV are placed on ARVs immediately. There is no post-exposure prophylaxis for victims of sexual assault and others exposed to HIV. The students get some information on transmission, prevention and treatment of HIV, viral hepatitis and infectious diseases, sexual and reproductive health and other STDs. Lastly, peer-led programmes are in place for the students on health matters.

4.3.3 Nutrition

The students cook their own meals outdoors on giant enamel pots over wood fires under the supervision of a member of staff. The source of water used for cooking is from a well and cooking is done very close to the clinic and Mosque, in less than ideal sanitary conditions. Food items are

provided by the Federal Government through contractors who supply on demand. The meals are usually of very low quality and clearly lack in vegetables and other essential food groups. The students eat 3 times daily at around 8am, 2.30pm and 6pm.

4.3.4 Living Condition/ Accommodation

The students of the institution are housed in 9 hostels and the facilities available are summarized in the table 11 below:

Table 11: Abeokuta Borstal Hostels and Facilities

Name of Hostel	Population of students	No of Bunk beds	No of Toilets	No of Bathrooms	Ventilation	Floor Condition
Ja'faru Ahmed Hostel	36	12	3	1	1 standing fan	Tiled
Jemilehin AF Hostel	36	10	3	1	No fan	Tiled
Obama Hostel	35	4	1	2	No fan	Untiled
Babalola Hostel	34	5	1	2	No fan	Untiled
Ogundipe Hostel	36	6	1	2	No fan	Untiled
Lilly Ojo Hostel	35	4	1	2	1 standing fan	Untiled
Godwin Abbey Hostel	34	5	1	2	No fan	Untiled
IG Lawal Hostel	36	6	1	2	No fan	Untiled
Unnamed Hostel	36	12	1	1	No fan	Untiled

4.3.5 Sanitation

The students cook food in very unhealthy conditions using well water of questionable quality. They evacuate their own sewage using bare hands and are exposed to all sorts of hygiene related problems because of overcrowding, especially as there are only 10 toilets to cater for the 318 students. Students barb their hair using razor blades; each blade is broken in two and each half used to barb one student. The students are also forced to bathe outside and spread their clothes to dry on bare ground after

washing and many of them are visibly suffering from scabies and other skin diseases. There are also high incidences of malaria, diarrhoea, typhoid fever and other illnesses occasioned by poor hygiene.

4.3.6 Sports and Recreational Facilities

There is no space for any organized sporting activities and the students improvise by amusing themselves with five-a-side football matches in front of the classrooms. Besides one football, there is no other sporting equipment in the entire facility. There is no sports instructor attached to the school and the students have never participated in any external sporting competition. Daily by 3.30pm, the students are allowed outside for recreation though there is little or no order to the activities they undertake during this time.

4.3.7 Education

The institution has one classroom block containing 3 classrooms side by side. The first classroom caters to two different groups of students; literacy students and science students. The second classroom contains junior secondary students who are all placed in the same class and taught using the same syllabus. The third classroom covers senior secondary students who all attempt the senior secondary certificate exam (SSCE) at the same level and graduate from the institution if they pass the exams. There are only two teachers (an N.C.E and a H.N.D holder) in the whole establishment catering for these different classes of learners. Classes are run in two sessions, a morning shift between 10am and 2pm and an afternoon session that runs from 3.30pm to 5pm. The institution uses a small room as a library. This facility contains no chairs or tables for reading though the shelves had some books. The roof was observed to be leaking and the library is located very close to the workshop from which a lot of noise emanates, making reading next to impossible.

The Institution's vocational department is supposed to offer training in the following skills; electrical works, tailoring, fine arts (textile designs), carpentry, knitting/weaving, barbing, air conditioner/refrigerator repair, brick laying/concrete works, welding, laundry, shoemaking, soapmaking, bead and wire works and photography. However, only the tailoring aspect which has 2 sewing machines and 1 knitting machine was functional at the time of visit. The students take turns to use the machines since there are so few of them.

4.4 Recommendations

4.4.1 Space and Sanitation

The facility requires expansion and a proper sewage system with adequate means of disposal. Toilets and bathrooms should be made available in numbers commensurate with the population. A borehole or boreholes are required to provide safer drinking water. There is need for regular supply of sanitation materials like disinfectants, detergents and chemicals for fumigation as well as provision of adequate laundry materials and space for drying clothes

4.4.2 Sports

Sport is a veritable tool for behavioural reform and must be available in an institution of this nature to actively engage students. It is therefore necessary that some space should be created for organized sporting activities. Sport teachers should be employed to organize the students and encourage them to develop sporting talents with a view to participating in external competition.

4.4.3 Health Facility and Services

The institution needs a standard, well equipped clinic and laboratory and more medical personnel should be deployed by the Nigerian Prisons Service. The physical structure also needs to be upgraded to ensure privacy during medical examinations. Equipment should be provided for drug and addiction tests. The supply of essential medication and medical supplies should also be improved.

4.4.4 Nutrition

The institution needs a proper, well equipped kitchen as well as trained cooks/caterers. They will also need to employ a dietician. The quality of the food requires improvement.

4.4.5 Academics

Students should be separated into individual classes in conformity to the Nigerian educational system. Also, more classrooms should be built, and qualified teachers should be employed. The institution will benefit from a well-equipped library and ICT section with computers.

4.4.6 Vocational Activities

Standard workshops should be built and equipped separately for different vocational activities and more vocational trainers should be employed to increase the diversity of vocations that the students

can choose from. The vocational activities should also incorporate a business and financial education to enable them to well-rounded entrepreneurs upon graduation from the institutions.

4.4.7 Human Resource

Staff of the institution should be trained on a regular basis especially on Borstal rehabilitation and management, as well as human rights standards, disease control and its management.

4.5 Borstal Institution Ilorin

4.5.1 General Description of Facility

The facility is surrounded with a perimeter wall. There is a library, school hall and staff offices and 12 dormitories. The is also a clinic and two vocational buildings; the first vocational building houses catering, knitting, tailoring and carpentry workshops while the second building houses the electrical electronics, shoe making and wielding workshops respectively. The kitchen is beside the dining hall and has an expanse of land behind them which is utilized for farming by the staff.

The institution has a capacity for 250 students and the current population of students was 244 with a staff strength of 112 excluding adhoc staff. A breakdown of the data is shown in Table 12.

Table 12: Ilorin Borstal Institution Capacity and Staff Strength

Item	Number
Capacity of Institution	250
Current Occupancy	244
Year Established	2005
Number of staff	112
STAFF CADRE	
Academics	21
Vocational trainers	10
Sports Teachers	2
Operation (General Duty)	67
Doctor	1
Nurses	6
Public Health	5
NYSC Corpers	10

4.5.2 Healthcare and Access to Health Care Services

The health care facility is situated in the same row of blocks as classes and the hostels for easy access. The healthcare clinic in Ilorin borstal institution contains five rooms. There is the consultant room, the pharmacist room where all medications are kept, a room for admission of patients, one for giving injections and other treatments, and a nurses' room. There is also a laboratory room, but this is not in use as there are no laboratory consumables available. As such, all lab investigations are referred to external laboratories.

Anti-malaria medicines for treatment of malaria which was the most common ailment reported among the students are usually out of stock. Other common ailments are typhoid and diarrhea. Major cases are referred to general hospitals for proper diagnosis and care. Isolation is done when there are cases of chicken pox and measles. The staff strength is as follows: 1 visiting doctor, 1 pharmacist, 3 nurses, 2 laboratory technicians and 1 lab assistant.

Medical examinations are conducted in a private and confidential manner and medical records are kept in a confidential notebook with access only by medical personnel. Screening for HIV/AIDS, TB, Hepatitis B and C are done outside the institution due to non-availability of testing materials and the need for parental consent. There are no measures to ensure that treatment of infectious diseases such as ARVs, TB or HCV, are uninterrupted on admission to this facility and/or upon release.

Condoms and condom compatible lubricants are not allowed in the institution, sterile needles and syringes are accessible, there is no vaccination against viral hepatitis for both students and staff, while there is counselling available for drug dependence and treatment. The institution partly conducts HIV testing due to non-availability of instruments and issues of consent which must be given by students' parents. Those who may test positive are placed on ARVs immediately and are partly isolated. Post-exposure prophylaxis is partly available for victims of sexual assault and others exposed to risk behaviour related to HIV. The students are given adequate information on transmission, prevention and treatment of communicable/ infectious diseases, HIV, hepatitis, sexual and reproductive health and sexually transmitted diseases (STDs). Finally, peer-led programmes are in place for the students on health matters.

4.5.3 Nutrition

Students cook their food under the supervision of a staff (caterer). The quality of food was reported to be considerably good and students are fed three times a day. Some students who are on medication or are recovering from sickness, mostly malaria, are given extra protein in their meals. Food is cooked with firewood. The area is kept clean to prevent pests and rodents infesting the area. There is adequate storage for food located next to the kitchen. The main source of food items are Federal Government contractors.

4.5.4 Sanitation

There are 12 dormitories and each dormitory has a functioning toilet that is kept clean by the students. Hygiene and sanitation products are provided from the prison's headquarters in Abuja, churches and NGOs. When they run out of stock, the Principal makes out-of-pocket expenses for some to be bought. Cleaning is done by students daily and the floors are scrubbed monthly. There are three boreholes in the premises with one dedicated to the kitchen. As a result, there is constant supply of water. Sometimes, the dormitories are fumigated against bed bugs, mosquitoes, mice, etc. Staff have separate toilets from the students and inspection of the environment especially the kitchen is done regularly. There is limited outbreak of diseases, with the last of such occurrence involving chicken pox which was introduced by a new intake. In that instance, the chicken pox affected 9 students who were quarantined until the outbreak was treated.

4.5.5 Sports and recreational Facilities

Students participate in sporting activities in the evenings and during holidays. Such games like football, volleyball and indoor ones like ludo, snooker, table tennis, draft, etc., was observed to be available. The students are engaged in inter-house competitions with other schools and are sometimes sponsored by a non-governmental organization to compete in bicycle races within the school premises. Students are rewarded for participating with exercise books, pens and a trophy is awarded to the overall winner. There are two (2) sports officers managing all students.

4.5.6 Living Condition/Accommodation

There are 12 dormitories with double bunk beds. There are about 24 students per dormitory with each student having their own bed space. No child sleeps on the floor. The dormitory has very good

ventilation especially from natural source during the day. The surroundings are exceptionally clean. Available facilities are summarized in the Table 13 below:

Table 13: Ilorin Borstal Hostels and Facilities.

Dormitory name	Student population	No. of bunks	No. of toilets	Artificial Ventilation (ceiling fan)	Floor condition
1	23	8	1	1	Untiled
2	25	10	1	1	Untiled
3	25	8	1	1	Untiled
4	25	8	1	1	Untiled
5	25	9	1	1	Untiled
6	24	8	1	1	Tiled
7	26	7	1	1	Untiled
8	21	7	1	1	Untiled
9	12	4	1	0	Tiled
10	04	1	1	0	Tiled
11	10	5	1	0	Tiled
12	09	4	1	0	Tiled
Total	229	77	12	8	Tiled

4.5.7 Education

There are three classrooms for junior secondary students and another three classrooms for senior secondary students. There is also a classroom for adult literacy class. Students are pre-tested to determine the class to be enrolled. There are 179 students engaged in academics and adult literacy and 45 others in vocational training. The curriculum of the school enables the students to progress from secondary to university level and also obtain trade test certificates. There are 21 full time teachers and 10 ad-hoc teachers involved in the academic activities. Majority of the teachers are highly qualified

however, there are still a dearth of manpower in some subjects and vocational training. There are 8 functional vocational departments in the institution namely;

- Carpentry workshop ……... 4 students
- Tailoring workshop …… 12 students
- Knitting workshop …….. 3 students
- Wielding workshop……..4 students
- Shoe making workshop …… ..4 students
- Mechanical (auto) workshop…….....8 students
- Electrical Electronics workshop… .....6 students
- Catering workshop…….4 students

During weekdays, students attend classes between 9.00am and 1.30pm and engage in sports in the evening. The institution has a library and receives books from the Nigerian Prisons Service headquarters and faith based organisations. There is no librarian available and furniture is severely lacking.

4.6 Recommendations

4.6.1 Health Facility and Services

The institution needs a well-equipped laboratory and clinic with adequate drugs and other clinical tools to mitigate the health challenges being experienced in the institution. The institution needs more of medical personnel including a doctor, nurses, lab technicians and public health officers to cope with health challenges of the institution.

4.6.2 Nutrition

The kitchen needs adequate cooking utensils like pots, cooking spoons, grinding machines, bowls, and deep freezers to store edibles. A bigger kitchen and standard dining hall that will occupy all the students during meal period is also required.

4.6.3 Sanitation and Space

Regular supply of disinfectants, detergents, chemicals, mowing machines and mosquito nets to protect students from contagious diseases are required. Fumigation equipment and accessories to curtail the menace of insects and rodents in the institution is needed.

4.6.4 Education

4.6.4.1 Academics

The furniture for the classrooms and offices need replacement. There is need to engage more personnel in academics and a librarian to manage the library. The Information Communication Technology (ICT) unit of the institution should be upgraded and equipped with computers and accessories for effective information management. Maintenance and repairs of electrical appliances in the classrooms, offices and dormitories is required.

4.6.4.2 Vocational Department

More skilled trainers/ instructors are needed especially in the carpentry unit. Replacement of obsolete and worn equipment and regular maintenance, services and repairs of equipment to sustain the available facilities is required. A standard showroom can be built to display finished products and motivate the students.

4.6.4.3 Sports and Recreation

There is need to upgrade the sports facilities in the institution with modern sports equipment. There should be specialization training for the sports officers in sports academies/institutions. Trophies should be awarded for sports competitions to encourage adequate participation by the students. The institution should be sponsored regularly by government, non-governmental organizations and donor agencies in sports competition.

4.7 Borstal Training Institution Kaduna

4.7.1 General Description

The Institution is fenced around the perimeter with blocks and barbed wires. There is a building housing the ICT room, library and power house. Behind this is the clinic, block of classrooms and 3 buildings holding a total of 11 hostels. The vocational centers are housed in different buildings and this includes audio-visual and tailoring workshop, knitting workshop, plumbing, welding, building/painting, electrical, refrigerator workshop and carpentry workshop.

With a capacity of 208, the population at the time of the assessment was 352 students (representing 56%). Table 14 below shows the capacity and breakdown of staff cadre;

Table 14: Kaduna Borstal Capacity and staff strength

ITEM	NO
Institution capacity	208
Current occupancy	325
Members of staff	112
STAFF CADRE	
Administrative	35
Psychologists	2
Operational	11
Doctors	0
Nurses	8
Academic Teachers	14
Vocational trainers	8
Sport teachers	2
Agriculture	3
Psychologists	2

Welfare officers	7
Logistics	2
Stores	2
Kitchen	4
Supportive Duties	16

4.7.2 Health Care and Access to Health Care Services

The institution has a functioning health clinic but does not have a laboratory unit. The clinic has a staff strength of 8 nurses, 2 psychologists, 7 welfare officers, a pharmacist, and a laboratory technician who attend to roughly 80 students per day. The common illnesses treated at the clinic are skin diseases, malaria, cough and catarrh, boils, dysentery, scabies, headaches, and diarrhea. Although it was acknowledged that consensual sex and sex for gifts, money and provisions among students occur sparingly, condoms and condom compatible lubricants are not made accessible to the students (or staff) as it is believed that access to same will encourage sodomy amongst students.

Similarly, post exposure prophylaxis is not available for students or staff while the institution cannot provide treatment for infectious diseases, including ARVs, and TB & HCV treatments. Students also do not receive information on sexual and reproductive health including information on transmission, prevention and treatment of STIs. There is no peer led programs in place for students on health matters and are no educational materials on STIs available to the students.
Medical examinations are performed in a private and confidential setting in a clinic which is comprised of an examination room furnished with a table, a screen and two chairs, one for the patient and one for the doctor/nurse. Medical records are also kept confidentially using a note book.

Treatment of HIV, Hepatitis, TB and severe cases are referred to external clinics and costs are borne by the students' parents/guardian. At the time of this assessment, the clinic does not have an isolation room/facility for TB cases and the medical staff believe that there is no HIV positive person in the institution, but any such cases are discharged from the institution to avoid exposing other students and staff to the risk of getting infected.

4.7.3 Nutrition

The Institution has a kitchen, a chef and other kitchen staff. The kitchen work surfaces are clean, and the kitchen is well ventilated. Meals are prepared on controlled open fire behind the kitchen. Students are served good portions of food. Soya bean which is highly nutritious especially in protein is regularly incorporated in meals and used as a core ingredient of traditional soups and meals. Meals are also served with good chunks of beef and locally grown vegetables. The students look adequately fed in appearance and no malnutrition case was observed.

4.7.4 Sanitation

There is a bore hole with three water outlet points which supplies water to the hostels. There are four hostel blocks with 16 hostels. Each hostel has two toilets and two bathrooms. The toilets and bathrooms have water supply and are kept clean by the students but there is inadequate supply of protective materials like gloves, as well as cleaning materials like disinfectants. Staff have separate toilets which are also cleaned by students. There are efforts to maintain health and hygiene standards, including regular fumigation of rooms to tackle bed bugs, and most respondents indicated that the institution did not have any issues with the cleanliness of the environment.

4.7.5 Accommodation/ Living Conditions

The hostels were well ventilated and with natural light. While some students sleep on bunk beds (Table 15), others sleep on mattresses on the floor due to lack of space and furniture. The rooms, including the beddings were clean. Borstal staff expressed concern of the psychological effect of the living condition on students and health staff reported that students are exposed to scabies, pneumonia and other communicable diseases due to hostel congestion and the lack of basic cleaning materials such as detergents, and disinfectants. Health care staff also indicated that these illnesses were also due to a lack of fumigation materials despite their colleagues indicating that the hostels were regularly fumigated.

There is an observation cell for new students which is meant to be for weaning students from the home environment. It is a narrow cell with about 4-7 students with no bed or mattress. The observation cell is poorly ventilated. Students are kept there for three months.

Table 15: Kaduna Borstal Hostels and Facilities

Name of Hostel	Student Population	No of Bunk beds	No of Toilets	No of Bathrooms	Ventilation	Floor Condition
Niger 1 Hostel	18	6	2	2	No fan	Untiled
Niger 2 Hostel	21	7	2	2	No fan	Untiled
Kaduna 2 Hostel	20	6	2	2	No fan	Untiled
Kaduna 1 Hostel	20	6	2	2	No fan	Untiled
Rima 2 Hostel	17	6	2	2	No fan	Untiled
Rima 1 Hostel	19	6	2	2	No fan	untiled
Benue 1 Hostel	19	7	2	2	No fan	untiled
Benue 2 Hostel	18	7	2	2	No fan	untiled
Imo 3 Hostel	18	6	2	2	4 ceiling fans	Terrazzo floor
Imo 2 Hostel	19	6	2	2	4 ceiling fans	Terrazzo floor
Imo 1 Hostel	17	4	2	2	4 ceiling fans	Terrazzo floor
Gongola 1 Hostel	16	6	2	2	No fan	Untiled
Gongola 2 hostel	9	5	2	2	No fan	Untiled
Chalawa 2 Hostel	17	4	2	2	No fan	Untiled
Chalawa 1 Hostel	19	5	2	2	No fan	untiled

4.7.6 Sports and Recreation

There is a large and neatly kept field in the institution, which students use to participate in outdoor sporting activities once a week on Fridays. Outdoor sporting activities available to students include volleyball, football and table tennis. There are indoor games for students in their dormitories including card games and board games (ludo, scrabble, and draughts) but most games are incomplete as the students have lost bits and pieces over the years which have not been replaced. Students do not have access to radios, televisions or video games in the institution. Inter-house sporting events were

previously held for students, but such has not been held for a number of years due to lack funds. Students are still occasionally invited by other schools to compete in relay races.

4.7.7 Education

There are academic and vocational training options for students. The academic training prepares students for entrance examinations into higher institutions while the vocational training covers the following areas; audio visual, tailoring, knitting, plumbing, building and painting, wielding and electrical works.

The Institution has a poorly equipped multi-purpose science laboratory with 3 desks, 14 stools and 2 Bunsen burners. The laboratory has not been used for science purposes since it was built in 2015. Also, there is a large computer room, with about 70 working desktop computers which are mostly used for tertiary education qualifying exams.

4.8 Recommendations

4.8.1 Space and Sanitation

The Institution requires fencing. The boundary to the north is an open prison with adults undergoing rehabilitation for release. This area should be fenced off to avoid undue influence from outsiders. There should be a frequent supply of sanitation tools and materials such as; disinfectants, detergents, fumigation chemicals, and mowing machines.

There is need for expansion or decongestion of the observation center. The hostels require renovation. The walls are dirty while some of the building are very old with the roof requiring repairs. The drainage system and toilets also need repairs.

4.8.2 Sports and sporting facilities

Physical activity schedule should be increased to more than once a week. Available indoor and outdoor sports facilities require improvement and broken facilities should be fixed.

4.8.3 Health Facility and Services

The number of qualified health staff are inadequate. There is a need to increase the number of medical personnel in the clinic. The clinic needs equipment/tools and regular provision of medical supplies

and drugs. A laboratory unit should be constructed and fully equipped and diagnostic kits and apparatus for drug addiction urine tests should be provided.

4.8.4 Human resources

There should be frequent training and workshop of staff, specifically for borstal rehabilitation and management, as well as disease control and management. The institution has an official staff strength of 112, however many respondents identified staff shortage as a challenge faced by the institution. Other common challenges indicated by respondents include shortage of protective gear such as gloves. The health center requires more staff while specialized staff are needed for the educational and vocational training.

4.9. Conclusion

As the NPS strives to adhere to the United Nations (UN) Minimum Standards for people in prisons, the need to ensure maximum benefit to the students for their reformation and development remains paramount. The structures and facilities require renovation and better arrangements should be made for feeding, sporting activities. Also, there should be regular fumigation of the environment. This will ensure that the students remain healthy, well occupied and equipped to contribute their quota to society upon release.

The inclusion of older students needs to be addressed to mitigate their influence on the younger ones. The practice of observing new enrollees at the Kaduna & Ilorin Borstals for three months in an overcrowded and unhygienic room must be stopped. Observations and separation may be done, but they must conform to the United Nations minimal standards for people in prisons. Borstals must be equipped to conduct tests for communicable diseases and consequently be equipped to manage these cases till they resolve. Lastly, the gaps identified in this assessment should be addressed to ensure the optimal physical, mental and psychological health of the students to support health living while in the Borstals as well as optimal academic or vocational training to ensure a higher likelihood of successful reintegration to the larger society upon their release.

5.0 Findings from Qualitative Inquiries

5.1 Perception on Health Services in Nigerian Borstal Institutions

Generally, borstal staff reported health service was poor and inadequate across borstal institutions in Nigeria. They attributed this to insufficient manpower and equipment which could not match with the population of students. In most of the institutions, there were health officers designated to ensure proper sanitation, hygiene and cleanliness. Students were provided time to engage in sanitation activities at least twice a week. During this period, students were required to clean their environment and wash their clothes. The Officer-in-Charge of health also ensured students' hair and nails were cut appropriately at all time. Visitors were not allowed to bring liquid soap into the institutions as students could use this to poison themselves in the dormitory. Borstal staff reported that though there were supplies of detergents and Izal (disinfectant), this was not sufficient to cater to the sanitation needs of the hostels and dormitories. They explained that there had been a gradual decline in supplies of these commodities over the past ten years by government.

PERCEPTIONS ABOUT HEALTH SERVICES IN NIGERIAN BORSTAL INSTITUTIONS

Yes, the health sector needs lots of equipment, it's not adequate, it's not meeting the standard care the boys need to get, and there are many things we actually need to get. In terms of staff we need more staff strength, the population of the boys in comparison with the health provider and the health care giver, it's not just meeting up, we have just one doctor, we have just one nurse, eer two nurses right?

Borstal Staff, Abeokuta

Concerning the sanitation here, like here we have health officers in charge of making sure everywhere is clean and at least twice a week we do open the students and they wash their clothes with water…. So, every place is very neat here and very conducive

Borstal Staff, Ilorin

Apart from that, there are still other things the in-charge of health used to do, they normally warn us at the gate that we shouldn't allow any visitor to bring in liquid soap because they can use that one in their dormitory to poison theirself ……..aaaaa. the officer-in-charge of health used to bring them out and cut their nail all the time

Borstal Staff, Ilorin

we normally look at their hair maybe it's too bushy and they will make sure they cut it for them, wash their toilets, give Izal to make sure they give maximum protection concerning the issue of their dormitories

Borstal Staff, Ilorin

The sanitation situation in this place need to be improved in the sense that, when it comes to the maintenance situations in the cells or dormitories, we need regular supply of soap, detergent and more so, the convenience we have here, some of them don't have doors, so students usually bath at bare space, then another thing there, the regular supply of detergents, soap, disinfectants which we usually have in the formal years, they no longer bring it, so it boils down on the principal sourcing out money to provide those things

Borstal Staff, Kaduna

5.2 Common Illnesses in Nigerian Borstal Institutions

Borstal staff identified malaria, enteritis, skin diseases, diarrhea, cough and tuberculosis as the common illnesses reported in their institutions. Other illnesses mentioned were boil, scabies and typhoid. Malaria was highlighted as the most prevalent disease, presenting in as many as 60 students in a month. Borstal staff jointly agreed there were rare cases of sexually transmitted infections among the boys. Even though cases of HIV were uncommon, there were few incidents where HIV was detected, and students were discharged to their parents for further home treatment. Borstal staff however admitted they could not ascertain some of the illnesses as there were no laboratories to conduct tests. In some borstal institutions, the occurrence of skin rashes was particularly common among new students. When borstal staff inquired about the causes of their rashes, students explained that they were trying to adapt from their previous food from home to the type they were offered in the borstal institutions. According to the borstal staff, the students disliked and were not used to the type of food they were offered, causing them occasional stomach ache or dysentery.

COMMON ILLNESSES IN NIGERIAN BORSTAL INSTITUTIONS

R: As it were Malaria, enteritis, you talk of stomach ache, then emm skin diseases

-Borstal Staff, Abeokuta

I: What about STI?

R: No no no, we don't have a record of that

I: Infections

R: *Yea like skin infections, TB infections then…malaria. Yes, they do have cough, but we don't have plenty number on that, we just have 2 TB cases here.*

-Borstal Staff, Abeokuta

Yes, as far as I'm concerned though I'm not in the health sector area but I normally observe there's this rashes, especially normally, for the new students when they come here, they will be saying they not used to the food they are giving then here, you know we normally base our food on Beans and eeeh Garri and so on, so most of them develop this rashes and I'm happy the people in the health they normally take care of it because it's something that is common, they know how to tackle it and normally within a short period of time maybe a week it gets corrected and the students also adjust to the system. The major illness I can say is that issue of rashes, eeee especially on the private parts of the students, that's all.

-Borstal Staff, Ilorin

What I can say about that is that the disease that is common here is that maybe stomach pain, maybe dysentery and what can cause this thing is that if they are coming from their town, they are used to eating different, different type of food but here normally beans in the morning so and some students they don't like beans but there is no way they will not eat beans here so they can develop dysentery, we used to give them flagyl and eeem eem medical to treat them

-Borstal Staff, Ilorin

I: There is no HIV Patient here?

R: mmmm anytime, no at times some when they do fall sick continually, they do take them for screening and then when we detect, we discharge them to their parents for further treatment at home.

-Borstal Staff, Kaduna

5.3 Common Ways Students Accessed Medical Care

In most borstal institutions, students accessed medical care through their sick bay or the institution's clinic. The sick bays were ill-equipped, short-staffed and lacked facility to admit ill students in most of the institutions. Students were not permitted to treat themselves other than take medications prescribed from the sick bay. The sick bays received limited supplies of drugs from government for common illnesses such as malaria. Students were screened for tuberculosis by a special body, based on request. The body was also responsible for treatment of TB cases. Students infected with measles and TB were isolated at the back of the dormitory because there were no isolation rooms for this purpose. Illnesses that were beyond the capacity of the medical personnel in the clinics or sick bay were referred to Teaching Hospitals, usually with the consent and financial support of the parents of the ill students. Even though HIV voluntary counselling and testing services were available in Ilorin

borstal institution, availability of treatment for HIV within the institution was not reported in this study.

COMMON WAYS STUDENTS ACCESSED MEDICAL CARE
I: *Do they…… treat themselves?* ***R***: *No, they do not treat themselves.* ***Borstal Staff, Abeokuta*** *When we are not sure of the illness we go outside to test them, and they tell us from the lab outside and when the cases are beyond the health professionals around here we do refer them* ***Borstal Staff, Abeokuta*** *we need more staff to manage the clinic because we have only one doctor and two nurses to manage over 300 boys* ***Borstal Staff, Abeokuta*** *We normally take them to our clinic but if we cannot, because at times there are sickness we cannot carter for, we normally contact their parents, you know they are brought here through their parents, we normally contact their parents and if the sickness is severe we can refer them to University Teaching Hospital here, so with the assistance of their parents, so any time we are taking them to the hospital, the medical officer will call their parents, they will come we go together and the officer will follow them to the hospital* ***-Borstal Staff, Ilorin*** *Of recent we had issue of measles, immediately we noticed it, we separated the students, the people that have measles will have to be taken to the back dormitory, so we take active and preventive control of it* ***-Borstal Staff, Ilorin*** *So anyone they discover any illness, they normally observe and do normal treatment and even this HIV of a thing we have one area, they normally take care of the students and the staff, they normally do the test, this test normally help because they normally do it, even though they don't tell us the result of their test, but they will call all the students and the staff, they will say it's voluntary some staff will run away from it, they say they don't want to do but they normally make it mandatory for all our students, I cannot say the result because they normally hide the result from us, that's what I know* ***Borstal Staff, Ilorin***

5.4 Satisfaction with Medical Services Provided

Generally, borstal staff reported that the medical services offered in their institutions were satisfactory. Their expression of satisfaction and rating of good performance was based on reports of no casualty

and recovery of students when taken to their clinics. They also commended the practice of the Officer-in-Charge of medicals at the prison facility, sending doctors to their institutions to meet their health needs. In Kaduna, the staff believed their services were good but not excellent. To improve the quality of service, they recommended deployment of more health personnel to cater to medical needs in the institution. They however maintained that not all students who presented in the clinics required medical attention.

INMATES' SATISFACTION WITH MEDICAL SERVICES PROVIDED
I: What would you say about the medical services here, would you say its excellent, what is your take on it? **R:** *mmm, I can say it's good, but not excellent, because we need more hands, you can see we have a pharmacy room but we don't have a pharmacist and we need a doctor, specifically.* ***-Borstal Staff, Kaduna*** *We are satisfied because there is one good thing we normally achieve since we…. I'm less than 10 years here, we have not recorded any student or any casualty due to illness or anything like that and so if you are doing something and you are making success, so you will be happy because as far as I'm concerned, there is no student that came here with any sickness and went out with the same sickness, we normally make sure that it is corrected and it is cured, so it is a success to our side* ***-Borstal Staff, Ilorin*** *Even apart from that one, we have doctor in other conventional prison so the In-Charge of the Medical used to, you know send for the aaa, for the doctor to come and give them appropriate treatment here, so thank God as my colleague said we don't have eeee casualty here, so we've treated them, and they are more or less okay* ***-Borstal Staff, Ilorin***

5.5 Provision of Health Information in Nigerian Prisons

The two major sources of health information for students in borstal institutions were through lectures by health officers of the Nigerian Prison Service and sensitization by Non-Profit Organisations, Youth Corp Members and university students. Most borstal institutions have a day of the week, usually Thursdays, dedicated to lectures and seminars. A timetable is prepared to schedule the organizations and groups for lectures weekly and communicated to them ahead of their schedule. To complement this, students are educated by the staff of the borstal institutions on contemporary and emerging health

information they should be aware of, during their parade in the morning. Health sensitization is usually focused on different areas including dangers of drug use, prevention of HIV/AIDS or other sexually transmitted infections.

PROVISION OF HEALTH INFORMATION IN NIGERIAN PRISONS

Yes due to our collaboration with other organizations like most NGOs or the Youth Corpers, they normally come here for sensitization because the Youth Corpers especially on the issue of HIV, the Youth Corpers normally assist in that area, there are some NGOs, they normally come here, concerning the issue of their HIV, they normally sensitize them, they come with some gifts, even there are some at University of Ilorin, there are some doctors there they normally come here with drugs just to supplement what the government is giving here and there are some workshops they normally organize that most of our officers also attend

-Borstal Staff, Ilorin

Like here we have timetable for all these NGO, whenever they want to come, they will send a letter to us and we've already made a timetable for them so at least once in a week we do have visitor that will talk about all these things for us.

Borstal Staff, Ilorin

We have information about health, from the Nigerian Prison service itself, and we also have from NGOs, that will always come around, some will come to advertise their products, while some will come to educate the people on the damgers and effects of drug abuse, the diseases that affect health and how to take measures to control them. So these are the major 2 sources that we get our information.

Borstal Staff, Kaduna

As soon as we get information on any latest health issue… on Thursday we deliver lectures to the students and if there is anything too during parade in the morning, the staff provide these information.

-Borstal Staff, Kaduna

I: What kind of information do they provide?

***R:** Information on drug abuse and HIV/AIDS, the effects of drug abuse and how it can lead to what we call the HIV. Syphilis, all these STDs can be gotten as a result of drug addiction or drug abuse.*

-Borstal Staff, Kaduna

5.6 Perception on Risk Behaviours of Students in Borstal Institutions

5.6.1 Injection Drug Use in Borstal Institutions

The use of drugs is prohibited in all the borstal institutions across the country. Borstal staff reported that it was near impossible for students to take drugs within the institutions since they were prohibited. However, they admitted that many of the students had been using drugs before coming into their institutions. There were reports of 'withdrawal syndrome' arising from students' inability to access drugs/substances after admission into the institution. This was always accompanied with features of sickness and responded to, by health personnel from the conventional prison. Despite its prohibition, few cases of drug use were reported in Kaduna borstal institution. The substances were smuggled into the yard by visitors or sneaked into the hands of students during 'walk-away' or 'Crossing'. By this, they explained that a porous(insufficient) security and lack of fence in their institution promoted sneaking of drugs into their hands. According to the borstal staff, most students took drugs to 'feel high', inspire their creative expression of talents and promote their sense of belonging in groups.

INJECTION DRUG USE IN BORSTAL INSTITUTIONS

I: Okay, the students here do they use drugs, like drugs, do they abuse drugs or something?

R: Not in the facility but we have cases that drugs brought them here

-Borstal Staff, Abeokuta

If I can get you right, they don't have any right to take Indian Hemp or any alcohol here. For those students we normally accommodate here, we know are taking it outside but immediately they come here, they don't have the opportunity - who will buy it for them? There is nobody, there is something we call eeeh "withdrawal syndrome", maybe when they are used to this Indian Hemp outside, immediately they get here, when it is 3 or 4 weeks, automatically there will be a symptom, maybe they will fall sick, maybe their body will be more or less very weak so immediately we alert the medical personnel they will come, as I told you they will invite doctor from our other conventional prison to take care of them, they don't have, they don't I mean have privilege of taking this kind of thing, Indian Hemp or other drugs here.

-Borstal Staff, Ilorin

That's what I'm saying, either by visits, right? Either by way of visit, somehow, they can transport or transfer that into the yard, then when they begin to manifest, then they will rush them to the clinic, the clinic will arrest the situation

-Borstal Staff, Kaduna

Most of them say they use drugs because they want to feel high and they want to have a sense of belonging to the group and also, they feel that drugs are inspiring in the area of either singing or whatsoever. They are inspiring, they inspire their spirits in the area of singing and something like that, so these are the 3 major areas they take drugs to… why they take drugs in short.

-Borstal Staff, Kaduna

5.6.2 Sharing of Sharp Objects and Personal Items in Borstal Institutions

It was a common practice for borstal staff to use one razor blade for haircut of two students. They used one side of the razor for a student and the other side for another. At other times, the blade was completely split into two; one for each student's haircut. Personal items such as toothbrushes were either brought by the students or supplied by the welfare and special duties unit of the borstal institutions. For this reason, it was uncommon for students to share personal items such as toothbrushes. In some institutions, a razor blade was handed to each student for hair-cut and retrieved afterwards to forestall possibility of inflicting injury on each other with it. Those who developed irritations and skin rashes due to use of blade were allowed to use their personal clippers in a barbing salon under the supervision of the Health Officer. To ensure the clippers were not mixed up or shared, names were inscribed on them and they were kept in a safe place with the welfare unit after each use. Students were only allowed to use rubber spoons, not metal cutlery. Tattoos and body piercing were not allowed in the institutions.

SHARING OF SHARP OBJECTS AND PERSONAL ITEMS IN BORSTAL INSTITUTIONS

To be truthful we use one razor to skin the head of two boys because the razor has 2 sides, so we presume that we use one side for one person, the other side for the other but at times there are no cases of multiple use

-Borstal Staff, Abeokuta

No no no, the welfare department does that, even with the soap they use in bathing, tooth paste and detergents the welfare detergents do supply all those things

-Borstal Staff, Abeokuta

In addition to that, the blade issue, we don't normally allow them get access to blade because they are minors and can use when they are fighting, even spoon- iron spoon we don't allow them but whenever we want to make sure to

cut their hair, the health officer will bring all of them outside, give them blade, each individual with their own blade, they will cut it and they will return the blade back to the health officer because they will not allow them to take it because some of them will say we want to use it to sharpen my pencil, no, because any time they are fighting like this, they can go there and use it to harm themselves, so and each student has their own blade to cut when they are….. and some they have their own clipper because some people will tell you that they don't cut with blade, because if they cut rashes will come out, they have their own clipper, when there is light, we take them to the barbing saloon and they will cut but they will be thoroughly supervised by the Health Officer

-Borstal Staff, Ilorin

I: Do they share cutlery?

R: No, they don't

I: But they should be sharing cutlery

Though we don't allow cutlery in the hostels

-Borstal Staff, Kaduna

R: No oohh we don't do that here, unless it's the one they came in with otherwise there is no room for such tattooing in our system.

-Borstal Staff, Kaduna

5.6.3 Transactional Sex, Sexual Violence and Same-Sex Activities in Nigerian Borstal Institutions

Borstal staff reported that though cases of violence among students were common, they hardly resulted in inflicting physical injury on students as the dormitories were searched from time to time to remove dangerous material that could serve as weapons during fights. The major triggers for violence are power tussle, disrespect to seniors and use of personal items or possessions without permission. Incidents of sexual violence, transactional sex and same-sex activities existed among the students, albeit uncommon. According to the staff, this occurred through bullying, bribery and luring with gifts. They opined that the habit of parents neglecting their wards in the institutions without paying visits further exposed their wards to be vulnerable to engaging in homosexuality and transactional sex. Aside from this, the major factor contributing to same-sex activity was overcrowding and bed-sharing among the boys. In the opinion of the staff, it was difficult to reduce same-sex activities or totally curb it without de-congesting the dormitories. Such sexual acts were unprotected because condoms were inaccessible to the students. Despite the report of sexual violence and same-

sex activity in some institutions, a few others had no report of such. In one particular institution, borstal staff maintained that they instituted strict supervisory and punitive measures to deter students from engaging in such acts. This includes assigning an officer to each of the dormitories and ensuring students were not found with cash to lure their classmates into such act. There were rare cases of consensual sex among the students but not with staff of the borstal institutions.

TRANSACTIONAL SEX, SEXUAL VIOLENCE AND SAME-SEX ACTIVITY IN NIGERIAN BORSTAL INSTITUTIONS

I: Okay so what about Sexual violence? Do you have cases of sexual violence? Homosexuality, man to man… since here is just male so sexual violence…

R: Yes we do and you know, we find out that it is something that happens from time to time and it is either through bullying or bribery and in position of gift to one another and it's because of the condition they are in; in truth it occurs and we deal vehemently with the culprits and it is not what……, in fact authority frowns on it heavily at it and curtail it. We even have some bodies that talk to them from time to time about things like this, like the churches discourage their mind and they go for counseling from time to time, people that have been caught in it and other forms off it

-Borstal Staff, Abeokuta

This particular case is not frequent, it is very very reduced because the system has made it very very difficult and reduce such activities to the barest minimum. The truth about it is that one of the things that give room to it is overcrowding. Overcrowding give room to them for getting close to each other, 2 boys sharing one bed it makes it a lot more difficult.

-Borstal Staff, Abeokuta

We don't have it here, you know look at our dormitory here we have about 12 dormitories and one dormitory is attached to one officers, so I see no reason why—how do you want to do the homosexuality? How?

-Borstal Staff, Ilorin

Another reason is this, actually we have problems with some parents if we are to be candid, some parents do not visit their wards or children as expected so when children of such class are in need and those ones that are visited have items they could give, in fact they wouldn't mind exchanging themselves in that regard to have these items for themselves

-Borstal Staff, Kaduna

Actually a thing like that is homosexuality, that is what you call sodomy and its earlier said when you have a uni-sex in a particular environment and they are of age, definitely maturity tells in them and they have sexual urge,

whether we like it or not and in an attempt to dispense that where there is no opposite sex they tend to device a means of using themselves and it's whoever now agrees to submit himself as either the female or the male, will be made use of.

-Borstal Staff, Kaduna

Yes I have witnessed that, a fight between two boys not group fight, yes and some of the causes it may be,…. "ah you used my items without permission, he shifted my cupboard or hanger, why should he as a junior boy come across my bunk

-Borstal Staff, Kaduna

5.7 Knowledge, Attitude and Practice on HIV, Tuberculosis, Hepatitis B and C

In terms of knowledge of HIV, TB, Hepatitis B or C, many staff of the borstal institutions had heard about, or were aware of them. However, the accuracy of information they had on these diseases was questionable. For instance, when asked if Hepatitis was transmissible by sharing toilets or cup, many of them answered in the affirmative. This had led to subtle acts of discrimination and stigmatization of infected persons in the bid to be 'too careful' not to contract the diseases. Their sources of information on these diseases include newspaper, internet, movies, seminars, TV and radio. In most of the institutions, staff reported not knowing persons living with HIV, Hepatitis B or C as status was usually kept confidential. They asserted that students who presented with HIV symptoms were taken out for laboratory test and diagnosis. For those who tested positive to HIV, their parents were invited to take them for treatment and encouraged not to return to the institution. The same procedure applied for students who tested positive to Hepatitis, but they were provided the opportunity to be retested and re-admitted provided they have been properly treated. The staff emphasized that their institution would not admit HIV-infected person whose status is known prior to admission.

KNOWLEDGE, ATTITUDE AND PRACTICES ON HIV, TB, HEPATITIS B OR C IN NIGERIAN PRISONS

I: So, you've heard of it? so ma can you tell us the modes somebody can get HIV, Hepatitis B&C, do you know how somebody can acquire it?

R: Through sex, like sharing sharp objects, even though this Hepatitis B of a thing, they said maybe you come in contact with the sweat of the person that is having it, when you are using the same toilet and the rest., you can get contacted.

-Borstal Staff, Abeokuta

Yes there are different sources of information, we get to read it on paper, from the internet, in television even in movies so there are at times when all these people, all these health workers do come around and talk and there might be need to talk about one or two of these transmitted diseases and it comes up but most of the time we've heard it on TV, radio, through the internet and even with better education it comes up with more information and we try to Google it.

-Borstal Staff, Abeokuta

I: Are you aware of any student living with Hepatitis B&C and Tuberculosis?

R: No Sir, we don't have it here

-Borstal Staff, Ilorin

I: When you find out it's positive what do you do?

R: we will refer them out, their parents will take them if they don't know where to get the drugs we will direct them.

I: After will they be readmitted in the school?

R: No if in case of HIV, we don't encourage them to bring them back.

-Borstal Staff, Kaduna

Infact ma, the case of tuberculosis we don't admit them because we don't have the facility to manage them and save them from infecting other children. Because we don't have isolation dormitory here, where we can keep them like convicts, where they will be undergoing treatment while in the prison, we don't have such, so we don't try to manage such thing in this facility.

-Borstal Staff, Kaduna

I: Okay if you know that a student has TB or a Staff, will you continue to relate with such a staff, will you continue to do things together?

R: According to the small small lectures they used to give us here, someone must keep away himself from such affected disease, we shouldn't relate with them because whenever they cough, that cough according to the doctor, they said there are something that come out of the mouth of the affected person, so that is why we should keep ourselves away from people having that eerr diseases, Sir.

-Borstal Staff, Ilorin

5.8 Risk of Contracting HIV, Tuberculosis, Hepatitis B or C in Borstal Institutions

Borstal staff expressed concern about their high risk of contracting HIV, Hepatitis or Tuberculosis. Their concern was associated with the fact that they were in close contact with persons infected with TB, yet were not protected with gloves or mask, exposing them to the risk of airborne transmission

of TB or transmission of Hepatitis by sweat. They opined that staff working at welfare unit stood higher risk of transmission of TB and Hepatitis as they handled phones with which students spoke to their parents from time to time. The staff in the welfare unit sometimes had to speak to parents of the students using the same phone, exposing them to possibilities of airborne infections, or mixing of fluids such as saliva and sweat. For this reason, staff perceived their risk of contracting Hepatitis to be higher than that of HIV. They also perceived they had a lower risk of contracting HIV because there were little or no known cases of HIV in their institutions. Staff also associated their risks to lack of HIV screening for students during admission, and possibilities of their blood mixing with that of students who sustain injury.

RISK OF CONTRACTING HIV, TB, HEPATITIS B OR C IN NIGERIAN BORSTAL INSTITUTIONS

R: we have had one or two known cases here that we actually managed, and we go into these hostels with them, because at times we have to do physical counting, we have close contact with them which cannot be avoided, you understand, and we don't have protection, we don't have…emmm what do they call that…. mask and eeh you know, so we talk to them, even the health workers that work here too, I don't see them, apart from the time when they just get one glove on their hands

-Borstal Staff, Abeokuta

R: At times you are using the phone and you are sweating, and you find out there is a bit of sweat on the phone and you pass it on to the next person and the person ehenn and there is contact

-Borstal Staff, Abeokuta

Since we don't have it here, how do you want to contract it? We don't have anyone, no staff that is having such disease here, even among the students, so I believe is there is no staff having such that disease. So, I don't believe it can be contracted with any other staff sir. Since we don't have staff or student that have such disease, so the probability of contracting it is zero.

-Borstal Staff, Ilorin

They are at a risk because the students are being received into this place without screening. We must have interacted with them, some of them maybe in the course of bathing they will fall and get injury which will result to bleeding, we begin to handle before you carry them to the clinic for further investigation, so if those kids were not screened at the onset and staff begin to mingle with this kind cases, they eventually predispose them to such infection, so we are at risk.

-Borstal Staff, Kaduna

5.9 Treatment Services for HIV, Tuberculosis, Hepatitis B and C in Borstal Institutions

Treatment services for HIV, hepatitis and tuberculosis were unavailable in most of the borstal institutions across Nigeria. In Abeokuta, the borstal institution clinic provided treatment for tuberculosis but students infected with hepatitis were referred to hospitals for treatment. Availability of treatment service for HIV was not reported for Ilorin and Kaduna borstal institutions. Isolation rooms or dormitories were also absent in all the institutions as it was a common practice for students infected with TB to be assigned a portion at the back of the dormitory to prevent spread to other students. There were also instances when they were provided with handkerchiefs to cover their mouth while interacting with other students.

TREATMENT SERVICES FOR HIV, HEPATITIS B & C AND TUBERCULOSIS IN NIGERIAN BORSTAL INSTITUTIONS

We have handled TB, they take their treatment here. For that hepatitis you know it's a 6 months to 12 months regimen program so we don't actually treat it here, if we diagnose we treat it in the hospital.

-Borstal Staff, Abeokuta

we know quite alright that it is only TB that has vaccine while the issue of AID, eehen that is what I'm saying! HIV I don't believe they have vaccine on it, only TB I heard they have vaccine that can take care of it, so I don't believe they have vaccine that can take care of HIV presently now.

-Borstal Staff, Ilorin

I know of a case about a boy that had… I think its TB abi? The people attending to him gave him an handkerchief that whenever he wants to cough, since its air borne, he should just cover his mouth, so he still stayed in the hostel and every other person being educated around him, especially members of the hostel, they just told them he has two or three……., wash one and hand the other to him so that it won't affect the others and everybody worked together with him till they leave here and make sure that at every point in time he has his handkerchief with him so that when he's coughing he can actually cover his mouth

-Borstal Staff, Abeokuta

5.10 Recommendations for Improved Medical Services in Nigerian Borstal Institutions

Borstal staff recommended an upgrade of their clinics or sick bays to full-fledged hospitals with well-equipped facilities and adequate staff. They lamented that inadequacy of medical personnel had resulted to work overload for the few available ones. The cadres of personnel mostly requested are nurses, doctors and psychologists. In Abeokuta, staff members recommended that an effective water supply system be installed to avert break-out of diseases as they had to ration water for toilet and sanitary uses. They also recommended periodic fumigation of dormitories to prevent bed bug infestation. In Ilorin, borstal staff recommended the provision of a car to enhance movement of ill students to nearby hospitals as they frequented the hospital severally in a day. They also canvassed for adequate supply of drugs. In Kaduna, borstal staff recommended deployment of more medical personnel especially medical doctor, psychiatric doctor and pharmacist to their institution. They also recommended that the psychological unit be equipped with modern day diagnostic tools, and their personnel be given specialized training on handling delinquent boys.

RECOMMENDATIONS FOR IMPROVED MEDICAL SERVICES IN NIGERIAN BORSTAL INSTITUTIONS
Like we said a standard clinic or let's say a mini hospital so to speak, a hospital should be bigger than a clinic, so if here can accommodate hospital, fine, but we need a stand-by medical doctor, we don't have, you people can also give us more nurses, you understand… because I close 2:30, so someone else can still stay till evening like that or even do night if possible, if we have a standard clinic - eeee hospital *-Borstal Staff, Abeokuta* *we need more drugs because mostly when I'm on night because there are sometimes I normally stay on permanent night, at times we have emergency, we don't have any other option than to take the student even it might be in the middle of the night to near- by hospital, so but if we have our own doctor at least that one can be solved, that one will be very advantageous for all and also we need mobility as my colleague has said, we need our own mobility* *-Borstal Staff, Ilorin* *The human resource, we need more personnel, here presently we don't have a medical doctor and we are managing three hundred and something students, so we need a medical doctor, we need a pharmacist and the existing structure should be upgraded, they should look into the apartments they created, to know whether the necessary tools to work with are there.* *Borstal Staff, Kaduna*

6.0 Discussions

The assessment of borstals in Nigeria highlighted the current situation of infrastructure available to students, health situation and drug use and some risk behaviors among students in borstals institutions.

6.1 Drug Use

Though majority of the cases of why students were remanded in the borstals were reported to be drug related offenses, drug use among students was reported to be very low due to the security system within the borstals. However, cases of non-injecting drug use were reported, and it was reported that students accessed these drugs primarily through porous borders with communities or through exchanges with relatives during visitation rights. The common types of drugs used in borstals include cannabis and opiates (codeine, tramadol). This finding is corroborated by the qualitative inquiries in which cannabis and opiates were the most common drugs used in prisons. The security of the borstals must be improved especially where students can easily mix with the community. The counselling given to relatives should also be reviewed to ensure that relatives are fully aware of the damage of drugs to physical and mental health. This may also promote the adherence of relatives to borstal guidelines on not smuggling drugs to students within the institution.

6.2 Sexual Risk Behaviour

This study documented high rates of reported sexual activities in borstals both for consensual sex between students and also transactional sex. About a third of the respondents reported that they had heard or witnessed sexual violence among students. About two-fifths of the respondents reported that consensual sex occurs between students. Furthermore, about two-fifths of respondents report the occurrence of transactional in borstals. Findings from the qualitative inquiry provide insight into the drivers of sex work and homosexuality among students in borstals. Insufficient supply of toiletries and poverty, neglect by parents/guardians of their wards and overcrowding were cited as reasons why transactional sex and sex among students occur. Due to overcrowding, students are required to shared mattresses and this was also reported as a risk factor driving sex in borstals. The risk of HIV transmission is higher per anal sex than vaginal sex and calls to attention the need for culturally appropriate prevention interventions in borstals. Furthermore, health information to students within the borstals were provided by medical prison staff in the staff in the state as well as non-governmental organizations. An assessment of the type and quality of sexual education given to students is required

given that sex in borstals in prohibited and there are no provisions on condoms or water-based lubricants in borstals.

6.3 Knowledge of HIV, Tuberculosis and Hepatitis

An assessment of respondent's knowledge on HIV tuberculosis and hepatitis showed that both male and female borstal staff were knowledgeable on these disease topics. However, knowledge on HIV was observed to higher than that of hepatitis. Majority of the respondents correctly identified known routes of HIV transmission; i.e., unprotected vaginal and anal sex and sharing of needles and injecting paraphernalia. Knowledge of these known routes was high for both males and females and suggests adequate exposure to prevention intervention. However, rejection of common misconceptions was lower among males than females. This may be attributable to the fact that less than two-thirds have ever received any formal training on HIV. Furthermore, personal interest in learning of HIV was reported as respondents reported that information from movies internet and other fora have been used to update their knowledge on HIV.

For hepatitis, knowledge of known routes of transmission was generally lower than that of HIV with less than 70% of respondents correctly identifying routes of transmission and also rejecting known misconceptions except for sharing of razors and sharp objects. Given the report of sexual encounters in borstals and the absence of condoms and condom compatible lubricants, there is a possibility of increased transmission of hepatitis within this group during their stay in borstals and by extension to the general population upon their release from students. Prevention interventions should thus be expanded to include information on hepatitis for staff and students of borstals.

6.4 Stigma

Stigma remains one of the most persistent drivers of HIV and a consistent barrier to uptake of HIV prevention services. Stigma as defined by Erving Goffman (2000) is the presence of an undesirable or discrediting attribute that an individual possesses which may reduce the status of an individual from a societal perspective.[25] Addressing stigma is complex and the current concept of intersectional stigma aims to address different facets of stigma; internalized (personal endorsement of prejudice and stereotypes), enacted (experiences of discrimination from others), and anticipated (expectations of discrimination from others in the future, even if one has not experienced discrimination in the past). AIDS stigma by association with someone who is HIV positive is classified as secondary stigma or "courtesy stigma" which can affect family and friends of PLWHAs, as well as health care workers.[26,27] For the purpose of this study, we assessed respondents perceived stigma to HIV positive people in

prisons. Overall, stigma was observed to be high among borstal staff, with about a third of respondents not willing to eat or associate with a student who is HIV. In addition, stigma was higher among males than females and given that majority of the borstal staff are males, efforts must be made to address stigma in borstals. These findings are corroborated by qualitative inquiries in which students who are known to be HIV positive are rejected from being enrolled into the borstal or if identified after enrollment, are expelled from the institution. Reasons cited for this practice include not having the facilities to manage HIV clients and fear of infecting other students. Though medical personnel maintain the confidentiality of the students, expulsion due to HIV status must be discouraged and such students integrated with other students who require the services of the borstals.

6.5 Risk Perception to Infections

Risk perception to various diseases showed that the perception of contracting tuberculosis was highest amongst all infectious diseases assessed. About two-fifths of respondents felt at high risk to contracting TB and this may be due to awareness of the disease as well as awareness of risk factors to contracting the disease in a setting of poor ventilation and overcrowding. This is corroborated by the qualitative inquiries where sharing of phones between welfare officer and students during update calls with students' parents/guardians was cited as a possibility of transmission between students and the welfare officer. In addition, overcrowding was also cited as a reason why they felt at risk to TB as this could easily spread within the students and subsequently to the staff. The living conditions of within the borstals must be improved both in structure, availability of equipment and in student-room ratio.

Less than a two-third of respondents felt at high risk to HIV and hepatitis. However, risk perception to hepatitis was much higher than that of HIV and this may be attributable to misconceptions of how hepatitis can be contracted. Qualitative inquiries show that respondents reported that hepatitis can be contracted through sweat and sharing of toilet seats. Health information on hepatitis and other relevant infectious diseases are required for both bortsal staff and students. Lastly, the low risk perception to HIV may be due to limited interactions with injections and sharp objects within the borstals. The only case of sharp object reported was the use of razors to cut the hair of the students and this was reported to be disposed of properly and not reused by other students. In addition, as students who are HIV positive are not admitted into the institution, there was limited risk of exposure to HIV within the borstals.

6.6 Availability and Satisfaction with Quality of Services

The assessment of healthcare services showed that less than two-fifths of the respondents reported HIV testing and hepatitis services were available in their facilities. In addition, less than fifth confirmed the availability of sexual and reproductive health facilities and any harm reduction services. However, about a third reported that TB treatment services were available in their institution, however, due to limited rooms and poor equipped clinic, there were no isolation facilities for students who have TB, thus risking the spread of TB among students. The absence of these services that mitigate the propagation of HIV/hepatitis highlights the gaps in HIV/hepatitis prevention interventions among students in borstal institutions in Nigeria. In addition, students were reported to be referred to external facilities for treatment of ailments outside the capacity of the clinics and costs were borne by the parents. This implies that where parents cannot afford the services, the student may be left with this infection. The borstal clinics must be upgraded to ensure that students can be properly managed with minimal interruption to their rehabilitation process.

Lastly, only about 50% of respondents were very satisfied with the quality of services available to students at the health facility within the borstals and this satisfaction is hinged primarily on no history of casualty or fatality among the students. Respondents reported a lack of equipment and medicines to effectively cope with the type of illnesses that occur as well as the number of students within the institution. In addition, the were gaps in the availability of health personnel for the students leading to an overburdened health staff and system. In addition, the expanding population of the prison was also cited as a cause of poor health services as demands far outstrips supply.

7.0 Conclusion

The situation and needs assessment of borstals in Nigeria highlights important findings that can be used to improve the services and rehabilitation of students within the institution. First, majority of the students are admitted due to drug related cases, but the health services are ill-equipped to deal with withdrawal symptoms that occur following cessation of use of psychoactive substances. Second, the borstals need significant infrastructural upgrade both in the living and training facilities of the students to ensure that they have optimal care and are rehabilitated under favourable conditions during the stay at the borstals. Third, the health system requires strengthening both in human resources, commodity and logistics supply, availability of laboratory and hospital equipment so as to improve the quality of services available to both student and staff of the institution. Fourth, HIV and hepatitis risk perception were low despite the presence of key drivers of HIV and hepatitis. Fifth, the quality of health education and information for borstals staff and student should be increased and improved to reduce HIV and hepatitis stigma among staff of borstals. In addition, the practice of rejecting HIV positive students must be abolished.

8.0 Recommendations

- Given the high number of students admitted due to drug related offenses, the borstal system must be equipped both in human resource such as access to psychologist/psychiatrist and physical infrastructure to manage students who may go into withdrawal symptom.
- The high proportion of admissions related to drug offenses requires further investigations to determine reasons why minors are engaged in these activities and thus provide appropriate interventions to mitigate their involvement.
- To help decongest the borstals, the justice system must develop and implement non-custodial measures (referrals for drug counselling and treatment, fines, community service etc.) for non-violent crimes for juveniles.
- The limited number of borstal institutions in the country implies that students who have been sent there from outside their place of residence will have limited social support while being rehabilitated. This calls for an expansion of the requisite institutions in keeping with the Childs' Right Act to ensure the availability of social support for the students.
- Prevention interventions must be routinely offered to students in borstals given that transactional sex and same-sex activities were reported among them.

- Stricter oversight and supervision of staff must be instituted given that sex between staff and students were reported to occur.
- The practice of rejecting admissions for students who are HIV positive must be stopped as this highlights high stigma and discrimination within the borstal system.
- Though HIV knowledge among borstal was observed to be high, the level of stigma was high and risk perception low, this calls for evidenced based interventions on HIV prevention among borstal staff reduce the level of stigma and heighten HIV risk perception among them.
- The existing borstals will benefit from infrastructure upgrade, especially in the equipping of the vocational centers to ensure that students are given hands-on training to learn trade skills that they may be interested in.
- The staffing should also be strengthened across all sectors; health, academic, physical education training and vocational training, to ensure that students are provided with an optimal environment to promote reformation during their stay at borstals.

9.0 Reference

1. United Nations. Standard Minimum Rules for the Treatment of Prisoners. First United Nations Congress on the Prevention of Crime and the Treatment of Offenders. https://www.un.org/ruleoflaw/files/STANDA~1.PDF. Accessed April 23, 2019.
2. Sarki ZM, Abdullahi A, Mukhtar JI. The Role of Borstal Homes in Nigeria: Reformation or Remaking Criminality? Journal of Advanced Research in Social and Behavioural Sciences. 2018;17-23.
3. Scott D, Codd H. Controversial Issues in Prisons. 2010; McGraw Hill Education.
4. Federal Ministry of Women Affairs and Social Development. Convention on the Rights of the Child: Second Country Report FMWA.2004.
5. Goffman E. Stigma: Notes on the Management of Spoiled Identity. New York: Simon &Shuster Inc.; 1963.
6. Herek GM, Glunt EK. An epidemic of stigma. Public reactions to AIDS. Am Psychol. 1988 Nov; 43(11):886-91.
7. Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. Soc Sci Med. 2003 Jul; 57(1):13-24.

Study Team

STEERING COMMITTEE		
S/N	**Name**	**Designation**
1	Sanni Aliyu	National Agency for the Control of AIDS
2	Greg Ashefor	National Agency for the Control of AIDS
3	Oliver Stolpe	United Nations Office on Drugs and Crime
4	Elisabeth Bayer	United Nations Office on Drugs and Crime
5	Charles Nnzelu	Federal Ministry of Health
6	Rex Gadama Mpazanje	World Health Organization
7	Ibrahim Gasis	Nigerian Prisons Survey
8	Richard Amenyah	UNAIDS

TECHNICAL COMMITTEE		
S/N	**Name**	**Designation**
1	Dr. Greg Ashefor	National Agency for the Control of AIDS
2	Dr. Gideon Okorie	National Agency for the Control of AIDS
3	James Anenih	National Agency for the Control of AIDS
4	Dr. Ada Anosike	National Agency for the Control of AIDS
5	Esther Ikomi	National Agency for the Control of AIDS
6	Uduak Daniel	National Agency for the Control of AIDS
7	Zachariah ThankGod	National Agency for the Control of AIDS
8	Franklyn Obiora Chinweokwu	National Agency for the Control of AIDS
9	Ugonna Ezekwem	United Nations Office on Drugs and Crime
10	Ehab Salah	United Nations Office on Drugs and Crime
11	Nthabeleng Motsomi	United Nations Office on Drugs and Crime
12	Dr. George Eluwa	United Nations Office on Drugs and Crime
13	Gabriel Undelikwo	UNAIDS
14	Melissa Sobers	UNAIDS
15	Ibrahim Gasi	Nigerian Prisons Service

FIELD TEAM		
S/N	**Name**	**Designation**
1	James Green	Data Collector
2	Chinomso Osuji	Data Collector
3	Melissa Omene	Data Collector
4	kalu Uche	Data Collector
5	Obianuju Ogazi	Data Collector
6	Mr Gasis Ibrahim	Data Collection
7	Ejemuta Peace Onome	Data Collector
8	Gift Okon	Data Collector