

Policy Brief

PhD Dissertation: Surviving Zambian Prisons – Inmate experiences, coping strategies and sex in prison

By Anne Egelund, May 2016

Introduction:

Research question

This thesis set out to explore how inmates experience and survive imprisonment in Zambian prisons, and why some inmates enter into sexual relationships. The study posed the following research question:

How do incarcerated men survive imprisonment psychologically and socially, and how do sexual relations play into this struggle for survival?

Methodology

The thesis is built on an extensive data collection in Zambian prisons over three years, where 80 inmates and 20 former prisoners were interviewed in the period from 2011-2013. The interviewing methodology rested mainly in the life story/narrative tradition. Some ethnographic observations were also part of the data

Results and conclusions

The PhD breaks new ground in the way that it provides in depth insight into the lives of Zambian prisoners and contributes to a deeper understanding of marginalised populations' experiences, social and sexual practices as they struggle for survival in places of abandonment.

Conditions in the African prisons place inmates under extreme stress. Conditions of overcrowding, lack of food, deaths, poor hygiene and sanitation, as well as human rights abuses. The PhD explores the painful experiences of imprisonment, which include identity crisis, social abandonment, isolation from society, major nutrition and health issues, and the risk of contracting HIV. It then explores the various coping strategies employed by prisoners to survive psychologically, socially and physically. These include struggling to create a new sense of identity or an attempt to hold on to the identity they had before incarceration. For



many, incarceration in a Zambian prison entails a basic struggle for survival. For some, the struggle entails entering into sexual relationships.

Commonly prisoners exist in a situation of chronic crisis, where enormous demands are made on them to survive. Even if they do have the capacity to act to improve their situation, they have limited options to do so. The picture is highly complex. Some have more options and possibilities than others. Depending on family support, social circles (chosen or available), education, roles are taken or assigned. In other words the physical, social and psychological resources of the individual matter in terms of how they attempt to survive imprisonment, but the range possibilities to act and change one's situation are very limited.

Some prisoners enter into sexual relationships as way to survive. Sexual activities in the closed prison environment will be influenced by the prison context and conditions, and will play into power structures, hierarchies and social relationships, not to mention to individual's coping strategies. Sexual relationships between men in Zambian prisons can generally be characterized transactional. A reformulation and interpretation of gendered roles take place, where 'women' are created, who are to be available to 'men'. The 'men' gain a sense of masculinity through the sexual relationship, whereas the constructed 'women' experience severe threats to masculine identity. The thesis proposes that the social construction of gender and sexuality is a translation or reinterpretation of general society's gender roles in an environment without biological women.

Recommendations



The awareness of the complexity of sexual relations and practices renders important knowledge of the psychological, social and physical effects of imprisonment and coping strategies of prisoners – and how to prevent HIV transmission and other sexually transmitted diseases. These dynamics should be further researched and addressed in practical HIV prevention work.

When we have an HIV prevalence of 27% on average in the prisons

this does require an extraordinary response. Yet, commitment and taking personal responsibility for action is all too rare. Typically, responsibility is pushed around between and within organisations.

In line with other researchers the thesis calls for addressing the issue of 'othering'. Those who need to change are conceptualised as 'objects' who need to change, rather than subjects. Here the stigma associated with imprisonment makes prisoners particularly objectified and dehumanised. Prisoners would be able to be part of the solution to many of the issues relating to sexual risk behaviour. Here, the before mentioned power structures become central. Many prisoners have personal resources and commitment to contributing positively to creating change.

It is very clear from the research that it is those with privilege and power, who can 'pay' for sexual services. This can concretely be addressed through addressing some of the dynamics which makes some inmates able

to abuse their powerful position – not only in terms of sex, but in terms of other ways of exercising power negatively. It could concretely be that cell captains cannot be left alone with only one or two inmates on Sunday mass. It can also be addressing the cooks ability to motivating other prisoners through paying them with extra food. It could be that cooks have more rotating teams and less access to regular provisions of food, making it less attractive to engage in sexual activities with them.

Yet, activities such as these cannot stand alone, as they do not address the stress of incarceration. This has to be a key feature of any effort to curb sexual risk behaviours, and to promote better conditions for inmates. It is time to break the stigma of incarceration – and time to start treating prisoners as human beings with dignity, resources and potential – and not as by definition liars and criminals. If we mean the reform agenda (which is a major focus in Zambia Correctional Service) seriously, this has to change. Again, as mentioned under research in the previous section, ways to connect prisoners with family needs to be explored. Ways of earning an income needs to be explored. Of course, a more efficient justice system, alternative sentencing and reducing the use of imprisonment is a relevant and key strategy to decongest prisons.

A major feature of imprisonment is the lack of food. This can be addressed, and not necessarily in very costly ways. Large scale vegetable projects and chicken (or other forms of protein) projects can with commitment and strict monitoring succeed. Many prisons have own farmland or have direct access to farmland in the near vicinity of the prisons. Currently, products produced – if produced – are typically sold externally.

Finally, in terms of addressing HIV/AIDS in prisons, we have to draw upon well-known strategies to address HIV/AIDS. Public health interests has to take preference over laws prohibiting ‘deviant’ sexualities. Condoms need to be distributed. Treatment of HIV is possible in prisons, yet remains a challenge, making the government declare prisoners as one of the two most under-served groups in Zambia. Treatment as prevention of HIV is another important way to curb the epidemic.



Sexual risk behaviour is far from the only issue, which needs to be addressed in prisons. This thesis has highlighted many of the pains of imprisonment. It is unavoidable to mention the severe conditions of imprisonment: Overcrowding, hygiene, health and food are vital to address, and much can be done with commitment, management and few funds. Initiatives such as the Prisons HIV/AIDS Committee consisting of correctional services, international and national partners and civil society could play a more active role. Coordinating bodies in the regions could supplement national efforts as many organisations are only able to cover regions, and many initiatives are relatively small. Yet, if coordinated it could make much more a difference.

There are many avenues to follow to make concrete and meaningful improvements. Zambia Correctional Service is progressive in the sense that they are well aware of and open to the fact that they cannot solve all the problems themselves and that other partners need to come in. Important steps forward have been made, including investing significantly more in health over the past 10 years. There is recognition and to much extent ownership to making a difference and creating change. It does not mean that there are not challenges to overcome, but opportunities are there, and can be explored further.

