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Sexual Behavior at Risk of Sexually Transmitted Infections in Prison : A Descriptive Study at Semarang Class I Penitentiary

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Abstract

Background: High-risk behavior placed inmates to be one of certain population to be vulnerable to sexually-transmitted infections (STI) due to the discontinuity of sexual needs in imprisonment. The purpose of this study is to describe the history of STIs-risked sexual behavior of inmates before and during imprisonment.

Methods: This research was an observational study with a cross sectional study design. The samples were 100 male inmates in Semarang Class I Penitentiary. Univariate data analyzed and presented in frequency distribution.

Results: Characteristics of respondents in this study include the majority of respondents aged less than 40 years (70%), completed high school (42%), and married (48%). Sexual orientation before and during imprisonment were all heterosexual (100%). Historical description of STIs-risked sexual behavior with a high risk category were 53%, while during imprisonment were 71%. Based on sexual behavior in prison, 54% doing masturbation involving genital stimulation and pornography, 13% touching intimate parts in the visiting room, 5% had intercourse with the opposite sex in prisons.

Conclusion: This findings implied that the sexual needs of inmates in prison are real and need to be channeled in a healthy manner.

Keywords: history of sexual risk behavior, sexually-transmitted infections, inmates

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Background

Sexually transmitted infections (STIs) are infections transmitted through sexual contact with clinical manifestations of major abnormalities in the genitals. There are more than 30 types of bacteria, viruses, and parasites which can be transmitted from hand, mouth (oral), genital (vaginal) or anus (anal) to the genitals.¹ High-risk

behavior placed certain populations vulnerable to STI, one of them are inmates.

The experience of imprisonment and the conditions of the prison environment has the potential to cause pressure on inmates. First, prisoners' movements are limited to certain environments that have rules for their residents

so that the daily activities of prisoners are ritual and boring. Second, the lack of privacy due to overcapacity makes prisoners have no personal space which results in physical health, discomfort, and changes in behavior, especially interpersonal relationships. Third, losing access to heterosexual relationships causes physical and psychological frustration so that they can release sexual needs with the same sex.²

Risky sexual behavior can happen while imprisonment both consensual and coercive. Research in Banceuy Penitentiary shows that 11.1% of inmates have ever had sex in prison with legal partners (73.5%), sex workers, or fellow inmates. The visiting room is a place that is often used for sexual interactions (70.5%). As many as 82.6% of inmates often did sexual activity by masturbating.³ Research in Kendari Class IIA Penitentiary also stated that 9% of inmates knew that there were fellow inmates who had sex in prison and 4% of inmates claimed to have been invited by other inmates to have sex in prison.⁴

Inmates previously had a lifestyle that put them at risk of contracting STIs. After going to prison, injecting drug practices, risky sexual behavior, tattoos, and aggressive behavior were carried out to maintain their identity and lifestyle. This behavior puts inmates at risk of contracting STIs and HIV/AIDS because correctional institutions in Indonesia do not provide access to condoms and sterile needles as harm reduction for preventing STI transmission. So that it is important to know the history of STIs-risked sexual behaviors as an effort to prevent STIs.

Methods

This research was an observational analytic study using a cross-sectional approach. The population of this research was all inmates in Class I Penitentiary in Semarang as many as 1,277 inmates per September 2019. The samples were 100 male inmates in Semarang Class I Penitentiary who meet the inclusion and exclusion criteria. Criteria for inclusion were willing to become a respondent by signing

informed consent form and were inmate in Class I Penitentiary Semarang. Criteria for exclusion were if respondents did not complete interviews and moved or finished the imprisonment in the next three months. Sampling using proportional sampling techniques where sampling is calculated by the proportion formula on each block in Semarang Class I Penitentiary with simple random sampling method. Univariate analysis with a confidence level of 95%. Data are presented in frequency distributions that describe the demographic characteristics of respondents and history of STIs-risked sexual behaviour before and during imprisonment. Data was collected by interview with a questionnaire.

Results and Discussion

A. Characteristics of Respondent

Table 1 Frequency Distribution of Respondent' Characteristics

Characteristics	Frequency (n = 100)	%
Age		
<40 years old	70	70.0
≥40 years old	30	30.0
Level of education		
Primary education	41	41.0
Secondary education	42	42.0
High education	17	17.0
Marital status		
Married	48	48.0
Widower	22	22.0
Single	30	30.0
Current stay of sentence		
≥5 years	8	8.0
<5 years	92	92.0
Sentence length		
Long-term (> 5 years)	47	47.0
Medium-term (1-5 years)	44	44.0
Short-term (<1 year)	9	9.0

Imprisonment history		
3	2	2.0
2	6	6.0
1	49	49.0
Never	43	43.0

Based on Table 1, it can be seen that the majority of respondents are less than 40 years old. The average age was 34.54 years with the youngest age of 19 years and the oldest age of 65 years. The majority of respondents completed high school (42%). Most respondents have been married (48%).

Based on the case profile of respondents, 47% of them were caught with long-term sentences of more than 5 years, with the shortest sentence of 8 months and the longest of lifelong imprisonment. As many as 92% of respondents have just served a sentence of less than 5 years, with the longest respondent staying in prison for 8 years 9 months and the shortest are a month. The average respondent has lived in prison for 1 year and 1 month. Then, as many as 49% of respondents had previously been imprisoned once, not much different from respondents who had no history of previous imprisonment (43%).

B. History of STIs-risked Sexual Behaviour

Table 2. Frequency Distribution of History of STIs-risked Sexual Behavior in Semarang Class I Penitentiary

History of STIs-risked Behavior	Frequency (n = 100)	%
High risk	53	53.0
Low risk	47	47.0

History of STIs-risked sexual behavior before imprisonment in this study was measured through 8 question items to identify respondents' sexual needs before imprisonment. Respondents' answers are summed up and categorized as high risk and low risk. Based on Table 2, respondents

have a history of high-risk sexual behavior by 53%.

Table 3. Frequency Distribution of Respondent' Answers based on History of STIs-Risked Sexual Behavior in Semarang Class I

History of STIs-risked Sexual Behaviour	Ever	%	Never	%
Stimulating genitals (masturbation)	56	56.0	44	44.0
Having sex with the opposite sex	91	91.0	9	9.0
Having sex with a non-legal partner	58	58.0	42	42.0
Groping another man's body part	0	0	100	100.0
Kiss another man	0	0	100	100.0
Having/receiving oral sex with men	0	0	100	100.0
Having/receiving anal sex with men	0	0	100	100.0
Wear condom in sexual intercourse	33	33	67	67.0

From Table 3, it is known that 56% of respondents said they had stimulated genitals or masturbation. Based on a history of sexual activity involving penetration, 91% of respondents had had relations with the opposite sex where 63.7% of them had had sexual activity not with a legal partner and 58% of them had no experience using condoms. Of the 100 respondents studied there was no history of same-sex sexual behavior.

Based on sexual orientation before going to prison, it is known that all respondents have a romantic and sexual interest in the opposite sex (heterosexual).

C. STIs-risked Sexual Behaviour in Prison

Table 4. Frequency Distribution of STIs-risked Sexual Behavior in Semarang Class I Penitentiary

STIs-risked Behavior	Sexual Frequency (n = 100)	%
High risk	71	71.0
Low risk	29	29.0

STIs-risked sexual behavior was measured through 12 question items to identify respondents' sexual needs in prison. Respondents' answers are summed up and categorized as high risk and low risk. Based on Table 4, respondents have a history of high-risk sexual behavior by 71%.

Table 5. Frequency Distribution of Respondent' Answers based on History of STIs-Risked Sexual Behavior in Semarang Class I

STIs-risked Sexual Behaviour	Ever	%	Never	%
Stimulating genitals (masturbation)	54	54.0	46	46.0
Enjoy pornographic images to channel sexual desire	55	55.0	45	45.0
Channel sexual desire using objects	13	13.0	87	87.0
Using soap or shampoo on the genitals to stimulate sexual arousal	21	21.0	79	79.0
Making sexual touch with fellow inmates	6	6.0	94	94.0
Having oral sex with fellow inmates	0	0	100	100
Having anal sex with fellow inmates	0	0	100	100
Touching each other's intimate parts in the visiting room with partner	13	13.0	87	87.0
Can have sexual relations in prison with wife	2	2.0	98	98.0

Can have sexual relations not with legal partner in prison	3	3.0	97	97.0
Never abused permission to seek treatment outside for sexual relations	0	0	100	100
Wear condom during sexual intercourse	0	0	100	100

From Table 5, it is known that 54% of respondents said they had stimulated genitals or masturbation involving pornographic images, random objects, and soap/shampoo while bathing. Based on same-sex behaviour, 6% of respondents stated that they had sexual touch (caressing) with fellow inmates but did not proceed to further behavior (oral and anal sex). Based on sexual behavior with the opposite sex, 13% of respondents had touched each other's intimate partner in the visiting area. There are 2 respondents who can have sexual relations with his wife and 3 respondents who can have sexual relations not with a legal partner in prison. No respondent uses condoms when having sex in prison. And no respondent has ever abused permission to seek treatment outside for sexual relations.

Based on sexual orientation during imprisonment, it is known that all respondents have no change on romantic and sexual interest in the opposite sex (heterosexual). In depth elaborations, there are various reasons why respondents maintain their sexual orientation, among others because it is the nature of men to like women (45%), religious orders to stay away from deviant acts (24%), follow community norms (16%), avoid disease (9%), and reasons for being loyal to the wife (6%).

Men who go to jail from various cases report sexual behaviors that put them at risk of contracting STIs and HIV/AIDS before going to prison, including drug abuse, changing sexual partners, not using condoms, and anal sex.⁵ In other words, the characteristics, behavior, and

experience of previous inmates go to prison and form subcultural values that apply in prisons. This subculture illustrates how certain components of inmates' social systems exist within the general population and shape the behavior of inmates, prison subcultures, and correctional environments. This importation of risky behavior allows the behavior and incidence of transmission of STIs and HIV / AIDS to be high risk. A history of sexual behavior prior to imprisonment also plays a role in sexual behavior at risk of STI transmission because the behavior is imported into prison and is part of prison norms. Coupled with depressive prison conditions, a sense of deprivation or deprivation of sexual needs also allows sexual behavior at risk of transmitting an STI to be carried out in prison.⁶

First, inmates have fairly similar demographics in terms of age, socioeconomic status and race with people who are at high risk of contracting STIs and HIV / AIDS in the general population. Second, inmates have a lifestyle that puts them at risk of contracting STIs and HIV / AIDS. Inmates import their lifestyles who use injecting drugs, risky sex, tattoos, and aggressive domination into prison. They tend to adapt to prison life by maintaining their high-risk identity and lifestyle. This behavior continues inside the prison and places inmates at risk of contracting STIs and HIV / AIDS because most inmates do not have access to condoms and sterile needles which are mechanisms for preventing STI transmission.

The results of this study are in accordance with the theory that inmates who have engaged in risky sexual behavior before imprisonment are more likely to engage in sexual behavior at risk of STI transmission in prison. Gyarmathy's findings which study the risk of HIV transmission in prison found that there was a risk of transmission due to risk exposure before going to jail. The study conducted in Hungary found that as many as 95% of male inmates were reported to be sexually active when they went to prison and had more sexual partners than female inmates ($p < 0.05$). In addition, 50% of male inmates have had sex with workers, even 24% have partners who work as

sex workers. When entering prison, 8.7% of male respondents claimed to have had sex in prison.⁷

This finding is in accordance with the theory of importation which considers prison as an extension of the life of a previous inmates. Perpetrators develop certain attitudes in society and this tendency remains intact when in prison and serves as a guide to their behavior in prison. In other words, the characteristics, behavior, and experience of previous inmates go to prison and form subcultural values that apply in prisons. The importation of these risky behaviors allows risky behavior to transmit STIs and HIV / AIDS.⁶

Conclusion

Historical description of sexual behavior at risk of transmission of STIs with a high risk category of 53%, while during imprisonment were 71%. All respondents have a romantic and sexual interest in the opposite sex (heterosexual) before and during imprisonment. While, in fact, that the sexual needs of inmates are real happened, it is expected for penitentiary residents to serve their time while taking advantage of the guidance and training programs provided by the correctional facility to improve their hard skill and soft skill for them to utilize after they served their time.

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