Health Services and CUL-DE-SAC of Inmates Correction in Awaka and Abakaliki, Prisons, Nigeria

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Abstract

Background: The poor state of health services in Nigeria prisons demonstrates a condition antithetical to guarantee the correction of the inmates. This could be attributed to the neglect of welfare of the inmates, and failure to reform the prison institution. The objective of this study was to determine how epileptic health services have affected the correction of inmates in Abakaliki and Awka prisons, Nigeria. **Method:** Both qualitative and quantitative methods of data collection were used in this study. The methods were divided into two: primary and secondary methods. The primary methods used were questionnaire and in-depth interviews. The questionnaire was used to gather quantitative data from 320 statistically determined respondents. The questionnaire consists of closed-ended and few open-ended questions. For the purpose of triangulation, the In-depth Interview (IDI) guide was designed for the qualitative aspect of the study. This was used to complement the quantitative instruments of data collection. The In-depth Interview guide was used to interview 6 inmates and 6 staff of Abakaliki and Awka prisons. **Results:** Most of the inmates complained of malaria and skin related diseases, 97% and 93.8% respectively, this can be attributed to the much presence of mosquitoes and the general squalid conditions in which they live. Though complains about other diseases such as obesity (2.2%), high blood pressure (21.2%), toilet infections (16.4%), and loss of memory (17.8%) were few, other diseases such as cough and typhoid were reported and 82.5% of the respondents indicated that they suffered depression at one point or another. **Conclusion:** Health programmes and policies that will increase the wellbeing of the inmates should be embraced as these will improve the lives of the inmates and facilitate their correction and reintegration back to the society. Also, there is need to start monitoring the overall treatment of prison inmates by independent monitoring bodies.

Keywords: Cul-de-sac, Health services, Inmates correction, Nigeria, Prisons.

Introduction

The ultimate goal of the prison system is for the correction of inmates, so that they can part ways with crime and live normal lives again. Additionally, the prison system supports other machineries of the criminal justice system (Ajah, 2018; Ukwayi, & Okpa, 2017). Accordingly, people who have been charged or convicted of one criminal offence or more are expected to get re-oriented and become better to live in the society when they leave the prison (Opafunso & Adepoju, 2016; Nwune, Ajah, Egbegi, Onyejegbu, 2019). Thus, this is achieved by providing health and correctional facilities for the inmates.

However, the unsavory and unscrupulous nature of the health care system in Nigerian prisons leaves one in doubt, being that majority of the inmates become susceptible to diseases and infections than when they never went behind bars and commit more heinous crimes. Ironically, the government and officers of the Nigeria prisons are yet to take the health of prison inmates serious. In the words of Oduyela (2003), “rather than being reformatory and corrective, Nigeria's penal system is punitive, degrading and dehumanizing. It leaves the prisoners with the least opportunity of re-entry into the society. Those who come out alive find it exceedingly difficult to re-adjust to normal lives and eventually end up in crime. Life in prison has become somewhat cyclic for several ex-prisoners, the number of recidivists, remain in the increase”.

Funnily, "of the 227 prisons in the country, four out of five were built before 1950. The infrastructure is old and decrepit, lack of decent meal, medicines and denial of contact with families and friends which are reportedly damaging to the physical and mental well-being of inmates" (Salaudeen, 2004). Conversely, the health situations in Nigerian prisons are saddening and precarious. Equally significant is that the existing "so-called" prison medical center is just a "resemblance" of a patent medicine store. It has no drugs, and has only a few medical personnel to attend to growing and incessant sick prison population. Skin rashes, tuberculosis and kwashiorkor are most prevalent amongst inmates leading to death of prisoners. This confirms Salaudeen's (2004) "position that those inmates who die are quickly buried without the authorities informing their relatives".

More appalling was that, because of excess population, most inmates have no bed and mattresses; they are forced to sleep on concrete floor often without blankets. These unwholesome treatments have contributed to the death in detention of numerous prisoners (Ajah & Nweke, 2017). Previous studies (Ajah, 2018; Nwune, Ajah, Egbegi, Onyejegbu, 2019; Ukwayi, & Okpa, 2017; Ajah, 2018) confirmed that these problems are not different with Abakalikli and Awka prisons as inmates in the prisons are held in squalid and congested cells without adequate medical care, food supplies or water and often with no stores at all, thus leading to disease outbreak, environmental degradation, and an increased mortality rate among inmates. This has made achieving both qualitative and quantitative health services among the prison inmates to be far from realization. The objective of this study was to determine how epileptic health services have affected the correction of inmates in Abakaliki and Awka prisons, Nigeria.

Methodology

Study area

The study was carried out in Abakaliki and Awka prisons. Abakaliki and Awka prisons were built in 1904 and1946 respectively by the British colonial government. Abakaliki is the capital city of Ebonyi state Nigeria. Abakaliki prison is located in the inner city of the state capital: sharing boundary with Ebonyi State Police Command Headquarters in the North. The Ministry of Works and Transport and Federal Teaching Hospital (FETHA 1) in the south. Abakaliki prison has the capacity to accommodate 387 inmates (Nigerian prison service, 2009; Nweke & Ajah, 2017). Awka, where Awka prison is located, is the capital city of Anambra State. Awka prison is located in the inner city of Awka: sharing boundary with Police Area Command and Awka South Local Government Headquarters in the North, Independent National Electoral Commission (INEC) and State Police Headquarters in the East. In the West is the NIPCO Filling-Station. Awka prison has the capacity to accommodate 238 inmates (Nigerian Prisons Service, 2009; Nwune, Chikwelu, Ajah, Obiefuna, & Egbegi, 2018).

Target Population and Sample Size

The target population for this study consisted of all the staff and prison inmates in both Abakaliki and Awka prisons. Records reveal that Abakaliki prison has a total population of 846 prison inmates and 178 staff. In the same vein, Awka prison has a total inmates population of 442 and a staff strength of 134. This makes a total of 1288 prison inmates and 312 staff for both prisons under study. Form this population, the sample size was drawn using Yamane (1967) formula. The formula is shown below. A 95% confidence level and level of maximum variability (P = 0.05) were assumed. The formula for the sample size estimation is given as:

$$n = \frac{N}{1+N\,(e)^2}$$

Where:

n = the sample size
N = the population size
e = the level of precision (allowable error) that is 5% or 0.05.
Therefore, the sample size estimation is given as:

$$n = \frac{1600}{1+ 1600\ (0.05)^2}$$

$$n = \frac{1600}{5}$$

n = 320

This sample size was therefore considered fair to represent the entire universe for this study.

Sampling Technique

Stratified sampling technique which is a probability sampling technique was adopted in this study. The population was stratified under different categories of inmates and workers.

Table 1: Sampling for inmates and workers in Abakaliki and Awka federal prisons, Nigeria

Respondents	Quota	Value
Awaiting Trial Inmates (ATI)	37.5%	120
Convicts	46.9%	150
Lifers	3.1%	10
Prison officers	12.5%	40
Total	**100%**	**320**

Methods of data collection and Analysis

Data for this study were primarily collected through questionnaire and In-depth Interview (IDI) guide. On the other hand, data were secondarily sourced through the library and other documents dealing with the prison system. Accordingly, responses from respondents, as were generated through interviews, were subjected to content analysis while the quantitative components of data generated were presented using frequencies and percentages.

Ethical consideration

The ethical approval was gotten from the Nnamdi Azikiwe Teaching Hospital (NAUTH) and the participants were provided with consent form on which clear explanations were made regarding their participation in the study. The participants were assured of confidentiality and safety with regard to the study. Also, they were made to know that their participation in the study was voluntary and the need to take note of their responses was clearly explained to them. Furthermore, discussions and interviews commenced after the consent forms have been signed, or thumb printed.

Results

Inferring from the sample size, a total of 320 questionnaire were distributed. From this number that were distributed, 307 were correctly filled and returned. This formed the basis for this analysis.

Table 2: Socio-Demographic Characteristics of Respondents

	Variables	Frequency	Percent
Sex	Male	283	92.2%
	Female	24	7.8%
	Total	307	100.0%
Age	18-27	112	36.5&
	28-37	117	`38.1%
	38-47	49	16.0%
	48-57	19	6.2%
	58-67	5	1.6%
	68 and above	5	1.6%
	Total	307	100.0%
Marital status	Single	164	53.4%
	Married	103	33.6%
	Separated	27	8.8%
	Divorced	8	2.6%
	Widowed	5	1.6%
	Total	307	100.0%
Level of educational attainment	Higher Education	21	6.8
	First Degree	51	16.6%
	OND/NCE	71	23.1&
	SSCE/WAEC GCE O' Level	98	32.6%
	Primary School	44	14.3%
	No schooling at all	22	7.2%
	Total	307	100.0%
Occupation	Civil Service	17	5.5%
	Self-employed	107	34.9%

	Private sector	35	11.4%
	Teacher	10	3.3%
	Farmer	25	8.1 %
	Unemployed	29	9.4%
	Student	84	27.4%
	Total	307	100.0%
Religious affiliation	African Traditional Religion	33	10.7%
	Islam	39	12.7%
	Christianity	231	75.3%
	Others	4	1.3 %
	Total	307	100.0%
Ethnic Origin	Igbo	232	75.6%
	Yoruba	43	14.0%
	Hausa	32	10.4%
	Total	307	100.0%

Table 4 above shows that 92.2% of all the 307 respondents were male while 7.8% of the respondents were female. This implies that majority of the respondents were male. The table also shows that out of the 307 respondents, 36.5% of the respondents were within the age range of 18 – 27 years, 38.1% of the respondents were within the age range of 28-37 years, 16.0% of the respondents were within the age range of 38-47 years, 6.2% of the respondents were within the age range of 48-57 years, 1.6% of the respondents were within the age range of 58 -67 years and the age range that falls within the age bracket of 68 years and above were 1.6%, these represented a mean age of 32.78 years. The result shows that we have more respondents within the age range of 28-37 years. 53.4% of all the 307 respondents were single, 33.6% were married, the percentage of divorcees was 2.6%, 8.8% were separated, and 1.6% were widowed. The result shows that a majority of the respondents were single. It can also be discerned that 6.8% of all the 307 respondents were higher degree holders, 16.6% were first degree holders, 23.1% were OND/NCE holders, 32.1% were SSCE / WAEC holders, 14.3% were primary school leavers while 7.2% had no educational qualification. This shows that we have more respondents who were SSCE/WAEC holders. 10.7% of all the 307 respondents were traditional African worshippers, 12.7% were Muslims, and 75.3% were Christians, while 1.3% have other forms of religion not indicated. This shows that majority of the respondents were Christians. 5.5% of the sampled respondents were civil/public servants, 34.9%% were self-employed, 11.4% were in the private sector, 3.3% were teachers, 8.1% were farmers, 9.4% were unemployed, while 27.4% were students, this implies that more of the respondents were self-employed. 75.6% of all the 307 respondents were Igbo, 14.0% were Yoruba, while 10.4% were Hausa. This shows that majority of the respondents were Igbo.

Table 3: Inmates view on types of diseases suffered.

Ailment	Number of inmates
High Blood Pressure	57 (21.2%)
Malaria	261 (97.0%)
Skin related diseases	255 (94.8%)
Loss of Memory	48 (17.8%)
Obesity	6 (2.2%)
Toilet Infections	44 (16.4%)
Depression	222 (82.5%)

Most of the inmates complained of malaria and skin related diseases, 97% and 93.8% respectively, this can be attributed to the much presence of mosquitoes and the general squalid conditions in which they live. Though complains about other diseases such as obesity (2.2%), high blood pressure (21.2%), toilet infections (16.4%), and loss of memory (17.8%) were few, other diseases such as cough and typhoid were reported and 82.5% of the respondents indicated that they suffered depression at one point or another. A lot of the inmates also complained of having suffered from more than one disease at different times. The congestion of the prisons makes it very easy for communicable diseases to spread within a short period of time.

230 of the 269 inmates (some 85.5%) whose questionnaires were received were of the view that the treatment they receive for their diseases are inadequate, this raises questions on the quality of medical services provided in the Prisons. As a result of the inadequate medical facilities, what we have is a collection of sick people, most of whom are not yet convicted, crammed and forgotten in overcrowded prisons. An inmate narrated this gruesome condition thus:

> Nobody leaves this prison without skin disease, it is the most common disease in the prison, there is no water to bath most of the times and the congestion is also a problem. (IDI, Prison inmate).

A little walk towards the prison cells actually depicted the whole spectacle. The inmates were just fraught with metal protectors without actual doors and windows, dangers from such were affirmed when the knowledge of the most rampant diseases among the inmates were brought to view. The inmates suffer mostly skin diseases and Malaria. Little research on this showed that this malady is not restricted only to Awka and Abakiliki prisons but also to other prisons in the country. This was corroborated by Usman (2014) who had argued that:

> The most common ailment among inmates is malaria, high blood pressure and skin infections, which is rampant among inmates, particularly those at the Medium Prisons. Also, inmates get back into society hardened after serving their sentences, thereby frustrating security operatives' efforts to curb criminal acts in the society.

The absence of good health facilities in the Awka and Abakaliki prisons has led to conditions antithetical to the achievement of the correctional objectives, this grim picture was captured by Oduyela (2003) when he stated that "the Nigeria penal system is punitive, degrading and dehumanizing; and leaves the prisoners with the least opportunity of re-entry into the society. He went further to argue that those who are lucky to come out alive find it exceedingly difficult to re-adjust to normal lives and eventually end up in crime".

Asked if they have been to prison before, 53 of the inmates answered in the affirmative, 31 (58.5% of the 53) of which believe that the absence of adequate prison facilities influence their recourse to crime. Asked about his thoughts on why there were cases of recidivism, a prison staff had this to say:

> Let me tell you the truth, the idea of correction cannot be achieved without providing good facilities. Some of these prisoners here have been released more than once but they still find their way back (IDI, prison staff).

Another IDI respondent stated differently:

> …Which condition will make a born criminal not to indulge in crime, training such persons is waste of time, crime is so enshrined in their blood that they can never quit (oshi din a obara) stealing is in the blood (laughs). (IDI, prison staff).

Accordingly, the interviewed respondents also spoke at length about their mental health problems. This is because many of the inmates experienced depression when they are brought to prison.

An IDI respondent stated:

> I was deeply facing psychiatric depression when I first came to prison. Sadly, there was no one I could talk to about it and nowhere to go.

This supports Hassan, Birmingham and Harty (2011) when they observed that "the prevalence of mental disorders among prison inmates is significantly higher than the general population globally" (Naidoo & Mkize, 2012) and in Nigeria (Agbahowe, Ohaeri , Ogunlesi & Osahon , 1998), "with prevalence rates ranging from 34% to 57%, as compared to a prevalence of 5.8% in the general Nigerian population" (Gureje, Lasebikan, Kola & Makanjuola, 2006). "Commonly reported mental disorders within prison populations include substance use, depression, and anxiety disorder" (Armiya', Obembe, Audu & Afolaranmi, 2013).

In addition to this initial depression, interviewed respondents described the complexity of establishing contact with prison health professionals to address their mental health challenges. These interviewed respondents also spoke at length about how acute and chronic mental health problems increased their vulnerability in prisons.

An IDI respondent noted:

> We have some mentally deranged people in this prison that shouldn't be here. They have real mental issues and if a person has so many mental issues and they're crying all the time creating noise. The prison authorities supposed to put them somewhere where they can get help

This is in line with Aishatu, Ayodele, Moses and Tolulope (2013) when the observed that "the mental health of individuals in incarceration in Nigeria are often neglected as routine health screening is not usually done, resulting in a severely overcrowded situation containing mentally disordered offenders who in the opinion of prison medical officers need treatment in a psychiatric hospital".

Frequently, inmates faced the challenges of accessing proper medication as an IDI respondent noted:

> When we need medications, we weren't able to obtain the medication for a good days and by then I was starting to crash off the medication and becoming just a basket case at a time in my life where I really need to be steady as a rock.

This supports Agboola, Babalola and Udofia (2017) when they observed that because of "the deplorable conditions in Nigerian prisons. Inmates and detainees most of whom are awaiting trials are subjected to torture, extrajudicial execution, food and water shortages, gross overcrowding, inadequate medical treatment, deliberate and incidental exposure to heat and sun and infrastructure deficiencies that led to wholly inadequate sanitary conditions that could lead to death" (United States Development of States, 2015).

Many of the inmates also concealed their medical conditions because of how they saw their treatment in prisons.

An IDI respondent stated:

> They treat most of us like we're morons"; "they start to make you feel like you're nuts"; "they are very rude"; and "they have attitudes like I don't give a damn.

This is despite the fact that it is an inalienable human right of everyone to have access to humane, qualitative, and effective mental health-care services, irrespective of whether they are free or in legal confinement. This is in consonance with the spirit of the Sustainable Development Goals (SDGs), which outline that no one should be left behind in the provision of health care, including mental health care. This aspiration is explicitly captured in the SDG 3, which aims to "ensure healthy lives and promote well-being for all, at all ages (Kruk, Gage & Arsenault, 2018).

Discussion

Imprisonment is meant to reform, rehabilitate and re-integrate offenders back to the society. It is not an ideal place to manage mentally disordered inmates because of the stressful nature of the prison environment (Schmidt, 2011; Beijersbergen, Dirkzwager, Eichelsheim, Laan & Nieuwbeerta, 2013). Although prisoners represent a very small proportion of the total global population, they are likely to be extensive consumers of a wide range of health services (Wolf, Sebo, Haller, Eytan, Niveau & Bertrand, 2011; Payne-James, Green, Green, McLachlan, Munrom & Moore, 2010). "This is because the condition of incarceration can cause both physically and emotionally distress on the inmates, predisposing them to mental illness. In fact mental health problems are by far the most significant cause of morbidity in prison" (Hassiotis, Gazizova, Akinlonu, Bebbington, Meltzer & Strydom, 2011; Iversen, Sam & Helvik, 2013).

Sadly, despite the revised Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) to which Nigeria is signatory which clearly specifies how prisoners should be held under detention and this is currently not being achieved. These basic rules deeply find their roots in the inadequacy of correctional facilities at Awka and Abakiliki prisons and the little general regard the failure of this system has historically received. The total capacity of Nigerian prisons" is just under 48,000 and those under detention is 73,248. Therefore, the high level of congestion makes it simply impossible to treat prisoners humanely

Conclusion and recommendations

The process of handling inmates has a number of fault lines. The first is the fact that many are held for petty crimes for which a non-custodian sentence would suffice and at very limited cost to the state. Secondly, the criminal process takes a leisurely time with too many adjournments for all kinds of reasons. Thirdly, bail terms can be so tough that many cannot afford them and, therefore, remain behind bars. Fourthly, the logistical capabilities of the prisons are often inadequate and this hampers the capabilities to bring prisoners to court when cases are due. In view of the above observations, health Programmes and policies that will increase the wellbeing of the inmates should be embraced as these will improve the lives of the inmates and facilitate their correction and reintegration back to the society. Also, psychological and counseling services designed for inmates who are depressed, filled with anxiety, fear and hopelessness should be improved and intensified. Finally, there is need to start monitoring the overall treatment of prison inmates by independent monitoring bodies. And, if such independent monitoring revealed irregularities in the system, then the system must allow for the review, and possible changes, of correctional approaches.

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