

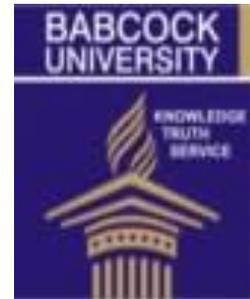


*Journal of Life & Physical Sciences*

**Research**

Available online @ [www.actasatech.com](http://www.actasatech.com)

*acta SATECH* 13 (2): 97 – 103 (2021)



## **Self-perceptions of health service delivery: A short survey of inmates in south-west Nigeria**

<sup>1</sup>Chinenye-Julius A. E. and <sup>2</sup>Sunday S. E.

*Department of Public Health, School of Public & Allied Health, Babcock University, Ilisan-Remo, Ogun State, Nigeria*

Corresponding author < [agbanyima@babcock.edu.ng](mailto:agbanyima@babcock.edu.ng) >

### **Abstract**

Background: There is evidence that Nigeria's inmates still suffer from deteriorating quality of health. The health and wellbeing of prison inmates should matter as they can become valuable members of society following reformatory processes. However, not much is known about what they perceive about healthcare received within the prison. Thus, this study assessed self-reported perceptions of inmates towards health service delivery. Methods: A cross sectional survey was conducted among 862 inmates and simple random sampling technique was used to select 350 inmates from two prisons in South-west Nigeria. The survey for the study was a self-administered questionnaire which was validated through a pretest where 10% of the study population was carried out in a prison in Alausa Lagos and a Cronbach alpha result of 0.791 was gotten. Collected data was analyzed using spss version 20.0, data was analyzed using descriptive and inferential statistics and results were presented in frequencies and percentages, bar charts and pie charts. Results: Inmates were mostly between 21 and 25 years old (26.6%) and had tertiary level education (29.2%). Respondents (95.2%) perceived the need for more financing of the system, 94% felt congested and 96.6% felt healthcare practitioners were insufficient while 97% felt the need for more health screenings to reduce spread of communicable diseases. Conclusion: the study revealed that the state of health care delivery services in the prison is in a deplorable condition, health challenges were faced by the inmate such as asthma, stooling, eye problem, skin rashes etc. Prison healthcare service needs urgent evaluation of services to address gaps for more efficient and effective health service delivery in order to promote better quality of health and protect inmates' fundamental health rights

**Keywords:** Healthcare, Health system, Inmates, Nigeria

## **Introduction**

In more recent years prisons generally serve as correctional centers for public offenders. The philosophy of imprisonment has shifted from being punitive to being more rehabilitative to aid the reabsorption of past offenders into the society (Araromi, 2012). Although alienated from society, inmates are still entitled to their fundamental human right to quality health care services even while in prison (Reyes, 2001). It therefore means that prisoners that have not lost their human right even though they are confined to prisons and require the protection of their health and wellbeing, especially by the designated caretakers (Araromi, 2012).

The Nigerian Prisons Service (NPS) was founded as an institution to correct social deviants, punish and reform criminals and to complement the processes of legal adjudication and law enforcement and has evolved since 1861 (Orakwe and Chibogu, 2020). Despite global recommendations, the Nigerian prison system is still far from protecting the rights of its inmates. The wellbeing of Nigeria's 56, 620 prisoners (Walmsley, 2015) remains an illusion. Reports on health of inmates confirm the deplorable state of health of prisoners compared to those of the general population (Audu et al 2014). Prisoners are faced with a double burden of ill health conditions emanating from extrinsic and intrinsic factors such as administration problem, shortage in health workers, deplorable state of the prison system etc leading to a host of mental ill health, communicable disease, substance use, mild to moderate bodily discomforts, acute and chronic health conditions amongst others (Watson et al, 2004; Adesanya et al, 1997; Otuu and Shu, 2019).

The lack of drugs and inadequate medical personnel has resulted in avoidable deaths of

inmates (Chikwe and Ibe-Godfrey, 2017) compounded by poor infrastructural facilities contribute to exposures to harsh environmental conditions further diminishing their state of health (Otuu and Shuu, 2019).

The amnesty international reports that the conditions in the Nigerian prisons are horrifying and it affects the physical and mental wellbeing and it constitute a clear threat to the health of the prisoners Hence, this study sought to assess the attitude and perception of inmates towards the health care service delivery system in selected prisons in Nigeria.

## **Methods**

### **Study Design**

This study was a cross sectional survey conducted amongst inmates in two selected prison facilities in south west Nigeria. And ethical clearance was obtained from the Health Research Ethics Committee of Babcock university ilishan remo. (NHREC/24/01/2018 BUHREC113/19)

### **Population and sample**

The total population consisted of 862 inmates from two prison facilities. Using the Yamane formula (Yamane, 1967) to calculate the sample size, a sample size of 350 was obtained which included 10% to accommodate non-response rate. To derive the number of required participants in each prison facility the number of inmates in each facility was divided by the total number in both facilities and multiplied by the sample size. Prison A comprised 217 inmates and Prison B comprised 133 inmates and therefore simple random sampling technique was employed or this study.

### **Sampling technique**

Prisoners were recruited conveniently at the discretion of the prison administrator since the researcher was not permitted to visit the prison cells. This was done following a review of the research purpose. A private room was designated for data collection and sets of five prisoners at a time were selected to complete the survey until the desired number of participants were reached.

### **Data collection instrument**

Data was collected using a 14-item self-developed structured questionnaire consisting of 2 sections on demographic characteristics and perception of inmates towards health service delivery. Prior to distribution of the instrument a pilot test was conducted amongst 30 inmates outside of the study area which yielded a Cronbach alpha coefficient of 0.812 considered sufficient to proceed. Validity was determined by inviting reviewers to check ambiguities and corrections were made before the questionnaire was finalized.

### **Data analysis**

Data was conducted using SPSS. Version 21 to derive frequencies and percentages used to describe results.

## **Results**

### **Baseline characteristics of respondents**

In this study results (Table 1) revealed that majority of the participants in this study were between 20-25years (62.6%). This is followed by the 25.8% of respondents between the ages of 26 - 30 years. A total of 68 (29.2%) of the respondents had tertiary level of education followed by 23.6% of the respondents who had post graduate level of education. Furthermore, 41.6% of all the respondents were married while about 5% are separated. Majority (43.8%) of the respondents were traders. Most of the respondent 104 (44.6 %) of the respondents had been imprisoned for up to 10 years.

### **Perception of inmates on the healthcare service delivery in prison**

Results (Table 2) show that 95.2% of inmates felt the government should allocate more funds into prisoner's healthcare service. Almost all the respondents (94%) thought that the prison system is too congested for quality healthcare service to be rendered. Also, 96.6% agreed to government employing more healthcare practitioners for the inmates and provide more health facilities (93.6%). Furthermore, 96.6% of the respondents agreed to the renovation of the clinic facilities. Virtually, all the respondents (97%) agreed that there should be frequent monitoring of the inmates to reduce communicable diseases.

**Table 1 Baseline characteristics of respondents**

Variables	Frequency n=350	Percentage %
<b>Age</b>		
Below 20 years	30	12.9%
21-25 years	62	26.6%
26-30 years	60	25.8%
31-35 years	51	21.9%
36-40 years	30	12.9%
<b>Level of Education</b>		
Primary	35	15.0%
Junior High School	47	20.2%
Senior High School	55	23.6%
Tertiary	68	29.2%
Post Graduate	19	8.2%
None	9	3.9%
<b>Marital Status</b>		
Married	97	41.6%
Single	95	40.8%
Divorced	27	11.6%
Widowed	5	2.1%
Separated	9	3.9%
<b>Occupation</b>		
Trader	102	43.8%
Civil servant	59	25.3%
Self-employed	65	27.9%
Others	7	3.0%
<b>Religion</b>		
Christianity	126	54.1%
Islam	100	42.9%
Others	7	3.0%
<b>Years imprisoned</b>		
Below 10years	104	44.6%
10-15years	62	26.6%
16-20years	51	21.9%
21-25years	7	3.0%
26-30years	8	3.4%
30years and above	1	0.4%

**Table 2: Perception of inmates on the healthcare service delivery in prison**

VARIABLES	N (%)	
	I feel the government should allocate funds into prisoner's healthcare service?	Agree
	Disagree	4.7
I think the prison system is too congested for quality healthcare service	Agree	94
	Disagree	6
I feel the government should employ more health practitioners for the inmates	Agree	96.6
	Disagree	3.4
I think the facilities in the clinic should be renovated	Agree	96.6
	Disagree	3.4
I feel the food given to inmates should be richer in nutrition	Agree	96.1
	Disagree	3.8
There should be frequent monitoring of the inmates to reduce communicable or deadly diseases	Agree	97
	Disagree	11.1
I feel the government should provide more health facilities	Agree	93.6
	Disagree	6.5
I feel the government should provide more drugs in the clinic	Agree	92.7
	Disagree	7.3

### Discussion

This study was a short survey to evaluate inmates' perceptions of the healthcare service delivery system available to them. Results gathered showed that the health service delivery is perceived as unsatisfactory. This finding aligns with that of Bjørngaard et al (2009) who reported that respondents were generally

dissatisfied with the prison health services. A qualitative inquiry into inmates' perception of primary care also reported poor perceptions of service delivery amongst which included generally poor quality of care, difficulty accessing medication and incompetent staff (Plugge et al, 2009). Respondents in this study felt there was need for more drugs implying some level of insufficiency with current drugs.

Prison health care is typically accorded low priority within prison systems. Low investment typically results in insufficient, inadequately trained and unmotivated staff, along with limited resources with which to deliver services. These findings reflect a standard still far from the ideal. The prisons remain “prisons” rather than offering an alternative pathway to maintaining health even within closed quarters. As reiterated by Baffoe-Bonnie et al (2019), factors such as finance constraints, lack medical supplies and skilled health personnel militate against offering quality health service delivery. Drawing from this study, these same factors influenced respondents’ perspectives negatively and reflect similar conditions of service and inadequacy of the health system to fully restore and protect inmate’s health.

As rightly posited, end user participation offers beneficial input in evaluating health services (Bjørngaard et al, 2009). This study adds to the few studies on prison health systems providing insight into general perceptions of prisoners who are co-recipients of healthcare within the Nigerian correctional health system.

Study limitations include the non-random sampling of respondents which could have contributed to selection and information bias. Due to administrative limitations in directly accessing the inmates by the researchers, the prison authorities selected participants.

### **Conclusion**

The findings reflect the typical poor state of the health system in general which has been translated into the prison health system. The findings also reflect that the Prison health care is typically accorded low priority and several health challenges are faced by the inmates. There is need for reformed thoughts towards prisons health service delivery and its

dependents who have limited access. Attention given to the external health system needs to be given with equal bearing on prison systems where vulnerable segments of the society are accommodated.

### **Declarations**

### **Acknowledgments**

The authors would like to thank the Prison authorities of prison sites and all inmates who participated in the study.

### **Conflicts of Interest**

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **References**

- Adesanya, A., Ohaeri., U., Ogunlesi, A. A., and Odejide, A. (1997). Psychotic substance abuse among Inmates population of a Nigerian prison population. *Drug and Alcohol Dependence*, 47(1): 39-44.
- Araromi, M.A. (2012). Prisoners’ rights under the Nigerian law: legal pathways to progressive realization and protection” *Afe Babalola University: Journal of Sustainable Development, Law and Policy*. 6 (1), 169-179
- Audu, O., K.W. Akorede and I.A. Joshua. (2014). Five Year Review of Disease Profile of Inmates in Three Prison Formations in Kaduna State, Nigeria: A Case Control Study. *Nigerian Hospital Practice*, 13(5-6).

- Baffoe-Bonnie, T., Ntow, S. K., Awuah-Werekoh, K., & Adomah-Afari, A. (2019). Access to a quality healthcare among prisoners - perspectives of health providers of a prison infirmary, Ghana. *International journal of prisoner health*, 15(4), 349–365. <https://doi.org/10.1108/IJPH-02-2019-0014>
- Bjørngaard, J.H., A, Rustad., Å and E, Kjelsberg. (2009). The prisoner as patient - a health services satisfaction survey. *BMC Health Services Research*, 9 (176). <https://doi.org/10.1186/1472-6963-9-176>
- Chikwe, A., and Ibe-Godfrey E. M. (2017). Correlates of coping with the challenges of incarceration among Nigerian prison inmates. *British Journal of Education*, 5(2017): 69-77.
- Orakwe, I.W and E. Chibogu. The origin of corrections in Nigeria. 2020. Available from [http://www.corrections.gov.ng/history\\_of\\_ncos](http://www.corrections.gov.ng/history_of_ncos).
- Otuu, F. C and Shu, E. N. (2019). Prevalent Diseases among Inmates in Three Federal Prisons in South-East Geopolitical Zone of Nigeria: A Peep into the Environmental Factors. *Journal of Environmental Science and Public Health*,3(1): 010-024.
- Plugge, E., Douglas, N., & Fitzpatrick, R. (2008). Patients, prisoners, or people? Women prisoners' experiences of primary care in prison: a qualitative study. *The British journal of general practice: the journal of the Royal College of General Practitioners*, 58(554), 630–636. <https://doi.org/10.3399/bjgp08X330771>
- Reyes, H. “Health and human rights in prisons”- Extract from "HIV in Prisons: A reader with particular relevance to the newly independent states", Chapter 2, 2001, pp. 9-18.
- Walmsley R. “World Prison Population List (eleventh edition)”. 2015. World Prison Brief. Available from: <https://www.prisonstudies.org/news/more-1035-million-people-are-prison-around-world-new-report-shows>
- Watson, R., Stimpson, A., & Hostick, T. (2004). Prison health care: a review of the literature. *International journal of nursing studies*, 41(2), 119–128. [https://doi.org/10.1016/s0020-7489\(03\)00128-7](https://doi.org/10.1016/s0020-7489(03)00128-7)
- Yamane, Taro. 1967. *Statistics, An Introductory Analysis*, 2nd Ed., New York: Harper and Row